

Appearance Research News

The Newsletter of the Centre
for Appearance Research

ISSUE 4

Welcome to the fourth newsletter of the Centre for Appearance Research (CAR). It has been another busy period at CAR. Since our last newsletter we have organised two very successful conferences, a series of seminars supported by the British Psychological Society (BPS), our research has been presented through a variety of conferences and journal publications and yet again, we are delighted to welcome new members of staff to the Centre.

Dr Tim Moss has joined the School of Psychology as a Senior Lecturer in health psychology. Tim has a particular interest in the factors and processes affecting individual adjustment and has been involved in the development of the Derriford Appearance Scale (DAS). **Dr Emma Halliwell** has joined the School of Psychology as a lecturer in social psychology. Emma's research interests include the impact of the media on body image. **Dr Victoria Clarke** has been appointed as a lecturer in social psychology. Her research interests include lesbian and gay identities.

In this edition of the newsletter, **Melissa Wallace** describes her research into the appearance-related concerns of adolescents undergoing treatment for cancer and **Andy Haigh-Fergusson** gives an overview of his research that has examined blind people's experiences of appearance. **Natty Leitner** and **Melissa Wallace** then review the first two meetings in our seminar series on "Visibility, Appearance and Embodiment" and as usual we have included details of recent publications and presentations made by members of CAR.

We have a new web-address and our website has been updated - please take a look at www.science.uwe.ac.uk/car and keep an eye out for updated details of CAR activity.

*******Funding Success*******

The role of self-beliefs in women's responses to idealised models in advertising.

Congratulations to Emma Halliwell who has been awarded £41,519 from the ESRC to fund a research project examining the role of self-beliefs in women's responses to idealised models in advertising. The study is being conducted in collaboration with Dr Helga Dittmar of the University of Sussex.

Exposure to ultra-thin models in the media has been shown to increase women's body dissatisfaction, but the mechanisms underlying this effect are poorly understood. Advertisers' claim that they use thin models because they "sell" has hardly been examined empirically.

The proposed research addresses these two research gaps by developing a theoretical framework that focuses on self-discrepancies - gaps between actual and ideal self - for understanding the processes underlying women's responses to idealised media images. A series of experimental studies will assess the role of chronic and temporary self-discrepancies in the effects of media exposure on women's body image, as well as examining alternative images that make for effective advertising, but that avoid increasing body dissatisfaction. The research which will have important implications, both for advertising policies, and for interventions and education to protect women and girls is due to run until September 2005.

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‘Body Image’ without an ‘Image’: Blind people’s experience of appearance

Appearance, and specifically concern about appearance or one’s own ‘body image’, is something that affects all of us in one way or another. There are thousands of studies and books that deal with the topic, although you’re probably already familiar with a large part of this work. A lot of these studies and books approach the subject of appearance in a visual way, assuming that appearance is mainly something that is gauged from looking at oneself and comparing oneself to others. Visual assumptions about body image are strengthened by the abundance of literature regarding the media’s pervasive effects. It is assumed that someone looks at an idealised image of a body in the media and they compare this ideal with themselves, and more often than not find themselves lacking in some way. The media is a powerful medium but what happens if you can’t actually see idealised images portrayed by the media? Would your idea of body image and appearance be vastly different from a sighted person? It was with these questions that I began thinking about my own possible research.

I was interested in how appearance related to people who did not have the luxury of sight; I wanted to find out what “appearance” and “body image” meant to a blind person. In addition, I wanted to address visual assumptions about body image.

The blind are a group often ignored, in both a research sense and a social sense. Paradoxically, the blind are socially visible in the sense that they are often visibly different, this may mean that their eyes look different from a sighted person’s eyes, or even that they may carry a white cane or have a guide dog. Therefore a blind person is noticeable, looked at, and seen. The issue this raises is that while others see blind people, they themselves do not know how they look, this can become problematic.

Literature on blind people, body image, and appearance is scarce, tending to be confined to specialist journals such as the Journal of Visual Impairment. There was very little research on something that I considered was an interesting topic. I wondered whether this was because people had tried to carry out research of this nature in the past but no one had wanted to take part. I found the opposite of this to be true as the blind people I came in contact with were more than willing to take part, and were pleased that research was being done to help sighted people to understand what life was like for a blind person.

I interviewed a total of ten blind adults for my study. I adopted an Interpretative Phenomenological Approach (IPA) when it came to the analysis of the interview data. After the long and arduous task of transcription, subsequent analysis, and what felt like endless cups of coffee, I found that the

accounts of appearance and body image could be organised into four distinct groups, these were: bodily self-awareness, societal self-awareness, subjective norm, and acquisition of positive social identity. I found that appearance was just as important to the people I spoke to as it would have been for a sighted person, and in some ways anxieties about appearance seemed to be heightened due to their lack of sight. I got the sense that the people I spoke to felt extremely self-conscious about the way they looked, this was due to them feeling that they were being continuously scrutinised by everyone around them. This feeling of self-consciousness was heightened by the fact that they could not check how they looked in a mirror, and would therefore continuously worry that they might look strange.

From the interview data the things participants talked about concerning 'bodily self awareness' could be split into two sub-themes, 'external body' (things that were visible to others, e.g. smartness, tidiness, and cleanliness) and 'internal body', (things that could be self monitored and were not necessarily visible to others e.g. health, fitness, and functionality). Talk regarding weight issues was also part of this overall theme, but I felt that aspects of weight were both external and internal.

'Societal self awareness' was similar to 'bodily self awareness' in that it was typified by talk about the 'self'. However, this theme regarded the self within society. It was an incorporation of everything that the participants said about feeling that they were constantly being looked at and yet at the same time being ignored. Thus, talk within this theme was split into 'visible' and 'invisible' factors. Initially this seemed like a pretty straightforward thing to do, however as analysis progressed it became increasingly obvious that there were positive and negative aspects to both being visible and being invisible. So, after some pulling out of hair, I re-jigged the whole 'societal self awareness' theme incorporating positive and negative aspects (the 'joy' of IPA is that you can, and indeed *should*, continually evolve and move your themes around). The final theme incorporated 'being looked at and judged' (negatively visible), 'Representing the blind' (positively visible), 'Being ignored' (negatively invisible), and 'Fitting in' (positively invisible).

The theme 'subjective norm' was formed through a clustering of themes typified by beliefs about others' attitude towards body image and appearance, and a motivation to comply with others regarding body image and appearance. The clustered themes are 'media' and 'reliance'.

The final theme 'acquisition of positive social identity' can also be defined by a wish to be "seen" as more than just a blind person. Being blind was a part of them, but the participants did not want to be dismissed as 'just another blind person'. This involved developing a positive social identity for themselves and also to display to others. This was developed through comparing themselves to others, asserting that they are no different from sighted people, and emphasising their normality.

At the end of the analysis stage I used the themes to create a rudimentary model of appearance for blind people. However, I feel that the model could also be used for sighted people. From doing this research I have learnt that body image is not just an idealised 'picture' we have in our heads, or what the media tells us we should look like. Body image is far more ingrained within our society. What I have come to appreciate from carrying out this research is that body image is defined through interactions with other people, through being looked at, and being aware of being looked at. The body image of blind people is created through the experience of being constantly looked at. This is something that is perhaps relevant to everyone's body image; but may simply be more salient when considering the experience of blind people.

Andy Haigh-Fergusson

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Appearance Issues in Teenagers with Cancer

‘Teenagers have this world where you can only get in if you are another teen. It is the most crazy and mixed up time of your life, but to throw cancer into the equation is madness.’ (Teenage Cancer Trust). These words, from someone who experienced cancer as an adolescent, summarise very neatly why research with teenagers with cancer is an area demanding more attention.

Adolescence is undeniably a time of great physical, biological and cognitive change, and in many societies is also associated with a shift in societal roles. This period is usually marked by the achievement of a stable self-image, increasing autonomy and independence from the family, a growing awareness of sexuality, and the ability to think in more abstract terms. (Barr; 2001 and Pendley et al; 1997). As puberty occurs and the body begins to change, teenagers often become increasingly aware of their appearance. While the development of individuality is valued, being different in any way from ‘the crowd’ can be a liability. This is particularly true of appearance, as it is already a focus of attention at this time.

A diagnosis of cancer is never easy. In many cases it involves lengthy treatments with appalling side-effects taking their toll on the body, altering it temporarily and sometimes permanently. Treatment and recovery interfere with normal life, and school, employment or other societal roles may have to be discarded temporarily. Relationships with friends and family may alter, while relationships with health professionals may come to play a significant role in life. The routines of life, significant relationships and even one’s own body become unfamiliar and foreign. Always lurking, is the possibility of death.

It is easy to see how combining the pressures of adolescence with the stresses of having cancer could result in unique and complex difficulties. Just as some independence and control over life is being negotiated, it is snatched away, leaving the adolescent with less freedom than they had to start with. Peer relationships, granted enormous value at this time, become a challenge to maintain, and the developing body and brain may be permanently altered or damaged by treatment.

So with all this happening, why have I decided to focus in particular on teenagers’ concerns with their appearance when they have cancer? In light of the other implications of cancer, it may seem trivial. However, we already know that appearance and body image are important psychosocial issues within the normative population and in particular in adolescents. In her research, Emily Lovegrove, another member of CAR, has found appearance concerns in the normative adolescent population to be high and impact on, among other things, teasing, bullying, academic work and truancy. As survival rates for childhood cancer increase, (about 70% of children diagnosed with

cancer will survive), research has shifted to focus on the long-term effects of having had cancer (Cancer Research UK). While several facets of the psychosocial consequences of cancer in adolescents have been researched, such as levels of anxiety and depression, self-esteem and cognitive functioning, an area not given much attention in research is the effect that cancer has on the body image of adolescents, and how this might impact on other aspects of their lives. Generally, the occurrence of body image problems amongst cancer patients is not well recorded. As I have said, it may be tempting to think that neglect of this area is in some way justified: – when someone is trying to survive a potentially life-threatening illness, a focus on how they perceive the way they look may seem frivolous. Indeed, patients themselves may be feeling unsure about voicing concerns about appearance when everyone is working so hard to help them survive. However, the impact physical changes to appearance might have is often underestimated.

It has been noted by Julia Rowland (1990), a researcher in psycho-oncology, that ‘..the greatest stress of illness for adolescent cancer patients is the disruption of body image.’ In a paper on the long-term consequences of childhood cancer, Christine Eiser (1998), a psychologist who has done much research on chronic illness and cancer in children and adolescents, points out that alopecia is often recounted to be the most distressing part of treatment by children. In a society where so much emphasis is placed on one’s appearance it is indeed an important area in which to raise awareness.

In order to find out more about how a changed appearance might be affecting adolescents with cancer, I have been conducting in depth interviews with teenagers who have completed cancer treatment within the last two years and also with at least one of their parents/guardians. My decision to include parents was made in recognition of the fact that having a child with cancer impacts enormously on the parents of that child and it is likely that the relationship between child and parent will be altered by the experience. In addition, I was interested in exploring how parents had felt about the appearance changes of their child and what impact they thought these changes had had on their child. Although a scale for measuring body image in children with cancer exists and has been validated (Kopel et al; 1998)., I decided not to use it. I wanted to understand more about how having a changed appearance might affect thoughts, feelings and behaviour, and what these changes meant to participants, rather than whether participants had a relatively positive or negative body image.

I am still in the process of conducting interviews, and analysis is therefore not complete. However, thus far it does appear that appearance concerns and body image issues are an important part of the illness process. All participants that I have interviewed lost their hair as a result of chemotherapy. Several of them have described how this was the aspect of treatment that caused them the most anxiety at diagnosis. Several have found losing their hair to be the worst part of

treatment, despite experiencing numerous other extremely painful and uncomfortable side-effects. Other appearance changes have included bloated face, rapid weight loss and weight gain and resultant stretch marks, as well as scarring. Participants have dealt with hair loss by using various strategies including wearing caps and scarves, wigs and hair extensions. None of the participants would go out in public without covering their head and most would not go out alone, even with their heads covered. Some have halted certain activities to avoid exposing scars or drawing attention to a changed body.

The relationship between parents and child appears to be extremely important. A stable, close family life before the occurrence of cancer appears to predict the development of a closer, supportive relationship developing between parents and child, whereas the occurrence of cancer in an unstable family seems only to exacerbate the situation. Considering the stressful nature of cancer and its treatments, this is hardly surprising.

Peer relationships seem to be of great significance in dealing with the cancer experience and in particular, appearance changes. Participants spoke at great length about the importance of having supportive friends who were not phased by appearance changes and were able to defend and protect their friend in the school environment and other public places. It was very important for participants to feel that they were able to remain 'normal' and unchanged in the eyes of their friends and they tried very hard not to allow physical changes to limit them in any way. This included attempting to continue frequenting social events, despite the risk of infection, and attempting to keep up physically, despite fatigue.

Most participants have spoken about how they felt they would have benefited from being able to talk to another teenage cancer survivor about their experiences, throughout their cancer treatment, but particularly at the point of diagnosis. They needed to hear 'success stories' and also speak to someone who they felt could really understand what they were going through. Interestingly, despite wanting this connection, most were resistant to identifying with other cancer patients or being identified as ill by others. It has been far more important to them to be associated with their 'normal' peers and not to be recognised as ill by others.

Some parents showed great sensitivity regarding their children's anxieties about a changed appearance and used various strategies to help them cope with it. Practical strategies have included shaving their hair off as well, paying for expensive hair extensions and organising gym membership. Parents have expressed increased protectiveness of their children as a result of having cancer, and several have noticed that their children have seemed less self-assured.

Perhaps as a result of having recently completing treatment and 'beating cancer', most were very positive about the future and were grateful to have their lives back and be able to fit back in to a 'normal' routine. Some still felt some anger at having 'lost' a period of their lives and were struggling to understand why cancer had happened to them.

Although more analysis is needed, it is clear that these in depth interviews are resulting in a wealth of information about the experience of having cancer during adolescence, not only in terms of appearance changes, but in terms of the illness experience in its entirety. It is difficult to separate out appearance concerns from other issues, however it is apparent that they play a significant role and are linked to numerous other aspects of having cancer. It is hoped that this research will provide health care professionals with a greater understanding of their patients' experiences and that ultimately, an intervention to prepare patients for appearance changes and assist them in coping with them will be developed as a result of this on-going research.

References:

Barr, R. D. (2001). The adolescent with cancer. *European Journal of Cancer*, 37, 1523-1530.

Eiser, C. (1998). Practitioner review: long-term consequences of childhood cancer. *Journal of Child Psychology and Psychiatry*, 39 (5), 621-633.

Kopel, S.J., Eiser, C., Cool, P., Grimer, R.J. and Carter, S.R. (1998). Brief report: assessment of body image in survivors of childhood cancer. *Journal of Pediatric Psychology*, 23 (2), 141-147.

Pendley, J.S., Dahlquist, L.M. and Dreyer, Z. (1997). Body image and psychosocial adjustment in adolescent cancer survivors. *Journal of Pediatric Psychology*, 22 (1), 29-43.

Rowland, J. (1990). Developmental stage and adaptation: child and adolescent model. In J.C Holland and J. H. Rowland (Eds). *Handbook of Psychooncology*. Oxford University Press: Oxford. Pp 519-543.

www.cancerresearchuk.org/press/pressreleases/35331

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Constructing identities: Implications for theory, praxes and research

The first in a series of three seminars on 'Visibility, Appearance and Embodiment' convened by the CAR and supported by the British Psychological Society took place on Wednesday 4th February. Speakers were invited to explore the impact of appearance, visibility and embodiment on self and identity, and to examine the models of self and identity which underpin theorising on embodiment.

The seminar was kicked off by **Kate Gleeson & Hannah Frith** (UWE) whose paper entitled 'Theorising Identity: Substance and Spaces in Social Psychology' gave an overview of social psychological approaches to identity and different ways of conceptualising the relationship between the individual and the social. They suggested aspects of social psychological theory that appearance researchers might find useful (e.g. the idea of multiple and shifting identities, individuals as reflexive, individuals as actively engaged in making sense of embodiment), as well as raising questions about aspects of identity (particularly visual and embodied identity) which remain under-theorised. **Gerry Kent** (Sheffield) spoke on the topic of 'Stigma' and the idea that visible differences give rise to 'interactional trouble' which is reflected in people's reactions to those who are visibly different. **Andrew Sparkes'** (Exeter) presentation was entitled 'Sporting bodies: Biographical disruption and the self' and gave an in-depth insight into the world of an elite body-builder whose injuries after a car accident have meant that he is unable to continue with his sport. Andrew spoke about the ways in which this elite body-builder worked hard to appear extra-ordinary and to attract the admiring and respectful gaze of others, and about how this disruption to his body prompted a disruption to the self which has to be negotiated. **Andrew Thompson** (Sheffield) outlined the use of phenomenological approaches for exploring issues relevant to clinical and health psychologists, especially in being able to capture the experiences of individuals as these individuals themselves make sense of them. **Diana Harcourt** and **Nichola Rumsey** (UWE) drew the afternoon to a close with an overview of some of the problems and pitfalls the experience with trying to use psychological models to understand and predict the experiences of those who are visibly different.

Questions and discussions were expertly (and firmly) chaired by **Sarah Riley** (Bath) who did an excellent job of summarising some of the key issues which arose during the day. Some of the key questions which were prompted by the seminar include:

- What models of identity and self (ways of seeing individuals and the processes they experience) are useful for exploring visual appearance?
- What concepts can we draw on to make help examine processes and behaviours that are context sensitive, dynamic, and incorporate the complexity of identity?

- What implications arise from conceptualising identity and appearance as relational – i.e. as negotiated between the presentation of self and the response to this presentation by others?
- How might an understanding of individuals as having multiple and fluid identities help us to make sense of research appearance, embodiment and identity, and how can we understand the processes of identification which underpin this?
- How do notions of biographical disruption and continuity of selfhood unpick the idea of multiple identities?

These are important and stimulating questions which we hope that researchers will continue to address and struggle with. We thank all of the speakers and attendees who made this seminar an exciting start to the series as a whole.

Natty Leitner

Being an appeared psychologist: reflections from a small but significant group conversation during the first Constructing Identities seminar

As part of the discussion at the end of the first BPS-sponsored CAR seminar, those of us who had any energy left spent some time thinking about reflexivity in our work and considering ideas about the impact of our own appeared selves on our work. One of the seminar questions was “What models of self and identity are used by psychologists, and to what extent do these address visual appearance and visible difference?” During this discussion we considered the impact on ourselves and our work of remembering, in our research, that we too are embodied in appearance.

As one participant in this conversation said, “research tells you everything about the author and less about the participants”. Certainly, even if we know very little about an author, we can think we know somethings about them based on the questions they are interested in asking in the first place, the underlying epistemological position their design sits on, the ways in which they construct relationships with their participants and / or other data-material, and the places they disseminate their research.

Other ideas and questions which came up during this discussion included:

- Must we position ourselves as ‘outsider’ in relation to our data, to get enough distance to explicate the ‘common-sense’? Is distance the only way to do this?
- What are the functions of exposing reflexivity? Is it a tool for developing relationships with participants? A tool to enable our reader to make some judgement about the validity or usefulness of our work? Is it a thing, or an intrinsic part of the research process, or neither or both of these?
- Who decides how much the researcher self-discloses? Who decides what constitutes sameness in appearance between a researcher and her/his participant? We have models for this in gender and ‘race’ research, but how do we work with appearance?
- Does psychology make some kind of implicit assumption that appearance happens to other people, not us? Or that if appearance does happen to us it does so unproblematically or not-unusually? If this is the case are we denied permission, in psychologies which tend to focus on the problematic and the extraordinary, to look in too much detail at our reflexive relationship with our research production?
- What do we miss by not examining our own experience of our appearance and our visual selves?

Not surprisingly, we did not tie up any of these loose ends. My aim in the research component of my MSc at CAR will be to look at how we look after our appeared selves when we research appearance, trying to give myself a wider brief than a psychodynamic countertransference model

which would explain my noticing of my own appearance in terms of some process the other (the client / the researched) brings into the room. I would be very grateful for any initial thoughts or comments anyone has at this stage. Some reflections upon my own researcher-self which might influence your decision to get in touch: I'm a clinical psychologist; I manage Outlook (the regional service supporting people with visible difference / appearance concerns based in Bristol) where I also see the adult clients; I tend to look at things from a constructionist perspective; I make links between social practices around difference; I don't have a 'pat' version of the links between my appeared self and the psychologies I practice. Thanks very much to the core organisers at CAR for a packed, fruitful and provoking day.

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Deviant Identities? The pathologisation of visible differences

The second seminar in the series entitled, 'Visibility, Appearance and Embodiment' was held on Wednesday 11th March at UWE. This series endeavors to draw together the strengths of both health and social psychology, in order to extend and develop understanding of the impact of appearance, visibility and embodiment on self and identity. In this seminar, the focus was on exploring the pathologisation versus the normalisation of visible difference.

Ceri Parsons (Manchester Metropolitan) began the day by sharing some of her PhD research on Transsexuality. She used examples of text as well as interviews with ten transsexuals to explore the importance of appearance, particularly in relation to meeting the requirements of psychiatrists responsible for making decisions regarding sex-change operations. Ceri argued that psychiatrists 'police' how male to female (MTF) transsexuals should appear as women, without providing clients with overt guidelines on how to achieve this. This fascinating talk led to an interesting discussion around how MTF transsexuals are required to conform to the psychiatrist's narrow stereotype of what a woman 'should' look like, whereas other women are allowed far more flexibility in how they express their femininity, their feminine identity not being in question.

Natty Leitner (Outlook), a clinical psychologist from the North Bristol NHS Trust Disfigurement Support Unit spoke on a number of dilemmas around working with people who sought support for dealing with a visible difference. She raised several important questions centring around whether having a special support unit for people who are visibly different is pathologising in itself. She spoke about the difficulties with labels we use with regards to appearances that are 'other', questioning the use of the term 'appearance concerns', as these are universal, and suggested a difference between 'concerns' and 'distress'. She also spoke about the importance of recognising that when doing research or clinical work, we are also 'appearanced' psychologists. Our own appearances impact on social encounters with participants/clients and the effects of this need acknowledgement.

After lunch, **Nicola Bundy and Kate Gleeson** (UWE) spoke about visual identity and learning disabilities. Kate spoke about how society responds to the appearance of women with 'learning disabilities' and how their appearance is 'managed'. She pointed out that although women with 'learning disabilities' are taught about hygiene and dressing respectably, it is not usual for them to be encouraged to use clothes in a fun way, or create allure or sexual attractiveness. While women with 'learning disabilities' are not placed under the same pressures to 'do the body beautiful', this is ultimately exclusionary in that it suggests that these issues of appearance may be irrelevant to them. Kate argued that society does not provide positive feedback to people with 'learning

disabilities' when they attempt to perform mature identities. Nicola illustrated this argument very nicely by drawing on her PhD research involving an ethnographic study of a community recycling scheme run by adults with 'learning disabilities.' She focused on men with 'learning disabilities' using her experiences with other people's reactions to, and interactions with a particular man with 'learning disabilities', working at the recycling centre, who was seen as 'difficult'. Nicola provided three examples to illustrate that attempts by him to display an adult (sexual) identity were abruptly, vehemently halted and viewed as inappropriate.

The last speaker of the day, was **Efrat Tseelon** (UWE) who gave a talk entitled 'Banal Othering'. Her talk provided a historical trajectory of the ways in which 'othering' has been consolidated in contemporary society, where society appears unable to relate to the 'other' in any way, other than as a threat. Efrat then presented excerpts from a documentary, on the separation of a pair of siamese twins, using this to demonstrate society's discomfort with 'otherness'.

Key issues raised through talks and discussion included:

- Ideas around 'othering' – what does it mean, when is it stigmatising and when not.
- Language and the way in which we might use language
- Recognition that we can't do 'appearance work' in isolation – it has to be done in a certain context
- Ambiguities in appearance, in categories
- Policing of appearance and gatekeeping.

Conference Reviews:

“Appearance Matters” 2003

We were delighted that 115 delegates, speakers, chairpersons and CAR staff attended the first “Appearance Matters” conference that was hosted by the Centre for Appearance Research and took place on 3rd December 2003 at the Watershed Media Centre, Bristol. Delegates included health and clinical psychologists, specialist nurses, staff nurses, academics, post-graduate students, researchers and sociologists from across the UK and Europe.

The aim of the conference was to provide a forum for healthcare professionals to discuss appearance-related issues, specifically the nature and extent of patients’ concerns; ways of providing appropriate care; identifying areas for further research and healthcare policy implications.

The day consisted of 3 themed sessions and two keynote addresses. Twelve speakers presented papers on the nature of appearance concerns amongst people who are or are not visibly different and ways of meeting the needs of those affected. The invited keynote speakers, Dr Kathy Davis and Dr James Partridge gave inspiring presentations on the psychosocial aspects around cosmetic surgery and attitudes towards disfigurement in the UK. Details of the day, including abstracts for the presentations are now available on the CAR website at www.science.uwe.ac.uk/car.

One dilemma we faced when planning the conference was how to fit so much into one day – it was certainly a packed day and the buzz over coffee and lunch confirmed that everyone had much to say on the subject. In response to the extremely positive feedback we have had about this conference, we are now planning further conferences and envisage that these will become regular events.

We are very grateful to the Health Foundation for enabling us to host this event and are looking forward to future conferences and collaborations as a result of the contacts made at the conference. We would like to thank all the delegates for making this a very successful day - we hope to see you again at future events.

“Towards a Positive Agenda in Craniofacial Care” – Cranio Facial Society of Great Britain & Ireland.

Nicky Rumsey concluded her period as President of the Cranio Facial Society of Great Britain and Ireland (CFSGBI) by organising the society’s annual meeting in Bath, from March 31st to April 2nd. A record 230 delegates attended Special Interest Group meetings for Speech & Language Therapists, Nurses, Psychologists, Surgeons and Clinical Directors with meetings held in the impressive settings of Bath’s Guildhall and Pump Room complexes.

At the end of the first day, delegates came together to act as the ‘jury’ for a mock trial in the former Bath Courtroom. The Judge (Professor Shah Ebrahim, Dept of Social Medicine, University of Bristol) presided over the case in favour of “RCTs: The Best Way Forward in Craniofacial Care” (presented by ‘barrister’ Professor Bill Shaw, with witnesses Mr. Jorma Rautio & Dr. Anne-Marie Kuiypers-Jagtman) and the case against (presented by ‘barrister’ Mr. Brian Sommerlad, and witnesses Mr. Alan Leonard & Dr. Jeff Marsh). Despite the judge summing up in favour of RCTs, the majority of the ‘jury’ voted against!. All parties joined together for a buffet and casino night in The Guildhall’s Banqueting Room in the evening.

The theme of the Scientific Meeting was “Towards a Positive Agenda in Craniofacial Care”. This part of the conference was held in Bath’s Assembly Rooms and was attended by more than 220 delegates. A record 67 abstract submissions resulted in 34 papers & 32 poster presentations. A dedicated poster slot in the programme enabled delegates to discuss the content of posters with the authors in attendance. The invited speakers were Dr. Jeff Marsh from St. John’s Mercy Medical Center, St. Louis, who delivered a talk entitled “The Surgeon as a Team Member, not *the* Team Member Professor”, and Professor Ron Strauss from North Carolina, whose talk was entitled “Blessings in Disguise: A New Paradigm for Thinking About Children with Craniofacial Conditions”.

The Conference Dinner was held in The Pump Rooms, preceded by a drinks reception in the Roman Baths. Delegates proved themselves to be enthusiastic dancers, and packed the floor until the lights were dimmed!

Conference Presentations:

Since our last newsletter, members of CAR have given the following conference papers:

Gleeson, K. & Frith, H. Visualising Text. Paper presented at the International Conference of Critical Psychology, University of Bath. (2003).

Morey, Y., Frith, H. & Haslum, M. In/visible bodies and performative spaces: Young women on display in clothing diaries. Paper presented at the International Conference of Critical Psychology, University of Bath. (2003).

Members of **CAR** convened a symposium titled "Body image: theory and practice" at the 2003 British Psychological Society Division of Health Psychology Annual Conference, Stafford University. **Nicky Rumsey** was the discussant, and **Kate Gleeson** chaired the symposium that included the following papers from members of CAR:

- **Di Harcourt & Claire Griffiths** "Understanding women's experiences of ductal carcinoma in situ (DCIS): a qualitative study".
- **Kate Gleeson & Hannah Frith** "Body Imaging: deconstructing the concept of body image".

Also, at the same BPS conference:

Anna Winterbottom & Di Harcourt presented a poster titled "Patients' experience of the diagnosis and treatment of skin cancer"

Sue Jackson & Nicky Rumsey presented a poster titled "Psychosocial impact of corrective surgery in strabismic adults".

Sue Jackson also presented a paper at the Psychology Postgraduate Affairs Group (PSYPAG) meeting in July 2003 entitled "Psychosocial impact of corrective surgery in strabismic adults." The research was also presented by Richard Harrad under the title of "Are you looking at me, mate? The psychosocial impact of corrective surgery in adults" as a paper at the Eye Study Group meeting in Geneva in September 2003 and at the South West Regional Orthoptic Study day in Bristol in November 2003. Sue gave two papers at the BPS South West Branch regional meeting in Bristol in March 2004 - one called "The eyes have it: Researching squints", the other "Why don't we collaborate?"

At the "Appearance Matters" conference, members of CAR gave the following presentations:

- **Nicky Rumsey** "Does appearance matter?"
- **Claire Phillips** "Appearance-related concerns following burn-injury"
- **Di Harcourt** "Appearance issues & cancer"
- **Tim Moss** "Appearance and adjustment in Children and Adolescents: Non-clinical samples"
- **Kate Gleeson & Hannah Frith** "Appearing ordinary: Negotiating, compensating and managing our hidden "freak"
- **Emily Lovegrove** "School-based interventions for those who are not visibly different: Judging by appearance: Is it how you look? Or how you feel?"
- **Natty Leitner** "Services provided by an NHS Disfigurement Support Unit"
- **Alex Clarke** "Developing training for Health Care Professionals"

Di Harcourt gave the following papers whilst on sabbatical at the University of Auckland, New Zealand. She had been invited to Auckland by members of the Department of Population Health:

- "The Psychology of Appearance & Disfigurement", Auckland City Hospital Grand Rouds, Auckland City Hospital.
- "Being Visibly Different: Issues Relating to Provision of Care", Auckland City Social Workers, Auckland City Hospital.
- "Being Visibly Different: Women's Experiences of Breast Reconstruction", Department of Health Psychology & Department of Population Health, University of Auckland.
- "Looking Different: Psychosocial Needs of People with a Visible Difference and what can be done", Department of Plastic Surgery, Middlemore Hospital, Auckland.

Kate Gleeson gave a lecture entitled the "Tyranny of Fashion" at Dundee Contemporary Arts as part of the Dundee Women's Festival.

Nicky Rumsey was invited to speak at the American Burns Association Conference in Vancouver. Her presentation was titled "Psychosocial Needs of People Affected by Burns & What to do about it".

Nicky was also an invited speaker at the British Burns Association conference and was an invited panellist on the psychosocial effects of scarring at the ICN Scar Expert Group meeting in Paris.

Nicky Rumsey gave a talk and facilitated a discussion at the Arnolfini centre in Bristol in conjunction with their exhibition "Representing Faces".

Emily Lovegrove was a keynote speaker at the National Association of Eating Disorders Conference. Her presentation was titled "Adolescent Concern with Appearance & Bullying".

The following papers were presented by members of CAR at the Craniofacial Society of Great Britain & Ireland Annual Conference, April 2004:

- **Emily Lovegrove** “Bullying and appearance: is it really about how you look?” and “School-based Psychosocial Interventions”.
- **Mick Emerson**, Sarah Spencer & Amanda Bates “Relationships between self esteem, social experience and satisfaction with appearance: standardisation and construct validation of two cleft audit measures”.
- **Claire Philips** “Appearance-related concerns of children and their parents following burn injury”

Melissa Wallace presented a poster titled 'Appearance-related concerns of adolescents who have completed cancer treatment' at the Teenage Cancer Trust Conference in London.

Di Harcourt presented a seminar on decision-making about breast reconstruction to the Sussex Psychosocial Oncology Group at the University of Sussex.

CAR in the media:

The “Appearance Matters” conference received coverage from local television, radio & press.

Whilst on sabbatical in Auckland, **Di Harcourt** was interviewed on New Zealand Radio and by the New Zealand Herald about CAR’s work.

In November 2003, **Nicky Rumsey** was interviewed several times about facial transplants following the publication of the Royal College of Surgeons of England Working Party report on Facial Transplantation.

Nicky Rumsey has taken part in a TV programme on Face Transplantation, produced by Mentom TV and due to be shown over the summer.

Other News:

Nicky Rumsey and **Di Harcourt** have joined the Editorial team of the new journal, *Body Image*. Nicky is an Associate Editor, Di is on the Editorial Board.

New Publications:

Frith, H. (2003). Introducing the Body: (In)Visibility and the Negotiation of Embodied Identities. *Psychology of Women Review*, 5(2): 3-6.

Frith, H. & Gleeson, K. (2003). Youth, Beauty and Pride: Privileging Young Bodies. *Psychology of Women Review*, 5(2): 23-27

Frith, H. & Gleeson, K. (2004). 'Clothing and Embodiment: Men Managing Body Image and Appearance', *Psychology of Men and Masculinity*, 5(1): 40-48.

Gleeson, K. & Frith, H. (2003). Getting Noticed: Using Clothing to Negotiate Visibility. *Psychology of Women Review*, 5(2): 7-11.

Halliwel, E. & Dittmar, H. (2004). Does size matter? The impact of model's body size on advertising effectiveness and women's body focused anxiety, *Journal of Social and Clinical Psychology*, 23 (1): 104-122.

Halliwel, E. & Dittmar, H. (2003). A qualitative investigation of women's and men's body image concerns and their attitudes toward aging. *Sex Roles*, 49: 675-684.

Harcourt, D. & Rumsey, N. (2004). Mastectomy Patients' Decision-Making For or Against Immediate Breast Reconstruction, *Psycho-Oncology*, 13: 106-115.

Levene, R. & Gleeson, K. (2003). Standing Apart: Sizing Up Social Identity. *Psychology of Women Review*, 5(2):17-21.

Morey, Y., Wilbraham, L. & Frith, H. (2003). Rep/hairing the 'Natural': Black Hair and Identity in Post-Apartheid South Africa. *Psychology of Women Review*, 5(2): 12-16.

Royal College of Surgeons of England (2003). *Facial Transplantation Working Party report*, Royal College of Surgeons of England. (Nicky Rumsey was a member of the working party).

Rumsey, N. & Harcourt, D. (2004). Body image and disfigurement: issues and interventions, *Body Image* 1(1): 83-97.

Derriford Appearance Scale 24 (DAS 24)

The Manual for the Derriford Appearance Scale 24 (Moss, Harris, & Carr) is now available from Tim Moss, priced £15.00. Copies of the scale are available for 50p each. Please contact Tim for details: Tim.Moss@uwe.ac.uk