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The role of discourse analysis in critical health psychology

In most of my work I have used discursive psychology (DP; Potter, 2010) ¹. DP shares critical health psychology's (CHP) critique of positivistic, cognitive and individualistic approaches in psychology. It enables the examination of suffering in context, as CHP calls for (Murray & Campbell, 2003). CHP mainly focuses on how the wider social, economic and political context affects well-being and social justice. DP can demonstrate how the proximate context of social interactions matters too (McVittie, 2006). It can illuminate how social inequalities and power differentials are interpreted, played out or resisted at the micro-level of everyday or institutional interactions (McVittie, 2006). Furthermore, DP studies demonstrate that when people discuss their (ill) health, they address certain interpersonal concerns, such as avoiding responsibility for illness or the attribution of problematic identities (e.g. being a malinger; Guise et al., 2007). By identifying interpersonal issues at stake, DP uncovers additional aspects of suffering.

DP can meet CHP's call to shift from critique to action (Murray & Campbell, 2003). For instance, I have used DP to examine a neglected sexual and reproductive health issue in Malawi: infertility. I examined how men and women with a fertility problem, practitioners and relatives of those with fertility problems talk about infertility, its causes, consequences and solutions and how their descriptions perform social, interpersonal functions. For instance, respondents constructed polygamy and having affairs as normal, 'automatic', and culturally required responses to infertility. Such constructions diminish personal accountability and are likely to facilitate these responses (de Kok, 2009). One should be cautious in assessing practices such as polygamy from a western perspective. However, there may be health consequences: unprotected sex with multiple partners increases the risk of STIs, including HIV. Additionally, polygamy or affairs may affect the psychological well-being of the women who are being 'replaced' and risk losing their husband's social and economic support (Ombelet et al., 2008). Thus, the identified discursive practices appear to contribute to gender inequality and seem disempowering for men (by

¹ This article is largely a summary of my chapter in the recently published book: C. Horrocks and S. Johnstone (eds). (2012). *Advances in Health Psychology: Critical Approaches*. Hampshire: Palgrave MacMillan.

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minimizing their personal choice) and especially women, by facilitating male behaviours which increases their physical, socio-economic, and mental vulnerability.

These insights could inform interventions in Malawi, aimed at enabling communities to challenge constructions of 'culture' as a force which makes people 'automatically' behave in certain ways. In (radio) plays or discussion groups, accounts of polygamy and affairs could be presented, followed by discussion of their disempowering effects and of alternative constructions which frame *not* engaging in extramarital affairs and polygamy as reasonable and highlight people's agency. Such interventions chime with Freire's (1972) approach of critical consciousness raising, aimed at increasing communities' understanding of how *social* conditions affect well-being and enhancing their capacity to change these conditions.

DP's micro-analysis of discursive strategies does not prevent it from contributing to bigger questions of social justice or the development of interventions aimed at increasing well-being. DP's geographical scope could be expanded. Often, people assume that I am an anthropologist when they hear about my work. Traditionally, western psychologists have left the academic study of low income settings to anthropologists. However, as (Murray & Campbell, 2003, p. 234) have argued, 'being critical' entails addressing injustice and siding with 'the oppressed and disenfranchised'. Thus, critical psychologists, including discursive psychologists, should not ignore² low-income settings, where rates of poverty and illness are high.

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² There is a relatively strong tradition of critical psychology in some middle income countries in Latin America and in South Africa. However, few DP studies have been conducted in this part of the world. For exceptions see e.g. work by Jennifer Watermeyer (University of Witwatersrand) and Kevin Durrheim (Univeristy of Kwazul Natal).

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