BSA Medical Sociology Conference 2025

Wednesday 10 - Friday 12 September
Northumbria University, UK

Abstract Book

BRITISH
SOCIOLOGICAL
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WEDNESDAY 11 SEPTEMBER

17:00-18:00

Lecture Theatre

Ruth Holliday, University of Leeds

Enacting and Resisting Gendered and Colonial Constructions of the Surgically Enhanced Breast

Representations of surgically enhanced breasts in the western media are usually connected with beauty, glamour and sexuality, providing titillation for viewers. But this construction is rejected by patients undergoing breast enlargement surgery, who claim ‘enhancement’ makes them feel ‘more like a woman’. Whilst genitals are considered to be ‘primary sex characteristics’, present at birth, breasts are ‘secondary sex characteristics’, developed during puberty. But this also affords them a hierarchy. Disciplines like psychoanalysis have foregrounded the penis/ phallus, and its lack, as the ‘primary signifier’ of gender. But perhaps ‘primary’ and ‘secondary’ are misnomers given that genitals are covered at a young age, whilst women’s fashions make breasts a highly visible marker of gender. In addition, far fewer trans people requested genital surgery once it was dropped as a legal requirement for gender recognition. Whilst women wanting breast augmentation are pathologized as vain and silly, men’s desire for breast reduction is regarded as understandable and legitimate. Women who attempt to refuse reconstruction or request double mastectomy after breast cancer are told they will feel ‘unfeminine’. Drawing on our research on cosmetic surgery tourism, an intersexed person in Belgium was offered pectoral not breast implants, because their passport recorded them as male, and in a Thai clinic traditional ‘orchidectamy’ (testicle removal) for Kathoey (lady boys) had been banned following pressure from western medicine. In this paper I use examples from our study to illustrate the gendered and colonial nature of western cosmetic medicine, and question the hierarchy of genitals and breasts and the binarism of ‘sex’.

Biography

Ruth Holliday is Professor of Gender and Culture in the School of Sociology and Social Policy at the University of Leeds and is widely published in the areas of work and organization, sexuality and identity, cosmetic surgery studies and low fertility cultures, and has received funding from the ESRC, AHRC and FSHI. She is primarily a sociologist of the body, focussed on the entanglements of gender, class, sexuality and nation, which converge in her work on cosmetic surgery. Her earlier work focussed on cosmetic surgery and popular culture, men’s cosmetic surgery and cosmetic surgery in South Korea, challenging approaches based on internalized sexism and racism, by gendering cosmetic surgery and situating Korean surgeries in the context of the ‘glocal’. In 2019, her co-written book (with Meredith Jones and David Bell) Beautyscapes, based on a large ESRC-funded study on patients travelling from the UK, Australia and China to countries in Europe, East Asia and North Africa, as well as the surgeons, agents, medical travel facilitators and other workers in the medical tourism industry in those countries, won the FSHI Book Prize. She is currently working on a new book on the social and cultural history of the penis.Ruth has given evidence to the Nuffield Council for Bioethics, The Parliamentary Health Select Committee and Gender and Equalities Committee, and was part of the Keogh Review of Cosmetic surgery sitting on the patient information subgroup. She is currently working with the PIP Action campaign, seeking justice for people with PIP and other harmful silicone implants.

FRIDAY 12 SEPTEMBER

09:00-10:00

Lecture Theatre

Jen Remnant, University of Strathclyde

Sick at Work, Sick of Work - managing long-term ill-health in the contemporary UK workplace

In contemporary society, paid employment functions as a powerful indicator of a person's perceived social worth. When asked, "What do you do?", we understand the question as one about occupation, and we intuitively recognise its deeper implications: our response will invite assumptions about our identity. Yet for those living with long-term ill-health, this question can be fraught. Health status often complicates conventional narratives of productivity and success, and so responding to this question can demand a careful negotiation of what to disclose – especially for those experiencing worklessness.

Yet long-term ill-health does not necessarily preclude participation in paid work. Many people continue to work while managing ongoing symptoms, navigating environments often defined by rigid expectations, limited flexibility, and normative assumptions about healthy, productive bodies. When we go to work, our symptoms come with us. In many contexts, work can exacerbate or worsen our symptoms.

In this talk, I will present research on the lived realities of those working with long-term symptoms, focusing on the tension between unruly bodies that experience pain, fatigue, incontinence and bleeding, and the structured, often inhospitable landscapes of many contemporary workplaces. I will consider how individuals strive to maintain credibility, job security, and professional inclusion while managing symptoms that are messy, unpredictable, and socially uncomfortable.

Drawing on concepts from medical sociology, disability studies, and the sociology of work, I will argue for a more expansive view of what work could be. In doing so, I aim to challenge employment practices that routinely deny or devalue bodily difference. I hope this will invite critical reflection on how we define work, value, and participation and whose bodies are afforded space, legitimacy, and support in paid workplaces under today's social, economic, and political conditions.

Biography

Jen Remnant is a Senior Lecturer in the Scottish Centre for Employment Research in Strathclyde Business School, University of Strathclyde. The Centre's purpose is to produce high quality academic research for policy use in public, private and voluntary sectors focusing on workplace innovation; fair work and job quality; employability and; employment regulation and equality.

Jen's interests are focused on the intersection of health and work. She is interested in how ill-health is conceptualised in relation to paid labour, and how employers (mis)manage disabled and long-term ill employees at work, especially in workforces that provide health and social care. This includes understanding the influence of organisational policy on the experiences of ill employees, labour market changes, welfare reform, workplace environments, professionalisation and symptom management.

Jen's research has been funded by the THIS Institute, ESRC, The Addenbrookes Trust, CIPD and the Foundation for the Sociology of Health and Illness.

WEDNESDAY 10 SEPTEMBER
13:25-13:55

Inequalities and Intersectionality - Room 007

Navigating Intersection of Difference: A Qualitative Sociological Study with Adult Autistic Migrants in the UK

Anya Ovcharenko

University of Exeter

This paper explores the lived experiences of adult autistic migrants in the UK, a group often overlooked in both migration and autism research. As they navigate complex socio-cultural landscapes, these individuals contend with systemic barriers, including racism, ableism, and linguistic exclusion. The experience of being labelled a migrant and autistic constitutes multiple otherness—at once constraining and generative—that shapes how individuals experience self, exclusion, and recognition.

Situated at the intersection of medical sociology and empirical ethics, this research draws on decolonial feminist scholarship, including the work of Anzaldúa and Lugones. It engages critically with global discourses of neurodiversity and migration to examine how categories are constructed, lived, and resisted within specific cultural and institutional contexts. Preliminary findings from in-depth narrative interviews suggest that autistic migrants often inhabit liminal and precarious spaces, where they are simultaneously hyper-visible and marginalised. Yet, through contradictions and tensions, experiences of exclusion and otherness can be reimagined as acts of agency and tools of resistance.

This paper asks how processes of categorisation and discrimination shape autistic migrants' self-understanding and life narratives, and how strategies of resistance emerge in response. It conceptualises “estrangement” not merely as exclusion, but as a relational, embodied, and political condition that offers insights into the human condition.

Given the 280 million international migrants worldwide and the growing recognition of adult autism diagnoses in the Global North, this research contributes to a deeper understanding of how marginalised individuals navigate difference, power, and resistance—drawing on Globahebrew South epistemologies to inform more inclusive frameworks.

Sexual and Reproductive Health - Room 008

Romancing contraception: exploring contraceptive storytelling in romance fiction

Marie Larsson

University of Edinburgh

Contraceptive research, policy and practice often highlight the need to improve informed contraceptive decision-making, including addressing what they understand as myths or misconceptions from informal sources such as friends, family, and media. Yet, by dismissing these sources and labelling them inappropriate, research and policy on contraception fail to meaningfully engage with how people relate to these interpersonal stories, sidelining important aspects of contraceptive practices such as sexual desire and pleasure.

This research addresses this critical gap by investigating pleasure and its complex relationship to contraceptive attitudes and practices, using romance novels as a case study and methodological device. In recent years, romance novels have become one of the most popular genres of fiction. There has been little research exploring the relationship between romance novels and sexual and reproductive health and contraception. When explored, research questions have centred on how their portrayals of contraceptive use and (un)safe sex might negatively influence women's sexual practices. However, as research on sexual fantasies highlight, the relationship between romantic, sexual, or erotic fantasies and real-life sexual practices and preferences is not straightforward. This raises questions about how we can understand, study, and theorise this complex relationship.

Drawing on sociological approaches to studying stories, this paper investigates contraceptive storytelling in contemporary romance novels and examines what this reveals about existing contraceptive norms, expectations, and beliefs. In doing so, the paper considers how we might imagine more pleasurable, caring, and liberating contraceptive practices and use these insights to improve contraceptive care.

Mental Health - Room 021

Negotiating Roles and Medicalisation: Psychologists in Chilean Primary Mental Health Care

Jorge Crespo

University of Edinburgh

Global efforts to close the 'treatment gap' have driven the expansion of mental health services in public primary care. In Chile, this has taken shape through three national mental health programs since the 1990s, with psychologists playing a central role. Yet little is known about how they navigate these institutional contexts. Drawing on medical sociology, particularly the sociology of mental health and illness and professions, I explored how psychologists negotiate their role in Chile's public primary care system and its implications for broader concerns about medicalisation.

Using an interpretivist approach, the research involved policy analysis and 29 in-depth interviews with primary care psychologists, policy officials, and professionals from community mental health centres. Thematic analysis revealed that medicalisation is not uniform or static but fluid and influenced by competing discourses, policy aims, and institutional arrangements. Psychologists are ambiguously positioned – and position themselves – as disorder-focused clinicians, mental health optimisers, or productivity-driven practitioners. Their responses to these subject positions vary, reflecting identity-practice tensions, institutional and systemic constraints and an evolving role.

This research shows how policy discourses, governance strategies, and professional practices create conflicting expectations that shape mental health care in ambivalent ways. Medicalisation may advance through the pathologisation of distress, the psychologisation of health, or the instrumentalisation of service provision within a bureaucratised biomedical framework. These findings contribute to medical sociology by highlighting how professional roles are shaped within policy and institutional frameworks and how these dynamics drive the psychologisation and biomedicalisation of society through diverse, context-dependent, ostensibly contradictory pathways.

Experiences of Health and Illness - Room 024

Health-Seeking Behavior and Choice of Care among Rural Migrant Farmers in Selected Camp Settlements in Ogbese, Ondo State, Nigeria

Victor Assi, Anise Happi, Almudena Mari Saez, Johanna Hanefield

Redeemer's University

Rural migrant farmers are essential to Nigeria's agricultural economy, yet their healthcare needs remain neglected. They face significant barriers, including financial constraints, mobility-related disruptions, cultural beliefs, and inadequate healthcare infrastructure. Despite research on rural health-seeking behavior, little attention has been given to the unique challenges of transient farming communities, particularly regarding healthcare continuity and choice of care. This study examines the socio-economic, cultural, and structural factors influencing healthcare decisions among migrant farmers in Ogbese, Ondo State. Migrant farmers often rely on self-medication and traditional healers due to financial and accessibility constraints. Their frequent movement disrupts treatment continuity and medical record-keeping, exacerbating health disparities. Socio-economic status influences healthcare choices, with most lacking health insurance and depending on out-of-pocket payments. Gender norms further restrict healthcare access for women, while inadequate healthcare policies fail to address the needs of transient populations. Using an integration of the Health Belief Model (HBM) and the 4-As framework, this qualitative study employed Key Informant Interviews (KIIs), field notes, and participant observation for data collection with thirty respondents. Findings reveal critical healthcare gaps, emphasizing the need for mobile clinics, portable health records, expanded insurance schemes, and culturally sensitive health interventions. Strengthening rural healthcare infrastructure, integrating traditional healers, and implementing gender-sensitive policies are essential for improving healthcare access. This study contributes to rural healthcare reform by providing evidence-based recommendations for addressing mobility-related disruptions, financial barriers, and policy inefficiencies among Nigeria’s migrant farming populations.

Health Service Delivery - Room 223b

"Carers are silent partners. *It’s* [a] fight to be heard": Embedding Caregiver Voice in Discharge Planning, Fin*dings from a Co-Design Approach*

Kathryn McEwan, Sebastian Potthoff, Tom Sanders, Sue Carr, Peter Van Der Graaf, Ryc Aquino, Mitchell Hogg, Rakhshanda Hameed, Frank Lai, Chris Cooper

University of Northumbria

Hospital discharge is a pivotal transition in the lives of patients and their informal caregivers, yet caregivers are frequently excluded from decision-making, despite their central role in providing post-discharge support. This paper presents findings from a co-produced study that aimed to embed personalised care principles into discharge planning by developing a practical toolkit to support caregiver involvement.

The study was conducted across four Integrated Care Systems in the North East and Yorkshire using a participatory action research (PAR) approach. Four online co-design workshops were held with informal caregivers, health and social care professionals, and voluntary sector staff, building on earlier qualitative work. Normalisation Process Theory (NPT) was used to explore how the resulting toolkit might be embedded into everyday practice.

Five themes emerged: managing expectations, recognising caregiver identity, co-producing discharge plans, navigating systemic barriers, and supporting carers post-discharge. The findings highlight the relational complexity of discharge, including mis-recognition of caregivers, power imbalances, and the challenge of implementing personalised care in resource-constrained services. Participants co-developed practical interventions such as ‘welcome letters’, caregiver passports, and simplified discharge plans.

This paper critically reflects on the toolkit as both product and process. We examine tensions between the ideals of personalised discharge planning and the constraints of hospital systems. Drawing on sociological concepts of relational labour, invisibility, and institutional inertia, we argue for a shift from tokenistic engagement to meaningful collaboration with caregivers.

We offer both theoretical and practical insights for designing equitable discharge processes that genuinely position caregivers as partners in care.

STS and Medicine - Room 221

Why we need a better understanding of healthcare inquiries

Dawn Goodwin

University of Lancaster

Healthcare has recently seen a series of statutory (eg Thirlwall, Covid, Lampard, Infected Blood) and non-statutory inquiries (eg maternity care at Shrewsbury and Telford, East Kent, Nottingham). Yet,

despite their frequency and public importance, knowledge about inquiries is limited. Inquiries are under-researched (Schlembach and Hart, 2022) and under-theorised (Thomas et al, 2024). Methodological constraints further limit understanding. Stark (2019) noted the absence of primary data, and Goodwin et al (under review) highlight how participants' experiences have rarely been studied. Often, inquiry processes are overshadowed by the subject of the inquiry and inquiry reports are used as lenses on safety, risk, human error and organisational failure. Sociology of health and illness (SHI) has long attended to issues of professional regulation and is increasingly engaged with safety, harm and incident investigation. Yet, how inquiries intersect with these issues has escaped attention.
I suggest important aspects of inquiries remain unstudied which map to key interests in SHI and science and technology studies (STS). STS has a tradition of scrutinising processes of knowledge production, yet there is little empirical study of inquiry processes, and the juridical basis of practice is widely taken-for-granted. Neither do we understand what human costs are involved and for whom. To explore this requires research focused on participants' experiences, paralleling SHI's focus on lived experiences of illness which has resulted in such rich conceptual developments. Thus, I argue for research that blends the concerns of SHI and STS to address important gaps in understanding the processes and consequences of inquiries.

Professions - Room 220

"We don't move beds; we transport people": (In)visibility and connective professionalism in the case of porters in public hospitals

Ariela Popper-Giveon, Yeal Keshet

David Yellen College of Education

Despite their central role in maintaining the functioning of complex healthcare institutions, hospital porters remain largely absent from academic literature. We will present a study that addresses that gap by exploring how hospital porters employed in public hospitals in Israel perceive the nature and significance of their work.

Drawing on in-depth interviews conducted in 2023 with porters working in public hospitals, the findings reveal that their work comprises two interconnected components: formal and informal. The formal component consists primarily of the transportation of patients and medical equipment across the hospital. Porters commonly perceive their role within the organisational hierarchy as marginal and frequently describe their tasks in terms associated with pressure, physical strain, and invisibility. By contrast, the informal domain centres on interpersonal communication with patients, family members, and hospital staff. Porters described this aspect of their work as a source of meaning and self-worth, contributing to their perceived status within the organisation.

In our lecture we will demonstrate how these invisible "street-level" workers employ informal, connectivity-based mechanisms that allow porters to reposition themselves at the forefront of interaction – engaging with both staff and patients – thereby establishing a professional identity grounded in pride and respect. We will outline a substantial theoretical contribution to the sociology of medicine and the sociology of professions, while also offer practical insights for healthcare organisations seeking to better integrate and value support staff and, ultimately, to improve patient care.

Pedagogy and Methods - Room HLT 403

Sexual and Gender Diversity in Health Curricula in Brazil: An Analysis of National Guidelines (2001–2023)

Rodrigo Otávio Moretti Pires

Universidade Federal de Santa Catarina

The relationship between health training and the production of social normativities remains a key concern for medical sociology. In Brazil, the implementation of the National Policy for Comprehensive

Health Care for LGBTI+ People (PNSI-LGBT) in 2011 intensified debates around the inclusion of sexual and gender diversity in professional education. This study critically examines the presence of references to Human Rights, Gender Identity, and Sexual Orientation within the National Curricular Guidelines (DCNs) of undergraduate health courses between 2001 and 2023. A documentary analysis of 22 DCNs available on the Ministry of Education's public platform was conducted, focusing on how — and to what extent — sexual and gender minorities are acknowledged within curricular structures. Findings indicate a gradual yet uneven incorporation of LGBTI+ issues into health curricula, particularly over the past decade. While an increase in references to Human Rights, Gender Identity, and Sexual Orientation is observable, such inclusions often remain tokenistic and vary widely across courses. Rather than signaling a straightforward trajectory of progress, these results suggest a contested and politically situated process, reflecting broader struggles over recognition, legitimacy, and the reproduction of normative models within health education. We argue that critical attention to the symbolic and material dimensions of curriculum design is essential for understanding how health professionals are trained — and how structural inequalities may be perpetuated even amidst apparent reforms.

SPECIAL EVENT
WEDNESDAY 10 SEPTEMBER
14:00-15:40

Mental Health - Lecture Theatre

Creating Care in Contexts of Crisis

There is an increasing awareness within the Sociology of Mental Illness (alongside a longstanding analysis within Mad and Survivor Activism) that in moments of mental health crisis, the ‘care’ that is offered by official systems and institutions can instead enact coercion, control, and cruelty. Lisa Stevenson has described the “uncaring” and “murderous” nature of what she labels “bureaucratic care” (2014, 4). This panel extends her work, echoing and responding to calls for an increased attention within the Sociology of Mental Illness to re-conceptualising the quality and nature of care.

This panel explores three varied facets of the gap that often exists between care and crisis, demonstrating how a sociological approach can help us attend to the structures which create it, to analyse the complexities which run through it, and to find creative approaches to move out of it. Hazel Marzetti will explore how “crisis” can be used as a boundary object in the provision of LGBTQ+ suicide prevention, through which care was provided and denied. Veronica Heney will explore creative texts as experiential spaces through which people with experience of self-harm engaged in active, transformative, relational reading and viewing practices to enact or enable care. Tessa Morgan will draw on interviews with young people accessing statutory mental health services to consider the role (mis)recognition plays in shaping their accounts of feeling seen and getting seen by under-resourced services.

The three papers all analyse ways that bureaucratic, structural, and discursive forces create impasse and impossibility around care. The panel will also touch on the unexpected, unusual, or unaccounted for spaces, places, and methods through which those with lived experience of self-harm, suicide, and mental health crisis, located and created care.

Creating care for self-harm: transformation, relationality, and closeness

Veronica Heney

Durham University

Care, Crisis, and Community provision: LGBTQ+ suicide prevention in the UK

Hazel Marzetti

University of Edinburgh

“I don’t want to be made into a shopping list”: (Mis)recognition and mental health care from young people’s perspectives

Tessa Morgan

University of Cambridge

WEDNESDAY 10 SEPTEMBER
14:00-14:30

Inequalities and Intersectionality - Room 007

Exploring links between adverse childhood experiences, executive function, and homelessness: A realist evaluative synthesis

Christina Cooper, Monique Lhussier, Tom Astley, Alex Kirton, Fleur Riley

Northumbria University

Approximately 90% of people with experience of homelessness report adverse childhood experiences, having far reaching consequences across the life course. Trauma informed approaches have burgeoned in the last decade, however biological understandings, including neurological perspectives of the impact of trauma are typically overlooked with the majority of interventions to support people with experience of homelessness focused on the psychological and relational aspects of trauma. The proposed research takes a biopsychosocial approach to understanding lived experiences of trauma, its impacts, and pathways to recovery.

The research (currently in the data analysis stage) takes a realist evaluative synthesis approach combining evidence from the extant literature with qualitative data to better understand experiences of trauma. Interviews were conducted with people with experience of homelessness who have previously engaged with services (n=20), and professionals involved in the delivery of services to support people with experience of homelessness (n=15).

Findings from this study will contribute to new understandings of the pathways into and out of homelessness through a biopsychosocial lens, paying specific attention to the role of executive function. Findings will be used to broaden understandings of and practice in trauma informed care through the development of a trauma informed care toolkit, and as a starting point to explore the role of creative health in recovery and support for people experiencing homelessness. Further to this, findings will be disseminated via practice workshops, conferences, and peer reviewed publications.

Sexual and Reproductive Health - Room 008

Looking through a Feminist Lens: Body Politics and the Dynamics of Commercial Surrogacy in India Today

Pratyasha Sahoo

University of Delhi

The politics of a woman’s body revolves around understanding pregnancy as a highly commercialized and marketized concept in a neo-liberal and post-modern globalized society. Research studies and dominant discourses have viewed how a woman’s wombs, eggs and ovaries become her potential capital in the labour market. Prior to 2021, surrogates entered into a contract with intended couples via medical agencies and India was leading the world market as a “rent –a-womb” industry or commercial surrogacy. However, with the Surrogacy Regulation Act of 2021 in place, the running theme within the discourse of surrogacy is 'altruism'. Altruism has become the ‘new normal’ rendering commercial surrogacy as illegal and a criminal offense in India. The rhetoric of a surrogate mother’s gift involves birthing and gifting a child to an infertile couple and romanticizing the image of a nurturing mother who never indulges in the reproductive market for money. The Act intends to protect the exploitation of surrogate mothers while ensuring safe and ethical practices. In the light of the ambiguity surrounding commercial surrogacy in India, this paper attempts to explore women’s reproductive rights, their bodies, agency, choice, power and resistance while navigating through and adhering to the new legal regulations. Nonetheless, the paper also addresses the language of ‘waste’ and ‘bio-resources’ as powerful means to alleviate the low socio-economic status of women in Third World countries like India. Voices in the form of narratives of two surrogate mothers were also captured.

Mental Health - Room 021

Medicines, Medication Work **and Networks of Support in the Community Following Mental Health Hospital Discharge: A Qualitative Interview Study**

Mark Jeffries

University of Manchester

The importance of social networks in the medication ‘work’ carried out by patients and carers is understood and has been explored for a range of physical health conditions However, there is limited research to understand networks of support for patients and carers with mental illness in the community following hospital discharge. This study explored how support networks might influence and impact medication work of people with lived experience of mental illness and their carers following mental health hospital discharge.

People with lived experience of mental illness and carers were recruited to the study via social media and the professional networks of the research team. Semi-structured interviews were conducted online. A diagram of support networks was co-produced with participants, using a hierarchical mapping technique. Analysis was thematic and iterative and aimed to understand perceptions of care, medication work and support in the community post-hospital discharge.
Analysis of interviews conducted with 10 people with lived experience and 7 carers suggested that patients undertook a range of activities to ensure they had access to and administered the right medicines. Medication work was undertaken to overcome challenges experienced after discharge including availability of medicines, patient navigation of care and medicines, and stigma. Networks of support could include informational and emotional support from family and friends, peers, or the voluntary sector.
Supporting communities, sharing of knowledge and information between actors, and the ‘medication work’ of carers and patients were critical elements in the ensuring safe and optimal medication practices in primary care post-hospital discharge.

Experiences of Health and Illness - Room 024

University transition for students with long-term physical health conditions - a qualitative longitudinal study

Melody Bishop

Durham University

Students represent a large, increasing population whose needs are insufficiently understood. During transition to university, students face multiple challenges, many of which relate to their health. Students with long-term physical conditions (SLTCs) are particularly vulnerable to transitional disruption. This presentation discusses emergent findings from my ongoing PhD (analysis/write-up phase), a qualitative longitudinal research (QLR) study exploring the experiences of SLTCs throughout their first year of transition to university. I conducted five semi-structured interviews rounds, with nineteen student participants, over a single academic year (2023/24) at a North East England university. I also asked participants to keep a diary, capturing transition as a continuous process. To enrich findings, I later interviewed three staff members.

I identify themes encapsulating wide-ranging aspects of SLTCs’ experiences and how they change over time. I do this through analytical tools such as QLR framework grids, looking at transition from a number of angles: academic, healthcare, relationships (friends/family), university support, and wider student experiences (extracurricular activities, housing, etc.). Specific research questions address: variation between different conditions, impacts of social/health inequalities, extant and ideal roles of higher education providers, and implications both of and for healthcare systems. Findings suggest SLTCs seek to make and revise several decisions around healthcare (when and where to access services) and university support (to what extent to engage with systems). The influence of socioeconomic factors is apparent throughout students' diverse narratives. Findings will inform healthcare providers and universities about key issues faced by SLTCs and may prompt policy changes around transition to university.

Lifecourse- Chronic Conditions; Ageing: Death and Dying - Room 223a

Addressing the Slippery Slope Myth: Trends in Reported Euthanasia Cases in Belgium (2002–2023)

Natasia Hamarat, Jacques Wels

Université libre de Bruxelles

Since its legalisation in 2002, euthanasia in Belgium has increased from 236 cases in 2003 to 3,423 in 2023. While concerns persist about a potential "slippery slope," limited research has examined long-term trends and their demographic determinants. This study analyses administrative data on all reported euthanasia cases in Belgium between 2002 and 2023 to assess the role of demographic changes in the observed increase. We conducted a Poisson regression analysis using data from the Belgian Federal Commission for the Control and Evaluation of Euthanasia (FCCEE), adjusting for age, gender, and region using population data from the Belgian Statistical Office. Over the study period, 33,647 euthanasia cases were reported. Our findings indicate that one-fourth to one-third of the increase in euthanasia cases can be attributed to demographic changes, particularly an ageing population. Euthanasia remains most common among those aged 70–89, and gender differences are minimal. While euthanasia for psychiatric disorders (1.3% of cases) has remained stable, cases involving dementia have increased slightly, mirroring population ageing. Regional disparities have also decreased over time. The rise in euthanasia cases in Belgium largely reflects demographic trends rather than an expansion of criteria. These findings provide crucial insights for countries debating assisted dying laws, particularly regarding regulation, data collection, and the integration of socio-economic factors into long-term monitoring.

Health Service Delivery - Room 223b

The socio-technical imaginaries of risk and safety in dementia care: examining the use of restrictive practice in mental health and acute hospital wards and their consequences for people living with dementia

Shadreck Mwale, Andy Northcott, Katie Featherstone

University of West London

People living with dementia (PLWD)constitute a growing population within acute hospital wards in the UK. this population is most at risk of being subject to restrictive practice as part of care during an acute hospital admission. Such interventions are justified on the basis of staff concerns about safety of patients LWD and older patients, and a means of mitigating against falls, itself a key metric on good care in acute settings. Yet, little research has examined the impact of these interventions on PLWD in these wards. Drawing on Jasanoff and Kim's concept of socio-technical imaginaries, this paper examines how risk and safety are imagined by staff and institutions to bring about the routine use of restrictive practice. Drawing on an ethnographic study of over 225 days of observations and 660 in situ-ethnographic interviews in acute hospital wards. The study reveals significant tensions between how

PLWD respond to being contained within these settings challenge institutional and staff imaginaries of a safe and risk-free ward, and expectations of an ideal ward and good patient hood. We argue that these socio-technical imaginaries of risks, safety, good care and patient hood, where containment in bed or at the bedside, and fitting care needs within the timetabled bedside care are desirable. Deviations from this requirement informs the use of restrictive practice to maintain the order of the ward. We show how these routine practices results in increased distress and affects of imprisonment for PLWD resulting in further tightening to achieve the order of the ward.

STS and Medicine - Room 221

mRNA vaccine scepticism on Substack: Remixing scientific expertise with influencer affects

Anne Kerr, Betsy Banks

University of Glasgow

Vaccine scepticism is rising across many jurisdictions. The appointment of the prominent vaccine-sceptic RF Kennedy Jr as USA Secretary of Health and Human Services starkly illustrates the powerfulness of this challenge to biomedical orthodoxy.

In this paper we investigate vaccine scepticism on Substack, a rapidly establishing new media subscription-based platform for newsletter-based content. We focus on prominent posts about mRNA vaccines, following their rapid development during the Covid-19 pandemic. We explore how orthodox markers of scientific authority and expertise are mixed with other forms of affect-laden credibility drawn from influencer culture.

Our dataset comprises text-based Substack posts about mRNA vaccines, drawn from the top post on mRNA from prominent authors who claim medical or scientific expertise between November 2023-February 2024. This gives a dataset of 39 articles, and 497 pages from 14 accounts, covering vaccine science, vaccine shedding and vaccine injury.

The paper analyses affective-discursive practices involved in establishing authors credible expertise on mRNA vaccines and other types of medical matters as a practitioner, advisor or influencer. We consider references to credentials, c.v.'s and network membership and expertise in the scientific method, encompassing method, rigour, refutation, technical language, professional conduct and vocation. We then explore alternate affect-laden credentials associated with influencing invoked in these posts - authenticity, charisma, passionate care and distancing from corrupt or compromised others. We end by reflecting on the potency of this mix of old and new forms of scientific credibility and the importance of attending to affect therein.

Professions - Room 220

An exploration of nurses' experience of the Nursing and Midwifery Council (NMC) Revalidation approach of professional regulation

Joanne Harrison

University of Nottingham

This study explored how nurses experience their professional regulator's revalidation approach, with revalidations own aim being that of the assurance of post-registration maintenance of quality standards. A neo-Weberian approach from the sociology of the professions was utilised as a theoretical framework. Summary of research background and rationale: NMC revalidation was explored with specific reference to other United Kingdom healthcare regulators revalidation approaches. Limited studies on the NMC revalidation approach have been undertaken. Therefore, there was merit in exploring nurses' views and experiences of revalidation as a regulatory process in relation to effects on professional work. Research design and methodology: An interpretivist philosophical standpoint, utilising social constructionism methodology provided the framework for this study. Data collection used semi structured Microsoft Teams interviews.

Findings: Revalidation does not achieve its aims of assuring patient safety and the quality of nursing care through the periodic revalidation of maintained levels of clinical skills, knowledge and behaviour. Although its utility was questioned, participants engaged with as part of a professional project activity (Larson, 1977) as participants valued the gateway role of revalidation to maintain their registration to practice.
Recommendations: A series of recommendation were identified through the findings which would augment revalidation processually and may contribute to the regulator and professions response to the contemporary challenges faced.

Pedagogy and Methods - Room HLT 403

Welcoming disability in: crip approaches and medical sociology

Julie Ellis, Kate Weiner, Kirsty Liddiard

University of Sheffield

A historical debate about the disjointed relationship between disability studies and medical sociology (Thomas, 2012) continues to seek new opportunities for dialogue between the two scholarly communities (Mauldin and Brown, 2021; McLaughlin et al. 2023; Thomas 2021). We enter into this discussion to contribute to a particular issue raised by Mauldin and Brown (2021) regarding the potential for methodological innovations at the intersection of the two fields. And we do so by introducing ‘Cripping Breath', a 5 year Wellcome Trust Discovery Award funded project, which aims to forge new understandings of respiration and the cultural politics of breathing from Crip perspectives (see McRuer 2006). In our presentation, we discuss the meanings, politics and practices of Crip approaches - forms of knowledge production that emerge from lived and embodied experiences of disability and chronic illness - and consider the value of these for medical sociology. We will consider Crip time (Kafer 2013), slow scholarship (Mountz et al. 2015) rest and recuperation (Atkinson et al. 2024), and grief and loss (Borgstrom and Ellis 2021) within the research process, using our own involvement in Cripping Breath (now in its second year) as a case study. Our central aim is to consider the meanings of these forms of welcoming in disability, impairment and difference as ways to develop more radical cultures of co-produced, innovative and inclusive research methodologies within medical sociology.

WEDNESDAY 10 SEPTEMBER
14:35-15:05

Inequalities and Intersectionality - Room 007

Exploring the intersections of dementia care and urban spaces: Ethnographic thinking with South Asian families in Newcastle upon Tyne

Ana-Maria Cirstea, Karie Brittain, Kate Gibson

Newcastle University

Urban environments in the North East of England are often perceived as homogenous white spaces, obscuring the experiences of ethnic minorities. Countering these assumptions, this paper draws on ongoing ethnographic fieldwork in Newcastle upon Tyne with South Asian people living with dementia and their carers. We start by introducing how South Asian older adults living with dementia navigate the city – whether by driving (although not advised) or being driven around, taking the bus, or walking. Their families in turn use social and technological infrastructures – ranging from trusted people in the community to GPS trackers – to enact care and manage the fear of getting lost. We use these findings to critique ideas that urban environments are bounded and homogenised for older adults living with dementia. Instead, we outline how the city is made by and through social relations and cultural norms in our participants' lives, which are built in relation to places both within and outside Newcastle. These spatial connections are key to our participants' experiences, illustrating the transnational geographies of care at play in their lives. We use these ethnographic findings to join conversations around 'ageing in place' within urban settings for migrant and ethnic minority populations (Buffel and Phillipson, 2024; Ciobanu et al., 2017; King et al., 2017). By exploring the spatiality of dementia care for South Asian older people, we critically analyse how the intersections of class, gender, race and ethnicity can shape dementia care within urban environments.

Sexual and Reproductive Health - Room 008

Slowness, Speed and Suffering: A Temporal Exploration of Contraceptive Coil Pain

Kristina Saunders

University of Glasgow

The politics of a woman's body revolves around understanding pregnancy as a highly commercialized and marketized concept in a neo-liberal and post-modern globalized society. Research studies and dominant discourses have viewed how a woman's wombs, eggs and ovaries become her potential capital in the labour market. Prior to 2021, surrogates entered into a contract with intended couples via medical agencies and India was leading the world market as a "rent –a-womb" industry or commercial surrogacy. However, with the Surrogacy Regulation Act of 2021 in place, the running theme within the discourse of surrogacy is 'altruism'. Altruism has become the 'new normal' rendering commercial surrogacy as illegal and a criminal offense in India. The rhetoric of a surrogate mother's gift involves birthing and gifting a child to an infertile couple and romanticizing the image of a nurturing mother who never indulges in the reproductive market for money. The Act intends to protect the exploitation of surrogate mothers while ensuring safe and ethical practices. In the light of the ambiguity surrounding commercial surrogacy in India, this paper attempts to explore women's reproductive rights, their bodies, agency, choice, power and resistance while navigating through and adhering to the new legal regulations. Nonetheless, the paper also addresses the language of 'waste' and 'bio-resources' as powerful means to alleviate the low socio-economic status of women in Third World countries like India. Voices in the form of narratives of two surrogate mothers were also captured.

Mental Health - Room 021

Social Structure, Stress, and Depressive Symptoms among Early Adolescents: A Sociological Study from a Primary School in Addis Ababa, Ethiopia

Isayas Wubshet, Pamela Abbott, Kibur Engedawork

University of Aberdeen and Addis Ababa University

Adolescence is a critical developmental stage characterized by significant biological, psychological, and social transitions, often accompanied by heightened stress and vulnerability to depression. In low- and middle-income countries (LMICs), including Ethiopia, existing research on depression remains largely epidemiological, atomized, and adult-focused. Drawing on Archer's critical realism and Pearlin's stress process theory, this study examines how structurally rooted social stressors contribute to adolescent depression, mediating through their immediate social environments, including family, school, and neighborhood. A cross-sectional survey was conducted with 830 adolescents (aged 10–14) attending a public school in Mercato, one of the most deprived neighborhoods in Addis Ababa. Participants completed a self-administered questionnaire assessing experiences of maltreatment, school stress, neighborhood disorder, perceived social support, and depressive symptoms. Bivariate analyses, such as independent-samples t-tests and one-way ANOVA, were conducted, along with structural equation modeling, to examine group differences and to test direct and indirect pathways among latent constructs. Findings revealed that adolescents from low socioeconomic backgrounds and those whose mothers had lower levels of education experienced significantly higher levels of stress across family, school, and neighborhood contexts. Overall, 60.8% of participants were at risk for depressive symptoms, with higher risks observed among girls, older adolescents, those living with step-parents, and those from families with low parental education and socioeconomic status. Social support partially mediated the relationship between cumulative stressors and depressive symptoms ($p < .001$). This study underscores the structural and cumulative nature of stressors impacting adolescent depression in LMICs and highlights the need for sociologically informed, context-sensitive interventions.

Experiences of Health and Illness - Room 024

Japanese men enduring benign-prostate-enlargement or prostate-cancer

Genaro Castro-Vazquez

Kansai Gaidai University

This paper explores how a group of 35 Japanese men comprehend and verbalise the somatic experience embedded in dealing with benign-prostate-enlargement, or disquiet/discomfort of developing prostate-cancer. Grounded in an adaptation of the 'sexual scripts' theorising (Gagnon & Simon, 2005), a set of in-depth, semi-structured-individual interviews were conducted through a LINE-app video-call from 2021 to 2023. Outcomes of interview were analysed through a 'conversational approach' (Green, 2023, p. 7), and presented by using three axes: the body, gender, and sexuality. Overall, an understanding of the Japanese-civilised-self has rendered somatic-knowing problematic, and pretended-ignorance a strategy to deal with conversations about a condition involving the genitals and body-waste. The body refers to a cancer-self who copes with ignorance of the prostate's anatomy and physiology, the-mechanics-of-urine, and medication/treatment side-effects. Gender is concerned with a cancer-self who grapples with an ailment that 'emasculates the self', and the feminisation-of-care as well as infantilisation at medical facilities. Sexuality implies a cancer-self who bears scripts related to asexuality, medication/treatments that affect libido and penile-erections, and a tarnished-sexual reputation as a 'heterosexual man' because prostate-stimulation has been associate with homosexuality.

Lifecourse- Chronic Conditions; Ageing: Death and Dying - Room 223a

Intersecting Biographies: The Case of ‘Mother-Sibling Biographical Disruption’ in Families Facing a Child’s Life-Limiting Illness

Ana Patrícia Hilário, Fábio Rafael Augusto

Centro Interdisciplinar de Ciências Sociais, Universidade de Évora (CICS.NOVA.UÉVORA), Instituto de Ciências Sociais, Universidade de Lisboa (ICS-ULisboa)

This paper explores how the diagnosis of a life-limiting illness in a child acts as a pivotal moment that reshapes the everyday realities and long-term pathways of family members, particularly mothers and siblings. Grounded in qualitative research conducted in Portugal, it reveals the deep interconnections between caregiving, emotional labor, and the reconstruction of family life under conditions of chronic uncertainty. Based on a qualitative study conducted in Portugal, this paper presents new and significant insights into how the life trajectories of family members—specifically mothers and siblings—intersect and are reshaped when a child is diagnosed with a life-limiting illness. While much has been written about individual experiences, the interconnected biographical impact on family members during a child’s end-of-life journey remains underexplored. In-depth interviews were conducted with five mothers and two siblings. Five other siblings participated using the "draw, write, and tell" method. The findings reveal that mothers and siblings underwent profound biographical transformations, requiring them to reevaluate their life plans and reconfigure their personal identities. We propose the concept of mother-sibling biographical disruption to describe this shared and transformative experience. Through these findings, this work contributes to the broader field of biographical research by highlighting the complex interplay of familial roles and narratives in the context of pediatric life-limiting illness.

Health Service Delivery - Room 223b

What Covid-19 taught us about engagement in HIV care: a qualitative study with people living with HIV in London

Sara Paparini, R Dhairyawan, R Mbewe, S Sidat, S Petretti, J Anderson, S Dakshina, A Umaipalan, K Childs, B Dragovic, Chloe Orkin

Queen Mary University of London

In England almost 5000 people living with HIV are classified as ‘disengaged’ from care. During the UK COVID-19 pandemic, people not in regular HIV care pro-actively ‘came back’ to clinic. We present findings from the community co-produced SHIELD study based on fourteen interviews with a diverse purposive sample of people living with HIV who re-engaged (12) or disengaged (2) from four London HIV clinics during the pandemic. Interviews were carried out and analysed by peer co-researchers with lived experience and findings were further refined in a workshop with London clinic-based HIV peer mentors.

The uncertainties of COVID-19 increased anxiety and depression, exacerbated by social isolation, worries about Covid-19, disruptions to appointments and access to medication. Remote appointments and reduced monitoring made some feel disconnected from their HIV clinic. Financial and housing insecurity, transactional sex in exchange for accommodation, and emotional strain when moving in with relatives were cited. Yet participants also discussed proactive and supportive communication from clinic staff, including texts and ‘check in’ calls, and appreciated clinic mobile phones, home delivery, flexible hours and a choice appointment modality which promoted access to care and medications. Engagement in care is a cycle of being “in” and “out” shaped by known factors (adjustment to HIV diagnosis, mental health, shame, stigma, substance abuse, socioeconomic instability, competing interests, logistical issues and relationship with staff) which were exacerbated or eased by Covid-19. This study centres patient and community voice and offers new knowledge for HIV services that can facilitate engagement going forward.

STS and Medicine - Room 221

Beyond the spoken word: How email interviews enhance data quality and ethics in neurodivergent research

Emma Craddock

Birmingham City University

This paper critically explores the use of email interviews as a neuro-affirmative method of data collection in qualitative research for neurodivergent participants and researchers. Drawing on researcher reflections and participant responses from an Interpretative Phenomenological Analysis (IPA) project that explored the lived experiences of women diagnosed in adulthood with both autism and ADHD, it argues that email interviews enhance inclusivity and data quality. The asynchronous, written format of email interviews allowed for the creation of rich, in-depth, and authentic data that accurately represented participants' lived experiences, while also fostering an ethical research process rooted in autonomy, beneficence, and justice. Furthermore, the method facilitated a positive impact on participants’ lives, demonstrating its value beyond the ethical principle of "do no harm." Despite historical perceptions of email interviews as a secondary or supplementary method, this paper positions them as a primary, robust, and inclusive tool for neurodivergent research, while also addressing their limitations and potential challenges. Ultimately, it advocates for the integration of email interviews into the repertoire of qualitative methodologies, particularly for research by and with neurodivergent individuals.

Pedagogy and Methods - Room HLT 403

“I’m taking nothing, but we’ll carry on to help out”: Experiences of participants in a masked clinical trial to prevent neuropathic pain after shingles

Sophie Rees, Matthew Ridd, Alastair Hay, Robert Johnson, Rebecca Kandiyali, Anthony Pickering, Jonathan Banks

University of Bristol

In qualitative studies embedded within clinical trials, we often aim to explore perceived effectiveness and acceptability. This becomes problematic when participants and researchers are masked to trial arm allocation, and more so when the study is aiming to prevent, rather than resolve, a particular health condition. The AmiTriptyline for the prevention of post HErpetic NeuralgiA (ATHENA) trial tested whether low-dose amitriptyline can prevent post-herpetic neuralgia (PHN) in people with shingles (NIHR129720, ISRCTN14490832). PHN is the most serious complication from shingles, and is persistent, sometimes severe, neuropathic pain.

Participants are referred with 6 days of shingles rash onset and randomised to intervention (amitriptyline) or placebo for up to 70 days. We aimed to explore patient experiences of taking the medication or placebo and their views on its effectiveness.

We interviewed 29 participants in the ATHENA trial and used reflexive thematic analysis. We remained masked to participants’ trial allocation until data were coded and analysed.

Participants weighed side effects of the medication against perceived benefits, but always through a lens of uncertainty about their trial arm allocation and about whether they would have had PHN without the trial medication. Participants who suspected they were taking placebo reported ‘testing’ this through various means, reminding us that trial participants are not passive in their engagement with the intervention medication or placebo. The uncertainty generated in both trial arms by the preventive nature of the intervention made it challenging for participants to assess effectiveness and acceptability.

WEDNESDAY 10 SEPTEMBER
15:10-15:40

Inequalities and Intersectionality - Room 007

Emotionally Excluded, Spiritually Embraced: Welfare-Supported Iranian Women’s Turn to Doa Nevis Amid Healthcare Alienation

Mina Ershadian, Ahmad Rezaii

University of Mazandaran

This study explores how economically vulnerable Iranian women make sense of and respond to exclusion within formal healthcare. Based on 26 semi-structured interviews with women supported by a state welfare organisation in Mazandaran Province, Iran, the research focuses on those who, despite having medical insurance, turned to spiritual healing practices such as consulting doa nevis (prayer writers).
Participants described feeling judged by clinical staff based on their clothing, accent, or social status. This created a sense of emotional disconnection and mistrust. Medical settings—often polished, modern, and decorated for upper-class aesthetics—were perceived as alienating, reinforcing the idea that these spaces were not meant for “people like them.” Illness was frequently interpreted through moral and spiritual frameworks such as divine punishment, the evil eye, or jealousy from others, leading participants to favour prayer and ritual over biomedical treatment. Religious authorities further encouraged this orientation, framing intercession with sacred figures as more trustworthy than modern medicine, which they viewed as Western and misleading.

The ongoing economic crisis has deepened mistrust of domestic medicines, which are more available for the lower classes, further intensifying reliance on spiritual healing. We interpreted these findings using symbolic violence, stigma, and medical pluralism. Thematic analysis was used, ethical approval was obtained from the University of Mazandaran, and informed consent was secured from all participants. This research highlights the need for emotionally sensitive, culturally informed care models and calls for stronger integration of social and spiritual realities into health service delivery in marginalised communities.

Sexual and Reproductive Health - Room 008

From Fertility Desires to Reproductive Realities: The Centrality of Partnership Practices

Kylie Baldwin

De Montford University

Across many Western countries, the fertility gap between desired and achieved family size remains significant. Extensive research has mapped the structural and economic forces shaping reproductive timing, yet less attention has been paid to the fundamental role of union formation. Quantitative studies increasingly suggest that partnership histories are crucial to understanding contemporary patterns of childlessness. However, policy interventions often target individuals, overlooking the relational dynamics underpinning parenthood.

Most people still aspire to have children within committed, egalitarian, co-resident relationships. Yet many, particularly women, report difficulties finding a ‘right’ partner willing and ready to pursue these goals. In parallel, alternative family formation pathways — including solo parenthood via gamete donation and informal co-parenting arrangements — are becoming more visible, supported by shifting social norms and evolving fertility technologies.

This presentation highlights the mundane but critical practice of partnering for parenthood as a neglected focus of study. Drawing on the concepts of 'anxious reproduction' (Faircloth and Gurtin, 2017; Inhorn et al., 2022) and 'precarious intimacies' (Taylor, 2024), it argues that the search for a parenting partner is increasingly fraught, shaped by wider cultural, social, and technological changes. It considers how digital cultures and reproductive technologies mediate the search for parenting partnerships, and how access to technologies such as fertility testing, gamete freezing, and IVF intersects with these precarious reproductive projects.

The paper offers a warrant for future research into how partnering practices are increasingly central to understanding delayed or foregone parenthood.

Experiences of Health and Illness - Room 024

Personal Troubles and Social Issues: A Systematic Review of the Impact of Psychological Illnesses of Children on Parents' Well-being

Michael Demehin, Olawande Olusegun

London School of Science and Technology

The growing incidence of psychological disorders in children and adolescents has prompted considerable academic interest in the personal experiences of these young individuals. However, less focus has been given to the wider psychosocial effects on parents and caregivers, who often face significant emotional, social, and financial challenges. This study, rooted in C. Wright Mills' sociological imagination that connects personal troubles to societal issues, systematically reviews existing literature to assess how children's psychological conditions impact their parents' mental, emotional, and social health. Utilising interdisciplinary resources from medical sociology, clinical psychology, and family studies, the review investigates recurring themes including caregiver burden, social stigma, marital strain, occupational disruption, and stress from navigating healthcare systems. Following PRISMA guidelines, the evaluation synthesises peer-reviewed articles published between 2010 and 2024 from reputable databases. The stress of attending to mentally challenged children are not just personal psychological troubles, but also social issues that points to structural lacuna and systemic inadequacies among which are limited mental health services, mental health services, insufficient caregiver support, and the persistent effects of societal stigma. By discussing this problem beyond the purview of personal psychology and making it a sociological matter, the study advocates for a transition from child-focused to family-centred mental health interventions. Furthermore, it supports inclusive policy reforms integrating sociological perspectives into mental health discussions. Ultimately, this research adds to a growing body of literature highlighting the interconnectedness of health, family, and society, emphasising the importance of holistic care approaches in promoting the well-being of children and families.

Lifecourse- Chronic Conditions; Ageing: Death and Dying - Room 223a

A tale of two autonomies: medicalisation and the legitimisation of assisted dying in parliamentary debate

Janna Bryson

University of Cambridge

Medical assistance in dying (MAID) now accounts for 4.7% of all deaths in Canada and is supported by 70-85% of the public. Yet less than a decade ago, it was a highly stigmatised and rarely committed criminal offence. The introduction of MAID in Canada involved a significant socio-moral shift through which the intentional infliction of death upon oneself or another, under specific circumstances, was legitimised. This paper examines the role of medicalisation in this legitimisation process. It presents a critical discourse analysis of the parliamentary debates for legislation that introduced MAID for fatal illnesses in 2016 (Bill C-14) and for non-fatal illnesses in 2021 (Bill C-7). This analysis shows that 'autonomy' is frequently used in arguments for MAID; however, the distinction between autonomy as a liberal political value and as a bioethical principle is often blurred. The paper argues that this blurring is made possible by the medicalisation of MAID. The blurring makes political arguments for autonomy more effective by implicitly invoking the strengths of the bioethical concept of autonomy, which benefits first from its association with the highly trusted, altruistic, and scientific reputation of the field of medicine, and second from its status as a dominant principle in the field of bioethics. Ultimately, this dual discourse of autonomy helped legitimise MAID by drawing on and reinforcing the medicalisation of MAID. These findings highlight the political capacity of bioethical frameworks, pointing toward the importance of the sociology of bioethics for understanding the growth of assisted dying in Canada and beyond.

Health Service Delivery - Room 223b

De-medicalising death within the imperative of ‘doing something’: Conversations and documentation as forms of clinical intervention

Robert Pralat, Frances Wu, Sarah Hoare, Graham Martin

University of Cambridge

A key aspect of the medicalisation of death is the imperative to prolong life through medical intervention. Palliative care, prioritising the quality of time before death, may involve reducing medical intervention, which challenges a system designed to save life at all costs. Drawing on 55 interviews conducted in the UK in 2021–2022 with a wide range of stakeholders – including health and social care professionals, people approaching the end of life and their carers – we argue that the perceived necessity of intervention, although operationalised and embodied in the practices and technologies of medicine, is a wider societal tendency to favour action over passiveness. The interventionist logic is reinforced through aligned expectations of clinicians and the public to ‘do something’ and related discomfort about ‘doing nothing’. As a result, reducing medical intervention is only acceptable when noticeable activity is present in other forms. We show how this is accomplished through constructing alternative processes, namely planned conversations and documentation, and how trying to achieve a ‘natural’ death ironically becomes itself a lengthy exercise in human intervention. De-medicalising death does not necessarily minimise clinical involvement; instead, some of it shifts from administering drugs and machines to applying forms and keeping records. For healthcare practitioners concerned with identifying and respecting people’s end-of-life care and treatment preferences, the key struggle becomes one of using standardised tools and techniques in a person-centred, personalised way.

STS and Medicine - Room 221

Who 'does' rehabilitation? Addressing the Insights and Gaps in Hearing Loss Rehabilitation Research: A Scoping Review

Natascha Soendergaard, Anette Lykke Hindhede

University of Copenhagen

This scoping review investigates research on hearing loss rehabilitation for working-age adults (18–65), with a focus on how rehabilitation is conceptualized and which actors are visible in the literature. We reviewed studies across five databases (Scopus, Web of Science, PubMed, PsycInfo, and Academic Search Complete), with screening and data extraction by two reviewers. Preliminary analysis shows that rehabilitation is predominantly framed around hearing aids—their efficacy and technological development. Although many studies acknowledge that rehabilitation continues beyond clinical settings, few explore the individual’s long-term process post–hearing aid fitting. This results in a blind spot regarding the ongoing and individualized nature of hearing rehabilitation.

Moreover, the literature centers hearing aids and clinicians as the main actors, while people with hearing loss are often passive subjects within study designs. Rehabilitation challenges are typically addressed through technological solutions or expanded clinician responsibilities, including emotional, relational, and psychological support. This pattern of visible actors, the black-box nature of ‘rehabilitation’, and the lacking perspective on people with hearing loss as agents, not only highlights an uncertain process for individuals with hearing loss, but also places an increasing burden on audiologists. Our review highlights a critical gap: the limited recognition in research literature of individuals with hearing loss as active participants in their own rehabilitation. By identifying this research gap, our review underscores the need for a social and qualitative perspective on hearing rehabilitation—one that considers the ongoing, individualized process beyond hearing aid provision and recognizes the diverse actors who contribute to it.

Professions - Room 220

Aligning patient candidacy and staff legitimacy to enable person-centred care

Tracy Collins, Jason Scott, Lisa Moseley, Gayle Fidler

Northumbria University

Candidacy theory (Dixon-woods 2006) considers patients’ perceived eligibility for care services alongside the role of care services, but less attention has been paid to the individual responsibility and perceptions of staff. To date there has been little examination of how staff perceive patient candidacy, which we frame as staff perceptions of legitimacy, especially where services are deemed and even constructed to be easily accessible such as urgent and emergency care.

As part of a wider mixed methods study exploring social reasons for frequent ambulance use (Moseley et al., 2024), qualitative semi-structured interviews were conducted with 15 ambulance staff and seven service users in the North East of England between March and October 2023. A number of inductive themes were identified as part of the broader study, these highlighted the complex and cyclic nature of poor health, social isolation and loneliness, and how this contributes to contact with the ambulance service. This presentation builds on further abductive analysis, which involved an iterative process between theory and data with a specific deductive focus on patient candidacy and staff legitimacy. This presentation contends that both patient candidacy and staff legitimacy are important in explaining and understanding some healthcare interactions in urgent and emergency care. We suggest that, even if patients deem themselves to be eligible candidates, individual staff and healthcare organisations need to view patients’ candidacy as being legitimate, without which it is not possible to deliver high quality, person-centred care.

Pedagogy and Methods - Room HLT 403

Digital Health Literacy: Patterns of Reproduction and Consolidation in scientific debates - A Systematic Review and Meta-analysis

Sabrina Schorr, Jana Jasinski, Sebastian Merkel

Ruhr University Bochum

Digital health literacy (dHL) has become increasingly important with the growing use of digital tools in the health care sector. On the one hand, the concept has attracted scientific interest, leading to various definitions, concepts, and measurement tools. On the other, the concept has been heavily criticized for its lack of theoretical foundation, e.g. due to missing sociological dimensions and methodological weaknesses, such as the lack of psychometric validation. Despite these criticisms, dHL is extensively employed in scientific publications and politics, frequently without addressing these critiques. DHL plays an important role in medical sociology, as it is influenced by social factors such as social origin and impacts health behavior. Therefore, existing criticism should also be examined more closely from a sociological perspective.

The following research questions arise: 1) To what extent are current critical discourses on theory and methodology considered? 2) What patterns of reproduction and consolidation of the concept can be identified?
To answer these questions, a meta-review was conducted: 17 reviews were analyzed through qualitative content analysis according to Mayring (2015), drawing on Richard Münch’s (2011) concept of academic capitalism, which describes the merging of science and business, leading to the economization of scientific systems.

The analysis produced the following results:

1. Dominant discourses received limited attention in reviews.

2. Reproduction and consolidation patterns demonstrated an absence of critical reflection in the adoption of definitions and concepts. Additionally, errors in interpreting methodological designs and results, careless analytical errors due to inadequate reading accuracy, and other findings were identified.

WEDNESDAY 10 SEPTEMBER
15:45-16:15

Inequalities and Intersectionality - Room 007

Healing at the margins: medical marginality and health inequalities among santhals in Bihar, India

Priyam Sharma

Magadh University

This paper explores how health, inequality, and marginalization are deeply entangled in the lives of the Santhal tribes of Bihar in eastern part of India. Drawing on David Hardiman's concept of medical marginality, the study shows how Santhal medicine exists at the edges of the dominant biomedical system—often dismissed or ignored by government health programs. This marginalization is not only about different kinds of knowledge, but also reflects deeper inequalities based on caste, class, ethnicity, and social power. Marginalization of tribal practitioner highlights how social position decides whose knowledge is considered efficient, reliable, whose practices are supported and funded, and whose practices are sidelined to the periphery.

The research uses a qualitative method, including ethnographic fieldwork, in-depth interviews with Santhal healers and community members. These methods help capture the everyday realities and health-seeking behaviors of the Santhal people. The paper highlights how Santhals navigate between traditional healing and limited biomedical options, while facing ongoing discrimination, poverty, and social exclusion. Using an intersectional approach, it also shows how gender roles, economic insecurity, and tribal identity come together to shape unique experiences of illness, healing, and survival. The study argues for a shift towards policies that respect indigenous knowledge systems and address the structural health inequalities that continue to marginalize tribal communities.

Experiences of Health and Illness - Room 024

Diabetes and nutrition tracking: (Re)Enforced Body Management

Gemma Gibson, Aisha Sobey

University of Sheffield

More than 4.3 million people in the UK are currently living with diabetes. Like many health conditions, self-tracking via apps, especially concerning nutrition, has become an important part of care infrastructures intended to reduce the burden of managing this chronic health condition. Yet, studies on nutrition tracking apps show they can embed and communicate moralistic messages about weight loss and the controllability of body size ideas to users. Simultaneously, weight loss is often prescribed as an 'effective' course of action in the treatment of diabetes, despite evidence to the contrary. This paper explores the diabetic population's use of food-tracking apps in the UK. It focuses on the ways narratives of body management and moralistic health are communicated through the apps, and the objective truth that the app platforms could cause harm to diabetic users. We suggest that the compounded messaging, from food-tracking apps and diabetes care aimed at size reduction, supports weight stigma. Further, the fiction of control over body size could explain the high rates of eating disorders in the diabetic population. Using digital walkthroughs on three popular food-tracking apps, we show how weight stigma is built into apps that many people with diabetes interact with daily. We conclude by presenting preliminary findings on our participatory design exercise with diabetic people to explore alternative options for technological interventions that could offer support for diabetes care and nutrition tracking while challenging the deceptive rationales that currently permeate these forms of self-tracking technology.

Lifecourse-Chronic Conditions; Ageing: Death and Dying - Room 223a

Birthing, becoming, and bordering: situating immigrant (m)otherhood through care in and beyond medical practice

Simon Fern

Rice University

This study focuses on the care experiences of immigrant mothers in Spain, attending to their experiences with perinatal medical care, the circulation of care among mothers, and relationships of (un)care with the state and society. Findings emerge from semi-structured interviews with 32 immigrant mothers from the Americas, Europe, and the Philippines, interpreted through situational analysis. Participants reflected on their relationships with doctors, midwives, and doulas in medical settings, and neighbours, kin, and fellow mothers in their immediate community. This work follows earlier attention to immigrant experiences of harm in gynaecology and obstetrics (Fern 2025), turning to trace care across varied reproductive experiences. This study draws on what Bottici (2021) calls the ontology of the transindividual, as embodied immigrant motherhood comes into being through inter-/intra- individual encounters, constituted at multiple scales by affective and associational mechanisms. I treat care as a web of practices, techniques, and relations through which we glean insight into the becoming and multiplication of identity as (co-)mother, (non)citizen, and (un)welcome. This paper centers medical practice and immigrant m/otherhood as processes which dually reveal alterity and inclusion, highlighting vacillations between being rendered as subject and/or object through care. While this study treats medical practice and healthcare as a focal point, it turns towards naming and incorporating other care relations that structure immigrant women's wellbeing in becoming mothers. Findings map out these relations, indicating situations where care is missed or failed, reflecting on pathways to better practice, and addressing the cultivation of care in medical and non-medical sites.

Health Service Delivery - Room 223b

Everyday activism made long: Re-constituting care infrastructures through Long Covid Advocacy

Hannah Cowan, Tim Rhodes, Praveena Fernes, Zaira Clarke

London School of Hygiene and Tropical Medicine

As forms of state support for people living with chronic illness and disability in the UK become more precarious, we trace the ways in which young people with Long Covid find ways to navigate and reconfigure disabling work, education, health, and social welfare infrastructures. In particular, young people with Long Covid have to navigate worlds in which Covid is made a thing of the past to prioritise productive lives. In exploring what young people do in these changing worlds, we explore shifts in 'patient advocacy', a term widely used by our participants, but which has been critiqued for transforming patient activism into a form of responsibilised self-care shaped by neoliberal forms of governmentality to work alongside rather than in opposition to state power (Schermuly et al., 2021). Instead, we illustrate how young people with Long Covid act in micro-opposition as they re-spatialise power relations through small "adjustments of bodies, people and daily lives" (Tironi & Rodríguez-Giralt, 2017). These reassemblings, which we explore as everyday activisms, not only accommodate young people with Long Covid, but queer state infrastructures beyond the immediate time/space of their needs by redistributing resources, shifting habitual bureaucratic practices, and remaking norms through more-than-human relations in public space. Drawing on literatures of crip time (Kafer, 2013), micro-activist affordances (Dokumaci, 2019), and rest as resistance (Hersey, 2024), we explore how young people with Long Covid reconstitute patient activism as practiced through smaller, elongated rhythms that refuse to beat alongside or keep up with the productive tempos of post-covid politics.

Professions - Room 220

Negotiating engagement and expertise – A qualitative study into the parent-therapist partnership in early intervention for infants with childhood-onset disability

Phillip Harniess

Northumbria University

Background - Early intervention physiotherapy and occupational therapy (EI) for infants with cerebral palsy, relies upon effective partnerships. Family-centred care principles in EI programmes promote parental expertise and autonomy. However, this creates expectations that parents take responsibility to perform more ‘engaged’ roles, which is complex in practice. This study aimed to understand how engagement is perceived by parents and therapists and observed in practice.

Methods - We used Straussian grounded theory. In-depth interviews, video case studies, and focus groups were conducted in three NHS community settings. Thirty-seven participants were involved across the project, 24 parents and 13 therapists. Analysis, involving constant comparison, supported synthesising varied views and observations.

Results - We identified diverse perspectives and expectations around responsibility of professional versus parental engagement and expertise. Many parents defer responsibility to therapists as experts to lead treatment according to their professional status. Parents prefer the clarity this offers during uncertainty in their child’s early infancy and diagnosis. A few parents value the autonomy enabled by coaching. However, often there is an intricate dialectic interplay between these perspectives. A mutual respect for expert roles between the parent and therapist is articulated in interview but is negotiated dynamically and tacitly through multimodal interactions in sessions. Meaning is made non-verbally around roles through symbolic actions, including movement and positioning around each other and the mat and including handling of the child.

Conclusion - We propose the need for greater professional awareness and interactional flexibility within EI delivery, with moments of meta-communication, to foster an individualised collaborative treatment environment.

Pedagogy and Methods - Room HLT 403

Systemic Corruption in Healthcare Sector: Evidence from Chinese court records database

Ting Wang

Heidelberg University

Corruption in the healthcare sector is a pervasive global phenomenon. This paper focuses on the bribe-giving side of corruption in healthcare sector. By drawing on a dataset of 310 criminal verdicts related to Article 393 of the Chinese Criminal Law, bribe-offering by unit, sourced from the China Judgments Online database, this study examines authentic corruption data within China’s healthcare industry. It explores the specific organizational contexts and institutional pressures surrounding bribery offenses in this domain. Our findings reveal that the choices made by bribe-givers vary across dimensions such as timing, location, bribe amounts, and the identities of recipients, with long-term and short-term bribery serving distinct functions. The analysis indicates that executives of private enterprises in the healthcare sector employ both legal and illegal means, adhering to informal rules deeply embedded in China’s social and economic environment, to forge illicit collusions, often favoring sustained, long-term bribery relationships. Concurrently, specific bribery practices exhibit considerable diversity. To elucidate these patterns at an organizational level, we introduce the concept of “useful illegality” (Luhmann, 1995), positing that under certain conditions, bribery may be perceived as rational and institutionalized. This study seeks to delineate the characteristics of systemic corruption in China, which, while not unique, underscore the cultural and historical underpinnings of corrupt practices. These insights contribute to a nuanced understanding of corruption as a multifaceted phenomenon shaped by both institutional dynamics and socio-economic legacies.

WEDNESDAY 10 SEPTEMBER
16:20-16:50

Health Service Delivery - Room 223b

The political work of speaking-up (and being heard) about patient safety by ethnically-diverse healthcare staff

Jennifer Creese, Carolyn Tarrant, Joy Spiliopoulos

University of Leicester

Speaking up for patient safety is a core pillar of NHS safety culture. However, national survey data indicates that ethnically-diverse NHS staff are less likely to raise safety issues at work and to consider their workplace “psychologically safe”. Yet little is known about the reasons behind these quantitative findings. Our research explored attitudes and experiences around speaking up for patient safety among ethnically-diverse frontline NHS staff, and listening and supporting speak-up by these staff among key NHS patient safety personnel.

Undertaking interviews with 12 non-White British NHS frontline staff, we took an intersectional approach to understand lived experience of speaking up, or staying silent, on patient safety issues at work. We also undertook critical comparative interviews with 17 individuals in key patient safety and speak-up related roles in NHS Trusts, examining the staff perceptions alongside organisational stakeholder observations.
We identified that ethnicity, as well as seniority and length of service, played a large role in frontline staff choices to speak up or stay silent, and how or where speak-up. Ethnically-diverse NHS staff operationalised speaking-up in terms of what makes a concern “worth” speaking up about, and speaking up or staying silent was a deliberative act of “political work”. However, organisational culture around race and inclusivity also caused “spirals of silence” which had significant effects both for patient safety and staff wellbeing. Our findings also stressed the importance of informal networks and social capital in speaking up, as well as the relationship between evidenced organisational listening and speak-up intent.

Professions - Room 220

Hardship, coping, and joy: Advanced Clinical Practitioners’ narratives of working through the Covid-19 pandemic

Emily Heavey, Melanie Rogers, Vanessa Taylor, Lihua Wu, Angela Windle

University of Huddersfield

This presentation explores Advanced Clinical Practitioners’ (ACPs) experiences of working during the Covid-19 pandemic, specifically the factors that impacted their mental, emotional, and physical wellbeing. The study draws on short, written narratives which were collected via two surveys distributed to ACPs in the height of the pandemic, one in 2020 and one in 2021.

Three factors were identified as potentially harmful to wellbeing: a changing work environment and expectations; bearing witness to the impact of Covid on patients; and the risk of catching and spreading Covid. In narrative terms, these factors represented ‘trouble’. Three factors had the potential to improve wellbeing, whether through resolving trouble, or directly – leading to wellbeing in the absence of specific hardship. These were new working practices; support structures; and individual resilience and self-managed coping strategies.

The study expands research on professionals’ experiences of working through Covid to the relatively under-researched experience of ACPs and demonstrates the intersecting and overlapping nature of factors contributing to poor and positive wellbeing. There are implications for practitioners, employers and policy makers who need to consider the impact of future pandemics on wellbeing and the opportunities for supporting and promoting wellbeing for ACPs post-pandemic. The analysis also highlights the rich narrative data that can be collected using surveys, with implications for the collection of larger and more diverse narrative datasets than can be collected through the more commonly used interview methods.

SPECIAL EVENT
THURSDAY 11 SEPTEMBER
09:00-10:40

Health Policy - Lecture Theatre

On Embedded Research (and Researchers): Challenges and Opportunities for Medical Sociology

The UK has seen a rapid rise in the use of ‘embedded researchers’ within public health and local government settings, largely facilitated by funding bodies such as NIHR. Embedded research is seen as a solution to persistent problems of translation in ‘knowledge transfer’. One example is the development of Health Determinants Research Collaborations (HDRCs) where local government researchers and academic researchers work alongside each other. There are 30 NIHR funded HDRCs (at a cost of £100m), established to ‘help create an evidence-informed culture within local government’. These embedded roles offer important opportunities in terms of developing practical knowledge of decision-making, and of the role of evidence in the policy-making process, such that embedded researchers are able to observe and participate in knowledge transfer from a different perspective.

In the context of the HDRCs, embedded researcher roles address issues of health inequities. This raises several issues for medical sociology which require further examination, such as improving the use of research in decision-making around the wider determinants of health. Medical sociology can be utilised in this context to help develop longer term programmes of research, focussed on structural change as opposed to behavioural change, and to feed this evidentiary model into the various parts of local government, from children’s services to adult social care, and within housing and education. This panel will consider some of the challenges and opportunities of working across these multiple contexts in attempting to direct policy and practice that positively impacts upon health inequities.

The Special Event will last 1.5 hours and consist of a short introduction to the topic, followed by three 15-minute-long papers, and conclude with a panel discussion. It will draw on the perspectives of researchers with practical experience of embedded research across two local authorities in the Greater Essex area to consider the challenges and opportunities of working in these roles and the potential implications for research evidence in relation to policy and the role that medical sociology can play in that context.

On Questions of Practice and Process: Embedded Research and Issues of Policy Relevance

Ewen Speed

University of Essex and Academic Lead for Vulnerabilities Workstream, HDRC Greater Essex

Perspectives from an Embedded Researcher

Aaron Wyllie

University of Essex and Embedded Researcher, Thurrock Council

Inside the Tent: Reflections from HDRC Researchers

Tom Douglass, Dimitra Mouriki, Emma Weinstein Sheffield

HDRC Greater Essex

Panel Discussion

Jack Head, Tom Douglass, Dimitri Mouriki, Ewen Speed, Emma Weinstein Sheffield, Aaron Wyllie

THURSDAY 11 SEPTEMBER
09:00-09:30

Inequalities and Intersectionality - Room 007

Thinking through failure in disabled young people’s transitions to adulthood

Edmund Coleman-Fountain, Janice Mclaughlin, Jane Cullingworth, Charlotte Pearson, Nick Watson, Tracy Shildrick

University of York

Drawing together critical disability studies, youth studies and queer theory, this paper explores concepts of failure in relation to disabled young people’s transition to adulthood. Failure is an important concept that been used to make sense of and value and devalue particular youth transitions. Seen through the lens of the “epistemological fallacy” of youth transitions, “failure” has been attributed to individual young people's choices and efforts leading to negative outcomes. In contrast, youth studies scholars approach “failure” in terms of social policies and structures that fail to enable a transition a happy, liveable future. Concepts of crip and queer failure highlight how diverse body-minds inevitably “fail” to live up to ideals never originally developed for them.

The paper draws on a ESRC-funded study of disabled youth transitions covering Scotland and England. Longitudinal qualitative research was carried out with 43 young people with diverse disabilities from diverse class and ethnic backgrounds, and who embodied diverse modes of gender expression and sexual identity. Reflecting this intersectionality, the paper dwells on moments when institutions and policies falter, when people are exposed to exclusion and violence, and where normative ideals of growing up fail to account for diverse ways of being. It explores how feeling let down shaped the ways the disabled young people experienced growing up, and sought to live and be happy. The paper will also draw out the mental health impacts of systemic barriers targeted at different bodies, contributing to understandings of the relationship between health and illness and disability studies.

Critical Public Health - Room 008

Hydrocephalus and Spina bifida are becoming main health issues among infants and children yet they are not recognized as critical public health problems. Experiences of mothers of hydrocephalus and spina bifida affected babies and children

Shazia Yasmin, Jaleel Miyan

University of Manchester

The main goal of this research was to discover social and cultural factors influencing women’s knowledge and practice regarding their babies and children affected by hydrocephalus and spina bifida, both during and after pregnancy.

This study was conducted in the paediatric neurosurgery outpatient department (OPD) at The Children's Hospital, Lahore, Pakistan. A sample of 500 mothers whose babies and children were affected by hydrocephalus and spina was selected using a non-probability purposive sampling technique. Data were analysed using SPSS v19.

A significant 87.5% of mothers in this study reported no knowledge about hydrocephalus and spina bifida before the birth of an affected baby.

More than half, 56.4 %, of mothers reported a problem of miscarriage in their previous pregnancies. A large number of respondents, 70 %, sought spiritual treatment from clergy before any kind of medical action. A health care professional did not inform 65% of the respondents about the risks of hydrocephalus or spina bifida. In this study, 52.2 % of mothers were aware of iron, and 73.2 % of the respondents reported that vitamins are expensive. Only 14.8 % of mothers knew of folic acid as a preventive vitamin. The results highlight women attending hospital with children suffering hydrocephalus and spina bifida had very low knowledge of these conditions and importance of vitamins. There is therefore an urgent need to recognize hydrocephalus and spina a critical public health issue. Creating awareness about hydrocephalus and spina bifida and preventive measures is very important for mothers and health professionals.

Professions - Room 021

Who Counts as a ‘Medic’? Re-Making Medical Hierarchies among Immigrant Women Healthcare Professionals in the UK

Buse Ozum Dagdelen

Lancaster University

This paper introduces the analytic category of medics/non-medics to elucidate how immigrant women healthcare professionals in the UK navigate blurred medical boundaries. Drawing on interview material from a doctoral study, the paper reveals that the NHS's formal distinctions between medical and non-medical roles are often disregarded in practice. Some participants perform clinical tasks—administering medication or blood-taking—despite lacking UK-recognised medical credentials. Conversely, certain ‘medics’ do non-medical duties—addressing patients' nutritional or sanitation requirements. Building on the concepts of ‘situated/embodied knowledge’ (Haraway, 1988; Kofman, 2013; Law & Singleton, 2013), ‘intimate labour’ (Boris & Parreñas, 2010; Duffy, 2011), and ‘bodywork’ (Twigg, 2000), it shows how participants enact ‘medicalness’ through embodied practices, institutional markers, such as uniforms and badges (Jowsey et al., 2020), and discursive hierarchies. Informal practices produce a fluid yet hierarchical scale of medical capital, with participants positioning themselves and others along a subjective medic/non-medic axis. Access to medical tasks hinges on immigration status, language skills, and the (non-)recognition of qualifications. Such patterns also reflect informal ‘task-shifting/task-reorganisation’ (Bradby, 2014; Crowley & Hodson, 2014). In the UK’s neoliberal healthcare system, this redistribution functions as a mechanism to uphold medical professional dominance while relying on flexible migrant labour (Weinberg & Gordon, 2011). This conceptualisation challenges the state's role in re-medicalising migrant care labour (Kofman, 2014; Dahinden et al., 2021). The findings call for sociological attention to how everyday medical practices are distributed, performed, and valued across migrant groups, and how ‘being a medic’ becomes both a symbolic and strategic identity amid migration and skill regimes.

Experiences of Health and Illness - Room 024

Living with Ambiguity: Embodied Uncertainty in Endometriosis Care

Emilia Kangasjärvi

Linköping University

Endometriosis is a common yet persistently misunderstood condition that often resists diagnostic clarity and effective treatment. This research project explores how people living with endometriosis navigate the pervasive, multidimensional uncertainties that shape not only their clinical encounters but also their identities, relationships, and experiences of patienthood. Drawing on an ongoing PhD research project, it examines different levels of uncertainty—epistemic, institutional, emotional, and existential. The study draws on qualitative interviews and object elicitation conducted in Sweden, exploring how participants make sense of a condition that is frequently dismissed, contested, and inadequately

addressed within biomedical frameworks. The object elicitation method invites participants to share personal objects representing their illness experience, allowing for the expression of embodied and affective dimensions of illness that may be difficult to articulate with only words.
In this study, I frame endometriosis as an epistemic anomaly—a condition that does not fit neatly within biomedical categories and is therefore rendered ambiguous or suspect. This ambiguity contributes to epistemic injustice, where patients' knowledge of their own bodies is systematically discredited. These dynamics, in turn, shape how patienthood is formed, negotiated, and at times resisted. Currently in the data analysis stage, this research offers early insights into how uncertainty is lived, structured, and distributed. It contributes to medical sociological understandings of diagnosis, recognition, and the forms of care and patienthood that emerge when medicine's frameworks fall short, leaving those affected to inhabit ongoing and unresolved ambiguity.

Health Policy - Room 223a

Constructing the "non-urgent patient": Reframing Emergency Department overcrowding in France

Ines Labainville

Université Sorbonne Paris Nord

Drawing on a sociohistorical and ethnographic investigation of policy reforms and professional dynamics, this presentation explores how emergency department overcrowding in France —initially framed in the 1990s as a matter of insufficient resources—has, since the 2000s, been reframed as a problem of patient behaviour, with individuals portrayed as "over-consuming" care (Labainville & Lefève, 2023).
While sociological research has shown that the label "non-urgent" within emergency departments often reflects moral and social judgements (Roth, 1972; Vassy, 2000), this paper argues that it is also institutionally constructed. Adopting Carol Bacchi's approach to policy analysis, it highlights how "non-urgent patients" have been constructed as a policy problem—diverting attention from the broader structural dynamics through which emergency departments have absorbed expanded responsibilities, shaped by professional strategies and political decisions, in a context of shrinking and unevenly distributed primary care provision.

Against the backdrop of persistent health staff shortages, this reframing has supported a shift in public policy—from encouraging "responsible" patient behaviour to designing systems that restrict patients' ability to choose altogether. While earlier interventions relied on financial disincentives and awareness campaigns, recent reforms have institutionalised remote triage systems that filter access upstream, without addressing the structural drivers of access inequalities. In doing so, these policies contribute to reshaping the boundaries of care and the moral economy of access, underpinned by a rhetoric of inevitability—suggesting that there is no viable alternative.
The research is currently in its final stages and forms part of a doctoral dissertation in sociology.

Citizenship and Health - Room 223b

(Non-)Citizenship in/and transitions out of informal caring

Zhaoxi Zheng, Emma Kirby

University of New South Wales

Sociological scholarship has long conceptualised care through the notion of citizenship, especially on how care starts and continues. Few have considered how citizenship is associated with care endings. In this paper, we offer a re-interrogation of the care-citizenship relationship by theorising end-of-care through (non-)citizenship. Drawing on in-depth semi-structured interviews with Australian informal carers who are transitioning out of caring roles, we explore carer's constructions of past caring trajectories and future expectations for citizenship. Our study encompasses different types of caring, including but not limited to parents caring for adult-aged children with additional needs, individuals caring for community members, and adults caring for elderly parents or grandparents. Similar to existing discussions on care and democratic citizenship, our findings echo that the provision of (good) care is often articulated by carers through notions of moral/ethical obligations, social justice, egalitarianism, and altruism. Despite carers' practices, expectations, and that imaginaries of 'good (enough) care' are often hindered by and operate under structural constraints, they nonetheless associate caring with contemporary democratic values. Across these diverse caring roles, practices, and contexts, our findings highlight how informal carers navigate their own identity and societal positions in relation to their care experiences, as well as how they make sense of post-caring realities and future outlooks with limited support and recognition. Importantly, as such, we propose to complexify the positive portrayal of caring citizenship by considering precarious post-caring identities and experiences.

Patient and Professional Interaction - Room 221

Troubling the model of "blocked flow" in sickle cell crises and their care

Stephen Hibbs

Queen Mary University of London

Sickle cell crises are episodes of sudden and unexpected pain experienced by people living with sickle cell disease (SCD). Crises often require hospital care and pain management. Within medical and popular literature, crises are typically depicted as arising from a combination of deformed blood cells and blocked vessels provoked by factors such as altered temperature, dehydration, or stress. This model and language locate crises and the suffering they cause within the body of the patient. They can create friction for both healthcare professionals and people living with SCD: What if there is no trigger? Why is this crisis lasting so long? Why am I/they having so many crises? To challenge this depiction, this paper draws upon an 18-month ethnographic case study of sickle cell crisis care in East London, including biographical narrative interviews, home visits, and observations of care across three hospitals. I attend to the work done by the blood-blockage model and highlight other relevant locations of "altered flow" in sickle cell care located beyond the individual.

For example, institutional procedures and constraints can restrict the flow of patients through hospitals shaping decision-making, interactions, and patient care. Controlled drugs legislation and associated institutional guidelines restrict the flow of medications both inside and outside hospitals. Finally, drawing on concepts of temporality introduced by Lisa Baraitser, I show how flow of chronos (chronological time) and Kairos (the 'right' time) become disrupted during sickle cell crises and how this becomes manifest in interactions between patients and healthcare staff.

Lifecourse – Chronic Conditions; Ageing; Death and Dying - Room 220

Deux Ex Machina: an ethnographic exploration of care provision for patients using non-invasive advanced respiratory support

David Wenzel, Jennifer Creese, Eleanor Wilson, Michael Jones, Christina Faull

LOROS Centre for Excellence & University of Leicester

Medical technologies do more than deliver treatment; they actively shape clinical hierarchies, influence decision-making, and redefine the experience of illness and dying. This ethnographic study examines the role of Non-Invasive Advanced Respiratory Support (NARS) in acute care settings, exploring how it functions not only as a life-sustaining intervention but also as a symbol of authority and contested expertise among healthcare professionals.

By analysing data from non-participant observation this research reveals how trust in NARS as a near-infallible tool impacts both treatment decisions and the timing of transitions to palliative care. Despite its burdensome nature, NARS is frequently positioned as a last opportunity for survival, often delaying discussions about end-of-life care. The study also highlights the shifting power dynamics between consultants, specialist nurses, and resident doctors, particularly the challenges faced by junior clinicians who must navigate complex decision-making processes with limited training and autonomy. Drawing on theories of liminality and Foucauldian power/knowledge, this study illustrates how patients on NARS exist in a state of transition. Patients are neither fully living nor actively dying while clinicians navigate shifting zones of authority where expertise is contested. Rather than operating within a fixed hierarchy, decision-making unfolds through negotiations influenced by institutional norms, professional identities, knowledge and the perceived agency of technology itself. By interrogating these entanglements, this research highlights the need for a more reflexive approach to critical care—one that accounts for the fluid boundaries of medical authority and the complex social realities of dying.

Sexual and Reproductive Health - Room HLT 403

Sexual Healthcare Needs of Intersex People/People with Sex Variation

Julia Bailey, Jiazhi Luo

University College London

People with differences in sex development face medicalization, discrimination, and lack of tailored healthcare. There are often unmet needs for advice and support concerning fertility and sexual wellbeing. This study summarises evidence on the sexual and reproductive healthcare needs of people with sex variation, offering recommendations for healthcare providers.
Methods: Systematic search of 5 databases (OVID Medline, EMBASE, PsycINFO, ProQuest, Web of Science) for evidence regarding the sexual and reproductive healthcare needs of people with sex variation. Articles were screened, data extracted and coded, and themes synthesised narratively.
Findings: 21 studies were included. Studies described the challenges that people with sex variation can face in sexual self-perception, forming sexual relationships, arousal and sexual satisfaction. There is a lack of long-term support from healthcare providers who do not have appropriate knowledge and expertise. There is too little appropriately timed information on fertility and sexual function for people with sex variation, repeated genital examinations, and inadequate informed consent for treatment decisions.
Recommendations/conclusion

- Patient-centered, trauma informed, long-term physical and psychological sexual healthcare is needed for people with differences of sex development

- Healthcare providers need comprehensive education and training about sexual healthcare for people with sex variation

- Policies are needed to protect people with differences of sex development from medicalization and discrimination

THURSDAY 11 SEPTEMBER
09:35-10:05

Inequalities and Intersectionality - Room 007

A Critical Discourse Analysis of British newspaper construction of refugees – how does this relate to Health Care Professionals in the NHS?

Katherine Waterfall, Diana Yeh, Christine Mccourt, Marina Daniele

City St George's University of London

Health Care Professionals (HCPs) working in the NHS must uphold high standards of care whilst also juggling duties to safeguard the public. Evidence shows that refugees experience poorer health outcomes when accessing NHS services. HCPs are exposed to the same media messages as any other member of the British public, and we hypothesize that this may influence care provision for refugees. This presentation reports on findings from a Critical Discourse Analysis (CDA) of two British newspapers (The Guardian and Daily Mail), comparing discursive constructions of Syrian and Ukrainian refugees in 36 articles from 2022. Fairclough's framework of CDA was employed and two main findings will be outlined; the discursive construction of the 'helper' as a hero, and perceiving refugees with suspicion. The findings will be discussed in relation to the NHS and the conflicting roles of the HCP to provide care, but also to safeguard the public under the Prevent duty. Comparisons are made to the heroic construction of hosts under the Homes for Ukraine scheme, and the construction of HCPs as angels and heroes during the COVID-19 pandemic. Conclusions are made regarding the need for greater research considering the impact of media constructions of marginalised groups on HCPs.

Critical Public Health - Room 008

Service Gates: Undoing 'Access'

Praveena Fernes

London School of Hygiene and Tropical Medicine

Etymologically, access refers to a way of approaching or entering a place, evoking directionality and movement into. This sense of reaching in becomes more complex when situated within the lived realities of service navigation. While day centers serving people who are homeless are often described as "places of sanctuary" (Bowpitt et al., 2014), accessing such spaces is not free from stigma, surveillance, or control (Johnsen et al., 2005).

In this paper, I draw on ethnographic fieldwork at a London-based day center to explore how material and symbolic 'gates' structure, complicate, and sometimes undo "access" for both service users (people who use drugs and are homeless) and providers. After my journey to the day center, I share three gate stories: outdoor 'gate service', exclusion and accidental inclusion at the 'fishbowl' (behind the front desk), and ways in which new service users must perform at reception. Rather than treating access as a binary state of inside or outside, ethnographic methods reveal it is an ongoing relational process shaped not only by infrastructural provision but also by symbolic, environmental, and interpersonal factors. I show how access involves not only the removal of barriers but also the navigation of power dynamics and assumptions about deservingness once inside. Embedded within the broader 'audit culture' (Strathern, 2003), these gate encounters expose how categories like 'access' and 'hard to reach' are produced through situated practices, institutional logics, and spatial imaginaries. Reassembling access as a dynamic, spatially and socially mediated practice challenges what counts as access.

Professions - Room 021

Navigating the Complexities of Medical Education: Insights from Danish Medical Students

Anette Lykke Hindhede, Janne Sørensen

UCSF Center for Health Research/University of Copenhagen

This study investigates the educational impacts experienced by Danish medical students through the framework of Legitimation Code Theory (LCT), with a specific focus on the dimension of Specialization. We employed semi-structured interviews with 27 medical students across four medical schools to explore how their educational experiences are influenced by different specialization codes, which embody the 'rules of the game' within medical education. Our analysis reveals the interplay between knowledge codes ("what you know") and knower codes ("the kind of knower you are"), illustrating how these dimensions affect students' perceived ability to navigate the complexities of their learning environments.

Interviews indicated that certain codes may dominate in determining students' success, however they remain opaque and contested, resulting in a degree of code clash between students' dispositions and pedagogic practices. These struggles manifest as varying levels of recognition and realization of the expectations within clinical educational contexts, which created barriers for some students whose dispositions did not align with prevailing pedagogic practices.

The findings indicate that students who encounter challenges in accessing the bases of achievement underlying the pedagogic practices often experience diminished confidence and participation, further complicating their educational journeys. Our study underscores the urgent need for systemic reforms in medical education that acknowledge and adapt to these dynamics, thereby fostering an inclusive environment that supports a diverse student body.

Experiences of Health and Illness - Room 024

“It's not mentioned is it?” - The hidden burdens of navigating transitions in kidney transplantation in the NHS

Rebeka Jenkins, Linda Sharp, Andrew Fisher, Lorna Marson, Catherine Exley

Newcastle University

Introduction - Kidney transplantation is the surgical implantation of donated kidneys into individuals with irreversible loss of their own kidney function. Whilst the restoration of independent kidney function offers prospective recipients improved quality of life and freedom from restrictions of dialysis, there remain significant commitments to self-management after transplantation. One lesser explored aspect of life with a kidney transplant is the hidden burden of navigating healthcare transitions as part of the transplantation journey.

Methods - I undertook semi-structured qualitative interviews (n=20) with purposively sampled kidney transplant recipients less than 2 years post-transplant. Drawing on the principles of constructivist grounded theory, I analysed verbatim transcripts inductively using a constant comparison method from a broadly social constructivist standpoint, latterly abductively incorporating sociological theories of Burden of Treatment, Status Passage and Normalisation Process.

Results - I identified three discrete phases regarding patients' kidney transplant journeys; approaching transplantation, recovering in hospital and adjusting to life post-transplantation. These phases converge around an acute inflection point of implantation surgery. This identifies transplantation as anticipated but abstract until the defining event of precipitous change for recipients. Underpinning these phases are common and continuous adaptive processes, most notably adapting to a shifting locus of care, including evaluating the skillset of individual professionals and maintaining vigilance for fractures in a health system of multiple parts.

Conclusion - This analysis deepens understanding of the necessary workload for kidney transplant recipients navigating health service transitions. This is an example how patients experience of specialist and protocolised specialist healthcare in the NHS.

Health Policy - Room 223a

"Light in a very dark time." The Bristol Race Equality Covid-19 Steering Group as a "working utopia" for inclusive policymaking

Saffron Karlsen, Rosa Targett

University of Bristol

Research suggests that the opportunities to 'do policy' differently brought by the covid-19 pandemic were generally thwarted by a lack of vision. In response, this paper provides a real-world radical example of local pandemic policymaking, which is rooted in a concession of power by policy-makers and the centralisation of community perspectives.

Bristol's multi-sector Race Equality Covid-19 Steering Group (RECSG) was established in June 2020 to identify and action a coordinated response to ethnic inequalities in the pandemic experience in the city, before it was relaunched in November 2022. This research explores the perspectives of members regarding the value of and their personal contribution to the group, based on 12 expert interviews, responses to a qualitative survey of the group's mailing list and minutes from the RECSG meetings held between July 2020 and December 2021.

We present the sociological significance of this initiative using Nick Crossley's (1999) work on 'Working Utopias' (WU). We consider whether RECSG members' activities prior to the pandemic supports their delineation as a 'social movement', with a shared habitus challenging wider societal norms. Activities then coordinated around the political agenda of Bristol Mayor's Office from 2016 and galvanised by the crisis. We also reflect on the impact of group for members' illusio, or commitment to their cause: its success establishing a 'proof of concept' which was then incorporated into long-term policymaking in the city, while also encouraging their sense of personal empowerment and efficacy to drive similar change elsewhere.

Citizenship and Health - Room 223b

Patient and public representatives in health technology assessments: The coproduction of local and expert knowledge

Waleed Serhan, Kieran Walsh, Conor Teljeur, Michelle Flood, Sheilagh Foley, Mairin Ryan, Barbara Clyne

RCSI University of Medicine and Health Sciences

Health technology assessment (HTA) is a structured multidisciplinary process that evaluates the value of health technologies such as drugs, medical procedures, or screening programmes. Engagement with key interest-holders, including through public and patient involvement (PPI) is increasingly recognised as best practice. However, there is limited research on interest-holders' perspectives on how PPI operates in the context of rapid HTAs (rHTAs), where challenges such as technical demands may limit meaningful involvement. This qualitative study is based on 20 semi-structured interviews with rHTA interest-holders, including five patient representatives. Using Elinor Ostrom's concept of co-production, where expert and local knowledge are considered necessary to produce better outcomes, it explores perspectives on PPI in rHTAs.

Participants' views differed. Some believed that rHTAs are too technical for meaningful PPI input, while others noted that patient involvement ensures transparency and brings essential lived experience that purely technical assessment may overlook. Patient representatives all viewed their role as key for addressing gaps in evidence, however, internal hierarchies were also identified among them. Patient participants with relevant professional or academic expertise positioned themselves differently from those contributing solely lived experience. Interrelatedly some non-PPI participants viewed this additional technical knowledge as enhancing PPI contributions to rHTAs, while others expressed that it may hinder the process as PPI technical expertise is valid but may be partial. These findings indicate some tensions between local and expert knowledge in PPI for rHTAs, with practical implications for when and how patient and public representatives are involved in rHTAs.

Patient and Professional Interaction - Room 221

Making sense of sense-making: the challenge of navigating interactional competence in dementia care

Alison Pilnick, Rebecca O'brien, Suzanne Beeke, Isabel Windeatt-Harrison, Lauren Bridgstock, Rowan Harwood

Manchester Metropolitan University

Difficulties with communication resulting from dementia present a challenge not just for people living with dementia (PLWD) themselves, but also those who care for them. This challenge is amplified in acute care environments where staff do not have the benefit of longer relationships with PLWD which might inform their interactions.

We will present findings from an NIHR-funded project (VOICE 2; completion date June 2025), aimed at identifying practices to manage or avoid distress for PLWD in the acute hospital, and using conversation analysis to examine video-recordings of everyday ward interactions between patients and healthcare staff. We will draw on existing work in the sociology of interaction to explicate some of the reasons why these interactions can be challenging for both parties, and consider the implications of this. As previous work has demonstrated, whilst a PLWD’s transactional ability with language may decline, more foundational skills can still persist (Hamilton 1994; Mikesell 2009; Jones 2015), notably abilities to produce responsive talk which follows the rules of turn-taking, and displays an orientation to sequence organisation. We show here that these abilities can also extend to recognising the lack of orientation to these features in the talk of others. Examples include PLWD drawing attention to missing or inadequate responses to questions from staff, or seeking accounts for unaccounted-for actions. Our findings show that even where PLWD are not oriented to time or place, and their talk is hard-to-interpret semantically, staff should not make the assumption that fundamental structural aspects of interaction can be ignored.

Lifecourse – Chronic Conditions; Ageing; Death and Dying - Room 220

End of Life Doulas: Mobilising Flexibility To Address Client and System Needs

Erica Borgstrom, Emma Clare, Kirsten Bashir, Catherine Pestano, Esther Ramsey-Jones

Open University

End-of-life doulas are a growing industry in the UK, USA, and Australia, with smaller numbers elsewhere, including Brazil, Sweden, and Japan. Internationally, the role is relatively undefined, often pitched as one of accompaniment and knowledge, with varying service models and perceptions about the medicalisation of dying. In the UK, doulas are independently organised, do not require professional registration, and are typically privately financed.

Faced with a statutory mandate to provide palliative care, English Integrated Care Boards have piloted commissioning doula services to increase support provision at the end of life and bridge gaps in formal and informal care. This presentation is based on a completed study of one such commission drawing on data from outcome measurement and survey designs, family and friend feedback, focus groups and workshops with doulas, and ethnographic conversations with End of Life Doula UK and the commissioners.

We use the notion of 'flexibility' to examine how end-of-life doulas respond to client needs (dying persons and those close to them) as well as gaps in the local health and social care system. It illustrates a productive tension between what is envisioned by those establishing and providing such services and what is enacted through their responsiveness. This tension raises questions about who and what is served, generating unintended inequities and professional (dis)satisfaction. Considering parallels with the hospice movement, we reflect on how such commissions address and reproduce the issues they are designed to solve, and how 'flexibility' can challenge the long-term sustainability of such delivery models.

THURSDAY 11 SEPTEMBER
10:10-10:40

Inequalities and Intersectionality - Room 007

In White We Trust? How Interpersonal and System (Dis)trust Shape Black Brazilian Patients' Preferences for Racial Matching in Psychotherapy

Fernanda Sousa Duarte

University of Amsterdam

This paper examines the role of (dis)trust on Black patients' preference for Black psychotherapists within the private healthcare sector in Brazil. While existing literature from the United States highlights the role of cultural mistrust in shaping patients' preference for racial matching among Black patients, this study investigates how, in a Global South context, such preferences are shaped by an interplay of interpersonal and systems (dis)trust. Guided by phenomenological approaches to trust and racialisation, the study analyses how interpersonal and system (dis)trust are racialised, and how these racialised processes shape patients' preferences for racial matching and their trust-building in psychotherapy. Based on 21 narrative interviews and fieldnotes, I focused on the lived experiences of Black patients of Black psychotherapists. Data was analysed using interpretative phenomenological analysis (IPA). Examining preferences for racial matching revealed that they are shaped by a complex interplay of 1) negative experiences with White actors in healthcare and non-healthcare related contexts, 2) distrust in "whiteness" in and outside of healthcare contexts and 3) broader structural transformations such as the recent shift towards stronger institutionalisation of racial categories by the Brazilian state. In summary, findings reveal that racial matching is shaped by (dis)trust and facilitates trust-building - not only due to shared racial identity but, overall, due to a complex interplay between micro-, meso- and macro-level factors.

Critical Public Health - Room 008

Capitalism and the commercial determinants of health 2: private health providers and the capitalist state

Nick Fox

University of Huddersfield

In an earlier paper, I explored the 'commercial and corporate determinants of health' and how the capitalist mode of production and exchange has commercialised commodities linked to negative health outcomes, including tobacco, alcohol and ultra-processed foods. This paper considers the obverse side of commerce and capitalism: the provision of healthcare services and products by the private sector that contribute to individual and population health.

The term 'commercial and corporate provision of healthcare' (CCPH) is used to explore how private enterprises contribute to individual and population health. CCPH covers both the corporate businesses delivering healthcare commodities and services and private clinical contractors such as dentists, opticians and complementary therapists.

The paper first reviews critically the breadth of goods and services within the CCPH label. It then outlines the materialist and micropolitical ontology and analytical approach to be used to analyse the empirical data, while also locating the paper's theoretical perspective on CCPH in relation to capitalism and the role of capitalist states in contemporary liberal democracies. The paper then asks: what can a capitalist state do ... about health? To answer this, the paper undertakes a secondary analysis of data drawn from a recent study of state involvement in the overseas promotion of UK commercial and corporate healthcare providers.

The paper concludes with a discussion of how capitalist states are contributing to the privatisation and commodification of healthcare, with implications for health outcomes and inequalities, in the UK and globally.

Professions - Room 021

Fieldwork in Healthcare: Bourdieu’s Framework for Understanding Nursing and Midwifery Leadership's Dual Role

Claire Leader

Northumbria University

Background: Nursing and Midwifery (N&M) leadership plays a crucial role in workforce wellbeing and ensuring high-quality care. N&M leaders face numerous challenges that require diverse leadership skills to support workforce wellbeing while meeting service delivery and performance expectations. The roles often conflict, demanding leaders to balance professional values with organisational objectives. Aims: This research aimed to explore the perspectives of N&M leaders in NHS organisations regarding their role in influencing workforce wellbeing and to investigate how leadership behaviours, shaped by organisational culture and policies, impact wellbeing.

Methods: A qualitative analysis was conducted through 19 semi-structured interviews with N&M leader-managers.
Results: The research highlights the challenges N&M leaders face in navigating two sub-fields in healthcare: healthcare as service delivery and as healthcare as a humanitarian endeavour. Using Pierre Bourdieu’s theory of action, the study reveals how N&M leaders work within and between these fields. The findings depict N&M leadership as an emotionally demanding, ongoing effort to support workforce wellbeing through the building and maintenance of psychologically safe working cultures. The use of various forms of capital—social, cultural, and symbolic—varies in effectiveness relative to the sub-field. Ultimately, moral distress arises, affecting leaders’ wellbeing and their capacity to sustain their roles. The leaders’ inability to use their capital and to buffer the more toxic elements of the service delivery sub-field, impacts the wellbeing of the workforce through the erosion of psychologically safe working environments which are less than optimum for the N&M workforce to function effectively.

Experiences of Health and Illness - Room 024

"No Men Allowed Inside": Pregnant Women’s Experiences of Hospital-Based Prenatal Care in China

Mingxuan Li

University of Oxford

Pregnancy in China carries significant social meaning and is a highly medicalized process. Prenatal checkups have become increasingly standardized, often obligatory, as they can affect the newborn’s hukou registration. Consequently, prenatal examinations are central to women’s pregnancy experiences, with clinical encounters strongly shaping how pregnancy unfolds. Yet existing research, largely medical or quantitative, frequently overlooks women's perspectives and lived experiences. Drawing on interviews with 45 pregnant women and new mothers aged 20–40, alongside clinical observations at three public unpacking the hospitals in Baoding, China, this study examines how women navigate institutionalized prenatal care within the rhythms of everyday life. Beginning with an examination of a common hospital regulation -“no men allowed inside”- which typically excludes husbands and male relatives from consultation rooms, the study considers how care is negotiated among doctors, women, and their partners within this clinical space.

Focusing on experiences of consultation and ultrasound examination, the analysis shows how medicalized and standardized practices intensify the burden of care placed on pregnant women, positioning them as subjects of surveillance rather than recipients of support. By tracing how hospital policies shape participation in prenatal care, the study provides nuanced insights into how institutional norms reinforce gendered divisions of caregiving. This research deepens understanding of the medicalization of pregnancy in contemporary China, highlighting how reproductive care is perceived and contested by women themselves. Furthermore, it sheds light on evolving notions of reproductive responsibility and gendered labor within maternal healthcare.

Health Policy - Room 223a

Unpacking the value of individual vaccines

Nora Hansl, Katharina T. Paul

University of Vienna

The political and scholarly interest in vaccination and vaccine hesitancy has increased significantly since the COVID-19 pandemic. Behavioural research examines individual attitudes and barriers to explain immunisation decisions (Betsch et al., 2018), while others explain variance in vaccine uptake with differences in health systems (Arsenault et al., 2025) or focus on the significance of cultural factors (Hobson-West, 2003; Reich, 2016).

In this paper, we provide a more granular analysis of vaccine-related decisions with respect to childhood vaccination: Why do parents of infants omit some vaccinations while they consider others essential? What makes some vaccinations more valuable than others? To deepen our understanding of individual vaccination trajectories, we explore differences in the acceptance of individual vaccinations. We ask: How are individual childhood vaccinations valued?

We draw on pragmatic sociology and riskwork (Power, 2016) as a theoretical framework to explore the efforts parents invest in valuing – and deciding for or against - individual vaccines. We illustrate my findings along three examples: the TBE, the varicella and the meningococcal B vaccine. This paper forms part of a larger study of the Austrian childhood immunisation program, which presents as a fragmented, opt-in system, and leaves much room for parental decision-making. We employ qualitative methods, including 243 ethnographic observations in paediatric offices and 43 interviews with parents and paediatricians.

The results provide a dynamic perspective on parental decision-making regarding childhood vaccinations. We discuss policy implications against the background of insufficient vaccine uptake in Austria.

Citizenship and Health - Room 223b

Institutionalising PrEP: Re-thinking Healthcare Ethics and Equality through the UK Pre-Exposure Prophylaxis Debates

Andrew Hackett

University of Manchester

Pre-Exposure Prophylaxis (PrEP) is an extremely effective treatment using antiretroviral drugs to prevent HIV transmission. Due to the marginalised nature of the people most affected by HIV and the stigma they endure, the journey to getting funding for PrEP has been a difficult one, with full rollout taking until April 2020. A holistic analysis of the social and legal contexts of PrEP is crucial, since the progression of gay rights (one of the most affected communities) has run parallel with improved access to HIV medication for both treatment and prevention.

My research questions consider the institutional-structural dynamics within the NHS and their impact on commissioning PrEP across the UK, the impact of activism on policy, and how to better integrate equality considerations into healthcare commissioning. It combines doctrinal analysis (specifically, Foucault's concept of biopolitics, integrating relevant institutions/activists/law and policy makers as influences on power formulation) with interviews of activists (n=2), legal professionals (n=2), medical professionals (n=5) and policy makers (n=2). Biopolitics demonstrates that it is inequitable to distinguish the merits of a drug in isolation when it primarily affects marginalised communities. It is impossible to distinguish the medical from the social and the legal in such instances, and thus representation from those affected should be mandated in policy formulation. PrEP exemplifies this, both for its success and failure, since it was predominately white gay men (who have successfully accessed it the most) involved in ensuring its commissioning, whilst black people, sex workers and drug users were not, and remain underserved.

Patient and Professional Interaction - Room 221

The moral evaluation of emergency department patients: a continuing investigation regarding legitimisation in the age of liberal individualism

Bella Wheeler

University of Oxford

This presentation builds on my previous presentation at MedSoc 2024 and early analysis of qualitative and ethnographic data drawn from the NIHR funded, mixed-methods study 'Waiting times in emergency departments: inequalities and health outcomes'. This work re-visits Parsons sick role (1951) and aims to develop related sociological and ethnographic work including; Hughes (1988), Jeffrey (1979), Silverman (1989), Strong and Dingwall (2001) among others, exploring the moral evaluation and the legitimisation of patients in emergency departments. Taking place in the contemporary emergency department setting, this early analysis developed the notion that a shift in the ideological underpinnings of healthcare delivery in the English NHS - from principles associated with civic republicanism towards liberal individualism and associations with marketisation, consumerism and patient choice and rights – impacted moral evaluative and legitimisation work. This updated presentation develops these ideas further, introducing the emerging theme 'social not science.' This explores how perceptions of 'social problems' and 'non-medical' issues within the emergency department are managed and contribute to questions of waiting times and health inequalities. Linking to the crises in social care and policy initiatives surrounding prevention and community care, this presentation highlights tensions between medical and social approaches in a context of burgeoning social care demand and how this is managed in the emergency department.

Lifecourse – Chronic Conditions; Ageing; Death and Dying - Room 220

Using the sociological autopsy to explore the deaths of people experiencing homelessness

Glenys Caswell

Independent Social Researcher

The Dying Homeless project, run by the Museum of Homelessness, reports that at least 1,474 people died in the UK while homeless during 2023. Homelessness, and the deaths of people experiencing homelessness, are examples of social injustice at work in the UK. On average, homeless people have poorer health, more hospital admissions with worse outcomes, and die more than 30 years younger than the housed population.

This paper draws on an ongoing research project, which is exploring the dying of people experiencing homelessness. It does so from the perspective of social injustice, and is a mixed methods study. The methods include reviewing the relevant literatures, and documentary analysis of, for example, media coverage, government policy documents, as well as charity reports. It also includes qualitative interviews with people who work in, and have experience of, the field. Another aspect of the study is the compilation of case studies of people who died while they were homeless. This employs the sociological autopsy. It involves starting with the coroner's report of the death and then moving outwards to explore other materials and sources available. By applying this methodology to a number of deaths of people experiencing homelessness the aim is to examine the role which social institutions and policies have in the dying of homeless people. The paper will share preliminary findings and offer some thoughts about the utility of the sociological autopsy as a methodology for the exploration of the dying of people experiencing homelessness.

Sexual and Reproductive Health - Room HLT 403

Beyond Repeal the 8th: An exploration of racialized pregnant people's experiences of maternal healthcare in Ireland

Dyuti Chakravarty

University College Cork

Although the death of an Indian woman, Savita Halappanavar, at Galway University Hospital in 2012 was able to galvanize an intergenerational support for abortion rights, it did not generate as much discussion in feminist circles around the topic of the rate of maternal mortality amongst migrant women in Ireland. The recent death of a 28-year-old Pakistani woman in Mayo University Hospital despite her husband's attempts at bringing the female staff's attention to 'pool of blood' on the floor, when read alongside the high rates of perinatal and maternal mortality amongst racialised migrant women raises important questions around what few grassroots activists have called racism in public health that contribute to racialised women's unequal health outcomes (Chakravarty et al., 2023). Despite this issue, there is very little scholarly attention paid to racialised migrant people's experience of pregnancy and access to reproductive health services in Ireland (except Chakravarty et al. 2023 on abortion access; Dempsey and Peeren, 2016 on Eastern European women; Conlon et al., 2012 on Polish women). To this extent, this paper addresses these gaps in existing literature on reproductive rights in Ireland and opens the space for my Research Ireland funded project which uses creative biographical research methods to explore how trajectories of migration and experiences of racialisation affect women and pregnant people's overall experiences of pregnancy and accessing reproductive and maternal health services in Ireland.

SPECIAL EVENT
THURSDAY 11 SEPTEMBER
10:45-11:15

Health Policy - Lecture Theatre

Recalibrating Stigma: Sociologies of Health and Illness

Stigma has long been a central concern for social scientists studying health and illness. Indeed, stigma has been a mainstay of medical sociology, often telling stories about the impact of diagnosis and labelling on people's everyday lives and how the stigma of their 'affliction', whatever that might be, negatively affects their wellbeing, identity, and interpersonal relationships. The detrimental impacts of stigma have resulted in professional, private, and public efforts to 'reduce' stigma for certain social groups by, it is claimed, raising awareness and presenting alternative narratives. Yet, in existing work, stigma often escapes definition and clarification, is treated as universal and constant, and becomes a vague catch-all term for a range of conditions and situations. In this special event, we will discuss how and why medical sociologists have a key role to play in recalibrating conceptualisations of stigma. This discussion builds on the recent publication of the edited collection, 'Recalibrating Stigma: Sociologies of Health and Illness' (Thomas, Williams, Spratt, and Chandler, 2025), which brings together an array of social scientists focusing on diverse issues, including mental health, racism, sex, HIV, reproduction, obesity, eating disorders, self-harm, exercise, drug use, COVID-19, and disability. The special event will offer new perspectives to stimulate conversations around stigma, and to identify points of convergence, difference, and future directions and collaborations. In a context where the loose use of stigma stifles its explanatory potential, we argue that recalibrating stigma as a theoretical construct is a worthwhile, and indeed necessary, pursuit within medical sociology.

Stigma and sexual arousal: Rethinking HIV-related stigma in the age of PrEP and the internet

Jaime García-Iglesias, University of Edinburgh

Notes on a spoiled working identity: Stigma, illness, and disability in the contemporary (Western) workplace

Jennifer Remnant, University of Strathclyde

Recalibrating anti-stigma: Avoiding binary thinking and 'destigmatisation drift' in public health

Oli Williams, Kings' College London

Amy Chandler, University of Edinburgh

Gareth Thomas, Cardiff University

Tanisha Spratt, King's College London

THURSDAY 11 SEPTEMBER
10:45-11:15

Inequalities and Intersectionality - Room 007

Systemic inequities and the lived experiences of racial minority clinicians working for NHS Scotland.

Frank Asamoah Antwi

University of Strathclyde

Drawing on critical race theory (CRT), this research explores how systemic, institutional, and interpersonal racism is embedded within NHS Scotland. It explores the systemic inequities and lived experiences of racial minority clinicians, focusing on barriers career progression, coping strategies, and institutional supports to influence their retention. By investigating potential patterns of racial inequality, the study analyses how power dynamics shapes clinicians' experiences at both institutional and individual levels.

Using interpretative phenomenological analysis (IPA), the research offers a nuanced understanding of how participants make sense of racialised structures. Through this interpretative lens, it explores the meanings clinicians attach to exclusion, microaggressions, and the impact of institutional policies. Preliminary interview findings highlight recurring themes of exclusion, limited career advancement, and institutional inaction in addressing discrimination. Participants report racial microaggressions, under-representation in leadership, and the emotional toll of navigating a predominantly white institutional culture. Coping strategies include relying on peer networks, family, and singing while adjusting professional goals to manage distress. However, many express skepticism about diversity policies, often perceived as symbolic rather than transformative.

This research contributes to medical sociology by foregrounding the systemic barriers racial minority clinicians face and challenging dominant narratives through rigorous qualitative methodologies. Engaging with core sociological concerns; inequalities and intersectionality, healthcare organisations, and professions, the study provides critical insights into how racism shapes professional trajectories. By situating clinicians' lived experiences within CRT and IPA frameworks, it will generate actionable insights to inform policies that move beyond symbolic diversity efforts toward fostering anti-racist, structural change in NHS Scotland.

Critical Public Health - Room 008

Critical reflections on alcohol brief interventions

Mary Madden

London Metropolitan University

Culturally available ways to think and talk about alcohol harm are limited by discursive convergences and conflicts between practices of encouraged consumption and negative addiction discourses. In England, public discourse and policy action is limited in acknowledging the role that alcohol, as a commercial determinant, plays in shaping people's long-term health and in health inequity. In comparison with public health intervention on tobacco, there has been a very limited degree of success in translating evidence-informed upstream alcohol public health ideas into policy. Corporate, consumerist and tabloid health messaging is confused with evidence-informed public health messaging. This and perceived pressures to present as responsible consumers and self-regulating citizens means the public have understandable concerns about the moralising of ‘healthism’ and whether the state or public health practitioners know what they are doing or, if they do know, that they can be trusted to do it. The personal health risks of alcohol currently resonate less with people’s experience of their own drinking than social risks attributed to others (anti-social behaviour and dependence). This has implications for how people (including health professionals) understand alcohol policy and how they talk about alcohol with others. This paper presents findings from a Wellcome Trust funded programme which studied trans-national alcohol industry involvement in British alcohol policymaking and a long-term research programme conducted in the UK NHS attempting to establish a new prevention paradigm for alcohol within NHS primary care. It argues that the 1980s forged screening and brief intervention paradigm is no longer fit for purpose.

Professions - Room 021

Experiences and perspectives of pregnant active-duty service women in the armed forces: A qualitative evidence synthesis

Kirsten Morris, Lauren Godier-Mcbard, Claire Hooks

Anglia Ruskin University

Introduction - Pregnancy among active-duty service women (ADSW) presents unique challenges and experiences that can impact their military careers, well-being and access to healthcare. Understanding these experiences is required to inform maternity-related policy and practice within military organisations. This qualitative evidence synthesis (QES) aimed to answer the research question, what are the experiences and perspectives of pregnant ADSW in the Armed Forces?
Methods - This QES followed Cochrane-Campbell Handbook guidance and PRISMA-P standards, with a pre-registered protocol. A systematic search of six databases (e.g., MEDLINE, CINAHL, PsycINFO) in August 2024 identified English-language studies on pregnancy among ADSW. Studies on military veterans/reservists were excluded. Methodological quality was assessed using GRADE-CERQual, and limitations were evaluated via the Cochrane Qualitative Methodological Limitations Tool.
Results - Twenty-one studies (1989–2024) were included in a thematic synthesis. Preliminary findings identify issues around reproductive decision-making, healthcare access and workplace interactions. Sociological themes of stigma and liminality show how pregnancy disrupts identity and influences health-related decision-making within rigid institutional norms, as women navigate their roles at the intersection of military expectations and personal and professional transitions.
Conclusions - This study is the first to synthesise the experiences of pregnancy among ADSW, addressing a gap in understanding how institutional structures and gendered norms shape reproductive and occupational experiences. The findings show how pregnancy in a militarised context is biologically and socially constructed with issues of identity, power and access to care. This study contributes to medical sociology by illustrating how social relations intersect with health, policy and embodiment in occupational settings.

Experiences of Health and Illness - Room 024

How do We Navigate The Conceptual Tension Between Paradigms of ADHD?

Tom Nicholson

Northumbria University

Within ADHD scholarship, clinical discussion, and lay discourse, there exists a conceptual and ideological conflict between the two dominant theoretical paradigms aimed at understanding ADHD. The paradigm adhered to by an individual, whether it be a biomedical model or a social/neurodiversity paradigm, presents important practical implications with regard to all aspects of their work and its intended audience. For researchers, their chosen ADHD paradigm informs the chosen methodology, theoretical perspective, applicability of findings, and readership. For clinicians, their paradigm has direct implications on patient care, advice, and intervention use. This presentation details the justifications and benefits of each paradigm, alongside the primary criticisms directed from its opposition. Although discussions between the social and medical models are longstanding, this presentation develops these into a nuanced perspective on the impact of individual paradigm choice on research, ADHD conceptualisation, and intervention.The presentation concludes with a nascent conceptual framework for developing your own theoretical perspective of ADHD to aid in the strengths and implications of your position. This framework assists those writing and discussing ADHD to acknowledge and respond to the likely criticisms of their conceptual position.

Health Policy - Room 223a

From Safety Science to Operational Reality: Exploring Competing Institutional Logics in the Translation of National Patient Safety Recommendations

Liz Sutton, Jane Ferguson, Natalie Armstrong, Mohammad Farhad Peerally

University of Leicester

Despite efforts to implement national patient safety recommendations, translating these into organisational change remains challenging. The Health Services Safety Investigations Body (HSSIB) produces safety recommendations based on investigations of concerns in NHS and independent settings in England. This study examines how HSSIB recommendations are produced and subsequently understood and implemented by recipient organisations.

We used a qualitative approach combining documentary analysis of HSSIB reports with reflexive thematic analysis of data collected from two focus groups with HSSIB investigators and eleven semi-structured interviews with recommendation recipients. We explore this translation through the lens of institutional theory.
Our findings reveal competing institutional logics operating between recommendation producers and recipients. HSSIB recommendations typically employ 'soft' language—"review," "consider,"- reflecting negotiated compromises between ideal safety solutions and operational feasibility. HSSIB investigators embody a "safety science logic" rooted in systems thinking and evidence-based investigation, while recipients operate a "managerial-operational logic" prioritising resource constraints, feasibility, and alignment with existing priorities. This divergence illustrates the lack of alignment between formal recommendations and practical implementation and strategic responses to institutional pressures, by recipients of recommendations. The study demonstrates how these competing logics create challenges with both parties using different vocabularies reflecting their institutional positioning. Successful implementation appears dependent less on the formal authority of recommendations and more on relationship quality and early engagement.

These findings contribute to understanding the institutional dynamics of patient safety improvement, suggesting the need for approaches that can bridge competing logics to develop "hybrid logics" capable of accommodating both safety science ideals and organisational realities.

Citizenship and Health - Room 223b

'Who are they'? – Understanding Citizen's stories of participation in health research panels and understanding how lived experiences shape participation in health research

Jonas Stage

Copenhagen University

Citizens are increasingly expected to participate in health research development due to the benefits highlighted by funding bodies and policies. However, international studies have shown that citizens participating in health research may be more likely to come from privileged backgrounds, thereby questioning the inclusivity of the participatory agenda, describing indirectly dominating dispositions that enable middleclass citizens and health professionals occupying the healthcare sector to define the social requirement for participation. The lack of attention to intersectional (dis)advantages in Danish collaborative approaches can render the impact of class and gender invisible to health researchers, and thereby future health service research. This paper draws on 15 biographic narrative interviews, each 3-4 hours long with citizens, and observations from research panels conducted at two health institutions from one region in Denmark to construct analytically ideal types of citizens (i.e., the 'deprivileged, mixed, and privileged' habitus citizens) show different reasons for becoming involved. Research panels are spaces where citizens participate voluntarily for two years to influence health research and organizational development. The study found that a large majority of participants in the research panels were white, well-educated, middle-class, and connected to patient organizations. with a few working-class participants. The paper describes the interviewees' experiences and motivations for participation, and how the citizens' earlier experiences privileged their participation. The findings indicate a risk of marginalisation of disadvantaged citizens from being involved in health research that calls for caution about citizens' social position and dominating depositions in the spaces they participate in.

Patient and Professional Interaction - Room 220

"Is there anything else I can do for you today?": Exploring the closing phase of remote primary care consultations

Gilian Noord, Alison Pilnick, Tony Avery, Elizabeth Stokoe

University of Nottingham

A persistent challenge in primary care is that patients often bring multiple concerns to a consultation, yet many of these additional issues remain undiscussed. This leads to patient dissatisfaction, potential worsening of health issues, and inefficiencies due to the need for follow-up appointments. Because consultations typically progress as doctor-governed, question-answer driven interactions (Heritage, 2010), the consultation's closing phase is one of the few opportunities for patients to raise any remaining concerns or questions. This makes the closing phase a crucial point within the consultation. This issue is intensified in telephone consultations, because these are typically shorter, more continuous, orderly and contain fewer and shorter pauses than face-to-face encounters (Hewitt et al., 2010). This paper uses Conversation Analysis to examine the closing phase of 29 audio-recorded GP-patient telephone consultations in NHS primary care. It explores how doctors and patients collaboratively navigate and negotiate the closing phase of the consultation and identifies the interactional challenges that arise, particularly when patients do raise new concerns or questions. This study contributes to medical sociology by offering a fine-grained, empirical analysis of institutional talk in the increasingly common context of remote primary care.

Preliminary analysis shows that despite communication guidance encouraging questions like "Is there anything else I can do for you today?", such formulations tend to prefer a 'no' response (Heritage et al., 2007) and rarely prompt patients to straightforwardly raise additional issues. Instead, patients treat introducing further concerns as an accountable matter, displaying a shared orientation to a mono-topical model of medical consultations.

Lifecourse – Chronic Conditions; Ageing; Death and Dying - Room 220

Cultural Norms and Gendered Care: The Indian Household Experience of Elderly Care

Jaya Shrivastava

Babasaheb Bhimrao Ambedkar University

World is greying fast. Population Ageing has emerged as an alarming problem in the world. It has been a major concern for long, in the developed countries. But now it is engulfing the developing countries as well, including India on a very rapid pace. Actually, India is witnessing a demographic transition these days. Demographic transition signifies, change in population trend, from high to low fertility and mortality rate, which has led to a considerable increase in the number and proportion of older people in the population. the ever-increasing elderly population, poses social and financial challenges, and puts immense strain on the health system due to both chronic non-communicable and communicable diseases. Apart from these factors, some social factors, like rapid urbanization, rise of nuclear families, fewer children in each family, increased employment opportunities for women, who were traditionally taking care of the old in India have also made their status vulnerable. Therefore, the physical, the financial and the psycho-social caregiving of population ageing warrants our urgent attention. Caregiving for elderly involves diverse activities such as personal care, complex medical care, nursing tasks, financial and instrumental assistance and emotional and social support. The present paper tries to analyze cultural embeddedness of gendered caregiving, cultural determinants of caregiving responsibilities, cultural & gendered norms and values which determines the decision to provide care to elderly in India. Interpretative Phenomenological Analysis (IPA) has been adopted to analyze everyday lived experiences of elderly and their care givers in Indian households.

Sexual and Reproductive Health - Room HLT 403

Framing a Feminist Abortion: Imagining the Future of Abortion with the SISSDAA Principles

Carrie Purcell, Erica Millar, Emma Campbell, Fiona Bloomer

Open University

The right to bodily autonomy and reproductive control, through access to abortion and other routes, is pivotal to feminism, reproductive justice, health and gender equality. As Butler (2024) and others note, sexual and reproductive rights (SRHR) are currently under attack, having become a battleground for ‘culture wars’ deployed to advance far-right agendas. There is therefore an urgent need for medical sociology to connect with the global politics of SRHR, to fight not only for basic access, but for an aspirational future for abortion.

In this paper we propose a framework for a ‘feminist abortion’. Rather than positioning medico-legal framings as the sole or foremost consideration, this approach sets out ambitions for a model of abortion care which centres the pregnant person and their needs, and attends to the power structures through which they are located. To this end we ask: what would be the core principles of a ‘feminist abortion’? We then propose seven principles for a feminist abortion: supported, informed, safe, stigma-free, decriminalized, autonomous and accessible (SISSDAA) (Millar et al, in press). This conceptual paper is anchored in interdisciplinary empirical and theoretical scholarship and activism. The principles are intended as a prompt for collaborative conversation centring the needs of abortion seekers - particularly the most marginalized among us - to collectively focus our critique and mobilise us toward a future where reproductive justice is realised.

THURSDAY 11 SEPTEMBER
11:20-11:50

Inequalities and Intersectionality - Room 007

Changing Practices or Carrying On? Mapping Patients' Unequal Mobilisation of Health Capital in a Nordic Welfare Context

Kristian Larsen, Mette Rørth, Anette Lykke Hindhede, Ina Koch Røpke

UCSF and University of Copenhagen

In Nordic welfare states, the governance of health has increasingly shifted towards individual responsibility, prompting questions about how patients mobilise health-related resources when illness occurs. Drawing on Bourdieusian theory and the notion of health capital, this study explores patterns of embodied investment among patients in Denmark.

We conducted a patient survey (N=503) across hospital departments in the Capital Region of Denmark. Using Multiple Correspondence Analysis (MCA), we mapped patterns of health capital mobilisation through a typology of bodily investments: physical, diet, chemical, surgical, and mental. Two central dimensions emerged: disruption vs. continuity and liberal vs. conservative value orientations. Patients facing chronic or biographically disruptive conditions (e.g., psychiatric illness, heart transplants) actively engaged in health-related investments. These practices clustered among younger, higher-educated, predominantly female patients. Conversely, older patients with lower income and multimorbidity demonstrated lower levels of investment and more conservative treatment orientations.
While the Danish welfare state ensures equitable access to treatment, the capacity to invest in the body and navigate illness is socially stratified. These findings raise broader questions about how welfare contexts mediate but do not erase inequalities in health capital mobilisation.
This study contributes to medical sociology by empirically mapping differentiated health practices in response to illness. It invites reflection on how biographical disruption, resource mobilisation, and embodied investments vary across social positions. To what extent do similar stratifications occur in the UK? How might health capital be operationalised in other welfare or health system contexts?

Critical Public Health - Room 008

'Everyone is welcome here…but don't come too often': exploring competing institutional logics in community food aid provision

Laura Sheard, Giorgia Previdoli, Rachel Benchekroun, Wendy Burton, Claire Cameron, Maria Bryant

University of Manchester

Food insecurity is overtly related to the public health of the nation. Previous sociological research on food insecurity has often focused on food bank usage, neglecting other forms of community food organisations (CFOs). Here, we employ institutional logic theory (Thornton et al, 2012) as a sensitising concept to understand the contrasting and sometimes oppositional goals/purpose of food aid provision across different CFOs. We draw upon a 12-month embedded longitudinal ethnography at nine CFOs across two large cities, involving 173 sessions of participant observation and interviews with 35 families who were food insecure (over three waves).

We found differing institutional logics unwittingly competed, regarding the ideals and purpose/goals of what community food aid provision should be and what form it should take. First between each other:

some CFOs prioritised efficiency, speed and volume as metrics of success whilst others valued building long-term interpersonal relationships and providing tailored support. Second within themselves, some CFOs were confused about their own purpose, outwardly espousing that the food aid sector should not need to exist whilst simultaneously introducing models which incentivised users to often return. Third, to their users. Nearly all CFOs operated a kind and non-stigmatising ethos (“everyone is welcome here”) but structural and rules-based constraints introduced subtle hostility. This included long queues, rushed interactions, eligibility uncertainty and food parcel quotas.

The CFO system is caught in a tangled tension between market logics and community logics, reflecting a broader struggle over the meaning and purpose of food support under conditions of austerity capitalism.

Professions - Room 021

The implementation of new roles in primary care: role ambiguity, power differentials and job crafting

Abigail Tazzyman, Damian Hodgson, Pauline Nelson, Fay Bradley, Lisa Brunton, Jane Ferguson

University of Sheffield

In response to recruitment and retention issues in the national health system, NHS England attempted to ‘improve access to primary care’ by expanding the workforce in England through the introduction of multiple new roles, primarily into general practice. This has involved the introduction of clinical and non-clinical staff from various occupational or educational backgrounds to absorb workload. Introducing new roles can disrupt professional hierarchies and jurisdictions and challenge existing professional and organisational practices. How roles are designed and their relation to other roles, both in terms of jurisdiction (field of practice) and power in a given context, is key to the success of their implementation and quality.

Drawing on interviews with 126 participants in English primary care, this paper analyses the introduction of new roles to understand role change amid role ambiguity in a context of competing professional interests and hierarchies. We examine role ambiguity and job crafting through the lens of power, to explain how role ambiguity can be both an opportunity and a threat. Applying Bucher et al’s theory of power, including status and field centrality, to a role theory approach on ambiguity, we argue that this helps to explain how different groups (professional/ semi-professional/ non-professional) are able to engage in job crafting to different degrees, and with various degrees of success. We demonstrate role ambiguity to be a differential experience, and evidence power to be the moderating factor for how ambiguity is experienced, with both positive and negative consequences, for those in new roles.

Experiences of Health and Illness - Room 024

Cultural Understandings of Illness and Risk: A Qualitative Study of COVID-19 Experiences in Poland

Barbara Pabjan

University of Wrocław

This paper examines how individuals in Poland interpreted the COVID-19 pandemic through culturally and socially situated understandings of illness, health risk, and public responsibility. Based on ninety qualitative interviews, the study explores how people made sense of the pandemic in relation to their proximity to illness—whether they were infected, lost a close relative, or had no direct exposure to the disease. The analysis draws on theoretical perspectives from the sociology of health and illness, the sociology of knowledge, and cultural theory to examine how beliefs about disease, vaccination, and public health measures were shaped by personal experience, trust in institutions, and moral frameworks. Three interpretive patterns are identified: scepticism, pragmatic adaptation, and moral concern. These were closely linked to biographical factors such as age, gender, and life stage. Rather than relying solely on medical information, participants interpreted the pandemic through existing cultural repertoires, social identities, and affective proximity to illness. The findings demonstrate the importance of culturally embedded, experiential knowledge in shaping how health threats are understood and evaluated.

Health Policy - Room 223a

Recalibrating and reconsidering policy applications of "stigma"

Catherine Dodds

University of Bristol

Answering Thomas, Williams, Spratt and Chandler's (2025) call to Recalibrate Stigma in sociologies of health and illness, this paper considers health policy mobilisations of "HIV Stigma" as a case study; contemplating what a recalibration would actually require in highly interdisciplinary contexts. This study underscores that that sociological investigation seeking to ascertain how powerful systems craft stigma for their own gain (Tyler 2022) also requires that we examine our own complicity with such structures (Hollin & Williams 2022).

Simplified and individualised understandings of HIV stigma are frequently mobilised by practitioners and policy-makers; who have frequently co-opted social scientists to measure, evaluate and package HIV stigma in reified forms. This packaging has enabled HIV stigma to be widely projected as a singular (almost isolated) problem that can be eliminated in order to eliminate HIV transmission. This paper examines the mobilisation of "HIV Stigma" in a sample of HIV policy documents, employing Bacci's WPR alongside critical discourse analysis. The analysis affords a broader reflection on the disturbance that recalibration would represent for the HIV sector's powerful and biomedically governed policy structures. By turning the gaze upwards into systems, this work asks how existing conceptualisations of HIV stigma have effectively protected the HIV sector from critically examining the forms of power it represents and protects.

Using HIV as one example among many, this paper encourages all sociologists of health and illness to seriously consider the difficult boundary work we will need to engage with beyond academia to meaningfully recalibrate policy applications of stigma.

Lifecourse- Chronic Conditions; Ageing: Death and Dying - Room 223a

The Roles of Older Patients' Companions in Medical Contacts: A Scoping Review

Yicen Guo, Ariel Wang, Catherine Woods, Nan Wang, Fahad Al-Huda, Rebecca Anderson-Kittow, Rebecca Barnes

University of Oxford

Background: Older adults increasingly rely on companions during medical visits due to complex care needs, including chronic conditions and cognitive impairments. Companions often accompany older adults to medical visits, playing critical but understudied roles.
Objective: To map the existing research on the role of older patients' companions and their impact on patient outcomes across different healthcare settings.
Methods: Following Arksey and O'Malley's methodological framework for scoping studies, we searched MEDLINE, Web of Science, PsycINFO, and other databas6es for peer-reviewed English-language studies (published by July 2024). We included older patients (65+) and their informal companions in different healthcare settings such as outpatient clinics, primary care, and emergency etc.

Results: We analysed 44 included studies and reported findings following PRISMA-ScR guidelines. Categorised into three repeatable stages of patient trajectory—before, during, and after medical visits, ten companions' roles were found, with six roles emerging during the medical consultations. They included Contributor, Facilitator, Surrogate, Supporter, Advocator and Passive Companion, which can be mapped into Goffman's participation framework according to their engagement level. Companions' impacts were both positive and negative during medical visits, while only positive impacts were found pre-/post- visits. Most companions were spouses or adult children, primarily in North America. Study designs were quantitative, qualitative, or mixed methods.
Conclusion: Companions were found to positively and negatively influence patients' healthcare experience and outcomes throughout all stages, with roles ranging from passive companion to active contributor. Findings highlight the need to optimise companion involvement while mitigating drawbacks and provide a foundation for future empirical research.

Sexual and Reproductive Health - Room HLT 403

Discourses of care, wellbeing and human rights: a case study of Saving Mothers' Comadronas' understanding of reproductive health in Guatemala in the misinformation age

Carolina Matos, Victoria Orrego Dunleavy, Jessica Oliveira

City St George's University of London

Sexual and reproductive health rights have come under attack particularly in the last years across the world, amid the rise of far right populist groups from Europe to Latin America and the US, amid the counter-framing of discourses against the 'women's rights' agenda during the 1980s and 1990s (Friedman, 2003). To assess indigenous women's understanding of health communications on SRHR, this study conducted focus groups with the Comadronas of Saving Mothers in Guatemala to explore their reception to these messages. Results underscored the difficulties of access of these groups to quality information.

Guatemala is an important country to examine misinformation and reproductive health, as it has some of the poorest reproductive health indices and largest disparities in health in Latin America, particularly among indigenous women (Speizer et al, 2003). This research has adopted a feminist epistemological concern, making use of a participatory methodological approach which focused on creating 'safe spaces' where the Comadronas could share their personal stories and challenges on communications and information on SRHR.

Two focus groups with Comadronas from Saving Mothers were conducted online via Zoom in September 2023. The first group consisted of Saving Mothers Comadronas (27-59 years of age), with an average of 10 years experience, whereas the second group was composed of abuela comadronas (59 – 82). Findings highlight how these groups feel disempowered from debates in the public sphere on the topic, with the comadronas expressing interest in being co-participants in the construction of health communication messages that attend to their interests.

THURSDAY 11 SEPTEMBER
11:55-12:25

Inequalities and Intersectionality - Room 007

Life on life’s terms: Powerlessness and precarious agency in addictions recovery

Jesse Proudfoot

Durham University

The 'Twelve Steps' of Alcoholics Anonymous have provided a foundational set of concepts about recovery from addiction. In transitional living facilities such as halfway houses, twelve-step discourses are increasingly put to new uses as they are adapted to people struggling with drugs as well as incarceration. One concept central to such institutions is powerlessness, in which users admit that they are ‘powerless over their addiction’. Powerlessness, embodied in slogans like “living life on life’s terms”, is presented as a key tool of recovery, enjoining participants to accept their lot in order to recover. This injunction has faced sustained critique from progressive drug scholars. Feminist and anti-racist scholars argue that those already disempowered in everyday life are unlikely to benefit from embracing powerlessness. Similarly, researchers have highlighted its therapeutic inadequacy, noting strong correlations between relapse and belief in one’s powerlessness. Drawing on fieldwork at a Chicago transitional living facility, this presentation explores how powerlessness operates in settings serving marginalised people. I demonstrate how powerlessness becomes a point of both identification and struggle for residents, with some embracing it to describe their experiences of structural violence, while others resist powerlessness, asserting their own free will in their experiences of drug use and incarceration. This question of agency, I argue, emerges as a key problem for the critical study of addiction, which must now contend with the seeming double-bind between well-developed critiques of the neoliberal subject and the enduring need to theorise precarious forms of agency required for recovery.

Professions - Room 021

How does anticipatory prescribing work? Individual kindness and organisational continuity in community palliative and end-of-life care.

Louisa Polak, Ben Bowers

University of Cambridge

Anticipatory prescribing, the provision of symptom-controlling injectable medication in advance of need, is widely accepted as a key component of community palliative care. This care aims to facilitate “a good death” at home, with the patient comfortable and the family feeling adequately supported; care and its component parts “work” when this outcome is accomplished.

Our qualitative study used semi-structured interviews with a focus on anticipatory prescribing to generate a thick description of the experiences of patients, family caregivers, and the community nurses providing them with palliative care. Two findings from the initial analysis seemed potentially in tension: kindness and a good rapport were highly valued by participants, but relational continuity was seldom visible in the data. In contrast, aspects of organisational continuity were frequently identified as essential for good care. The findings shed light on the collection of social practices through which end-of-life care is accomplished. A social practices framing helped make sense of the multiple articulations between the work done by patients, families and professionals; the discourses shaping this work; and the technologies involved.

Evidence that satisfactory palliative care may be carried on largely without relational continuity is interesting because of two potentially conflicting narratives concerning healthcare: one narrative valorises relational continuity, while the other accepts a shift towards workforce diversification and task shifting. This acceptance is implicit in commissioning urgent care, the care facilitated by having injectable medications ready at home. We suggest broadening the conception of a therapeutic relationship to include helpful relationships underpinned by organisational continuity.

Experiences of Health and Illness - Room 024

The Language of Informality: Allusion, Ambiguity and Normalization of Informal Payments for Health Services in Romania

Marius Wamsiedel

Duke Kunshan University

This paper examines the role of language in normalizing informal payments for health services in Romania. Based on qualitative interviews with 27 participants diverse in terms of age, gender, ethnicity, education, and place of residence, the study explores how these informal payments, often euphemistically called “șpagă” or “atenție” (“attention”), are embedded in a coded language. Participants have acquired and mastered this language through socialization and repeated personal experience, yet they frequently struggle to articulate it explicitly. This ambiguity is a central feature of the language of informality, reflecting and reinforcing the moral uncertainty that allows contested practices to persist.

Phrases such as “să fim luați în evidență” (“to be taken into record”) obliterate the transactional nature of the interaction and contribute to making these payments appear as routine or expected. Framed in familiar, indirect, and often jocular terms, informal payments are thus transferred into the field of everyday interactions.

This paper argues that the language functions to conceal and normalize informal monetary transactions in health settings, while also exposing the gap between the ideal healthcare system patients hope for and the one they encounter in reality. The findings contribute to understanding of how disreputable exchanges become socially embedded, particularly in health systems marked by resource scarcity and inequality.

Health Policy - Room 223a

Viral Politics: A Cross-National Conjoint Experiment Exploring How Disease Characteristics Affect Support for Pandemic Response Policies

Alec Cali, Francesco Nicoli, Anniek De Ruijter, Katrina Perehudoff, Elize Massard Da Fonseca, Brian Burgoon

Heidelberg University

Objective - Public support for pandemic preparedness and response policies can influence the implementation and/or success of such policies. Previous research has demonstrated that social stigma towards disease influences public support for preparedness and response strategies (Foster, Bock, and Carvallo 2023; Arnold, Rebchook, and Kegeles 2014). This experiment provides insight into how the characteristics of a pandemic disease influence respondent support for preparedness and response policies. These findings will provide more nuanced understanding on which characteristics are most impactful to citizens and better inform public health campaigns.
Rationale - We examine the prevalence of bounded rationality approach and social justice (i.e., solidarity) approach to decision making among respondents. There is significant debate in the social sciences and health sciences about how these approaches motivate decision making.

Methodology - We field a conjoint experiment in demographically representative samples of seven nations (N=10,500): Brazil, Germany, Italy, Japan, Nigeria, the United Kingdom, and the United States. We assess how pandemic variant characteristics influence support for pandemic preparedness and response policies.

Expected Outcomes - The pilot has been completed, with the full experiment being completed by May 2025. Pilot results support the bounded rationality and social justice (solidarity) approach to decision making. We expect solidaristic policies and policies that benefit respondents in multiple aspects of their lives to receive the most support. We expect this to be moderated slightly by country-specific fixed effects. We expect this will not be moderated by the characteristics of the disease.

SPECIAL EVENT
THURSDAY 11 SEPTEMBER
10:45-11:15

Open - Lecture Theatre

‘Dangerous Narratives’: Critical explorations of academic narratives in public discourses of health and illness

Medical Sociology has long been interested in, and valued, personal narratives of illness and disability. This has included thoughtful work recognising the impact of broader cultural narratives on individuals’ subjectivity and self-narration, and also critical appraisals of the uneven weight afforded to personal narratives along lines of race, gender, and class. However, while sharp attention has been paid to critiquing supposedly dominant medico-scientific narratives, the discipline has perhaps been less reflective on the unhelpful impact of sociological or social scientific discourses within public debates.

This Special Event will explore, through three case studies, ways that the arguments, terminology, and intellectual scaffolding of the academic social sciences have acted unhelpfully within public discourse and on public perception to become ‘dangerous narratives’. This is ‘public sociology’ (Buraway, 2005) of an often unacknowledged kind, with crucial and concerning ethical implications for our discipline.

Katharine Cheston will explore how stigma has been ‘weaponised’ (Scambler, 2018) in claims that those living with ‘medically unexplained symptoms’ (MUS) resist psychological explanations because they hold stigmatising views of mental illness. Veronica Heney will contextualise the thesis that self-harm is spread or popularised through a form of ‘social contagion’ whereby the practice is seen and thus taken up. Eleanor Kashouris will explore what has made specific narratives of diagnosis feminist. Each paper demonstrates the way that, despite shaky empirical evidence, these academic conceptual frameworks have gained considerable weight across popular and policy discourse, leading to concerning or damaging perceptions and public health interventions.

Gender, Diagnosis and Feminist Narratives

Eleanor Kashouris

Northumbria University

Drawing on interviews with women with poor experiences of care, I show how gender often appears as a vector of epistemic in-authority in processes of diagnosis. Arguing that this is far from the only way to understand how gender is at play, I explore the distinctly public life of this ‘dangerous narrative’ and some of its implications and consequences.

Spreading Stories of Contagion: Uncertain Evidence and Contested Interventions

Veronica Heney

Durham University

Drawing on a survey of academic literature and a case study of the Online Safety Act, I will explore the intellectual history and contemporary policy impact of the ‘contagion’ thesis of self-harm. Specifically I will suggest that the thesis lacks empirical evidence, has developed through epistemological and methodological frameworks that deny agency and epistemic authority to people who self-harm, and results in potentially counterproductive interventions.

Medically unexplained symptoms and the ‘weaponisation’ of stigma

Katharine Cheston

Durham University

Building on Scambler’s concept of the ‘weaponisation of stigma’ (2018), I argue that the concept of stigma is literally weaponised in popular narratives of MUS. I will interrogate these ‘dangerous narratives’ and their impacts by bringing into dialogue the transcripts of semi-structured interviews with ten women living with MUS, with texts drawn from the clinical literature, media coverage, and popular non-fiction.

THURSDAY 11 SEPTEMBER
14:00-14:30

Embodiment and Emotion - Room 007

“precision and pressure: emotional labour in the age of ai-assisted surgery”

Bianca Vieira

NOVA University of Lisbon

Neurosurgery is frequently upheld as the epitome of clinical precision, authority, and emotional detachment: the gold standard of medical professionalism. Yet behind this image lies a distinct and demanding form of emotional labour, performed routinely but rarely acknowledged in healthcare literature. This study investigates how neurosurgeons in Portugal navigate the emotional demands of their practice, balancing institutional expectations of control and composure with the complex realities of patient care. Grounded in sociological theories of emotional labour and boundary work, and employing qualitative methods such as participant observation and semi-structured interviews in hospital settings, the research examines how emotional norms are learned, enforced, and negotiated within surgical culture.

At its core, it poses a critical question for the sociology of health: What does it mean to feel professionally in a field that prizes detachment?

The study explores, through an intersectional lens, how gender and age shape emotional labour. In this male-dominated specialty, emotional performances are often coded through masculine ideals, where emotional distance is rewarded and vulnerability penalized. Age further stratifies these dynamics: while younger surgeons may demonstrate greater emotional adaptability, senior practitioners often reinforce traditional hierarchies. The research also considers how emerging technologies, particularly AI, are reshaping neurosurgery. As machines become increasingly integral to a field once defined by embodied expertise, emotional labour becomes even more central: a vital resource for asserting professional identity and managing uncertainty. By placing emotional labour at the heart of health sociology, this research offers fresh insights into professionalism, emotions, and technological change.

Diagnosis, Screening and Treatment - Room 008

Mainstreaming genomics across different medical specialties in the NHS

Shane Doheny

Cardiff University

Mainstreaming genomics into the NHS has been seen as problematic for a range of reasons. Many of these barriers have been associated with organisational problems (referral pathways, misaligned digital systems) requiring organisational solutions (i.e., to improve referral protocols and digital platforms). But this focus on the organisational neglects the role that culture and discourse play in mainstreaming. In this paper, we analyse interviews conducted with clinicians working within genomics, mainstream medical services closely allied to genomics and mainstream medical services with more distant connections to genomics to examine the process of mainstreaming. Building on Mwale and Farsides (2020) contrasting of parallel accounts of mainstreaming in general practice and healthcare policy, we explore contrasting accounts of mainstreaming unfolding in different medical specialties. Across these services we observe themes of negotiation, acceptance and reluctance as policy structures shift to position genomic testing as a core part of healthcare. Overall, these themes point to how mainstreaming genomics manifests as the creation of discursive space for the rare in everyday medical practice.

Sexual and Reproductive Health - Room 021

"[It's in] my drawer of sh*t I'll deal with later on:" Ambivalent reactions to Biomedical HIV-prevention from Young MSM in London.

Adam Christianson

Goldsmiths, University of London

Though health scepticism and treatment hesitancy are increasingly prevalent in the western health landscape, social theory for such reactions are sparse. Consequently, mainstream research falls into resistance or deficit approaches to health utilization that overlook the ambivalent reactions of candidates for treatment to said treatment options. These approaches overlook the reflexive work individuals undertake to account for themselves relative to this new category. Building on a mixed-situational analysis of HIV-PrEP discourses in England (2016-2020) and a narrative analysis of interviews conducted with 9 young MSM in London in (2020-2021), this paper illustrates the negative identity work these PrEP-candidates use to position themselves as PrEP non-candidates. I discuss how resistance and deficit narratives about the candidate obscure their membership in communities that have either been omitted or neglected by public health discourse about PrEP-candidates. I discuss two reactions, conventionally labelled as PrEP related "stigma" and "hesitancy" as negative identity work used to reflexively position themselves against responsibilization narratives employed by activists and public health officials produce. Building on these reactions, I illustrate how they position themselves as members of groups: "neurodiverse" and "bottoms" as social groups who have been neglected as communities in the extant PrEP-discourses. These groups demonstrate how, beyond the usual suspects of social inequalities and medical barriers further attention to the biosexual implications of sexual health programs is necessary.

Experiences of Health and Illness - Room 021

Navigating gender, culture, and cancer at a young age: A socio-ecological study of Chinese young women's gynaecological cancer experiences

Jie Xu, Meena Khatwa

University College London

Background: Gynaecological cancer (GC) treatments induce bodily changes, disrupting patients' identity, relationships, and life trajectory, particularly in young adulthood, a key period for identity formation and future planning. Existing studies suggest that sociocultural norms surrounding womanhood may intensify Chinese young adult GC (YAGC) patients' well-being challenges. Purpose: This qualitative study integrates intersectionality and socio-ecological model (SEM) to examine how intersecting identities (gender, culture, illness, and age) shape Chinese YAGC patients' psychosocial experiences across multiple social levels.

Methods: We analysed accounts of 24 Chinese YAGC patients, including digital narratives of 17 patients and semi-structured interviews with 7 additional patients. Thematic analysis identified psychosocial challenges and coping strategies, using the SEM as a guiding framework. Results: Intersecting identities significantly shaped patients' experiences across socio-ecological levels. Intrapersonally, young age, the fatal illness, and knowledge gaps heightened emotional distress, with self-resilience key to coping. Interpersonally, treatment-induced infertility, cultural norms, and gendered caregiving and childbearing expectations led to relationship breakdowns, emotional suppression, and isolation. At the community level, gendered illness stigma triggered workplace discrimination and career disruption. Societally, internalised norms deepened identity struggles and a sense of reproductive autonomy loss. Notably, many patients sought comfort through religious practices, indicating a form of spiritual coping.

Conclusion and implications: Intersectionality and the SEM jointly illuminate how, why and where the layered social dynamics shape illness experiences. Findings highlight the need for culturally sensitive psychosocial interventions: tailored health communication, context-based individual and family counselling, campaigns, and identity reconstruction programmes. Religious coping in the Chinese context warrants further exploration.

Mental Health - Room 223a

Excavating ‘the social’ from institutional reviews of suicide deaths: notes for a haunted sociology of suicide

Amy Chandler

University of Edinburgh

Sociological interventions into studies of and responses to suicide are increasingly diverse, and important. Given the intimate relationships between suicide and ‘mental illness’, sociologies of health and illness have a significant role to play. I introduce analysis from the Suicide Cultures: Reimagining Suicide Research project, which has conducted a qualitatively driven, mixed-methods inquiry into meanings and practices relating to suicide in Scotland, UK. The broader project incorporates interviews with people affected by suicide (n61), ethnography, arts-based methods, and a narrative analysis of institutional reviews of suicides (n263). I focus here on an examination of competing and contested narratives of ‘the social’ within the institutional reviews.
Critiques of suicide studies and suicide prevention have identified a bias towards psy-centric explanations for and responses to suicide, where psychological, psychiatric and broadly biomedical explanations dominate. However, in our analysis of the suicide reviews (often carried out by medically trained staff, for the NHS) we have identified multiple examples where psycho-centrism is either directly challenged, or, more often, clearly unsettled. While our analysis certainly demonstrates simultaneous commitments to biomedical models, this is far from monolithic. Drawing on Ken Plummer’s narrative power, and further informed by Avery Gordon’s haunted sociological imagination, our analysis seeks to more closely interrogate the ways in which ‘the social’ can be seen to ‘haunt’ suicide in the reviews. Our analysis underlines the importance of diverse sociological perspectives on suicide, whilst also challenging arguments that understandings of suicide are entirely ‘colonised’ by medicine.

Open - Room 223b

Addicted to the Run: Rethinking Exercise Addiction Through Embodied Experience

Toomas Gross

University of Helsinki

This ethnographic study of recreational long-distance runners in Estonia offers a nuanced analysis of exercise addiction by emphasizing its three key dimensions: tolerance, withdrawal, and continuance. Through interviews, blog analysis, and participant observation, the research challenges conventional biomedical and psychological models of addiction that often present it as pathological and unidimensional. Instead, the study highlights runners' agency, showcasing how individuals strategically negotiate physical limits, redefine health norms, and derive meaning from embodied experiences. The concept of addiction is reframed as a culturally situated, phenomenologically rich process where runners seek transcendental experiences, emotional regulation, and personal transformation through bodily endurance. By treating runners as reflexive agents rather than passive addicts, the study contributes to sociological and anthropological understandings of health, identity, and embodiment. It demonstrates how runners’ perceived addiction is not merely symptomatic of pathology but embedded in a broader cultural script that intertwines asceticism with hedonism. This high-resolution perspective illuminates the complex interplay between pain, pleasure, discipline, and freedom in the formation of running selves, thus calling for more interpretive approaches to understand excessive exercise as a socially and existentially meaningful practice.

Pedagogy and Methods - Room 221

Centring the voices of Black British and South Asian people with Multiple Sclerosis using Participatory Data Analysis: Learnings from Participatory Research into the minoritised experiences of MS care

Sharifa Battashi, Alison Thomson

Queen Mary University of London

Interest in participatory research methods has grown considerably in health research in recent years. However, detailed participation in participatory data analysis remains vaguely discussed in the relevant literature. In our participatory study, we sought to address this gap by involving six Black British and South Asian peer researchers living with MS throughout the analysis process of the interviews and focus groups they conducted with other people with MS from London, Leeds and Bradford. Through a series of online participatory thematic analysis workshops, we collaborated with the peer researchers in the analysis process. We used inclusive, flexible methods such as group discussions and visual mapping techniques supported by Miro board.
The participatory data analysis significantly enriched the analysis process. The peer researchers brought insights based on their lived experience that deepened the interpretation of the data and surfaced culturally specific themes that might otherwise have been overlooked. Furthermore, the peer researchers' involvement in the data analysis helped ensure that the findings more authentically reflected the reality of living with MS for people from these ethnically marginalised groups.
In this paper, we reflect on the benefits, methodological challenges, and practicalities of participatory data analysis in health research. Our experience highlights the critical role of co-production in making research more inclusive particularly when working with people from ethnically minoritised backgrounds. We also highlight the practical implications of integrating lived experience into data analysis, emphasizing the need for researchers to consider the unique perspectives that peer researchers bring to the process.

Inequalities and Intersectionality - Room 220

Pain & prejudice: how fibromyalgia care in the UK needs to move towards epistemic and social justice

David Tennison

University College London

Chronic pain impacts more than 28 million people in the UK alone, and yet illnesses like fibromyalgia (FM), characterised in part by widespread chronic pain, remain contested; poorly understood by the institutions of science and medicine. This, coupled with the undue feminization of the illness, means it lacks legitimacy while patients lack credibility both within and outside the medical establishment - which often translates to poor treatment of the patient.

Furthermore, our understanding of how FM patients are treated in healthcare is based on decades of research largely conducted on cisgender white women. This presentation is based on the PhD research of David Tennison, who has been conducting in-depth interviews with people with FM in the UK, seeking healthcare through the NHS, who are people of colour, men, and trans and non-binary people. David has found that FM stigma and existing prejudices compound in healthcare experiences for these patients, and that this is a crucial issue, as in this way health stigma is sustained, vulnerable groups are disenfranchised from the medical system, and health inequalities are worsened.
Using previous research into how using the lens of epistemic injustice is useful for examining the plight

of the FM patient in healthcare, and new analysis from interviews, David will argue that conceptualising illnesses as “women’s issues” or “contested” hurts everyone, and that pushing for epistemic injustice in FM doctor-patient relationships is a crucial move towards social justice in healthcare.

Open - Room HLT 403

Mapping the benefits and harms of antenatal and newborn screening programmes

Lisa Hinton, Ashley White, Oliver Rivero-Arias, Stavros Petrou, Abigail Mcniven, Louise Locock, Felicity Boardman

University of Oxford

Health screening is undergoing seismic change that includes the potential for personalized medicine, big data, whole genome sequencing, artificial intelligence and the development of novel and experimental therapies. Acceptability research typically gathers cross-sectional data that identifies and characterizes the harms and benefits of screening programmes, as well as the ways they are experienced, weighed and valued by different groups. Efforts to integrate these types of data into the evidence synthesis and evaluative processes of health screening policy-makers have demonstrated that stakeholders perceive a ‘panoramic’ range of harms and benefits of screening far beyond the remit of policy criteria, and ‘ripple’ backwards and forwards in time. However, relatively few studies have explored these wider impacts of screening, and perceptions at different time points. Using the conceptual lens of a ‘reproductive journey’, this paper builds on existing health screening acceptability research by drawing on diverse and longitudinal qualitative datasets to demonstrate the evolving nature of harms and benefits across time, place and context. Secondary analysis, using situational mapping, of eight large interview datasets collected in the United Kingdom has identified a wide range of harms and benefits related to antenatal and newborn reproductive screening and demonstrated the complexity and vast range of experiences that surround these journeys. The analysis demonstrates that over time and space harms and benefits can have cumulative and amplifying effects, and the need for methodological development in acceptability research that meaningfully incorporates these complex and nuanced harms and benefits is paramount.

THURSDAY 11 SEPTEMBER
14:35-15:05

Embodiment and Emotion - Room 007

Setting (Un)Realistic Goals: The Influence that AI Filtering Applications Have on the 'Pathologisation of Attractiveness'

Lauren Doyle

University of Sunderland

This paper explores the growing influence of AI-driven filtering applications on the perception of attractiveness and self-worth, drawing on a broader doctoral study that used digital ethnography and in-depth participant interviews in its' methodological design (Doyle, 2025). Central to this study is the 'pathologisation of attractiveness' - a concept whereby physical appearance becomes a diagnostic marker of health, value, and self-esteem (ibid). The effects of "diagnostic cultures" (Brinkmann, 2016) are prevalent to the findings of this research and the potential outcome of the 'pathologisation of attractiveness' in modern society. Further, this paper will argue that the marketisation of online cultural spaces, such as diet culture, and influencer culture (see Department for Digital, Culture, Media & Sport, 2022a), encourage the setting of (un)realistic goals set by social media users, based on societal expectations that come from the mass media, their family/loved ones, and through people of influence across their social media platforms. Emerging themes include the normalisation of disordered eating behaviours, the role of algorithmic reinforcement of harmful content, and the shifting nature of support networks during events such as the COVID-19 pandemic. This research highlights how social media's evolution has intensified exposure to harmful beauty ideals, leading to self-diagnosis, internalised stigma, and, in some cases, clinical symptoms of anxiety or disordered eating. By examining the lived experiences of users navigating both online and offline diet culture, this paper offers critical insight into how digital platforms contribute to the medicalisation of appearance and the normalisation of harmful aesthetic benchmarks.

Diagnosis, Screening and Treatment - Room 008

Listening Rather Than Asking: Social Media Analysis for Public Perspectives on Genomic Screening

Kate Lyle, Anneke Lucassen

University of Oxford

As healthcare increasingly focuses on managing risk of disease screening using genomic technologies has gained significant traction, but public perspectives on these interventions remain poorly understood. Screening frequently enters public consciousness through sensationalised narratives that promise early diagnosis and treatment while obscuring the complexities of how this might be realised. While a growing body of literature explores public perspectives, engagement approaches typically centre on providing technological information (e.g. focussing on 'genomic literacy') to participants before soliciting their opinions. We argue that we need new approaches to public engagement that prioritise exploring ethical complexities and personal experiences surrounding genomic screening to capture the nuances of how individuals understand and engage with these emerging technologies.
This research explores social media discourses as an alternative method for accessing public perspectives on genomic screening. Using big qualitative data analysis techniques, we examined

spontaneous online conversations from diverse platforms including Reddit, X, and Mumsnet to explore how various publics conceptualise and negotiate genomic screening technologies. Our preliminary findings reveal a substantial disconnect between expert-led discourse and public perspectives, with the latter highlighting complex emotional and ethical concerns that expert-led initiatives frequently fail to capture. By "listening" to conversations occurring without researcher prompting, we've identified issues of genuine importance to diverse publics that can serve as foundations for more targeted research and engagement strategies. As genomic technologies increasingly reshape healthcare, we propose that social media discourses offer a valuable window into understanding the ethical, emotional, and social dimensions of these interventions.

Sexual and Reproductive Health - Room 021

Understanding fertility tracking: An investigation into digital and non-digital practices

Alina Geampana

Durham University

For millions of people trying to conceive or contracept, tracking bodily signs of fertility is a necessity, whether app-based digital methods are used or not. Despite recent interest in high-tech digital fertility tracking, new commercial technologies come with a slew of risks, including misinformation, inaccuracy, and personal data misuse. However, we know very little about alternative non-digital solutions and how they might compare. The research presented here draws on in-depth interviews with users of app-based methods and users of non-digital methods (N=30). Through the use of grounded theory analysis, the study conceptualises the varied range of fertility tracking practices and how they are shaped in tandem with knowledge about the reproductive body. The findings highlight different approaches to tracking based on tracking purpose (conception vs contraception), data engagement styles and attitudes towards digital technology. With ‘Femtech’ now being touted as key to solving issues in women’s health, I conclude with highlighting this investigation’s role in providing a deeper understanding of reproductive tracking needs and possibilities.

Experiences of Health and Illness - Room 021

Developing resources to involve PPI representatives in research on communication in medical care: A co-design project

Rebecca Anderson-Kittow, Julia Moon, Joanne Lloyd, Susan Trant, Sarah Markham, Yicen Guo

University of Oxford

Background: Conversation analysis (CA) is a well-established research method that uses recordings of real medical encounters to study communication. It places equal focus on input from clinicians, patients and accompanying family members. A common practice in CA is holding ‘data sessions’ in which researchers are played brief clips from the recordings and invited to share their observations. Patient and public involvement (PPI) in data sessions is rare. We are therefore missing important alternative perspectives and may not always be identifying communication problems or solutions that patients find most meaningful.
Aim: To co-design training and guidelines to enable PPI in data analysis for research on communication in medical care.

Methods: Four PPI representatives and two researchers held three co-design workshops to develop resources to enable PPI in data sessions. These include online training for PPI representatives and guidelines for researchers wanting to include PPI representatives in data sessions. Resources will be piloted with eight further PPI representatives in June 2025.

Findings and impact: Co-authors and co-presenters include researchers and PPI representatives. We will explain the process of developing the resources, share findings from pilot testing, and present the final resources. We hope that the training will increase PPI representatives' confidence and ability to contribute to analysis in this type of research and reduce power differentials between PPI representatives and researchers during data sessions. By making resources freely available, we hope that more researchers will feel confident to include PPI in analysis, bringing new and important perspectives to data sessions.

Mental Health - Room 223a

From Expectation to Betrayal: Unmet Birth Expectations and the Interpersonal Roots of Trauma

Rebecca Matthews, Katherine Finlay, Vicki Harman

University of Reading

Despite growing awareness that up to 45% of women experience birth as traumatic, sociological frameworks for understanding this phenomenon remain underdeveloped. This study explores how institutional structures, power dynamics, and relational care contribute to traumatic birth experiences, drawing on betrayal trauma theory as a novel conceptual lens. In-depth interviews with 21 first-time mothers in the United Kingdom were analysed using reflexive thematic analysis. Five themes were generated: (1) The Illusion of Informed Choice; (2) Hierarchical Birth Environments; (3) Institutional Isolation; (4) The Paradox of Self-Advocacy; and (5) Being Held or Being Hurt. Findings illustrated trauma emerged through unmet expectations, perceived betrayal by antenatal messaging, and breaches of trust within power-laden, dependency-based healthcare relationships. This research contributes to medical sociology by extending betrayal trauma theory to the perinatal maternal experience. Challenging, individualised models of trauma, it calls for reforms in antenatal education, pain management, maternity environments, and informed consent processes. Further inquiry is needed to examine how healthcare systems may reproduce harm under the guise of empowerment, and how trauma-informed care must address both interpersonal and institutional practices to restore trust and reduce systemic betrayal.

Open - Room 223b

Doing Justice at the Margins: Research Method Design in Recognition of Power and Powerlessness

Stephanie Mulrine

Newcastle University

Undertaking research with populations that are routinely stigmatised, pathologised and criminalised can produce barriers and challenges to ensuring ethical research design. Using fieldnotes, debriefs and research journal entries, this paper will attempt to unpack the difficulties and possibilities presented by undertaking highly sensitive research with an aim to produce research methods that are informed by social justice from inception. Reflecting upon conducting research with those with lived experience of trying to access healthcare whilst detained in police custody, it is noted that being vigilant of and open to the needs of gatekeepers (charities, community support groups, etc) and of their 'service users' was imperative when establishing trust – especially trust that research encounters would be managed thoughtfully. Taking a feminist approach to recruitment allowed for a safer and more ethical approach to ensure, as far as possible, the confidence and comfort of those participating. Participants represented intersections of socially produced vulnerabilities, and therefore were often dealing with extremely challenging, confronting and traumatic life circumstances and experiences.

This paper advocates for research design to take into account power, powerlessness and positionality, and how these dynamics shape and contribute to a research environment within a study that has the potential to reproduce or deviate from value-laden normative assumptions of the potential population of study. In working with those who are expert in the everyday lived reality of the subject there is the potential to honour the space and grace needed to include those often marginalised in important sociological work.

Pedagogy and Methods - Room 221

Six components of rhythm: A framework for researching the rhythms of ageing, disability and care

Catherine Coveney, Carrie Ryan, Wendy Martin, Shadreck Mwale

Loughborough University

Reaching old age is an important transition that disrupts normative rhythms of daily life in a myriad of ways. In the context of disability, normative rhythms may also become disrupted; people can find themselves living out of sync, their bodies must bend to new rhythms to move through the world. Rhythms, however, are an inherently biosocial phenomenon and require new methodological approaches to adequately capture both the biological, the social, and their entanglement.

In this paper we ask: how can we research biosocial rhythms to help us to better understand embodied, lived experiences of disability, ageing, and care across the lifecourse?

Data comes from a scoping review of the social science literature on ‘rhythms, ageing and disability’, 37 ethnographic interviews and three focus groups with parents of disabled children and older adults who are carers. Our analysis draws together social theory on rhythmanalysis, with the emerging body of medical sociology work attending to rhythms of ageing, disability and care.

We propose a new framework for the empirical analysis of biosocial rhythms that comprises six empirical elements: time, space, place, embodiment, relationships and objects that come together as a ‘rhythm assemblage’. Applying this analytical framework to our data, we show how disabling temporal rhythms of everyday life become entangled with embodied temporalities in sociomaterial care practices. Attending to spatiality meanwhile, reveals how people are made to feel dysfunctional or out of place, as well as making points of connection to create ways of ‘being together’.

Inequalities and Intersectionality - Room 220

Ageing With a Lifelong Disability for Black British Adults

Emily Oputa

University of Surrey

Credited in part to advances in health and social care, there is an increasing number is ageing adults with lifelong disability (LD). Despite the increase in life expectancy among adults with LD very little is known about the experience of ageing in this population, especially among Black older adults with LD. However, evidence suggests disabled people of colour and non disabled black people have poorer health and wellbeing outcomes than White disabled individuals and White non-disabled adults.While there's increasing attention on the intersectionality of ageing, disability and race, there is limited evidence on how these overlapping identities influence the ageing of Black British adults with LD. This study aimed to address this gap and explore ageing well for this population. A total of 34 semi-structured interviews were conducted with Black adults aged 30-76 with a range of conditions including Autism, Cerebral Palsy, Down’s Syndrome, Spina Bifida, Deafness and Blindness. Thematic analysis was used to identify key themes across participant experiences.

Findings revealed a complex interplay of identities leading to a lifelong process of navigating difference and discrimination. Core themes included identity overshadowing, resilience and coping, perceptions of disability and ageing and systemic barriers. Additionally, findings revealed individual nuances in perceptions of support, expressions of identity and perceived vulnerability.

These findings highlight the need for awareness of intersectionality in policy recommendations, care and support services and public awareness at large. They add to a growing body of work calling for the centring of race and disability within ageing research and practice.

Open - Room HLT 403

Caring without being cared for: An Intersectional Analysis of Nurses’ Labour During COVID-19 in India’s Northeast

Lamneithem Haokip

Tata Institute of Social Sciences

The COVID-19 pandemic brought global attention to frontline healthcare workers, yet the everyday realities of nurses—especially in historically marginalized regions—remain unexplored. This study examines how multiple, overlapping inequalities shape nurses’ experiences during the pandemic in Northeast India. The central question guiding this research is: How do nurses navigate care labor while working within systems that fail to acknowledge their own need for care? Employing Kimberlé Crenshaw’s intersectionality theory (1989, 1991), Nancy Folbre’s care economy (2006, 2021), and Christa Wichterich’s (2017) notions of care extractivism, this research highlights how gender, ethnic bias, regional marginalization, and institutional status generate unique experiences of exploitation. Through multi-sited ethnography, fieldwork was carried out from 2021 to 2023 among Indigenous nurses in six varied healthcare settings, including missionary, private, public, and paramilitary hospitals, located in Guwahati, Assam’s capital, and Shillong, Meghalaya’s capital. The intersectional analysis reveals distinct institutional manifestations of inequality: Christian mission hospital nurses experienced exploitation through religious frameworks of sacrifice while facing occupational discrimination; corporate hospital nurses confronted efficiency-driven exploitation compounded by gendered expectations of compassion and ethnic prejudices; public hospital nurses endured employment precarity intensified by their regional and gender positioning; and paramilitary hospital nurses navigated militarized institutional demands alongside community stigmatization. This research contributes to medical sociology by demonstrating how crises exacerbate existing inequalities through institutional structures that normalize care extraction. It highlights the urgent need for policies that address intersecting forms of professional exploitation and recognise the value of care labour performed predominantly by women from marginalised regions.

THURSDAY 11 SEPTEMBER
15:10-15:40

Embodiment and Emotion - Room 007

The place of trauma and life events in functional seizures (FS): thinking sociologically around meaning and social context.

Paul Bissell, Marian Peacock

University of Edinburgh

This presentation reframes understandings of the place of social context and the meaning of trauma and life events, with respect to functional seizures (FS). Also known as psychogenic, dissociative or non-epileptic seizures, FS are not underpinned by the pathophysiological changes which characterise epilepsy. Those experiencing them report histories of trauma, neglect and abuse, however, such experiences are not universally reported in the literature and less is known about adverse life events (ALEs) and their roles in aetiology and maintenance.
The explanation offered by neurology to patients experiencing FS is largely psychological, emphasising deficient responses to stressors leading to changes in brain connectivity. Despite evidence showing high rates of trauma and abuse and the relationships between such factors and poverty and gender, social context and meaning are seldom included in explanations to patients with FS.
Drawing on findings from a study using a narrative approach to understand trauma and ALEs amongst those diagnosed with FS, we show that such experiences are ubiquitous and it is the meaning and context of these events that are salient in FS, rather than a simple ‘trauma threshold’. The use of a narrative approach also highlighted that it is those ALEs that threaten a core relationship – “relational trauma” - that are most important. A focus on trauma thresholds may result in failing to see that it is meaning and the nature of relationships which shape the outcomes for those with FS. Thinking sociologically in relation to these findings, we propose, extends understanding beyond the “psychological”.

Diagnosis, Screening and Treatment - Room 008

“Most medical decisions are intuitive”: Physician's perspectives about intuition in clinical practice

Itai Adler, Adi Finkelstein

Hebrew University of Jerusalem

Contemporary modern medicine deals with treatment and curing using scientific tools. However, a parallel way of making decisions based on intuition exists alongside medicine's rational and scientific principles. In this phenomenological design qualitative inquiry, we attempt to understand the place of intuition in medical decision-making and medical practice from the experience of physicians. We held 13 semi-structured interviews with expert physicians between February and December 2019. Following the reflexive thematic analysis, four main themes were produced.1) Participants experienced intuition as a sense. However, there were different approaches to that use. 2) Physicians explained that their experience of uncertainty in decision-making was because the medical knowledge available only sometimes provided them with a complete answer.3) Simultaneously, participants felt a great responsibility to give their patients an appropriate medical answer or solution. 4) The combination of a sense of responsibility with a feeling that, at times, the medical knowledge was insufficient led to using other tools, such as intuition. We summarized that intuition may be used by physicians in their decision-making. This stems from the desire to treat and secure the well-being of patients, even at the cost of compromising its purely rational character.

Sexual and Reproductive Health - Room 021

Choices and Support on the Maternity Journey: Voices from Women with Cerebral Palsy

Sonali Shah, Karl Atkin, Helen Spiby

University of Nottingham

Introduction: The number of disabled women, including those with cerebral palsy (CP), experiencing pregnancy and motherhood globally is increasing. This could be attributed to equality legislation; medical advancements (including assistive reproductive technologies); and strong activism and support networks of disabled women raising awareness of their rights and choices. Methods: Semi-structured qualitative interviews with mothers with CP were analysed thematically. Digital methods ensured the research process was accessible for participants, who used different ways of communicating.

Findings: Women with CP experience support and challenges during pregnancy and childbirth. Less than optimal care during the maternity care journey was evident. Women felt they were not being listened to or else regarded as a risk to be managed. Choice was sometimes compromised. Practitioners lack of knowledge and understanding of disability and CP, undermined trust in care and safety. Supportive family relationships, including an active role of partners offered a helpful resource, as did the women's personal agency and resilience.

Conclusion: The issues faced by women with CP could be equally applicable to other types of impairments. It is two decades since the United Nations asserted that all disabled women have a right to the same access to maternity services as their non-disabled peers (UNCRPD, 2006). Our research is a reminder that disabled women require sensitive care, throughout the maternity journey, including deciding when and how to have children and support. It highlights a need for training and education among healthcare professionals.

Experiences of Health and Illness - Room 021

"You need to see a doctor. Can't you see?" Exploring how men are influenced by their partners in seeking medical help

Lasse Schmidt Hansen, Mette Bisgaard, Thit Morville

ROCKWOOL Foundation

A common notion is that men see their doctor when they are ill because they are encouraged by their partner. Evidence shows that the mortality rate of men with a partner is on average lower than for men without a partner. This study explores the mechanism linking partner influence with men's health behavior in terms of their willingness to see their general practitioner (GP). We find variation among men regarding how and the degree to which their partners influence their health behavior. We conducted biographical interviews with a sample of 31 men +60 years old in Denmark with different socio-economic backgrounds as part of a longitudinal study of men's health. Based on a preliminary analysis, we find different narratives that capture how men experience the influence of their partner in terms of seeing their GP. We show how these narratives represent forms of dependency, collaboration and resistance in men's health behavior. We link these narratives with life course events in the spheres of marriage, family life and employment. In one narrative, the man depends on his partner who encourages him to see a doctor. In a second narrative, the man and his partner sustain a common definition of the situation (Corbin & Strauss 1985: 245) regarding medical help. In a third narrative, the man expresses forms of resistance to the influence of his partner in seeking help. This paper sheds new light on men’s experiences of health and illness and the functions of social control of the family regarding health.

Mental Health - Room 223a

(Self-)Caring with companion animals: A posthuman relational exploration of stress and self-care

Renelle McGlacken, Becky Smith, Vanessa Ashall

Waltham Petcare Science Institute

The role of companion animals in human physical and mental health and wellbeing is of increasing cross-disciplinary interest. One key focus is whether and how companion animals can mitigate against stressors to promote positive mental wellbeing. Taking a posthuman relational approach, this study explores the significance of care obligations in defining how companion animals can support mental wellbeing and management of everyday stress. Through demonstrating the interplay between caring for companion animals and caring for the self, this presentation enriches and extends the concept of ‘self-care’.
Drawing on an inductive thematic analysis of 31 in-depth online interviews with dog and cat owners across 11 countries, this presentation applies a posthuman theoretical lens to demonstrate how the obligation to care for companion animals can provide permission for and prioritisation of moments and activities that are experienced as mutually ‘care-full’. Locating the practice of self-care within multispecies relationships, this analysis highlights the importance of mutuality in caring relations with companion animals, with an individual’s wellness often described as tied up with their animal’s. Through uniting sociological perspectives of the ‘self’ as relational, and posthuman understandings of companion animals as significant social actors, this work challenges both individualised and anthropocentric framings of wellbeing and self-care, revealing how they can be interwoven with the wellness and care of other species. Recognition of interspecies relations within the navigation of norms of productivity and rest is key to understanding lived experiences of being well and designing stress management regimes in practice.

Open - Room 223b

Comparing the Materialisation of PMDD in the US and France

Hannah Gallagher-Syed

University of Cambridge

This paper explores how Premenstrual Dysphoric Disorder (PMDD) operates as a multiple and contested diagnostic entity that has materialised and somehow "hangs together" across diverse social worlds in the US while struggling to do so in France. Building upon Anne Figert's work, which identified how PMS/LLPDD/PMDD was disputed and constructed as multiple artifacts across the health/mental health domain, the woman domain, and the science domain, I employ Annemarie Mol's concept of ontological multiplicity to examine how PMDD is enacted as coherent through various practices. My work seeks to further sociological and genealogical reflections on PMDD by comparing the practices of producing it as a legitimate diagnostic category in both France and the US. This comparison allows me to examine PMDD in a national context where it is legitimate and operational (the US) versus one where it has failed to materialise as a proper medical object, despite France's first PMDD patients' association's (TDPM France) work to change this.

The varying degrees of ontological stability are tied to differences in psychiatric traditions: France maintains influential psychoanalytic approaches and strong opposition to the DSM and what it symbolises, while in the US, biological psychiatry dominates with less contestation. There, PMDD has achieved institutional recognition, both in the DSM and beyond.

This comparative analysis addresses important questions: Why was PMDD compatible with US psychiatry? Why have TDPM France's efforts to legitimise the diagnosis been unsuccessful so far? How have different psychiatric histories, healthcare systems and understandings of gender and illness shaped PMDD's unequal trajectories?

Pedagogy and Methods - Room 221

Scratching at the surface: reflections on itch in co-constructed and sensorial interviewing experiences

Tori Ford, Abigail McNiven

University of Oxford

Qualitative health interviews often involve being present with the medical conditions and needs of participants, not only talking about them. There has been relatively little reflection on the co-construction of interviews when participants (knowingly or unknowingly) describe or demonstrate overlap of physical symptoms and sensations with that of the interviewer and, crucially, the impact on research. This paper draws on experiences of conducting two distinct qualitative interview studies, led by different researchers, on conditions that invoke itch (one on acne and eczema, and one on vulvovaginal thrush). Both studies involved narrative and semi-structured interviews, conducted in-person and online. A parallel thematic analysis of the interviews and researcher reflections focused on the presence of itch as a tactile skin-based sensation.

We reflect on the position of living with the symptoms/condition that one is researching, and how interviewer bodies are physically present with regards to flare-ups, the alleviation of discomfort, and material impacts. We draw on concepts of 'leaky bodies' (Longhurs 2001, Shildrick 1997) and develop an interpretation drawing on Leder's (1990) 'dys/appearance' to consider itch as a sensorial 'leak' of (in)attention, that reinforces bodily awareness and distress and often compels an action, such as scratching or squirming.

In doing so, this paper expands on wider qualitative health research discussions on the role of positionality and disclosure to facilitate discussion of shared experience, to consider where overlapping but potentially hidden sensorial experiences feature in interview encounters and the implications of bringing them into awareness for research.

Inequalities and Intersectionality - Room 220

Biomedical Discourses and Challenging Health Inequalities: An Ethnographic study of UK Medical Community Based Participatory Research

Liam Gilchrist

University of Edinburgh

The integration of participatory approaches to UK medical research has redefined relationships between the public and medical research institutions. 'Patient Participatory Involvement' (PPI) is becoming a requirement for major UK medical research funders (MRC 2024), and is increasingly embedded within research governance structures (AMRC 2024). One key aim of participatory research is challenging health inequalities embedded within institutional structures (Thomson 2021). However, UK PPI does not always successfully engage with communities that negatively experience health inequalities, leading to growing interest community-based approaches (Reynolds 2021). This paper presents findings from an ethnographic PhD study exploring how Community Based Participatory Research (CBPR) can challenge health inequalities in comparative UK medical research contexts. In CBPR, decision-making is equitably shared throughout design, practice and outcomes. However, biomedical research institutions contain their own cultural norms, power relationships and governance structures which can challenge CBPR principles (Guta 2011). This research applies Foucault's concept of 'Regimes of Truth' to conceptualise how biomedical discourses shape, and are shaped by, public-institutional power dynamics in CBPR partnerships, and explores what this reveals about challenging health inequalities (Foucault 1976).

This ethnographic study follows the journey of three UK CBPR partnerships. One ethnographic site is a University-NHS CBPR partnership with grassroots community support groups working to improve respiratory healthcare in economically deprived areas of Scotland. The second site is a UK CBPR project with an African-Caribbean unit of identity, where university students and communities from the African-Caribbean Diaspora are co-creating arthritis research in partnership with a Third Sector medical research charity.

Open - Room HLT 403

Fact vs. Fiction: Exploring the added value of the arts in qualitative health research, imagining the real

Rachel Adams, Polly Wright, Terina Talbot, Alice Turner, Nicola Gale

University of Birmingham

This paper uses a worked example seeks to explore the added, or different value, of arts-based approaches compared with thematic qualitative research approaches to understanding experiences of health and illness. As part of a clinical trial, data were collected from people exploring their experiences of a rare, incurable, irreversible lung condition idiopathic pulmonary fibrosis (IPF). Qualitative interviews, using photo-voice methods, were conducted with IPF 11 patients in England. Interviews were audio-recorded, transcribed clean verbatim, then analysed using two methods:

- Thematically, using an adapted Framework approach, resulting in a report to the funder on the acceptability of the AOT intervention. Five themes were identified.
- Using arts-based analysis methods, in collaboration with artists, patients, carers and health campaigners, resulting in a film launched at a regional arts centre, and shared with UK medical schools.

We then compared the analyses and impact of the outputs.
Transcripts produce a close-up view of participants' lived experience, thematic analysis necessarily reduces this to enable the reporting of a more universal view. Although publicly available, funder reports are not typically seen in the public domain. Conversely, the transformative approach of drama offers a different perspective, has further reach, and speaks to more experiences, thus is able to move between the universal and the particular. HCPs felt that the film provided a truer, deeper understanding of patients' lived experience, than that which they report in the consultation, they also identified a range of generic learning opportunities. We will discuss the implications of these findings.

SPECIAL EVENT
THURSDAY 11 SEPTEMBER
16:00-17:40

Pedagogy and Methods - Lecture Theatre

Creating space for sociology and sociologists in eating disorder treatment and recovery: developing a novel, illustration-based participatory method to bring ‘the social’ into inpatient services

Lauren O’Connell, Oli Williams, Helen West, Megan Warin

Sociologists are positioned as outsiders by medical systems and structures that are products of longstanding hierarchies of knowledge. The relatively little influence or impact sociologists have in the provision of eating disorders care is therefore institutionally structured and unsurprising. And as a result ‘the social’ is often over-simplified or neglected in the treatment of eating disorders. Currently psychological therapies and restoration of physical health markers dominate inpatient care provision. This means people commonly leave inpatient care largely unprepared to deal with social contexts that can remain unchanged since their admission but were influential in the development of their eating disorder. This is likely to be a significant contributing factor in the trend for stunted recoveries and readmissions. We argue that sociologists have a responsibility to become more influential in eating disorders treatment because they have the potential to contribute sociocultural understandings and offer alternatives to current models and pathways of care that at best have a modest success rate, and at worst cause and exacerbate harm and suffering.

Responding to this sense of responsibility, our research team have co-designed an illustration-based methodological innovation that frames eating disorder services within a multiplicity of social contexts. We utilise water/maritime metaphors to facilitate conceptual thinking and expression of sociocultural factors influencing eating disorder development, treatment, and recoveries. We have developed two prototypes to support the use of this method as: (1) a young person-friendly, neurodivergent-inclusive, trans-diagnostic, formulation tool to facilitate therapeutic, patient-centred conversations between inpatients and healthcare staff that explicitly bring ‘the social’ into care planning; (2) a participatory method to facilitate the involvement of people with lived experience in eating disorders research. Crucially, the use of this method in eating disorder treatment will elevate the need for sociological expertise and create opportunities for social scientists to collaborate with healthcare providers.

This interactive 90 minute workshop will: (1) outline our rationale for and approach to creating a methodological innovation as a means of facilitating collaboration between sociologists and healthcare providers and bringing ‘the social’ into inpatient eating disorders care (2) use our co-designed prototypes for practical demonstrations of how the methods are intended to be used both in healthcare and research contexts, with all attendees invited to participate and engage (3) provide time to reflect on how the prototypes could be modified/improved, the challenges of creating space for sociology/sociologists in eating disorder care, and whether these methods could be utilised in other contexts.

THURSDAY 11 SEPTEMBER
16:00-16:30

Embodiment and Emotion - Room 007

Bodily change and sense of self during conflict trauma: narrative inquiry using audio media

Lisa Moseley, Petra Makela

University of Northumbria

Conflict trauma refers to direct personal experience of an event that involves actual or threatened injury or death. As physical testimonies of what happened, changes in the body can make difficult and complex issues more concrete and tellable. Bodies also provide means for narrative continuity, as ‘maps of power and identity’. The aim of this study is to explore narrative identity during experiences of conflict trauma, specifically acknowledging the role of the body.
We use a systematic search strategy applied to databases of publicly available audio media (podcasts and radio programmes) relating to conflicts in Gaza, Ukraine, and Sudan. We identify sources that have used storytelling techniques to report on events and experiences through first-person narration. Advantages of audio media as research material are their timeliness, diversity of perspectives, and spontaneous speech that can provide depth of meaning as a rich source for qualitative analysis. Our narrative analysis builds on approaches described by Mäkelä (2024) when considering the identity work of scar narratives. We present findings that demonstrate links between varied forms of bodily change, identity, and narrative coping mechanisms, acknowledging ways that narratives of identity are situated within power relations of the local setting and broader forces that shape language and experience. The findings from this study will contribute to understandings of traumatic experiences, bodily change, and sense of self, which are vital for health and care professionals who work with people seeking sanctuary.

Diagnosis, Screening and Treatment - Room 008

Misdiagnosis, uncertainty and beliefs: an autoethnography of postpolio respiratory failure

Ruth Bridgens

The respiratory consultant rang me at my home to tell me that the results of the respiratory tests done at his ventilation clinic were all normal, and then added, "and I never want to see you again." This is an autoethnography about two respiratory specialists who misdiagnosed my potentially fatal respiratory muscle weakness and hypoventilation from having had mild polio in early childhood. Misdiagnosis and late diagnosis caused by medical uncertainty and cognitive biases is common and causes patient harm. Although health, medical and social science research has explored how doctors make diagnostic clinical judgements where evidence is uncertain or conflicting, it is extremely difficult to study cases leading to misdiagnoses, showing how and why this occurs. By using autoethnography, a method which lends itself to exploring hidden unrecorded stories, I was able to bring together notes written at the time of conversations with several respiratory and other consultants over 6 years, and their letters , and understand how their interpretation of my history and test results led to my misdiagnoses.

Sexual and Reproductive Health - Room 021

"Panch Taanka, Kamzori aur Dard ki Goli" ("Five Stitches, Weakness, and Pain Killers"): Early Hysterectomies, 'Normalcy' and an Imaginary of the 'Good Life'

Neymat Chadha

Indian Institute of Technology

Through narratives of female sugarcane cutters who underwent early hysterectomies as young as 20 in drought-prone Marathwada, I illustrate how women, as 'engaged agents', choose hysterectomies despite awareness of potential health risks and weakened labor capacity. Based on 12 months of ethnographic doctoral fieldwork among cutters in Maharashtra in 2022-23, this paper explores how early-age hysterectomies are framed by health practitioners as markers of the 'good life'—motivated by the hope of improving life for themselves and their families—even as these procedures carry fatal, life-altering risks.

Within this imaginary, I locate the embedded idea of 'normalcy', where relief from recurring pain renders hysterectomies a path to maintaining wage labor and fulfilling domestic responsibilities. The 'thingification' of symptoms and portrayal of hysterectomies as essential to survival by private health actors foregrounds the question of survival itself.

I extend the concept of bioavailability beyond access to bodies for surgery; here, hysterectomies offer women the chance to embody the operability of a body part whose disposal promises viability and survival. Building on Lawrence Cohen's work—where bioavailability involves organ exchange—hysterectomies represent a different case, rooted in disposability rather than transfer. This fits within a capitalist ethos of 'care', which I term 'bio-viability'. I present how hysterectomies are veiled under the promise of 'cure' and 'treatment', with the imagination of a 'healthier' present, while systematically debilitating women's bodies in an attempt to secure the present and not a future—a future that is seen as unanticipated, improbable, and only possible if the present is secured.

Experiences of Health and Illness - Room 021

Queer Stoma Pride and Barbie Bums: Crip Guts, Invisibility, and Passing

Órla Meadhbh Murray

Northumbria University

This paper is an autoethnographic reflection on getting diagnosed with ulcerative colitis and having semi-elective ileostomy (stoma) surgery, and how idea of 'a normal life' are used in stoma-related discourses in queerphobic and ableist ways. Using Kafer's (2013) political/relational model of disability alongside broader feminist work on the gut (Wilson, 2015; Dryden, 2022a, 2022b, 2023), I interrogate medical gut knowledge and broader discourses around bodily difference to consider how stigma impacts those of us with crip guts. Crip guts (Kolářová, Stöckelová and Senft, 2023, p. 1255) provide a useful starting place for critiquing discourse of 'normality' around bodies and bodily functions. In particular, stoma surgery produces a medically-formed bodily difference through the removal of some or all of the colon, and sometimes also the rectum ('barbie bum' surgery), and then the option of internalising the bodily difference through removing the stoma and getting a J-Pouch, which is often offered as a (false) promise of returning to normal. The dynamics of invisibility and passing with this invisible disability and the (un)expected ostomate body underneath one's clothes evokes similar coming out and passing dynamics as experiences by many queer and/or trans people. I argue that being queer and queer/trans feminist thought provided an alternative framework for accepting my new body and ways to critique discourses of normality, and that queer stoma pride provides a potential site of coalitional politics between differently positioned queer and/or disabled people.

Mental Health - Room 223a

Two kinds of mirror?: self, emotions and data in mental wellbeing apps

Tiago Moreira, Mark Hill, Vince Miller

Durham University

Digital health has been proposed as a possible solution to what some see as a mental health crisis in the contemporary world (WHO, 2022). The number of mental health and mental wellbeing apps (MHA) has grown exponentially in the last decade, raising concern about data privacy and personal safety. Research on MHA has globally mainly focused on effectiveness, with social science research focusing on agency, self and temporality in MHA (e.g. Meadows, R., Hine, C., & Suddaby, E., 2020). In this paper, we compare how mood tracking app and chat-bot/AI app users differently articulate themselves to other and themselves through the devices they use. Within a mixed methods study, we conducted 26 semi structured interviews with MHA users, across a variety of types of app, age groups, genders and world regions. Data analysis suggests that users use the apps as a kind of 'self-looking glass' (Coley) where judgment is partially suspended, allowing them to experiment with the boundary between backstage and frontstage in their self-crafting. This self-crafting is organised around 4 interacting components: emotional reflexive work, data care or curating work, object customisation, and a specific style of knowing and recognising patterns in the self. We propose that the way these four components are pragmatically arranged explains the differences in how mood trackers and AI users deploy subjective mental wellbeing.

Open - Room 223b

My Heroin Valley

Bushra Punjabi

Birla Institute of Technology And Science

This paper examines the growing menace of heroin addiction in the Kashmir Valley, a crisis that disproportionately affects the region's young population. Based on ethnographic fieldwork and clinical volunteering at the Drug De-addiction Centre at Institute of Mental Health & Neurosciences - Kashmir, I explore how addiction in a conflict zone of Indian Administered Kashmir must be understood not merely as a clinical condition but as an outcome of structural violence, prolonged militarization, economic despair, and psychological distress. Drawing on my work with clients, caregivers, and health professionals, I present the everyday experiences of heroin users and those involved in their care. The paper critically engages with the de-addiction programme in Kashmir, particularly its reliance on oral substitution therapy (OST), which is aimed at reducing the risk of HIV and hepatitis rather than facilitating long-term recovery. I argue that this biomedical approach fails to address the social, emotional, and political dimensions of addiction and instead reproduces forms of containment and stigma. By foregrounding practices of care, lived uncertainty, and institutional limitations, the paper offers a grounded perspective on the entanglements of addiction, harm reduction, and public health governance in militarized and marginalised contexts.

Pedagogy and Methods - Room 221

Young bodies in shaping. An explorative field study of how children and adolescents practice their different bodies in school peer relations

Cecilie Bang, Camilla Laursen, Charlotte Eggertsen, Søren Hagstrøm, Helle Haslund-Thomsen, Sine Agergaard

Aalborg University

Childhood and adolescence are marked by significant bodily changes. Research indicates that concerns about body size and image significantly influence the well-being of young people, often focusing on the issue from an individualistic/psychological perspective, highlighting individual experiences. However, less attention is given to how children and adolescents socially practice and engage with their different bodies in everyday contexts. This study addresses this gap by employing an interactionist approach and utilizing Julia Coffey's concept of 'everyday embodiment,' to explore the social dynamics of children and adolescents' embodied practices, asking the question: How do children and adolescents practice and negotiate their different bodies in peer relations?
This paper is based on a field study conducted in a public school in rural Northern Denmark, involving classes from the 1st, 4th, and 7th grades (ages 6-14) during the period of February to June 2025. In addition to observing and participating in their daily school lives, the first author has conducted focus group interviews with the children, adolescents, and their teachers. This immersive approach provides valuable insights into how young people practice and negotiate their different bodies in everyday peer relations. As of writing this abstract, the first author is approximately halfway through the fieldwork period.
From the ongoing field study, the embodied practices of the children and adolescents appear to be highly gendered, varying across the different ages, and are significantly influenced by social media, which appears as an omnipresent part of how they practice and negotiate their different bodies.

Inequalities and Intersectionality - Room 220

Territorial Frictions and Epistemic Disputes: An Intersectional Analysis of Leishmaniasis Control among Indigenous Peoples in the Dourados Reserve

Maria Beldi Alcantara

This project investigates the entanglement of public health policy, Indigenous territoriality, and epistemic plurality through the case of Leishmaniasis control in the Dourados Indigenous Reserve, Mato Grosso do Sul, Brazil. As the most densely populated Indigenous area in the country, the reserve offers a critical site to explore how biomedical health interventions are mediated by structural inequalities, cultural cosmologies, and the legacies of colonial marginalization. Drawing on decolonial theory, the study examines the symbolic and material impacts of zoonotic disease management protocols — especially the mandated euthanasia of infected dogs — within Guarani communities, where dogs are considered spiritual protectors and kin.

Methodologically, the project employs collaborative ethnography, incorporating narrative interviews with Indigenous health agents, families, and public health professionals, alongside policy analysis and epidemiological data. The research foregrounds how race, gender, species, and territory intersect in shaping experiences of illness and resistance to biomedical mandates. Early findings indicate deep dissonances between state-imposed health protocols and Indigenous cosmopolitical ontologies, revealing the inadequacy of one-size-fits-all biomedical logic in plural contexts.
By problematizing the technocratic universality of public health governance, the study contributes to a broader critique of the racialized and colonial infrastructures embedded in the Brazilian Unified Health System (SUS). It advocates for the inclusion of intercultural dialogue, community-based consultation (as required by ILO Convention 169), and epistemic justice in health policymaking. Ultimately, the project argues for a pluriversal approach to public health: one that is not only technically sound but socially and ontologically responsive to Indigenous lifeworlds.

Open - Room HLT 403

Dual Loyalty Between Care and Security: Old wine in new bottles?

Gethin Rees

Newcastle University

Social science and health research focused on the provision of healthcare in criminal justice, has a long history of drawing on the concept of "role-conflict" to understand the work of healthcare professionals who operate in those spaces. A role conflict is considered to exist between the two opposing goals of forensic medicine "care and custody" or "care and evidence-gathering". Such a role-conflict often justifies degrading or dehumanising practices on detained persons or victim-survivors, with medical staff claiming their commitment to criminal justice goals determines their practice. I have previously argued against this conceptualisation of forensic medicine claiming that the concept of the "care-custody paradox" is a product of healthcare professionals retrospectively reconstructing their work in ways that reduce responsibility and shame from themselves. Instead, I argue that healthcare professionals coproduce forensic medicine between the care and criminal justice requirements (and it follows that care is not always an unquestioned good). Nevertheless, the role-conflict discourse continues to persist, most recently under the guise of the term "dual-loyalty between care and security". In this paper, I will argue that the new logic of "dual-loyalty" is simply a resurrection of the traditional role-conflict argument and so, at best it fails to fully encapsulate the decision-making and working practices of forensic medical professionals (which I will argue is a coproduction). While, at worst, this analysis is superficial and crucially fails to hold forensic professionals fully accountable for the harms that they can inflict when working within criminal justice.

THURSDAY 11 SEPTEMBER
16:35-17:05

Embodiment and Emotion - Room 007

Traditional Maternal and Childbirth Practices among Pastoral Nomadic Communities in Somaliland

Ahmed Nur

University of Glasgow

In pastoral nomadic societies, childbirth is deeply intertwined with mobility, ecological unpredictability, and social negotiation. Labour is shaped by movement, requiring women to navigate the fragile balance between displacement, sacrifice, and resilience. My research explores how nomadic women embody childbirth as both an individual struggle and a collective experience, where power and maternal authority are constantly negotiated.

Through ethnographic fieldwork in Somaliland with nomadic women and traditional birth attendants, I examine how labouring bodies are shaped by the impermanence of pastoral life. Women give birth alone in the wilderness or within the porous shelter of the hoori (Somali hut), where endurance and silence take on layered meanings. The hoori serves as both sanctuary and constraint—a space where pain is hidden yet where maternal agency is reconstituted, mirroring the hut's own cycles of deconstruction and renewal in response to shifting landscapes. The linguistic metaphors used by nomadic women offer profound insights into their embodied experiences. The term Igadh—a she-camel whose calf has died—expresses the anguish of maternal loss, framing grief in ways that allow sorrow to be acknowledged while maintaining social strength. The ritual of jamasho (yearning) during labour shows how childbirth itself becomes a site of negotiation, as women symbolically withhold birth until their unspoken desires are fulfilled.

By foregrounding ecological realities, endurance, and the social meanings of pain and power, this research contributes to sensory anthropology and the sociology of childbirth, revealing how mobility and maternal experience are intrinsically intertwined.

Diagnosis, Screening and Treatment - Room 008

Non-invasive prenatal testing in fetal anomaly screening: issues of informed choice and reproductive autonomy

Olivia Stephens, Nicola Mackintosh, Alison Pilnick, Natalie Armstrong

University of Leicester

Exploring the intersection between technology and motherhood, and asking questions about choice and responsibility, The Tentative Pregnancy by Barbara Katz-Rothman (1986) is known as a foundational text in the field of the sociology of reproduction and medical sociology. Katz-Rothman (1986) qualitatively explored the experiences of amniocentesis in the US, arguing that its availability had transformed pregnancy into a conditional state, where complex moral decisions about pregnancies relied on results. Nearly 40 years later, I explore the relevance of this work for the new prenatal screening technology, NIPT, introduced into NHS England in 2021. Non-invasive prenatal testing (NIPT) is a significant evolution in prenatal screening as it is considered of no harm to the fetus and more accurate than other prenatal screening options. NIPT has drawn attention due to its rapid uptake, disruption of traditional testing pathways, and ethical complexity (Cernat et al., 2019). Drawing on qualitative interview data, this paper presents both healthcare professionals experiences of offering NIPT, as well as the personal experiences of those who make decisions about NIPT during pregnancy. I argue that the deeply personal, emotional, and socially influenced decisions about amniocentesis portrayed by Katz-Rothman (1986), are mirrored and developed within modern decision making about NIPT in the NHS. In current NHS pregnancy care, technologies of reassurance are normalised and the non-invasive nature of NIPT differentiates the decision-making process. This research asks questions about how NIPT experiences are shaped by complex negotiations of risk, uncertainty, and reproductive ethics within broader socio-medical contexts.

Sexual and Reproductive Health - Room 021

Pronatalist Bias within Medical Education

Sally King

King's College London

Contrary to popular opinion, periods in no way 'help prepare for pregnancy'. In fact, only the ovulation part of the menstrual cycle is pro-conception. The other two main cyclical events (spontaneous decidualisation- the automatic thickening of the womb lining- and menstruation- its removal from the body) evolved for contraceptive abortifacient purposes. This makes a lot of sense, given our species' relatively high rates of abnormal embryo formation, invasive placental attachment, physically costly pregnancies, spontaneous abortions/ miscarriages, maternal mortality, and low conception rates. So, why do we (including GPs and gynaecologists) assume that the menstrual cycle/ female reproductive body is somehow 'pro' pregnancy? Based on my critical realist discourse analysis of 14 of the top medical physiology textbooks, it is partly because for the past century, the hormonal coordination of sperm production, and female reproductive physiology beyond its hormonal coordination, are omitted from biomedical education. The inaccurate sexist myth of the 'hormonal female' (in apparent opposition to a non-hormonal/ emotionally stable male) is thus established/ reproduced by (supposedly sicentific) medical educational texts. This has major 'real life' implications for clinical research and practice, patient interactions and outcomes, and wider societal gender inequalities based on essentialist/ pronatalist beliefs about the 'natural' role of the female body/ women being motherhood (as opposed to education or paid work or economic/ political leadership). Building on the work of Emily Martin (1987), and Nancy Leys Stepan (1986) that what 'counts' as legitimate reproductive physiology remains subject to damaging societal gender norms.

Experiences of Health and Illness - Room 021

The intersection of biography, embodiment and digital capital: exploring non-uptake of remote monitoring for illness management in people living with rheumatoid arthritis

Josh Behan-Devlin, Karen Staniland, Caroline Sanders, Sabine Van Der Veer, Will Dixon

University of Manchester

Remote monitoring of symptoms using digital technologies is widely seen as a way to transform management of long-term conditions, such as Rheumatoid Arthritis (RA). Generating detailed information about fluctuating disease activity between clinic visits is viewed as a means to improve self-management and support clinical decision-making. When introduced into clinical services, a central concern is that uneven uptake may widen health inequalities, highlighting the need to understand why some patients decline remote monitoring.

This presentation reports on a thematic analysis of remote interviews (n=32) with patients who chose not to use the REMORA app, a novel symptom-tracking app for RA undergoing a multi-site trial. Following previous sociological research on chronic illness experience as biographical disruption and the centrality of embodiment, interviews revealed participants' intricate strategies for understanding and managing their illness. For some, symptom tracking served as a constant reminder of illness, threatening established self-management approaches. Choosing whether to try symptom tracking therefore unfolded in this context of participants' experiences of living with RA. Reflections on currently-used technologies highlighted variations in digital capital; technologies were often appropriated for narrow purposes, such as maintaining family contact, and support to use them occurred within broader relations of care.

Findings contribute to sociological understandings of how digital health exclusion manifests at the intersection of illness self-management and digital capital. They highlight the importance of situating individual decisions about using new technologies within wider practices of self-management and technology use, with implications for the policy context of increasing digital transformation within health services.

Mental Health - Room 223a

'The Lost Girls': Experiences of Autistic Women

Eleanor White

University of Edinburgh

Understandings of autism are primarily androcentric—constructed and maintained through male-centered research, theory, and diagnostic processes. Accounts of Autistic women are rarely engaged and their voices 'lost,' indicating a need for sociological research that centers on voices previously silenced. This paper critically examines the category of autism to understand how it is socially constructed through the analysis of lived experiences. The experiences of these 'lost girls' are analyzed through sociological concepts of performativity (Butler, 1989), stigma (Goffman, 1986), and minority stress (Meyer, 1995; 2013).

Drawing on a sociologically informed phenomenological inquiry, eight late-diagnosed Autistic women participated in semi-structured and in-depth interviews. A small sample was chosen to produce thick descriptions of experience. Born from personal experiences as a 'lost girl', I contribute to Autistic-led inquiry aligned with 'nothing about us without us' (Charlton, 2000). The analysis draws on interpretative phenomenological analysis (IPA) to foreground participant experience while acknowledging how my positionality is embedded in and crucial to the interpretive process. Participants described not fitting into a neurotypical world, often leading to masking behaviors. These behaviours are understood as rooted in gender; demonstrating how stereotypical ideas of autism are imposed and internalized. Analysis explored how masking could be understood as a performative response to the compulsory system of neuronormativity and how stigma leads to detrimental strategies of survival. The findings highlight the double exclusion Autistic women face at the intersection of their gender and neurominoritiy identities—on the outside looking in at neurotypicality while simultaneously excluded from autism spaces and discourse.

Open - Room 223b

Beyond Medical Care: Rethinking the Role of “Nurses at Schools” in Inclusive Education for Children with Complex Medical Care Needs

Ikuko Tomomatsu

Osaka University

Across many countries, increasing numbers of children with complex and advanced medical care needs are now attending mainstream schools due to evolving policies on inclusive education. However, ensuring their safe and equitable participation requires not only physical access but also the presence of skilled health professionals who can manage both routine and emergency care in educational

settings.
This exploratory study draws on the Japanese context, where the introduction of "one-on-one nurses"—registered nurses assigned individually to students requiring medical care—has become a growing strategy to support inclusion. While grounded in Japan, the issues addressed resonate internationally: a lack of clear role definitions, gaps between medical and educational logics, and the challenge of aligning school-based health support with family and student needs.
We conducted semi-structured interviews with 19 school nurses and collected survey responses from 47 school nurses and 36 school principals/teachers. Preliminary findings reveal that these nurses are expected to provide not only medical support, but also emotional and relational care, often serving as the child's key facilitator of school participation. These expectations extend well beyond their formal job descriptions.
The study underscores the urgent need to co-design support systems in partnership with families, educational staff, and healthcare providers. By examining how inclusion is enacted and negotiated at the intersection of medical and educational systems, this research contributes to broader debates on professional boundaries, intersectoral collaboration, and the socio-material conditions of inclusion.

Pedagogy and Methods - Room 221

The Long Haul – An ethnographic account of shaping diagnoses, treatment strategies, and modes of expertise in digital Long-Covid communities

Petter Almqvist-Ingersoll

Linköping University

Despite having been created on social media, research into the effects of online engagement on Long Covid (LC) as a diagnosis is scarce. Studies on other health related communities and patient participation argue that social media and other digital technologies have been instrumental in creating new ways for activism, advocacy, and sharing of experiences. With its status as patient-made, LC constitutes an example of how diagnoses are (re)constructed through social interactions in addition to Western biomedical science and clinical practice.
The aim of this study is to investigate the ways in which lived experiences and larger narratives of LC are communicated and form understandings of the condition as a heterogenous diagnosis/phenomenon. Using digital ethnography, mainly focused on hidden observations of patient support and advocacy forums in which users' posts, stories, are individually sourced and thematically analyzed to illustrate how dialogues between patients contributes to their illness journey in different ways. I find that narratives shared in online spaces regarding LC, as well as cultural and social contexts, act as critical factors that serve not just the affected individuals' sense-making and understanding of their lived experience, but in the construction of the diagnosis itself.
Through sharing experiences, symptoms, scientific information, and treatment options, forum users contribute to knowledge production processes that change the definition of LC as a diagnosis. Building on the sociology of diagnosis, I argue that LC serves as a significant example of how diagnoses are products of the entanglement between biomedicine, clinical practice, the social, and the digital.

Inequalities and Intersectionality - Room 220

Temporary urban migration, maternal-infant wellbeing, and the social production of health: a co-produced ethnographic study from Mexico

Rosa Maria Mendizabal-Espinosa, Viviana Ramírez, Sonia Hernández-Cordero

University College London

In Mexico, where 46.8 million people live in poverty (CONEVAL, 2022), families of preterm babies - especially those from rural and indigenous backgrounds- face substantial challenges in accessing neonatal intensive care, which is largely concentrated in metropolitan areas. Temporary relocation to cities such as Puebla and Tlaxcala is often necessary for survival, but this journey entails emotional distress, economic strain, and social dislocation. While maternal-infant health and urban-rural disparities have gained policy attention, the sociological implications of such temporary migration remain underexplored.

Our co-produced ethnographic study investigates how poverty, gender, ethnicity, and urban infrastructures shape the wellbeing of families with preterm infants admitted to urban neonatal intensive care units. Drawing on diaries and interviews with 10 families, we explore how embodied experiences are shaped by fragmented health systems and limited public services. The study is ongoing, on this paper we present initial findings.

Using an intersectional urban sociology lens (Peake et al., 2021; Sakızlıoğlu, 2024), we argue that urban healthcare is co-produced through material conditions, interpersonal dynamics, and structural inequalities. The paper challenges assumptions of cities as inherently health-promoting spaces and reveals how urban infrastructures both enable and constrain care.
Our findings contribute to medical sociology and urban health research by revealing how social inequalities are embedded in place-based healthcare access. The paper also offers implications for culturally responsive and integrated maternal-infant care in contexts of poverty and informality, particularly across the Global South.

Open - Room HLT 403

Medical Neutrality in War: What is it good for?

Christopher Elsey

De Montford University

The starting point for this presentation is a working definition of ‘medical neutrality’ as outlined in International Humanitarian Law (IHL), which refers to a seemingly unambiguous ‘principle of non-interference in medical care during times of conflict’ in which no harm should be done to those giving/receiving medical support.

This paper will explore the social practices through which law is treated as equivocal and is interpreted by different parties in armed conflict according to their own agendas. The focus will be specific instances in which complex, critical health-related issues and humanitarian crises meant that armed forces and governments were put under public pressure to instigate temporary ceasefires in military conflicts (e.g. vaccinations for infectious and disabling diseases, earthquakes, emergency incidents).
Informed by the principles and analytical approaches of ethnomethodology this research utilises official reports, statements, letters, videos, social media posts, news stories etc, drawn from a range of actors including civilians, military forces, governments, global organisations (e.g. United Nations, World Health Organization, International Red Cross, Doctors Without Borders).
This research examines the re-presentation of specific health-related incidents and the accounting practices employed by the parties involved to justify their conduct or challenge their adversaries. The focus is the social practices through which parties (mis)use and apply existing legal logic and rationale. The inherent weaknesses of IHL alone to protect patients, healthcare workers, emergency vehicles, or medical facilities during on-going wars suggests that investigations and public scrutiny of potential military misconduct is a critical tool in the promotion of medical neutrality.

THURSDAY 11 SEPTEMBER
17:10-17:40

Embodiment and Emotion - Room 007

“Being natural”, hormones and coping strategies: adolescent reflections of navigating emotions and periods

Juliette Foulon, Sharon Dixon

University of Oxford

Most menstruating people experience a range of pain and emotional changes during their cycle, which can vary between cycles and individuals. Exploring accounts of emotions within the sociomedical study of periods needs careful and compassionate consideration to foreground and validate emotional experiences (with or without aligned diagnostic labelling) while ensuring that potentially harmful stereotypes (association of the womb with hysteria, e.g.) are not reinforced. Embedded within a qualitative study about on dysmenorrhea in adolescents, this paper explores how young people (n = 37) in England talked about and made sense of emotions and emotionality in their accounts of menstrual cycles. Participants were asked about their experience of periods and period pain through semi-structured interviews, the topic of emotions arose organically. What we learn from the way adolescents make sense of emotions and periods are considered in three domains. First, there exists a societal pressure to be ‘natural’ in the face of pain and emotional turbulence, with impacts on acceptability of medical treatments. Second, unwelcome emotions are uncomfortable, often translating as a moral judgement held up against themselves. Lastly, this creates conflict in how to interpret these: is it my fault I feel this way? Is it my hormones’ fault? Grounded in feminist theory, this paper places young people’s voices at the forefront of the discussion and understands emotions tied to the menstrual cycle as embodied despite the stigmatisation and normalisation of period pain.

Diagnosis, Screening and Treatment - Room 008

“Undetectable” as a site of conflict between the chronic and the acute

Katerina Kolarova

Charles University

Thinking with interdisciplinary disability studies/crip theory, critical whiteness and race theories and postsocialism, I propose to explore the clash of affective and epistemological frameworks that posit HIV and AIDS simultaneously as the acute (individual/collective) health crisis and a manageable chronic illness/disability. To do so, this paper focuses on the concept of undetectability and the challenges its recent emergence has posed to epidemiological discourses of quarantine, containment, and collectively shared vulnerability in need of strict protection. But redefining HIV as a chronic manageable disease/disability presented a challenge not only to public health policies at large, but also to the bonds of trust between the doctors and people living with HIV in their care (as one of my communication partner expressed it, “I could not come to terms with the fact that I have been no threat to anyone for decade, but no one would tell me, they let me live with so much stress”), changed forms of intimacy and negotiation of sexual bonds and consent and the everyday reality of living with HIV.
At the same time, Czech Republic is seen—judged by the recent assertion of several prevention workers and experts—on a brink of “a new wave of epidemics”—due to large number of people coming in from (European) locations from further East (specifically Ukraine, Russia), or Vietnam. This not only

adds another layer to the clash between “the chronic” and “the acute (crisis)” but also reveals the limits of unreflected whiteness of the preventive policies and the HIV management.
The paper is based on my long-term research into life with HIV in the Czech Republic. I have been collecting interviews with people living with HIV, medical professionals, NGOs and state institutions slowly from 2013 with the aim to document how HIV/AIDS changes over time and societal developments situations.

Experiences of Health and Illness - Room 021

Connecting care: Understanding the relational dimensions of supporting migrant children and young people with sickle cell disease

Brenda Poku, Natasha Nicholls, Alison Pilnick, Karl Atkin

University of Nottingham

Migrant children and young people (CYP) with sickle cell disease (SCD) face complex challenges in the UK, yet little is known about how service providers perceive and address their needs. This study draws on relational theory of care (Tronto, 1993) to explore how healthcare professionals and charity workers support migrant CYP with SCD, and how their care practices are shaped by systemic, social, and spatial relationships. We conducted semi-structured interviews with 15 health professionals and 10 charity representatives, analysing data using constructivist grounded theory, and with Public and Patient Involvement (PPI) advisors.

Participants identified five relational barriers: (1) Personal vulnerabilities such as education disruption and financial hardship; (2) Systemic and cultural barriers including communication issues, and xenophobia; (3) Partial citizenship, where immigration status hindered care access and trust; (4) Diagnostic and screening gaps; and (5) Geographies of care, where care quality varied by location. Despite these barriers, providers—particularly those with lived experience—offered vital relational care, guiding families through systems, advocating for benefits, and building networks. However, such efforts are unsustainable without systemic reform. We argue that care for this group cannot be fully understood through biomedical or policy frameworks alone. A relational sociological lens reveals how care is shaped by broader social inequalities and interdependencies. Alongside practical changes – like integrated service pathways, better screening, culturally sensitive training, and clear policies decoupling healthcare access from immigration status – we argue for a shift in how care is understood: as a shared, socially shaped process.

Open - Room 223b

A sociological review of blood donation for research: practices, interventions and gaps

Maddie Tremblett, Tom Douglass, Jack Joyce

University of the West of England

Blood donation for research purposes is a crucial but under-studied phenomenon, particularly compared to blood donation in clinical settings. Blood donation provides scientists with the biological material needed to generate new medical knowledge and enhance understanding of disease, develop treatments and improve diagnostic capability. We aim to understand the challenges and motivations for people participating in the practice of blood donation for research.
In this presentation, we report findings from two reviews. Taken together, the two reviews offer a systematic evaluation of the extent and condition of the sociological evidence base concerned with blood donation for research purposes and help us identify key lacuna in the literature. The first review – a narrative review – analyses the research evidence concerned with experiences of research-related blood donation, as well as the motives and influences and how need and process are communicated to people. The second review – a systematic review of interventions seeking to motivate blood donation – suggests a pressing need for more research as the evidence base is lacking and poorly reported.

Exploring the scientific processes and procedures that research participants encounter is a central aim of the open science movement. Medical sociology is well-placed to contribute to this agenda by offering critical, theory-informed scrutiny of how practices like donation are communicated, organised, and made trustworthy in research settings. Addressing the lack of high-quality evidence and the need for greater transparency, sociological research can help shape more effective, equitable, and accessible systems of scientific participation.

Pedagogy and Methods - Room 221

The (ir)responsible manager of ethnographic research – some painful learning from a current study of emergency care

Catherine Pope, Bella Wheeler

University of Oxford

The ethical (and scientific) controversies surrounding David Rosenhan's 'On being sane in insane places' published in Science in 1973 include allegations (cf Scull 2023) that the graduate student researchers he employed to infiltrate psychiatric hospitals were inadequately trained, poorly prepared, and not properly supported. But, surely, this is history. Research practices have moved on and improved. The institutionalisation of ethics, expanded research education and training, risk management, and occupational health and safety regulations ensure that today's ethnographic fieldworkers are trained, prepared and supported.
In a qualitative text book chapter of which one of us (CP) is a co-author there is a short section about ethical 'responsibilities to research team members'. This briefly advises that the welfare of researchers, as well as that of research participants, should be considered in qualitative studies. It is suggested that this might include attending to researcher safety and potential distress. Risk assessment, lone working policies and supervision are (again, briefly) mentioned as possible mitigations. In this book of some 250 pages this material (revised for a 4th edition in 2019) covers less than a page.
In this paper the authors draw on and discuss data from an ongoing ethnographic study to shine a light on the inadequacy/brevity of the textbook advice. Together we explore what a responsible supervisor or manager of ethnographic (and other qualitative) research could and should do better.
Scull A. Rosenhan revisited: successful scientific fraud. History of Psychiatry. 2023;34(2):180-195. doi:10.1177/0957154X221150878

Inequalities and Intersectionality - Room 220

Pain, power, prejudice: witnessing the ins and outs of one case in obstetrics

Tanvi Rai

University of Oxford

In 2019, Dana-Ain Davis introduced the term obstetric racism to explain how Black women in the US receiving obstetric care suffer poor outcomes due to a combination of "critical lapses in diagnosis; (medical staff) being neglectful, dismissive, or disrespectful; causing pain; and engaging in medical abuse through coercion to perform procedures or performing procedures without consent" (Davis, 2019, p.562). From my ongoing ethnographic research about obstetric management of postpartum haemorrhage for the OBS UK trial (Rai et al. 2025), for this paper I have chosen a single case of a South Asian patient, for whom I acted as both translator and advocate, to evaluate my detailed field notes against this definition of obstetric racism. Due to my distinct positionality as a bilingual South Asian woman conversant with the patient (and with personal experience of birthing within the NHS), and my researcher-status granting me enhanced familiarity and social capital with the maternity staff present, I witnessed care delivery and receipt from multiple perspectives, simultaneously.
I employ a Black feminist approach (Collins 2000) to reflexively and critically unpick the various stages of progression through the patient's 12-hour labour which escalated to a (failed) instrumental delivery

attempt in theatre, finally leading to an emergency caesarean section. While I lean on Miranda Fricker's (1999) concept of testimonial injustice to highlight communication ruptures between staff and the patient, I also regard how that is situated within the medical uncertainty that inherently marks all obstetric care.

Open - Room HLT 403

Examining longitudinal associations between education and Late-Life Depression: A Generalised Linear Mixed Model Approach

Matthew Cant, Alexandru Cernat, Asri Maharani, Rebecca Elliott

University of Manchester

Education has been identified as an etiological factor influencing a range of mental and physical outcomes in later-life, including depression. Several studies suggest that education is associated with depression at a given time point or longitudinally (i.e., time to onset). However, it's unclear whether education influences changes in depression over time for older adults, and whether this association varies by age. This study used data from 2175 participants in the English Longitudinal Study of Ageing (ELSA) and applied binomial Generalised Linear Mixed Models (GLMM). Age was used as the time metric, and interactions between age and education – degree status (degree versus no degree) or qualification status (qualifications versus no qualifications) respectively – were estimated to examine the rate-of-change in depression odds. Contrary to expectations, individuals with a degree had a faster rate-of-change in depression odds towards older ages than the reference group, though this was non-significant across all models (Final Model: OR = 1.03; 95% CI = [0.99, 1.07]). Conversely, having no qualifications resulted in, albeit also consistently non-significant, a slower rate-of-change than the reference group (Final Model: OR = 0.97; 95% CI = [0.94, 1]). Fixed effects plots, and significant intercept-level associations, suggest that those with a degree had lower average depression odds, and vice versa for no qualifications. These findings may reflect age-related convergence (i.e., age-leveler hypothesis), or suggest that while education can confer early-life advantages, it's protective effects may become uncoupled from education over time; instead transferring to the life-course accumulation of social or economic capital.

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SPECIAL EVENT
FRIDAY 12 SEPTEMBER
10:10-12:25

Open - Lecture Theatre

Researching and Improving Health(care) Post-Participatory Turn: can Elinor Ostrom's principles for collaborative group working help?

Oli Williams, Bertil Lindenfalk

King’s College London

Increased attention on the roles patients and citizens could play in health research and healthcare improvement led to a ‘participatory turn’ that has redefined how we research health and (re-)design health and social care. Post-participatory turn there has been increased interest in collaborative approaches to health research and service (re-)design including participatory research methods, co-production, and co-design. This has been accompanied by raised expectations for decision-making processes in health research and healthcare improvement efforts to involve multiple stakeholders representing a diverse range of interests, expertise, and lived experience and for these collaborations to have ‘impact’. Medical sociologists/Sociologists of health and illness are commonly charged with taking leading roles in the facilitation of these collaborative efforts but often lack sufficient training and/or support to do so confidently and competently.

Attempts to respond to the participatory turn highlight how challenging diverse multi-stakeholder collaboration can be within existing academic and medical systems and structures. Tokenism, poor practice, and missed opportunities are commonplace. Clearly structures, methods, and resources to support more inclusive, equitable, and effective health research and service (re-)design are some way behind calls for a 'participatory turn'. Attending to this, our research team has been exploring the potential utility of political economist Elinor Ostrom's Nobel Prize-winning research on collaborative group working.

Ostrom studied how different groups around the world collectively managed ‘common pool resources’ (e.g., forests, fisheries) and found that the presence (or absence) of 8 principles largely determined the effectiveness of collaborative efforts. Ostrom later advocated using these principles as ‘a practical guide for increasing the efficacy of groups in real-world settings'. A decade later, potential utility of these principles remains almost entirely untested. In seeking an explanation for this our research team identified a translational issue. The requisite work to translate theory into practice has not been done. Responding to this, we have created a prototype user-friendly resource potentially capable of supporting groups to apply the principles and therefore promoting more effective, equitable, and sustainable partnerships between researchers, members of the public, patients, carers, communities, healthcare professionals, and other relevant stakeholders.

This interactive 90 minute workshop will: (1) outline Ostrom’s theory and highlight its relevance for those working in health research and healthcare improvement in the post-participatory turn era (2) discuss the challenges of translating theory into practice in ways that are both user-friendly and faithful to the sophistication of the original theory (3) share our latest attempts to create a user-friendly resource to achieve this aim (4) invite attendees to engage with our new prototype resource and to discover its potential relevance to and utility for their own collaborations (5) explore how this latest prototype can be further modified in order to better respond to the needs of and support medical sociologists/sociologists of health and illness.

FRIDAY 12 SEPTEMBER
10:10-10:40

Open - Room 007

Performing coordination: reception work and the relationality of access to primary care

Simon Bailey

University of Kent

Policy on access to primary care in the UK and elsewhere seeks to manage demand by regulating the supply of appointments, creating an increasingly contested interface between those seeking care and the reception staff handling appointments. Building upon the idea of access as the 'fit' between populations and systems (Levesque et al., 2013; Penchansky & Thomas, 1981; Voorhees et al., 2021), we draw on qualitative data with receptionists working in primary care practices in the NHS in England to explore the performative nature of their intermediary position in the achievement of this 'fit'. The varied work of receptionists, their system positioning as an intermediary, and the lack of formal standards governing their work create the need for a conception of relationality that foregrounds the relationship itself as the determining factor in shaping the kinds of roles, provision, and organisation that emerge through their situated interaction. Drawing upon Blackler's (1995) knowledge types, we focus upon the informational, behavioural, and moral aspects of this work, showing how the combination of these in practice shapes the achievement of fit in sporadic and locally contingent ways. By characterising access as 'performing coordination' we extend the understanding of 'fit' as a dyadic movement between fixed positions to instead emphasise the triadic and dynamic nature of the access interface. This generates opportunities to refocus policy and practice towards addressing the unmet need currently obscured and reproduced by the reduction of access to the timely availability of appointments.

Sexual and Reproductive Health - Room 008

'The Last Resort' and 'The First Choice': narratives of arriving at online sperm donation

Francesca Taylor-Phillips, David Carless, Lucy Eldred, Georgina Forshall, Lucy Frith, Georgina Jones, Aleks Krotoski, Allan Pacey, Tanya Palmer, Lauren Smith, Rhys Turner-Moore

Leeds Beckett University

In recent years, people looking for sperm ('recipients') and people providing sperm ('donors') are increasingly connecting via informal online platforms, such as websites and social networking sites. This growing practice – Online Sperm Donation (OSD) – has been accompanied by a proliferation of media articles and television programmes, with titles such as: "Seedy underbelly: social media sperm donors exposed", "The frightening world of unregulated internet sperm donation sites" and Channel 4's "4 Men, 175 Babies". Despite growing concerns about the health, safety and legal risks associated with OSD, little is known about why people undertake it, and how those involved narrate their experiences of arriving at this route to parenthood. To this end, we present and discuss findings from two qualitative longitudinal studies: Phase One of the Online Sperm Donation Project (a four-year multidisciplinary project, funded by the Economic and Social Research Council), comprising 35 donors, recipients, partners and co-parents; and data from the first author's PhD research, comprising 11 recipients. Both studies employed creative and narrative methods to provide rich insights into the participants' lives over the course of their OSD journeys. In this paper, we present and discuss two salient and opposing narratives that participants oscillated between when articulating their experiences of arriving at OSD: 'The Last Resort' and 'The First Choice'. The findings demonstrate that the rise of OSD reflects the restrictive NHS funding context and the commercialisation and medicalisation of the regulated fertility sector, as well as social and cultural shifts in family-making and kinship practices.

STS and Medicine - Room 021

‘Ripping up the Rulebook’? Drug treatment infrastructures after Covid-19

Fay Dennis

Goldsmiths University of London

In April 2020, as SARS-CoV-2 rapidly spread across the world and the UK entered its third week of a national lockdown, a fascinating conversation took place between two UK consultant addiction psychiatrists. One of whom, Dr Mike Kelleher, was advising Public Health England at the time. Both clinicians were deeply concerned for the population they worked with. We already knew COVID-19 was worst affecting people with respiratory conditions, compromised health, and those living in cramped conditions, all of which made people who use drugs and alcohol particularly vulnerable. Radical steps were needed and taken which included, most prominently, moving opioid patients to weekly and fortnightly take-home dosing where they had previously been on supervised and daily collections. With the practice of ‘supervised consumption’ (being observed while taking medication) being long criticised for its paternalistic and even punitive quality, this was seen as a moment of hope for a new kind of drug treatment – described as ‘ripping up the rulebook’.

Drawing on a qualitative online survey with professionals and service users and indepth interviews with key informants including policy makers, commissioners, managers and service users, I explore what these changes meant for the sector and indeed just how easily ‘everything returned to normal’. Where much has been made of the sector’s resistance to change (lack of structural shift), I want to pay attention to the infrastructural (under-structure) and ‘minor politics’ of this experimental time, and the smaller, hidden practices which may still offer glimmers of an otherwise for drug treatment.

Critical Public Health - Room 024

Dementia, Risk, and Responsibility. Medical, Socio-Political and Ethical Foundations of Current Discourses on Dementia Prevention

Niklas Peterson

University Medical Center Gottingen

Dementia, formerly understood as an inevitable fate, his now discussed as a potentially avoidable disease, thus becoming a focal point of medical and public health preventive efforts. While epidemiological models have identified a variety of medical, lifestyle-associated, social and environmental risk factors, most public health policies and media discourses focus on personal responsibility and lifestyle modifications.

Medical sociology and critical gerontology scholars have criticized this discursive conjunction of behavioral dementia prevention and personal responsibility as part of a neoliberal health imperative, which addresses individuals as responsible for proactively preventing (cognitive) decline and avoiding dependency. Others have responded that taking responsibility for one's health and exercising moral agency could increase dignity and improve health and autonomy even in unequal social structures. This study aims to situate the turn towards prevention in the context of the current advances in neuroscientific and epidemiological research, cultural conceptions of health and aging, and public health policies. Based on an interview study with stakeholders engaged in dementia research, health care, health policy, bioethics, patient advocacy, and health economy in Canada, Germany and Switzerland, I examine how experts assess the current evidence for preventive measures and whom they address based on which epistemic and normative arguments as responsible for preventing dementia. The study shows how the turn toward prevention in dementia research is not only driven by increasing epidemiological evidence but is substantially shaped by current health policies stressing personal responsibility for avoiding disease and cultural and social-political conceptions of successful aging and responsible citizenship.

Lifecourse-Chronic Conditions; Ageing: Death and Dying - Room 223a

The Intersection of Food Insecurity and Reproductive Justice in India

Jasmine Fledderjohann, Swayamshree Mishra, Charumita Vasudev, Ankita Rathi

Lancaster University

Reproductive justice (RJ) is a social movement and framework for addressing structural barriers to the realisation of the rights to: 1) have a child; 2) not have a child; 3) parent children with dignity and safe and healthy environments; and 4) bodily autonomy. Previous work has theorised food insecurity—difficulties accessing enough safe and nutritious food to support a healthy life—is a threat to RJ. In this paper, we provide empirical evidence in support of this claim by analysing primary semi-structured interview data collected in December 2022-March 2023 from women in n=87 households in the Indian states of Uttar Pradesh and Goa. Using iterative thematic analysis informed by a RJ framework, we articulate multitudinous ways food insecurity threatens RJ rights. For example, many women reported self-sacrificing strategies for managing household food insecurity, e.g. neglecting their healthcare needs, taking on heavy manual labour, and reducing their own food consumption to ensure other household members' consumption. Because access to healthcare and adequate nutrition are essential for fecundity and health, neglecting these needs threatens the right to have a child, to not have a child, and to control one's own body. We explore many such pathways through which food insecurity threatens all four RJ rights, including exposure to domestic abuse and, linked to this, food as a tool of coercive control; creating impossible spending trade-offs between costs for food and other essentials (e.g. energy costs, adequate housing, medical treatment); and sacrifices in quality, quantity, and diversity of food items consumed.

Environment & Health - Room 221

Tensions in the construction and experiences of wellbeing in rural Yorkshire: Rural habitus and fragmented experience

Christina Dobson, Jennifer Deane, Ruth McAreavey

Newcastle University

Background: Rural spaces can be conceived of as idylls, however, the realities of everyday life, hidden inequalities, service withdrawal and rural gentrification mean this is often not the case. We sought to understand how diverse rural people, communities and places interact to shape experiences of wellbeing.
Methods: Patients >40 registered at four diverse primary care practices in rural Yorkshire were invited to take part in a multi-methods study examining symptomatic experiences, help-seeking, and concepts of health and wellbeing. Fourty participants took part in a semi-structured interviews. Transcripts were coded by two researchers, using an iterative code list developed from a priori and inductive codes, and themes developed collaboratively.

Findings: Perceived health benefits of rural living, including cleaner air, access to local, fresh food, a slower pace of life, scenic views, and lower crime levels, were commonly reported by those who had migrated into a rural area. These participants often conceived of the rural landscape as a conduit to good physical health, facilitating walking, cycling and sporting pursuits. However, longstanding rural residents more often discussed negative impacts of rural living on wellbeing and the body. Amongst farmers heavy work, and a relentless and demanding pace of life, particularly dominated by seasonality, was seen to take a toll on bodies over time. We use the concept of rural habitus to consider how tensions were experienced in the bodies and practices of rural residents, considering how gentrification can drive symbolic ‘distinctions’ which fragment residents’ experiences of wellbeing as located in their rural place.

Citizenship and Health - Room 220

Understanding the relationship between young people's mental and sexual health and how relevant services could be improved to better meet their needs: a qualitative study

Damla Harmanci, Carrie Llewellyn, Natalie Edelman, Daniel Richardson, Clio Berry

Brighton and Sussex Medical School

Background: There is a lack of qualitative research examining the interconnections between young people’s mental and sexual health, leaving important questions about their lived experiences and perspectives unanswered.

Aim: This study explored how young people experience the interplay between mental and sexual and reproductive health (SRH), and how they seek support from both formal (healthcare services) and informal (online, parents, peers) sources.

Methods: A qualitative study was conducted with participants aged 16–24 who had experience of mental health difficulties. Data were collected through semi-structured interviews and analysed using thematic and framework analysis. A conceptual framework on adolescent sexual behaviour, alongside input from patient and public involvement (PPI), informed the study design.

Findings: Mental and sexual health were perceived as bidirectionally linked, with substance use compounding negative experiences. Access to services depended on knowledge of how to seek help, as well as time, money, and resources. Barriers included feeling one’s problems were not serious enough and prior negative personal or observed encounters with services. Stigma, particularly around SRH, remained a major obstacle. Informal support—especially from parents, peers, schools, and online sources—was often preferred. Participants called for holistic, non-judgemental care in welcoming, central settings, along with improved service awareness, shorter waits, and greater choice. Conclusion: Word-of-mouth significantly shaped perceptions of service quality. Negative experiences—such as long waits, unwelcoming staff, or uninviting environments—could deter others from seeking care. Enhancing service experiences and involving parents, school staff and healthcare professionals is essential to building trust and improving access.

Experiences of Health and Illness - Room HLT 403

Rethinking Inefficacy: Frustration and Possibility in the Aftermath of Pharmaceutical Failure

Michael Vine

Durham University

Therapeutic feature is a common feature of modern drug regimes. Yet, too often, therapeutic failure is treated as simply the opposite or absence of therapeutic success. This paper will draw on ethnographic fieldwork in a primary care clinic in a deprived part of North East England to argue that therapeutic failure should be treated as a sociological object in its own right, one with its own trajectory, dynamics, effects, and politics. Focusing on mental health conditions and chronic pain as a two domains in which therapeutic failure is especially common, the paper will explore: the co-production of therapeutic failure within and beyond the clinic; the affects of frustration and possibility that orbit around moments of therapeutic failure; and situated efforts to reappropriate failure as the grounds for new beginnings. For

patients and clinicians, therapeutic failure can come at a terrible cost; it can also generate a space of action and possibility. The paper puts forth an affirmative ethnography of pharmaceutical inefficacy that asks: What forms of efficacy and success cohere in the aftermath of therapeutic failure?

FRIDAY 12 SEPTEMBER
10:45-11:15

Open - Room 007

Suicide Rates of the Elderly Population in Türkiye: An Examination in the Context of Suicide Method, Educational Status, Marital Status and Gender

Ayse Mahinur Tezcan

Istanbul University

In today's rapidly increasing elderly population, suicide rates of elderly individuals are directly related to public health policies and demographic factors. In this study, the suicide rates of the elderly population in Türkiye were examined in terms of demographic factors such as, education status, marital status and gender. In this study, data published by the Turkish Statistical Institute is used. Changes between 2022-2023 are especially important in understanding the effects of the COVID-19 pandemic on elderly individuals. The pandemic directly affected the elderly population, causing them to become the group with the highest mortality rate. Although this situation caused the healthy living conditions of elderly individuals to become even more fragile, a significant decrease in suicide rates was observed after the pandemic. This decrease can be largely associated with the fact that the elderly population is the group most affected by the pandemic, increased awareness of these individuals in society and the effects of health services and support programs specific to this group. At the same time, the increase in the mortality rates of the elderly population during the pandemic period may have also reduced the number of suicides. In addition, it was observed that factors such as low education level, loneliness and marital status continue to increase the risk of suicide. The study emphasizes the importance of more targeted and comprehensive public health strategies to reduce the risk of suicide in elderly individuals.

Sexual and Reproductive Health - Room 008

‘Genetically incompatible’: classifying risk and shaping reproduction through new forms of genetic screening

Kriss Fearon, Cathy Herbrand, Nicky Hudson, Bronwyn Parry, Zofia Miedzybrodzka, Eva Van Steijnvoort, Pascal Borry, Lorraine Culley

De Montfort University

Sometimes presented as a ‘compatibility test’, carrier screening for reproductive purposes can identify whether prospective parents carry the same pathogenic variant (or ‘mutation’) and are therefore at risk of transmitting the associated condition to their offspring. In many countries, carrier screening is offered to people with an increased family or ancestry risk of transmitting a genetic disorder; conditions that users are typically familiar with.

The more recent emergence of ‘expanded carrier screening’ (ECS) is transforming the scope and implications of reproductive genetic screening. This genomic technology enables the screening of any prospective genetic parents - regardless of family history and ethnicity - and permits identification of their joint risk of transmission for hundreds of genetic disorders, that vary in terms of their frequency, severity and penetrance.

This paper examines how ECS contributes to the diffusion of the notion of ‘genetic (in)compatibility’ and questions its significance from a sociological perspective. While ECS popularises this notion, it also obscures important limitations in a rapidly-evolving genomic landscape where screening results are often complex and uncertain. This paper explores how ‘genetic (in)compatibility’ is assessed and interpreted in medical practice. It also considers, in a context where individuals are increasingly identified as carriers of some conditions, the consequences of such classifications in terms of reproductive choices and expectations regarding reproductive risks and responsible parenting. This paper draws on interviews conducted for the ESRC-funded PRECAS Project with a purposive sample of 24 UK fertility and genetic clinicians, as well as an analysis of social media content.

STS and Medicine - Room 021

Chronic Traumatic Encephalopathy (CTE) in Practice

Ryan Harries

University of Manchester

This paper is a work in progress. It is part of a PhD project entitled “Chronic Traumatic Encephalopathy (CTE) in Practice,” currently in its third year of research. CTE is recognised as a distinct neurodegenerative disease that shares many similarities with Dementia and Alzheimer’s, including memory loss, mood and behavioural disorders, and motor control issues. It is believed to be caused by exposure to repetitive head injuries (RHI). The primary concern is the link between CTE’s clear environmental aetiology and RHI, presenting an opportunity for Medical Sociology to offer valuable insights. CTE also encounters several challenges. Specifically, it can only be diagnosed after death (post-mortem), and there is a lack of clarity surrounding its symptoms and treatment. CTE's epidemiology and prevalence are mostly unknown. Its correlation with athletic activities and traumatic brain injuries adds complexity. This study argues that various practices generate different understandings of CTE, utilising observations and interviews with professionals in related fields. The investigation and methodology were significantly shaped by a theoretical framework called the ‘turn-to-ontology’ within science and technology studies (STS). This framework emphasises empirical inquiries into practices, specifically how objects are brought into being through those practices. It suggests that professionals engage with different ontological objects concerning CTE, such as understanding CTE as a patient narrative and its quantification, cognitive improvement over the life course, and as a novel force impacting the brain. The study's empirical findings relate STS concepts to broader concepts in medical sociology, such as, medicalisation, illness narratives, neuromuoleculargaze and biopolitics.

Critical Public Health - Room 024

The good bio-citizen at the gym – 3,5 ways of identity formation as ‘someone who exercises properly’ among ‘normal’ gym-users

Pelle Pelters

Stockholm University

The gym is a well-known place for fulfilling the exercise duty of the good, healthistic bio-citizen. Using people’s attitudes towards the meaning-imbued landscape of pains experienced at the gym (comprising all pains from sore muscles to stigma) and their identification with and delimitation from other gym-users, this study aims at describing different ways of constructing an identity as ‘someone who exercises properly’, as experienced by ‘normal’ gym-users.

24 semi-structured in-depth interviews with active, dedicated, reasonably healthy (= normal) adult recreational gym-users have been analyzed using qualitative content analysis and drawing on a socio-constructionist understanding of identify formation.

The participants described three (and a half) different ways of constructing oneself as ‘someone who exercises properly’: The ‘get fit or die trying’ exerciser strive for enhancement in constant competition with other gym-users whereas self-reliant ‘no bullshit’ exercisers focus on doing their best as a necessary evil to obtain wellbeing and maintain one’s capacities, and prosocial ‘best self’ exercisers push oneself and others towards becoming stronger mentally and physically while trying to avoid

breaking exercise norms and becoming ‘the odd one out’. The half ‘exercising anyway’ identity is a reported not an experienced one (in contrast to the other three), describing norm-breaking gym-users who do not feel at home in the gym but exercise nonetheless out of necessity.
All participants were dedicated to making a rational, responsible and health promotive, enhancement-focused exercise effort and hence represent model bio-citizens, although their different approaches may demand different ways of addressing them properly at the gym.

Lifecourse-Chronic Conditions; Ageing: Death and Dying - Room 223a

Ageing in the right place: the importance of cleaners and gardeners in mundane acts of care in later older age

Katie Brittain, Kate Gibson

Newcastle University

With a growing policy emphasis on ageing in place it is important to understand the forms of support that enable older people, especially those in later late life, to remain at home. Drawing on qualitative interviews with people aged 80 years and over, we explore how domestic services, particularly cleaning and gardening, constitute a form of low-level help/care that enables participants to remain at home whilst also allowing them to distance themselves from the stigma associated with formal care. These paid for domestic services are not conventionally viewed within caring practices, however, our analysis illustrates how they are a key component of what Brownlie and Spandler (2018) term “care around the edges”. Our findings reveal how older adults creatively engage with domestic services to secure forms of support that preserve the symbolic and material integrity of home as a site of independence. These paid for services also allow our participants to maintain the appearance of “managing the daily round” and mitigating against the risk of stigma associated with being a subject of the fourth age, a social imaginary of dependency, decline and institutionalisation.

Mental Health - Room 223b

Help-seeking and sense-making among mothers with experiences of anxiety and/or depression

Sophie Mary

University of Cambridge & Vrije Universiteit Amsterdam

I conducted interviews with fifteen mothers who had experiences of receiving clinical support in the context of anxiety and/or depression. My study was about their expectations and experiences of motherhood, but what emerged organically from our conversations were stories about how they had come to notice, acknowledge, and address their mental health difficulties. Each told a story of coming to recognise their experiences as ‘anxiety’ or ‘depression’, and eventually engaging with mental health services.
My presentation introduces those narratives, considering how participants conceptualise their help-seeking practices. I present the results of a thematic analysis structured by the following questions: How did participants make sense of whether and when to ask for help? What was the turning point, and what were the turning points not taken? And, when they received help, what was experienced as helpful or unhelpful?

The findings of this study shed light on what mothers identify as ‘emerging signs' that their challenging experiences may be categorised as mental health difficulties (e.g. embodied experiences, some behaviours), what they consider barriers to seeking help (e.g. fear that social care services may remove custody of their child), what encouraged them to seek help (e.g. feeling ‘seen’ by a health visitor), and what form of support they value most (e.g. support groups). This advances not only our understanding of how individuals make sense of 'what counts' as mental health challenges and engage in help-seeking, but also our skillset to better support mothers in the future.

Citizenship and Health - Room 220

Health Literacy, Privacy Concerns, and Digital-Recommendation Engagement in Forming Local Hobby Circles among Japanese Older Adults

Kenichi Shibata, Ikuko Tsumura, Koiti Hasida

Tamagawa University

Participation in local hobby circles is expected to enhance social integration and well-being in Japan’s aging society. However, the fundamental reasons why some older adults choose not to participate remain insufficiently understood. We posited that concerns about digital privacy and limited health literacy influence their decision not to join. We conducted a web survey of 771 community-dwelling Japanese adults aged 60 and above to investigate their impact. The survey assessed criteria for joining hobby circles, using instant messaging (IM) apps, and having experience in civic roles, with a view to informing the design of secure, user-friendly personal data management platforms.
Of the 439 respondents willing to join, 117 ranked “secure personal data management” among their top three criteria, underscoring the importance of transparent privacy safeguards. Among 136 participants in civic roles (e.g., local welfare commissioners), only 3.7% (5/136) wished to host circles, compared with 7.6% (34/635) of non-civic participants, which may indicate that experienced civic participants prefer supporting rather than leading hobby circles. Participants who “frequently clicked recommended content on social networking services” (n = 36) exhibited significantly higher health literacy than others, indicating that those with higher health literacy are more likely to engage with digital prompts. Clustering revealed three ICT-acceptance profiles—Digital-Active (active messaging, privacy concerns, participation intent), Low-IM (low messaging, granular control), and Late-Adopters (limited ICT use, hybrid support)—suggesting that effective data management platforms for older adults should combine explicit data-protection assurances with personalized features tailored to each segment’s capabilities and preferences, fostering sustained community involvement.

Experiences of Health and Illness - Room HLT 403

Watch and Worry? How are the support needs of people living with newly diagnosed chronic haematological malignancies being addressed?

Kate Montague-Hellen

University of Sheffield

A chronic illness diagnosis is a disruptive event in a person’s life leading to a change in their identity and illness perception. Chronic Lymphocytic Leukaemia (CLL) is a slow progressing form of blood cancer. Patients receiving a new diagnosis of CLL are faced with an invisible and, at present, incurable disease, but one for which they may never require treatment. Diagnosis is typically made following a chance blood test for an unrelated reason. This lack of forewarning prevents the patient’s opportunity to co-produce the diagnosis with the clinician, distancing the patient from the process of diagnosis. Expectations of treatment are undermined as the clinician initiates a potentially life long period of surveillance known as ‘Watch and Wait’. Inconsistencies between patient expectations of a cancer diagnosis and actual experiences exacerbate the uncertainty around diagnosis and hinder the patient’s ability to adapt to their new diagnosis, causing significant distress for patients. Using a diary-interview method with pre- and post-diary interviews, this study aims to gain insights into the experiences and expectations of 19 recently diagnosed CLL patients during their first months following diagnosis. Timed at the end of the post-diary interviews, this paper will review the participants’ experience of the diagnosis process itself, the gendered experience of illness work, and who they choose to include in their developing identity as a person living with chronic cancer.

FRIDAY 12 SEPTEMBER
11:20-11:50

Open - Room 007

“Dear Mr Galton… your invoice is attached”: Collaboration, ‘co-production’ and the ‘seething presence’ of eugenic politics in novel mental health technology development

Rose Powell

Newcastle University

The development of ‘novel’ technologies for the NHS has become increasingly encouraged in recent years. This includes the instigation of collaborative networks to enable their provision, for example, Health Innovation Networks (HINs), which support alliances between academia, the NHS and the (bio)technology industry. Such technologies implemented in psychiatric services have recently garnered attention for being unethical (StopSIM 2021; Stop Oxevision 2023). This includes Oxevision, a camera-based technology installed in the bedrooms of psychiatric inpatients across the UK, US and Europe. The technology has recently come under scrutiny for being implicated in patient deaths, being used to collect biometric data for academic research without patients’ consent, and breaching their privacy. Like many technologies rapidly implemented through HINs, Oxevision was ‘spun-out’ from academia; emerging from Oxford University’s biomedical engineering department. This paper draws together recent fieldwork and interviews around the development of such technologies with archival research on letters sent between proponents of the influential eugenic Royal Commission on the Care and Control of the Feebleminded (1908). Drawing on Gordon’s (1997) concept of haunting, I argue that the collaborations between influential academics, political actors, industry experts, and NHS executives demonstrate the ‘seething presence’ of the eugenic corridors of power that enabled such historical violences to occur. Furthermore, I highlight that the use of patient involvement, now often termed ‘co-production’ in the implementation of such devices is not a novel phenomenon. Rather, it demonstrates the haunting continuities of the use of politically convenient patient data and experiences to justify violent practices

Sexual and Reproductive Health - Room 008

Menstrual Justice Across Borders: A Comparative Analysis of Global North-South Discourses and Ethnographic Insights from Sri Lanka’s Plantation Sector

Samanmali Alujjage Don

University of Essex

This study offers a comparative analysis of menstrual management debates in the Global North and Global South, drawing on critical literature and ethnographic evidence from Sri Lanka's plantation sector. Global North discourses predominantly focus on menstrual equity, product accessibility, and policy-led de-stigmatisation, while Global South debates are shaped by structural inequalities, cultural taboos, and the entanglement of menstruation with labour, caste, and religious identity. By centring the lived experiences of Malaiyaha Tamil women in Sri Lanka's up-country plantations, this research interrogates dominant paradigms and underscores the disjunction between global policy framing and local embodied realities. Using feminist ethnography, the study highlights how menstrual practices are navigated within intersecting pressures of tradition, modernity, and socio-economic precarity. The analysis advocates for a shift in global menstrual health discourse toward a framework rooted in sustainability, affordability, and respectability-goals that align both with environmental justice and with the cultural dignity of menstruating individuals. Sustainable practices must consider local ecological and economic contexts; affordability must go beyond cost to include accessibility and consistent provision; and respectability must engage with cultural meanings and the right to manage menstruation without shame or exclusion. This integrated approach offers a path toward menstrual justice that is both globally informed and locally grounded.

STS and Medicine - Room 021

NICE, Pharmaceuticalization, and the Permissive Principle: The Case of Anticoagulants

Gowree Balendran, John Abraham

King's College London

This paper examines Abraham's sociological theory of the 'permissive principle' in relation to the development and promotion of anticoagulant drug therapy in stroke prevention. The 'permissive principle' states that, under conditions of scientific/medical uncertainty about the risks and benefits of a new technology, producers and regulators of that technology err on the side of approving/releasing it into the market/society/environment. Drawing on extensive documentary, interview and observational data, this is the first paper to consider the applicability of the 'permissive principle' to NICE – England's pharmaceutical cost-effectiveness regulatory authority for the NHS. Taking anticoagulant drugs as a case-study, the dimensions of the permissive principle in NICE assessments are revealed, including how it has altered the direction of the pharmaceuticalization of stroke prevention. Despite newer oral anticoagulants (DOACs), marketed since 2008, being 25-80 times more expensive than warfarin (an anticoagulant used since 1954), DOACs are now prescribed more than warfarin for stroke prevention in England at approximately £800 million annually. This paper explains the involvement of social interests and NICE approval of DOACs in bringing about this switch in prescriptions from warfarin to DOACs mediated by broadened risk factors for stroke, the construction of decision-tools to 'inform patient choice', the mystification of clinical trial design for drug effectiveness, and the interpretation of safety and efficacy concerns. It is proposed that NICE should develop a more precautionary approach, engage with the demystification and improvement of clinical trial design for doctors and patients, and establish more rigorous protections against biasing influences of producer interests.

Critical Public Health - Room 024

Adolescent psychosocial health, and the relationship between physical activity and risk of alcohol-related harm in the Avon Longitudinal Study of Parents and Children (ALSPAC)

Saphsa Codling, Thomas Phillips, Colin. R Martin, Chao Huang, Lesley Smith

University of Hull

This study aimed to investigate the link between adolescent alcohol consumption and physical activity. A review of 30 studies on European adolescents aged 11-17 years informed model development; tested in the ALSPAC dataset with a cohort of 10,380 adolescents aged 13-14, and 15-16. Using k-Means clustering analysis, three psychosocial profiles were generated for each age-group and entered into the regression models as a factor, with PA added as a covariate. Other variables were club membership-type, frequency of attending club, smoking, gender, socioeconomic status, and educational attainment. Compared to those undertaking <30 minutes per day of moderate-to-vigorous physical activity - or those achieving >60 minutes of moderate-to-vigorous physical activity - undertaking 30-59 minutes of MVPA per day, and having higher-risk psychosocial profiles, were strongly and significantly associated with being at risk of alcohol-related harm (RARH) at age 13-14 and age 15-16. Club membership-type and frequency of attending club were not statistically significant. However, while those with sports club-membership only had a higher risk of alcohol-related harm, attending club > once a week was negatively associated with RARH. This study has found a potential explanation for why physical activity can lead to higher RARH and suggests that a PA intervention, with an emphasis on psychosocial support and health education, could support adolescents to engage in more physical activity, reduce or abstain from alcohol, and ultimately improve sense of well-being. However, further adolescent longitudinal studies using repeated measures and more extensive PA measures are needed to test the robustness of this association.

Lifecourse-Chronic Conditions; Ageing: Death and Dying - Room 223a

Doing ‘proper’ food in later older age: the social significance of household meals

Katie Brittain, Kate Gibson

Newcastle University

Medicalised understandings dominate in research exploring eating in later life. Yet the meaning of food extends beyond sustaining the body with the nutrients it requires. Laden with socio-cultural meanings, food is inextricably connected to identity construction. Based on longitudinal qualitative research conducted in the north east of England, this paper employs a Bourdieusian approach to examine the everyday food experiences of 46 older adults (80+) ageing in place.
Ranging from minor tweaks through to substituting homemade foods with ready meals, participants used various strategies to adhere to a routinised pattern of eating ‘proper’ meals, an everyday practice idealised across the sample. However, there was a fragility apparent in this orientation to practice. For some participants, biographical disruptions such as loss and illness disrupted their habitus in turn bringing their (classed and gendered) identities configured through food into question.
In these moments of disruption, convenience foods emerged as ambiguous objects. While they supported the continuation of ‘proper’ meals, they were risky substitutes. They carried connotations of laziness and carelessness; they risked signalling decline.
Our analysis highlights how those in later older age navigate the symbolic value of food in their homes. Underpinning our participants’ food practices was a recognition that adhering to ‘proper’ meals is a symbolic marker for ageing well at home. This recognition required that participants be on constant guard against being objectified as ‘slipping’. This heightened awareness is not without consequence to the ageing identity, especially amidst biographical disruptions.

Mental Health - Room 223b

A Police Perspective of the Experiences of Children Detained Under Section 136

Jayne Erlam

Liverpool John Moores University

Much has been published regarding police detentions of adults under the Mental Health Act, but much less is known about the detention processes and experiences of children who are subject to such detentions. Broadly, children’s mental health, the processes and provisions that are in place to support this, and how these are experienced by children, are insufficiently understood and largely absent from public awareness (Schölin et al., 2024).

This research includes the analysis of health care data over the 20 months to April 2021 which revealed that 300 children, aged 9 to 18 years were detained by police officers from one constabulary in the North of England. A narrative inquiry approach was used for interviews with 12 officers as they shared their experiences of detaining children, and the barriers that they faced to accessing health care to manage children’s ongoing distress whilst they awaited a mental health assessment.
This research highlights that, despite legislative changes in 2017 forbidding the use of police cells, because of the lack of appropriate health care provision, detained children remain under the care and control of police officers whilst they await a mental health assessment. The lack of out-of-hour provisions means that distressed children are managed by police officers, often in A&E departments, for prolonged periods of time.

Environment and Health - Room 221

Gendered mental wellbeing in One Health context among Somali pastoralists in Eastern Ethiopia

Tsion Afework Habte

University of Glasgow

Classic anthropological and sociological studies of East African pastoralists, grounded in structural functionalism, have long interpreted climate-induced mobility and livelihood shifts as functional adaptations—responses that position pastoralist societies as inherently stable and self-regulating. However, this framing overlooks how individuals actively negotiate mental wellbeing amid environmental and social upheaval. My research argues that resilience is not merely a structural trait but a lived, emotional process shaped by gender and social dynamics.

Through ethnographic fieldwork—including in-depth interviews and focus groups with Somali pastoralists in Filtu, Ethiopia—I explored how climate adaptation intersects with mental wellbeing. My position as a non-Muslim, non-Somali-speaking Ethiopian female researcher shaped both access and interpretation.

Findings reveal how gendered experiences of mobility affect wellbeing: while some men preserve social ties, others experience isolation and loss of status when separated from their families or clan networks. Women—particularly married or younger women—often face loneliness when left behind, though some find strength in informal support networks. Emotional responses to livestock loss, such as grief or shame, disrupt traditional masculine roles. While some men find alternative livelihoods, others perceive this shift as a loss of identity. Women, though burdened by additional labour, sometimes gain autonomy through small-scale trade.

Rather than viewing resilience as automatic, this study highlights its emotional and symbolic dimensions. Mental wellbeing emerges not as an outcome but as a process—one rooted in cultural meaning-making, gender roles, and relational support. Pastoralists adapt not only physically but also through layered emotional negotiations of climate uncertainty.

FRIDAY 12 SEPTEMBER
11:55-12:25

Sexual and Reproductive Health - Room 008

“I Want to be in Control”. Fertility, Femtech, and Physician-Patient Relationshsips

Kathryn Sheridan, Sue Ziebland, John Powell

University of Oxford

This project explores the ways “Femtech”, or digital technologies targeting women’s health, are reshaping the fertility journeys of women across the UK. Drawing on over 30 in-depth interviews with both patients and medical professionals, this qualitative study argues that the fertility care landscape in the UK is undergoing a significant shift introduced by technological disruption, leading to institutional distrust, tensions between patients and medical professionals, and growing reliance on artificial intelligence and remote consultation models for decision making.
In interviews patients expressed scepticism and frustration towards medical institutions, describing feeling unheard, unsupported, or a sense that they must advocate or prepare for appointments to receive adequate care. Participants frequently talked about the difficulties of accessing care or health educational material due to wait times, logistical hurdles, or a lack of guidance on NHS websites. Simultaneously, providers spoke about the difficulties involved in treating patients who approach appointments preparing for conflict, and the balance of trying to correct misinformation without losing patient trust or connection. Though tracking technologies were helpful for quickly and accurately answering consultation questions (i.e. date of last period), providers emphasised patients could do this with or without technology, and relying too much on paid apps risked heightening equity issues. This presentation discusses these themes and draws conclusions on how tools may be integrated into fertility care as they become embedded in patient behaviours and health decisions.

STS and Medicine - Room 021

Creating safe healthcare spaces for racialised minorities: from appropriate conceptualisations to effective (anti-racist) action that addresses patient safety inequities

Maria Zubari

University of Manchester

People from racialised minority backgrounds experience significant inequities in the quality and safety of the healthcare they receive. These populations are exposed to higher risks of experiencing adverse patient safety events and have been found to feel more unsafe in healthcare encounters. The true scale of these inequities is, however, obscured by dominant understandings of patient safety which have largely concentrated on the physical harms arising directly from the care that is received. Moreover, despite these populations' documented experiences of racism within healthcare, academic and practice discourses on care quality and patient safety inequities – particularly in healthcare improvement research and practice – have tended to tiptoe around issues of racism. This position paper takes issue with the continued reluctance to directly name and confront the racism within healthcare, contextualising it within a contemporary politics of race which allows racial inequality to persist, with racism operating in increasingly more covert, subtle, and seemingly non-racial forms. Drawing on examples from the current healthcare improvement literature, the paper highlights this racial politics whilst critically examining dominant understandings of the character and causes of the inequities as well as the rationales underpinning proposed equity-focused healthcare improvement initiatives. It presents a number of critical reflections on the silences within this literature and how the dominant framings function as mechanisms that impede effective action towards addressing the healthcare system's racist realities. Providing safe healthcare for racialised minorities, it is contended, requires looking at patient safety risks differently and explicitly calling out the racism within healthcare.

Critical Public Health - Room 024

Community-based support for living with long-term health conditions: the popular sector in its prime, or the neglect of neoliberalism?

Caroline Potter

University of Oxford

Community-based support delivered through voluntary sector organisations is increasingly promoted within English Integrated Care Systems for ongoing support in living with long-term health conditions (LTCs). In this paper I present original data from a sample of adults living in the UK with multiple LTCs ('multimorbidity'), to explore the potential strengths and challenges of community-based support as a route to improved wellbeing and quality of life. The study follows a mixed-methods design composed of a survey undertaken by all study participants (n=116) and follow-up qualitative interviews with a selection of participants. The level of observed multimorbidity was high, with 71% of respondents reporting complex multimorbidity (living with at least four LTCs). Most participants ascribed positive value to community-based support for living with LTCs, but their diverse motivations and experiences indicated uncertainty in how this type of support could improve health and wellbeing outcomes in relation to formal health and care services. In analysing the experiences of people living with multimorbidity as they draw on or seek community-based support, I explore a dialectic of autonomy and care that reflects tensions between a neoliberal framing of the English health and care system and an alternative framing as a revived 'popular sector' (Kleinman) of healthcare.

Lifecourse-Chronic Conditions; Ageing: Death and Dying - Room 223a

Debunking the Myth of Urban Castelessness in India through An Institutional Ethnography (IE) of Dalit Women's Maternal Health

Pragya Roy

University of Sheffield

Indian cities are often imagined as casteless spaces, offering escape from historically oppressive (lower) caste identity markers. A traditional Hindu institution—the caste [জাত (in Bengali) / जाति (in Hindi)] system—is widely assumed to have dissipated with urbanisation and modernity. Much of existing research has reinforced this belief focusing disproportionately on caste in rural contexts. Against this backdrop, this paper inquires into the social and material realities of caste in contemporary Kolkata, a metropolitan city, and its influence on urban-poor Dalit women's maternal health journeys.

Drawing on an institutional ethnographic framework, I conducted diphasic fieldwork involving semi-structured interviews (24) and informal (anonymised) conversations with Dalit women, frontline health workers and non-governmental organisation workers. I also carried out non-participant observations in urban primary health centres (UPHCs), shadowed health workers, and conducted textual analysis. Findings are presented using three interlinked themes—(i) absence (physical), (ii) assumed absence (in people's imagination), and (iii) presence (ethnographic illustrations of two concentrated, Dalit-marked bastis or slums focusing on their housing, water and toilet infrastructures). I argue that to understand the relevance of caste in Dalit women's maternal health journeys, it is essential to understand its spatial aspects, and their subsequent, caste-centred, resource-deprived living conditions. By foregrounding Dalit women's lived experiences, this paper positions their bodies (and labour) as sites where caste is reproduced (and resisted), offering critical insights across disciplines of Sociology, Urban Studies and Public Health.

Mental Health - Room 223b

Cultural dilemmas in seeking social support: Mental health and emotional labour among Chinese international students in the UK

Yuting Wen

University of East Anglia

Research suggests that social support is vital for mental health which buffers stress through instrumental support and aids emotional management through emotional support in social interactions. However, cultural norms can shape social support behaviour, indirectly influencing emotional management e.g. concealing emotions involves emotional labour which requires extra work to manage the outward expression to maintain harmony (Hochschild, 1983). Li and Wong (2023) found that Chinese international students hid their depressive symptoms from their friends to avoid sabotaging harmonious relationships. It shows that maintaining harmony is prioritized above seeking support. Extensive studies focus on the barriers experienced by Chinese international students in seeking support, while little research has examined how cultural norms affect their perception of social support. Thus, this study aims to fill that gap by investigating the effect of cultural norms on the perception of social support among UK-based Chinese students.

This study adopts semi-structured interviews to capture the perception and experiences of social support within a mental health context. Early findings suggest that they often conceal their mental distress from friends and family, believing that these individuals cannot offer practical assistance. This reflects how cultural expectations devalue their recognition of the importance of emotional support. Secondly, they avoid burdening friends and family with their issues to maintain harmonious relationships. Emotional labour emerges from the process of managing the contradicted felt emotions and the displayed feelings resulting in more stress. This study provides new lenses to understand how cultural norms shape the perception of social support and emotional labour.

Theory - Room 221

Is fear useful? Theorizing ‘fear’ in gay men’s accounts of COVID-19

Jaime García-Iglesias, Sophie Atherton

University of Edinburgh

This paper explores how gay men in the UK experienced fear during and after the COVID-19 pandemic, drawing on interviews with 50 participants across ages, ethnic groups, and socio-economic positions. While fear of COVID-19 was widespread, we evidence that it was profoundly intersectional with younger, ethnic minority men—particularly those already living with HIV—experiencing the most intense and enduring fear. We depart from these findings to suggest that fear has been underdeveloped, theoretically, in the field of sociology: it is not solely an individual psychological response, but also a social experience shaped by intersecting characteristics, such as health status, social support, and others. We aim to sociologically develop the notion of fear by considering it in relation to Beck’s (1992) ‘risk society’, Lupton’s (2023) work on risk, and Ahmed’s (2004) work on affect, as well as broader scholarship around HIV. Overall, we argue that public health communication based on fear is flawed and leads to long-term negative consequences that disproportionally impact underserved communities. Our analysis advances sociological understandings of fear as heterogeneous, embodied, and deeply embedded in structural inequalities.

Citizenship and Health - Room 220

Using normalisation process theory to evaluate the implementation of a digital health intervention in community and secondary care long COVID clinics

Fiona Stevenson

University College London

Background - The potential and expected benefits of digital health interventions (DHIs) have long been discussed, yet substantial challenges are associated with deploying digital health interventions (DHI) at scale. Here normalisation process theory (NPT) is employed as a lens through which to understand the implementation of a DHI.

Methods - Data comprised 55.5 hours of zoom recordings of meetings between clinicians in community and secondary care long COVID clinics and members of the multi-disciplinary research team. Following reflexive thematic analysis, data were mapped on to the constructs of NPT.
Results - The DHI fitted the contextual circumstances, namely a pandemic in which physical contact needed to be limited. The design supported flexibility to suit different trusts. Healthcare professionals worked to support the implementation of the DHI, requiring flexibility to take account of local circumstances. DHIs were reported to have the potential to complement care but were not perceived to be a replacement for face-to-face clinical input. The DHI demonstrated the potential to affect long-established structures of engagement between healthcare professionals and patients in relation to access to care.

Conclusions - NPT provided a framework for considering both individual agency and the organisation context, enabling reflections to be made at the level of the structure of services as well as people’s experiences. The discipline of employing the structures of NPT placed order on the ‘mess’ involved in the rapid cycle of developing, refining, and implementing a DHI in an atypical environment (a pandemic).

Health Policy - Room HLT 403

My data, your system: personal data stores in health and social care

Anna Terje, Nicola Carey

University of the Highlands and Islands

Personal Data Stores (PDS) are secure, user-controlled platforms where individuals collect, manage, and selectively share personal data—such as medical records, social care histories, or wearable-generated health metrics. The model shifts data stewardship from institutions to individuals, with a promise to promote data sovereignty, interoperability, and personalised care. This paper draws on empirical data from a process evaluation of a Living Lab, trialling the use of a PDS for unpaid carers. Data collected includes qualitative interviews with unpaid carers, third sector and social care professionals, and data from questionnaires completed by unpaid carers and cared for people. Data collection is at its half-way point.

Analysis of the empirical data reveals that while the potential positive impacts of PDSs include reduced administrative burden and improved information sharing, concerns around digital literacy, trust in data security, and the implications of a culture shift in health and social care remain. We argue that the broader shift toward self-tracking and "responsibilised citizens" assumes equal digital competence, ignoring structural inequalities. The burden of health optimisation is offloaded onto individuals, obscuring systemic factors like social determinants of health (Lupton, 2016). PDS implementation also assumes technological fluency that many marginalised groups lack (van Dijk, 2020). Thus, PDSs may exacerbate inequality and reflect a “default user” model that excludes the most vulnerable. Moreover, individualised data management can undermine collective data infrastructures crucial for public health equity (Greenhalgh & Papoutsi, 2018).

These findings suggest that policymakers must address structural inequalities and digital capacity gaps to ensure equitable PDS implementation.

FRIDAY 12 SEPTEMBER
12:30-13:00

Critical Public Health - Room 024

Abortion exceptionalism and the limits of collaboration: Co-design, community engagement and the politics of post-abortion contraception

Nicola Boydell, Marie Larsson, Jeni Harden

University of Edinburgh

This paper examines how abortion exceptionalism - where abortion is treated as uniquely sensitive, stigmatised and politically contentious - shapes the possibilities and limits of co-design and community-engaged research in sexual and reproductive health. Drawing on learning from an interdisciplinary project based in Scotland, we explore how the (re)animation of political tensions and ongoing problematisation of abortion shaped our work with community partners in research focused on co-designing post-abortion contraception service models. Specifically, we reflect on how 'abortion exceptionalism' surfaced and constrained our participatory approach and relationships with community organisations.

Between October 2024 and April 2025, we conducted co-design workshops with people who have experience of abortion and contraception, as well as with NHS abortion care providers across eight Scottish health boards. While many 'women's health' organisations articulated their commitment to "abortion as essential healthcare", some organisational representatives voiced concerns over collaboration with our project due to tensions within and across their organisation, staff and service users. These tensions positioned abortion as a fraught and contentious topic, limiting opportunities for collaboration due to concerns about the 'risks' to organisations and intra-community relations. We consider how this exceptionalism can be situated in the context of increasingly hostile global climate for reproductive rights and consider how it may constrain abortion focused participatory research, shaping which kinds of knowledge are legitimised.

By exploring how institutional logics, stigma and political pressures intersect in shaping reproductive health research and collaborative forms of knowledge production, we seek to advance dialogue among medical sociologists and health researchers.

Lifecourse- Chronic Conditions; Ageing: Death and Dying - Room 223a

Intergenerational Familial Care Practices in Contexts of Disability and Chronic Illness

Janice Mclaughlin, Jane Cullingworth, Edmund Coleman-Fountain, Charlotte Pearson, Tracy Shildrick, Nick Watson

Newcastle University

In families where multiple members across the generations experience disability and chronic illness multiple care dynamics occur. This paper, drawing from ESRC funded longitudinal qualitative research in Central Scotland and North East England, explores the intergenerational ties that emerge in such contexts. In the research we have worked with disabled young people experiencing a range of impairments and chronic illness for a year or longer, examining their transitions into adulthood. The research has involved multiple interviews and individual and collective creative work; alongside we have interviewed family members of disabled young people, as well as actors working in education, social and health care and in advocacy and support groups. Drawing from this data the presentation will examine a range of themes including: how care practices work across generations; how intergenerational ties can sustain and at other times be a source of trauma and stigma; the significance of grief; the challenges created by interactions with social care and welfare processes; and how such ties can be something that hold disabled young people within wider contexts of hostile social worlds; as well at times holding back. The analysis draws from and contributes to feminist ethics of care ideas, while locating familial care practices within the social conditions within which intergenerational familial care practices occur.

Mental Health - Room 223b

‘Minds at the margin’: A sociological study of the mental health ecosystem for tribal communities in Kerala, India

Ganga Sudhakaran, Sunita Reddy

Jawaharlal Nehru University

Mental health among India’s tribal populations remains significantly under-researched, despite persistent structural inequalities in access to care. This paper draws from my ongoing doctoral study that aims to understand the existing mental healthcare ecosystem (Furst et al., 2021) for the tribal communities in Wayanad, Kerala. It explores how individuals navigate distress, engage with formal and informal systems of care, the sociocultural dynamics that shape help-seeking behavior and how “local healthcare systems” emerge and function within the broader state apparatus. Drawing on literature from critical public health and medical anthropology, particularly Kleinman’s concept of illness narratives, this study employs a qualitative research design and is currently being conducted as a multi-sited ethnography across community health centers, the district hospital, IMHANS Kozhikode, and other local mental healthcare providers. I have conducted 20 in-depth interviews with a mixed sample of community members, project directors, health inspectors, psychiatrists, indigenous healers, and social workers; 2 focus group discussions with the community and approximately 250 hours of observing hospital visits, care interactions, and cultural practices over four months. Preliminary findings from the field suggest that tribal communities encounter significant barriers in accessing mental healthcare, including geographic isolation, language gaps, cultural disconnects, economic insecurities and institutional mistrust. Localised networks of care and indigenous healing practices continue to shape understandings of distress and recovery in significant ways. These insights suggest the importance of designing interventions that engage with, rather than bypass, community-rooted models of support. The study will develop a framework for understanding indigenous mental health-seeking pathways.

Citizenship and Health - Room 220

Medical Confinement and Citizenship: The Political Struggles of Hansen’s Disease Patients in Greece

Athanasios Barlagiannis

Academy of Athens

Since the rise of AIDS activism, medical sociology has productively studied forms of collective action in medical and health settings, introducing the patient's view into analyses of the medical gaze and public health systems. However, lepers (Hansen’s disease patients) have remained largely outside this focus, despite the existence of patient associations, international congresses, and even a “social movement in health.” This paper focuses on the Greek case because of its historical significance: the political struggles of Hansen’s disease patients against state violence, stigma, social discrimination, and medical authority date back to the interwar period. From 1936 onwards, various forms of collectivities emerged, including patient rights groups, self-help associations, and economic cooperatives. These reflected a broad range of political and ideological orientations, such as syndicalism, communism, and

Christian reformism. The study is based on interviews and texts produced by the patients themselves—newspaper articles, memoirs, and personal accounts. Drawing on the concept of “social movement spillover,” the paper reverses the conventional understanding of the total institution. It argues that the concentration of activists, war veterans, and politically connected individuals within a confined space favored the emergence of collective action in health, which was manifested through strikes, mass escapes, advocacy, and the publication of newspapers. Although collective action was rooted in a shared medical condition, Hansen’s disease patients asserted through their political struggles that they were more than suffering bodies—they demanded recognition as Greek citizens, with full rights and responsibilities.

Experiences of Health and Illness - Room HLT 403

Can hierarchic medical reforms promote health equity among older populations? Evidence from China

Keyu Peng, Chao Jin

City University of Hong Kong

Background and Objectives: China’s hierarchic medical reforms (HMRs, 分级诊疗) aimed to address the concentration of healthcare resources in urban tertiary hospitals, a legacy of market reforms. This study investigates whether HMRs, designed to shift resources towards primary care and improve access through tiered referrals, effectively improved health outcomes among China’s aging population. Methods: A staggered Difference-in-Differences (DID) design was employed, utilizing data from the China Health and Retirement Longitudinal Study (CHARLS) (2011-2020), linked with city-level HMR implementation and healthcare resource data. The primary outcome was a standardized health status index. Robustness checks included pre-trend tests, placebo tests, and alternative DID estimators. Key Findings: Unexpectedly, HMRs did not significantly improve the overall health status of older adults, reporting higher unhealthy scores compared to those without. Role of Tertiary Hospitals This negative effect is attenuated for people who use tertiary hospitals in their system. HMRs increased primary care institutions but decreased the proportion of primary care physicians, specifically in urban, and eastern areas. HMRs failed to reduce financial or traffic barriers, indicating the quality of service issues were most important in the program’s limited success.

Implications for Medical Sociology: The study highlights the complex interplay of policy, implementation, and structural inequalities. Reconfiguring delivery is insufficient without addressing workforce imbalances, regional disparities, and patient preferences.