BSA Medical Sociology Conference 2026

Tuesday 8 - Thursday 10 September

Northumbria University, UK

Abstract Book

BRITISH SOCIOLOGICAL ASSOCIATION

TUESDAY 8 SEPTEMBER

17:00-18:00

Squires Annex Lecture Theatre

Anne Kerr, University of Glasgow

Reactionary health politics and medical sociology

Medical sociology has championed patient expertise, and the growing involvement of patient experiences in shaping healthcare. At the same time, we have explored corporate interests, medical elites and boundary work, critically engaging with techno optimism and advocating for responsible innovation.

This presentation considers how these key pillars of our field intersect with reactionary health politics since the end of the Covid-19 pandemic, particularly its digital and populist dimensions. I explore the rise of reactionary politics and how it is shaping health knowledge, provision and uptake. I examine how medical sociology can respond to these developments, reflecting on how our critical tools can be mobilised in support of and against reactionary health politics.

Focusing on reactionary politics and innovative health technologies of fertility tracking, polygenic risk scoring of embryos, and mRNA vaccines, I trace some key qualities of reactionary health agendas, including with respect to digital media, inequality, maternity, democracy and scientific institutions. I consider how lay expertise, knowledge democratisation and the sociology of biomedical knowledge — especially the formation of “truths”—relate to these dynamics.

I end by reflecting on how we react to reactionary health politics. I consider how seeking progressive influence or countering misinformation online can reinforce polarisation and elide legitimate concerns about institutions, elites, risks and meaning making in medical science. I ask what this means for medical sociology and our research agendas, especially our capacity to promote equitable futures and our work in digital spaces.

Biography

Anne Kerr is Professor of Science and Technology Studies at the University of Glasgow. Her research interests are in the social and ethical context of medical science and technology and she has worked with colleagues on a range of projects including on reproductive medicine, genetic testing and treatments and cancer. With a particular interest in how publics and patients engage with ethical and social challenges around new developments in medicine, she has advocated for greater patient and public involvement in policy decision-making. Anne has also explored how medical and scientific professionals navigate complex and competing obligations whilst making organisations and technologies work in practice. She is a Fellow of the Academy of Social Sciences and recently served as Head of School of Social and Political Sciences at Glasgow and as a member of the Nuffield Council on Bioethics where she chaired their independent advisory group on their Assisted Dying Public Consultation.

THURSDAY 10 SEPTEMBER

09:00-10:00

Squires Annex Lecture Theatre

Dr Dharmi Kapadia, The University of Manchester

The power of institutions and the mental health of racially minoritised people

In Dr Dharmi Kapadia, Senior Lecturer in Sociology and Director of the Centre on the Dynamics of Ethnicity (CoDE), The University of Manchester.

What power do institutions hold over racially minoritised people with severe mental illness? In this talk, I argue that to begin to solve the problem of racial inequalities in mental illness and mental healthcare, we need to change the way we conceptualise how they are created in the first place. We must broaden our understanding to include state institutions as sites of racial inequality that impact on mental illness and mental healthcare over the life course.

In the UK and the Global North more broadly, there is a crisis of high rates of severe mental illness and harmful psychiatric treatment for racially minoritised people. Time and time again, we hear about the elevated rates of severe mental illness (SMI) amongst racially minoritised people compared with white people, how this often goes untreated until people reach crisis point, and how the treatment they receive is both physically and mentally harmful (Kapadia et al., 2022). These higher rates of SMI are due to racial discrimination experienced over the life course (Karlsen et al., 2005; Nazroo, Bhui and Rhodes, 2020), and also due to diagnosing bias with racially minoritised people being diagnosed with more severe and stigmatising diagnoses than white people (Misra et al., 2022). At the point at which racially minoritised people seek help or enter mental health services, they are often subjected to some of the most harmful types of mental healthcare. Typically, racially minoritised people experience high rates of compulsory detention (or sectioning) with the use of the Mental Health Act (Halvorsrud et al., 2018) sometimes with police involvement. Further, once they are being treated on psychiatric wards, they are subjected to more violence and restraint than their white counterparts. Research to date has shown the persistence of these racial inequalities in mental healthcare, with devastating effects on racially minoritised people, particularly Black people.

However, these inequalities in severe mental illness and mental healthcare are not produced at the site of the psychiatric hospital. There is a much deeper history of 1) how people come to develop mental illness and 2) how they come to receive some of the most harmful types of treatment. We must ask, what has happened to racially minoritised people over the life course to make them so unwell? And after that, we must ask, why do they continue to be treated so badly by mental health services? The answers, to some extent, lie in the interactions that racially minoritised people have with state institutions that can influence their mental health and their mental health care trajectory. However, much research to date has neglected what is happening outside mental health services to understand racial inequalities. More recent research has shown that these inequalities are created outside the mental health system when people interact with state institutions such as the education system, the criminal justice system, and social services. To tackle racism in mental health, we need to continue to

understand and acknowledge the way in which powerful institutions are shaping racially minoritised people's mental illness and mental healthcare.

Biography

Dr Dharmi Kapadia is Senior Lecturer in Sociology at The University of Manchester and Director of the Centre on the Dynamics of Ethnicity (CoDE), the UK's largest research centre investigating ethnic inequalities. Dharmi is also Co-Investigator of the Evidence for Equality National Survey (EVENS), the UK's largest survey to document the impact of COVID-19 on ethnic and religious minority people in the UK and Co-Investigator of the English Longitudinal Study of Ageing (ELSA). Dharmi has made significant contributions to understanding ethnic inequalities in mental health, stigma, access to mental healthcare, and racial inequalities in later life. Her research consistently centres racism, rather than 'race', as a fundamental cause of inequality, and has informed policy, academic and practice debates. Dharmi's research has been published extensively in leading international journals such as Social Science & Medicine, Sociology of Health & Illness, British Medical Journal, Ethnic & Racial Studies, PLoS One and British Journal of Psychiatry.

TUESDAY 8 SEPTEMBER
13:25-13:55

Sexual and Reproductive Health – SAN 210

'A floor, not a ceiling': Conceptualising epistemic infrastructures of reproductive governance in Argentina's post-legalisation abortion politics

Lea Happ
University of Sheffield

Argentina's abortion legalisation in 2020 has been celebrated as a landmark achievement for reproductive rights, health, and justice in Latin America. Approaching legalisation as a floor, rather than a ceiling, for abortion rights, feminist activists and scholars have since turned their attention toward promoting implementation, monitoring obstacles to access, and responding to backlash. These efforts have become particularly urgent since the election of far-right president Javier Milei, whose rejection of women's and LGBTQ+ rights has been central to his authoritarian project. To analyse abortion politics in this contested context, I mobilise 'epistemic infrastructures of reproductive governance' as a tool for conceptualising the role of knowledge production in the making and unmaking of abortion access post-legalisation.

To this end, this oral paper draws on my recent doctoral research (completed in 2025) on abortion access, feminist activism and the politics of knowledge in post-legalisation Argentina. I conducted semi-structured interviews with 35 feminist activists, healthcare providers, and policy makers across four Argentine provinces in 2022 and 2023, alongside participant observation and a digital and analogue media analysis. Building on scholarship from medical sociology, STS, and feminist theory, I trace how diverse social actors' knowledges shape intersecting gendered, racialised, class, and geographic inequalities across two key sites of access and obstruction: the neighbourhood and the healthcare centre. I argue that legal abortion thus emerges as a category malleable through the discursive and material interventions of such actors. In contentious times, this may be both a risk and an opportunity for promoting reproductive justice.

Experiences of Health and Illness – SAN 301

Breast Cancer as A Social Illness: Lived Experiences of Patients and Their Caregivers In North India

Shruti Pathak, Sunil Choudhary, Nidhi Mishra
Institute of Medical Sciences, Banaras Hindu University, India

Breast cancer is framed as a biomedical condition, but this paper examines it as a socially lived illness. This study focuses on embodiment, emotions, and relational dimensions of illness, where disease becomes not just a physical experience, but a deeply social experience, not just for patients but their caregivers, too. This study is based on the qualitative approach, where data were collected from the breast cancer patients and their caregivers in the department of Radiotherapy and Radiation Medicine of Banaras Hindu University, India. In-depth open-ended interviews were conducted to capture the lived experiences. A thematic analysis approach was adopted, in which themes were developed by identifying recurring patterns and meanings. Findings indicate that breast cancer is not just limited to the physical and emotional experience of the patients; caregivers also had to face stigma, social distance, and emotional strain, and society seemed to maintain distance from them as well. Gradually, patients stop sharing their thoughts with their caregivers and see themselves as a burden on their

family. This process makes the illness a deeply relational experience, where suffering is not just individual but unfolds at a family level as well.

Overall, this paper argues that it is important to understand breast cancer as a social process because this process highlights the lived experiences of illness where body, emotions, care, and social relations are all interconnected to each other. This perspective also opens scope for future research in the Global South, where health experiences are shaped by family and community.

Inequalities – SAN 205

Inequitably Harmed: Understanding Equity and Diversity in Patient Safety

Josephine Ocloo, Gustavo Sanchez
King's College London

Patient safety is a central pillar of healthcare quality. Repeated failures across healthcare highlight the need to better understand how safety can be improved for all patients. Institutional efforts, such as the recently published NHS England Patient Safety Healthcare Inequalities Reduction Framework (2025), attest to the urgency of broadening understanding of healthcare harm in connection to issues of equity.

Patient safety research can often obscure the social and cultural dimensions and epistemic injustices of healthcare harm, with its linear focus on clinical incidents. This fails to address the links between patient safety and wider discussions on social inequities and justice, impacting different population groups. To address this gap, we are conducting a scoping review of empirical and grey literature published in major

medical databases over the past 25 years. Our review, conducted by a research team of experts by occupation and experience, examines what evidence exists on patient safety harm and its impact on different population groups. We focus in particular on patients from marginalised backgrounds and explore what actions, co-produced with harmed patients and family members, can help address patient safety inequities. Our findings will shed light on the relationship between patient safety and healthcare inequities, distinguishing between differences in health experiences and inequities that are unfair and avoidable impacting different groups. These inequities often stem from systemic biases linked to race, ethnicity, disability, age, class, gender, and sexual orientation. This paper will provide an overview of the evidence with the aim of expanding conventional understandings of healthcare harm.

Mental Health – SAN 204

Children and young people's moral landscapes of care: navigating multiagency involvement at the intersection of CAMHS and children's social care

Hannah Gellman, Tessa Morgan
Northumbria University

Children and young people with children's social care (CSC) and CAMHS involvement are subject to interventions from multiple state institutions. After a decade of austerity and rising unmet need, current policy prioritises multiagency approaches. This study draws on symbolic boundary work (Lamont & Molnár, 2002) and boundary objects (Star, 2014) to explore how this underserved group navigates a complex moral landscape of multiagency care.

A thematic analysis of 60 semi-structured interviews with young people aged 12-18, co-produced by experts-by-experience, produced three interrelated findings.

The boundary between CAMHS and CSC varied, from sharp distinctions to fuzzy entanglement. Mental health emerged as an organising principle; social workers were rarely considered a source of mental health support, often felt to detract from it, while the meaning of "CAMHS" stretched to encompass CSC-funded mental health treatments.

Whether interventions were sought or imposed shaped the moral terms of engagement. Where care was imposed, moral boundaries were leveraged to discredit the interventions, most often in CSC encounters. Yet CAMHS, most often sought, carried a threat of discharge thus a sense of precarity characteristic of services under austerity.

Finally, contrasting experiences of impersonal bureaucracy and relational care cut across both services, intensifying or alleviating the moral weight of interventions. Diagnoses and clinical language exemplified this contrast, experienced as dehumanising in impersonal encounters, yet a legitimating moral resource when fostered by a trusting practitioner bond.

These findings trouble the policy ideal of a multiagency approach, revealing how young people make meaning of care in a complex moral landscape.

STS and Medicine – SAN 207

Suffering-Capital: Recognition, Legitimacy, and Digital Illness Communities

Harriet Fuest
Liverpool John Moores University

Experiences of chronic illness do not become socially or institutionally consequential simply by being endured; they must be rendered credible within specific social and communicative contexts. This paper introduces the concept of suffering-capital to explain how experiences of hardship acquire legitimacy, authority, and influence through acts of communication, particularly within digitally mediated environments.

Focusing on people living with myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS), a condition historically marked by medical controversy and institutional scepticism, the paper examines how sufferers use digital platforms to narrate experiences, document symptoms, and exchange knowledge in ways that make their illness publicly legible. Drawing on qualitative research combining netnography, participant illness journals (n=14), and semi-structured interviews (n=12), conducted over an 18-month period, the analysis shows how communicative practices transform private suffering into credible claims to knowledge, recognition, and care.

The paper argues that digital environments are key sites in which suffering-capital is generated and circulated, enabling new forms of patient expertise and collective knowledge production while also exposing sufferers to contestation and uneven recognition. In doing so, it offers a conceptual framework for medical sociology to analyse how legitimacy, knowledge, and care are negotiated under conditions of digital mediation, particularly in the context of contested chronic illness.

Health Care Organisations – SAN 206

Teamwork and relational infrastructure: a qualitative study of modern UK general practice

Francesca Dakin, Ninna Meier, Emma Ladds, Sietse Wieringa, Joseph Wherton, Sarah Rybczynska-Bunt, Asli Kalin, Lucy Moore, Trisha Greenhalgh
University of Oxford

Amid ongoing crisis, digital transformation, and workforce strain, modern UK general practice demands complex forms of teamwork that are both cognitively and emotionally intensive. While policy and research have focused on structural pressures, less attention has been paid to the relational conditions that sustain (or undermine) everyday work.

This paper draws on a multi-sited qualitative case study of 10 GP practices across the UK, combining ethnographic observations, interviews, and focus groups. Using an abductive approach, we mobilise concepts from organisational scholars and the sociology of work (relational coordination, psychological safety, and attentional infrastructure) to develop the concept of relational infrastructure.

We show that relational infrastructure, understood as the patterned practices through which relationships are built, maintained, and enacted, plays a central role in shaping staff wellbeing, team identity, and the coordination of work. Practices with stronger relational infrastructures were better able to navigate ongoing change and crisis through collective problem-solving, open communication, and mutual support. However, relationality also had a 'dark side', risking exclusionary dynamics and the intensification of labour through overcommitment to team members.

By conceptualising workplace relationships as a form of infrastructure, this paper advances sociological understandings of healthcare organisation and labour. It argues that relational processes are not peripheral but fundamental to effective and sustainable primary care, with important implications for workforce sustainability and the overall resilience of the health system.

Critical Public Health – SAN 314

Authoritarian Trauma as a Form of Oppression-based Social Trauma: Cross-Case Comparisons on How Systemic Repression Affects Communal Health

Mandy Lee
Trinity College Dublin

Trauma studies is a burgeoning multidisciplinary field in recent decades. Post-colonial scholars and liberation psychologists have highlighted the need to focus on oppression-based, collective social trauma (Holmes et al, 2016; Hirschberger, 2018) that is empirically descriptive of, and conceptually appropriate for, communities living with everyday, normalised oppression. In this paper, I present a sub-type of oppression-based social trauma I termed "authoritarian trauma," to focus attention on communities suffering ongoing systemic repression from state and non-state actors, a phenomenon the Palestinian psychiatrist Dr. Samah Jabr (2022) had described as "trauma beyond PTSD." Drawing from the cases of Palestine, Hong Kong, and America under Trump's second administration, which share important features of regime repression despite differing historical contexts, I demonstrate how "authoritarian trauma" operates across these communities using narrative analysis of publicly-available texts and images, where community members narrate their lived experiences in their own words. I argue that the concept of "authoritarian trauma" helps us understand the common suffering of peoples under repressive regimes across ideological lines, which empowers us to develop solidarity among communities in common suffering in these authoritarian times. I also outline ways of conceptualising communal resilience beyond individual "post-traumatic" growth when population-level oppression is still ongoing.

Note: An earlier version of this paper using only the cases of Palestine and Hong Kong was previously presented at the BSA Conference (2024). I have now refined and extended my analysis to include Trump's second term in America as an additional illustrative case also.

Open – SAN 221

My Home, My Garden Story: Curated atmospheres and class in the domestic garden when living with dementia.

David Dobson, Chrissy Buse, Andrew Balmer, Sian Beynon-Jones, John Keady, Daryl Martyn, Sarah Nettleton, Sarah Swift
University of York

Engagement with gardens has been shown to enhance a sense agency, feelings of identity, and facilitate connections with nature, people, and moments for people living with dementia, though little is known about the domestic garden here (Newton et al., 2021). Drawing on data from an ESRC funded study called called My Home, My Garden Story, and the pilot study that preceded the present study, this paper explores everyday experiences of domestic gardens when living with dementia through the lens of 'atmospheres', explored in the work of Bille (2015) and Hicks (2020). The field work took place in 2020 for the pilot and 2025/2026 for the present study, including repeated visits with participant, once per season, harnessing creative ethnographic methods including, filmed walking tours, sketch

methods, visual/emotion mapping, and diaries. Emergent findings include a focus on atmospheric practices in the garden, including opportunities for participants to explore citizenship by engaging with local communities through the use of lights, colours, smells, and so forth. Furthermore, sensory engagement with spaces participants have themselves curated provides opportunities for connection with biographies and identities; materialities of the garden memorialise family and events in participants lives. Atmospheres are thus crafted to enhance an embodied sense of belonging and self. The level of agency participants can explore, however, varies according to factors including ownership status, type of landlord, or localised norms. Classed identities and status impact various garden practices (Edensor and Millington, 2009) constraining the degree to which participants might explore embodiment of self through atmospheric practices.

SPECIAL EVENTS
TUESDAY 8 SEPTEMBER
13:25-15:05

30 Years of Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine

Christopher Till, Rebecca Olson, Ayse Polat, Chris Till, Erdem Dikici Dikici, Emma Craddock, Laura Sheard, Anne Kerr, Alison Pilnick, Adele Moore
SAGE - Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine

Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine has been at the forefront of critical analyses of health and healthcare for three decades. Over this time it has welcomed critiques of norms and power relationships from sociology, social psychology, social and cultural theory, through to advancing theory-driven cross disciplinary research with implications for justice-oriented healthcare practice. To celebrate and mark thirty years of Health: this special event will reflect on the history of the journal and critical approaches to the sociology of health and illness over the last thirty years. There will be discussion of key theoretical, empirical and analytical developments such as the impact of Foucauldian theory, posthumanist thinking and pandemics (historical and more recent), through to the increasing importance of patient voices and person-centred care, and the rising influence of digital technologies.

Contributions to the panel - drawn from editors past and present and contributors to our 30th anniversary special issue - will offer reflections, analyses and provocations on the successes and challenges the field has encountered, assess where it stands today and the role of the journal in ushering in the next chapter.

Whose Knowledge Counts? (Re)locating Authority in Sexual and Reproductive Health Service Design

Hannah Hall, Kristina Saunders, Anna Nelson
University of Strathclyde

Sexual and reproductive health interventions are often presented as neutral, evidence-based services. Yet, as scholars in medical sociology and cognate fields have long argued, service design and implementation are (re)produced by social, political, and epistemic assumptions about what counts as legitimate knowledge, whose voices are credible, and what constitutes harm or benefit.

This panel brings together three papers from interdisciplinary scholars engaging with these debates from within the field of reproductive health to highlight previously unseen perspectives.

In the first paper, Dr Kristina Saunders, University of Glasgow, focuses on the provision of contraceptive care for underserved populations in Glasgow and Edinburgh. Drawing on qualitative research with women and people of diverse genders from marginalised backgrounds, it demonstrates how access, side effects, coercion, and trust in healthcare systems are experienced and navigated at various intersections. Following this, the paper presents participants' recommendations for the future of contraceptive care.

The second paper, presented by Dr Anna Nelson, King's College London, foregrounds contestations around sexual and reproductive health claims, particularly those where (formal or informal) 'patient' communities seek to challenge medical consensus. It explores the ambivalent engagement with state actors in the fight for better services and questions how boundaries of authority are assigned and challenged in this space. This paper draws from socio-legal research conducted as part of the Wellcome-funded project, 'Between Deception and Dissent'.

In the third paper, Dr Hannah Hall, University of Strathclyde, draws on the case study of contraceptive care for Venezuelan adolescent migrant girls in Colombia. This paper adopts a Reproductive Justice lens to develop a novel conceptualisation of contraceptive autonomy, highlighting it both as multidimensional and relational. Drawing on narrative interviews and focus groups with migrant girls, this paper highlights gaps in current service provision of contraceptive care during crisis and presents co-produced recommendations to redress inequities in decision-making power.

Taken together, the panel advances a critical analysis of how regimes of SRH are constituted through selective forms of knowledge production and validation that reinforce unequal power relations. Instead, they advocate for inclusive, reflexive, and justice-oriented approaches to both regulation and care that take expansive and relational approaches to reproductive freedom.

In doing so, the panel contributes to ongoing debates in medical sociology about the limits of biomedical approaches to evaluating the appropriateness of sexual and reproductive health interventions and joins those calling for more just reproductive presents and futures.

TUESDAY 8 SEPTEMBER
14:00-14:30

Critical Public Health – SAN 314

Methodological Innovation in Adolescent Research: Adapting the Storyline Approach to Explore Wellbeing Issues among Young Adolescents in Malawi

Velia Manyonga, Marion Henderson, Monica Porciani, Lusizi Kambalame
University of Strathcyde

Background

Adolescent wellbeing is multidimensional, encompassing emotional, social, and behavioural domains. However, younger adolescents (10–14 years) remain underrepresented in research, particularly in low- and middle-income countries, where conventional methods often limit meaningful participation and discussion of sensitive issues such as bullying and emotional distress.

Objectives

This study aimed to explore how young adolescents understand and experience wellbeing, examine the social and environmental determinants shaping their wellbeing, investigate the effects of negative social interactions, and identify coping strategies and support systems, while demonstrating the methodological value of the Storyline approach.

Methods

A multi-stage qualitative participatory design was employed in Blantyre (urban) and Mchinji (rural) districts in Malawi. Initial interviews and focus group discussions informed subsequent Storyline workshops, where participants co-created fictional characters and narratives using storytelling, drawing, and role-play. This approach enabled the indirect exploration of sensitive experiences in a safe and engaging environment. Data were analysed using a hybrid inductive–deductive thematic approach.

Results

The Storyline approach generated rich accounts of wellbeing, highlighting its relational nature (love, care, belonging) alongside key challenges, including bullying, poverty, neglect, and unfair treatment. Findings revealed cumulative emotional and behavioural impacts, such as withdrawal, school disengagement, and risk behaviours. Although multiple support sources were identified, barriers including fear, mistrust, and ineffective responses limited help-seeking.

Conclusion

The Storyline approach provides a contextually appropriate and ethically sensitive methodology for engaging younger adolescents, enhancing voice and generating deeper insights to inform public health research and interventions.

Experiences of Health and Illness – SAN 301

Ethno-healthism, prostate cancer and benign prostate hyperplasia

Genaro Castro-Vazquez
Kansaigaidai University

This presentation teases out the concept of ethno-healthism to offer a viewpoint of the intrapsychic dimension of scripting concerning how a group of 35 Japanese men journey prostate cancer or benign prostate hyperplasia. An adaptation of the ‘sexual scripts’ theorising (Gagnon and Simon 2005) orients the inquire underpinned by a set of in-depth, semi-structured-individual interviews with 35 Japanese men, conducted via a LINE-app video-call from 2021 to 2023. Grounded in ‘systemic networks’ (Bliss, Monk, and Ogborn 1983), and a ‘conversational approach’ (Green 2023, 7); healthy-self, ethnic-self, and gendered-self entail three axes to analyse the interviews. From the healthy-self viewpoint, the participants endure a biographical disruption/continuity, due to structurally/culturally scripted ethno-healthism, where eating-habits-modification is critical. The ethnic-self serves to expose the system of ideas and ideals underneath ethno-healthism via the assumption that Westernised-eating-patterns are carcinogenic, and that traditional-Japanese-food might represent a promise of prevention. The gendered-self casts some light on how ethno-healthism could strengthen gender relationships that rely on the female-self as a homemaker who cooks traditional-Japanese-food, and nurtures the household. In coping with prostate-related issues, the Japanese-construct of ikigai (Mathews 1996) might assist to (re)configure the male-self removed away from an orthodox view of masculinity and ethno-healthism. Red-meat consumption could be vindicated as non-carcinogenic, yet as a behavioural trait of masculine men.

Inequalities – SAN 205

"Automating Inequality: AI as a Boundary Object and the Stratification of the Surgical Elite"

Bianca Vieira
Universidade de Évora (CICS.NOVA UÉvora

As Robotics and Artificial Intelligence (AI) permeate the clinical landscape, the traditional hallmarks of surgical expertise are undergoing a profound sociological shift. Situated within the Portuguese healthcare system, this study investigates how neurosurgical stakeholders, such as clinicians, educators, and industry providers, negotiate the integration of these "boundary objects" into a changing medical reality. By conceptualizing AI as a site of negotiation between clinical autonomy and technocratic mandate, this research argues that while these technologies are marketed as a democratizing force for precision, they inadvertently forge a new landscape of professional inequality.

Drawing on qualitative interviews and field mapping across Portuguese clinical and academic institutions, the study explores how AI's utility is stratified by age and institutional capital. Early findings reveal a persistent "technological insecurity" among older professionals, contrasted with a fraught adaptation process for medical students. Rather than leveling the playing field, these tools appear to reinforce a "Value-Based Healthcare" model, prioritizing algorithmic efficiency over human apprenticeship.

Critically, the research identifies a burgeoning "digital divide" within the specialty. Access to high-level robotics is becoming a new marker of institutional prestige, creating a tiered system of expertise where only well-resourced centers offer the "future" of neurosurgery. By analyzing how actors project conflicting meanings onto these tools, this paper reflects on AI not merely as a clinical aid, but as a catalyst for a redefined medical elite. In the race to automate, we witness the mechanized marginalization of the periphery, proving that the "gold standard" is increasingly a matter of automated privilege.

Mental Health – SAN 204

“Whose responsibility is it?!”: speculative possibilities and actualised practices of care in LGBTQ+ suicide prevention.

Hazel Marzetti
University of Edinburgh

LGBTQ+ people are established as disproportionately affected by suicidal thoughts, attempts and deaths. Responding to this health inequality, UK suicide prevention policies have suggested that prevention must be tailored to the needs of LGBTQ+ communities (amongst other ‘high risk’ groups identified) to facilitate culturally competent care. However, what this could or should look like remains largely absent from any guidance. To explore this gap in practice-based knowledge we interviewed 20 practitioners working in suicide prevention for LGBTQ+ communities from across the public, private, and third sector and analysed them using reflexive thematic analysis.

Practitioners constructed LGBTQ+ suicide as a deeply encultured, social, rather than medical, issue; offering explanations of the disproportionately high rates of suicide as rooted in stigma, shame, and social isolation. Responding to this, time and compassion; comfort, competence and confidence (with both LGBTQ+ health and suicide); and contextual safeguarding were identified by participants as the practices central to ‘good care’. Within this framing, community-based services were positioned, across the board, as the best place for LGBTQ+ suicide prevention to be provided.

This framing prompted us to develop an analytical curiosity into the speculative sociological potential for care articulated through some conspicuous absences, haunting practitioners’ narratives through a series of shoulds and should nots. The services that should care but don’t; the prejudice that should not be present, but is. In considering this potential, we navigate key tensions in the de/pathologisation of suicide and suicide prevention arguing that whilst broadly productive there can be unintended problematic consequences.

Open – SAN 221

(Extra)capitalist plots? Gardening, health and capitalism

Nick Fox, Pam Alldred
University of Huddersfield

Much has been written about the physical and mental health benefits of gardening and time spent in green spaces, often focusing on individual-level outcomes such as improved mood, reduced stress and personal growth. From a public health perspective, gardening—whether at home or in community settings—is treated as a valuable tool for enhancing overall well-being (Clatworthy et al., 2013). However, such approaches tend to treat gardens as inherently positive environments and assume some kind of innate human affinity with nature.

This paper moves beyond this individualistic and essentialist view, building instead on sociological and political economy perspectives. It examines gardens as spaces that exist partly beyond what was described by Deleuze and Guattari (1988) as the 'capitalist axiomatic': a globalising economic formation that is progressively colonising multiple areas of life, with the primary objective of accumulating capital. In contrast to viewing gardens as inherently beneficial spaces, the paper adopts a relational and post-anthropocentric framework informed by posthuman and new materialist theories.

Within this framework, gardens are understood as sociomaterial assemblages, shaped by dynamic interactions and mutual influences between human and non-human elements. Gardening is therefore not simply an activity with predictable outcomes, but constituted by complex forces between such human and non-human materialities.

The paper assesses whether these gardening assemblages can create opportunities to resist or evade the pressures of capitalist accumulation. At the same time, it acknowledges that such spaces are not fully immune from the capitalist axiomatic and are constantly at risk from monetisation, consumerism and marketisation.

Health Care Organisations – SAN 206

Initial explorations into complexities in the NHS counter fraud knowledge exchange

Anu Watson
Northumbria University

Counter fraud work in NHS in England take place across a complex array of national, regional and local organisations, with various powers, implementing discrete and interlocking policies, creating conditions for reduced effectiveness, disconnect and confusion, and a lack of transparency and accountability (Griffiths et al. 2023). The patchwork quilt of counter fraud provision seeks to overlay the (ever) evolving, turbulent, organisation of NHS services.

The aim of this paper is to examine some of the complexities and tensions embedded in counter fraud knowledge exchange, drawing on interviews (n=20) with counter fraud service providers, knowledge exchange forums and other intermediary organisations involved in NHS counter fraud conducted as part of NIHR funded project into NHS counter fraud in England (SCAN).

At present there is a gap in sociological attention of the subject of counter fraud in healthcare, which this paper proposes to start to address by demonstrating avenues that can be opened to sociological enquiry, and to understanding how to strengthen counter fraud responses within the NHS

The paper explores some of the essential tensions arising from the complexity embedded in the current organisation of counter fraud within NHS in England, how for example, providers grapple sharing knowledge and good practice across the patchwork of public and private sector counter fraud providers It considers how complexity thinking (e.g. Mol & Law, 2002) and paradox theory (Desveaux, 2025,

Smith & Lewis, 2022) help us grasp these essential tensions in more conceptually rewarding ways, as well as in a more practicable, solutions-focused manner.

STS and medicine – SAN 207

Rethinking Algorithmic Fairness in Healthcare: A Socio-Technical Perspective on Structural Inequalities

Sumeyye Kara, Serra Sevde Hatipoğlu, Nesibe Zeynep Arslanoğlu Akpınar, Umay Bahadır
University of Leeds

This study examines how algorithmic systems in healthcare reproduce structural inequalities and reconceptualises algorithmic fairness from a socio-technical perspective within medical sociology. As algorithmic decision-making tools are increasingly embedded into healthcare, they shape diagnosis, risk assessment, access to care, and outcomes. In literature, fairness are discussed predominantly as a technical problem, focusing on data bias, model performance, and bias-mitigation strategies. This study discusses technical fairness criteria such as demographic parity, predictive parity, and equalised odds by critiquing them from a social justice theory perspective. This study moves beyond these technical discussions by analysing algorithmic fairness as a relational and context-dependent process embedded in broader health disparities, institutional practices, and social structures.

Methodologically, the paper adopts a conceptual and critical literature synthesis drawing on interdisciplinary scholarship across medical sociology, science and technology studies, and digital health research. It explores how fairness emerges through interactions between patients, healthcare professionals, institutional arrangements, data infrastructures, and algorithmic systems. This socio-technical assemblage highlights how algorithmic decision-making is shaped by structural inequalities in access to care, resource allocation, and across patient subgroups.

By situating healthcare algorithms within medical sociology debates on power, inequality, and access to healthcare, the study proposes a human-centered socio-technical framework for algorithmic fairness. The paper contributes to the literature by shifting the focus from technical bias correction to a broader understanding of fairness that incorporates structural health inequalities and the social organisation of healthcare. Ultimately, the study offers a conceptual model for understanding algorithmic fairness as a socio-technical process in digital healthcare.

TUESDAY 8 SEPTEMBER

14:35-15:05

Sexual and Reproductive Health – SAN 210

Medicalising the Debate: Discursive Framings, Epistemic Authority and Abortion Regulation in Belgium

Aurelie Aromatario
Université Libre de Bruxelles

When it comes to abortion, Belgium is now regarded as a ‘model student’, with low abortion rate and high-quality, affordable care. Yet, medical experts, civil society and policymakers remain unable to agree on how to regulate its practice. The first decriminalisation law was enacted in 1990, driven by the civil disobedience of doctors and activists openly practicing illegal abortions, while legislators remained deadlocked in ethical debates. In 2022, the federal Parliament appointed a group of medical experts to produce a scientific report, aimed at reviewing abortion law and practice, in an “objective” fashion. However, the lack of parliamentary consensus ultimately buried the issue indefinitely. This trajectory reflects a broader shift, establishing medical knowledge as the primary locus of expertise on abortion, accelerated by the continuous evolution of medical techniques and evidence. Consequently, the master

frames originating from civil society to define abortion as a public matter — centred on public health, social justice and women's rights — are being absorbed into an overarching medical epistemic authority. As a postdoctoral researcher in Sociology tasked with facilitating the work of this expert group, I was able to observe the decision-making process and the discursive strategies employed by the medical, scientific and civil society actors involved. Drawing on this participant observation and textual data, I analyse the different framings of abortion in the medical discourse to suggest that the medical ownership of the matter has deflected ethical and social justice concerns, leading to a status quo despite a political window of opportunity.

Critical Public Health – SAN 314

Care in the time of crisis: an ethnographic account from the UK maternity frontline

Tanvi Rai
University of Oxford

Shocking reports about the safety failures in NHS maternity care have been accumulating over the last fifteen years. While there are multiple, complex reasons for this, public media messaging that poses maternity care as failing and potentially dangerous has contributed to significant public distrust and intensified scrutiny of frontline maternity staff.

I draw on ethnographic observations of maternity care in ten hospitals across the UK, as part of the OBSUK study. Mobilising theoretical concepts of street-level bureaucracy, risk work and the moral economy of care, I examine how moral accountability is distributed in circumstances of sustained resource pressures and infrastructural strain. In everyday practice, maternity staff engaged repeatedly in moral and clinical triage throughout their shifts, recalibrating priorities, planning and providing care in situations saturated with clinical uncertainty. Commitments towards personalised and patient-centred care, in dialogue with anxious and often information-laden patients, are sustained in the persistent shadow of staffing and resource scarcity and escalating clinical complexity. Good care was frequently evident yet lapses were too, appearing more prominently during periods of acute resource pressures and for patients with smaller voices.

Rather than locating harm in individual negligence or pathological “cultures,” this analysis situates it within institutional conditions characterised by intensified surveillance and constrained capacity. While frontline staff become hyper-visible moral subjects within inquiry and media narratives, chronic structural underfunding and staffing models that are hopelessly misaligned with the contemporary UK birthing landscape, remain comparatively obscured. The paper invites reconsideration of how responsibility is morally allocated in contemporary maternity services.

Experiences of Health and Illness – SAN 301

Negotiating selfhood after cancer: intimacy, work and identity among breast and gynaecological cancer survivors in Hong Kong

Pui Yan Flora Lau
Hong Kong Shue Yan University

Breast and gynaecological cancers are the most common female cancers in Hong Kong, with improving survival and a growing population of younger women facing post-treatment life as a chronic condition. This study examines how women who have completed treatment for breast cancer or gynaecological cancer perceive femininity and negotiate selfhood in intimacy and working life amid stigma, fears of recurrence and expectations of “normality”. Drawing on Goffman’s (1963) concepts of mortified self and stigma, and Snow and Anderson’s (1987) notion of identity work, this study explores how BC/ GC survivors embrace, resist or remain ambivalent towards a “cancer survivor” identity.

Using qualitative semi-structured interviews, this study is recruiting 55 BC/ GC survivors aged under 65, 15 allied health and NGO professionals and 10 intimate partners or coworkers. The research

agenda addresses: (1) how the loss or impairment of female organs and treatment-related bodily changes reshape feminine identity and sexual or intimate relationships; (2) how cancer-related disruptions to employment, work ability and career aspirations are negotiated; and (3) how identity work unfolds in relation to partners, coworkers, institutions and wider cultural norms. Preliminary pilot interviews indicate survivor's hesitation in embracing a cancer survivor identity in intimacy and work, alongside frustration with dominant rehabilitation agendas which overlook survivors' lived experiences in both private and public domains of life. The study will generate sociological insights into femininity, selfhood and survivorship in a Chinese context, and inform service and policy interventions by NGOs and the Hospital Authority to better support this population group.

Mental Health – SAN 204

Reimagining the biopsychosocial: Thinking otherwise about women's suicide in midlife

Amy Chandler, Ruth Chartoff, Georgie Akehurst, Sarah Huque
University of Edinburgh

Rates of suicide are consistently reported as higher among men than women, with women's suicide receiving comparatively little attention from suicide prevention policy and practice. Where women's suicide is addressed, in recent research and policy there is a tendency to prioritise a biopsychosocial model, and in particular, to highlight the potential role of hormonal changes associated with the menopause and perimenopause. Sociological interventions in this space are lacking, and this paper seeks to intervene into an area where feminist informed, sociological perspectives are vitally important.

In this presentation, we share findings from a narrative analysis of institutional suicide reviews carried out in Scotland following the deaths of 25 women aged 34-55 (part of the broader Suicide Cultures project). Our analysis focuses on the explanatory accounts foregrounded in the reviews, using an adapted version of Doucet and Mauthner's (2003) multi-layered 'listening guide'.

Drawing on feminist new-materialist perspectives (Fullagar et al 2019) we examine the complex ways that biological, psychological and social explanations for women's distress, and deaths, are made use of within the reviews. We find evidence of a consistent minimisation and individualisation of women's distress, with all three strands of the biopsychosocial enrolled to dismiss women as variously: hormonal, mentally ill, or socially 'chaotic' and beyond help. We consider how feminist informed, sociological perspectives might contribute to thinking of – and responding to – women's suicide 'otherwise'. Attending to bio-psycho-social entanglements in our analysis of women's suicide, points towards more compassionate and sociologically sensitive policy and practice in suicide prevention.

Open – SAN 221

Environmental Distress: Environmental Degradation from Climate Change and Green Initatives in Norway

Jocelyn Bell
University of Essex

Climate change is rapidly reshaping the Arctic as non-native plants spread further north and winters grow shorter. To combat the warming climate, Norway has established impressive climate goals through their investment in green initiatives to reduce carbon emissions by 90-95%. Realising this goal requires the state to reshape the landscape. Massive onshore windfarms have begun to industrialise rural lands occupied by Indigenous Sámi reindeer herders. In addition, the hunt for materials necessary for the Green Transition, like copper, has degraded mountains and threatened the health of ecosystems as the government licenses mining companies to dispose of waste into fjords. By engaging the Environmental Distress Scale (EDS) developed by Higgenbotham et al. (2006), this research captured the well-being and emotional experience of both Norwegians and Sámi as they experience the compounding effects of environmental degradation from climate change and green initiatives. The quantitative data gathered through the survey were validated and supplemented with qualitative interviews to display the way in which green initiatives negatively impact the well-being of Sámi within Norway. Moreover, the results suggest Sámi are experiencing ecological grief and environmental

distress as the ability to continue cultural practices is threatened. This research confirms the interconnected nature of Indigenous health and the environment, and it prompts one to engage in further conversations on how to enact green policy that is representative of Indigenous cosmologies and perceptions of health.

STS and medicine – SAN 207

Modelling in Action: Knowledge, uncertainty and expertise across science, policy and publics

Emily Jay Nicholls, Jasmine Folz, Elizabeth Fearon, Lucy Rycroft-Smith, Zviiteyi Chazuka, Caroline Jay, Shema Tariq
University College London

Infectious disease modelling increasingly underpins decision-making about public health and policy. Modelling applies mathematical techniques to diverse data sources to understand and project how infections spread through populations and to explore the potential impacts of behavioural, social, and policy interventions. During the COVID-19 pandemic, modelling assumed a more public and explicitly political life, as modellers themselves became visible participants in policy debates, highlighting forms of influence which had long existed, but were previously less apparent to the wider public.

In this paper, we aim to explore the social, political, and epistemic work that underpins infectious disease modelling. We draw on our ethnography of two modelling teams, key stakeholder interviews, and focus group discussions with members of communities disproportionately impacted by COVID-19. Synthesising insights from across these sources, we explore how expertise is enacted, negotiated and contested across academia, policy and publics. By doing so, we conceptualise modelling as a social practice, shaped by institutional pressures, political expectations, and cultural understandings of risk, behaviour and responsibility. We explore how modellers grapple with uncertainty, communicate the limits of their models, and navigate the blurred boundaries between science and politics.

By incorporating the perspectives of marginalised communities, we also highlight how lived experience and community-based perspectives may interact with, or reshape, modelling practices. This contributes to sociological debates on expertise by exploring how different ways of knowing and doing infectious disease modelling might be brought into dialogue, tension and negotiation.

Health Care Organisations – SAN 206

Living with Ill Health at Work: Symptom Management, Disclosure, and Organisational Control in the NHS

Jennifer Remnant
University of Strathclyde

This paper explores how long term ill health is managed and governed in the workplace through the everyday experiences of two NHS employees, Olivia and Teddy. Focusing on symptom management and disclosure, it examines how organisational norms, policies, and material environments shape the visibility and legitimacy of employees with long term health conditions (LTCs). Olivia's account highlights how managing urgent and unpredictable symptoms constitutes a largely invisible form of labour. Drawing on concepts of 'leaky' bodies and body work, we illustrate how workplace design, temporal organisation, and cultural norms around professionalism render bodily needs—particularly toileting—as sources of stigma and shame. Symptom management emerges not as a private issue, but as work in itself, structured by occupational roles and tasks, alongside organisational norms.

Teddy's narrative shifts attention to disclosure, challenging policy assumptions that health disclosure is a discrete, voluntary act. Instead, disclosure is shown to be iterative, relational, and deeply shaped by power. Teddy's experiences illustrate how organisational systems frequently fail to recognise visible deterioration until crisis occurs, at which point ill health becomes hyper-visible and subject to intensified surveillance and procedural control. While disclosure should enable access to adjustments, it simultaneously exposes workers to monitoring, misrecognition, and stigma.

Together, these stories demonstrate how LTCs are governed through a combination of cultural expectations, spatial design, and bureaucratic processes. By foregrounding lived experiences of symptom management and disclosure, we reveal how ill health is actively regulated and disciplined through everyday organisational practices.

TUESDAY 8 SEPTEMBER

15:10-15:40

Critical Public Health – SAN 314

Not never, just not yet: Exploring healthcare avoidance among LGBTQ+ people living with chronic illness

Vickery Stamp
Liverpool Hope University

Healthcare avoidance has been widely documented in both LGBTQ+ people and people living with chronic illness, and has been associated with experience or anticipation of discrimination and the complexity of healthcare systems. At the intersection of these identities, LGBTQ+ people living with chronic illness report high rates of negative healthcare experiences which frequently feature disbelief and dismissal, experiences of medical sexism, homophobia and transphobia, and challenges navigating complex healthcare systems. Nonetheless, this population often has ongoing, repeated healthcare contact.

This presentation draws on research exploring how LGBTQ+ people living with chronic illness in England access and navigate healthcare to consider their experiences of healthcare avoidance and how they negotiate decisions about how and when to engage with healthcare systems they frequently experience as harmful. Seven LGBTQ+ adults living with chronic illness took part in semi-structured online interviews and creative research tasks, analysed using critical realist thematic analysis.

Participants described a relationship between repeated negative experiences, low trust and expectations for future care, and avoidance. For participants, healthcare avoidance manifested as selective and conditional. Participants continued to understand some contact with healthcare as essential. Healthcare avoidance was employed as an active and often conscious approach to resist or manage the risk of further negative healthcare experiences, with participants using strategies to minimise their exposure to healthcare interactions, or to intentionally control their engagement with care. Interrogating how healthcare avoidance within this population contributes to our understanding of both healthcare avoidance itself and the intersectional barriers to healthcare experiences by this group.

Open – SAN 221

'You're always thinking ahead, you've got to with a garden': reimagining dementia and remaking futures through engagement with domestic gardens

Christina Buse, David Dobson, Andrew Balmer, Sian Beynon-Jones, John Keady, Daryl Martin, Sarah Nettleton, Sarah Swift
University of York

Dementia futures are often framed by the narrative of decline, grounded in the medical model and a focus on the progression of symptoms, creating a sense of 'foreclosed futures' (Ward et al. 2022, p.1430). However, in the context of dementia studies, the narrative of decline has been challenged through attention to everyday moments and experiences of living with dementia (Keady et al. 2002). This paper re-examines ideas of dementia and futures drawing on data from two studies exploring domestic gardens and living with dementia: 1) a pilot study conducted from January-July 2020 2) an ESRC funded study My Home, My Garden Story taking place from July 2024-October 2026, following

the use of gardens through repeat visits over a year. These studies explored experiences of gardens using creative methods including filmed walking interviews and zoom garden tours, diaries, sketch methods and visual mapping. The data highlights disruption to temporal routines and imagined futures in the context of dementia. However, engagement with gardens could enable a remaking and reimagining of futures through planning and planting, creative adaptations and material adjustments, anticipating and attending to seasonal change and the multi-sensory experience of the garden, creating a legacy through planting trees, advocacy and sharing knowledge about gardens. Through such practices, participants are remaking imaginings of time, futures and dementia, but they also expressed uncertainties and limitations to agency related to dementia or other health issues, the unpredictability of weather and plant growth, challenges accessing support and broader global risks such as climate change.

Experiences of Health and Illness – SAN 301

Imvukuzane, Nhuta: Cancer, Illness Metaphors and Culturally Responsive Health Communication among the Ndebele and Shona of Zimbabwe.

Maxine Mpofu, Enock Mandizadza
Northumbria University

Despite Africa bearing a significant and growing cancer burden, including some of the highest cancer-related mortality rates globally, its cultural interpretations remain underexplored in the Medical Sociology. This gap is compounded by a persistent epistemological hierarchy in health communication, whereby Western biomedical frameworks are applied universally while indigenous knowledge systems are dismissed as mythical or positioned as barriers to intervention. This paper addresses that gap by examining the cultural understandings of cancer among the Ndebele and Shona of Zimbabwe, where the condition is known metaphorically as a mole, imvukuzane and nhuta respectively.

Drawing on fieldwork conducted in Bulawayo, Matabeleland South and secondary data from Mashonaland provinces in the country, the study traces the aetiology, diagnosis, and treatment of imvukuzane and nhuta as understood and practised within each community, bringing into focus the role of illness metaphors in shaping health beliefs, treatment-seeking behaviours, and health communication. Empirical qualitative data was gathered through semi-structured interviews with nineteen participants, including traditional healers, cancer survivors, community members, village elders, and biomedical practitioners.

The study engages critically with Susan Sontag's arguments in Illness as Metaphor (1978) and AIDS and Its Metaphors (1988). Challenging Sontag's universalist position, the findings demonstrate that illness metaphors are not inherently detrimental to health outcomes. Context and setting are decisive in determining the function and meaning of metaphors in health discourse: imvukuzane and nhuta each serve important cultural, explanatory, and therapeutic functions within their respective communities, underscoring the limitations of applying Western biomedical frameworks uncritically across culturally distinct contexts.

Mental Health – SAN 204

Making meaning(s) of a diagnosis: Diagnostic framing, identity work, and anorexia identities.

Lauren O'connell
University of Essex

Being diagnosed with a psychiatric condition can have significant consequences for identity. Psychiatric diagnoses inform self-understanding but hold different meanings to different people. This paper takes a symbolic interactionist approach and addresses these matters in relation to anorexia nervosa. Drawing on data collected through in-depth interviews with 13 participants diagnosed with anorexia, I

examine the extent to which participants dis/identify with the diagnosis and how these positions emerged, and how the diagnosis informs their self-understanding. Findings suggest that participants first came to identify with anorexia via self-labelling and/or being labelled by others, and that an (increasing) identification with anorexia was learned through diagnostic framing in treatment settings and ongoing identity work. However, participants reflexively engaged with diagnostic definitions and explanations of their struggles resulting in anorexia identities that were differentially 'clinically' and 'critically' informed and were sometimes ambivalent. I discuss implications of this research for a) the symbolic interactionist concept of identity work and b) therapeutic approaches to anorexia seeking to address identity.

STS and medicine – SAN 207

The trade-offs of saving time on clinical documentation: on the sticky materiality of using ambient scribes in general practice

Karolina Kuberska, Matthew Woodward, Katie L. Richards, M A Hussein Wahedally, Janet Willars, Mary Dixon-Woods, Niels Peek
University of Cambridge

Digital scribes are AI-based tools that help summarise clinical consultations, aimed at saving time spent on documenting appointments. They are increasingly used across the NHS, both in primary and secondary care, although the broader effects of the use of digital scribes are yet to be understood. This paper reports a mixed-methods study to explore intended and unintended consequences of using digital scribes in English general practice. We focus on approximately 40 observations of consultation sessions where GPs used digital scribe technology and interviews with these clinicians to better understand the process and experiences of introducing a new technology into clinician-patient encounters. By attending to the "sticky materiality" (Tsing 2004) of using digital scribes in practice, we reflect on the frictions that digital scribes produce and on the trade-offs that GPs engage in when outsourcing clinical documentation to technology. Uptake and routine use of digital scribes was variable, with only some GPs perceived it as time-saving. GPs also noted being able to look at the patients more during the consultation and a reduction in "tedious tasks" (typing/spellchecking). GPs reported the loss of heterogeneity of patient notes, necessity to correct errors in scribe-generated summaries, and a risk of losing skills to summarise consultations. The minimal-yet-idiosyncratic failures of the technology were almost mundane – from misspelled names and incorrect assessment of examinations, to misinterpreting sarcasm and missing safeguarding information. This suggests that using digital scribes may involve a complex calculus, where the promise to save time is countered by new and uncomfortable frictions.

Inequalities – SAN 205

Living in and out of sync: embodying autistic temporality through everyday self-tracking

Sherita Tam
University of Cambridge

This paper conceptualises autistic experience through the lens of temporality, challenging deficit-based approaches that characterise autism in terms of dysfunction, passivity, or rigidity in social performance. Drawing on dialogues between autoethnographic accounts and qualitative interviews with autistic adults in the UK conducted as part of my recent doctoral project, I examine how lived experience is shaped by persistent tensions between embodied rhythms and neurotypical temporal norms.

Theoretically, I build on Thomas Fuchs' phenomenological account of time and Alison Kafer's concept of "crip time" to develop what I call "temporal stretching". This concept describes how autistic individuals actively negotiate moments of intersubjective (de)synchronisation in everyday life. Such articulation of pacing is not merely reactive, but involves ongoing adjustments to behavioural, cognitive, and sensory orientations in order to sustain participation and agency under normative temporal demands.

Empirically, the paper identifies recurring temporal patterns—including acceleration, withdrawal, temporal (dis)continuities, and intersubjective (de)synchronisation—through which autistic temporality

is lived and calibrated. I argue that digital self-tracking and timekeeping technologies constitute a crucial resource in this process. Rather than functioning solely as tools of self-optimisation, these technologies operate as devices of articulation, enabling autistic individuals to (re)configure self-care strategies within the co-existence of competing temporal realities.

By foregrounding temporality as a site of negotiation between bodies, technologies, and normative expectations, the paper contributes to medical sociology by framing autism as a dynamic form of life. It further calls for a more inclusive understanding of time that recognises diverse temporal orientations and the labour required to inhabit them.

Health Care Organisations – SAN 206

Care as Governance: A Feminist Framework for Analysing Gendered Labour in Chinese Hospitals

Jingyu Wei
University of Sheffield

This paper develops a theoretical framework of 'care as governance' to analyse how care labour is institutionalised and politically mobilised in Chinese public hospitals. Drawing on feminist political economy and organisational sociology, it argues that care is not merely an ethical orientation or professional virtue, but a governance technology — produced through policy discourse, hospital hierarchies, and performance regimes, and unevenly distributed along gendered lines.

Existing scholarship on global health governance has documented the structural paradox of healthcare systems that depend overwhelmingly on female labour while excluding women from leadership. Yet the dominant 'nonrecognition' framework — the idea that care labour is rendered invisible and therefore devalued — does not fully capture the Chinese case. In Chinese public hospitals, care is not ignored but actively mobilised: discourses of 'dedication', 'sacrifice', and 'compassionate service' institutionalise care as a political and moral requirement, while obscuring its status as skilled professional labour. COVID-19 makes this logic visible. The same labour practices reframed as 'heroism' during the pandemic were quietly re-naturalised as routine obligation once the crisis passed.

This paper contributes to medical sociology by reconceptualising care as institutional infrastructure whose costs are systematically absorbed by feminised workers across professional hierarchies. It draws on an ongoing doctoral study at a county-level hospital in Gansu Province, combining organisational ethnography, discourse analysis, and semi-structured interviews. The aim is not simply to document the Chinese case, but to develop analytical tools that can travel to other non-Western and authoritarian contexts.

Sexual and Reproductive Health – SAN 210

Recovering and Building Trust in Contraceptive Care among Young People in Scotland

Marie Larsson
University of Edinburgh

Trust is crucial in healthcare, especially in areas of health involving uncertainty, power asymmetries and stigmatised experiences. Contraceptive care faces growing distrust because of historical coercion, side-effects, and contested knowledges, especially among users marginalised by healthcare systems. This distrust affects contraceptive use and care in complex ways, with implications for service engagement, decision-making, counselling, and health inequalities.

Recent research highlight shifting trust patterns, erosion of medical authority, and an unravelling of person-centred contraceptive care (McNee 2024, Morison et al. 2026, Scheider-Kamp and Takhar 2023). Given the cumulative nature of trust, it is important to work on building trusting relationships in contraceptive care with young people, and particularly those facing greater barriers to trust. To address this breakdown of trust, the proposed research programme seeks to understand the complex, intersectional processes which build and erode trust among young contraceptive users in Scotland.

Trust is a multifaceted concept involving emotional and social dimensions, managing uncertainty and making judgements based on un/known factors (Möllering 2006). Understanding these complexities requires a research approach that captures the nuances, specific histories and social contexts which shape trust in contraceptive care.

This presentation will introduce the conceptual framing and methodology of this work. Building on previous research on contraception and abortion in Scotland and Sweden, a mix of qualitative and creative methods will be employed to study processes of trust central to understanding young people's contraceptive care experiences. The goal is to identify trust-building strategies that support contraceptive care futures responsive to users' needs and desires.

TUESDAY 8 SEPTEMBER

SPECIAL EVENT

15:10-16:50

Ethics and Ethnography Workshop

Andy Northcott, Catherine Pope, Joanna Hope, Tanvi Rai, Julie Roberts
The Ethics and Ethnography Observatory

Medical sociology has long used ethnography to illuminate everyday care practices that are inaccessible to other approaches. However, research governance and ethical approval processes can unintentionally make it challenging to conduct ethnographic research in UK health and social care settings.

Complex, and often conflicting, institutional and regulatory processes and frameworks – designed for and based on the conventions of quantitative and biomedical research - do not align well with the design, recruitment and aims of qualitative research, in particular ethnography. Navigating ethical systems and regulatory frameworks can delay research or pressurise medical sociologists to alter methods and research designs, making compromises which threaten research integrity, the value of findings, and the ability to understand and improve health and social care for some of the most marginalised and vulnerable populations.

This interactive workshop will demonstrate the importance of ethnography in medical sociological studies of healthcare by presenting examples of recent studies, and revealing the ethical challenges encountered. Workshop participants will be invited to discuss both the methods and impacts of these studies, and to share their own examples of the compromises and challenges faced in gaining ethical and research governance approvals. We will build on this learning by exploring how medical sociologists can best navigate existing systems, and contribute to efforts to extend, adapt and improve these to assure methodological rigour and ethical integrity in ethnographic research

Conveners (On behalf of the Ethics and ethnography observatory)

Andy Northcott (UWL)

Catherine Pope, (Oxford)

Joanna Hope (Southampton)

Tanvi Rai, (Oxford)

Julie Roberts, (Leicester)

(Further participants may be invited)

TUESDAY 8 SEPTEMBER

15:45-16:15

Critical Public Health – SAN 314

Health inequalities and neoliberal epidemics: Back to 'causes of the causes'

Ted Schrecker, Clare Bambra
Population Health Sciences Institute, Newcastle University

In two editions of How Politics Makes Us Sick: Neoliberal Epidemics (2015; 2025) we amassed evidence for treating health inequalities as the outcome of interconnected epidemics of rising inequality, insecurity, and (selective) austerity in public expenditure – driven, in turn, by the hegemony of neoliberalism in public policy. In the second edition, we added a discussion of commercial determinants of health such as ultra-processed foods (UPFs), reflecting the consequences of public policy's deference to the unfettered marketplace as a normative baseline. Here, we provide a highly selective summary of that body of evidence, with particular reference to the post-pandemic period, focussed on neoliberalism as the common variable and keeping in mind the observation by US Senator Elizabeth Warren that: 'What we have today didn't happen because of gravity. It happened because of a bunch of choices'. Sociology does not always make the necessary micro-macro connections, nor does it routinely capture the gravity of neoliberalism's impacts. Historian Salvador Regilme coined the powerful term 'necrostratification' to describe the impacts of differential access to resources and opportunities for resistance in the global context of the Covid-19 pandemic, and suggested its applicability to similar global crises. Using multiple examples, we argue that the term should be applied more broadly to the life-and-death consequences of neoliberalism, and that 'health inequalities' is an insufficiently evocative category. Our analysis is especially topical in view of the current global economic crisis and the new wave of simultaneous wealth accumulation and domestic austerity it portends under current political arrangements.

Alcohol consumption and the production of gender binarism: a more-than-human perspective

Serena Vicario, Nick J Fox
Centre for Health Services Studies, University of Kent, UK

This paper explores the complex interactions between gender and alcohol consumption from within a posthuman feminist materialist perspective. Gendered differences in alcohol consumption have been predominantly interpreted within medical sociology in terms of negotiations of gender identity by means of alcohol consumption, structural factors associated with gender, or sociocultural norms of gendered

behaviour. Drawing upon posthuman feminist materialist theories of gender, this paper radically diverges from the humanist, essentialist and practice-focused approaches underpinning much of this previous literature on gender and alcohol. The paper analyses data gathered by the first author on women's alcohol consumption, focusing on the material assemblages surrounding drinking occasions, while alsoacknowledging the capacities of non-human matter including alcohol to affect what human bodies can do. A total of 41 narrative interviews explored drinking practices and daily routines of 21 English working mothers, up to three years after giving birth (Vicario et al, 2021). Using a more-than-human and feminist materialist approach, we present cartographic representations of three complex and more-than-human drinking assemblages, comprising human bodies, alcohol, physiology and pathology, beliefs and norms, places, and many other socio-material elements. We then document the physical, sociocultural, psychological and economic affects alcohol generated on human subjects. By assessing these micropolitics of alcohol consumption – what capacities were privileged or suppressed, and what possibilities or constraints on actions were established, we make sense of how alcohol can

contribute to the aggregating of human bodies into socially-defined categories, including a gender binary.

Experiences of Health and Illness – SAN 301

Watch and Worry? Biographical disruption and biographical dialectics following a new diagnosed chronic haematological malignancy.

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, and one carer, during their first months following diagnosis. In this talk, I explore the conditions where a new diagnosis manifests as biographical disruption, and where this diagnosis is not experienced as a discreet rupture, but as biographical dialectics, an ongoing negotiation required to manage life with chronic illness. As such, I extend the concept of biographical dialectics to explore dialectic reconstruction, the ongoing narrative reconstruction that occurs following a diagnosis of chronic cancer.

Mental Health – SAN 204

Trauma in social life: toward a sociological theory of power and social change

Baptiste Brossard
University of York

Based on the forthcoming book Trauma in Social Life (Polity, 2026), this paper outlines a sociological theory of trauma as a socially situated and historically constituted process, rather than a universal psychological condition. Moving beyond the opposition between nominalist approaches, which emphasise the performative power of categories, and essentialist perspectives, which posit trauma as a transhistorical constant, it draws on Maurice Halbwachs' notion of "social frameworks of memory" to examine how available emotional repertoires, interactional contexts, and socio-political structures shape what comes to be recognised as "traumatic".

The paper then turns to the empirical implications of this approach. Drawing on life trajectories collected through repeated, biographical interviews conducted across several research projects (primarily on self-harm and sex addiction in France, Canada and Australia), it shows how trauma may be understood sociologically through four interrelated dynamics: dispositional transformations; configurations that (re)activate these transformations; retrospective interpretations of past experiences; and evolving relations to the social order.

Finally, the paper advances an alternative sociological model of trauma. Rather than a rupture from a prior state of normality, traumatic experiences are conceptualised as the actualisation of existing relations of domination and modes of governmentality. Symptoms such as hypervigilance or dissociation are thus reinterpreted as embodied extensions of these power relations, while recovery is approached as a social and political positioning within contested social orders.

More broadly, the paper argues that sociology can move beyond critique or description to propose empirically grounded alternative models of trauma.

STS and medicine – SAN 207

Patient flow and treatment pathways: logistics in A&E

Joanna Sutton-Klein
University of Sheffield

The idea that patients flow around the healthcare system has risen to prominence in recent years. An explosion of 'innovative treatment pathways' has been accompanied by the introduction of 'patient flow coordinators' as common-place roles within NHS hospitals.

Drawing on six months of ethnographic fieldwork in an NHS A&E (emergency department), I show how the attention of A&E staff was focused on determining which treatment pathway their patients should be directed onto, as well as facilitating the patient's flow through these pathways both in the A&E itself and the wider healthcare system. Patients frequently become stuck at junction points within treatment pathways, requiring healthcare staff to undertake logistical work in order to progress the patient's care.

In this paper I consider how patient flow complicates established sociological understandings of medical bureaucracies. Rather than reinforce medical dominance (Turner,1995) I contend that 'patient flow' has substantially modified the work of doctors from purveyors of biomedical knowledge to logistical workers. The role of the doctor is now focussed on decision making, while biomedical expertise has been transmuted into an ability to navigate the complex healthcare system and smooth the patient's journey. Correspondingly, I contend that within the logic of patient flow, the medical gaze (Foucault, 1973) reconstitutes patients as bureaucratic objects to be moved through treatment pathways.

Reflecting on the sociology of medical bureaucracy, I open up the urgent need and possibility for research that critically interrogates 'patient flow'.

Inequalities – SAN 205

Feminist encounters: What happens when women want the same thing as the state?

Alankrita Anand
Keele University

In light of rapidly falling fertility in India, alternately celebrated as policy-success and bemoaned as demographic decline, this paper examines how feminist inquiry (re)imagines the 'problem' of fertility. Feminist work has critically examined the widespread reach of the Indian government's family planning programme and documented its brute force and disenfranchisement in service of a continuing population control agenda. Yet, it has also shown that women want the same thing as the state—greater contraception—and that women's perspectives on 'choice' in reproduction simultaneously support and resist government control. This paper draws on instances of women seeking state intervention in their fertility paths, including in forms that may constitute violence in rights frameworks, and asks what such encounters mean for feminist research and advocacy. To borrow from Naila Kabeer (1998), how do 'uncomfortable possibilities' of women's choice find space in and reconfigure local and global ferility research and advocacy? Complementing the empirical examples, I draw on writings from feminist activists as they reflect on their shifting position(ing) as women's health advocates and users in their transnational campaigns against ethically-contested contraceptive technologies, along with research that shows the wider politics of feminist misgivings on the conduct and impacts of contraceptive coercion in different politico-cultural contexts.

The paper builds on new questions that emerged from my doctoral research which examined the influence of household gender dynamics on access to reproductive healthcare for women married as adolescents in India. The methodology involved in-depth interviews and focus group discussions, and constructivist grounded theory as the analytical framework.

Health Care Organisations – SAN 206

Team Ethos: how team cultures are perceived, experienced and enacted in NHS mental health services

Edward Freshwater
University of Leicester

In contemporary UK mental health services, clinical teams operate within increasingly complex environments shaped by political instability, workforce pressures, and systemic austerity. These conditions of uncertainty—exacerbated by staffing shortages, shifting policy agendas, and widening health inequalities—profoundly influence how care is organised, delivered, and experienced. This session draws on interviews, and qualitative analysis conducted as part of my doctoral research into the culture of clinical teams within NHS mental health services.

This work explores how underlying value systems and collective assumptions inform behaviour and decision-making. Through reflexive thematic analysis of staff interviews and organisational documents I examine the dissonance between "work as prescribed", "work as imagined" and "work as done". Bourdieu's concepts of habitus, field, and capital provide an additional sociological lens to analyse how professional identity, organisational logic, and power relations structure everyday interactions.

Findings highlight how team cultures are negotiated and sustained. While official narratives emphasise values such as compassion, integrity, and patient-centredness, frontline teams contend with resource scarcity, procedural constraints, and cultural tensions. In response, they develop adaptive practices and locally negotiated norms that both reproduce and resist dominant organisational discourses. For instance, 'caring cultures' are often upheld through informal networks and professional solidarities that operate alongside formal governance structures. These dynamics create spaces of both resilience and vulnerability: team cohesion can buffer against organisational instability, yet may also reinforce exclusionary practices or suppress dissent.

TUESDAY 8 SEPTEMBER

16:20-16:50

Critical Public Health – SAN 314

How Food Systems Shape Mental and Social Well-Being: Framing Food Production and Consumption Practices as Determinants of Health

Altricia Dawson, Altricia Dawson, Anne Touboulic, Lucy Mccarthy
Nottingham University Business School, University of Nottingham, UK; University of Bristol Business School, University of Bristol, UK

How do food systems shape health and well-being through everyday food practices? Public health scholarship and policy increasingly position food system change as central to improving health and well-being in low- and middle-income countries. Yet, the relationship is framed narrowly through diet and disease, with limited attention to how food production and consumption practices affect mental and social well-being. For example, food swamps could be exacerbated by socioeconomic status and vulnerability. This paper employs practice theory to understand the relationship between food systems and health and well-being. Bringing practice theory in dialogue with food systems, the paper treats food production and consumption as bundles of practices which are organised through the environment, habitus and meanings rather than independent individual choices (Reckwitz, 2002; Shove et al., 2012; Warde, 2005). Using a critical synthesis of the food systems and health literature, the paper offers a

theoretical account of how food systems shape public health beyond diet and disease, with mental and social well-being neglected in existing scholarship. The current evidence is focused on nutrition and urban contexts, with weaker attention to rural and informal food environments, where many food practices and health outcomes are organised. Finally, evidence highlights a missing process for how food systems interventions translate into intermediate outcomes of access, time, and stability that influence public health and well-being. The paper calls for a more holistic framework for further debate on how food system change should be analysed to support mental and social health and well-being.

Experiences of Health and Illness – SAN 301

Sightedness as a Contextual Symbol of the 'Normal': A Study on Interactions between Blind and Sighted Individuals

Ceylin Ozyurt
University of Bedfordshire

This study examines how the context of the 'normal' is reproduced in everyday interactions between blind individuals and their sighted partners, relatives and friends. Drawing on Goffman's (1963) theory of stigma, the study analyses interactional processes through dramaturgical concepts developed in The Presentation of Self in Everyday Life (1956), including front stage, dramatic realisation, idealisation, maintenance of expressive control, misrepresentation, mystification, and reality versus contrivance. The research is based on semi-structured, in-depth interviews conducted between 2018 and 2020 with twelve blind individuals and eight sighted partners, relatives or friends in Turkey. The analysis focuses on the meanings participants attribute to seeing and not seeing, drawing on examples from diverse social contexts. Findings show that the 'normal' constructed around sightedness is continuously reproduced in everyday life. The 'normal' is associated with capacities such as participation in public life, visual communication, social respectability, use of gestures and facial expressions, conformity to gender roles, possession of a sexual identity, and making mistakes and being rewarded. Although seeing and not seeing are physiological conditions, the study argues that encounters structured around sight shape social meaning. Social attributions, both positive and negative, belong not to individuals but to the interactional contexts in which they emerge. The 'normal' becomes visible only in encounters with the 'not normal' (the stigmatised), rendering these contexts observable. The originality of this study lies not in examining the stigmatisation of blindness, but in exploring how sightedness is constructed as 'normal' in interactional contexts, by bringing together two of Goffman's theoretical frameworks.

Mental Health – SAN 204

"The storm it is rising but we'll hold back the wind" - reflections from socially-prescribed community activities

Annabelle Edwards
Lancaster University

Over the last two years I have been gardening, singing, and journalling, sometimes at home on my own or with my family, but mostly as part of community groups that accept social prescribing referrals and are targeted at improving mental health and wellbeing. With funding from the Wellcome Trust to explore what it is like to participate in groups like these, I sought out activities that I could reasonably be referred to. As 'luck' would have it, beginning fieldwork coincided with my return from maternity leave, and the emergence of the financial crisis in UK HE. Luck, in this case then, refers to me being anxious and sad, hardly a new experience (all research is an outcome of embodied history after all, and in this case an explicit one), but I was perhaps a little more anxious and sad that I had been in a while. The day before beginning fieldwork, a GP asked if I had considered social prescribing… 'Yes' I said, 'I'm going tomorrow'. In this presentation I discuss some emerging reflections from my experiences, and from those I gardened, sang, and journalled with (n=20), many of whom had come through a formal social prescribing pathway. I consider what our experiences might offer to broader understandings of 'therapeutic landscapes', and in turn, to the design and delivery of social prescribing, reflecting specifically upon the importance of hospitality, of welcome and care as affective forces.

STS and Medicine – SAN 207

Rethinking Technology Recommendation in living with dementia: A Practice Theory Approach

Lijiaozi Cheng, Jennifer Macritchie, Elsie Ledger, Louis Stokes, Steve Milton
The University of Sheffield

Technology recommendation for people living with dementia is often approached as a discrete act of suggestion, aimed at supporting the uptake of assistive devices. Such approaches tend to treat recommendation as a discrete event and technology use as an individual outcome. However, experiences from practice suggest a more complex and unfolding process.

Drawing on data from co-produced workshops with people living with dementia independently and with their carers across three locations in England (York, Manchester and Tiverton; n = 41), this paper examines how technology recommendation takes shape through ongoing social interactions, and how it can potentially be understood as a social practice. The workshops combined collective discussion, hands-on engagement with devices, and opportunities for participants to try technologies in their homes. Through these activities, participants encountered technologies not only through formal recommendation systems (e.g. ADAM, developed by Alzheimer Scotland), in both group and individual settings, but also through observing others, sharing experiences, and developing interest over time.

This paper proposes a practice-based perspective on technology recommendation, understanding it as an ongoing process that must be sustained and made workable within everyday life. It unfolds through interconnected activities—discussing, demonstrating, trying, and reflecting—shaped by available support, material arrangements, and what participants find meaningful. Attending to recommendation in this way shifts the focus from technology adoption to how they are engaged with, experimented with, and taken up or set aside in everyday life. In doing so, the paper reconceptualises technology recommendation as a socially mediated, temporally extended process situated within everyday practices.

Inequalities – SAN 205

Intersectional stigma and healthcare: what can we learn from trans sex workers?

Mary Laing
University of York

Transactions is a co-produced participatory project which centres the experiences of trans people who sell sex. This paper will consider one aspect of the TransActions project and will reflect on the experiences of this group in healthcare settings. Drawing on the findings of 15 interviews with trans sex workers, the paper considers the distinct intersectional stigma - specifically the experience of living at the intersection of being both a sex worker and trans - and the interactions of this group with health care workers. It will reflect on what trans sex workers want and need in terms of healthcare, how their experiences with healthcare professionals shape decision making practices around their health and wellness, and importantly the impact of intersectional stigma on their experiences in both NHS and third sector contexts.

Health Care Organisations – SAN 206

Organising maternity care – a multileveled study of experiences

Kristina Roset, Sine Willum Adrian, Jorid S. Anderssen
The Arctic University of Norway, UiT

In 2023 Northern Norway Regional Health Authority suggested the maternity ward at Narvik Hospital to be changed, aiming to secure a sustainable health care service in Northern Norway. It was not the first time the ward had faced this threat. The proposal was met by harsh protests by the local community,

that succeeded to make the politicians specified that maternity wards should not be changed for the time being. In this presentation we inquire into what is at stake when a controversy of reorganization of maternity care takes place in a local community in a remote area like Narvik. Inspired by Carol Bacchi's WPR approach we ask: What discourses are at stake in the controversy regarding the organization of the maternity ward in Narvik? The study is based on 33 semi-structured interviews conducted with expecting and new mothers, midwives, and employees at the Northern Norway Regional Health Authority, that we have analysed by use of Adele Clarkes method of situated analysis.

The analysis identifies three discourses: the Equitability Discourse, the Safety Discourse, and the Technology Discourse. These highlight tensions between standardisation and individualised care, measurable outcomes and lived experiences, and the role of technology in providing and perception of safe maternity care.

WEDNESDAY 9 SEPTEMBER 09:00-09:30

Health Service Delivery – SAN 206

Reassembling 'the Complex Patient': Narratives of Accessing and Coordinating Care in English General Practice

Natassia Brenman, Sophie Spitters, Joseph Wherton, Sara Paparini,, Michael Gill, Deborah Swinglehurst,, Sara Shaw
University of Oxford

This paper interrogates and reconfigures the notion of 'the complex patient' within the context of increasingly complex digitalised primary care systems in England. Drawing on an ethnographic study across three GP practices, we examine how complexity is produced through interactions between people, technologies, and organisational processes. A key component of the study centred on patient perspectives, asking what matters to patients with complex care needs as they access and experience different modes of GP care.

The analysis is based on 18 in-depth patient narratives, alongside ethnographic observations and patient record data, enabling the reconstruction of care trajectories over a two-year period. Participants were purposively sampled based on experiences of complex GP consultations. This multi-method approach allows us to illuminate the often-invisible work patients undertake to access, coordinate, and sustain care aligned with their needs and priorities.

We situate our analysis within the shifting landscape of digital and remote general practice, where new modes of access can intensify fragmentation and redistribute responsibility onto patients. Through the lens of assemblage theory, we challenge static conceptualisations of the 'complex patient'. Rather than a fixed identity requiring additional care, we argue that complexity emerges through the ongoing work of aligning bodily experiences, personal circumstances, and socio-material contexts of (digital, remote and in person) care.

This paper contributes to a rethinking of patient complexity as relational and processual, with implications for how we design interventions aimed at 'complex patients'. We consider how this could be reframed to address complex (digital) systems in primary care.

Diagnosis, Screening and Treatment – SAN 314

The promise of differentiation: a mapping of endometriosis symptoms across NICE guidelines and the messy non-linearity of making diagnosis

Sahar Seidl, Hannah Scholfield, Sharon Dixon, Chloe Gamlin, Abigail Mcniven
University of Oxford

The average time for an endometriosis diagnosis is 8.5 years, often ascribed in discourse to a lack of primary care/GP knowledge about endometriosis.

Narratives of diagnostic journeys from people with endometriosis identify structural and systemic challenges and injustices, which rightly underpin calls for improved care. However, this risks premising guidance and policy on an apparent linear trajectory from symptoms to diagnosis, in which endometriosis was the inevitable (and only possible) outcome. This does not reflect clinical reality where GPs see people with undifferentiated symptoms, which they map against multiple possible diagnostic possibilities.

We utilise Jutel and Nettleton's sociology of diagnosis to consider how uncertainties and tensions around symptoms and diagnoses are both apparent and made invisible in overlapping clinical guidance. We mapped each of the symptoms suggested as indicative of endometriosis within NICE Guideline 73 against all published NICE guidelines, which are used as a tool for clinical decision making, noting each guideline that these symptoms appeared in. Endometriosis indicator symptoms were associated as markers of other potential conditions within 31 other clinical guidelines. We highlight inconsistencies embedded in guidance about whether the work of formulation is organised by symptom, or possible diagnostic outcome.

We illustrate a tantalising "promise of differentiation", obfuscating the messy non-linear reality in contrast to diagnostic guidelines. We argue that reductive biomedical diagnostic guidelines, or calls to educate health professionals, that do not recognise the complex reality of the task, may not be the panacea they are seen to be.

Experiences of Health and Illness – SAN 301

Navigating formal dementia care systems: classed and racialised intersections of cultural health capital in South Asian communities

Kate Gibson
Newcastle University

This paper examines how South Asian families navigate formal dementia care infrastructures within the UK, focusing on the role of cultural health capital. Cultural health capital refers to the legitimated skills, knowledge, and communicative competencies that individuals use to engage effectively with healthcare systems. Drawing on ethnographic research conducted with families living with dementia in North East England, we show how highly educated and bureaucratically adept adult children mobilise cultural health capital to secure diagnoses and treatment and advocate for better care for their parents. In contrast, those with limited access to capital (or without adult children able to advocate on their behalf) face significant barriers to accessing dementia services and, in some cases, fall through gaps in care provision altogether.

We also demonstrate that mobilising cultural health capital does not always yield tangible rewards. Even those with substantial institutional knowledge and advocacy skills encounter persistent hurdles, including bureaucratic complexity and limited-service availability. These institutional shortcomings are compounded by experiences of racialised misrecognition within formal care settings as well as forms of service provision that do not easily accommodate diverse household arrangements or community sensitivities around caregiving.

Rather than an implicit requirement of cultural health capital to access services, we argue that inequalities in dementia care emerge through the interaction of racialised and classed care encounters and broader infrastructural limitations. Achieving equitable dementia care therefore requires addressing the structural constraints of underfunded care systems and ensuring that institutions are equipped to recognise and respond to diverse social and cultural contexts.

Inequalities – SAN 205

How does racism get 'under the skin'? Exploring the stories of Czech and Slovak Roma people living in England

Lois Orton, Rashida Bibi, Jo Britton, Majella Kilkey, Helena Constante, Alan Walker
University of Sheffield

Roma people experience some of the worst health inequalities in the European region. They also face one of the last remaining forms of 'acceptable racism', sometimes termed 'antigypsyism'. Despite wide acceptance of the social model of health and the concept of 'weathering' (coined by Geronimus in 1992 to explain chronic ill health and premature aging caused by constant exposure to socioeconomic adversity, discrimination, and stress) now being well established as an explanation for the health inequalities experienced by racialised groups across the world, the experiences of Roma people are still commonly blamed on a poor 'cultural inheritance' and bad lifestyle choices. This stigmatising narrative both arises from and feeds into the racist tropes that have followed Roma people across generations, thereby exacerbating the social and health inequalities they face.

Using data from 20 life-history and go-along interviews and a series of creative workshops conducted as part of the large ESRC-funded Ethnicity and Unequal Ageing project, our paper counters this narrative. It does so by sharing the stories of Czech and Slovak Roma people who migrated to England in mid-later life, providing a rich picture of how antigypsyism 'gets under the skin' contributing to ill-health and death. It explores how pre- and post-migration experiences of racism accumulate over the lifecourse, how they travel across time and place and how they intersect with other oppressions (particularly sexism and ageism), thereby compounding the weathering process. Simultaneously, it explores the counter-narratives of project participants, foregrounding how Roma people actively challenge these processes.

Mental Health – SAN 204

Parental psychotropic medication use, risk and intensive parenting ideology: a critical discourse analysis

Nora Louwagie, Katrijn Delaruelle, Melissa Ceuterick
Ghent University

Feelings of responsibility, stress and even postpartum depression during the transition into parenthood are often addressed through psychotropic medication use. This reveals social patterns in the high psychotropic medication prevalence in Belgium. Use beyond need point to pharmaceuticalisation trends in the perinatal phase. Additionally, psychotropics are increasingly observed as ambiguous. Consuming psychopharmaceuticals as a parent elicits reproach, since children are seen as 'at risk' of certain parental behaviours. With parental medication use, possibilities arise for the intersection of stigma surrounding "good parenting" and psychotropic medication use. Building on critical research of psychofarmaca, this study shows how different social norms and expectations coalesce in parents' decisions surrounding psychotropic medication.

This study uses a critical discourse approach to observe how information surrounding parental psychotropic medication use and mental health is presented within the perinatal timeframe. For this purpose, a selection of 40 Belgian Dutch-language documents from relevant civil society and government organisations targeting parents in the perinatal phase were selected. Fairclough's three-step model was applied to consider how the language in the texts reflects and shapes social power dynamics and ideologies in society.

The preliminary analysis presents the social norms and expectations surrounding parental psychotropics consumption, especially discourse surrounding risk and intensive parenting ideologies in Belgium. In this way, the study contributes to the understanding of decision-making processes of parents concerning their medication use. Further findings will be presented at the conference.

WEDNESDAY 9 SEPTEMBER 2026

SPECIAL EVENT

09:00-12:25

New sociological research on healthcare in criminal justice settings

Gethin Rees, Ellen Stewart
Newcastle University

Healthcare in criminal justice settings is an increasingly fruitful area for medical sociology. Heightened challenges of growing demand, siloed services and inadequate budgets intersect with broader public health trends, for instance the increasing awareness of mental illness. However, there are distinctive complexities of criminal justice healthcare. In the UK, for example, prisons are experiencing dramatic overcrowding, and a rapidly ageing population with complex health needs. These challenges make criminal justice healthcare an exceptionally rich site for medical sociology. Criminal Justice involved persons experience a 'spoiled identity' (Woods-Brown et al., 2024) in which not only are their rights curtailed by the state, but their receipt of care often seems to rest on a logic of 'less eligibility' (Sparks, 1996) for care than patients elsewhere. Healthcare professionals working in criminal justice settings negotiate two distinct, yet both hierarchical, regimes of power within both interpersonal relationships and organisational structures (Gorga, 2025; Rees, 2020). Moreover, the maintenance of the boundaries between these regimes produces gaps that people in need unfortunately fall through.

Held across two sessions, one focused on healthcare delivery in police custody detention, the other health and healthcare in prison detention, this event brings together social scientists currently engaged with these topics. Repeating the mistakes of the professions we study, our own work is usually siloed within disciplinary boundaries (Sociology, Criminology, Public Health), but this event will enable fruitful, cross-disciplinary dialogue around critical approaches to healthcare in criminal justice, with the aim of strengthening theory development as well as capacity building.

Session One: Healthcare in Police Custody (90mins)

Gethin Rees (Newcastle University) "Mind the Gap: How the construction of the boundary between medicine and policing is harmful for persons with mental illness"

Sarah Connelly and Helen Williams (University of Sunderland) "Whose Knowledge Counts? Navigating Health and Risk for Transgender Detainees in Police Custody"

Stephanie Mulrine (University of Sunderland) "Equivalence in Police Custody Healthcare?"

Session Two: Healthcare in (and after) Prison (90mins)

Ellen Stewart, Natalie Chalmers and Katrina Morrison (University of Glasgow): "'Less eligibility', techno-pessimism and the search for equivalence: policy discourses of digital solutions for healthcare in Scottish prisons"

Stephanie Scott (Newcastle University) "'Moving beyond Divided Households: embedding the lived experience of children experiencing family imprisonment into justice, health and care policy and practice in England and Wales'"

Em Brenner (University of Strathclyde) "Systemic Stigma and Healthcare Continuity for Prison Leavers with Blood Borne Viruses"

WEDNESDAY 8 SEPTEMBER

09:35-10:05

Patient Professional Interaction

What counts as 'real' in healthcare interaction? Examining human/technology hybrid simulation interactions in communication skills training.

Alison Pilnick, Lauren Bridgstock, Rebecca O'brien, Saul Albert
Manchester Metropolitan University

Simulated interaction is a common tool in communication skills training for healthcare professionals. Simulation activities are increasingly technologically-mediated, with varying degrees of sophistication and realism. However, while the clinical realism or authenticity of simulated interactions is commonly understood as important, less attention has been paid to their interactional realism. This is despite the fact that sociologically-informed research in and beyond healthcare suggests that participants interact differently in simulated scenarios (Atkins, 2019; Stokoe et al, 2020). This paper examines simulations conducted through the MetaHumanTM Live platform, where a human tutor is live-linked to an on-screen avatar which uses the tutor's voice and maps their gaze and facial expressions. We use the sociological method of Conversation Analysis (CA) to analyse the ways in which student nurses interact with this platform, identifying five key areas where these interactions differ from 'real' interactions in healthcare. These are: interactional openings; closings; establishing shared knowledge; interactional progressivity; and the orientation to simulation platforms as an assessment tool. We suggest that the features of a hybrid platform which aim to increase realism can also make interaction more complicated for learners as they try to navigate between 'the person' and 'the system'. We conclude that, whilst our analysis suggests ways forward for the more effective integration of simulation technologies in training communication skills in healthcare, it also points to our continued need for a better sociological understanding of interaction more generally. These kinds of hybrid interactions represent a new and evolving strand of the 'interaction order' (Goffman, 1982).

Health Service Delivery – SAN 206

Developing a remote support intervention to address biographical disruption resulting from Transient Ischaemic Attack (TIA) or minor stroke

Diane Trusson, Jade Kettlewell, Eirini Kontou
University of Nottingham

This paper explores how Transient Ischaemic Attack (TIA) and minor stroke can be experienced as forms of Biographical Disruption (Bury, 1982). Although medically categorised as 'minor', these events can have significant and lasting impacts on people's lives, disrupting perceptions of their health, future plans, and their identities. Nevertheless, in the absence of lasting physical impairment, individuals are often discharged without further support or guidance following TIA or minor stroke.

We describe the development of a novel intervention called e-OPTIMISM; a remote psychoeducational programme designed for delivery in primary care and community settings following TIA or minor stroke. The intervention aims to provide education to help people to understand why their TIA/minor stroke might have happened (meaning as consequence) and what it might mean for their future (meaning as significance). Given the increased risk of recurrent stroke, e-OPTIMISM will also provide support for people to make lifestyle and behavioural changes (e.g. diet, stress management) to reduce future risk.

The presentation will include preliminary findings from interviews with TIA/minor stroke survivors, family members, and primary care or stroke service providers (e.g. GPs, nurses, psychologists, social prescribers). These findings will inform subsequent co-design workshops with key stakeholders to explore how e-OPTIMISM could be implemented within primary care and community contexts, including who should deliver the intervention, training needs and resource requirements.

Findings from interviews and workshops will inform the refinement of e-OPTIMISM, which will be piloted prior to evaluation in a future randomised controlled trial.

Mental Health – SAN 204

Narrating Resilience: Mental Health, Citizenship, and Coping Among Transpinay Migrants in Japan

Tricia Okada
Tamagawa University

Transpinay migrants — Filipino transgender women in or formerly residing in Japan — occupy a distinctly precarious position at the intersection of racialised migration, gender non-normativity, and restrictive citizenship regimes. Yet this population remains notably absent from both sociological research and healthcare policy.

Drawing on qualitative narrative interviews and a social constructivist framework (Berger & Luckmann, 1966), this paper examines how Transpinay migrants construct meanings of health, suffering, and resilience through lived experience. Mental health is treated not as an individualised clinical outcome but as socially produced within structures of inequality — including Japan's contested transgender recognition policies, the racialised labour positioning of Filipino migrants within entertainment and service industries, and compounding exclusions across diasporic, LGBTQ+, and healthcare spaces.

Applying intersectionality (Crenshaw, 1989) alongside Kleinman's (1988) illness narrative framework, the analysis understands coping as a socially embedded and culturally mediated practice rather than mere psychological adaptation. Participants' narratives centre collective strategies rooted in bayanihan (communal solidarity), transnational spiritual homecoming, and community belonging as critical resources for mental well-being.

This paper advances decolonial and intersectional agendas within medical sociology, arguing for structurally and culturally grounded approaches to migrant mental health that foreground citizenship, embodied precarity, and community as key analytical categories.

Pedagogy and Methods – SAN 207

Reframing Resilience in Surgigal Training: A sociological Study of Pedagogical practice

Najoua Amelia Laajab, Klara Bolander Laksov, Juha Nieminen, Maria Weurlander
Stockholm University

Resilience is frequently used in medical education to explain how medical students manage stress and demanding clinical environments. Within

surgical education, it is often framed as an individual attribute, with limited attention to the sociocultural conditions of medical training. Students entering their first surgical placement encounter learning environments characterized by hierarchy, uncertainty, and strong performance expectations during a critical period of early clinical transition. This paper examines resilience not as an individual attribute detached from its sociocultural context, but as a phenomenon shaped through the quality of the learning environment, interaction, and conditions of participation within medical training.

The paper draws on the qualitative data generated through a two-day cross-cultural workshop with medical students from several European universities. The workshop, conducted in Rome, is treated as an empirical and methodological setting rather than an educational intervention, designed to elicit

reflection and explore how medical students understand resilience within their medical training. Data were generated through facilitated group dialogue, scenario-based analysis, reflective exercises, and participant-produced artefacts, followed by post-workshop interviews. Data were analysed using reflexive thematic analysis, and the findings were interpreted through the lens of Communities of Practice. Students' experiences suggest that resilience is shaped through relationships and institutional

conditions and cannot be reduced to an individual attribute alone. By situating resilience within the social organisation of surgical training, this paper contributes to medical sociology by showing how learning environments can either support or constrain development of resilience, shaping experiences of stress, adaptation and participation during early clinical transitions.

Sexual and Reproductive Health – SAN 210

Lost and Found: The Clitoris, Medical Ignorance, and Feminist Resistance

Sone Erikainen
University of Aberdeen

It is nearly universally accepted that the clitoris is a crucial anatomical component of sexual pleasure, yet it remains scientifically and socially under-researched. Its socially taboo and politically precarious nature has made it an object of ignorance, characterised by multiple partial and incomplete knowledges. This paper presents findings from a broader study on the medical production of ignorance about the clitoris, examining medical and allied discourses since the late 20th century till the present. Drawing on the framework of agnotology, which is dedicated to the study of ignorance, the paper is based on discourse analysis of medical and related documents across multiple digital and physical archives to explore how the clitoris has (not) been constituted as an object of knowledge. It maps mainstream medical knowledge and ignorance alongside feminist health discourses that produced alternative knowledge about sexual bodies, as well as the relationship between these two spheres of knowledge, tracing how feminist counter-knowledge challenged, resisted, and at times influenced dominant medical narratives. By examining how knowledge and ignorance about the clitoris are produced, negotiated, and circulated across epistemic contexts, the paper aims to shed light on how socio-cultural and political forces shape what is known, unknown, or only partially understood. While expanding knowledge about the clitoris itself, it also offers insight into broader questions around the entanglements of biology and politics through the nexus of the sexual body, and the intersections of medical authority, resistance, and alternative knowledge.

Experiences of Health and Illness – SAN 301

Humour and Spectacle: The Social Construction of Weight Issues in News Media Posts on Weibo

Yiying Ye
University of Sheffield

This presentation explores how Chinese news media utilise humour and spectacle when discussing weight issues on social media, including obesity and overweight. While existing literature highlights how digital spaces often frame overweight individuals as objects of ridicule, the specific intersection of humour and state-led media in China remains under-researched.

The paper is based on my current PhD research, which comprises a qualitative content analysis of Weibo posts on weight-related issues published by three official Chinese news media outlets before December 31, 2023. I found that a large proportion (18%) of the posts contained humour.

The findings indicate that different forms of humour were evident in the posts, including the use of Chinese internet neologisms (CINs), colloquialisms, metaphors, and parody, for example, the use of colloquial terms to describe fat individuals or an obese body shape. These were employed not only to engage the audience but also as tools for moralising and stigmatising weight issues. When reporting

cases involving obese individuals, the news media also presented exaggerated stories and imagery about obesity to warn the audience to control their weight.

Overall, this research reveals that Chinese news media constructions of weight issues take on novel forms through the use of humour and spectacle, including CINs, metaphor, and parody. Certain humorous elements, such as parody, have not been discussed in Western scholarship. The findings also reflect specific Chinese cultural values, while identifying patterns of moralisation and stigmatisation similar to those found in Western scholarship.

Inequalities SAN 205

Porosity, Percolations and the Parasite: Thinking Relationally about Racial Inequalities in Multiple Long-Term Health Conditions

Sujith Kumar Prankumar, Hayanga B.
Department of Global Health and Social Medicine, King's College London

The increasing global prevalence of people living with multiple long-term conditions (MLTC), which refers to the presence of two or more long-term medical conditions within an individual, is placing increasing strain on countries' economic resources, healthcare systems (which are built to focus on single conditions) and quality of life. Conventional biomedical frameworks consider the body as an enclosed and autonomous system and attribute illness to individual pathology. However, such a view obscures the complex systemic, historic and material dimensions of health inequities. This paper reframes the body as a permeable interface of information exchange between broader biological, natural and social systems. It does so by drawing on Michel Serres's concepts of porosity, percolation and the parasite. The notion of porosity positions the body as a dynamic, constantly-negotiated interface of information exchange between biological and wider systemic networks. Percolation concerns how structural inequities, environmental factors and systemic neglect accumulate to produce differential vulnerabilities and MLTC. Finally, the figure of the parasite reveals the processes that mark, stigmatise and extract from racially minoritised populations living with MLTC, but which can also destabilise stigmatising or reductive narratives (of communities and disease) in ways that interrupt corrosive circulations, open new opportunities for resistance, and reconfigure obligations of care. Using this relational framework, the paper considers how healthcare, obligation and justice can be reimagined in a context of growing racialisation, socio-economic inequities and systemic insecurity.

WEDENSDAY 9 SEPTEMBER

10:10-10:40

Experiences of Health and Illness – SAN 301

Navigating risk and uncertainty – young people's practices of health and illness

Sophie Lewis, Ben Hanckel, Sophie Lewis
Anglia Ruskin University, Western Sydney University and University of Sydney

Concepts of risk and uncertainty have a long history in medical sociology to help explain young people's (dis)engagements with health. The contemporary context of global polycrisis has triggered the expansion of new 'threats' to young people's lives and their health. Yet the opportunities afforded by uncertainty have been left largely undertheorised. Bringing youth studies and health sociology into dialogue, and drawing on two qualitative case studies, we revisit these concepts to examine how young people navigate contemporary uncertainties in the context of emerging adulthood. In doing so we explore how young people's responses to uncertainty are (re)shaping their health-related practices and the ways in which young people 'look after' (or not) their health. The first study draws on interview and focus group data to explore young people's engagements with digital mental health, and how young

people aged 15-30 years (n=70) across Australia and the Philippines use technologies to navigate mental (ill)health now and into the future. The second example utilises narrative interviews to examine how young people aged 18-28 years (n=18) in the UK and Australia grow up with chronic illness and navigate the uncertainty of ongoing ill health. Data were analysed thematically, followed by a synthesis of themes across the case studies. Our analysis surfaces the ways that young people are navigating uncertainty, risk and hope in relation to their health practices. We argue that making sense of young people's health practices requires attending to and centring temporal uncertainties, which foreground and situate health practices in the present.

Health Service Delivery – SAN 206

Wicked problems and the recovery of meaning: critical systems thinking for injury care in low- and middle-income countries

Lucia D'ambruoso, Kathryn Chu, Antouela Takou, Laura Bojke, Rene English, Heike Geduld, Sa'Ad Lahri, Hassan Mahomed, Richard Matzopoulos, Justine Davies
University of Aberdeen

Injuries cause around 6 million deaths and 40 million disabilities annually, with over 90% of deaths occurring in low- and middle-income countries (LMICs) and many preventable. Yet injury care systems often operate with limited policy recognition and an incomplete, uneven evidence base. This paper examines the possibilities and limitations of data and evidence to support injury care in LMIC settings. We frame injury care as a wicked problem characterised by complex causality, contested goals, uncertain endpoints, unintended consequences and persistent data gaps. Drawing on critical realism, we treat routine indicators (e.g., admissions, diagnoses, transport mode, in-facility outcomes) as partial traces of deeper institutional and structural conditions. Using three exemplars: drug-related admissions, intimate partner violence and ambulance-associated delays, we outline a pragmatic "reading routine" to (1) describe observed patterns and distributions; (2) identify who/what may be missing, misclassified or rendered invisible; and (3) triangulate routine data with frontline and community intelligence to infer plausible generative mechanisms and constraints, translating these interpretations into feasible actions and accountabilities. A critical realist lens shifts interpretation beyond surface trends to include drivers such as mistrust, referral fragmentation, resource constraints and gender norms, and shows how uncritical use of routine data can inadvertently distort understanding and reproduce disparities. We argue for linking core routine metrics to structured triangulation and dialogue to support both feasible service adaptation and wider structural reform, centring social justice in injury care policy and practice.

Inequalities – SAN 204

A racialised perspective on language interpretation provision in maternity services

Sarah Akhtar Baz, Laura Sheard, Anne Macfarlane, Jennifer Maclellan
University of Manchester

The provision of high-quality interpreter services is essential for safe care for pregnant ethnic minority and migrant women whose preferred language is not English. Without such adequate provision they are vulnerable to unconsented care and being dismissed. Yet there remains a high deficiency in the availability, quality and accessibility of professionally trained interpreters within the NHS.

As well as practical service improvement considerations, there is a racial dimension to this challenge. Ethnic minority and migrant women whose preferred language is not English, are portrayed in public and political discourses as the 'inferior other' and a 'drain on resource', who have a 'duty' to learn English (MacFarlane et al, 2009). Drawing on available literature and a Critical Race Theory (CRT) lens, this presentation provides a broad overview of the sociological and political factors that lead to the high variability in quality of interpretation services. It is important to incorporate a racialised lens for understanding current provision and advocating for improvements.

Finally, we will illustrate how such an approach is being employed in the OPTIM-I study, an NIHR funded study looking to improve interpreting provision within maternity services. CRT is used to enlighten how

racism, institutional practices and systems shape provision. For instance, interpreters are largely self-employed, with poor working conditions offering their services via profit-driven agencies. The study aims to work in collaboration with ethnic minority women, interpreters and maternity healthcare staff and decision makers, while drawing on both qualitative and quantitative ethnographic data, to bring much needed change to services.

Mental Health – SAN 204

Invisible Burdens: Emotional Labour, Mental Load, and Women's Mental Health among Dual-Earner Couples in Pakistan

Tipu Sultan
University of Bielefeld, Germany (Doctoral student)

Dual-earner couples are increasingly common in Pakistan and women's growing participation in paid employment has not been matched by redistribution of emotional and caregiving responsibilities. This has created pressures on women's mental well-being. Drawing on Risman's notion of gender as a social structure, this paper examines emotional labor and mental load among dual-earner couples in Pakistan. It explores how these burdens are structurally organized, interactionally reinforced, and internalized, shaping women's mental well-being. The study used a qualitative design with semi-structured interviews with 26 dual-earner couples in District Gujrat, Punjab, Pakistan, selected through purposive and snowball sampling. Data were analyzed using Braun and Clarke's thematic analysis to explore experiences of balancing paid work, family life, childcare, and household responsibilities. Findings show that although both partners contribute economically, women continue to carry the greater burden of emotional regulation, children's educational care, household planning, and anticipation of family needs. These responsibilities go beyond domestic labor and emerge as constant cognitive and emotional work that intensifies exhaustion, limits self-care, and contributes to mental strain. Women's emotional management is sustained through interactional accountability, where maintaining family harmony remains tied to socially accepted femininity. The paper argues that women's mental distress among dual-earner couples cannot be understood solely as an outcome of workload, but as a consequence of enduring gender structures in which care, emotional responsibility, and family stability remain feminized. The findings contribute to medical sociology debates on mental health and gender inequality, highlighting hidden burdens of contemporary family change in the Global South.

Patient Professional Interaction – SAN 314

What we talk about when we talk about care: a meta-ethnography on the relationship between the families and professional carers of people with an intellectual disability

Sophie Mary
University of Cambridge & Vrije Universiteit Amsterdam

Medical sociologists have written much about care. So have researchers in related fields, like medical anthropology, psychology, and disability studies. They have talked about what 'good care' looks like from the perspective of those who receive it and about the sort of relationship care institutions should strive to foster with individuals and families. Concepts like 'person-centred care', 'partnership', 'communication', 'empowerment', and 'trust', for instance, are commonplace in medical research.

The sociological imaginaries those concepts generate or embody have practical implications: they influence the questions researchers ask of their data and sometimes the recommendations made to policy and practice. However, they can and often do have a myriad of meanings--depending, for example, on authors' theoretical and disciplinary positions.

This presentation explores the different lines of flight that exist in conceptualising care within and across disciplines. I introduce emerging findings from a meta-ethnography of n=21 studies about the relationship between the families and professional carers of people with an intellectual disability. I discuss how researchers have made sense of this particular relationship, what theoretical frameworks they have used, and how their conceptualisations relate and/or diverge. In particular, I think with

sociological ideas of identity construction, world-building, and (self-) surveillance and find that they underlie various concepts that would have appeared, at first glance, unrelated. My goal is to animate a broader reflection about what we, as researchers, project onto our concepts and what bearings this has on our objects of study.

Pedagogy and Methods – SAN 207

The enshitification of focus groups: how the web and AI enable 'imposter' participants

Catherine Pope, Caroline Cupit, Sharon Dixon, Clare Bankhead
University of Oxford

The phenomenon of suspected or so-called 'imposter' participants is increasingly documented in the research literature (Ridge et al 2023, Morrow 2025, Husted et al 2025, Garcia-Iglesias et al 2025, Pritchard et al 2025). It appears that some people who respond to requests to participate in research, either as research subjects or as public and patient representatives, are not all that they claim to be. British Medical Sociology has long relied on qualitative methods of data collection and suspected participants pose an especial threat to the integrity and validity of this type research. This paper borrows (and possibly mangles) Cory Doctorow's concept of 'enshitification' (which describes the deliberate degradation and monetisation of online platforms and services over time) to argue that the web and artificial intelligence (AI) have created pecuniary opportunities for suspected participants. In this paper we describe an online focus group that included several suspected participants. Fourteen "UK health care professionals" who provided plausible biographies and employment information prior to the focus group took part, but we suspect that up to twelve may have misrepresented themselves. We have identified potential alternate identities for some, and have been unable to verify the identities or employment claims of others. We sought feedback from the bona fide participants, and uncovered bemusement and distress, and we are left with serious concerns about the potential bias and misinformation introduced by suspected participants. We discuss these issues and the methodological and ethical challenges raised by the degradation and monetisation of online research.

Sexual and Reproductive Health – SAN 210

Decision-making about birth in the UK: Insights from Birth Options Core Information Set development and implications for the sociology of childbirth

Carol Kingdon, Abi Merriel
University of Liverpool

National Institute for Health and Care Excellence (NICE) guidelines recommend pregnant women receive information and support to make informed decisions. Clinicians are legally required to discuss material risks and reasonable alternatives to recommended treatment. Core information sets (CISs), produced by patients and clinicians, can improve information quality and consistency, and balance over- and under-disclosure of reasonable alternatives. The Birth Options programme, funded by the National Institute of Health Research (NIHR), has developed CISs for the induction of labour, vaginal birth, instrumental vaginal, and caesarean births. Using a modified Delphi design, for each set, in Phase 1, a long list of information points was identified from systematic reviews, patient information leaflets, qualitative interviews, and national stakeholder surveys. Long lists were then operationalised as a Delphi questionnaire. In Phase 2, think-aloud interviews finessed the questionnaire, followed by two-round Delphi surveys, and consensus meetings. Single CISs were produced for the induction of labour, and vaginal birth. However, patient involvement and participant responses from parents resulted in three CISs for instrumental births and three for caesarean births. A third of parent respondents to the caesarean survey had given birth within six months, most via emergency caesarean, reflecting rising UK rates. These CISs reflect the complexity of decision-making and the current maternity context. Women are not homogeneous in their information requirements, not all knowledge claims are equal, professional practice varies, and birth is dynamic. Drawing on CIS development and five decades of sociology of childbirth scholarship, the presentation will identify key directions for further research.

WEDNESDAY 9 SEPTEMBER

10:45-11:15

Experiences of Health and Illness – SAN 301

"It's a lifelong, ongoing evaluation of what works": Practicing Body Investments in the Everyday Life with Chronic Illness

Ina Koch Roepke, Sarah Kok Pedersen, Kristian Larsen, Anette Lykke Hindhede
UCSF - Center for Health Research & University of Copenhagen

Chronic illness is a large demographic phenomenon, affecting people's everyday life and man-ifesting through the experience of illness symptoms, treatment side effects, persisting bodily capacities, as well as the personal and social consequences of illness. Focusing on everyday life experiences with chronic illness rather than patient treatment in a health care setting, we explore how health capital can be achieved through everyday body investment practices and what this looks like in the context of chronic illness.

We apply the Bourdieu-inspired theory of health capital as conceptualised by Kristian Larsen which is operationalised into categories of body investment practices. The analysis is carried out based on 13 qualitative interviews.

Our research shows that the embeddedness of chronic illness is embodied through everyday practices, focusing on both energy conservation as well as activities which contribute to the maintenance of bodily function not separate from social function. Investing in the body is expressed as various chemical, physical, nutritional, and mental activities which add to the amount of health capital which interact with economic, social, and cultural capital.

Findings indicate that body investment practices are a social phenomenon which illustrate the interaction between health capital and social, cultural and economic capital, representing the embeddedness of living with long term illness. Further, our findings suggest relevant theoretical development of health capital in the context of living with chronic illness. Overall, the findings contribute to literature of chronic illness experiences in everyday life by highlighting the role of body in-vestment practices as a social phenomenon.

Health Service Delivery – SAN 206

The collective work of optimising perinatal care

Nicola Mackintosh, Nicola Mackintosh, Julie Roberts, Josie Anderson, Natalie Armstrong, Elaine Boyle, Penelope Mcparland, Thomas Padden, Carolyn Tarrant, Janet Willars
University of Leicester

Prematurity is a leading cause of death in children under five and results in significant morbidity and substantial healthcare, social and educational costs. Reducing preterm birth and improving outcomes is a UK national priority, monitored by national audit data. In this paper we draw on ethnographic findings from the PremPath study to explore how the care pathway for the optimisation and stabilisation of preterm infants is constructed and organised, its underpinning presuppositions and values. Our fieldwork was based in four NHS sites with different levels of neonatal speciality, as well interviews with staff (28) and parents (40). Our focus is on the significance of 'organising work' for smooth running of the pathway i.e., the division of labour as well as the tools and technologies involved in the collective action needed for its delivery. Drawing on Allen and May's Translational Mobilisation Theory (2017), we focus on three pathway practices (preparation for preterm birth; the parent passport; and boundary

management between neonatal and postnatal care) to explore the mechanisms through which optimisation is 'mobilised'. We highlight the significance of competing organisational logics as to the purpose of the pathway (and individual elements within it) and how this shapes what remains largely hidden from view (in terms of data). We consider who provides the 'glue' in order to ensure materials, knowledge and people are aligned, particularly given the unpredictability of preterm birth trajectories, and the emotional labour associated with this translational mobilisation work, which tends to be poorly serviced by existing IT systems.

Inequalities – SAN 205

"I felt like a cog in a machine": The Technocratic Model, and Black Women's Experiences of Racialised Judgements of Pain in Maternity Care

Angela Loum
Goldsmiths University of London

Black women continue to experience disproportionately high rates of maternal morbidity and mortality in comparison with White women. Little attention, however, has been paid to how Black former maternity patients interpret clinicians' responses to pain during labour. This oral paper examines those interpretations and considers what they reveal about the enduring effects of institutionalised dehumanisation in maternity care. I draw on thematically analysed semi-structured interviews with Black women, where 35% described their care during labour in objectifying terms such as being treated like "a cog in a machine," "it felt mechanical," or "a conveyor belt pregnancy" to convey how their bodies were managed during labour.

To analyse these accounts, I draw on Davis-Floyd's technocratic model of care, which illuminates how maternity institutions may treat labouring bodies as machines, or objects to be monitored, regulated, and disciplined through procedural routines and professional authority. I place this framework in conversation with Foucault's concept of the docile body and Spillers' theorisation of the ungendering of the female flesh to argue that clinicians' responses to Black women's childbirth pain often prioritise procedural control over embodied knowledge. This works to render birthing bodies more controllable, and their suffering less fully recognised. I suggest that the mechanisation of Black women's bodies during labour constitutes a form of gendered structural violence that undermines autonomy, dignity, and reproductive justice.

Mental Health – SAN 204

Instrumentalised Disability: Gendered Pathways to Life-Course Health Injustice in China's One-Child generation

Jingxian Wang
King's College London

This paper introduces the concept of "instrumentalised disability" to theorise a hidden form of health injustice produced at the intersection of reproductive governance, patriarchal family strategies, and bureaucratic classification. It produces enduring mental health consequences -- including complex trauma, unrecognised distress, and psychological burden of family betrayal -- that remain invisible to healthcare system designed. Drawing on in-depth narrative interviews with adult survivors in China, it examines how children's health and bodily integrity were strategically mobilised under the one-child policy—which permitted a second birth if the first child was certified as disabled.

The research reveals two parallel mechanisms of harm. Daughters were disproportionately subjected to direct harm, neglect, or delayed care to render them certifiably disabled, clearing reproductive space for a son. Sons, meanwhile, suffered lasting health consequences—including infertility and chronic conditions—from prenatal interventions (such as unlicensed sex-selection pills) intended to guarantee male offspring. Both pathways produced enduring physical and mental health sequelae that remain unrecognised by healthcare systems and absent from policy discourse.

Contributing to medical sociology's understanding of how state policy becomes embodied, the paper demonstrates that "instrumentalised disability" is not a medical category but a strategic social and administrative status—one with profound life-course health consequences. It argues that health systems, designed to respond to biomedical conditions, remain structurally blind to iatrogenic harm produced through policy architecture. The findings have urgent implications for reproductive health governance, healthcare access, and the recognition of medically unexplained suffering in populations rendered invisible by dominant narratives of policy success.

Patient Professional Interaction – SAN 314

Socially transgressive performances: a qualitative study of the influence of neoliberal frameworks on relational conflicts in domiciliary dementia care.

Celia Janine Bernstein, Christopher Poyner, Elisabeth Grey, Jacinta Babaian, Ilianna Lourida, Bradley Barker-Jones, Olivier Belan, Katie Breheny, Patrycja Nasiadka, Megan Pardoe, Daniele Soria, Rasa Mikelyte
University of Birmingham

While medicine defines dementia as a neurodegenerative condition affecting cognition and daily functioning, the condition is also a lived, political, and relational experience. Domiciliary dementia care (DDC), likewise, involves skilled relational support delivered in private homes, shaped by power dynamics, social roles, and organisational conditions. Since neoliberal society focuses on efficiencies and minimal state intervention, citizens are often expected to take principal responsibility for their own caring needs. Similarly, neoliberal structures transform caring from a ubiquitous, embodied and reciprocal part of the human condition into a potentially profitable phenomenon. The low social status afforded to caring, coupled with its commodification, influences how care providers and care recipients perceive it. Yet little is known about how the dynamic interplay between neoliberalism and DDC affects the symbolic (interpersonal) level of society and generates dissatisfaction and relational conflicts. We present findings from a qualitative secondary analysis of focus group and interview data from 47 people living with dementia, family supporters, home care workers and care managers. Applying a socio-structural framework to Goffman's (1959) theory of impression management, we highlight how neoliberalism shapes routine DDC interactions. In particular, we illuminate how neoliberal frameworks generate a dissonance between the idea of caring as a source of collaboration and compassion and the actual practice of it as task-based and time-efficient. We argue that this dissonant relationship causes social injustices and wellbeing impacts for both care workers and recipients, which can only be recognised -and potentially addressed- if the impact of neoliberalism on care interactions is interrogated.

Pedagogy and Methods – SAN 207

Crafting Collaboration: a resource to facilitate more effective, equitable, and sustainable collaboration in health research

Oli Williams, Glenn Robert, Bertil Lindenfalk
King's College London

The 'participatory turn' fundamentally changed the way we research health and illness. It is now expected that decision-making processes in health research and healthcare improvement efforts involve multiple stakeholders representing a diverse range of interests, expertise, and lived experience. Attempts to respond to this highlight how challenging diverse multistakeholder 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 lag behind the ambitions of the participatory movement. Attending to this, our research team is 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., fisheries) and found that the presence (or absence) of 8 principles largely determined the

effectiveness of collaborative efforts. Ostrom advocated using these principles as ‘a practical guide for increasing the efficacy of groups in real-world settings'. However, their potential utility remains almost entirely untested, in part due to the requisite work to translate theory into practice not having been done. In response, our research team co-designed Crafting Collaboration; a user-friendly resource comprised of group-based activities designed to support groups to apply the principles and thus form more effective, equitable, and sustainable partnerships between researchers, patients, carers, communities, healthcare professionals, and other relevant stakeholders. This presentation outlines and explores how Crafting Collaboration can support the work of medical sociologists/sociologists of health and illness.

Sexual and Reproductive Health – SAN 210

Technologies of reassurance? Managing uncertainty and risk with expanded carrier screening

Kriss Fearon, Cathy Herbrand, Nicky Hudson
Centre for Reproduction Research, DMU

Expanded carrier screening (ECS) is a preconception genetic test used by prospective parents to assess the likelihood of their child being born with a recessive genetic condition. As such, it can be understood as a promissory technology at the intersection of genomics and reproductive medicine, raising questions about how it might function as a ‘technology of reassurance’ (Thomas, 2017) or a method of risk mitigation.

While it is widely available in some countries, either as a public health initiative or commercially, in the UK it is currently only available privately, through fertility and genetics clinics and commercial companies. Consequently, test takers have to navigate variations in information provision, cost, panel size, and availability of pre- and post-test counselling, in addition to making sense of the inherent uncertainty of this screening technology and its results.

This paper draws on findings from the PRECAS project – a large-scale study examining the emergence and commercialisation of ECS in the UK - to explore how ECS is positioned within an evolving landscape of anticipatory reproductive screening. We draw on qualitative interview data from 15 test takers to examine their motivations for engaging with ECS, as well as the ways in which they anticipate, interpret and make sense of their results within the context of reproductive decision-making. While for many prospective parents ECS functions as a source of reassurance, it may also contribute to forms of ‘anxious reproduction’ (Faircloth and Gurtin, 2017) by extending practices of risk anticipation into the preconception period.

WEDNESDAY 9 SEPTEMBER

11:20-11:50

Experiences of Health and Illness – SAN 301

Neurological and Mental Illnesses Beyond Diagnosis: Medical and Social Impact, Stigmatization, and the Limits of Institutional Support

Aristica-Roxana Milica (Paraluta)
University of Bucharest

This paper explores neurological and mental illnesses as social phenomena, viewed beyond the reductionist biomedical perspective, which has often revealed its limitations. Concepts such as self-mortification, social labeling, stigmatization, institutional control, social role and status, resocialization, in-group and out-group, and socio-medical intervention explain the phenomenon of diagnosis and the redefinition of individuals’ identities.

Neurological and mental illnesses have been controversial throughout history, from the periods when they were considered demonic or sent by a higher power, to the present day, when there are numerous studies on their symptoms, classifications, and treatments. In his book ”Asylums”, Goffan introduced the concept of the mortification of the self to explain the stages a mentally ill patient goes through when institutionalized, when deprived of personal belongings and even of their former self, losing their autonomy and becoming dependent.

The aim of my research was to explore how identity is deconstructed and then redefined, and what differences exist depending on the pathology.

I used qualitative data collection methods, namely document analysis and direct observation in the two cases of mental illness (paranoid schizophrenia and bipolar affective disorder), and in the cases of epilepsy and multiple sclerosis, I also employed semi-structured interviews.

Preliminary results have shown that the diagnostic process is difficult, diagnoses are sometimes incorrect, individuals lose their former selves and are forced to redefine their identity, while state intervention is limited and insufficient. The degree of stigma perceived by patients is roughly similar between neurological and mental illness.

Health Service Delivery – SAN 206

A qualitative study of perceived facilitators and barriers to implementation and adoption of a novel point of care genetic test in UK neonatal intensive care units.

Amy Mathieson, Paul Wilson, William Newman, John Mcdermott
The University of Manchester

The PALOH trial evaluated the first point-of-care genetic test designed to identify newborns at risk of gentamicin-induced hearing loss (McDermott et al. 2022). The test later received a positive NICE Early Value Assessment, though further real-world evidence was required. PALOH UK, a NIHR i4i/OLS multi-site implementation programme, introduced the test across 14 UK neonatal units. A qualitative study, informed by Normalization Process Theory and Consolidated Framework for Implementation Research, explored feasibility and acceptability from provider and parent perspectives. Semi-structured interviews were conducted with providers (n=41) delivering the test and parents (n=3) whose babies received it. Interviews were recorded, transcribed, and thematically analysed using inductive coding followed by deductive refinement.

Staff were initially apprehensive and considered the test an extra task, but training and presentations improved understanding and confidence. The test was widely regarded as simple, easy to use, and reliable, though early test failures were common. Providers valued that the cheek swab could be taken while the baby remained with parents, and familiarity with buccal swabs from Covid improved acceptability. Training was a key implementation strategy, with ongoing needs due to staff turnover, doctor rotations, and occasional increases in test failures. Participants highlighted the need for NICE approval, and identified cartridge cost and IT integration challenges as major barriers.

This study identified theory-informed barriers and facilitators, and recommended strategies for wider implementation. Providers reported the test aligned well with existing practices, became embedded in admissions, and did not delay antibiotic administration. Findings suggest strong staff commitment supporting continued post-trial use.

Inequalities – SAN 205

Decolonising Medicine: what role will sociologists play?

Brigit Mcwade, Dawn Goodwin
Lancaster Medical School

In response to calls for medicine and healthcare to be decolonised, this paper considers the role of sociologists in this endeavour. In the UK, Sociology has been part of the medical curriculum since the

1960s, and sociologists in medical education position themselves as critical friends, ensuring medicine meets the needs of diverse populations. However, efforts to decolonise medicine have been led by medical students and clinicians, focussing on biomedical knowledge and practice, such as racialised prescribing for blood pressure, the whiteness of dermatology, and increased mortality rates of Black women in pregnancy and childbirth. Meanwhile, work to decolonise Sociology has underexplored its relationship to health or medicine, and Medical Sociology has little to no publications addressing this subject.

This paper addresses this lacuna by considering sociologists' role in training tomorrow's doctors, and our (in)activity in Medicine's decolonisation. It draws on the authors' experiences of teaching sociology to medical students and contributing to a national social sciences core curriculum for medical educators. We argue that as medical sociologists we must not confuse our critical dispositions as ones that stand outside of colonialism. The work of decolonising medical sociology lies ahead. Without interrogating the history and contemporary practices of sociology as taught to medical students, we will not be able to support or participate in the decolonisation of Medicine.

Mental Health – SAN 204

Affective Inequality, Discrimination, and the Burden of Illness: A Medical Sociology Analysis of Caste and Mental Health among Dalit Students in Universities

Dhaneswar Bhoi, Neelima Rashmi Lakra
University of Edinburgh, UK

This paper examines how caste-based inequalities shape mental health experiences among Dalit students in Indian universities. Drawing on qualitative research, it explores how structural discrimination, institutional exclusion, and everyday microaggressions generate affective inequalities that significantly impact emotional and psychological well-being. The study conceptualises caste not only as a system of social stratification but also as an embodied and affective force that produces experiences of humiliation, anxiety, alienation, and distress.

The research is based on in-depth qualitative interviews with Dalit students across Indian higher education institutions. Using a thematic analysis approach, the study examines lived experiences of discrimination, exclusion, and mental health challenges, ensuring ethical considerations such as anonymity and informed consent throughout the research process.

The findings show that these affective conditions contribute to the burden of mental illness and, in some cases, self-harm among Dalit students navigating exclusionary academic environments. By foregrounding lived experiences, the paper highlights how caste-based inequality is internalised and negotiated through emotions, identity, and struggles for belonging. From a medical sociology perspective, the study reveals the limitations of dominant institutional mental health frameworks, which often overlook caste as a critical determinant of illness. Existing support systems remain individualised and insufficient in addressing the structural roots of distress.

The paper calls for a rethinking of mental health provision in higher education through structurally informed, culturally responsive, and anti-discriminatory approaches. It contributes to debates in medical sociology by emphasising the need to integrate caste, affect, and structural inequality into analyses of mental health and institutional responsibility.

Pedagogy and Methods – SAN 207

Beyond the Verbal: A Visual-Verbal Dialogical Method for Exploring Embodied Reproductive Subjectivities in Urban China

Hao Li
University of Cambridge

While medical sociology has increasingly prioritised the 'lived body' and the phenomenology of health and illness, empirical research into reproduction often remains anchored in verbal narratives, which

may inadvertently reinforce medicalised scripts or socially sanctioned accounts of fertility. This study addresses this methodological gap by proposing a Visual-Verbal Dialogical Method (VVDM) to explore the embodied reproductive subjectivities of highly educated women in urban China amidst a shifting landscape of pro-natalist policies. Drawing on phenomenology and feminist methodologies, the research conceptualises childbearing as an 'existential milestone' that is both a site of biopolitical management and a deeply personal, embodied project. Methodologically, the study employs a creative collage-interview approach with twenty-five participants, involving spontaneous visual creation followed by semi-structured interviews. This design enables the researcher to bypass the rationalised verbal scripts and access pre-reflective experiences. To ensure academic rigour, the analysis moves beyond mere description by using a systematic mapping tool to investigate the convergences and ruptures between pre-reflective visual codes and reflective verbal discourse. This approach reveals how visual data can unveil embodied ambivalence, which often remains silenced in traditional interviews. By integrating arts-based intervention with structured mapping, this research contributes a replicable framework for investigating sensory and emotional experiences that resist simple articulation, offering a more nuanced understanding of the bio-psycho-social complexities of reproduction in contemporary society.

Sexual and Reproductive Health – SAN 210

Understanding Women's Experiences of Hormone Fertility Testing

Chanelle Scott
King's College London

Direct-to-consumer (DTC) hormone fertility tests have attracted growing attention within academic discourse and the media. Providers of these hormone fertility tests, typically private Femtech/Diagnostic technology companies, claim that these tests 'empower' women to make more proactive and informed decisions about reproductive and gynaecological health. While these narratives have become a defining feature of much of the current DTC marketing landscape, little research has been done to interrogate the perspectives of those women and to better understand their true motivations and lived experiences underpinning the use of such tests. Drawing on 31 interviews with users of these hormone tests collected during my PhD research, this paper critically engages with these prominent discourses, considering why some women engage with hormone testing and, crucially, what they hope to learn and subsequently do with that knowledge.

Through various technologies, from blood collection to digital app user interfaces, the graphical representations of hormone levels are framed as 'authoritative' visualisations of molecular-level bodily processes. I argue that this not only introduces new modes of bodily observation but also shapes how women understand their reproductive bodies. How might women's socio-cultural-biological knowledge of reproduction influence how they use the test and the value they place in the results, and further, how might those results in turn influence how women understand their bodies, in relation to society? Such questions are essential to considering how these forms of knowledge may both enable and constrain different women's reproductive trajectories.

Patient Professional Interaction – SAN 314

What Clinics Overlook: Locating Relational Privacy in an Indian TB Hospital

Mandvi Mishra
Department of Sociology, University of Delhi

Privacy is conventionally framed as an individual right grounded in autonomy, confidentiality, and informed consent. As a young researcher, the first instinct is to view privacy through one's own positionality and ethics, as a static, visible fact in the field. This paper reflects on and argues that such framing is inadequate for public health systems shaped by structural inequality and uneven resource distribution. Drawing on ethnographic fieldwork at a public Tuberculosis hospital in India, it situates privacy within a broader political epistemology of health.

Rather than treating privacy as a pre-existing ethical principle of protection and violation, the paper examines how it emerges through institutional structures, clinical reasoning, and social relations. In overcrowded outpatient settings, patients line up in adjacent queues, consulting doctors seated at the same table, a site both devoid of and full of privacy. In such a setting, it was only after several follow-ups that a female TB patient's pregnancy, a clinically vital information, is discovered by the doctors. This was neither volunteered nor solicited, produced by temporal compression, infrastructural limits, documentation demands, and patients' negotiations of information within kinship and moral economy.

These epistemic practices are inseparable from material constraints shaping attention distribution and information circulation. For TB, the binary of concealing and revealing is shaped by stigma surrounding the disease and its predisposing factors (histories of TB, HIV, addiction). Privacy is thus reconfigured through negotiations. The paper reconceptualises privacy as a collective, contingent practice, contributing to sociological debates on health politics and ethics.

WEDNESDAY 9 SEPTEMBER

11:55-12:25

Experiences of Health and Illness – SAN 301

Graphic medicine as knowledge translation: A reflection on developing a graphic novel on loneliness among newly-arrived migrant adolescents

Sarah Devos, Rocío Forero Bogdanovich, Benedicte Deforche, Katrijn Delaruelle
Health and Demographic Research, Department of Sociology, Ghent University, Belgium

Newly-arrived migrant adolescents face heightened risks of loneliness due to disrupted social networks, language barriers, discrimination, and uncertainty regarding their legal status. While these challenges are well-documented, less attention has been paid to translating research findings into meaningful, reciprocal outputs for participants and stakeholders. Drawing on 19 interviews with newly-arrived adolescents, conducted within a broader mixed-methods study in reception education, we collaborated with an illustrator and educators to translate qualitative insights into a graphic novel depicting phases of migration and resettlement.

Graphic medicine, understood as the use of visual narratives such as graphic novels to represent experiences of health and illness, enables emotional expression beyond language. Using visual metaphors and narrative flow, it renders complex experiences such as loneliness accessible and relatable, while raising awareness and reducing stigma among readers unfamiliar with the social implications of migrating in adolescence. Using this case-study, we illustrate how visual storytelling reconfigures qualitative data by making visible emotional and relational dimensions of loneliness among newly-arrived migrant adolescents.

We aim to reflexively engage with the process of developing the graphic novel, including translation of qualitative data into visual form, interdisciplinary collaboration and decision-making, and ethical considerations around representation. We further highlight the epistemic tensions involved in balancing fidelity to participants' experiences with the narrative demands of visual storytelling. By doing so, we contribute to emerging work on graphic medicine and argue that visual storytelling offers a valuable approach for enhancing the societal impact of medical sociological research, particularly in addressing inequalities in adolescents' social wellbeing.

Health Service Delivery – SAN 206

Breastmilk as medicine and the ethics of perinatal optimization

Julie Roberts, Josie Anderson, Natalie Armstrong, Elaine Boyle, Penelope Mcparland, Thomas Padden, Carolyn Tarrant, Nicola Mackintosh
University of Leicester

Patient safety and quality improvement is inevitably normative as it contains a conception of what could be better. This paper explores conflicting organising logics between maternal autonomy and quality improvement in the context of maternity and neonatal services where safety is under intense scrutiny. The perinatal optimisation care pathway encompasses nine diverse types of interventions delivered across maternity and neonatal care, including place of birth, steroid injections, umbilical cord management, and early maternal breastmilk. Breastmilk is positioned as 'medicine' rather than nutrition in this context, protective for the infant's intestines and helping to reduce complications. National audit data shows increasing numbers of infants born below 34 weeks receive maternal breast milk in the first two days of life but also persistent variations across England and inequity between ethnic groups. This paper draws on the PremPath study, an ethnographic study of perinatal optimisation in practice in hospitals in England and forty drawing-elicitation interviews with parents. We will explore the practical and ethical challenges of increasing rates of early breastmilk for preterm infants. Drawing on the work of Alan Cribb, Vikki Entwhistle and others about the appropriate scope of patient safety and the ethics of quality improvement, we raise questions about how the rhetorical framing of early breastmilk as 'medicine' and expressing breastmilk as 'empowering' for women may support the improvement agenda but introduce dignitary harms (Mitchell et al. 2023).

Inequalities – SAN 205

Amplifying inequity: Understanding how general practice triage reshapes candidacy for patients with intersecting vulnerabilities.

Elisabeth Yaneske, Chris Lim, Suzanne Grant
University of Dundee

The rapid introduction of total triage during the COVID 19 pandemic reshaped access to general practice, including accelerating the adoption of digital triage platforms. As practices continue to use triage to manage rising demand alongside GP workforce shortages, concerns have grown that these systems may amplify existing inequities. Drawing on the Candidacy 2.0 Framework (Koehn et al., 2024), which incorporates intersectionality and the relational 'embodied self', this paper examines how face-to-face, telephone and online triage differentially shape general practice patients' ability to assert and negotiate their candidacy for care.

Ethnographic fieldwork was undertaken across three Scottish general practices. Data collection included observations of day-to-day triage activities (~40 hours), semi-structured interviews with triage staff (n=18), cultural probe interviews (n=15), and one patient focus group.

Face-to-face and telephone triage privileged patients who can perform candidacy assertively or emotively by eliciting additional discretionary effort and flexible decision-making by triage staff. These affordances are absent in online platforms, which nonetheless advantaged patients by opening earlier and securing earlier appointment allocation. Patients with intersecting vulnerabilities (e.g. low health literacy, limited English proficiency, hearing or speech difficulties, complex health needs, or restricted digital/phone access) faced compounded disadvantage. Across all modalities, triage privileged patients who aligned with local 'good patient' norms. The introduction of triage has amplified existing intersectional inequities in access to general practice care. Improving equity will require training for triage staff (e.g. inclusive communication and cultural competency training), redesigned digital pathways, and more systematic support for patients with communication and health literacy barriers.

Mental Health – SAN 204

Transnational Hostile Ecosystem as a Determinant of Migrant Health: How do hostile language, policies, and attitudes shape migrant health and wellbeing in the UK?

Erdem Dikici
University of the West of England, Bristol

Studies on migrant health and wellbeing predominantly focus on pre-migration trauma, individual vulnerabilities, or access to healthcare services. Scant attention is dedicated to understanding how hostilities towards migrants –from transnational discourses to national policies and local attitudes– increasingly function as a determinant of migrant health and wellbeing. This paper addresses this gap by conceptualising transnational hostile ecosystem as a key, if not the most consequential, determinant of migrant health and wellbeing in the contemporary UK. Drawing on in-depth interviews with asylum seekers, refugees, and migrants, the paper demonstrates how the hostile ecosystem generates cumulative and multi-dimensional detrimental health outcomes. Participants report significant mental health burdens, including chronic stress, worsening of PTSD, and suicidal ideation. Institutional and everyday lived experiences of hostility, including prolonged waiting times, poor accommodation, racial discrimination, and hate crimes, further undermine wellbeing through sleep deprivation linked to overcrowding, noise, and uncertainty in asylum accommodation. Participants also report physical health and nutrition-related problems, including appetite loss, consistent vomiting, and food insecurity, linked to their experiences within the hostile system. In consequence, the paper argues that these health outcomes are not random or temporary but systematically produced by a transnational anti-migrant / hostile ecosystem that translates political hostility into embodied harm. Through examining how transnational political discourse filters down to national discourse and policies, then to local communities, shaping public attitudes towards migrants, eventually influencing health and wellbeing, this paper advances medical sociological understanding of how anti-migration discourses and migration governance produce health inequalities beyond clinical settings.

Pedagogy and Methods – SAN 207

Developing a Transcultural Arts-Based Participatory Approach (TABPA) to explore the drivers of diabetes and hypertension in two contexts

Maria Bissett
University of Glasgow

African communities in Scotland and Malawi are disproportionately affected by noncommunicable diseases (NCDs), including diabetes and hypertension. Arts-based participatory methods are one strategy to explore the socio-cultural drivers of these diseases to develop culturally-situated interventions. This research aims to develop a framework for a transcultural arts-based participatory approach (TABPA) to explore the drivers of diabetes and hypertension among African communities in Scotland and Malawi.

Phase 1 used eighteen walkalong interviews (N=18), three community (N=10-12) and two stakeholder (N=4-10) arts-based participatory workshops to explore perspectives on local arts in each country and guide the development of the TABPA framework. Phase 2 piloted and refined two TABPA workshops (N=3-12) in Scotland and Malawi where participants used an art-form of their choice to share experiences of risk factors. Data were analysed using reflexive thematic analysis.

Phase 1 revealed that a range of culturally engaging (e.g. music) and accessible (e.g. drawing) arts forms could be integrated into the TABPA. In Phase 2, participants used drama, song, drawing and storytelling to share culturally-situated understandings of risk factors (e.g. social prestige in Malawi and the systemic immigration pressures in Scotland). Participants reflected positively on the TABPA workshops where they felt “free” to express themselves. However, the workshops also highlighted power dynamics during the co-production of knowledge (e.g. diverging expectations of the quality of artistic outputs).

The TABPA workshops appeared highly promising to gain culturally-situated insights into the drivers of diabetes and hypertension in diverse contexts. A TABPA Framework and recommendations for future practice are provided.

Patient Professional Interaction – SAN 314

Risk or Regulation? Negotiating Post-Reproductive Women's Bodily Transitions and Clinical Decision Making around Hormone Replacement Therapy in India

Shilpika Ghosh
Indian Institute of Technology Kanpur

Post-reproductive ageing is often marked by cessation of menstruation and onset of menopause. While this phase involves significant physical and psychological changes, it is rarely understood beyond the biological framework. As a result, older women are marginalised in mainstream policy, research, and public discourse. Inspired by the ideals of 'successful ageing', these bodily transitions are shaped by medical and anti-ageing narratives that frame ageing female bodies in need of 'regulation' and 'optimisation'. In this context, Hormone Replacement Therapy (HRT) has become a key biomedical response which is at the intersection of therapeutic care and anti-ageing enhancements. Though globally recognised, HRT has been underutilised in India. Empirical research is scarce on women's engagement with the healthcare system for HRT and how medical practitioners navigate through the social, cultural and medical contexts. Therefore, this paper aims to explore the use of HRT in India, focusing not only on women's experiences but also on how healthcare providers navigate the clinical, cultural, and moral dynamics involved. Using a social constructionist approach, this is a work-in-progress paper from my doctoral thesis, aiming to contribute to the broader narrative around HRT, which is polarised in nature; both empowering as well as medicalised, reinforcing gendered and ageist ideals. Therefore, this polarity compels women to negotiate between 'ageing successfully' and 'ageing naturally'. Based on in-depth interviews of doctors and patients from different cities in India, the study aims to contribute to the broader discourse of ageing, body modification and gender in contemporary India.

Sexual and Reproductive Healthcare – SAN 210

Resilience, Vulnerability, and Perinatal Outcomes: Findings from the Legacies and Futures Study

Kate Luxion
University College London

In perinatal care, lesbian, gay, bisexual, queer, transgender, and/or intersex (LGBTQIA+) individuals experience exclusion and discrimination, requiring navigating sources of vulnerability (i.e., stressors) and accessing resilience resources. Little is known about the interplay of resilience and vulnerability or how they shape birth outcomes. Using intersectional minority stress theory, a mixed methods study included LGBTQIA+ (n = 141) and cisheterosexual (n = 414) participants from fourteen UK hospital Trusts using survey responses, integrated patient records, and journaling activities. Meditated regression models assessed group differences and biopsychosocial outcomes, including measures of parent allostatic load (using neuroendocrine, cardiovascular, inflammatory, and metabolic biomarkers) and neonatal outcomes (i.e., gestational length, birth weight, Apgar score ratio, head circumferences, and infant length/height). Four participant journals were analysed using integrative narrative analysis to understand participants' methods of meaning-making, resilience, and vulnerability. For results, the probability of parental allostatic overload was linked to emotional reactivity and maladaptive coping. Birth weight outcomes, as the only group-based difference, were less ideal for LGBTQIA+ participants with the probability of non-ideal outcomes being 12.32 percentage-point higher than cisheterosexual peers. The ratio of ideal Apgar scores for neonates showed probability changes based on parents' emotional reactivity, household vulnerability, level of outness, and perceived social support, with the latter departing from their hypothesised relationships. Sub-study results highlighted mechanisms of meaning-making, linking stressors to resilience as a form of processing and risk mitigation. Overall study findings link influences and outcomes, highlighting possible resources for in-clinic support, and provide recommendations for much needed future research.

WEDNESDAY 9 SEPTEMBER

14:00-14:30

Emotion and Embodiment – SAN 204

Mapping Entangled Bodies: A Body Mapping Study Investigating the Lives of Carers Living and Working with Long Covid

Eilidh Anderson
University of Glasgow (Centre for Disability Research)

Medical sociology has long challenged the marginalisation of the body in research, critiquing biomedical approaches for reinforcing mind-body dualism and overlooking the body's relational entanglement within social contexts. Long Covid (LC) is a chronic, disabling condition involving over 200 fluctuating, multisystem symptoms, yet research on LC remains dominated by biomedical framings. This study situates the body within its social, gendered and occupational context to examine how women's community-based caring roles, shaped by gendered labour patterns and structural inequalities, heighten exposure to, and vulnerability to LC.

Using a rolling longitudinal qualitative design, ten women with LC completed an initial remote flexible interview, with eight continuing into an in-depth co-produced body mapping phase designed to accommodate fluctuating symptoms and caring responsibilities. Body mapping, an arts-based and participatory method, involved visually tracing symptoms, care practices and sources of support onto a body outline. Delivered through online workshops and at-home packs, the method was purposefully adaptable, able to expand, contract and pause in rhythm with participants' changing health, work and care routines.

Findings demonstrate that body mapping disrupts biomedical compartmentalisation by making visible the embodied and emotional impacts of LC. The visual and narrative data counter the ongoing epistemic erasure of LC within post-pandemic political discourse, revealing the emotional labour, disabling effects and gendered inequalities overlooked in prevailing LC care. The method creates an explicit space for care, showing how exclusionary workplace expectations misalign with fluctuating symptoms, often pushing women with LC out of paid employment and further entrenching gendered disadvantage.

Experiences of Health and Illness – SAN 301

Shifting boundaries of illness: fibromyalgia and the evolving landscape of legitimacy over time

Adi Finkelstein
Jerusalem College of Technology, Jerusalem Israel

Fibromyalgia is a long-term condition marked by widespread pain, fatigue, sleep problems, and cognitive difficulties, affecting about 2-4% of people, mostly women. Its unknown cause and absence of clear biological markers place it outside typical medical definitions of disease, creating ongoing medical uncertainty and difficulty in diagnosis.

Paradoxically, within the psychosocial aspects of health and illness discourse and in the absence of objective evidence, patients' experiences are often reinterpreted through a mind-body lens or described as 'holistic', which can unintentionally weaken their credibility, affecting doctor-patient relationships, social perceptions, and access to recognition and rights.

Drawing on a 25-year ongoing qualitative study, based on (1) in-depth interviews with patients, physicians, and policy makers, (2) observations of patient-physician encounters in professional and public settings, and (3) analysis of policy and legislative documents, this paper explores how women with fibromyalgia have actively reshaped the boundaries of medical legitimacy. Through sustained

efforts to make their pain and suffering visible in clinical encounters and the public sphere, including the strategic use of social media, patients have challenged biomedical authority and the marginalization of subjective experiential knowledge. Over time, these practices have grown to influence the political sphere, affecting social and institutional legitimacy through greater recognition, increased policy engagement, and improved access to support. The findings highlight how illness experience, when collectively articulated, can play a key role in transforming social and institutional frameworks.

Health Policy – SAN 221

Governing loneliness across the life course: insights from policymakers – Health Policy

Maaike Paredis, Katrijn Delaruelle, Melissa Ceuterick
Ghent University

Loneliness is increasingly addressed within social and public health policy and its construction as a policy problem has become a growing focus in sociological research. However, little is known about how loneliness policies reflect, and possibly reinforce, cultural assumptions about age. Drawing on critical studies of age, this presentation treats age not merely as a demographic variable, but as a system of social meaning that shapes the definition of loneliness as a policy problem and the proposed interventions.

A Foucauldian discourse analysis, informed by the concept of governmentality, was applied to policy documents on loneliness and used to analyse seven focus groups with both Belgian and international policymakers working in social wellbeing. The study adopted a sequential design aimed at triangulation: insights from the policy document analysis informed the design of the focus groups. Policy documents were identified through systematic internet searches and targeted searches of policymakers' websites, resulting in fourteen documents that explicitly addressed loneliness. The document analysis mapped dominant discourses, identified silences and highlighted assumptions underpinning policy approaches. These insights were explored in greater depth during the focus groups.

The aim of this study is to examine (1) how policymakers differentiate loneliness across age groups, (2) how these distinctions shape the forms of governance considered necessary or feasible and (3) how responsibility for addressing loneliness is allocated. By foregrounding age, this study demonstrates how cultural understandings of the life course can shape structural responses to loneliness. Findings will be presented at the conference.

Health Service Delivery – SAN 206

How epistemic justice can improve care for people with co-existing substance use and mental health difficulties who present in crisis to emergency departments

Tyler J Mills, Georgia Bingham, Koren-Marie Cowap, Laura Voss, Alison Sharpe, Thomas Phillips
Centre for Addiction and Mental Health Research, University of Hull

Individuals experiencing co-existing substance use and mental health difficulties (SUMH) face many systemic barriers when seeking healthcare, including stigma, discrimination, fragmented care, and exclusion from services. Epistemological barriers are prevalent and epistemic injustice presents unique challenges and opportunities for addressing social prejudice, alleviating suffering, and facilitating shared understandings in pursuit of wellbeing and equitable care. This presentation discusses findings from a multi-stakeholder service evaluation, which took place across three events with 59 attendees from Humber and North Yorkshire. This was the first stage of an ongoing realist synthesis which aims to identify essential components of care to build more equitable care pathways for adults with co-existing SUMH who present in crisis to Emergency Departments (EDs). This presentation uses epistemic injustice as a theoretical lens to interrogate how different types of knowledge are produced, utilised, valued, and siloed. Our findings indicate that experiences of institutional and social stigma are frequent and illustrates how the testimonial of those who present in crisis to EDs, especially if intoxicated, can be systematically devalued and discredited. Integrated, multi-agency care is often promoted as best practice, but hierarchical dynamics of epistemic privilege can be a barrier to delivering

collaborative care. This work challenges the historic dichotomy between ‘patient’ and ‘clinician’ and demonstrates the value of breaking down traditional siloes and intentionally embedding more inclusive ways of working in research and healthcare. By doing so, we can cultivate a more diverse collection of knowledge to alleviate epistemic injustice and co-create a safer and more equitable healthcare system.

Inequalities – SAN 205

Symbolic Violence and the Persistence of Geographic Inequalities in Deaths of Despair in England

Timothy Price
Newcastle University

This paper examines how Pierre Bourdieu’s concept of symbolic violence helps explain the persistence of geographic inequalities in drug, suicide, and alcohol-specific morality, collectively referred to as deaths of despair, in England. While existing deaths of despair research highlights structural determinants such as poverty, deindustrialisation, and welfare retrenchment, less attention has been paid to how these determinants are culturally obscured and politically depoliticised. Drawing on qualitative data from 30 residents of Middlesbrough and South Tyneside, two post-industrial towns with above-average DoD rates, this study explores how social narratives sustain inequalities in these deaths. Three key mechanisms are identified. First, moralising narratives frame deaths of despair as products of individual choice rather than structural harm. Second, territorial stigma is internalised by residents, shaping identities, expectations, and perceptions of deservingness. Third, downstream interventions create the appearance of support while failing to address root causes. Together, these processes demonstrate how symbolic violence operates as a cultural mechanism that obscures structural determinants, legitimises inequality, and constrains political responses. By individualising blame and naturalising deprivation, symbolic violence helps reproduce the conditions under which DoD occur. These findings suggest that addressing inequalities in deaths of despair requires not only material interventions, but also critical engagement with the cultural narratives that frame suffering as personal

failure while rendering structural injustice invisible.

Lifecourse – SAN 314

Menopause as a Transgender Phenomenon: conceptualising the experiences of bio-Others

Rebecca Simmons
University of Leeds

This paper conceptualises menopause as a transgender phenomenon by drawing on the work of Susan Stryker (2007) to theorise the way in which menopause is sometimes depicted and experienced as a transgressive defeminising and/or masculinising event. Building upon empirical research with 16 LGBTQ+ people which used mixed qualitative methods including interviews, body mapping and object elicitation, this paper brings the work of trans and queer scholars into dialogue with the sociology of health and illness. In the paper I develop the concept of transgender phenomena to encompass the ways in which menopause challenges the binaries of male/female, gender/sex and cis/trans. This theorisation helps to understand why menopause has been overly medicalised over the last century as it has been understood as a defeminising and masculinising event which threatens the maintenance of hierarchical dualisms. Via the lived experiences of the research participants, I demonstrate the ways menopause is both portrayed and sometimes experienced as “gender-bending” in how it destabilises normative conceptualisations of the gender binary and in ways which were experienced ambivalently by participants. Crucially, this paper argues that theorising menopause as a transgender phenomenon is not to further pathologise menopause, but to build a solidarity between (cis) women and trans individuals. I further explore the similarities and differences between menopause hormone therapy and gender affirming hormone therapy and make the case for further research about the interactions between these two and the need for better education among healthcare professionals.

Sexual and Reproductive Health – SAN 210

Accessing healthcare for menstruation-related symptoms requires an inevitable breach of menstrual etiquette: implications for practice

Sharon Dixon, Lisa Zuidema, Sue Ziebland, Abi Mcniven, Kathryn Sheridan
Nuffield Department of Primary Care Health Sciences, University of Oxford

Most people who menstruate experience pain, with impacts on activities and health. Evidence-based treatments exist, but most do not seek healthcare, representing missed opportunities for assessment and support. Menstruation-associated symptoms are both stigmatised and normalised, with dialogue embedded within a pervasive menstrual etiquette. Calls for improved diagnosis of conditions potentially associated with menstrual symptoms, like fibroids, endometriosis, and adenomyosis, are typically parallel to, but disconnected from, writing about undifferentiated menstrual symptoms.

We consider the interface between menstrual etiquette (Laws, 1991) and healthcare for menstruation-related symptoms. We draw on two narrative interview datasets about experiences of menstruation, from different contexts, collected using comparable methodology (UK: N=41 adolescents, Netherlands: N=33 adults aged 19-69).

Across settings, menstrual etiquette impacts on sense-making about menstrual pain, interpretation and perceived personal relevance of healthcare advice (both professional and lay), decision-making about healthcare access, and experience of appointments. We argue that accessing healthcare in itself represents an inevitable breach of menstrual etiquette. How this breach is responded to within healthcare can influence perceptions of care, which impacts healthcare decision-making both present and future.

When healthcare culminates in a biomedical diagnosis, for example endometriosis, we show this can offer a new etiquette, with exemption from (some of) the rules of menstrual etiquette This functionality of diagnosis extends understanding of the social meanings of diagnosis (Jutel, 2009, Seear, 2009).

Menstrual and endometriosis etiquette co-exist but are not the same. Etiquette offers a framework for understanding experiences of dismissal and distrust in healthcare for menstrual symptoms, with opportunities for intervention.

SPECIAL EVENT
WEDNESDAY 9 SEPTEMBER
14:00-15:40

Sociology of Health and Illness Journal

SHI Editors: Janice McLaughlin, Ellen Stewart, Gareth Thomas and Ros Williams

ECR Author with SHI: Lijiaozi Cheng

This special event, hosted by editors of *Sociology of Health and Illness*, has 2 key aims:

1. To highlight key aspects of how the journal operates, particularly around the peer-review process.
2. To gain feedback on key aspects of the journal's priorities and approaches going forward.

The session will be a mix of information sharing and interactive discussion, which will be of value to people comparatively new to engaging directly with the journal and to those already participating in it as authors and reviewers.

In the first half of the session we intend to discuss various matters including:

- The review process, including hearing from a recent author
- The practical steps in the submission process
- The qualities that accepted papers tend to share.
- What being a good reviewer involves and how essential this role is to the journal and its authors.

There will also be opportunities to ask questions about any aspect of how the journal is run.

In the second half of the session, we will use the opportunity of bringing people together to gain feedback from the medical sociology community on ideas we have about the future of the journal. There is lots of flux and change in the publication world, academia and in the fields we do our research in and which the journal represents. As comparatively new editors of the journal, we are seeking to navigate the journal through these uncertainties. We will share some of our ideas on how to do this and we are keen to gain your feedback. Topics we will look at include:

- How do we value the importance of medical sociology as a discipline, while being open to interdisciplinary/transdisciplinary dialogue?
- How do we reach international audiences/authors, especially groups, topics and perspectives underrepresented in the journal?
- Are there different ways early career colleagues can be supported as authors and reviewers?
- Are there varied article types that should be considered?

Please do come along and help us ensure that the journal maintain its importance and relevance to the medical sociology community.

WEDNESDAY 9 SEPTEMBER

14:35-15:05

Emotion and Embodiment – SAN 204

Paradoxes of Involvement: Experiencing Institutionalised Ambivalence in Lived Experience Researcher Roles

Bakita Kasadha
University of Oxford

Lived experience researchers are increasingly embedded in academic health research; the role situates them within and across academic, community and social movement fields. This role signals proximity to the research topic. Such signalling can create paradoxes that are less captured by celebratory narratives of involvement. Drawing on Merton's concept of sociological ambivalence, we frame how contradictory normative expectations are institutionalised and felt in practice. We draw on interviews with 28 lived experience researchers involved in sensitive health research in the United Kingdom to analyse how ambivalence manifests through four interrelated paradoxes. Firstly, a Visibility Paradox, where disclosure provides a point of liberation and vulnerability for lived experience researchers. Secondly, a Standpoint Paradox, in which lived experience researchers are called to draw on their own experiences to establish rapport with their study participants, whilst being required not to over-identify with them. Thirdly, an Authority Paradox, where lived experience is positioned as epistemically valuable for the study, while potentially undermining the individual's professional authority as a researcher. Finally, an Opportunities and Containment Paradox, where lived experience researchers develop research skills while primarily engaging in community-facing elements of the research, thus creating the risk that they remain perpetual peer researchers. This paper conceptualises lived experience researcher roles as sites of institutionalised ambivalence, which at times result in dilemmas. This paper

concludes that a review is needed on the ways lived experience researcher roles are designed and embedded within academic health research, especially research on stigmatised health conditions.

STS & Medicine – SAN 207

Medical Sociology of Omission: The Production of Pharmaceutical Knowledge and Assessment

Gowree Balendran, John Abraham
Joint Presentation (equal authorship) Dr Gowree Balendran - Keele University; Professor John Abraham - Brighton and Sussex Medical School

How can/should sociologists analyse omissions of actions and records? This paper explores this question regarding two scenarios: 'missing data' in pharmaceutical trials due to absence of follow-up of patients, and 'redactionism' by government pharmaceutical regulators. Drawing on UK, EU, and US documentary and interview data, we show how international comparative sociological methodology can (i) identify omissions; (ii) characterise their socio-political significance for medicine, health, and stakeholder interests; and (iii) evaluate their wider societal implications for transparency/democracy. For example, we show how the extent of missing data can be larger than the difference between new drugs and comparators that is supposed to justify the new drugs' clinical efficacy, raising the possibility that these drugs' apparent efficacy manifests through excessive incomplete follow-up, rather than real drug-effect. Neither pharmaceutical manufacturers nor government regulators highlight these problems with prescribing doctors or patients. Indeed, consistent with their commercial interests, pharmaceutical manufacturers were found to routinely under-estimate these problems relative to US-FDA calculations (by a factor ranging from 2.8 to 2000), while NICE recommends such drugs to the NHS as cost-effective. Moreover, we show how NICE engaged in redactions of its own expert assessments, which reported a new drug to be less effective than a comparator, before publication on its website – redactions which limited public understanding of the questionable cost-effectiveness of the drug. Our findings suggest that a different social organisation of pharmaceutical knowledge-production is required, and that NICE needs to place less trust in pharmaceutical companies' knowledge-claims, and improve its transparency/accountability about pharmaceutical trials.

Experiences of Health and Illness – SAN 301

"Not endo enough"? Sense-making and identity where experiences differ from typical representations in endometriosis epistemic communities

Rachel Dewar-Haggart, Sharon Dixon, Abigail Mcniven
University of Oxford

Endometriosis is a chronic condition affecting around 10% of people assigned female at birth, and is typically associated with symptoms of heavy and painful periods, chronic pelvic pain, bowel and bladder symptoms, and fatigue.

Previous sociological work has centred belonging in endometriosis support groups, as epistemic communities – involving experiential credentials (Whelan, 2007) and collective sense-making around, for example, pain (Lindgren and Richardson 2023) – and playing a valuable role around epistemic injustice in the struggle for diagnosis (Hallstrom 2024). However, little consideration has been given to individuals whose experience of (diagnosed) endometriosis differ to the norms and expectations held within these communities.

Drawing on narrative and semi-structured interviews with 45 people with a confirmed diagnosis of endometriosis, we explore the accounts of a subset of individuals who self-identified as not fitting the 'typical' endometriosis patient representation. This can be for reasons of mismatching clinical staging with impacts, gender identity and sexuality, atypical symptom presentation, or age profile, amongst others.

We consider how participants construct their own illness experiences – up to and after receiving a formal diagnosis – and sense of identities, both individually and collectively. Central to this is how individuals question the legitimacy of their symptoms compared to others' illness narratives, which in turn can

create a “hierarchy of suffering” within these epistemic communities. Building on previous sociological work, we explore the challenges of – and add nuance to – accounts of endometriosis identity, arguing that understanding of the diversity and complexity of endometriosis is needed.

Health Policy – SAN 221

Bringing the body back: A feminist, embodied, narrative framework for analysing lived effects of policy

Rebecca Muir
Queen Mary University of London

The 'What is the Problem Represented to Be?' (WPR) approach (Bacchi, 2025) has made significant contributions to critical policy studies by revealing the political assumptions embedded in policy discourse. However, WPR's poststructuralist orientation means that the fleshy, lived materiality of bodies remains undertheorised within the framework. This paper argues that attending to embodiment is both theoretically necessary and politically urgent for feminist WPR researchers, and introduces a practical analytical tool to address this gap: the Foucauldian-Inspired Narrative Embodiment (FINE) framework.

FINE is designed to complement WPR policy analyses that utilise narrative interview data, attending to how bodies are inscribed, shaped, and resisted through policy logics. The framework is demonstrated through a doctoral case study examining the lived effects of NHS-funded IVF Body Mass Index (BMI) restrictions on women in England. Biographical Narrative Interpretive Method (BNIM) interviews with ten women subject to BMI-based exclusions reveal how policy logics of bodily 'control' produce experiences of disembodiment, shame, and corporeal violation, alongside significant bodily resistance.

We argue that without attending to embodiment, critical policy analysis risks reproducing the rationalist logics it seeks to challenge, conceding the political ground of bodily experience to biological reductionism.

References

Bacchi, C., 2025. What's the Problem Represented to Be?: A New Thinking Paradigm. Routledge.

Health Service Delivery – SAN 206

Holding the line: Imagined futures of remote sexual and reproductive healthcare

Tom Witney, Charlotte Spurway, Louise Jackson, Fiona Burns
University College London

Remote models of sexual and reproductive health (SRH) service delivery have expanded rapidly in the UK, precipitated by COVID 19 and driven by rising demand and funding constraints. This paper draws on qualitative interviews with service users and professional stakeholders conducted in 2024 across three contrasting case study sites in England and Wales. Using a temporal lens, this analysis traces how participants made sense of past service transformations, navigated the present complexities of remote service provision, and imagined possible futures for SRH services.

The findings illuminate how remote consultation models redistribute power, responsibility, and labour. Staff accounts emphasise tensions between efficiency, loss of holistic care, and perceived de-skilling. In contrast, many service users describe increased autonomy, convenience, and empowerment. Yet these apparent gains intersect with digital exclusion, language barriers, safeguarding limitations and the erosion of outreach, which disproportionately affect marginalised groups. Participants’ imagined futures range from dystopian visions of disconnection, “more people shouting down the phone at each other,” to more optimistic accounts of user led systems enabling people to “do it all yourself” without dependence on clinicians.

By analysing these trajectories and imagined futures, the paper situates remote SRHS within wider sociological debates about shifting forms of citizenship, agency and governance in health. In the context of NHS policy foregrounding digital service provision, we argue that future configurations of SRH services hinge not only on technology and efficiency but on political choices about equity, investment and the value placed on relational care.

Inequalities – SAN 205

The Healthcare Entrapment Paradox: Structural Vulnerability and 'Trapped Agency' Among Female Sex Workers in Pakistan

Sarosh Iqbal
Forman Christian College (A Chartered University), Lahore, Pakistan; University of Sheffield UK

Female sex workers (FSWs) in Pakistan are criminalised under dual legal frameworks, excluded from formal labour markets, and abandoned by welfare institutions. FSWs cannot access healthcare without self-incrimination, cannot report violence without criminal exposure, and face systematic discrimination within clinical settings. The structural mechanisms through which these health inequalities are produced and sustained remain theoretically underexamined. This paper addresses that gap.

Drawing on reflexive thematic analysis of semi-structured interviews with 17 FSWs in Lahore, Pakistan (conducted in Urdu and Punjabi), this study explores structural pathways into sex work and the mechanisms preventing exit. Structural vulnerability (Quesada et al. 2011) and postcolonial feminist theory (Kandiyoti 1988; Mahmood 2005) are adopted as analytical frameworks.

Three themes emerged. First, entry pathways are structurally produced through three health-relevant mechanisms: patrilocal kinship coercion — mothers-in-law coercing daughters-in-law, absent from existing South Asian literature; male breadwinner failure through disability; and economic desperation. Each pathway is shaped by gendered structural exclusions that simultaneously foreclose healthcare access. Second, exit is foreclosed by a healthcare entrapment paradox: provider-level refusal and criminalisation render health-seeking structurally dangerous. Third, survival strategies — madam protection and peer risk assessment — provide immediate protection while deepening structural entrapment.

The concept of structurally-trapped agency is introduced to theorise this paradox: agency is not absent but constituted by a structure reproducing itself. Individually targeted health interventions cannot interrupt structurally produced vulnerabilities; structural transformation — decriminalisation, labour market inclusion, and welfare provision — is required.

Lifecourse – SAN 314

Elite sport as body work: exploring the conundrum of reproductive timing and fertility management in female athletes

Christopher Elsey
De Montfort University

For professional athletes, maintaining health and wellbeing is tied to their capacity to train, compete, and sustain careers. For elite female athletes, decisions on reproductive timing are complex and carry significant consequences. The increased visibility, pay parity, and opportunities available to women in elite sport, add to pressures to integrate reproductive decision-making into career planning. This is shaped by gendered reproductive timelines, the physiological impacts of intense training on menstrual cycles, and the continued expectation of uninterrupted athletic performance. Female athletes' decisions include the use of contraceptive technologies, fertility-tracking tools, and fertility-extension options (e.g. egg freezing). These technologies offer a sense of control, but involve financial costs, potential physical/mental health implications, and uneven institutional support. Despite growing public discussion, little is known about how female athletes use these technologies during their sporting careers, alongside organisational expectations and contractual arrangements. Using discourse

analysis, we examine case studies of elite athletes discussing reproductive decision-making. Data sources include sports media interviews, social media, policy and protocols, collective bargaining agreements, and legal disputes. Comparing individual and team sports, we highlight variations and inconsistencies in support structures in elite sport and experiences of embodied labour.

Sexual and Reproductive Health – SAN 210

Citizenship, Marginalisation, and Women's Health: Lived Realities of Menstrual Health among Malaiyaha Tamil Plantation Communities in Sri Lanka

Samanmali Alujjage Don
University of Essex

This paper examines the relationship between citizenship and health among Malaiyaha Tamil communities in Sri Lanka, focusing on their historical migration from India and the structural marginalisation that has shaped their health outcomes. Migrating in search of better livelihoods and improved well-being, many endured violence and death during the migration process. At the same time, those who reached Sri Lanka were confined within plantation systems that functioned as an enclaved structure, with under-resourced health services. For decades, these health systems suffered from a lack of qualified personnel and reproductive health, leaving women especially vulnerable. During the 1990s, state-led population control initiatives further intensified this marginalisation, as many Malaiyaha women were subjected to coercive sterilisation practices, reflecting broader inequalities in power, agency, and bodily autonomy. At the same time, repeated denial of citizenship rights excluded these communities from accessing national healthcare systems, reinforcing their marginal status and limiting their entitlement to essential services. Even after recognition as citizens, access to equitable healthcare remained constrained by persistent structural inequalities, discriminatory attitudes, and the continued neglect of women's health needs. With the later integration of plantation health services into the national system, changes have emerged, yet significant gaps remain. Drawing on the embodied experiences of Malaiyaha Tamil working women, this paper foregrounds menstrual health management as a critical lens through which to understand the intersections of gender, citizenship, and health, highlighting how everyday experiences of managing menstruation reflect broader struggles for dignity, recognition, and equitable access to healthcare as fundamental components of wellbeing.

WEDNESDAY 9 SEPTEMBER

15:10-15:40

Experiences of Health and Illness – SAN 301

Telling tapering: patients' narratives on benzodiazepine cessation

Melissa Ceuterick, Renée Schröter
Ghent University

Like illness narratives, medication stories may offer a form of biographic repair work (as technologies of the self), as well as broader, politicised critique on societal consequences of pharmaceuticalisation. Nonetheless, little specific attention has been paid to patients' narratives on their cessation experiences, nor on the more methodological aspects of studying these.

In this presentation, I will share the results of a narrative analysis of former long-term benzodiazepine users' accounts of cessation experiences. As one of the most widely used classes of psychotropics,

benzodiazepines also prove to be amongst the most difficult types of medication to discontinue, due to withdrawal symptoms and rebound effects, while also being socially and biographically disrupting.

I will explore how long-term users narrate their cessation experiences, and thereby reflect on how we may study these medication narratives. To do so, I will compare data from two different data collection methods: in-depth interviews with open questions, and in-depth interviews which used a medication timeline as an elicitation technique (n=10).

Based on both structural (including plot and main characters) and substantive elements, I delineate three distinct narratives: a narrative of struggle, of victory and of unproblematic tapering. Moreover, each narrative is employed to manage stigma and leads to different discursive identity outcomes. Timeline-facilitated narrative elicitation helps to structure an interview, allows to delve deeper into specific elements on this medication timeline (onset, plot, endpoint) and to discuss more sensitive and stigmatised aspects of cessation.

Emotion and Embodiment – SAN 204

Fostering connection and belonging in physiotherapy chronic pain care

Miriam Dillon, Rebecca Olson
University of Queensland

Despite the centrality of emotions to clinical care, neither undergraduate training nor practice in physiotherapy foreground engagement with emotions. Where emotions do receive attention, they tend to be understood in individualistic and dualistic ways, and seen as problematic. Research shows that physiotherapists are more comfortable navigating the biomedical aspects of care, often avoiding or downplaying difficult emotions. In this presentation, I argue that broader theorisation of emotions, attending to their relationality, is required within physiotherapy, particularly within contexts such as chronic pain care. Drawing on work from Cottingham, I adopt an emotion practice approach to demonstrate why how physiotherapists conceptualise emotions is important. This approach attends to the social roots of emotions and attempts to overcome dualistic understandings of emotion, whilst also seeing emotions as resources. I use data collected as part of a critical reflexive ethnographic study exploring distress in physiotherapy chronic pain care involving: 15 ethnographic observations of patient-physiotherapist interactions, and 6 collaborative dialogues between researchers and physiotherapists. In this paper, I focus on one pertinent ethnographic observation and trace the flows of emotions throughout the clinical encounter.

My findings demonstrate how failure to recognise or navigate emotions well can produce distress for both clinicians and patients, limit understandings of pain experiences, cause disconnection and perpetuate inequity. These findings also recognise the emotional reflexivity required by both physiotherapists and patients within clinical encounters. I argue that broader understanding of emotions may help physiotherapists to foster connection and belonging within clinical encounters and to navigate care more relationally.

Health Policy – SAN 221

Pregnancy, power, and policy: a critical policy analysis of military health governance

Kirsten Morris
Anglia Ruskin University

Introduction

In highly structured settings such as the military, policy plays a central role in shaping how bodies, health, and acceptable forms of subjectivity are constructed and governed. Drawing on post-structuralist theory and Carol Bacchi's "What's the Problem Represented to be?" (WPR) framework, this study examines how pregnancy is problematised within British Army policies. It aims to analyse how policy constructs pregnancy and the implications for maternal subjectivity.

Methods

A qualitative post-structural policy analysis was conducted using Bacchi's WPR framework, informed by Foucauldian concepts of discourse and power. Key UK Armed Forces policies relating to maternity, health, and accommodation were analysed. The analysis involved identifying prescriptive proposals within policy texts, working backwards to reveal implicit problem representations, and applying the six WPR questions to examine their underlying assumptions and effects. Ethical approval for the wider study was granted by MODREC and the Anglia Ruskin University Ethics Committee.

Results

Two dominant problematisations were identified. First, pregnancy is constructed as biological risk and operational disruption, positioning pregnant service women as incompatible with military service. Second, pregnancy is framed as deviant from the normative soldier identity, producing pregnant personnel as atypical and subject to increased regulation. These representations collectively construct pregnancy as a condition requiring control within existing military structures.

Conclusion

This study demonstrates how policy actively produces medicalised and gendered subjectivities. It contributes to medical sociology by showing how reproductive bodies are governed through institutional discourse, with implications for policy development and future research on lived experience and embodiment in institutional settings.

Health Service Delivery – SAN 206

Can "helping people to help themselves" lead to tackling health inequalities in primary care?

Mihirini Sirisena, Sarah Sowden, Sameena Hassan
Newcastle University

The individualisation of health outcomes has been widely critiqued, particularly in relation to responsibilisation as a mechanism for change. At the same time, primary care policy and practice have increasingly embraced personalised approaches, especially for populations experiencing severe health inequalities. These approaches seek to move beyond responsibilisation by recognising barriers identified in candidacy theory—namely that individuals may not perceive themselves as eligible for, or entitled to, care—and by promoting empowerment to enable agency. This paper interrogates whether such approaches meaningfully address health inequalities or reproduce the limitations of individualised framings. Drawing on theory-informed qualitative research from the CareDEEP study, we examine how "helping people to help themselves" rhetoric is operationalised within a project tackling wider determinants of health in primary care settings serving socioeconomically disadvantaged populations.

CareDEEP is a project developed and implemented by the Deep End Network of North East North Cumbria (DEN NENC). It supported general practices to design and implement initiatives addressing patients' non-medical needs. We undertook a qualitative inquiry to explore factors affecting uptake and implementation. Data were generated through document analysis, observations, interviews, and focus groups with staff involved in CareDEEP; collection and analysis were iterative and supported by NVivo.

Our findings suggest that, while personalised care can foster relational support and acknowledge diverse needs and capacities, it remains closely aligned with the individualisation of health problems. This risks obscuring structural determinants of health inequalities and re-inscribing responsibility at the individual level.

Inequalities – SAN 205

Troubling Black-box Epidemiologies: applying intersectional theory to examining health inequalities in dementia care, practice and research

Shadreck Mwale, Katie Coveney, Brenda Hayanga, Katie Featherstone

Geller Institute of Ageing and Memory, University of West London

Persistent health inequalities experienced by people living with dementia from minoritised ethnic communities in the UK have frequently been conceptualised through a deficit-based lens, attributing 'barriers' to cultural beliefs, knowledge gaps, stigma, and familial caregiving norms within these communities. Employing an intersectional framework, this paper examines these explanations, analysing UK policy documents and published literature concerning people living with dementia.

Our analysis demonstrates that these literature are not neutral; they shape the epistemic foundations of practice by privileging deficit-based narratives—such as cultural beliefs, stigma, and knowledge gaps—as primary explanations for health inequalities. We argue that such approaches function as cultural proxies for race, reinforcing racialised stereotypes and diverting accountability away from systemic and institutional determinants of inequality. Knowledge production and policy discourse normalise these representations, while neglecting the socio-political and historical contexts, including colonial legacies, that influence engagement with services. Emphasising cultural tropes risks further marginalising minoritised ethnic communities when these perspectives are embedded in policy and practice and leave the burden for change on these communities.

Our findings also critiques the 'black box' epidemiological approach, which aggregates the experiences of diverse minoritised ethnic groups and a focus on cultural tropes in ways that absolve institutions of responsibility. Redirecting analytical attention toward institutional practices and epistemologies, we advocate for a critical reorientation that prioritises structural reform over behavioural change. Such an approach, we suggest, is essential for dismantling the epistemic foundations that perpetuate institutional racism, health inequalities and for advancing equitable care for people living with dementia.

Lifecourse – SAN 314

Candidacy and long-term risk: women's perspectives on postnatal health and future cardiovascular risk after hypertensive disorders of pregnancy.

Rosa Mackay, Katherine Tucker, Clare Goyder, Richard McManus, Lisa Hinton
University of Oxford

Hypertensive disorders of pregnancy affect approximately 8-10% of pregnancies and are associated with short and long-term health risks. Despite the importance of blood pressure control in the months following birth, postnatal follow-up is often fragmented, and women report limited understanding of longer-term cardiovascular risks. Given the relevance of this period for lifelong wellbeing, it is important to understand how people experience postnatal blood pressure management and make sense of future cardiovascular risk.

This presentation draws on longitudinal interviews and photo elicitation conducted with women participating in the SNAP2 study, a multi-site trial in England evaluating a digital self-management intervention for postnatal blood pressure control. Through this research we aim to inform improvements in postnatal care and understand how best to support the implementation of health technologies in this period. We also aim to generate evidence to support risk communication that is not only clinically accurate, but also socially meaningful.

Semi-structured interviews were conducted with 42 women, at either or both of the following time points: 6 weeks and 6 months postpartum. Preliminary findings suggest that the way women manage their blood pressure postnatally is shaped by how risk is communicated and understood; how recovery is expected to unfold; and how health priorities compete with the demands of motherhood. Drawing on sociocultural theories of candidacy (Davison et al.) and risk (Lupton), this presentation will explore how postnatal experiences intersect with technological interventions and broader narratives of prevention and treatment, and how health conditions of uncertain chronicity are lived and understood.

Sexual and Reproductive Health – SAN 210

GLP-1s as Technologies of the Self: Narratives of Bodily Control and Realignment in People with PCOS

Sabrina Keating, Jadine Scragg, Helen Ashdown, Lisa Hinton
University of Oxford

Polycystic ovary syndrome (PCOS) is a common hormonal condition associated with irregular periods, fertility issues, and weight gain. In England, NHS guidance promotes weight loss to those living with overweight to reduce symptoms and health risks. However, many describe weight management as difficult and an area with limited support. Glucagon-like peptide-1 (GLP-1) receptor agonists are effective weight loss medications, and may also improve other PCOS symptoms, but they are not routinely available for PCOS within the NHS. Simultaneously, use of GLP-1 receptor agonists to manage PCOS-related symptoms is rapidly expanding through private weight-management services and direct-to-consumer advertising, often drawing on concerns about women's hormonal and reproductive health.

This presentation draws on narrative interviews with 20 people in England with lived experience of PCOS and obesity who accessed GLP-1 medications via NHS or private routes. It uses the Foucauldian concept of 'technologies of the self' (Foucault, 1988), which has been applied to areas including diet, health, and pharmaceutical use to examine how people monitor, regulate, and transform themselves in line with medical and moral expectations. In this context, some participants describe a shift from experiencing their PCOS body as shameful and uncontrollable to understanding it as pharmaceutically realigned with gendered personal and societal expectations. This presentation argues that GLP-1 use in PCOS both reinforces practices of bodily self-regulation and opens new possibilities for agency and subjectivity. The analysis is situated within sociological scholarship on earlier weight-loss medications (Fox et al., 2005; Throsby, 2010) and direct-to-consumer pharmaceutical advertising (Hancock, 2018).

STS and Medicine – SAN 207

Re-politicize Health: Intersected Inequities in Health Knowledge Production and Application

Manning Zhang
Brandeis University

This paper argues for the repoliticization of health through an intersectional analysis of structural racism embedded in medical knowledge production and technological application. Tracing the historical arc from the experimental exploitation of enslaved women in the development of American gynecology to contemporary algorithmic medicine, I demonstrate how medical racism operates not as an historical aberration but as an institutionalized system of power that persists through seemingly neutral scientific practices.

Theoretically, I synthesize Foucault's biopower with Mbembe's necropolitics and Clarke's biomedicalization to examine how state sovereignty and neoliberal capitalism co-produce health inequities. The analysis interrogates three critical sites: first, the biopolitical governance of reproduction through eugenics and coercive sterilization campaigns targeting women of color; second, the epistemological limitations of social epidemiology, arguing that frameworks such as "fundamental cause theory" inadequately capture how racism, sexism, and classism intersect to produce embodied disparities; and third, the racialization of health technologies, including race-adjusted clinical algorithms (VBAC calculators, eGFR equations), the pharmaceuticalization of racial difference (BiDil), and digital surveillance systems that encode Ruha Benjamin's "New Jim Code."

I contend that the persistence of biological essentialism—manifest in data absenteeism, genetic determinism, and algorithmic bias—constitutes structural violence against marginalized populations. By centering intersectionality within political-economic critiques of medicine, this research challenges the depoliticization of health and calls for dismantling racist infrastructures within medical education and technological design as prerequisites for health equity.

WEDNESDAY 9 SEPTEMBER

16:00-16:30

Emotion and Embodiment – SAN 204

The weight of being heard: Racialised feeling rules, embodied emotion and patient safety in NHS organisations

Olivia Joseph, Rebecca Lawton, Ghazala Mir, Beth Fylan
Yorkshire and Humber Patient Safety Research Collaboration

Emotions are socially organised, embodied, and regulated within institutional contexts. In healthcare, patient safety research increasingly recognises emotion as both an antecedent to adverse events and a consequence of unprofessional behaviour. Exposure to workplace incivility can compromise safety-critical behaviours by impairing clinical performance, reducing information sharing and increasing emotional exhaustion amongst staff. Scholars argue that workers' emotional safety is essential to preventing avoidable harm. However, less attention has been paid to how emotions themselves are structured by power and inequity within healthcare organisations.

By applying theories of racialised feeling rules, this paper examines how racially minoritised staff navigate incivility within organisational environments where emotional expression is differentially sanctioned along racialised hierarchies. Using a critical ethnography of organisational listening systems, comprising sixteen qualitative interviews and 28 documents across two NHS organisations, alongside ten interviews with staff in listening roles within one NHS trust, the findings show that racialised incivility is experienced viscerally through tension, vigilance and embodied restraint. Organisational listening systems regulate these expressions by translating them into procedural categories that often minimise their affective meaning and obscure the structural context. These dynamics shape psychological safety and influence whether concerns were voiced, escalated or silenced.

This empirical research extends existing patient safety scholarship by showing that emotions are actively governed through organisational and racialised power. By bridging medical sociology and patient safety, it argues that incivility cannot be understood without attending to the racialised governance of emotion and its embodied consequences within healthcare organisations.

Health Policy – SAN 221

The bureaucratisation of compassion: An ethnographic analysis of understanding engagement and involvement of patients and families under the Patient Safety Incident Response Framework (PSIRF)

Hannah Stoddart, Jane O'hara, Lorelei Jones, Polina Mesinioti, James Titcombe, Carl Macrae, Laura Sheard
University of York

In patient safety research, provider engagement is central to rebuilding trust and repairing relationships following safety incidents. Despite studies advocating to 'better involve patients' and 'take them seriously', institutional structures often complicate such efforts. In 2022, NHS England launched the Patient Safety Incident Response Framework (PSIRF). This policy aimed to shift healthcare organisations from a harm-based investigative model to one centred on learning and compassionate engagement. PSIRF was based on evidence highlighting the importance of involving patients and families to support organisational learning and improve the experience of those affected by harm.

This paper draws on a longitudinal organisational ethnography, including 281 hours of non-participant observations and 81 in-depth interviews with NHS staff, to investigate involving and engaging patients and families under this new policy. Drawing on the framework of Epistemic Injustice (Fricker, 2007), we identify three themes: first, the privileging of cultural capital, which favours those possessing the necessary cultural resources and literacy to navigate the NHS. Second, we identify epistemic injustices within engagement processes, where patients often became 'institutional mechanics' to be heard and supported. Third, there was institutional resistance to epistemic justice. For example, limits around available support revealed a tension between compassionate engagement and managing litigation.

While PSIRF was intended to transform engagement by repairing trust, we argue that engagement often becomes 'bureaucratised' via invisible structural limits. These findings demonstrate how interactions between policy implementation and organisational infrastructure fundamentally shape—and sometimes constrain—the experiences of patients and families.

Health Service Delivery – SAN 206

Is elderspeak always inappropriate? Understanding more about the use of elderspeak in the care of people living with dementia.

Lauren Bridgstock, Alison Pilnick, Sarah Goldberg, Rowan Harwood
Manchester Metropolitan University

Acute hospital environments can be difficult for people living with dementia (PLWD), and staff often find communication with this group challenging (Griffiths et al., 2014). Elderspeak (featuring exaggerated prosody (e.g. higher-pitch, louder volume), simplified language, praise, collectives, and terms of endearment) is frequently used towards older adults but is widely regarded as patronising or infantilising (Ryan et al., 1995; Williams et al., 2017; Shaw and Gordon, 2021).

This paper uses conversation analysis to examine functions of elderspeak within video data recorded on UK acute hospital wards. The data show routine healthcare interactions between PLWD and healthcare professionals, analysed as part of a ESRC funded PhD project and subsequent FSHI Mildred Blaxter post-doctoral fellowship.

This work adds to sociological literature on 'atypical' interaction (see Wilkinson, 2019) and healthcare of older people more widely as it demonstrates that practices which may be inappropriate in other interactional contexts can be beneficial when used with PLWD. Whilst context sensitive, features of elderspeak were frequently found in positive and extended interactions resulting in co-operation and/or collaboration from PLWD in a range of tasks and activities (e.g. see Bridgstock et al., 2025). This highlights the problem of importing interactional norms derived from 'ordinary' talk uncritically into this setting. Studying how talk is received in context is critical to expanding our understanding of the interaction order (Goffman, 1983). Ongoing analysis is contributing to the development of a healthcare training resource.

Inequalities – SAN 205

Inequalities in health and eating behaviours during adolescence: a qualitative study in Spanish secondary schools.

Raquel Vidal Blanco, Jesús Rivera Navarro
University of Salamanca

Introduction: Determinants of healthy eating and health in adolescence remain only partially understood. A broad sociological perspective is required to integrate structural, social, and cultural determinants while considering individual agency within contexts of vulnerability. This study aims to analyse the structural inequalities in healthy eating practices and health-related issues among adolescents. It examines how socioeconomic status (SES), migratory status, ethnicity, and gender intersect, while also considering the contemporary impact of the COVID-19 crisis and the ongoing digital transformation.

Methods: The research was conducted in secondary schools in Madrid and Bilbao, Spain. Sampling included neighbourhoods representing high, medium, and low SES levels. Data were collected through semi-structured interviews and focus groups with adolescents (aged 15–18), teachers, school principals, and parents. Specific attention was paid to the Romani community, the largest ethnic minority in Spain.

Results: Findings indicate that eating patterns are not uniform across social groups. SES emerged as the primary determinant of unhealthy eating, though its influence is mediated by family structure, gender roles, and the prevalence of family meals and social and cultural values. Vulnerable adolescents often

negotiated significant autonomy in their food choices, yet this agency was constrained by limited access to healthy opportunities. Furthermore, the COVID-19 pandemic disproportionately affected vulnerable adolescents, resulting in deregulated eating patterns, sedentary behaviour, sleep disruption, and excessive screen time. These factors contributed to a notable increase in eating disorders and mental health challenges.

Conclusions: Political interventions must address food and health inequalities in adolescence through an intersectional approach.

Lifecourse – SAN 314

(Re)defining "emerging studenthood": transition to university for students with long-term physical health conditions

Melody Bishop
Durham University

During transition to university, students with long-term physical conditions (SLTCs) encounter significant challenges. This, I argue, is due to the complexity of having a LTC whilst also occupying a liminal position as emerging adults (Arnett, 2000), moving between adolescence and adulthood, and living between "home" and "university". In this presentation, I introduce the novel concept "emerging studenthood", which describes how emerging adulthood manifests in university students as they undergo multiple simultaneous transitions (academic, social, etc.). I unpick how emerging studenthood is complicated further for SLTCs, given the additional transitions they must navigate (changing healthcare, social support, etc.). In doing so, I depict transition to university as a form of biographical disruption (Bury, 1982) for SLTCs.

Discussion is based on my near-complete PhD, a qualitative longitudinal study exploring the lived experiences of 19 SLTCs throughout their first year of transition to Durham University - an elite collegiate university here in North East England. I gathered data through diary entries and five semi-structured interview rounds over the 2023/24 academic year. I use participants' everyday experiences to demonstrate how normative emerging studenthood is subverted for/by SLTCs, from the physical strain of moving to a new place, to the emotional burden of building a new support system.

Through researching this relatively unexplored area of students' and young people's health, I have developed sociological debates around chronic illness and the life course. My research also seeks to inform higher education and healthcare providers about key issues faced by SLTCs during transition to university.

Sexual and Reproductive Health – SAN 210

"Becoming Through Labour Pain: Embodiment, Docile Agency, and Reproductive Justice in Institutional Childbirth in New Delhi, India"

Archita Tandon
Department of Anthropology, University of Delhi

Labour pain is frequently approached within biomedicine as a physiological phenomenon, yet ethnographic attention reveals it to be a deeply social and moral experience. This paper draws on a longitudinal mixed methods study of 301 women in a tertiary care hospital in New Delhi, India, combined with sustained ethnographic engagement through labour room observations,administering intrapartum pain questionnaires, and in depth interviews conducted from early pregnancy to one month postpartum. The analysis situates labour pain within the sociology of embodiment, demonstrating how women come to inhabit pain through culturally mediated expectations of endurance, sacrifice, and maternal virtue. Pain is not only felt but performed and regulated. Women repeatedly articulated the need to remain composed, invoking normative ideals of being a "good" mother and patient. Clinical spaces further structure these expressions through routinised practices and asymmetrical power relations.

Drawing on Mahmood's notion of docile agency, the paper moves beyond binaries of resistance and submission to show how women actively negotiate their position within these constraints. Agency emerges in subtle forms such as reframing pain as purposeful, selectively complying with medical authority, or drawing on kinship support. At the same time, a reproductive justice lens highlights how these negotiations are shaped by limited access to pain relief, institutional hierarchies, and broader social inequalities.

By bringing ethnographic depth to medical sociological debates on embodiment, power, and care, this paper reframes labour pain as a site where gendered subjectivities are produced, negotiated, and lived.

STS and Medicine – SAN 207

The Pharmacological Body: Late-Stage Cancer, Medical Networks, and the Social Production of Normativity

Elvin Saman
Middle East Technical University (METU), Graduate School of Social Sciences

This paper examines late-stage cancer as a sociological condition in which the distinction between the normal and the pathological is continuously reworked through institutionalization, therapeutic intervention, and lived bodily disruption. At the macro level, cancer has become a normalized disease: embedded in screening regimes, standardized treatment protocols, surveillance infrastructures, classification systems, and chronic-care discourses that render it socially intelligible, manageable, and governable. In Durkheimian terms, cancer has acquired the status of a socially integrated pathology—statistically anticipated, institutionally routinized, and collectively regulated as part of the normal functioning of social order (Durkheim, 1895). Yet at the micro level, late-stage cancer is lived not as stabilized normality but as a recurring process of abnormalization. Each therapeutic intervention temporarily establishes new bodily norms, while tumor progression, resistance, or cumulative toxicity repeatedly destabilize these norms. Pathology is not an episodic deviation from the normal but a constitutive condition through which new norms of life are continuously generated and undone. To account for this dynamic, the paper advances the concept of the pharmacological body which is not merely acted upon by medicine but is constituted through it: its capacities, vulnerabilities, temporal rhythms, and modes of viability are continuously shaped within medical networks. Illness and treatment are not oppositional domains but mutually constitutive elements within an actor-network that stabilizes cancer as a governable object while simultaneously producing lived instability and uncertainty—within which the pharmacological body emerges as a central sociological object.

Experiences of Health and Illness – SAN 301

The uncanny-not-yetness of post-exertional malaise (PEM): Pacing, temporality, and the long of Long Covid

Emma Uprichard, Sam Martin
University of Warwick

Most of the research on Long Covid and postviral conditions such as ME/CFS has largely centred on causes, symptoms, and treatments. Yet the temporal dimensions of everyday life remain underexplored. Drawing on our ESRC-informed forthcoming book, Understanding the Complexity of Pacing: A New Approach to Chronic Illness (Policy Press, 2026), this presentation zooms in on the 'long' of Long Covid and the complexity of pacing. More specifically, we examine the deep temporal phenomenology that accompanies post-exertional malaise (PEM), which is often taken to be a distinguishing feature of many energy-limiting conditions and chronic illnesses. We do this by drawing on complex realism, rhythmanalysis, and Heideggerian phenomenology, and 2,253 social media posts from X (formerly Twitter). Overall, we argue that whilst PEM - as the name suggests - is often depicted as a phenomenon that comes after activity, it is also deeply anticipatory, and reflective of past and future alike. In doing so, we extend the work on Long Covid and energy-limiting conditions, arguing that temporality must be central to how we research, theorise, and respond to chronic illness.

WEDNESDAY 9 SEPTEMBER

16:35-17:05

Emotion and Embodiment – SAN 204

Encountering the donor body: emotion, embodiment and professional socialisation in medical dissection

Danya Stone, Claire Smith, Hugo Critchley, Seb Shaw
Brighton and Sussex Medical School

Anatomical dissection often represents medical students' first encounter with a deceased human body. While dissection sessions are primarily intended to teach anatomy, the dissection room also functions as a sociologically significant site where cultural meanings of death, the body, and professional identity are negotiated. This research explores how medical students make sense of their first dissection experience and why students' emotional responses vary within the same institutional context.

Semi-structured interviews were conducted with eleven first-year medical students at one UK medical school. Participants were purposively selected from a larger cohort survey using the Discrete Emotion Questionnaire (DEQ) to include students reporting both high and low levels of negative emotional affect. Data were analysed using Interpretative Phenomenological Analysis (IPA) within a multiperspectival design, allowing comparison within and between groups of students who experienced the same dissection session but reported contrasting emotional responses.

Findings show that students interpreted the donor body through competing frames: as a once-living person and as an anatomical learning resource. Navigating this tension required ongoing emotional work as students regulated their responses in order to remain engaged in the task. Strategies such as avoiding thinking of the donor as a once living person, controlled humanisation, and peer co-regulation enabled students to balance emotional engagement with the demands of learning. Participants frequently described dissection as an implicit test of whether they could embody the emotional norms associated with being a doctor, revealing the influence of a hidden curriculum in which detachment, composure, and competence are tacitly expected.

Experiences of Health and Illness – SAN 301

Living with Sickle Cell Disease: lived experience, healthcare and inequality in young adults

Lydia Okoibhole
University of Cambridge

Sickle cell disease (SCD) is a chronic, inherited condition that disproportionately affects people of African Caribbean descent. It is the fastest-growing genetic disorder in the UK, yet the lived experiences of young adults are underexplored in medical sociology. This paper presents findings from my PhD and draws on longitudinal focus group discussions with adults aged 18-29 living with SCD in London. This research is currently being written up for my doctoral thesis. Data were analysed thematically using deductive and inductive approaches.

Findings show that participants experienced SCD as an episodic yet difficult condition characterised by fatigue, chronic pain and uncertainty. These experiences affected participants' ability to work, socialise and be independent in early adulthood. Drawing on concepts of illness invisibility, biographical disruption and embodied work, the analysis explores how individuals negotiated disclosure, stigma and emotional labour across workplaces, with peers and family. Healthcare encounters were central to participants' experiences, particularly where pain or symptoms were questioned or minimised. While specialists were described as validating and supportive, emergency care settings were frequently associated with delayed pain management and scepticism.

The transition from paediatric to adult services was described as challenging, involving reduced continuity of care and increased responsibility for managing health. Participants also reflected on how experiences of SCD were shaped by race and mistrust in healthcare. By foregrounding lived experience, the research demonstrates how SCD is shaped by symptoms, healthcare systems, and social inequalities, with implications for policy and practice, such as the need for greater recognition of experiential expertise.

Health Policy – SAN 221

Upstream Influence: Pharmaceutical lobbying in the UK political executive

Emily Rickard, Piotr Ozieranski, Emma Carmel
University of Bath

Concerns about pharmaceutical industry influence on health policy have traditionally focused on drug development and testing, regulatory approvals and clinical decision-making. Less attention has been paid to how the political conditions shaping these decisions are produced within executive government. Drawing on sociological theories of power, namely Lukes' three-dimensional view, and its translation to the pharmaceutical policy domain, specifically Abraham's neoliberal corporate bias theory, this study conceptualises lobbying not simply as external pressure but as part of the social organisation of pharmaceutical governance. Using a cross-sectional analysis of ministerial meeting disclosures between 2012 and 2023, we examine the multi-dimensionality of pharmaceutical industry lobbying across the UK political executive. Our sample includes 192 pharmaceutical companies and five major trade associations, analysed using descriptive statistics and social network analysis. We identify 1,614 meetings involving government ministers, characterised by high concentration among resource-rich firms, persistent access over time, and extensive engagement across both health and economic departments. We argue that executive lobbying constitutes an upstream mechanism through which industry and state interests are aligned, shaping the policy environment within which regulatory and clinical decisions later appear technical or evidence-based. By situating lobbying within the political sociology of health governance, the study extends existing work on pharmaceutical regulation and highlights how structural power operates across institutional levels to influence the governance of medicines.

Health Service Delivery – SAN 206

Everyday relationality and the hidden work of interprofessional collaboration: Hospitalists enhancing the somatic care of psychiatric inpatients

Atte Vieno, Saana Eskelinen, Elina Yrjölä-Suhonen, Nina Lindberg
University of Helsinki and HUS Helsinki University Hospital

The somatic care of psychiatric patients with severe and chronic mental illness is a recognised challenge for healthcare systems, necessitating the development of new forms of interprofessional collaboration. The conditions of such collaboration are shaped by institutional and organisational frameworks, but it is ultimately enacted in everyday interprofessional practices.

Drawing on practice theory and research on hidden work in healthcare, we examine interprofessional collaboration in the somatic care of psychiatric patients in relation to the newly emerging role of hospitalists in Finnish psychiatric wards. In the Finnish psychiatric context, the hospitalist is a generalist physician working in collaboration with psychiatrists and nurses in the hospital psychiatric ward. The empirical material of our qualitative study consists of 100 hours of ethnographic observation and 6 focus group interviews with healthcare professionals in the psychiatric wards of three hospitals.

Our ethnographic observations show the significance of flexible everyday interactions for enacting interprofessional collaboration in the somatic care of psychiatric patients. These interactions are founded on practices emphasising the co-presence, familiarity, and accessibility of the generalist physician. The significance of such practices is reinforced by meanings of support and security attached to the hospitalist role by psychiatrists and nurses in the focus group interviews.

Based on these results, we consider the ways in which interprofessional collaboration is facilitated by the embedding of the hospitalist in the everyday work of psychiatric wards. We propose that often underappreciated practices of flexible relationality in the everyday can constitute an important resource for bridging somatic and psychiatric care.

Sexual and Reproductive Health – SAN 210

"Toothache in the Leg": Painful methaphors and the Politics of Recognition in endometriosis online communities

Natasha Noam Gol
Bar-Ilan University

Metaphors are often understood as a linguistic resource for expressing difficult or abstract experiences. However, within the context of chronic illness, metaphors may also signal the limits of dominant discursive and institutional frameworks. Drawing on qualitative analysis of online narratives by individuals with endometriosis, this research examines how metaphorical language is mobilized to articulate both embodied pain and experiences of medical dismissal.

Building on Lakoff and Johnson's (1980) conceptualization of metaphor as constitutive of meaning, this study extends their approach by drawing on critical and discourse-oriented work on metaphor in contexts of lived hardship (Semino, 2017; Cameron, 2010). It argues that metaphor becomes particularly salient in contexts where certain experiences, especially those associated with gendered and reproductive bodies, lack socially legitimate or readily available forms of expression. In such cases, individuals are required not only to describe pain, but to render it intelligible within frameworks that have historically minimized or silenced it. Similar patterns have been identified in other gendered and socially constrained contexts, where experiences that lack socially acceptable forms of expression are often articulated through indirect or metaphorical language.

The analysis identifies recurring metaphorical strategies through which participants make their experiences intelligible within constrained discursive contexts. These expressions not only convey sensation but also reflect broader dynamics of devaluation and limited recognition within medical and social encounters. Conceptualizing metaphor as a response to discursive absence and contested legitimacy, this research contributes to sociological and sociodiscursive understandings of embodiment, voice, and inequality in contemporary health contexts.

Lifecourse – SAN 314

Bridging dementia and migration: Exploring how South Asian people living with dementia participate in transnational social fields

Ana-Maria Cirstea, Katie Brittain, Kate Gibson
Newcastle University

While migration is increasingly acknowledged in dementia policy and research, the lived experiences of migration and dementia often remain disconnected. By drawing on a year of ethnographic research with South Asian families living with dementia in the North East of England, this paper aims to bridge this gap. Contrary to policy and research that situates migration in the past, our participants maintain diasporic connections despite, and sometimes in tension with, living with dementia. We start by examining the relational processes, including family and community infrastructures, that enable people living with dementia to participate in their local social worlds. These localised settings, however, cannot be understood in isolation from the people and places elsewhere that shape them, most notably our participants' countries of origin. We show how these locales are part of transnational social fields in which people living with dementia actively participate, for example through international travel or reciprocal exchanges across nation-state borders. While these transnational experiences can serve as resources to revitalise the relationships and identities of those living with dementia, they are also contingent upon complex family caring arrangements and institutional structures. Rooted in sedentarist ideologies that position migrants as fixed in place, the lack of support from formal care systems risks

straining important transnational relationships and, at times, jeopardising the safety of people living with dementia. We highlight how policy and practice that ignores transnational connections in turn exacerbates inequalities in dementia care for people from minoritised ethnic communities with a migration background.

Inequalities – SAN 204

Situating coloniality as a determinant of immigrant health: Filipino experiences in Spain

Simon Fern
Rice University

Critical health scholarship emphasises a need to consider the role of colonial violences and legacies in determining the health and wellbeing of Indigenous persons in settler colonial states. Likewise, scholars of migration stress the importance of integrating attention to the historical and ongoing influences of colonialism on international movement and the material conditions of postcolonial immigrants. Bringing these currents together, this paper argues for the importance of centering coloniality in interpreting the health and wellbeing of immigrants moving from (post-)colonial settings to coloniser states. This paper works from 49 in-depth interviews with Filipino immigrants in Spain, interpreted through situational analysis, to consider how the colonial relationship between the Philippines and Spain operates as a determinant of immigrant health and wellbeing. Integrating feminist and Foucauldian perspectives by attending to the discourses, relations, and knowledges which shape practices of care (both medical and otherwise) I draw attention to the routinisation of harm against Filipino immigrants in the Spanish context. This discussion demonstrates the importance of historicising immigrant health and wellbeing in coloniser states, pointing to the transnational and transhistorical circulation of harm as essential context. Recognising this dynamic underscores the importance of integrating discussion of (post-)colonial dynamics into physician training. The paper concludes with recommendations for improvements in providing for patients' access to both complaint and advocacy, and an outline for developing medical curricula to address the institutional reproduction of documented failings.

WEDNESDAY 9 SEPTEMBER

17:10-17:40

Emotion and Embodiment – SAN 204

Care, resistance, and tinkering amidst suicidal unintelligibility: A somatechnics approach towards suicide by overdose

Ruth Chartoff, Georgie Akehurst, Sarah Huque, Amy Chandler
University of Edinburgh

Over forty years ago, sociologists underscored the (im)moralisation of 'deviant' patients in causality departments, including 'overdosers' (Jeffrey 1979). In practice, overdose continues to be labelled as an 'attention-seeking', 'non-lethal', and 'non-serious' method of suicide. Current, predominately quantitative, overdose research inadvertently perpetuates this sigmatisation by situating certain embodiments (women; drug and alcohol users) as more 'at risk' for suicide by overdose. There is a neglect of the qualitatively distinct features and contexts of the bodies and substances implicated in overdoses, and how overdose is made un/intelligible and moralised through the environments, materials, and bodies, the somatechnologies, implicated in overdose events. This presentation draws on interview and ethnographic data from a sociologically informed, multi-site qualitative study of suicide in Scotland. We centre first-person narratives of people who attempted suicide (n19) from our interview data, 11 of whom spoke explicitly about overdose. Using the framework of somatechnics (Sullivan and Murray 2009), we present an abductive analysis (Tavory and Timmermans 2014) exploring how

different somatechnological entanglements construct shifting, multiple ontologies (Mol 2002) of overdosing bodies and substances – some of which are more culturally intelligible and morally sanctioned than others, particularly in the context of care. Our analysis questions taken-for-granted ontological assumptions about overdose to expose broader deficits of suicide intervention and care. In doing so, we work to 'queer' dominant psychopathological and stigmatised understandings of overdose. We reimagine overdose practices as somapolitical acts of self-care, resistance, and 'tinkering' (Mol, Moser, and Pol 2010) amidst the unintelligibility of certain suicidal embodiments within care contexts.

Experiences of Health and Illness – SAN 301

Invisible navigators: migrant parents and the everyday labour of managing sickle cell disease in the UK

Brenda Poku, Natasha Nicholls, Alison Pilnick, Karl Atkin
University of Nottingham

Migrant parents of children and young people living with sickle cell disease must manage complex care needs within unfamiliar healthcare systems. Drawing on qualitative interviews with migrant parents in England, this study examines how migration reshapes healthcare navigation. Using navigation as an analytical lens, the findings show that parents act as de facto navigators, coordinating services across healthcare, education, and welfare domains without structured support. Beyond practical coordination, navigation involved sustained relational, emotional, and identity work. Parents described learning to interpret new institutional rules, (re)negotiating expectations of "good" parenting in a different national context, and managing stigma linked to both illness and ethnicity. Migration intensified caregiving responsibilities through disrupted support networks, legal and economic constraints, and uneven access to resources. While UK services were valued for specialist expertise, parents reported the need for continual self-advocacy within fragmented systems. The study extends navigation scholarship by foregrounding migrant parents' unpaid and often unrecognised labour and demonstrates how healthcare navigation is shaped by intersecting migration, policy, and racialised contexts. The findings highlight the importance of embedding condition-specific navigation support within existing specialist services.

Health Policy – SAN 221

Tradition for sale? Ayurveda and the Global Wellness Industry in the context of the rise of Neo-liberalism in India

Dr Sharmistha Mallick, Professor Nicola Gale
Health Services Management Centre, School of Social Policy & Society, University of Birmingham

The rapid expansion of urban wellness centres globally has been mirrored in India through state-led promotion of 'indigenous' medicine, most notably via the establishment of the Ministry of AYUSH (Ayurveda, Yoga, Unani, Siddha and Homeopathy) and associated policy instruments such as AYUSH visas. These developments signal a shift toward holistic and patient-centred care, emerging alongside neoliberal reforms that intensify expectations of individual responsibility for health. Critical health scholars describe this as a culture of 'healthism', where wellbeing is framed as a personal project rather than an outcome shaped by structural conditions.

This paper examines the growth of Ayurvedic wellness centres in India and situates them within both global neoliberal wellness cultures and nationalist policy agendas. While critics argue that wellness practices individualise health responsibility, we interrogate this claim by analysing how neoliberal wellness discourse intersects with narratives of indigeneity and anti-colonialism underpinning the AYUSH policy framework. We suggest that the commercialisation of holistic health and the marketisation of self-care within Ayurvedic organisations reflect a more complex dynamic between state policy, cultural politics and market forces. Drawing on ethnographic research in Ayurvedic healthcare organisations, including interviews and participant observations, we explore organisational structures, diagnostic practices, treatment approaches and practitioner–patient interactions. Our findings highlight

a shift from traditional, community-centred preventive care toward commodified wellness targeting affluent domestic, diasporic and global consumers.

Health Service Delivery – SAN 206

Structural Ableism in Dentistry

Sasha Scambler, Lienkie Diedericks
King's College London

Disabled people experience significant and persistent inequalities in oral health, yet ableism within dentistry remains under-theorised and inadequately addressed. This paper examines how ableism operates structurally within dentistry, drawing on disability studies, public health research, and oral health scholarship. While existing work often focuses on clinical adaptations or access challenges, these approaches tend to individualise disability and obscure the systemic forces that shape inequitable outcomes. Building on Lundberg and Chen's (2024) framework of structural ableism, we map how dental education, policy, clinical practice, and the production of dental knowledge perpetuate normative assumptions about bodies, behaviours, and worthiness of care. Evidence indicates that disabled people experience poorer oral health outcomes not due to higher disease prevalence but to organisational, attitudinal, and environmental barriers across the dental system. Inaccessible facilities, inadequate training, exclusion from research, and curricula that normalise an "ideal patient" all reinforce epistemic and structural inequalities. Moreover, structural ableism intersects with racism, classism, and other forms of oppression, compounding marginalisation. Despite isolated efforts the wider dental profession continues to frame disability through a biomedical lens, limiting progress towards equity. Dismantling structural ableism in dentistry requires more than technical or individual-level interventions. It demands a fundamental shift in how disability is understood and integrated into dental education, research priorities, policy frameworks, and everyday clinical practice. Centring disabled people as experts, embedding disability across curricula, reforming upstream policies, and challenging normative assumptions are essential steps toward creating an inclusive and just dental profession.

Inequalities – SAN 205

Chosen and Erased: The Institutional Reproduction of Biological Relatedness in Healthcare Systems in India

Shireen Yachu
Vidhi Centre for Legal Policy

In the Indian healthcare system, the loss of decision-making capacity - through illness, accident, in the process of dying or death itself, triggers a near-universal institutional reflex: the turn to the natal or marital family. This default to normative kinship structure is sociologically produced rather than legally mandated.

This paper examines healthcare nomination as the site where boundaries of relational autonomy are drawn - and where patient autonomy is transferred to an institutionally preferred kin. While several legal instruments permit any individual, beyond family, to serve as nominated representatives, institutions default to consanguinal and conjugal kin, filling legal ambiguity with normative procedure. Drawing on sociological theories of chosen families, Indian case law, and secondary literature, this paper asks: whose relational claims are rendered valid, and whose are made structurally invisible?

Queer and gender non-conforming persons bear this burden most acutely as their relationships carry no institutional standing. Equally at risk are women navigating coercive or abusive relations. The default kin here represents more harm than care. This reveals a structural problem that healthcare institutions reproduce kinship structures at the expense of those falling outside the heteronormative frame.

This paper offers a sociological theorisation in a field long dominated by legal and bioethical approaches. It argues that the absence of standardised nomination procedure in the healthcare system is not merely administrative neglect but an institutional reliance on a particular kinship order. It contends

that confronting this order is essential for any meaningful reform of relational justice in the healthcare system.

Sexual and Reproductive Health- SAN 210

Barriers to equitable PCOS care: A Delphi study of healthcare professional perspectives

Charlotte Cockman
University of Chester

Polycystic ovary syndrome affects approximately one in ten women of reproductive age in the UK, yet for many women the path to diagnosis and effective management is shaped as much by social circumstance as by clinical presentation. Despite growing recognition of health inequalities in women's health, the ways in which socioeconomic deprivation, geographic access, employment, and intersecting disadvantage structure PCOS care delivery remain poorly understood.

This paper draws on Round 1 of a modified Delphi study, part of a broader mixed-methods doctoral project examining PCOS care and health inequalities through a transformative paradigm. HCPs across primary, secondary, and specialist settings responded to open-text questions spanning barriers to diagnosis and management, wider determinants of health, groups facing additional barriers, and interdisciplinary collaboration. Inductive qualitative content analysis generated a three-level thematic framework.

Findings expose how inequity is reproduced within and beyond clinical encounters. HCP knowledge gaps stratified by role and setting leave primary care least equipped to manage PCOS in populations with the greatest need. Fertility-centric care displaces holistic management, weight stigma operates across body size presentations, and fragmented services compound disadvantage for those facing structural barriers.

Wider determinants, including food environment, employment, and geographic isolation, shape both presentation and access. The near-absence of facilitators was itself a finding, with enablers almost universally constrained by funding and workforce limitations. At a time of renewed policy interest in women's health, these findings locate inequity in PCOS care within the social gradient and make the case for structural rather than individual solutions.

STS and Medicine – SAN 207

The Promissories of New Technology in Rare Cancer Care

Chloe Phillips
University of Oxford

Technological innovation is increasingly positioned as the answer to challenges facing healthcare, invested in with hopes and expectations of finding new ways of understanding and managing disease. From utilising Artificial Intelligence (AI) to ease complex decision making, to genomics enabling more targeted and personalised cancer care. The expectations of these technologies are performative and it is crucial that we understand this and the impact they will have, before they reach the clinic.

This paper draws on interviews exploring the experiences of patients who have undergone genomic testing for Sarcoma cancer care as part of research, staff in the Sarcoma Multi-Disciplinary Team (MDT) who will use the Genomics with AI, and observations of current MDT work.

Theories within Medical Sociology and Science and Technology Studies such as The Sociology of Expectations and Sociotechnical Imaginaries offer a way to map the ‘situatedness of expectations’ and help illuminate how imaginaries shape technological innovation. However, there is limited use of these theories in the examination of technologies that aim to be combined, used in research but not yet in practice, such as Genomics and AI for Sarcoma.

Addressing this I examine the promissory nature of new technologies, I present how expectations around technologies reshape practice, patient experience and configure the technology itself, even before adoption. Drawing on research from the Oxford Precision Oncology for Sarcoma project, this

paper offers insight into the co-constitutive relationship between technology and practice. This research is crucial if we are to understand the potential power and impact of technology.

Lifecourse – SAN 314

Fathers and Neonatal Loss: Bereavement, Grief, and Masculinity

Hayley Redman
University of Exeter

This paper explores fathers' experiences of bereavement and grief following neonatal loss, and how this intersects with norms and expectations surrounding fatherhood and hegemonic masculinity.

Grounded in a qualitative PhD study exploring fathers' experiences of neonatal palliative care in England, comprising two strands, 1) in-depth interviews with fathers based on a biographical narrative approach 2) semi-structured interviews with multidisciplinary health and social care professionals.

Findings show that fathers' grief can be understood through Goffman's dramaturgical approach as they may present a stoic 'front stage' in line with expectations around masculinity and fatherhood, while internalizing grief 'backstage'. Initial findings also suggest that despite ideas and societal expectations of fatherhood shifting, health services struggle to keep up with these changes, reinforcing out-dated social ideas of parenthood. The findings also offer novel insights into health and social care professionals experiences supporting fathers during this difficult time, and how their perspectives on fatherhood and fathers' grief, often rooted in hyper-masculine stereotypes, shape fathers' experiences. This paper situate bereavement within broader social structures, examining how institutional practices and cultural norms intersect to shape fathers' experiences of grief and loss.

This paper engages with key debates in medical sociology, particularly around gendered health inequalities, equity in bereavement care, and the role of healthcare systems in reproducing or challenging normative assumptions about masculinity.

Thursday 10 September 2026

10:10-10:40

Inequalities – SAN 205

Preference or pragmatism: an exploration of factors influencing women doctors' career decisions

Joanne Lawrence
UCL

Women doctors are significantly underrepresented at senior level (UK), despite female medical students outnumbering male for over three decades. On average, they take longer to complete training, are more likely to pursue specialties with regular hours or work part-time, less likely to publish papers or speak at conferences.

This sequential mixed methods study, framed by Giddens' Structuration theory, examined the extent to which structural factors (historical design of medical workplaces, societal expectations - particularly re motherhood), might influence women doctors' agency in planning their careers and conversely how their actions might change or perpetuate existing structures.

Analysis of doctors' records from NCDS, UK birth cohort longitudinal study, identified substantial gendered differences. On average, 40% of women doctors (aged 30-50) worked part-time vs 10% men;

80-90% of their partners worked full time, whereas male doctors were supported by partners working part-time or wholly in the home. Domestic tasks generally defaulted to women, whether doctors or male doctors' partners.

In interviews, women doctors (aged 25-50) observed that precedents set during maternity leave, exacerbated by societal (and sometimes their partner's) expectations for professional and family life, could restrict their career opportunities.

The gendered patterns noted in this study may be interpreted, per Giddens, as resulting from the reciprocal impact of individual agency and traditional social structures. When structural norms around gender, caring, and professional development prioritise male careers, women doctors' perceived preferences for part-time work or particular specialties can be viewed as pragmatic, rather than fully agentic, responses to structurally unequal domestic situations.

Theory – LT2

Shadows of care: Penumbral heterotopias as affective-spatial alternatives to compassionomics

Rita Oladimeji, James Cronin, Sophie James
Lancaster University

This conceptual paper interrogates the care crisis within the UK's National Health Service, situating it within the broader ideological currents of capitalist realism. Building on the critique of bureau-medicalisation and the intensifying marketisation of care, this paper argues that institutional compassion has been gradually rearticulated through economic logics, most visibly through compassionomics: the transformation of compassion into a measurable, market compatible governance resource. While such approaches have attracted institutional interests by emphasising metrics and value-based outcomes, they produce hegemonic market rationalities that compromise public faith in care provision and evacuate the affective and spatial dimensions of care that measurement cannot reach.

Employing a Foucauldian toolbox alongside non-representational theory, we speculatively develop the concept of penumbral heterotopias which we define as interstitial spaces caught in the shadows between biomedical governance and lived experience. Two interrelated functions of penumbral heterotopias are conceptualised: 1.) as improvisational geo-affective encounters that unfold in often overlooked spatial materialities including corridors, waiting rooms, lobbies, multi-faith rooms; 2.) as ideological counter-sites that exists at the margin of institutional logic. Drawing speculatively on the possibility of penumbral heterotopias coexisting with NHS spaces and structures, we consider some of the aspects of care and compassion that a compassionomics framework alone cannot capture. The paper contributes theoretically to sociological debates on affective governance, the organisation of care under austerity and the politics of institutional space.

Diagnosis, Screening and Treatment – SAN 314

Between trivia and alertness: parents' experiences of their children being screened as 'unlikely to develop' type 1 diabetes

Olga Boiko, Johana Prokopova, Zdenek Sumnik, Isabella Cecchini, Margherita Pagliarini, Analucia Covinhas, Joao Raposo, Agnieszka Szypowska, Beata Zdunczyk, Parth Narendran, Sheila Greenfield
University of Birmingham

The critical narrative of screening technologies as recruiting secondary insecurities around its consequences has been proliferating. On the one hand, risk consciousness scholarship has produced a plethora of conflicting effects around (biopolitical) surveillance imperatives to manage risk and optimise health, which result in ambivalence with hope being accompanied by fear. On the other hand, in the literature on coping, reactions to screening are registered as diverse ranging from intolerance of uncertainty and anxiety approaches that emphasise detrimental impact, to uncertainty management

theories, which reinsert ‘healthy’ wariness into the equation. We seek to revisit this scrutiny and, to some extent, to support the expansion of screening, focussing in particular, on paediatric screening for type 1 diabetes (T1D). By analysing preliminary data from interviews with up to 40 parents of children with a negative result for pre-symptomatic T1D (‘unlikely to develop’) in four European screening centres, we discuss 5 emerging themes: 1) trivialisation of screening 2) affective impact 3) professionals’ responsible engagement 4) co-opting children 5) social governance. We present finings as a reflective continuum rather than mutually exclusive extremes: from endorsing the positive halo effect and general trivialisation of screening - to caring about affect management in families with a history of diabetes who own their embodied and informed experience leading to alertness for their children. Inspired by sociological approaches within and beyond the screening field, our findings somewhat challenge both individualised coping and governed bodies’ perspectives by accentuating responsibilisation in healthcare as well as growing public awareness and engagement.

Experiences of Health and Illness – SAN 301

“It’s a form of survival”: Autistic transgender and nonbinary people’s experiences of disordered eating

Luka White, Hazel Marzetti, Karri Gillespie-Smith, Fiona Duffy
University of Edinburgh

Autistic transgender and/or nonbinary (TNB) people are a multiply marginalised group systematically impacted by high rates of disordered eating. Feminist scholarship has examined the role of systems of oppression in creating environments where disordered eating can flourish, particularly sexism, racism and weight stigma. In dialogue with psychological and sociological literature, this study expands this conversation by taking an intersectional, minority stress lens to examine the roles of cisheteronormativity and neuronormativity on disordered eating in Autistic TNB people. I conducted narrative online interviews with twenty-one Autistic TNB participants (aged 19-51) with disordered eating and analysed these using reflexive thematic analysis.

Participants framed their disordered eating as a survival technique, used to regulate their emotions and change their bodies in the pursuit of feelings of safety, autonomy and belongingness. In line with minority stress theory, disordered eating was articulated both as a direct response to systemic and interpersonal violence, and an indirect response to internalisation of queerphobic or anti-Autistic experiences. Participants had a somewhat unique relationship between queer community (dis)connectedness and disordered eating. Some found belonging and relief from disordered eating in queer spaces. Others articulated that intersecting ableism, racism and fatphobia in queer spaces exacerbated unbelonging and disordered eating.

Findings demonstrate the utility of an intersectional minority stress lens to examine Autistic TNB health inequities. Beyond individualised neuro- and gender-affirming approaches for Autistic TNB people with disordered eating, researchers and clinicians must move towards an emancipatory approach which considers the systemic factors influencing the mental health of this multiple minoritised community.

Mental Health – SAN 204

Understanding adolescent mental health stigma in secondary schools: school staff perspectives from Flanders, Belgium

Lies Saelens, Fanny D'hondt, Bart Van De Putte, Melissa Ceuterick
Universiteit Gent & Vrije Universiteit Brussel

Mental health stigma remains a significant barrier to disclosure and help-seeking. During adolescence, these processes are particularly salient, as many mental health difficulties first emerge during this period, while concerns about peer acceptance, belonging, and identity formation may intensify the consequences of being marked as different. Schools are key settings in which adolescent mental health concerns are recognised, interpreted, and managed. Yet limited research has examined how stigma is produced, negotiated, and addressed within the social and institutional context of secondary schools.

This study is part of the STAMINA project, a mixed-methods study examining mental health stigma in secondary education in Flanders, Belgium. The broader project combines a culturally sensitive stigma survey with students and focus groups with school staff. This qualitative study draws on six focus groups with school staff (administrators, counsellors, and teachers; N = 38), conducted between June and December 2025. Discussions explored how stigma becomes visible in school life, how staff understand their role in responding to it, and which formal and informal strategies are available within schools. The data are currently being analysed using reflexive thematic analysis to identify patterned meanings across participants' accounts.

Adopting a sociological perspective, this study conceptualises stigma not solely as an individual attitude but as a relational and institutional process. It aims to contribute to debates on adolescent mental health stigma by showing how stigma is shaped within school settings and by identifying both the possibilities and the limits of school-based efforts to foster supportive, stigma-sensitive environments.

Open – SAN 221

Reconsidering happiness and wellbeing in palliative and advanced cancer care contexts

Rebecca Olson, Alexandra Smith, Jordan Mckenzie
The University of Queensland

Dominant approaches to theorising happiness are based on conceptualisations of individuals in isolation, often positioning happiness as something achieved in the present. The intersecting term 'wellbeing' is used more often in health(care) contexts. In such settings, approaches to measuring wellbeing foreground physiological, functional and psychological domains, lowlighting the social and environmental. Drawing on interviews with 38 people with advanced cancer in a clinical trial, we present findings on what wellbeing means to people in palliative care. Supported by scholarship from critical happiness studies, human geography and late modern theorising on the meaning of death, we pay particular attention in our analysis to the intersecting use of embodied and temporal (re)positionality and ideas of 'freedom from' and 'freedom to' as these are reflected in individuals' conceptualisations, experiences, and future-focused expectations and emotions around advanced cancer and wellbeing. Through this study of happiness-while-dying, we offer a relational conceptualisation of happiness-wellbeing that foregrounds both inward states (bio-psycho-social-occupational) and outward-focused meaningful entanglements. In addition to contributing to theory, findings provide a foundation for considering better ways to comprehend happiness-wellbeing as it is experienced and assessed within biomedically-bounded contexts such as palliative care and clinical trials.

Professions – SAN 206

"As long as we all just do what we are supposed to be doing." Institutional logics and the boundaries of professions and positions in end-of-life care.

Elina Yrjola
University of Helsinki

The sociology of professions has extensively examined the rigid hierarchy and persistent tensions between the nursing and medical professions. My study of healthcare professionals working in end-of-life care in Finland shows that both nurses and doctors may be inclined to downplay or blur the boundaries between their professions in order to foster a sense of unity among clinicians and to emphasize their distance from supervisors and management. At the same time, supervisors and managers from different professional backgrounds develop their own strategies to justify and legitimize their work – often to themselves.

Based on semi-structured thematic interviews (N = 22), I identify four strategies of boundary work employed by healthcare professionals and their supervisors: naturalizing, neutralizing, emphasizing, and justifying. I draw on the concept of institutional logics to further analyze these categories. These strategies reflect the dominant position of medical logic, nurses' efforts to navigate successfully within a hierarchical environment, and the alienating nature of managerial logic in healthcare contexts. The

analysis also highlights differences in how managers with a nursing background and those with a medical background make sense of and justify changes in their professional identities after transitioning from clinical to managerial roles.

I suggest that boundary work is shaped by the relationships between the institutional logics at play: whether these relationships are well established or still emerging, and the extent to which actors recognize and understand each other's jurisdiction.

Sexual and Reproductive Health – SAN 210

"Swept under the carpet!" Let's talk about sex, relationships and having babies.

Alexandra Kaley, Kirsty Trimming
University of East Anglia

People with learning disabilities are treated unfairly when it comes to getting support for their reproductive health, and many important topics like sex, relationships and pregnancy are 'swept under the carpet'. This was the title of a bespoke workshop about reproductive health devised and delivered by experts by experience from Inclusion North at an event called Reprofest in Preston (April 2022). Efforts to understand reproductive health inequalities have tended to focus on issues of capacity, risk and vulnerability. This is a problem because it wrongly places blame or responsibility on individuals, subsequently stigmatising conversations about these issues. For example, sex is still considered a taboo subject, and people with learning disabilities are often assumed as unable to make decisions about their reproductive lives; or to have the skills to safely parent children. In this presentation, we will share findings from co-produced research which explores how people with learning disabilities experience and navigate decision making about sex, relationships and having children, and the support needed to do so. We use a reproductive justice lens to illustrate the ways in which reproductive control operates across interpersonal, organisational and structural levels, becoming embedded within service design, policy, and felt in everyday relationships with families and professionals. We conclude that addressing reproductive inequalities requires structural change that foreground rights, relational autonomy and non-judgemental support.

STS and Medicine – SAN 207

Making sense of a 'complex disease': reading symptoms and producing attribution in the multiplicity of endometriosis

Chloe Schaer
University of Lausanne

Often characterised as a multifarious and complex disease, endometriosis is a chronic inflammatory gynaecological condition that can induce a wide range of symptoms. From pain to fatigue or digestive issues, affected people frequently report multiple manifestations and significant variability. In these heterogeneous clinical pictures, endometriosis emerges as a co-production between diverse actors and agencies, and appears as an assemblage (Latour 2005; Law 2004): an entanglement of symptoms, medical entity, diagnostic criteria, visual evidence, knowledges and lab results.

Drawing on the perspective of multiple ontologies (Mol 2002, 1999), this paper examines how endometriosis is (co-)constructed within clinical encounters through operations of symptom interpretation. It analyses how signs are selected, requalified or dismissed (Baszanger 1991, 1992; Nettleton 2006), and how these (non-)attribution processes link symptoms to the "endometriosis" diagnostic entity. By contrasting biomedical attribution "regimes" with experiential modes of attribution, the paper explores the varied attribution repertoires – hormonal, lesional, inflammatory or (psycho)social – used to read symptoms. It shows how elaborated diagnoses (re)construct interpretation of physiological – and pathological – events, and how diagnostic entity operates as interpretive framework that may transcend formal medical criteria.

Analysis draws on an ongoing medical socio-anthropological study (Schaer 2025; Schaer et al. 2026) combining ethnographic observations of more than 100 consultations and 30 semi-structured interviews

with patients and clinicians in two specialised hospital units for endometriosis. This approach allows examination of (dis)accordances between symptoms' interpretations and their consequences in trajectories and credibility experiences. Data are analysed through thematic coding informed by STS and medical sociology.

THURSDAY 10 SEPTEMBER

10:45-11:15

Diagnosis, Screening and Treatment – SAN 314

Diagnosing diagnostic pathways in the emergency department: An ethnographic study of blood culture sampling practices informed by Translational Mobilisation Theory

Deborah Bamber, Tim Coats, David Jenkins, Anthony Locke, Alison Prendiville, Wenbo Ai, Laura Shallcross, Eva Krockow, Nick Fahy, Carolyn Tarrant
University of Leicester

Diagnostic pathways that begin in the Emergency Department (ED) are shaped by time pressure and the need for rapid coordination across people, processes, and settings. Within these pathways, blood cultures (BC) are a key diagnostic tool for patients with suspected sepsis, enabling more targeted antibiotic use. Drawing on Translational Mobilisation Theory, we explore how the mobilisation of BC work is shaped by practices, priorities, and organisational and material arrangements in the ED. Ethnographic methods were used in three English hospitals varying in size, locality and patient demographics. We conducted around 80 hours of ethnographic observations in EDs, and semi-structured interviews with 37 staff. Data were analysed thematically using the constant comparative approach. We identified four interrelated themes: (1) Enrolment of patients as candidates for BCs: this occurred primarily during initial assessment, with BCs framed as a routinised procedural task rather than a diagnostic object. (2) Competing institutional logics: the BC project was poorly aligned with the dominant ED logic of rescue, undermining its prioritisation. (3) Distribution of project work: achieving reliable and timely BC sampling coordination relied on systems of material and temporal articulation that were variably robust. (4) Visibility of the project trajectory and outcomes: limited feedback on the outcomes of BC sampling constrained opportunities for reflexive monitoring and learning. This study illuminates the everyday challenges involved in achieving reliable, high-quality BC sampling in ED. These lessons are relevant to other time-critical, distributed, diagnostic processes that depend on coordination across staff, systems, and material resources.

Theory – LT2

The Psychosomatic Sovereign - A Multi-Theoretical Analysis of the Fixation Over Body Politics of Contagion and Bodily Autonomy

Enrico Sankung Mullings
Not Applicable

This paper explores the body politics of contagion, specifically focusing on how public health interventions became perceived as existential threats to bodily autonomy. It examines the unique horseshoe convergence where the Radical Left and the Radical Right mirrored one another in their hostilities to bio-medical regulation. Employing a multi-layered sociological synthesis to analyse the pandemic as Ausnahmezustand. It integrates Foucault's concepts of biopower and the digital medical gaze with Agamben's nuda vita to map the suspension of normal legal and behavioural values. Furthermore, it utilises Achille Mbembe's Necropolitics to account for the racialised dimensions of harm and surveillance in former colonial centres, alongside Olliges and Ronel's (2021) work on the psychosomatic nature of "the cough" as a site of social policing and weaponisation. The analysis reveals

that the weaponisation of contagion transformed the individual body into a site of intense political struggle. By applying Bourdieu's Field Theory, the paper argues that the Medical Field became a battleground for symbolic capital, where conspiracy theories functioned as a psychosomatic defence mechanism against State-induced Existential Sociological death anxiety. The research finds that for both ends of the political spectrum, the rejection of State-mandated health measures was not merely "anti-science" but an attempt to reclaim biological sovereignty against perceived institutional enclosure. It concludes that the pandemic did not just induce the "radical" regulation of respiratory contagion; it conscientised the respiratory tract as a political space, highlighting a profound shift in how biological citizenship is negotiated in the 21st century.

Open – SAN 221

Sharing qualitative health research data: the need for a paradigm shift?

Fiona Stevenson, Barbara Caddick, Geraldine Leydon
University College London

The open science movement, originating in quantitative research, seeks to make research transparent, publicly accessible and reproducible. Funders and journals increasingly require underpinning data to be shared, however when applied to qualitative data, particularly health data, this raises significant challenges and hasn't become an embedded part of the research process in the UK.

We conducted interviews with 12 researchers and nine research support professionals to explore perceptions of challenges to data sharing alongside the acceptability of a centralised repository with an integrated trusted research environment for qualitative health research data.

Discussions centred on concerns in three areas relating to the hegemony of the quantitative paradigm: (i) Open science as an(other) example of the unthinking imposition of processes and procedures designed for quantitative data onto qualitative data. Comparable with the obligation to use criteria tools when publishing qualitative work in medical journals. (ii) Lack of acknowledgement that data are co-created by participants and researchers and the complexity of meaningful data reuse. (iii) The paucity of open dialogue about the need to respecify 'open science-open data' in a way that is in keeping with the philosophy of qualitative work.

There is a gap between the pressure to share and re-use qualitative health research data and current practice. A paradigm shift is needed in how data sharing and reuse are perceived and how contributions of participants and researchers can be acknowledged and protected if and when data are shared. Achieving this will require concerted efforts and a strong community of practice.

STS and Medicine – SAN 207

Decision-making and informed consent in radiotherapy for gynaecological cancer: Epistemic harm and the case for 'trauma-informed' consent

Hilary Jane Stewart, Claire Powlesland, Jennifer Pomfret, Laura Wareing, Daniel Hutton, Amy Fisher, Vladyslav Kulikov, Emily Holmes, Lisa Ashmore
Lancaster University

Consent for gynae-radiotherapy takes place under challenging circumstances. Patients must weigh survival, toxicity, side-effects and quality of life while coming to terms with life-altering diagnoses. Despite providing 'valid consent', previous research shows that patients feel unprepared for treatment and side-effects, overwhelmed by information at appointments, and consenting without fully understanding potential long-term consequences (Allen et al., 2026).

This paper presents an analysis of in-depth, semi-structured interviews with patients with experience of decision-making and consent in gynae-radiotherapy (n=24). Patients were recruited via five NHS sites across the UK; three further interviews are planned.

Informed by feminist epistemology and Science and Technology Studies, we conceptualise failures in informed consent through lenses of epistemic injustice and harm (Wright, 2025). Patients describe being unable to take information in due to emotional overwhelm, and that they wish they had been given more realistic information about treatment and side-effects. We argue that consent processes are "hermeneutically deficient", distorting how patients can make sense of their decisions, experiences and side-effects, contributing to psychological suffering (Mason, 2021). We suggest current professional guidelines inadequately capture the psychosocial significance of consent, prompting consideration of 'trauma-informed' approaches.

Allen, D., et al., 2026. Policies, processes, and principles of informed consent in radiotherapy for gynaecological cancers: A UK national survey. Radiography, 32(3), p.103351.

Wright, E.J., 2025. Epistemic Harm: On Zemiology and Epistemic Injustice. The British Journal of Criminology, p.azaf095.

Mason, R., 2021. Hermeneutical injustice. In The Routledge Handbook of social and political philosophy of language (pp. 247-258). Routledge.

Mental Health – SAN 204

The borderline to autism pipeline: Autistic women and gender diverse individuals experiences of borderline personality disorder (BPD) or emotionally unstable personality disorder (EUPD) misdiagnosis

Eleanor White
University of Edinburgh

"The borderline to autism pipeline" refers to the growing discourse surrounding the frequent misdiagnosis of borderline personality disorder (BPD) (also known as emotionally unstable personality disorder (EUPD)) in Autistic women and gender diverse individuals. What was once circulating in online communities has begun to garner attention in the academic field, with recent research starting to examine this pattern of misdiagnosis. However, existing research remains predominantly biomedical, with limited work that centres lived experience. When this work does exist, gender diverse individuals are largely absent.

Born from my own experience navigating this pipeline, this paper critically examines how diagnostic criteria for borderline diagnosis may systematically misinterpret Autistic traits in women and gender diverse individuals. It argues that these criteria are constructed within broader neurotypical and gendered assumptions that are embedded in psychiatric knowledge, shaping how this misdiagnosis is produced and understood. Drawing on ongoing PhD research, this paper combines a critical analysis of diagnostic frameworks with preliminary qualitative and arts-informed data to explore how this misdiagnosis is experienced and understood. Preliminary data emerge from interviews and zines created in a zine workshop through which participants conveyed their experiences of misdiagnosis, offering insight into how these diagnostic journeys are interpreted by those experiencing them.

Professions – SAN 206

"I don't understand why I'm not allowed to cry": Emotions, identity and the doctor-patient relationship in chronic illness

David Tennison
UCL

In terms of fibromyalgia (a chronic illness of widespread chronic pain, fatigue, and cognitive disturbances), the doctor-patient relationship is characterised as fraught and unproductive. A key issue in this relationship, coming out of my interview series with UK fibromyalgia patients, is emotions.

From the literature, we know that fibro patients often express difficult emotions (e.g. hopelessness), and that doctors often react with their own negative emotions (e.g. frustration). But in talking to people who

are not the normally studied fibro demographic, that is to say: people of colour, men and trans and non-binary people, it appears that certain demographics, notably white women, are given more license to express their emotions in the healthcare appointment, while others, in particular men and black women, receive hostile reactions when expressing the same emotions.

Cultural understandings that see emotion as the opposite of reason, or that see emotional displays as somehow shameful or unseemly also play a role, and how emotions are expressed and who is doing so in a healthcare context can massively impact how seriously a patient and their illness is taken. All this impacts how safe certain patients feel in healthcare appointments and how well supported they feel navigating a deeply embodied illness alongside their social identities in healthcare spaces more generally.

In this presentation I will discuss emerging themes in my work around emotion and identity and how they impact care for chronic conditions within the NHS, using concepts from epistemic injustice and sociology of emotion literature.

Sexual and Reproductive Health – SAN 210

A feminist investigation of wellbeing in the lives of women with experience of sex work.

Lorna Dowrick, Cara Kang, Evie Stevenson, Catherine Homer
Sheffield Hallam University

People with experience of sex work face distinct barriers to wellbeing. Existing research highlights higher prevalence of mental ill-health and emphasises a need for preventive mental health measures, and action on stigma/discrimination. However, little is known about a broader understanding of wellbeing and the wellbeing priorities of people with experience of sex work. This recently completed study explored how wellbeing is understood, key elements of wellbeing and the main barriers and enablers of good wellbeing.

The study utilised a feminist qualitative methodology including semi-structured interviews and a participatory focus group using creative arts methods. Participants were recruited through support organisations. Ten participants with experience of sex work took part in either interviews or a focus group alongside semi-structured interviews with fourteen stakeholders from a diversity of services. All data was analysed using reflexive thematic analysis with a feminist theoretical approach.

Participants with experience of sex work described a broad view of wellbeing as encompassing physical health, mental health, safety and stability. Data included a broad range of barriers and enablers to good wellbeing. This includes consistent specialist support, opportunities for positive social connection and wellbeing activities, improved accessible and flexible services, appropriate mental health support and specialist housing provision alongside initiatives to tackle broader issues of stigma and economic and gender inequality.

The impact of systemic gender inequality in influencing the opportunities and experiences of wellbeing for the women was wide ranging generating a need for action across individual, institutional and system domains.

Experiences of Health and Illness – SAN 301

Exploring information exchange in urgent primary care contacts with older patients and their companions in England: A conversation-analytic study

Yicen Guo
Nuffield Department of Primary Care Health Sciences, University of Oxford

Background

Urgent primary care services are frequently used by older patients with complex needs. In these often high-stakes settings, understanding the "reason-for-the-visit" and an accurate medical history is vital. However, patients are not always reliable historians, and their electronic health records are not always readily accessible. While older patients are frequently accompanied by informal carers, little is known about how these triadic contacts are being managed interactionally, and the consequences for information exchange.

Aim
To examine how information exchange is interactionally negotiated between clinicians, older patients and their companions in urgent primary care contacts.

Methods
Thirty contacts between clinicians, older patients and their companions were video-recorded in two Urgent Treatment Centres and one GP Out-of-Hours service in England between November 2025 and February 2026. Recordings were transcribed following Jeffersonian conventions, and conversation-analytic methods were applied. Our analytic focus was on turn-taking, turn design and the sequential organisation of interaction during information exchange involving companions.

Results
Preliminary analysis shows how establishing the reason-for-the-visit and receiving the patient's history can be interactionally complex. Companions frequently self-select to co-present the problem or introduce additional concerns, even when clinicians address the patient. In some cases, companions' contributions can also introduce epistemic tensions, including challenges to patients' reliability as historians. Although such contributions may be clinically relevant, they can disrupt progressivity and complicate information exchange.

Conclusions
Information exchange in triadic urgent care is a negotiated and potentially fragile process. Companion involvement, while often supportive, can unintentionally undermine older patients' participation and complicate accurate clinical assessment.

THURSDAY 10 SEPTEMBER

11:20-11:50

Sexual and Reproductive Health – SAN 210

Evidence of pronatalist bias within UK medical education

Sally King
Menstrual Matters/ King's College London

Extending and updating previous work that focused solely on menstruation, this directed qualitative content analysis of 19 core UK medical textbooks, covered human reproductive health and physiology more broadly. For instance, menstrual health conditions (e.g., period pain, endometriosis, polycystic ovarian syndrome, premenstrual dysphoric disorder, heavy menstrual bleeding, and fibroids), infertility, miscarriage, maternal health, and menopause.

Building on the work of influential feminist scholars such as Fausto-Sterling (1990), Hird (2005), Hubbard (1990), Keller (1985), and Martin (1987, 1991), the study identified implicit gender biases within supposedly objective scientific knowledge. In particular, that biomedical reproductive health knowledge is limited by pronatalist essentialist assumptions that imply the natural purpose and role of the female body, and cisgender (cis) women by association, is motherhood. Certainly, most evidence

to the contrary, no matter how well-established in science or prevalent in society, appeared to be omitted from biomedical training (and, subsequently, clinical and public knowledge, too).

The textbooks prioritised pregnancy-related content while largely omitting physiological data indicative of reproductive illnesses, risks, or contraceptive functions. Female reproductive functions were typically presented in ways that reinforce pregnancy as the normative goal, often neglecting their broader physiological significance and prevalence. Such omissions not only perpetuate gendered misconceptions within biomedical knowledge but may also contribute to poor clinical outcomes, medical misogyny, and widespread public ignorance and gender norms. This research underscores the socially situated nature of medical knowledge and highlights the urgent need for more inclusive, evidence-based coverage of female reproductive physiology within medical and public education.

Professions – SAN 206

Reconfiguring Professional Identity: GP Perspectives on the Decline of GP Home Visiting in England

Lucy Frost, Hannah Scholfield, Sue Ziebland
University of Oxford

GP home visiting in England has declined markedly over recent decades, with an acceleration during COVID-19 and the ongoing primary care workload crisis. Visits are now largely reserved for patients who are medically or socially complex and unable to attend practices. Despite this shift, there is limited sociological understanding of what may be gained, or lost, as GPs step back from home visiting.

This qualitative study draws on 27 semi-structured interviews with GPs across England, analysed thematically. We explore how GPs conceptualise their role in home visiting within the competing demands of delivering effective, equitable, and sustainable primary care.

First, participants emphasised the unique relational and contextual value of home visiting, aligning with sociological understandings of care as situated and embodied. Seeing patients in their home environments offered insights into social conditions, risk, and support networks that are often obscured in clinic-based encounters, reinforcing continuity and relational care.

Second, GPs expressed ambivalence shaped by workload pressures, frequently framing home visits through the lens of opportunity cost. This reflects tensions consistent with Street-Level Bureaucracy, where clinicians negotiate competing demands under resource constraint. Delegation to other professionals was viewed as necessary but raised concerns about the erosion of professional identity.

Third, safety concerns, both clinical and personal, highlight the material and emotional risks embedded in this form of care.

Overall, our findings point to a tension between efficiency-driven service redesign and the preservation of relational, context-sensitive care, raising important questions for the future of medical professionalism and equity in primary care.

Inequalities – SAN 205

Reducing bullying, harassment, and abuse towards ethnic minority NHS staff from other staff

Ashok Patnaik
University of Birmingham

Context: Studies of the healthcare workforce in England (NHS England, 2026) show that ethnic minority NHS staff experience more bullying, harassment, and abuse (BHA) from other staff (managers and colleagues) than White British staff. The 2025 NHS Staff Survey showed that 19.6% of White staff experienced BHA from other staff in the previous year in comparison with 23.4% of ethnic minority staff. This inequitable pattern has existed since 2015, and is observed in almost 90% of NHS Trusts (NHS

England, 2025). However, few interventions exist that address ethnicity-related BHA (Aunger et al., 2025).

Research Aims and Methodology: This ongoing research project aims to identify interventions that are effective in reducing BHA towards ethnic minority staff from other staff and to understand the factors that make them effective. Qualitative data collection is currently being conducted at 6 purposively selected NHS Trusts which have reduced overall levels of BHA and narrowed the ethnicity gap. The study team aim to conduct 15 interviews with ethnic minority staff and 2 focus groups with organisational leaders in each Trust. Data collection is ongoing and will continue till July, 2026.

Findings: Early, tentative findings suggest that staff might benefit from better literacy about what constitutes BHA and better awareness of reporting systems. Interviewees suggested the need for an independent arbitrator who sits outside their department or specialty. Interviewees expressed a desire to receive feedback on the outcomes of their complaints and for better, more structured support from colleagues. More findings are expected as data collection progresses.

Theory – LT2

Therapeutic encounters with chatbots: towards a sociological approach to human-machine communication

Benjamin Marent, Sebastian Merkel
University of Sussex

Against the backdrop of recent advances in conversational artificial intelligence our study explores the role of chatbots in therapeutic communication. A central challenge in advancing research on mental health chatbots – and in providing robust guidance on their responsible development – remains our limited understanding of the communicative systems that emerge between humans and artificial agents.

The idea of communication without presupposing the existence of at least two humans, their consciousness and their intentions, is not common in most of the sociological tradition. However, sociologists interested in AI have drawn on Niklas Luhmann's systems theory to investigate human-chatbot communication (Borch, 2023; Esposito, 2022). These approaches shift the primary focus from individual actors and their intentions to the relationship that is established in the reciprocity of communication.

Drawing on initial 15 in-depth interviews with developers at digital therapeutics startups, our presentation examines how chatbots are being used in mental health to provide clients with talk therapy. We discuss the sociotechnical imaginaries, design assumptions and challenges that guide the creation of these chatbots. Based on the developers' experiences and observations of therapeutic encounters with chatbots, we develop Luhmann's thesis that advanced algorithmic technologies (such as chatbots) become a functional equivalent of (human) consciousness and can participate in communication.

Building on Luhmann's theory, we present a framework of "artificial communication" that occurs between humans and therapeutic chatbots. We argue a framework of artificial communication can significantly advance research on mental health chatbots and offer critical guidance for their responsible development.

STS and Medicine – SAN 207

Beyond Use: Egg Freezing and the Management of Reproductive Uncertainty

Zhuoma Nancuo
Renmin University of China

Egg freezing is often promoted as a technology that enables women to expand their reproductive choices and manage biological time, encouraging them to take control of their future fertility. However,

a substantial proportion of women who undergo the procedure never return to use their frozen eggs. This paper treats such patterns of non-use as a sociologically meaningful outcome, rather than an individual anomaly.

Drawing on an ongoing pilot study based on an survey of women who have completed egg freezing, this research explores how participants interpret the role of frozen eggs in their lives over time.

Preliminary findings suggest that egg freezing does not eliminate reproductive uncertainty but rather defers it. It enables individuals to postpone decision-making while remaining responsible for eventual outcomes. In this sense, the technology sustains a condition of suspended obligation: one must act to preserve the future, but don't need to and often can't actualise it.

The paper shows how reproductive technologies operate through the management of expectations rather than the delivery of outcomes. It contributes to ongoing discussions in STS and medical sociology on anticipation, potentiality and reproductive decision.

Diagnosis, Screening and Treatment – SAN 314

"We're kind of in a waiting room": Living with chronic and uncertain risk

Matthew Randell
University of Warwick

Living with uncertain risk of disease can impact identity, often incurring substantial medicalisation/monitoring without recognisable clinical benefit. Expanding health screening to test asymptomatic populations for early stages or risk factors of more diseases increases the number of people living with this uncertainty.

Risk of future type 1 diabetes (T1D) is measured by islet autoantibody (iaAb) testing; multiple iaAbs confer high risk and potentially the offer of a novel drug, teplizumab, which can delay (but not prevent) symptomatic onset, while a single iaAb invokes less certainty. The UK National Screening Committee (UK NSC) has not yet provided recommendation, partly due to unclear benefits and underexplored harms of living with risk for extended periods.

This research explores these harms and benefits using thematically analysed remotely-conducted semi-structured qualitative interviews with adults or parents of children with a single iaAb (n=16), and families with multiple iaAbs offered Teplizumab (n=5) recruited from UK T1D screening trials.

Preliminary findings reveal single iaAb families often feel 'left behind' in a liminal space between health and disease – the 'collateral damage' of screening. Meanwhile, multiple iaAbs families frequently seek control over their re-ordered illness trajectory, embracing medicalisation to make their screening result more actionable. However, a treatment to delay symptom onset also extends the period of living with uncertainty and chronic risk.

These interviews provide evidence on the ethics and acceptability of paediatric T1D screening, which will contribute to the UK NSC's policy recommendation. They contribute to the sociological literature on patients-in-waiting and experiences of treating asymptomatic risk.

Open – SAN 221

Navigating Queer Affirmative Practices in India: Experiences of Queer Affirmative Psychiatrists

Daisy Zacharia
Jawaharlal Nehru University

Queer affirmative practices have existed in pockets across the country in psychiatry and allied mental health practices for the last few decades, owing to global influences. The structure of psychiatry, however, remained overtly heteronormative and pathologised any identity or behaviours that are 'deviant'. It is in this context that this research paper seeks to understand the experiences of 'queer affirmative psychiatrists' in India using qualitative methodology. Margaret Archer's concepts of

morphogenesis (structural transformation) and reflexivity are used to analyse ‘queer affirmative psychiatrists’ and their experience. Institutional ambivalence is rampant, with the judiciary extending rights without structural changes to support them, and medical bodies that do not ensure consistent implementation of the guidelines.

Psychiatrists engage in reflexivity to navigate this fragmented structure. They engage in 'communicative reflexivity' that may be within the normative practices of the discipline. Some practitioners who engage in autonomous reflexivity often find innovative ways to use institutional leeways to provide affirmative care and ensure localised morphogenesis. Others engage in meta-reflexivity, critically interrogating both legal and medical structures and have attempted to contribute to broader transformative change through activism and discourse. The result is a patchy morphogenesis, that is queer affirmative practices that are often fragile and oscillating. The outlook of psychiatry towards queer individuals continues to be stigmatising, even when queer-affirmative practices have taken root within Indian psychiatric practice. This shows us that morphogenesis occurs even when it is fractured and contested, through reflexivity that enables context-specific action.

Experiences of Health and Illness – SAN 210

Lived experience following myocardial infarction: A dialogical narrative analysis

Jacqueline Hutchison
Northumbria University

Mortality from Cardiovascular disease (CVD) in the UK has increased, with 1.4 million people in the UK surviving Myocardial Infarction (MI); a life-threatening coronary event associated with CVD. Clinical strategies to reduce rates and manage recovery post MI, focus on lifestyle management and modifying risk factors. This study sought to understand how individuals, following MI, made sense of their experiences and subsequent decisions about healthy living.

Employing an interpretive narrative methodology, ethical approval was granted to collect stories, photographs and diaries from 17 participants who had experienced MI. Using a dialogical narrative analysis, core narratives, story themes and typologies were constructed from the spaciotemporal structures in stories.

Results articulated the disruption experienced by people following MI, revealing a changing relationship between the body, space and time in chronic illness. Four narrative typologies, enduring, transformative, waiting, and overtaken, illustrate how individuals evaluated the past and made sense of their illness experience. Only one of these typologies followed the same linear and curative course as physician’s narratives and treatment management regimes.

These findings offer condition specific, nuanced understandings of illness behaviour after MI. The results have consequence for long-term condition management and inform health promotion strategies and interventions tailored to meet individual need. Additionally, results inform understandings to the limits to debates about taking personal responsibility for modifying behaviour informing global health policy. The notion that people simply need more information or motivation to change behaviour neglects consideration of the structural inequalities, personal experiences and narratives that shape the choice landscape.

Mental Health – SAN 204

An Uneven Shift Towards Lived/Living-Experience Inclusion: A Critical Policy Analysis of UK National Suicide Prevention Policies

Thomas Wadsworth
University of Edinburgh

Lived/living-experience is increasingly prioritised in health research and policy. Conventionally, quantitative and clinical research have been prioritised in national approaches, but following the work of service-user/survivor movements to address historic epistemic injustice, what counts as evidence has begun to change. Critically interrogating this in the UK’s four current national suicide prevention policies, we used Carol Bacchi’s post-structuralist ‘What’s The Problem Represented To Be’ (WPR)

approach to examine whether a shift has occurred in policies' use of 'evidence', and their resulting constructions of 'prevention'.

We found that, while there has been a shift towards lived/living-experience inclusion in some national policies, this is uneven. Northern Ireland's policy remains reliant upon epidemiological data, recognising lived/living-experience only in relation to bereaved people. Although England consulted lived/living-experience, associated actions prioritise surveillance and clinical research. Wales and Scotland, however, show a shift: Wales proposes a lived-experience advisory group alongside surveillance, while Scotland prioritises its Lived/Living-Experience Panel and Youth Advisory Group.

Where epidemiological and clinical evidence dominates, suicide prevention continues to be addressed through detection, monitoring, and medical intervention. This limits the capacity for policy to make meaningful changes to the lives of those experiencing or at risk of suicidality. In Scotland and Wales, we identify greater lived-experience inclusion. However, inclusion is limited – often consulted over local action and branding, with restricted agenda setting power. This paper adds to sociological work on representation and epistemic injustice in health policy making, pushing for improvements in lived/living-experience inclusion such that suicide policy works towards making lives more liveable.

THURSDAY 9 SEPTEMBER

11:55-12:25

STS and Medicine – SAN 207

Contraceptive Complexity: Reconfiguring Contraception as a Doing Not a Thing, a Practice Not a Product.

Cecily Klim
UNSW, Sydney

From pills and implants to condoms and sterilisation, contraception is typically understood as a stable category of drugs, devices, and methods designed to prevent pregnancy. However, the emergence of so-called "digital contraceptive technologies", including apps and wearables, has sparked debate around what actually constitutes a contraceptive. While some celebrate these innovations as empowering tools of reproductive freedom, others dismiss them as illegitimate forms of pregnancy prevention. These tensions surface contested claims about efficacy, while gesturing to deeper questions about how contraception, in all its diversity, is defined, understood, and used.

In this paper, I examine fifteen technologies that have been explicitly described as "digital contraceptives". Drawing on online document analysis and creative qualitative workshops with potential users, I explore what these technologies do and whether their affordances justify their classification as contraceptives. In doing so, I interrogate what contraception is and does more generally, tracing the similarities and differences, inclusions and exclusions articulated across different methods.

The findings demonstrate that contraception is not a static or self-evident 'thing' wherein pregnancy prevention results from technical properties alone. Instead, contraceptives and their capacity to enact pregnancy prevention emerge through ongoing material, discursive, and relational practices. Contraception is thus better conceptualised as a dynamic process of 'contracepting' that begins long before direct user–method interaction and extends beyond it. Reframing contraception as a doing, rather than a thing, subsequently invites a rethinking of what counts as a contraceptive method, who is recognised as a user, how use is evaluated, and how responsibility is distributed.

Experiences of Health and Illness – SAN 301

In/ter/dependence: Navigating Paradoxical Tensions in (Co) managing Type 1 Diabetes

Carol Kelleher, Eluska Fernandez, Paula Leocadio, Colin Hawkes
University College Cork

Medical approaches to chronic disease management predominantly prioritise autonomy and individualised responsibility for learning to manage diabetes throughout adolescence. However, studies of the actual lived experiences of adolescents with type 1 diabetes (T1D) reveal that individualised approaches do not reflect the experiences of young people's diabetes transitioning to self-managing their diabetes. Drawing on feminist relational approaches, our study explores several paradoxical tensions in relation to who, when, where and how adolescents learn to become more, but never fully, independent in relation to managing their chronic diabetes condition. Specifically, we reveal and analyse how young adults with type 1 diabetes (T1D) experience five key paradoxical tensions as they develop greater autonomy in managing their chronic illness within the relationally supported social, political and historical contexts in which they are embedded. These are 1. Being 'differently normal'; 2. Controlling the unpredictable; 3. Being dependent to become independent; 4. Aligning with, while distancing from diabetes/diabetic identities; and 5. Technology mediated liberating surveillanceOur findings highlight the criticality of relational autonomy perspectives within chronic disease management, specifically T1D, and the need to incorporate the analysis of paradoxical tensions into discussions about autonomy, in/ter/dependence and diabetes management.

Theory – LT2

Agential Cuts and the Production of Disablement - What Barad Offers Medical Sociology's Approach to Institutional Harm

Rebecca Jiggens
University of Leeds / The Work Inclusion Project

Medical sociology has long been concerned with how institutions participate in producing, managing, and delimiting the experience of illness and disability. Yet the field's dominant frameworks — whether Parsonian, Foucauldian, or social constructionist — tend to conceptualise institutional power as operating upon already-constituted bodies. This paper argues that Karen Barad's concept of agential realism offers medical sociology a more radically relational ontology: one in which bodies, impairments, and institutional harms are not pre-given but are continually materialised through what Barad terms "agential cuts" — the boundary-drawing practices through which phenomena are stabilised, causation is fixed, and subjects are delineated. Drawing on empirical analysis of institutional categorisation practices in disability adjudication, the paper demonstrates how agential cuts operate not merely as representation but as material-discursive events that determine which forms of health-related harm become speakable, which bodies are constituted as legitimately ill or impaired, and which experiences of harm are rendered administratively invisible. Disability, on this account, is not a property of bodies that institutions subsequently encounter; it is an effect of specific intra-actions between bodies, diagnostic categories, technologies, temporal norms, and institutional procedures. The paper argues that this reframing has significant implications for medical sociology's treatment of chronic illness, cumulative harm, and the politics of health knowledge. In particular, it challenges accounts that locate disablement primarily in attitudinal barriers or cultural representations, and opens space for attending to the processual, infrastructural, and material dimensions through which institutional encounters produce or intensify ill health.

Diagnosis, Screening and Treatment – SAN 314

(Mis)Managing Microbes: Understanding use of at-home vaginal microbiome test-kits through the lens of gyn-ecologies and leaky bodies

Tori Ford
Univeristy of Oxford

Background

In this presentation, I explore a new area of leaky body monitoring and management: at-home vaginal microbiome test kits.

Research question

How do people engaging with self-testing kits interact with notions of microbiological imaginaries, practice self-surveillance, and perform 'DIY healthcare'?

Methods

In this presentation, I build on a medical sociology approach towards understanding gyn-ecologies: attending to the material, microbial, and gendered experiences (Ford et al. 2025). I conducted interviews with 34 people with recurrent thrush (including women and gender diverse individuals) and 25 healthcare professionals working in primary care and/or sexual health. I analysed these accounts thematically conversation with literature on 'leaky bodies'.

Findings

I apply a critical and feminist-informed sociological analysis of such kits, exploring this technology as a new form of managing leaky bodies (Shildrick 1997), identifying and diagnosing 'matter out of place' (Douglas 1966, Kristeva 1982), and reshaping our interactions with our microbiomes and multispecies ecologies (Haraway 2018). I explore the meanings, assumptions, and implications that underscore such testing options within (1) the context of a growing market of at-home diagnostics, (2) how people conceptualise and manage the vaginal microbiome 'in' and 'as' themselves, and (3) as part of a larger practice of 'body work' used to attend to "attractive," "clean," and "fresh" vulvas and vaginas (Crann et al. 2017, Jenkins et al. 2018).

My work (part of my Mildred Blaxter Fellowship) seeks to advance understandings of gendered health experiences, particularly how they are shaped by larger notions of leaky bodies, microbiological imaginaries, and 'DIY healthcare'.

Mental Health – SAN 204

Guilt and shame amongst mentally unwell people involved in the justice system: Clinicians' perspectives on assessment and medicolegal practice

Piyush Pushkar
University of Manchester

Background
Guilt and shame are commonly explored in forensic mental health assessments and may inform diagnosis, formulation, and risk evaluation, as well as recommendations that influence court outcomes.

Methods
Semi-structured interviews were conducted with psychiatrists and psychologists experienced in writing medicolegal reports.

Results
Clinicians described tensions between their duties to patients and to the court. Some emphasised that adopting an explicitly non-therapeutic, court-facing role reduced this conflict, while others, especially more junior clinicians, experienced discomfort or ethical ambivalence that had to be actively managed. There were marked disagreements regarding the significance of guilt and shame. Some clinicians viewed them as essential to understanding risk, interpreting guilt as protective through responsibility-taking, and shame as a driver of violence, relational instability or self-harm. Others considered both emotions unreliable, unpredictable, or minimally relevant to risk assessment. Views also differed on the mechanisms by which guilt and shame might influence behaviour, with some highlighting moral reasoning and trauma-related responses, and others dismissing these constructs as culturally variable, strategically presented, or too ambiguous for forensic decision-making.
Clinicians were similarly divided on whether guilt and shame should be described in legal reports. Some believed courts expect commentary on remorse, whereas others regarded these concepts as legally peripheral and at risk of introducing subjective bias.

Conclusions
Clinicians diverge considerably in how they conceptualise, assess and apply guilt and shame in medicolegal work. These findings highlight the need for further research and evidence-based training to support consistent, ethically grounded practice.

Inequalities – SAN 205

Not "Clean Girls": Young Women's Intersectional Experiences of ADHD Identity Work and Femininity Construction on Social Media in the UK.

Emma Gratte
Durham University (NINE DTP)

ADHD is a gendered diagnosis that shapes womanhood and femininity. Social media also plays a key role in shaping contemporary femininities but how this works for women with an ADHD diagnosis is under-theorised. Through a close analysis of the 'clean girl aesthetic'- a social media phenomenon that prioritises minimalist, polished style and effortless self-care- this paper examines the ways that social media complicates femininity construction for women with ADHD. Drawing on diary entries and interviews with 20 women, aged 18-25 from diverse backgrounds, this paper argues that the 'clean girl aesthetic' reinforces hegemonic femininity, conflicting with ADHD symptoms. Using Leville's (2024) notion of social media as identity work, I argue that the 'clean girl aesthetic' presents three complicating issues for young women with ADHD. First, it shapes young women's perceptions of their own femininity as deviant, for example, struggling with consistent chores, organisation and hygeine, resulting in feelings of shame, self-stigma and anticipated stigma from others. Second, there was a prominent duality between frustrations with impossible neurotypical and gendered expecations, and frustrations with themsleves for failing to meet these expectations. Finally, however, the similtaneous rise of ADHD-focused online content aimed at women prompted some participants to resist these narratives, instead taking pride in their divergence from hegemonic ideals and constructing alternative understandings of femininity. Furthermore, drawing on Collins' (1990) matrix of domination, participants were not equally positioned against the hegemonic feminine ideal. This created different experiences and ideas around femininity across the intersections which I will outline in my presentation.

Professions – SAN 206

Fostering teamwork for resilient staff and safe care in intensive care units (FEARLESS ICU): a multisite ethnographic study.

Shannon Costello
Kings College London

Introduction
During the COVID-19 pandemic, clinical teams in intensive care units (ICUs) experienced more demands for flexible and cross-boundary working. These rapid changes continue to have implications for staff, with research suggesting impacts on stress, higher turnover rates and patient safety concerns.

Methods
This is a mixed-methods study, consisting of evidence syntheses, statistical analysis of the NHS Staff Survey, and ethnographic fieldwork in nine ICUs involving observations of everyday practices and semi-structured interviews with staff. This study has been theoretically informed by an interactionist perspective to the division of labour.

Preliminary results
Three key areas that influence interprofessional teamworking practices include:
1) the use of space and place, particularly how the physical layout impacts on vital communication and socialisation across and between professions
2)the organisation of the unit, including the tensions between an ideal and reality
3) the continuing effects of the pandemic, particularly on work/life balance, morale and wellbeing.

Discussion
With a backdrop of increasing tension between medical and advanced practice professionals, these findings add to the limited body of literature on interprofessional practices in the post-pandemic period, drawing attention to key factors that facilitate or challenge the practices of multiple professions working between and beside one another to deliver intensive care in the UK.

Conclusions
By generating an in-depth, evidence-based understanding of interprofessional work in ICUs, this project can have a direct impact on the organisation and delivery of team-based practices, the improvement of which has long been linked with better patient, staff and organisational outcomes.

THURSDAY 10 SEPTEMBER

12:30-13:00

STS and Medicine – SAN 207

Radiographers, Regulation, Disease, and Dose: A multipartite effect on obtaining a diagnostic radiograph

Mark Widdowfield
University of Sunderland

This paper presents (re)interpreted findings from a focused ethnographic study of diagnostic radiographers within the practice setting, focusing on the X-ray request. Data was collected through interviews and non-participant observation within a radiography department (interviews n = 7; hours of observation n = 72) using Actor-Network Theory as a framework. The findings presented here focus upon the impact of the concepts related to radiation dose and diagnosis, and how these influence the practices of radiographers.

Within this paper the concepts of ‘as low as reasonably practicable’ (ALARP) and ‘Linear no-threshold’ (LNR) will be discussed and findings presented regarding to how these, along with patients, referrers, legislation, and other non-human entities influence the work of the diagnostic radiographer. The operationalisation of these concepts by radiographers is therefore a source of interest from both a professional and public health perspective.

Radiographers draw upon emergent practices to deal with their (and others) anxieties relating to diagnosis and treatment. The practices of ALARP by radiographers point not towards embodied practices which used the patient, their symptoms, as well as the X-ray machinery to apply the ALARP principle.

Dose within diagnostic radiography is a complex entity, inherently connected with the principles of ALARP, justification, and the diagnosis of the patient. The practicable nature of ALARP and the justification processes create emergent practices that move towards patients undergoing examinations rather than not.

Experiences of Health and Illness – SAN 301

Women, alcohol and their treatment: A new approach to ‘biographical disruption’ and readiness for treatment

Chloe Beck
Northumbria University

This study aims to explore how women in mid and later life (50-70) conceptualise 'problem drinking' and how a four-stage theory of biographical disruption may identify women's pathways into treatment and recovery.

The theory of biographical disruption has traditionally been used in relation to chronic illness, explaining how individuals understand, accept and change their self-identity based on an illness. More attention is now being paid to how biographical disruption can examine the lived experiences of those living with addiction. Literature has demonstrated that women may not be aware of the risks of alcohol, and when seeking treatment, experience a shift in their self-identity and self-perception. Based the literature, a new four-stage theory of biographical disruption has been developed. The theory encompasses the original three stages set out by Bury (1982): the disruption of assumptions of a person's future, the re-thinking of self-identity, and the response to disruption, but also includes a new stage, whereby individuals do not possess the candidacies to accept they have an alcohol problem, so do not experience biographical disruption.

A mixed methods approach will be adopted for this PhD study, with semi-structured interviews and a subsequent questionnaire being carried out with participants living in the North East of England, who are in treatment, active recovery or display problematic alcohol use.

It is hoped this study will demonstrate how biographical disruption can be extended to alcohol addiction, through exploring how women approach treatment, and how this changes and shapes their identities and life trajectories.

Open – SAN 221

Birth Doulas and Boundary Work: Professions, Space and Knowledge

Beverley Clough, Anna Nelson
Manchester Metropolitan University

Birth doulas are gaining increasing attention across the media, and in policy and regulatory conversations. Questions around their practice, accountability and role in the birth space are central to this, alongside assumptions about the boundaries of the doula role (MSNI, 2023). This paper interrogates qualitative data from a socio-legal project, 'Birth Doulas as Liminal Actors With/In Medical Law: Regulatory and Conceptual Tensions' through the lens of boundary work. This enables us to explore the ways in which doulas and health care professionals "seek to carve out occupational jurisdiction, based upon knowledge and expertise, and establish a privileged position for themselves achieving 'social closure' from the remainder of society" (Spendlove, 2018).

We explore boundary work processes at play across three themes- professions, space, and knowledge. We consider the tensions that arise through doulas ambivalent engagement with 'evidence-based information', and the different sources used to ground claims about legitimacy of doula work. Relatedly, we consider their complex engagement with the intertwined institutions of healthcare and law, as well as the dynamics of the relationship between doulas and healthcare professionals both on an individual level, and as a reflection of broader inter-professional dynamics. Such tensions and dynamics are also shaped spatially, with hospital and home boundaries interacting with professional norms.

We argue that the spatial and professional boundaries of birth are unsettled through the experiences and interactions of health care professionals, doulas and people who have used doulas, signalling the liminality of birth doulas in dominant legal and regulatory imaginaries of birth contexts.

Theory – LT2

Applying Sociological Theory to the Redesign of Heart Failure Services within an Unequal Health System

Jagroop Dhillon
NHS Greater Glasgow and Clyde

Medical sociology has often operated separately from the practice and organisation of medicine, with sociological theory rarely embedded in the teaching or service design of NHS care. Yet patterns of social stratification are reflected in patient populations and care pathways. Social determinants of health play a significant role in shaping chronic conditions and multimorbidity, with recognised gender, ethnic and socioeconomic differences in outcomes.

Using a current service redesign project within NHS Greater Glasgow and Clyde, this study applies sociological perspectives to explore the under-representation of certain patient populations within specialist cardiovascular services. This occurs within a complex organisational context characterised by unequal resource distribution, competing clinical priorities, and challenges in delivering holistic, person-centred care.

Heart failure with preserved ejection fraction (HFpEF) is a leading cause of cardiovascular morbidity in ageing populations, yet integrated care pathways remain underdeveloped. Clinical heterogeneity, multimorbidity, and historically limited disease-modifying therapies have contributed to fragmented care and inequities compared with other types of heart failure.

A multidisciplinary HFpEF pilot project launched in March 2024 delivers an integrated referral-to-evaluation pathway across inpatient, outpatient, community and virtual settings, with patients triaged into stratified groups and managed by a multidisciplinary team. As a live NHS project working with socially and clinically vulnerable populations, applying a sociological lens to patient trajectories, professional roles, referral dynamics, and organisational practices highlights how integrated service models may both address and reproduce structural inequalities. Early implementation demonstrates feasibility while highlighting revealing variation in referral patterns and engagement that may reflect broader structural inequalities.

Mental Health – SAN 204

Grieving Divergently: Experiences of grief and bereavement for neurodivergent children and young people

Stephanie Mulrine, Jon Rainford, Erica Borgstrom, Poppy Gibson, Ben Hughes, Sarah Turner
University of Sunderland

Whilst it is accepted that death is a universal experience, responses to it may vary. Loss and grief are shaped and informed by social norms, that are learnt from an early age. Death, and the rituals that surround it, can impact understanding of end-of-life and grief for children and young people. Research suggests that for neurodivergent adults, their experience of grief may differ from neurotypical adults. It is understood that grief may be delayed, emotions not displayed in socially expected (or normative) ways, and disruption to routine behaviours may be more prevalent. Yet little research has been undertaken to understand the experience of a child or young person. How does developing, maturing, and learning about the world through a neurodivergent lens differ? Is a neurodivergent grief response seen as problematic or requiring therapeutic intervention?

We conducted a scoping review of the academic literature to explore what is known and this presentation will explore the results. Findings suggest that neurodivergent children and young people risk being excluded from death-related rituals, it being assumed they lack empathy or are too emotional, their behaviours being misinterpreted by others who may not recognise them as grieving, and/or their grief being pathologised. Research is limited, and in places, problematises neurodivergent behaviours due to comparison with neurotypical behaviours, whilst offering little evidence based therapeutic solutions. As a result, we argue that further research is required to better understand, reflect and being to provide appropriate support for neurodivergent children and young people experiencing grief.

Open – SAN 221

Negotiating diagnosis-related uncertainty in language- and cultural-discordant contexts: Practices, experiences, and meaning-making among Cantonese speakers in London

Peace Chiu
Queen Mary University of London

With international migration increasing rapidly in the UK and worldwide, language and cultural discordance has become a key challenge to delivering quality healthcare and ensuring equitable access. Diagnosis is an area where communication and management play a significant role and present a particular complexity, especially when it involves uncertainty. While studies exploring the communication and management of diagnostic uncertainty have been growing, there is little research looking at how people negotiate such uncertainty in their everyday life, which include personal, family, community and clinical contexts.

Drawing on social constructionism and narrative theory, and guided by Kleinman's work on illness narratives, this ethnographic study explores how Cantonese speakers in London who do not speak English well negotiate diagnosis-related uncertainty. Unlike "diagnostic uncertainty", which traditionally centres on the clinical encounter, I propose the term "diagnosis-related uncertainty", which focuses on the everyday experience of people with illness. Using participant observation and longitudinal interviewing of 15 people with diagnosis-related uncertainty, I examine how these Cantonese speakers interpret (including both personal and social meanings), experience, and talk about such uncertainty, and what they do in response. This research is at an intermediate stage, with data collection and analysis being conducted concurrently. This presentation reports emerging findings, including four narrative types used by the participants in negotiating diagnosis-related uncertainty: the unreliable communicator, inexperienced patient, undemanding parent and citizen, and unsettled migrant narratives. This study highlights the limitations of using interpreting services solely to address communication barriers and the need for culturally sensitive care.

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