



European  
Sociological  
Association

## RN16 – Sociology of Health and Medicine

### *16th Conference of the European Sociological Association*

#### **Tension, Trust and Transformation**

**27-30 August 2024 | Porto, Portugal**

#### **RN16 Sociology of Health and Medicine**

##### **Call for Papers**

The centrality of trust in healthcare is a crucial precondition of the patient-professional relationship which, when lacking, becomes a source of strong tensions and conflicts: it is thus interesting to examine this problem in light of current social transformations underway in the health and social fields.

You are invited to send your abstract to one of our **18 regular sessions**, or one of the **4 joint sessions** or to the **semi-plenary session** we have organized for the next ESA Conference in Porto 2024. Please, first consider which **type of session** is more appropriate for you and then take notice of the **Notes for the authors** and the **Top Ten Things You Need to Know About ConfTool 2024** at the end to know how to submit your abstract.

As regards to **Session Types**, while Research Networks (RNs) **regular sessions** cover the variety of sociological inquiry and are open to all ESA members, **joint sessions (JS)** are reserved to members of the organizing Research Networks. **Semi-Plenary (SP) sessions** instead offer the opportunity to engage in core debates by discussing the main conference theme from the viewpoint of different fields of research: they promote discussion between the 2 selected speakers, next to that with participants, and they are open to all ESA members. All session formats will include time for open discussion.

**Session chairs** of regular sessions are informed that **a minimum of 3 papers** and **a maximum of 5** are required to activate a session. New members are cordially invited to join one or several RNs of their choice.

##### **Call for Papers for Semi Plenaries (SP)**

**SP6 - Advancing Public Sociology in dealing with stakeholders and policy makers on social issues: challenges and perspectives in Europe**

Organised by RN16 Sociology of Health and Medicine

**Coordinators:** Guido Giarelli, University 'Magna Graecia', Italy; Sandra Racionero-Plaza, University of Barcelona, Spain

The title of the next ESA conference speaks of tension, trust, and transformation, brought by diversity of experiences of current times. Old inequalities persist, manifest in new forms, while novel problems emerge together with new tensions. Sociological work can play a key role in shedding new light on old and new social problems, and to provide sociologically informed inspirations that enlighten transformation. This semi plenary session will star 2 speakers presenting sociological research that is excellent illustration of how sociology can have a transformative impact in different social spheres, such as climate change, gender violence, labor exclusion, etc., touching on those topics as questions of public health concern. The semi plenary session will show that the social sciences can enrich health and medicine for a greater impact, and vice versa, but this occurs when these disciplines exchange not only between themselves but also with diverse stakeholders, policy makers and general citizenry. The presentations will combine novel social sciences analyses of most pressing social problems during and after the pandemic together with how such analyses have informed policies and interventions that have contributed to the building and maintenance of trust. Likewise, the two presentations will share information on how such sociological work has had impact in society, so that our commitment and desire as sociologists to improve society has come true in those examples. By sharing such theoretical and empirical investigations, this semi plenary session will contribute to advance public sociology by means of inspiring with what is already out there.

Please, note that to send an abstract for the selection of the 2 discussants you need **to hold a Ph.D.**

### **Call for Papers for Joint Sessions (JS)**

#### **JS\_RN01\_RN16: Towards more resilience after the crisis? Resources, challenges and interdisciplinary perspectives of healthy ageing in Europe**

Joint session with **RN01 Ageing in Europe** and **RN16 Sociology of health and medicine**

**Sessions chairs:** Guido Giarelli, University "Magna Graecia", Catanzaro, Italy (RN16); Jenni Spännäri, University of Eastern Finland (RN01); Andrea E. Schmidt, Austrian Public Health Institute, Austria (RN01)

Older people are often characterised as the most vulnerable in our society, while they are also an important resource for resilient societies. The Covid-19 pandemic posed a serious and specific threat to the physical, mental and social health of the older adult population in Europe, especially those affected by multiple health or socio-economic challenges. Yet, studies across Europe also demonstrate the potential for resilience among older people, partially contradicting the stereotypes of frail and vulnerable older people. With welfare states, health, social care and longterm care systems across Europe being in transformation, due to a lack of health workforce, rising prevalence of multimorbidity and tightening public budgets, the question remains as to what can be learned from the COVID-19 pandemic and other crisis (e.g. the climate change) as regards strengthening the resilience of older people, with a focus on healthy ageing and well-being. This joint session, organized by RN16 and RN01, is dedicated to the problems and perspectives of healthy ageing arising from these transformations. Our objective is to shed light on the challenges faced by older adults, offering perspectives on healthy ageing experiences during and after the pandemic, and contributing to improving the quality of life for older persons.

#### **JS\_RN16\_RN22: Algorithms in action: opportunities, risks and perspectives in medicine**

Joint session with **RN16 Sociology of Health and Medicine** and **RN22 Sociology of Risk and Uncertainty**

**Session Chairs:** Antonio Mauro, University of Bologna, Italy (RN16); Veronica Moretti, University of Bologna, Italy (RN22)

This proposal brings together Research Networks 16 (Sociology of Health and Illness) and 22 (Sociology and Risk and Uncertainty) for a session focusing on *Algorithms in action: opportunities, risks and perspectives in medicine*.

Beyond the Silicon Valley scene, Artificial Intelligence (AI) has started to be integrated in public health, ranging from cardiology, neurology to radiology. Algorithms might be used to mitigate healthcare-associated

infection (HAI) risks, promote accurate hospital-wide surveillance and to improve infection control performance in real time, making treatment faster and more effective in clinical settings. Moreover, algorithms are gaining a fundamental role in the diagnostic and the prognostic processes, supporting clinicians work.

However, remarkable gaps are often discovered between the intended and actual applications of algorithms designed for different purposes. Sociological analysis has highlighted that AI can suffer from bias, which has striking implications for patients and their needs.

We invite empirical and theoretical papers addressing the following issues and other related topics:

- Rationales for using algorithms in the healthcare domain;
- Analysis of current AI practices in different health settings;
- Algorithmic justice;
- Algorithms and the 'omics' medicine;
- Algorithms and social discrimination;
- Sentiments and emotions in algorithms;
- Integration of algorithms in clinician work;
- The future of work: will clinicians be replaced by algorithms?

### **JS\_RN16\_RN24: Digital Landscapes of Health Communication: Trust, Tensions and Transformations**

Joint session with **RN16 Sociology of Health and Medicine** and **RN24 Science and Technology**

**Session Chairs:** Catarina Delaunay, Centro Interdisciplinar de Ciências Sociais, Universidade Nova de Lisboa, Portugal (RN16); Paraskevas Vezyridis, Nottingham University Business School, UK (RN24)

In an era where digital technologies have reshaped healthcare delivery as well as the way we access and share health information, the concepts of trust, tension, and transformation have taken on new dimensions. This session aims to explore the intricate interplay between health, communication, and emerging technologies while addressing the associated challenges and opportunities. These include but are not restricted to: how technological innovations are transforming patient-provider communication, and public health messaging; the influence of Internet and social media platforms on shaping health-related communication, knowledge sharing and information dissemination, and associated tensions; the role of transparency, trust and truth within online health communities and patients groups; the importance of accurate health information for empowering individuals and the risks of misinformation and fake news, and their impact on public health perceptions and behaviors; ethical and risk-related issues posed by the collection and sharing of personal health data (privacy issues); the communication strategies of healthcare organizations and official authorities in the digital age (e.g. health education programs, disease prevention initiatives, vaccination campaigns, health literacy initiatives); how digital platforms may facilitate social mobilization and activism in the health realm, thus contributing to transformation and social change; the impact of social media and digital technologies on mental and physical health, as well as personal wellbeing (e.g. body image, peer support, etc.). This session welcomes empirical and/or theoretical papers that engage with these issues related to the evolving landscapes of health information and communication in the digital age, and their profound implications for contemporary society.

### **JS\_RN16\_RN28: Sport, physical activity, health and medicine**

Joint session with **RN16 Sociology of Health and Medicine** and **RN28 Society and Sports**

**Session Chairs:** Dino Numerato, Univerzita Karlova, Prague (RN16); Klara Kovacs, University of Debrecen, Hungary (RN28)

The sociology of health and medicine and the sociology of sport deal with a number of narrowly intertwined topics and social processes. This session aims to bring together scholars from both subdisciplines to discuss these connections. The session convenors welcome contributions focusing on any topics including, but not limited to, fitness culture, sports participation, physical activity and health, sport and doping, sport and injuries, digitalisation of health and sports, physical activity and ageing, sports medicine and health care professionals or medicalisation and pharmaceuticalisation of amateur and professional sport. Studies

focusing on the connections between physical activity or sport and health in the context of neoliberal responsabilisation, commodification and globalisation are particularly welcome. Attention will be given to conceptual and empirically-driven contributions drawing on qualitative, quantitative or mixed methods approaches.

## **Call for Papers for RN16 Regular Sessions (RN)**

### **RN\_1 - Trust and health**

**Session Chair:** Mario Cardano, University of Turin, Italy

Classical and contemporary scholars maintain – with robust argument – the centrality of trust in doing society. In a way, trust can be considered the concrete of social relationships. Defined as a positive expectation emerging in a condition of uncertainty and vulnerability (Guido Möllering), trust appears to be a pivotal notion in healthcare. Besides the commonplace about trust that patients must grant to healthcare professionals responsible for curing their vulnerable bodies, it is crucial to consider the trust that healthcare professionals must accord to patients, particularly when their vulnerability emerges. Two examples can offer a plastic view of the issue: childhood vaccination and psychotic crisis management. In the first situation, parents must trust healthcare professionals proposing inoculating medication in a loved, precious, healthy body. In the second vignette, we can imagine a psychiatrist made vulnerable by the behaviour of the disturbed patient, deciding if to carry on or suspend – for instance, by binding him/her to a bed – the therapeutic alliance. For this session, scholars are invited to discuss either theoretical or empirical studies, focussing on the cure and care relationships where the need for trust emerges in a frame of particular vulnerability of patients and/or healthcare professionals.

### **RN\_2 - The tensions surrounding medicine: declining trust and legitimacy towards expertise, epistemic challenges and transformative processes**

**Session Chairs:** Micol Bronzini, Marche Polytechnic University, Italy; Enrico Maria Piras, Bruno Kessler Foundation, Italy; Roberto Lusardi, Bergamo University, Italy

The crisis of medical expertise, exacerbated by the COVID-19 Pandemic, is a significant concern for scientists and regulatory agencies whose role and authority are being questioned.

Besides the conflict between the scientific community and the social groups that opposed controversial positions, we witness epistemic tensions even within the medical field. While Evidence-Based Medicine is still the gold standard, the universal applicability of the hierarchy of evidence has been challenged, and a more pluralistic approach has been advocated. The pandemic has questioned the feasibility of controlled trials in times of crisis, and the careful analysis of real-world settings and real-life clinical practices has been proposed as a new standard during emergencies.

We invite contributions that critically reflect on the epistemic tensions in medicine during the pandemic and beyond. A (non-conclusive) list of topics includes:

- the evolution of EBM, even in the light of AI, and the real-world evidence perspective;
- the trust towards scientific and medical experts and regulatory agencies after the pandemic;
- the tensions between protocols/guidelines and decision-making in everyday clinical practice;
- bottom-up knowledge production by epistemic communities and communities of practice;
- the role of sociology in sustaining the transformation towards a more pluralist approach in medical research.

### **RN\_3 - Trusting health information online in the era of transforming social communication**

**Session Chairs:** Iwona Leonowicz-Bukała, Faculty of Media and Social Communication, University of Information Technology and Management in Rzeszow, Poland; Monika Struck-Peregończyk, Faculty of Media and Social Communication, University of Information Technology and Management, Rzeszow, Poland; Alberto Ardisson, Department of Law, University of Macerata, Italy

New communication technologies are influencing all aspects of people's lives. By making access to information more democratic, easier and immediately available (Muhammed, Mathew 2022), web-based platforms and applications encourage patients to deal with their informational and emotional needs in a new way. During the COVID-19 pandemic, the limited access to professional medical care has increased people's will to turn to various online channels (e.g. websites, online health communities) for healthcare purposes (Pöyry, Reinikainen & Luoma-Aho 2022; Kothari, Walker & Burns 2022). Therefore, it seems important to explore sense-making and decision-making processes employed in such situations, especially in the case of risk and uncertainty (e.g. life-threatening diseases). The use of online sources does not happen in a vacuum, but it is integrated into a texture of social practices (Gherardi, 2004) in which trust plays a crucial role. Trust, a highly complex and multidimensional phenomenon, has cognitive, emotional and behavioral dimensions, which merge into a unitary social experience (Lewis and Weigert 1985). In this sense, it is relevant to unveil how patients negotiate the risks associated with their choice to use online channels for healthcare purposes (e.g. Chauhan and Campbell, 2021).

We welcome theoretical and empirical papers which address the following issues: i) determinants of using online sources for seeking widely understood health information; ii) negotiating the risks associated with the choice to use online channels for healthcare purposes; iii) the attitudes of patients and medical staff to use and discuss health information online; iv) possible future application of online tools and solutions, including AI, within health communication; v) strategies (Zinn 2008, 2016) employed by people when using online channels; vi) other related topics.

#### **RN\_4 - Citizenship and the politics of healthcare**

**Session Chair:** Dino Numerato, Univerzita Karlova, Prague

This session will focus on the varieties of citizenship involvement in the context of health and medicine. In the last three decades, we witnessed an increasing role of different citizenship initiatives, including the emergence of health movements, patient self-help groups as well as more institutionalised forms of patients and public involvement, accompanied with the emergence of patient organisations and patient councils. The aim of this session will be to reflect on the varieties of bottom-up and top-down citizenship involvement in national and transnational contexts and on their impact on the transformation of healthcare, medicine and biomedical research. We therefore welcome contributions dealing with, but not limited to, the following questions: What mechanisms and processes enable and undermine the impact of citizenship on the healthcare systems, health, medicine and biomedical research? How are the citizenship initiatives perceived by professional communities? What is the involvement of professional communities in citizenship initiatives? How is the healthcare citizenship impacted by digital technologies? How do the expressions of citizenship relate to consumption? Are there any difference between bottom-up and top-down citizenship initiatives? Both conceptually-oriented and empirically-driven studies are welcome.

#### **RN\_5 - Exploring the intersections of health inequalities and social policy in diverse societies**

**Session Chair:** Lydia Mehrara, Nord Universitet, Norway

The contemporary landscape of European societies is characterized by increasing diversity, driven by factors such as aging populations, immigration, ethno-racial identity, and shifting dynamics in social class and gender. Within this context, there is an imperative for a comprehensive examination of the interrelationship between health policy and the different healthcare needs of diverse populations to effectively understand and address health inequalities.

This session welcomes multidisciplinary contributions that critically examine the political economy of healthcare and the political framing health needs. The contributions should foster a deeper understanding of the implications that current social policies have on shaping the access and utilization of healthcare by diverse population groups, as well as the challenges posed by evolving demographic realities for healthcare systems in meeting the needs of their populations.

This session invites scholars with theoretical and empirical contributions that offer insights into the intersection of policy and health from the structural, practice, and service user perspectives.

#### **RN\_6 - Exploring social capital's impact on health through sociological lenses**

**Session Chairs:** Carlotta Piazzoni, Department of Sociology and Social Research, University of Milano-Bicocca, Italy; Marco Terraneo, Department of Sociology and Social Research, University of Milano-Bicocca, Italy

Social capital has been defined in different ways over recent decades, however, there is unanimous agreement in recognizing the value of social networks and the associated norms of reciprocity.

At the individual level, starting from the definition of social capital provided by Putnam, who refers to “features of social organization such as networks, norms, and trust, that facilitate coordination for mutual benefit”, it should be recognized that social capital creates value for the individuals who are part of social networks, but also for others. Conversely, from a Coleman viewpoint, the forms of social capital, such as trust, mutual exchanges, norms, and sanctions, define social capital from a social cohesion perspective, i.e., a collective property emerging from individual interactions.

Scholars have demonstrated the relevance of social capital in different domains, such as economic and social outcomes. However, as Putnam states, “In none is the importance of social connectedness so well established as in the case of health and well-being”.

The variety of the empirical evidence indicating that individual and/or collective social capital is likely to be a significant determinant of some important health outcomes is impressive. Higher levels of social capital seem to produce healthier societies, but understanding the processes linking social capital to health in a broader sociological approach is challenging.

To fill this gap, our session aims to facilitate discussions on qualitative and quantitative papers that focus on theoretical, empirical, and methodological issues to analyze the complex relationship between social capital - in its different forms - and health outcomes.

#### **RN\_7 - Healthcare professionals and childhood vaccination**

**Session Chairs:** Dino Numerato, Univerzita Karlova, Prague; Mario Cardano, University of Turin, Italy

This session will focus on the role of healthcare professionals (HCPs) in the context of childhood vaccination. HCPs represent one of the most influential actors in immunization programmes and the contributions in this session will explore different aspects of HCPs' involvement in vaccination and their interactions with parents and their children. We therefore welcome contributions dealing with, but not limited to, the following questions: How do HCPs cope with vaccine hesitancy of parents? What are the varieties of HCPs' engagement with vaccination? How is vaccine hesitancy addressed by different healthcare professions and medical specializations? How do HCPs perceive the role of the mass and social media? How do HCPs engage with the vaccination-related content in the mass and social media? What is the role of professional communities concerning vaccination? How is the professional identity constructed, redefined and performed during the interaction with parents and children? How is the involvement of HCPs in vaccination influenced by external governing healthcare authorities and controlling bodies? Empirically-driven studies focusing on the role of healthcare professionals and capturing the interactions between healthcare professionals and parents and their children are welcome.

#### **RN\_8 - Vaccination and (dis)trust: what sociology can teach us in the face of contemporary challenges**

**Session Chairs:** Ana Patrícia Hilário, Instituto de Ciências Sociais, Universidade de Lisboa, Portugal; Jaroslava Hasmanová Marhánková, Institute of Sociological Studies, Charles University, Czech Republic; Alice Scavarda, Università degli Studi di Torino, Italy

In the context of current sociopolitical tensions and challenges to trust in institutions, the issue of vaccine hesitancy has taken center stage. The proposed special session aims to explore vaccine hesitancy as both a symptom and an agent of tension, as well as a catalyst for a crisis of trust. The session intends to discuss how

trust in vaccines, science, the healthcare systems, and public health authorities has been impacted by contemporary challenges, including but not limited to the COVID-19 pandemic. The understanding of the ways in which different forms of vulnerabilities may intersect with vaccine attitudes and shape it is key to this exploration. We propose to analyze vaccine hesitancy in the context of broader processes of constructing distrust in expert systems. Thus, the special section welcomes contributions that open a discussion on the ways in which trust in expert systems is both eroded and strengthened. We are particularly interested in papers that provide critical reflections on the role of trust in redefining the conceptualization of vaccine hesitancy, offering new frameworks and perspectives for understanding this complex social phenomenon. We hope to bring together papers using various methodological approaches and disciplinary focus, whether comparative or country-based, that address the following topics: i) critical reflections on the existing conceptualizations of vaccine hesitancy; ii) mechanisms that lead to trust erosion and/or restoration in the context of vaccine hesitancy; iii) comparative studies on vaccine hesitancy and trust in different European and global regions, highlighting cross-cultural differences and similarities; iv) exploration of how intersecting identities and vulnerabilities, including factors such as race, ethnicity, gender, socioeconomic status, and geographic location, shape vaccine attitudes and hesitancy.

### **RN\_9 - Obstetric Violence between Transformations and Trust**

**Session Chairs:** Irene Strazzeri, Department of Human and Social Sciences, University of Salento, Lecce, Italy; Lucia Re, Department of Legal Sciences, University of Florence, Italy

Obstetric violence refers to the mistreatment and abuse that women may suffer during childbirth, usually from health care workers. It is still largely unrecognized and underreported in many countries.

Trust and transformation are two key concepts for counteracting obstetric violence. Trust is the basis of the patient-provider relationship and, more in general, of the relationship between care giver and care receiver. Health care systems transformation, on the other hand, involves addressing structural issues, such as promoting accountability, improving working conditions and ensuring that health care workers receive adequate training and support. In summary, addressing obstetric violence requires building trust between health care workers and women, as well as transforming health care systems to prioritize respectful, woman-centred care. By emphasizing trust and transformation, societies can work to reduce obstetric violence and promote positive birth experiences for all women. We believe that sociological research in this field represents an inescapable tool to combine the detection of the problem, the critique of the devices that foster it and, at the same time, to find, together with the different stakeholders involved, including institutional and medical area stakeholders, effective solutions in the field of medical practice, health management and practitioner training.

### **R\_10 - Disability at the intersection of policies, technologies and (new) inequalities**

**Session Chairs:** Luigi Gariglio, Università di Torino, Italy; Angela Genova, Università Carlo Bo di Urbino, Italy; Alice Scavarda, Università di Torino, Italy

The session aims to discuss the possible transformations produced by both the introduction of new technologies of care and the recent Covid-19 pandemic in the disability field, in terms of both opportunities of inclusion, the expansion of old inequalities and the production of new ones. We will provide a space to critically discuss the effects of these phenomena on the international and national policy regulative framework; on the regional or local policy, services or practices; on families, persons with disabilities and disability welfare policy professions. International, national and local studies on tensions, barriers, boundaries, spaces and practices of care for and by persons with disabilities are welcome. The pandemic presented both threats and opportunities for persons with disabilities and their families/caregivers, as well as the introduction of new technologies of care. Persons with disabilities experienced not only isolation, but also new forms of support. Remote or hybrid forms of assistance increased the interactions between healthcare professionals, family members/caregivers and persons with disabilities, but they could not replace the role of direct contact in professional encounters.

In order to tackle the multifaceted empirical dimensions of the topic this call for papers is intended to solicit both theoretical and empirical contributions, as well as reflection on ethical issues. We welcome papers from any theoretical and methodological perspective. Empirical studies may involve solo, collaborative and team-based research. Quantitative, qualitative, creative and art-based method are welcome along with experiments, ethnographic and autoethnographic ones.

We invite theoretical and empirical papers, addressing the following issues and other related topics:

- The possible transformations produced by the Covid-19 pandemic on the everyday lives of persons with disabilities and their families;
- The impact of the pandemic on disability policies and services;
- The ways persons with disabilities express their voices and their claims.
- The social practices and the technological solutions that were introduced during the pandemic to support persons with disabilities and their consequences.
- Other relevant topics will be taken into consideration too.

### **RN\_11 - Active ageing: the tensions between the end of working life and the beginning of a - new? – healthy and social life**

**Session Chairs:** Arianna Radin, IRCRES-CNR, Turin, Italy; Valentina Lamonica, IRCRES-CNR, Turin, Italy; Greta Falavigna, IRCRES-CNR, Turin, Italy

After the two-years of Covid 19 pandemic emergency, the social and working life balance is quickly changed. The search for a new normality is still the objective of many segments of the world population. Indeed, if from the one hand, elderly have suffered from the lockdown in terms of sociality, from the other hand, workers have experimented a new organization of time between personal and working life. Considering the acceleration to a new organization of the society, even more attention has been focused by policy makers to the “active ageing”, as the process which allows people to continue to achieve individual well-being objectives and participate in activities in society according to one's abilities, desires and needs (WHO). Indeed, “Health” is one of the four pillars proposed by the WHO in the Active Ageing Policy Framework (WHO) stating that the care system should focus on health promotion, disease prevention and equitable access to quality primary health care and long-term care.

The aim of this session is twofold. From the one hand, we discuss policies promoting active ageing, based also on working life balance evaluation and considering not only retired, but also elderly workers, gender differences and other peculiarities. The purpose of these activities is aimed at improving physical and mental health conditions (e.g., encouraging physical activity or digital knowledge), and the participation in economic and social life with new roles. From the other hand, we discuss results from both qualitative and quantitative research, especially based on existing active ageing programs.

Interdisciplinary approaches and international comparisons are very welcome.

### **RN\_12 - When the medical encounters the social: exploring how medical conceptualizations and practices of care affect the social provision of Long-term Care**

**Session Chairs:** Francesca Degiuli, Fairleigh Dickinson University, USA; Giorgia Casanova, t Istituto Nazionale di Riposo e Cura Degli Anziani (INRCA), Ancona, Italy

Long-term care is a critical component of healthcare systems, serving individuals with chronic illnesses, disabilities, and aging adults with various healthcare needs. However, the provision of long-term care in contemporary societies is inscribed in a web of intersecting inequalities including gender, race/ethnicity, class, age, and immigration status. This panel aims to critically examine the ways in which medical conceptualizations and practices of care may participate in maintaining and reproducing these inequalities within the long-term care system or, alternatively, in how they can challenge them. Topics may include, but should not be limited to, how different medical personnel, ranging from primary physicians to nurses, from specialists to care coordinators, and others:

- discuss Ideal forms of care, best practices, skills, qualities, and abilities fundamental to the provision of care
- design or recommend long-term care projects for large groups or individuals

- experiments with new forms of long-term care provision or simply theorizes the possibility of new ones.

### **RN\_13 - Illness narratives and contested illnesses: sociological perspectives**

**Session Chairs:** Hilde Berit Moen, Nord University, Norway; Trude Gjernes, Nord University, Norway

This session highlights illness narratives. We particularly welcome narratives of long-term illnesses, such as pain conditions, fibromyalgia, eating problems, chronic fatigue syndrome/ myalgic encephalopathy (CFS/ME), and other forms of illnesses often recognized as diffuse or contested by biomedicine. These conditions might be disabling, potentially fatal, and often substantially impair physical health and disrupt psychosocial functioning. Multiple reports show an increase in the incidents of these contested and/or diffuse illnesses the last decades.

The increased incidence of these types of illnesses emphasizes the *social and cultural* component of these illnesses, and underlines their connection to contemporary societal conditions and context. Research is, however, dominated by biomedical and psychological perspectives. There is a need for intensive sociological investigations of these phenomena. This session invites and welcomes empirical and theoretical papers that investigate the connection between different forms of contested or diffuse illnesses, and cultural and societal characteristics. Studies of treatment practices of these conditions are also highly relevant and welcome.

### **RN\_14 - Social challenges online and onlife narration**

**Session Chairs:** Guido Giarelli, University "Magna Græcia", Catanzaro, Italy; Francesca Greco, Department of Languages and literatures Communication, Education and Society, University of Udine, Italy

In the last few years critical events such as pandemic and war have increased the already existing democratic decline, geo-political tension, violence, and inequality, leading to an unprecedented global crisis. As sociologist, we need to better understand, explain, and address such crisis and its effects on people life and health. Narratives have been widely employed within social sciences for decades to *comprehend* in Weberian terms the point of view of the social actors and the meaning they give to what they do in their ordinary life (i.e., how people tell their stories starting from their health experiences). An epistemological assumption to observe how the sense of action is expressed by *narrating itself* in daily practices or by sharing their sentiments and emotion on digital platforms. Therefore, the textual analysis allows the sociologist to understand how the interaction between a social system and its environment works in a variety of socio-cultural contexts. There are a variety of qualitative and quantitative textual analysis methods and their application to narrations is increasingly popular and led to eminent work, e.g., online communication has been successfully used for capturing diverse trends about health and disease-related issues, such as people's storytelling on Covid-19, and sentiments toward vaccination.

This session is dedicated to studies using qualitative, quantitative, or mixed methods to analyze narration. We are particularly interested in research addressing people response to recent time crisis and social challenges online and onlife.

### **RN\_15 - The Power of the Use of Creative, Visual, and Arts-based Methods in the Study of Health and Illness**

**Session Chairs:** Ana Patrícia Hilário, Instituto de Ciências Sociais, Universidade de Lisboa, Portugal; Veronica Moretti, University of Bologna, Italy; Linda Lombi, Catholic University of Milan, Italy

Social scientists investigating health, illness, and medicine issues face the crucial decision of selecting the most appropriate research methods and techniques to reach reliability and richness in their collected data. These methodological choices involve a reflective, dynamic, and continuous engagement of researchers with the health topics to be studied in regard to an array of dimensions such as ethical issues, analytical aspects, the researcher's own skills, and/or the sociocultural environment of the research. The selection of the best methodology is of paramount importance when dealing with complex or multifaceted health issues, sensitive or illicit medical topics, and vulnerable or marginalized groups (either patients or caregivers). Beyond more

traditional quantitative and qualitative approaches to data collection, sociologists are making use of creative, visual, and arts-based methods solely or in combination with traditional methods to increase research participation, enhance reflexive discussion of health issues, and establish engagement during the research process of data collection. With this session, we seek to assemble and critically discuss a diverse and thought-provoking collection of contributions that showcase the relevance and transformative power of creative, visual, and arts-based approaches to studying health and illness experiences. We thus invite scholars and early-career researchers to contribute to this exploration by presenting their concrete case studies, highlighting its epistemological, ethical, and practical aspects, and especially how these data collection catalysts promote trust and enable multiple voices in health research, reducing verbal communication barriers, and facilitating the collection of rich data.

#### **RN\_16 - Biotechnologies Reshaping Birth and Death and the Life In-Between**

**Session Chairs:** Catarina Delaunay, Centro Interdisciplinar de Ciências Sociais, Universidade Nova de Lisboa, Portugal; Ana Patrícia Hilário, Instituto de Ciências Sociais, Universidade de Lisboa, Portugal

The rapid evolution of biotechnologies has not only transformed health care but has undeniably ushered in a new era where fundamental aspects of human existence – birth and reproduction, death and end-of-life care, and life itself –, and the way that people experience lifecycle events are undergoing significant and profound changes. Technological innovations and interventions have extended lifespans, enhanced physical and mental capabilities, and enabled humans to exert greater control over biological aspects. Nevertheless, biotechnologies have also raised ethical and sociological questions about the boundaries and meanings of life and human potential. Biotechnologies, such as genetic engineering, regenerative medicine, and artificial intelligence, are remaking the very fabric of existence, challenging traditional notions of life, health, and death. Assisted reproductive technologies, such as genetic testing, impact reproductive choices. Biomedical advances contribute to the overall well-being of individuals, allowing longer and healthier lives, thus reducing the burden of disease and mortality in society, but can also reinforce existing social disparities. These advances have an impact not only on health and illness issues but on human life itself and on the organization of society. The transformation in biomedicine goes hand in hand with the transformation of the government of life. This session welcomes papers with a critical theoretical and/or empirical approach, either country-focused or with an international comparative scope, addressing the transformative effects and societal implications of biotechnological advancement.

#### **RN\_17 - Telemedicine: Transformations in attitude and practice**

**Session Chairs:** Ariela Popper-Giveon, The David Yellin Academic College of Education, Jerusalem, Israel; Yael Keshet, Western Galilee College, Israel

Telemedicine, the use of which has been expanding since the COVID-19 pandemic, refers to the use of electronic, digital, and communication technologies for the provision of health services, particularly from a distance. Telemedicine includes, among other things, various digital services, audio and video applications for communication between physicians and patients, technologies for transferring data and information, and even telesurgery. Which transformations does the growing implementation of telemedicine generate? How do physicians deal with these transformations and how do patients experience them? How does telemedicine affect patient–physician communication? What is happening in the boundary zones between physicians and patients and among different specialists in the medical teams? The changing reality calls for in-depth research in which the ideas of sociology and medicine and the use of diverse methodologies can contribute substantially to the understanding of changing medical practice. We call researchers to join the session.

#### **RN\_18 - Exploring Mitigation Strategies, Preparedness and Response of Health Professionals in the face of Health Crises and Disasters**

**Session Chairs:** Catarina Delaunay, Centro Interdisciplinar de Ciências Sociais, Universidade Nova de Lisboa, Portugal; Guido Giarelli, University “Magna Græcia”, Catanzaro, Italy

Healthcare professionals in Europe and Worldwide play a pivotal role in securing the health and well-being of populations in the face of health crises (e.g., pandemics) or disasters (e.g., extreme weather, flooding, wildfire, earthquakes). Sociological reflection can offer valuable insights into the mitigation strategies, preparedness, and responses elaborated by health professionals in order to ensure timely and effective crisis responses, highlighting obstacles and opportunities. Indeed, sociology is key for understanding: a) the influence of social structures and networks (either formal or informal), such as healthcare systems and organizations, and health-related associations (hospitals, government agencies, professional associations, online communities) on the establishment of inter-professional collaborative practice, and the role of resilience, adaptability, and interconnectedness going beyond organizational boundaries and institutional responsibilities; b) the impact of professional identities, norms and roles on shaping health professionals' behavior during health crises or disasters, either facilitating or hindering collaboration between them (physicians, nurses, epidemiologists, social workers, and public health officials); c) the effect of institutional factors and power dynamics within different healthcare systems (hierarchies, regulations, and resource allocation) on the establishment of collaborative and coordinated actions during health crises or disasters, regarding decision-making and distribution of responsibilities; d) the significance of the contribution of health professionals, as members of broader communities but with positions of authority and expertise, to fostering trust, public health education, community engagement, mutual support and social solidarity in critical times, thus mitigating its effects. Submissions should be based on empirical studies related to the sociological analysis of the mitigation strategies, preparedness, and responses elaborated by healthcare professionals in the face of emergent health crises or disasters.

### Notes for Authors

- Please **do not send us a full copy of your paper** (neither before nor after the conference).
- Abstracts sent by **email cannot be accepted**.
- Authors are invited to submit their abstract either to a Research Network (RN), a Joint Session (JS), or a Semi-Plenary (SP). Note that submitters of a **SP abstract** must hold a PhD (deadline: **5 February 2024**)
- **Each participant** can submit and present **only one paper**.
- All submitting/presenting authors can be **second author** of one paper or more.
- **Abstracts** should not exceed **250 words**.
- **Abstracts** will be **peer-reviewed** and selected for presentation by the RN/JP/SP coordinators.
- The **ESA membership** is not mandatory, except for RN/JS/SP coordinators and session chairs as well as all RN board members and the ESA Executive Committee. ESA members benefit from reduced conference fees!
- Note that the 16th ESA Conference will take place in an on-site format only, in Porto (Portugal).

### Top Ten Things You Need to Know About ConfTool 2024

1. **Useful Links: ConfTool 2024:** <https://www.conftool.com/esa2024/>  
**ESA website:** A website: <https://www.europeansociology.org/>

Direct link to the **ESA 2024 conference website**:

<https://www.europeansociology.org/conference/2024>

**2. Important dates:** Abstract submission opened in November. The deadline will be **January 15th, 2024 except for SP sessions (February 5, 2024)**. Participant registration will open in **March/April 2024** when you will also receive notification about your abstract.

**3. Create an account in ConfTool 2024** in order to **submit an abstract** and register for participation in the 16th ESA Conference in Porto, 27-30 August 2024. Registrations from previous ConfTools have not been transferred – you need a new account.

**4. Validate your e-mail address in ConfTool 2024.** Once you create a user account, you will receive an automatic confirmation message with a link – please click. This will ensure that you receive important information about your abstract and the conference. We also recommend to ensure that [esa2024\[at\]conftool.pro](mailto:esa2024@conftool.pro) is on your whitelist.

**5. You can always ‘Edit User Account Details’ in ConfTool.** There is a direct link for this in the ‘Overview’ of your ConfTool 2024 account. You can change your address, affiliation, information for the visa invitation letter offered through ConfTool, and much more.

**6. If you and your co-authors change your mind** about who will / can present the paper at the Porto conference, send us an e-mail. We can change this until the deadline for participant registration for paper presenters (until March/April).

**7. During participant registration**, when you choose the category for ESA members (who benefit from reduced conference fees), please make the effort to double-check the status of your ESA membership in the ESA members area (‘My Dashboard’). If your membership has expired, you can renew it directly in ConfTool (by choosing the category which adds the ESA membership to your conference registration).

**8. You can visit and use your ConfTool 2024 account regularly.** Find out about the status of your abstract, your registration and payment details, print out your invoice, download invitation and confirmation letters, and browse the conference agenda once it is ready.

**9. ConfTool 2024 is managed by real people.** At the ESA, we will always try to help: [esa2024\[at\]europeansociology.org](mailto:esa2024@europeansociology.org)

**10. There is also more support** in ConfTool’s Helpful Hints for User Registration and Log-In.

### **Deadlines 2024**

**15 January 2024:** Abstract submission deadline for regular sessions (RN) and joint sessions (JS) (for coordinators and reviewers: beginning of March peer-review deadline)

**5 February 2024:** Abstract submission deadline for semi-plenary sessions (SP)

**Mid-March 2024:** Notification of acceptance (sent to abstract submitters via ConfTool)

**March/April 2024:** Opening of Participant Registration in ConfTool

**27-30 August 2024:** 16th ESA Conference in Porto, Portugal