



ESA RN-16 Newsletter

Waves of Sociology of Health and Illness

Issue 8- New Series (#4)
January 2018

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Welcome from the *ESA Research Network 16 Chair*

Dear Colleagues,



It is my great pleasure to introduce the eight issue of the ESA RN16 newsletter, the

fourth of the new series renamed "Waves of Sociology of Health and Illness" or in short "Waves of RN-16". Many thanks go to all who have contributed to its content and especially the newsletter co-editors Pietro Paolo Guzzo and our new co-editor Maria Świątkiewicz-Mośny for their efforts in collating what is going on in our field. You will see in this edition there is an interesting interview with Professor Henriette Langstrup, from the University of Copenhagen, on Sociology of Health and Illness in Denmark. She explains the intellectual currents which have contributed to the discipline in her country and in particular the influence of Science and Technology Studies. She also discusses, among other topics, the role of ethnography in exploring actor's experiences of health care practices and the impact of such work on health policy and practice. Also included is information about the ESA-Mid Term Conference "Health and Illness in the Neoliberal Era: Methodological Approaches" in Turin between 18-20 April 2018. Please take note of these to make sure you don't miss out. There is also more information on the new members of Board, Roberto Lusardi (Italy), Lia Lombardi (Italy),

Maria Świątkiewicz-Mośny (Poland), and Sara Ferland (Sweden) who will all be involved in the mid-term conference in Turin. Other notable items include a short report on RN16's contribution to last summer's successful ESA conference in Athens on '(Un)Making Europe: Capitalism, Solidarities, Subjectivities', a book review of *Global Professionalization of Care as a Human Activity* and announcements about other congresses, conferences and workshops. The newsletter is of course only viable if you, the members of RN16, make contributions to or send in comments about current or future activities of relevance to the Research Network. We very much hope that you will continue to send in copy which we can publish in the newsletter. Finally, if your membership of the RN and the ESA is about to expire please do renew them. That way RN16 remains an influential force in the ESA and is more able to represent you're your interests. I look forward to seeing as many of you as possible in Turin this spring!

— Jonathan Gabe
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Welcome from the RN-16 Newsletter Co-Editors

Dear colleagues,

We are very pleased to present the Sixth Issue of the **Newsletter of the ESA Research Network on Sociology of Health and Illness**, hereinafter renamed “**Waves of RN-16**”.

In this Newsletter you will find a **brief presentation of the RN-Board**, information on the last ESA Conference in Athens and several alerts on different events (Congress, etc.) in our scientific area

This newsletter aims to be a tool for future collaboration between researchers working in the field of the Sociology of Health and Illness in Europe. Thus is for this reason that we have some information about the **current Publications of RN-16 members**. In this issue we also continue to **present publications relevant to our field of interest** that were published in a Journal. **In this number** we publish an **interview with Prof. Henriette Langstrup** that provide an interesting look on Sociology of Health and Illness in Denmark.

CALLS FOR PAPERS



In addition, in this issue **Waves** issues a **Call for ESA Rn-16 Mid Term Conference in Turin on 18-20 April 2017**.

Your collaboration is essential for our newsletter therefore **we invite you to share your ideas or suggestions about our future activities**. Please feel free to email us at the address below.

We would also like to invite you to **renew your membership for RN-16 and ESA**, as this is vital for the success of our Research Network, namely in the planning of future events and activities.

---- Enjoy the reading!

All the best,

RN-16 Newsletter Co-Editors

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Pietro Paolo Guzzo
(Newsletter Co-editor)



Raphaël Hammer
(Past Newsletter Co-editor)



Maria Swiakiewicz-Mosny
(New Newsletter Co-editor)

RN-16 Board Members

Network Coordinators		
<i>Chair</i>	Jonathan Gabe	(United Kingdom)
<i>Vice-Chair</i>	Angela Genova	(Italy)
Board		
<i>Relationship with other association and RN</i>	Karen Lowton, Arianna Radin	(UK) (Italy)
<i>Treasurer-fund raiser and Relationship with other association and RN</i>	Arianna Radin	(Italy)
<i>E-mailing list coordinator</i>	Elena Spina	(Italy)
<i>Newsletter Co-editors:</i>	Raphaël Hammer Pietro Paolo Guzzo Elena Spina	(Switzerland) (Italy) (Italy)
<i>Phd activities:</i>	Martina Stípková	(Czech Republic)

Welcome to the new entries in the ESA Rn16 Board!!!!

Sara Ferland (Sweden), Lia Lombardi (Italy), Roberto Lusardi (Italy), Maria Świątkiewicz-Mośny (Poland).

Photo-Bio-Profiles of the ESA RN16 board



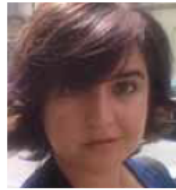
Jonathan Gabe
(Chair)

Jonathan Gabe is Professor in Sociology, Royal Holloway University of London, United Kingdom. His research focuses on pharmaceuticals, chronic illness and health care organization. He was an editor of the *Journal of Health & Illness* twice, between 1994-2000 and 2006-2012. Since 2013 he has been chair of the Foundation for Sociology of Health & Illness. Before becoming chair of RC16 he was President of the International Sociological Association RC15, Sociology of health.

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Arianna Radin
(Treasurer-fund raiser;
Relationship with other
associations and RN)

Arianna Radin is Temporary Lecturer of Sociology of Health at University of Turin, in Italy and she is an Associate member of HART at University of Lincoln (UK). She works within the fields of the sociology of professions, visual sociology and, of course, sociology of health and her primary research interests are in health promotion, social health, e-health and m.health.

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Karen Lowton
(Relationship with other
associations and RN)

Karen Lowton is Professor of Sociology (Ageing & Health) at the University of Sussex, UK. Alongside a focus on health and illness in the oldest old, Karen's research focuses on the health and wellbeing of 'new' ageing populations; groups of people who for the first time in history have been enabled to grow into adulthood with complex health conditions due to innovative medical therapies. Karen also contributes to the health agendas of a number of organisations through advisory, steering or editorial group membership, including Médecins Sans Frontières and National Institutes of Health-funded research, and is a member of the Executive Committee of ESHMS.

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Angela Genova
(Vice-Chair)

Angela Genova has a post doc position at the university of Urbino (since 2008) where she teaches 'Health Policy' and 'Social Policy' in BA and Master course for social work. She has been also external consultant for the Giacomo Brodolini Foundation, being scientific responsible (since 2011) for more than 14 European projects in the area of health policy, most of them focusing on gender approach.

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Continued on next page



Elena Spina (e-mailing list Coordinator, Newsletter Co-editor)

Elena Spina is Research Fellow in Economic Sociology at Università Politecnica delle Marche (Italy) and Member of Centre for Research and Services on Social-Health Integration (CRISS). Professor of General Sociology, Sociology of the Family and Welfare and Comparative Social Policy at Università Politecnica delle Marche (Italy). Her research interests focus on two main topics: the first one deals with the sociology of professions, with particular focus on social and health professions; the second area concerns, however, the social and health issues including, in particular, those related to policies and organizational dynamics. In both cases, the privileged theoretical approach based on the comparative-historical analysis by using the qualitative techniques of research.

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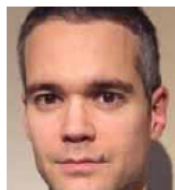


Pietro Paolo Guzzo (Newsletter Co-editor)

Pietro Paolo Guzzo, Ph.D. is contract Professor in Social Policy University "Magna Græcia" of Catanzaro (Italy), scientific coordinator of the Dependencies Observatory of the Provincial Health Authority of Cosenza (Italy), Board of Directors of the Italian Society of Sociology of health (*Società Italiana di Sociologia della Salute*, S.I.S.S.) and collaborator

of Research center on Health and welfare social policies (CRISP) of the Catanzaro University "Magna Græcia". His research interest include the area of Sociology of Health and Illness and Sociology of Law, Law and Economics, Addictions. He received his PhD. in Sociology at the Macerata University (1996), was CNR short-term mobility fellowship as visiting scholar at the University of Berkeley, California (1999). He is author of several publications, recently is co-editor, with Antonietta Fiorita, of *The Future of Services for Addictions between Socially Integrated Consumptions and web society*, a special issues of *Salute e Società*

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Raphaël Hammer (Newsletter Co-editor)

Raphaël Hammer is Professor at the University of Applied Sciences of Western Switzerland ('Haute Ecole de Santé Vaud'), Lausanne. He completed his PhD at the University of Geneva. He is currently working on a qualitative study of couples' perception of the risk of alcohol use in pregnancy. He is also researching organ donation as a public problem in Switzerland, with a particular focus on transplant patients associations and public communication about organ donation. His other research interests include the sociology of profession and the issue of litigation in healthcare. He is the author of *Expériences ordinaires de la médecine. Confiances, croyances et critiques profanes* (Seismo Press, 2010) and co-edited, with Claudine Burton-Jeangros and Irene Maffi, *Accompagner la naissance. Terrains socio-anthropologiques en Suisse romande* (BSN Press, 2014). He has published articles in *Communication* (French-speaking journal), *Health, Risk & Society* and *Social Science & Medicine*. He is currently co-president of the research committee "Sociology of Health and Medicine" of the Swiss Sociological Association.

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Martina Štípková (Phd activities)

Martina Štípková, Ph.D. is Assistant Professor in Sociology at the University of West Bohemia in Pilsen (Czech Republic). Her research interests are at the intersection of sociology and demography. She uses quantitative methods to study relationships between health, family and social inequality.
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In the next number the bio-profiles of the new members of Board!

(Un)Making Europe: Capitalism, Solidarities, Subjectivities

Athens 2017

RN-16 Short report of Conference



Last summer Athens hosted around 700 sessions organized by ESA's 37 Research Networks – including the RN16 “Sociology of Health and Illness” – as well as Research Streams, many semi-plenaries and plenaries, a special PhD workshop and of course even more interesting scientific and social events.

Invited speakers included David Harvey, Margaret Abraham, Gerard Delanty, Donatella della Porta, Silvia Federici, Eva Illouz, Maria Kousis, Hartmut Rosa, Markus Schulz, Yanis Varoufakis, Michel Wieviorka, Ruth Wodak and others.

RN-16 Call for papers was very successful. We have received a great number of abstract (223), beating the previous records of past Conferences (see tab.1)

Tab.1-#Abstract for each Session of Call for paper-Esa RN16- Conference of Athens 28 August-1st September 2017

<i>Session</i>	<i>Title</i>	<i># abstract</i>
RN	General Call	50
RN16 b	Loneliness, social relations and health	9
RN16 c	Coopetition in welfare systems: Cooperative practice in capitalist societies	2
RN16 d	Unemployment, precarious work, and health (care) from a comparative perspective: contributions to the development of an institutional approach	7
RN16 e	Chronic diseases and new health policies in the capitalist e	12
RN16 f	Analysing the relationship between migration, health conditions, health care access and utilization in a time of crisis	6
RN16 g	Precurity and health in the wake of the crisis-	3
RN16 h	Ethical implications for the sociological approach to health and illness	7
RN16 i	The pharmaceuticalisation of performance: consumption practices across generations	6
RN16 j	Neoliberalism and challenges to medical professionals	6
RN16 k	Health and disability: health policy for autism	4
RN16 l	Violence against women as a public health issue in European patriarchal societies	7
RN16 m	Health of Roma in Europe: gender perspectives and inequalities. Gender, class and generational intersectional perspective on minority populations' health	1
RN16 n	Forced migration, health, policy. Challenges for Europe	6
RN16 o	Making publics and building solidarities in 21th century public health	7
RN16 p	Discussing mental health and illness	34
RN16 q	Health, body-weight and everyday life: studying subjectivities through time	24
RN16 r	Citizen participation, genomics and bio-banking	10
<i>Joint Sessions</i>	<i>Title</i>	<i># abstract</i>
RN16_RN19	Valuable health care? Curing and caring in the shadow of the social and economic crisis	4
RN16_RN01	European health policy and ageing societies: challenges and opportunities	5
RN16_RN28	Promoting health through sports and physical activity	1
RN16_RN35	Migrations and health inequalities in Europe	16

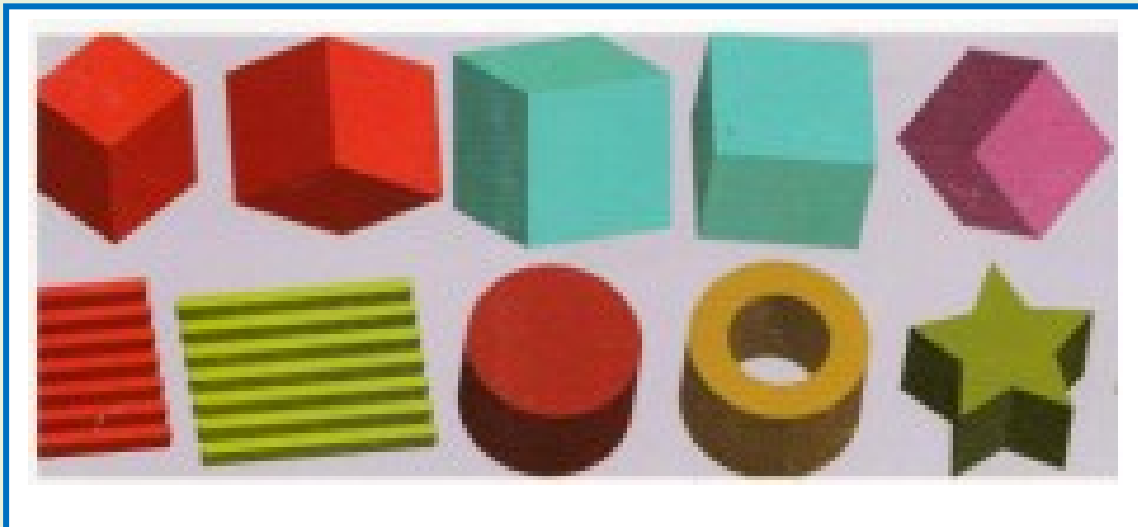
The number of abstracts received for each session was a sign of the wide participation of a large number of scholars and researchers across Europe. During the conference the 133 papers were presented. **Many thanks to all RN-16 session organizers and members for attending the conference.**



RN-16 Sociology of Health and Illness

The Hellenic Sociological Society (HSS) was an excellent organizer of the 13th ESA Conference in Athens in August 2017. The conference venue was PANTEION University of Social and Political Sciences and HAROKOPIO University, which jointly offered their facilities for this mega-event of social sciences. Both universities are in walking distance and closely cooperate in many academic and research actions. The city centre of Athens with its historical buildings, museums and exhibitions is only a few paces away. Both universities are situated close to the UNESCO World Heritage Centre of Acropolis, while many important cultural sites of interest such as the Acropolis Museum, Thissio, Panathenaic Stadium (where the first modern Olympic Games were organised in 1896), Keramikos and the Benaki Museum are nearby. The venue is easily accessible by Metro and bus, while it is in close distance from the seafront and the Stavros Niarchos Foundation Cultural Centre (SNFCC). The opening of the conference took place in Christos Lambrakis Hall of MEGARON The Athens Concert Hall. The whole of the sociological community of Greece together with the relevant academic departments enthusiastically supported the event and were actively involved in the smooth running of the conference.

Many thanks again to all contributors for this great exchange of idea and great meeting opportunity!



Health and Illness in the Neoliberal Era

ESA MID TERM CONFERENCE Research Network 16 ‘Sociology of Health and Illness’ joint conference with AIS Italian Association of Sociology, Sociology of Health and Medicine April, 18-20 April 2018, University of Turin, Italy

The aim of the conference is to discuss the configuration of health and illness in the neoliberal era in Europe. In the social sciences neoliberalism has been defined simultaneously as an ideology, a set of policies and programmes and a set of distinctive institutional forms. It also refers to a complex array of normative conceptions of agency and responsibility that are rooted in ideology and embodied in policies, programmes and institutional forms. Neoliberal discourse has strongly influenced the social construction of health and illness in European societies. For example, it has encouraged a focus on productivity, efficiency, individual responsibility, and arguably has brought about new inequalities, discrimination and victim blaming.

The conference will foster discussion of the impact of neoliberalism on the social construction of health and illness at three main levels:

- macro level in terms of European or national health policy, health care organisations and systems
- meso level considering sub-national policy and the institutional level (regional or local health policy and practice),
- micro level considering the impact on the individual level from the point of view of patients and their family as well as the health care professions.

We welcome papers that consider the effects of neoliberalism on health and illness discourses in Europe. How, where and in what forms do the various processes of neoliberalism impact the social construction of health and illness in Europe? The board encourages the submission of abstracts offering a comparative European perspective, although global, national or local studies will also be considered.

The conference will focus on the following topics:

1) Body and Health; 2) Mental Health; 3) Health Organisations and Policy; 4) Health Inequalities; 5) Health Technologies and Biomedicine; 6) Illness Narratives and Narrative Medicine; 7) Ageing ; 8) Chronic Illness; 9) Health and Spirituality

Open session: contributions that do not fit with these main topics of the conference will be considered for an open session.

Abstract should be no longer than 400 words and presented as follows:

1) theoretical background; 2) research question; 3) methodology; 4) results; 5) discussion

Abstract should be **submitted in English**, by email to:

esarn16.turin2018@gmail.com

Abstract proposals should be **submitted by 31 January 2018**

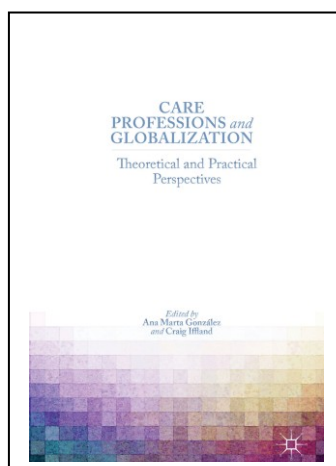
Authors will be informed on the status of their abstract **no later than 15 February 2018**



The Global Professionalization of Care as Human Activity

A.M.Gonzales, C.Iffland, *Care Professions and globalization. Theoretical and Practical Perspective*, Palgrave Macmilian, New York, 2014., XVI, 271 p. ISBN 978-1-137-37648-0, Printed book: (Hardcover and softcover €79,99; e-book (format: EPub, PDF) € 69,99; Printed e-book € 24,99 , Digitally watermarked, DRM-free

By L.M. Guadalupe and P. Garcia



This book is a comprehensive perspective of care professions nowadays and their thought and urgent challenges. First of all this work emphasizes the relevance of understanding the nature of care, in a society that does not know exactly what it implies nor always values care. Theoretically, it may help to explore ways of solving possible tensions between care, emotions, and professionalization, which require a good deal of discerning thought. Practically, care is often understood as an action derived from the mere impersonal routine of “having to solve” other people’s needs. There are certainly several kinds of care needs to be responded to, but beyond basic shortages such as health, food, shelter, education, work, even social recognition, there is an increasing need of particular and professional care that is a sign of our times, as the authors accurately state. The different chapters provide an interdisciplinary perspective to give light on the importance of care and its professionalizations.

Also, the book highlights an increasingly problematic situation of dependency from many human groups, such as the elderly, the terminally ill people who have chronically sickness or have to face long periods of dependency or vulnerability, These groups are growing dramatically in number and resources to care for them care are diminishing, i.e. human and material resources to properly attend them. Care that used to be solved within family environment is actually almost lost, even in developed countries. Many cases of Parkinson, Alzheimer and senile dementia in the context of care needs. The authors state there is an immediate need to articulate responsible work in order to address familiar, social and political human needs in the best way possible, it happen mainly in the institutions where professionals provide specialized care teams and specially, domestic work, as a non-human activity. Focusing on developing of creativity and virtues to perform it with perfection, facilitating all others human and cultural activities, while having main necessities solved: food, shelter.

clothes, a pleasant place to rest, medications, etc. The main aim is to situate care as something more inspiring and profound than merely solving momentary problems. This means to conceive care in the sense that Heidegger argues: a dimension that marks us as human beings. It is not plausible for anybody not to depend in some moment of our lives of others. Therefore, we need to understand care as an attitude of concern - caring about- centering individually on the wellbeing of each persons who is cared for. Another point the reader must pay attention to, is the ethics of care “double irony”. Professional caregivers are being judged by the norms of ethics of care, meaning intimate relations. On the other hand, the practice of informal caregiving is also judge by theorists, using the same norms of professional caregivers. From the practical perspective, the authors also reflect well on some concrete matters such as finding ways of solving tensions between care and emotions. Caregivers’ emotions and our identities as moral persons.

It is of thorough importance what the book proposes about three relations all human beings go through, which affect our personality: natural, practical and social, each of them give rise to a cluster of emotions. The balance we make internally between these emotional inputs defines what we really care about, and mostly the act of caring itself. The achievement of personal self is dependent on one's ultimate objects of care and concerns. These ideas greatly clarify in great extent the nature of care in every human activity and open a field to develop strategies to understand and control the emotional, personal, social and cultural strictures to implement a comprehensive, non reductionist approach to the serious study and implementation of effective ways to control tension, for instance in a UCI, focusing in attending the patients with kindness and expertise; giving nursing a fundamental role in health care, giving respect a primary part, a an essential ethical attitude.

It is remarkable to discover some light on the roles which different actors may play in the caring process. They refer to three main actors: familiar, social and political. Each one with their specific responsibilities, that is not easy to articulate, but must be addressed immediately.

One solution most authors propose in this works, each one in their own filed, is to increase consciousness concerning the value of the human being who receives any form of care, as the utmost relevant part of their professionalism. Beyond doubt, the topicality of the themes treated in this book and its projection for a fresh vision of care professions may help to better comprehend new practical

paradigms, which solve actual drawbacks such as lack of competent personal who understand care as an active attitude of worrying for somebody's needs (caring about), and acting with responsibility to fulfill those needs (caring for), which enrich mostly the care giver.

(*) yet published as *Book review* in «Medic» 2013, 21,2,pp.126-127

http://www.medicjournalcampus.it/fileadmin/MEDICS/archivio/vol1-2015/numero_2/17_RECENSIONE_01.pdf

Globalization is:

- a process or set of processes;
- historical and accelerating;
- inevitable;
- about economics, politics, society, culture and technology;
- about innovation and progress;
- defined by the rapid turnover of ideas, images, patterns and objects of consumption;
- about interconnection and interdependence;
- based on virtually instant and ubiquitous flows of information;
- based on trade, capital and labour flows;
- based on "flexible networks" and the continuous redefinition of inclusion/exclusion criteria;
- shaping domestic politics and relations of virtually every country;
- transforming spatial organization of social relations and transactions.

Box # I

Health Care Globalization

Source: Courtino A.A., Downey S., Closson T., Jadaad A.R. (2003), *Hospital in a Globalized World: A View from Canada*, «HealthcarePapers», 4,2,, November, pp.14-32 doi:10.12927/heapap..16881

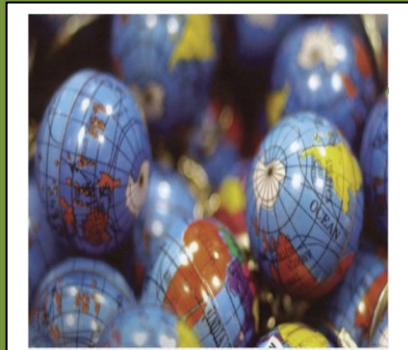
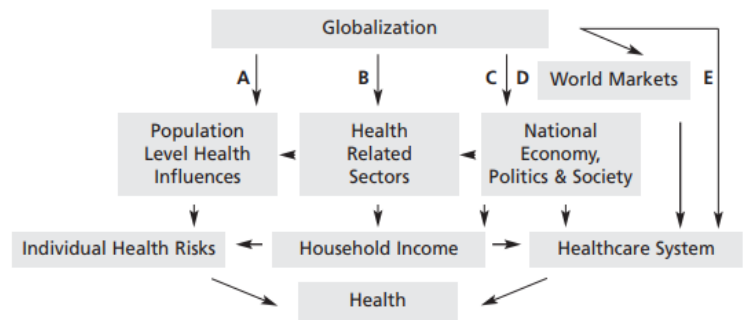


Figure 1 – Linkages between Economic Globalization and Health



Adapted with permission from Woodward et al. 2001.



Langstrup, Henriette is Associate Professor of sociology at Copenhagen University. Henriette's research is in the area of Health-it and User Practices with a special emphasis on qualitative and ethnographic explorations of the social and organizational implication of innovative technologies in the area of chronic care management. In particular she studies the implication of the increased involvement of patients in their own care made possible through health-it. More recently she has been exploring organizational challenges related to the global dissemination of welfare technologies in the area of diabetes treatment. Her current research concerns the use of tele-PROMs (patient rated outcome measures provided to patients on digital platforms) in cancer rehabilitation and other disease areas.

In Conversation with...Henriette Langstrup

Sociology of Health and Illness in a COUNTRY: Denmark

By *Pietro Paolo Guzzo and Angela Genova*

In this **fourth** issue of *Waves*, we focus on the state of art of Sociology of Health and Illness in **Denmark** with the aid of Professor **Henriette Langstrup**, University of Copenhagen.

Waves: «*Professor Langstrup can you give a short parable of the studies of Sociology of Health and Illness in Denmark from the beginning until today?*»

Langstrup: «Sociology of Health and Illness in Denmark does not have one particular home or origin – as to my knowledge – but has always been part of a number of different scientific environments and fields: Obviously sociology, but also organization studies, information science, social medicine, health promotion and health services research, where I have had my own home turf for a number of years. Denmark is a small country with only 8 universities and only three departments of sociology and only one formal specialization in sociology of health at Aalborg University. Historically there has been a strong interest in patients' experiences and rights – not least in relation to clinical research¹ - and situated and everyday life perspectives on illness². As is the case in many other countries, Danish studies have over the years adopted critical theory, foucauldian perspectives and symbolic interactionism to criticize dominant biomedical discourses and problematize welfare institutions from the perspectives of patients and health professionals³. Recent years there has been a significant overlap between researchers working within a Science, Technology and Society framework and those working within Sociology of Health and Illness and a turn toward more ethnographically informed studies. The research center, which I am currently heading, Centre for Medical Science and Technology Studies at University of Copenhagen⁴, is dedicated to studying the ethical, social, organizational and societal implications of emergent regimes of knowledge and technologies in the area of healthcare. Studies of emerging care practices in the areas of (tissue) donation⁵ ⁶, prenatal risk assessment⁷, ehealth⁸ ⁹ and translational medicine¹⁰ are examples of themes that have cast particular light on the everyday experiences of patients and health professionals and the unexpected implications of health policy and medical innovations. Overall, I think it will be fair to say, that the Danish “scene” for Sociology of Health and Illness is recognizable in its primarily ethnographical engagement with the lived experience of actors within healthcare practices».

Waves: *What kind of perspectives and results have these studies obtained in relation to the core of health policy, practice and research?»*

Langstrup: «Many Danish scholars participate in public debate and deliberations on issues of political interest or controversy in relation to health, not least in the area of biotechnical innovations and healthcare reforms. This can be in the media or in expert panels and deliberative forums such as The National Ethics Council, a public, independent council providing advice to the Danish parliament in particular on the developments within the biosciences. Denmark has a long tradition for deliberative models and user-involvement in both policy making and health technology assessment, something, which can partly be attributed to the long-time involvement of the social sciences¹¹. Also, we must not forget that our students taught on these issues at university often come to occupy positions as policy makers in the healthcare arena. The area of inequality in health has always had significant presence in both research and health politics in Denmark and researchers are often vocal in their critique when health policy or innovation leaves such considerations aside. Still, I think that researchers in the field have their major influence in the collaborations they engage with in the field of healthcare. Valuable constructive dialogues across epistemological boundaries are created when we set up collaborative and cross-disciplinary research projects with clinicians, health researchers or health technology designers. Such collaborations are not always easy or without frictions, but enable more nuanced insights and hopefully also more socially sustainable decisions and innovations».

Waves: «*What critical and reflective views are important in order to bring Danish perspectives into health?»*

Langstrup: «Delineating a particular Danish perspective to be exported – I find this difficult if not also problematic to do. Our research is increasingly international in its scope and themes. Still, the particular context of our research in Danish society, a rather wealthy, technologically advanced and small welfare society with universal health care provision, does give Danish research some particular insights of possible relevance in a comparative perspective. Some of the more reflective ones, I suspect, are studies that do not depart from normative assumption that the much-heralded ‘empowerment’ of the individual patient or citizen – whether with choices, technology or data-rights – isn’t only to be applauded. Various forms of ‘empowerment’ come with various costs, for the individual as for society. Studying versions of the increasing responsabilization of the individual and a withdrawal of state and institutions raise relevant questions of the role, value and legitimacy of institutions in late modernity.

and the shortcomings of ‘empowered citizenship’. In her new project, MeInWe on Personal medicine in Denmark, Prof. Mette Nordahl Svendsen is studying the co-production of the person and the collective in the national ambitions to map all citizens’ genomes for providing individualized treatment. Danes have generally had a great willingness to contribute to the collective ‘good’ through data and research participation, but how is this reconfigured when treatment is increasingly seen as dependent on knowledge about the individual rather than the population? Also, what may we risk losing in terms of solidarity across disease, class, and geography? Also in the area of ehealth and patient generated data, often celebrated for its empowering effects and triumph over paternalistic health professionals, it might be relevant to ask what might we lose if public health professionals are disempowered? With intensified datasourcing¹², what alternative powers lurks in the shadows, or more specifically in the apps, algorithms and data-economy? These might be some relevant questions to pose elsewhere too».

Waves: «*How do interdisciplinary approaches- related to gender and inequalities in different health sectors (addiction, mental health, etc.)- help us to address issues of health care internationally?»*

Langstrup: «I am very fortunate in working in a highly interdisciplinary environment within Health Services Research, involving social scientists, public health scholars and researchers with a medical background. Our experience is, that our collaboration is particularly relevant on issues of inequality for example in access to healthcare services, in that these challenges equally involve problems on policy level, professional practice and patient experience. Researchers working on immigrants’ access to and experiences with Danish health services¹³ can thus – through interdisciplinary collaboration – provide both quantitative and qualitative evidence on unequal access to services as well as experiment with and further the implementation of a more culturally sensitive approach to healthcare provision».

Waves: «*Are the attitudes of health professionals an obstacle to person-sensitive health care in health care organizations?»*

Langstrup: «I generally think that one should be reluctant to talk about attitudes of health professionals as one big category and as an independent phenomenon. As I see it, how health professionals reason, the values that they pursue in their day to day work have to be understood in relation to the specificities of the institutional, technological, epistemological assemblages that they operate within – the infrastructures of care, so to speak¹⁴.

Continued n next page



In a Danish context it would be very difficult to find a health professional who is not supportive of a person-sensitive healthcare paradigm – at a general level. The most successful slogans these days concern Personalized Medicine, Patient Centred Care, Patient Reported Outcomes and Value-based Health Care – all ideas arguing that the patient is to be put in the driver’s seat of healthcare. In everyday practices, it is of course another case. Here the individual health professional will often have to balance the normative ideal of person-sensitivity with the practical reality characterized by budget cuts, time constraints, more and more data- and screen-work and unclear demarcations of authority and responsibility. In particular, as initiatives that delegate more responsibility to patients themselves to do self-care tend to privilege those who are the most health and technological literate, health professionals may experience new challenging tasks of balancing their reduced time between the connected but ‘worried well’ and the complicated and disconnected patients. As researchers, we need to study the everyday practices that shape the values and choices made by health professionals».

Waves: «What risks and opportunities do you see for multilevel-partnerships between third sector organizations in the health care systems in the Denmark and Europe?»

Langstrup: «Community health perspectives and third sector involvement will be part of the future organization of healthcare, I am convinced, though I am not without some concern. When politicians talk about “crowdsourced healthcare” and praise the joy of “giving care tasks back” to relatives, I get very concerned. Who will benefit, who will define care standards, who will have to do “invisible work”, and who will fall through the cracks? On the other hand, the demands for healthcare know few limits and every new demand cannot be satisfied if based on public funding alone.

Discussion of what are core-tasks to be maintained by the public sector and what are auxiliary services that can be taken on by charities, communities and families are needed at every step. Here researchers from SHI and related fields can contribute, both with insight from all the ways in which care work is already shared in much more diverse care infrastructures than often recognized, but also by studying and comparing the unintended implications in practice of multi-level partnerships for care across Europe».

Waves: «What kinds of practical suggestions would you give to younger ESA sociologists of health and illness?».

Langstrup: «Find pleasure in how complicated the area of health and illness is and how it operates on many societal levels at once. Travel different disciplinary roads available to explore these issues – each offers new insights. Experiment with forms of engagement and stay close to messy, everyday practices of care and cure».

Waves: «Many thanks for your courtesy and good work!»

¹ Scocozza, L. (1989). Ethics and medical science. On voluntary participation in biomedical experimentation. *Acta Sociologica*, 32(3), 283-293.

² Gannik, D. E. (1995). Situational disease. *Family Practice*, 12(2), 202-213.

³ Mik-Meyer, N., & Obling, A. R. (2012). The negotiation of the sick role: general practitioners’ classification of patients with medically unexplained symptoms. *Sociology of health & illness*, 34(7), 1025-1038.

⁴ <http://medicalsts.ku.dk/>

⁵ Hoeyer, K. (2010). After novelty: The mundane practices of ensuring a safe and stable supply of bone. *Science as Culture*, 19(2), 123-150.

⁶ Jensen, A. M. B. (2011). Searching for meaningful aftermaths: donor family experiences and expressions in New York and Denmark. *Sites: a journal of social anthropology and cultural studies*, 8(1), 129-148.

⁷ Schwennesen, N., & Koch, L. (2012). Representing and intervening: ‘doing’ good care in first trimester prenatal knowledge production and decision-making. *Sociology of health & illness*, 34(2), 283-298.

⁸ Schwennesen, N. (2017). When self-tracking enters physical rehabilitation: From ‘pushed’ self-tracking to ongoing affective encounters in arrangements of care. *DIGITAL HEALTH*, 3, 2055207617725231.

⁹ Langstrup, H., Iversen, L. B., Vind, S., & Erstad, T. L. (2013). Langstrup et al.: The Virtual Clinical Encounter: Emplacing Patient 2.0 in Emerging Care Infrastructures. *Science & Technology Studies*.

¹⁰ Dam, M. S., Juhl, S. M., Sangild, P. T., & Svendsen, M. N. (2017). Feeding premature neonates: Kinship and species in translational neonatology. *Social Science & Medicine*, 179, 129-136.

¹¹ Prainsack, B., Svendsen, M. N., Koch, L., & Ehrich, K. (2010). How do we collaborate? Social science researchers’ experience of multidisciplinary in biomedical settings. *BioSocieties*, 5(2), 278-286

¹² <http://policyaid.ku.dk/about-policyaid/>

¹³ <http://mesu.ku.dk/>

¹⁴ Langstrup, H. (2013). Chronic care infrastructures and the home. *Sociology of health & illness*, 35(7), 1008-1022.

Future Events

(Congress, conferences, workshop)



By **Maria Swiakiewicz-Mosny**



RN 16 'Sociology of Health and Illness'



PhD workshop

Research in Health and Healthcare: methodological approaches
Turin, 18 April 2018

The focus of the workshop will be on undertaking research in the field of Health and Illness for different audiences, focusing on methodology. Particular attention will be given to qualitative, quantitative and mixed methods with supervision from experienced tutors who are participating in the workshop.

PhD students and candidates who work in the field of Health and Illness are invited to present empirical contributions, conducted at a global, European, national or local level. Studies on contemporary issues in health research – e.g. body and health, mental health, health organizations, health inequalities, biomedicine, eHealth, ageing, narrative medicine, evidence based medicine, etc – are encouraged.

Number of places: We will select from 15 to 20 PhD students and candidates for the course.

Eligibility: Students registered for a PhD in sociology or allied discipline in a European University.

Selection: through peer-review process. Because of the partnership with AIS Salute, a fair balance between different regions of Europe and Italy will also be considered.

Guidelines for applications: send a short CV (*no more than 2 pages*), an abstract (*maximum of 500 words*) and a scanned confirmation from your university signed by your supervisor by **31st January 2018** through phdworkshop.turin2018@gmail.com.

If you are considering submitting an application, please pay special attention to the following points.

- The language will be English
- It's important that the abstract clearly describes the theoretical background, the research question, the methodology and, if possible, the first results.

Notice of acceptance: 15th of February 2018 by email.

If you are selected: You will be required to **submit a manuscript of a full paper (about 7000 words, excluding bibliography) by 15th March** to the workshop organisers. This is essential in order to make sure that participants get the most out of this workshop; papers will be circulated in advance and allocated to peer discussants. We kindly ask you to apply only if you accept these terms of conditions and are prepared to follow the guidelines and deadlines.

If you have any questions, please feel free to contact the Workshop Organizers – Arianna Radin (ESA), Cristina Lonardi and Marco Terraneo (AIS Salute) - through phdworkshop.turin2018@gmail.com.

CALL FOR PAPERS/ ABSTRACTS/APPLICATIONS

By **Maria Swiakiewicz-Mosny**



Old Tensions, Emerging Paradoxes in Health: rights, knowledge, and trust

6-8 June, 2018, 17 biennial conference ESHMS, Lisboa, Portugal
<https://eshms2018.wixsite.com/eshms2018lisbon>

DEADLINE FOR ABSTRACT is: **15th December**

Under the theme ‘Old tensions, emerging paradoxes in health: rights, knowledge, and trust’, the congress aims to offer a forum for new insights into the tensions and paradoxes health systems are currently facing as a result of broad social and political transformations. These include climate change, migrations, economic crises, citizens’ quest for inclusiveness and freely deciding on their own lives, distrust of professional self-regulated work models and decisions, struggle for recognition and legitimacy by different professional groups, or the growing role of the market in the provision of care and funding of scientific research. Despite the progress of academic research in addressing these issues, the exposure of healthcare to the market, to politics, as well as to countervailing forces, rationalities and interests makes the renewal of this debate both timely and necessary.

War: the beginning and end of antibiotics?

Brocher Foundation workshop, Geneva, Switzerland

1-3 November, 2018

Organised by: Landecker Hannah, University of California, Los Angeles, Associate Professor, Sociology and the Institute for Society and Genetic, Dewachi Omar, nguyenvinh-kim

Medicine and war have long been entwined, with massive social disruptions and new weapons engendering the spread of disease and producing unprecedented kinds of injury, in turn driving medical innovation and practice whose impacts last long beyond the conflict in which they originated. So began penicillin in the Second World War: antibiotics arose in war. Today in the context of long-running military conflicts we see harbingers of the end of antibiotics. Our subject is multidrug resistant *Acinetobacter baumannii*, which emerged as a major health threat in 2003 with the US invasion of Iraq and has been increasing in both virulence and resistance at an alarming rate, leading it to be assessed as the number one priority pathogen for research and development by the WHO. We focus specifically on the social and physical factors that have driven the rapid genetic evolution of this formerly little-known and non-pathogenic organism, including historical legacies of sanctions affecting antibiotic availability, wounding, munitions, refugee movement, and destruction of the built environment.

<http://www.brocher.ch/fr/events/321/war-the-beginning-and-end-of-antibiotics>

The Meaning(s) of Global Public Health: scholarly and policy implications

Brocher Foundation workshop, Geneva, Switzerland

28-30, November 2018

Organised by: Cueto Marcos, FIOCRUZ, Rio de Janeiro, Professor, Rodogno Davide, Nicole Bourbonnaiss

The new subfield of Global Health History is becoming popular among historians of medicine and the term is used by scholars, officers of health organizations and policy makers. Some scholars consider it a perspective that emphasizes transnational circulation of people and health programs. This perspective aims to examine discourses and practices that traversed, interacted and transcended the borders of nation-states. Other scholars consider Global Health History the study of medical developments during a period, i.e. the years after the end of the Cold War (c. 1991). However, is not clear Global Health History's features, challenges and policy implications. In addition, other related concepts are problematic, such as Global South, used with little discussion and awareness of its limitations (for example in geographical terms). Another important element missing in the discussion of Global Health History are the proactive role played by developing countries and the persistence of local and national developments. Moreover, more discussion is needed on how experts reframe notions of 'reception', 'recreation', 'center', 'periphery' 'governance' and 'asymmetries'; dear to historians of international health until a few years ago. The purpose of this workshop will be: first, to explore the characteristics, implications and potentialities of the new subfield giving preference to theoretical and regional studies done by historians. Second: to establish a dialogue between historians and officers of the World Health Organization, WHO, and other global health agencies based in Geneva. It is important to stress that over past ten years the WHO has organized seminars and other activities around Global Health History. Thus, the workshop will build on the connections between historians and practitioners developed with his history of global health history seminars. Third, explore how to create meaningful engagement between scholars and practitioners interested in global health history.

<http://www.brocher.ch/fr/events/331/the-meaning-s-of-global-public-health-scholarly-and-policy-implications>



Conference series on Medical Sociology & Public Health Exploring the Sociological interrelations between Health, Illness and Medicine

September 21-22, 2018 Dallas, Texas, USA

Conference series in conjunction with its institutional partners and Editorial Board Members, is delighted to invite you all to the **3rd World Congress on Medical Sociology and Public Health** which will be held at **Dallas, USA** from **September 21-22, 2018**. Medical Sociology 2018 conference mainly aims in bringing Medical Sociologists, Sociologists, Healthcare Professionals, Doctors, Professors, Social workers, Public Health Professionals, Healthcare Policy Makers, Nurses, Healthcare administrators, Social Science Researchers and students from around the world under a single roof, where they discuss the research, achievements and advancements in the field of Health and Medical Sociology. This conference will continue with objectives of helping medical professionals in the Medical Sociology field as well as general public to understand, empathize, and take prompt actions to help old people across the globe.

Conference series organizes a conference series of 1000+ Global Events inclusive of 1000+ Conferences, 1000+ Upcoming and Previous Symposiums and Workshops in Europe, USA & Asia with support from 1000 more scientific societies and publish 700+ Open access journals which contains over 30000 eminent personalities, reputed scientists as editorial board members.

Scope and Importance:

Medical sociology mainly includes the societal dimensions of health and medicine and it provides an analytical framework for understanding the social contexts of health, illness and health care. It focuses on the social aspects of health and disease, the social behavior of patients and health care providers, the social functions of health organizations and institutions, the social patterns and the utilization of health services, the relationship of health care delivery systems to other social institutions, and social policies toward health. What makes medical sociology important is the social factors play in determining or influencing the health of individuals, groups, and the larger society.

More informarion: <https://medicalsociology.conferenceseries.com>

Global mental health and therapeutic assemblages: concepts, controversy and necessary tensions

University of Sheffield UK
February 12-13th 2018

Call for abstracts and participation

Global mental health as a field of study and practice involves a wide heterogeneous assemblage of actors and is a controversial field that despite huge achievements has also attracted much critique. While for some the very concept of global mental health is an oxymoron and a form of medical imperialism (Summerfield, 2013), for others it has proved a practical way of leveraging political attention on a much-neglected area. This makes for a sometimes hostile and polemic intellectual climate that risks reaching an impasse (Cooper, 2016). This conference aims to draw out the necessary tensions of this field through critical interdisciplinary discussion and debate. It aims to create space to explore how activists, mental health users and survivors, and academics from various fields (such as, Mad Studies, Postcolonial Theory, Disability Studies, Human Geography, History, Literary studies, Education, and Science and Technology Studies, and many more) can enrich and / or trouble debates around global mental health.

The conference is open to all working in and around global mental health and wider therapeutic assemblages, and especially welcomes postgraduate and early career researchers, those who have lived experience of a psychiatric diagnosis, or of distress, and those who live and/or work in the global South on mental health issues. It aims to explore and showcase the multiple contemporary (converging and diverging) directions of, and innovations in, global mental health research and practice.

For **further information** on conference content, funding opportunities, and submission of abstracts (**deadline 11th December**), see <https://www.eventbrite.co.uk/e/global-mental-health-and-therapeutic-assemblages-concepts-controversy-and-necessary-tensions-tickets-39612412793?aff=es2> <<https://www.eventbrite.co.uk/e/global-mental-health-and-therapeutic-assemblages-concepts-controversy-and-necessary-tensions-tickets->

East Midlands Medical Sociology Group Winter Event Chronicity, care and emotion work

Friday 15th December 2017
11.30am - 3.30pm
Room 4.09 Edith Murphy House
De Montfort University, Leicester.

You are invited to attend a seminar organised by the East Midlands Medical Sociology Group, hosted by De Montfort University.

Keynote Speaker: Professor Jon Gabe, Professor of Sociology, Royal Holloway University of London
'Making sense of childhood asthma'

Kerry Quincey, De Montfort University 'Exploring shifting masculinities amongst men diagnosed with breast cancer'

Charlotte Overton and Dr Fiona Moffatt, University of Nottingham 'The value of emotional labour and confessional tales in routine ethnographies'

Cost of attendance: A light lunch and refreshments will be provided and there will be the opportunity for networking and discussion. To cover our costs and to enable us to hold future events the following charges will be applied: Academic staff and salaried researchers BSA members £10; Non BSA members £15 Postgraduate researchers BSA members £5; Non BSA members £10

Booking your place: Booking is essential. Venue numbers are restricted and it is advisable to book early. Book your place here:

<https://portal.britsoc.co.uk/public/event/eventBooking.aspx?id=EVT10682>

Professor Jon Gabe, Professor of Sociology, Royal Holloway University of London:
'*Making sense of childhood asthma*'

Asthma has been described as one of the most common non-communicable diseases of childhood, with a UK prevalence rate of over 24% in young people aged 13-14. In Ireland the prevalence rate for this group is close to 22%. Given these prevalence rates it is surprising how so little attention has been paid by sociologists to researching children and young people's experience of this condition. In this presentation findings will be reported from a study of young people with asthma in south west Ireland, conducted in conjunction with Lee Monaghan from Limerick University. Thirty one in depth interviews were conducted with young people diagnosed with asthma in this part of Ireland. The sample included boys (n=15) and girls (n=16) aged between 5 and 17, from the Irish Traveller community and the larger settled community. Particular attention will be paid to the impact of asthma on these young people's embodied health identities and the extent to which they experienced the condition as biographically contingent.

Kerry Quincey, De Montfort University:
'*Exploring shifting masculinities amongst men diagnosed with breast cancer*'

Under-acknowledged both clinically and socially as a threat to men's health, breast cancer in men continues to be a critical health issue, with complex ramifications for those affected. Research exploring men's experiences of breast cancer, and life for men beyond the illness episode, remains limited. Hence, this inquiry asked 'How do we understand the experiences of men diagnosed with breast cancer?' Photo-phenomenological interviews were undertaken with 31 British men with a history of breast cancer who drew on self-authored photographs to illustrate their experiences. These visual and verbal data were analysed together using Interpretative Phenomenological Analysis leading to the identification of three superordinate masculinities: 'threatened/exposed', 'protected/asserted' and a 'reconsidered/reconfigured' masculinity. This presentation will explore how together, these themes demonstrate the ways in which the participants implemented and transitioned between masculinities across the breast cancer trajectory, as they managed, made sense of, and lived through the illness. It concludes with a discussion of the schematic representation this research identified to explain how these masculinities were processed by the men from pre-diagnosis through to being 'in-recovery'.

Charlotte Overton and Dr Fiona Moffatt, University of Nottingham:
'*The value of emotional labour and confessional tales in routine ethnographies*'

Ethnography is an increasingly used methodology organisational research. A number of papers have described the emotional labour inherent in such research, but these have generally been confined to critical ethnographies, or areas of extreme sensitivity.

This paper extends Hochschild's concept of emotional labour - the process of regulating feelings to fulfil the emotional requirements of a job - to consider routine ethnographies conducted in a setting that is familiar to the researcher. The premise is that in such a situation, the 'insider status' of the researcher confers particular identities, values, virtues and beliefs. The researcher may be exposed to experiences that challenge these professional ideologies, requiring them to reflexively manage, and conceal, the associated discomfort or distress.

Such insider status, and the resultant emotional labour, has been discussed as potentially problematic, with implications for data collection, analysis, representation and researcher wellbeing. This paper offers an alternative stance. Utilising an autoethnographic perspective, and specifically drawing on the 'confessional tales' of an experienced healthcare professional conducting an ethnography of healthcare quality improvement, the authors suggest that emotional labour can instead be used to add methodological integrity.

Specifically, emotional labour can be utilised by the researcher as a 'trigger' to challenge initial conceptions, preserve ethical integrity, facilitate connection with the 'actors' under observation and subsequently attain a higher level analytical position. Researchers should be cognisant of the value of emotional labour in routine ethnographies, in terms of enhancing scholarship.

Power, Violence and Justice: Reflections, Responses and Responsibilities **Toronto, Canada, July 15-21, 2018**

Since the inception of the discipline, sociologists have been concerned with power, violence and justice. Current social, economic and political challenges enhance their relevance. As capitalist globalization expands and deepens, corporate power increases along with global, national and local inequalities. New geo-political power configurations and confrontations are emerging, with violence being used as a tool to oppress and also to resist oppression. Colonial histories and contemporary land appropriations reflect the structures and cultural processes that perpetuate violence against indigenous and minority communities. States' failures to meet their responsibility to provide basic resources are often deflected by blaming the most vulnerable. Both global economic and geo-political processes create crises and massive displacements of people and, at the same time, fuel racism, nationalism and xenophobia. We have also seen an increasing buildup of a culture of fear as a powerful tool used by states, corporations and other institutions to generate popular support for curtailing freedom in the name of security. Efforts to curtail the flow of desperate refugees, attest to the reinforcement of national and racialized borders. Despite visible progress on equality issues, violence against women and intersectional violence point to the entrenchment of the gender border around the world. Equally significant is the need to consider the role of state and institutional power relations to ongoing everyday violence. In response to disempowerment, violence, and injustice we have also witnessed nonviolent movements, humanitarian interventions, and peace processes that have empowered communities, reduced violence, and promoted justice. These diverse communities have built solidarities outside the neo-liberal frames of state-global capital nexus.

This XIX ISA World Congress of Sociology will focus on how scholars, public intellectuals, policy makers, journalists and activists from diverse fields can and do contribute to our understanding of power, violence and justice.

Mentoring Session to be held for ISA RC15 in Toronto, July 2018

We invite PhD research students, post-doctoral fellows and early career researchers to join senior scholars in this Session. This ninety-minute Session will comprise three small groups. Young scholars can circulate between the three at thirty-minute intervals. Each small group is covered by at least one senior scholar eminent in this area of expertise. One group will address how to attract funding to support your research, convened by Professor Michael Calnan from the University of Kent, Canterbury. A second group will examine publishing your research in a peer-reviewed journal, edited book and/or a research monograph, convened by Professor Mike Saks from the University of Suffolk. And, a third group will discuss communicating and promoting your research findings with non-academic audiences, convened by Professor Amélie Quesnel-Vallee from McGill University.

Please contact us if you are interested in attending as a junior scholar or if you are able to share your ideas and expertise as a senior scholar.

Sincerely,

Prof Stephanie Short Prof Miwako Hosoda
stephanie.short@sydney.edu.au miwhosoda@seisa.ac.jp

<http://www.isa-sociology.org/en/conferences/world-congress/toronto-2018/>

PAST EVENTS:



III National Scientific and Training Conference "Sociology of medicine - health promotion - media" was held in Wrocław, Poland, from 25 to 27 September 2017. The initiator and main organizer of the conference was the Creatively for Health Foundation, Wrocław and the Department of Humanistic Sciences in Medicine, Wrocław Medical University.

The interdisciplinary conference was devoted to the problems of the media in the context of broadly understood health, in the individual, social and cultural dimension. During the conference, the latest trends in scientific concepts and empirical research results were presented. Over 150 specialists from leading scientific centers in Poland discussed issues such as socio-cultural and ethical aspects of the media's impact on health; media images of medicine and medical personnel; media influence on doctor-patient relations; the importance of the media in promoting a healthy lifestyle. In addition, measures have been taken to develop effective methods of practical application of theoretical knowledge and empirical research results in the practice of social life. Therefore, special sessions were devoted to the so-called good practices in health promotion.

For up to date information in English please go to:

www.kreatywniedlazedrowia.pl/IIIsocialconference.htm

Contact person:

dr Małgorzata Synowiec-Pilat

Chairman of the board of Creatively for Health Foundation, Wrocław kreatywniedlazedrowia@gmail.com

Department of Humanistic Sciences in Medicine, Wrocław Medical University

m.synowiecpilat@gmail.com





MEMBER

Join the Research Network on Sociology of Health and Illness (RN-16) and the European Sociology Association (ESA)

The Network embraces research on the impact of changing social, cultural and political factors on health within Europe and beyond. This includes but is not limited to themes such health inequalities, health systems, health professions, migration and health, risk, gender and health, ethnicity and health, bioethics, new genetics, embodiment, lay beliefs and illness accounts. Members' interests concern both physical and mental health and encompass theoretical as well as empirical research.

<http://europeansociology.org/research-networks/rn16-sociology-of-health-and-illness.html>

The RN-16 has a mailing list and a Newsletter, the purpose of which is to carry announcements of RN activities, conferences, books etc. relevant to the study of health and illness, facilitate exchange of information among list members and foster opportunities for collaborative research.

Why join ESA?

Do you want your voice to contribute to the development of sociology and sociological research in Europe?

Then join ESA because ESA is in the process of representing sociology at an international level, especially in negotiations about the framing of the European Research Area.

Do you want to have a chance to meet and communicate with other European sociologists?

Then join ESA because ESA organises the largest European sociological congress which takes place every 2 years in different parts of Europe. Previous conferences were held in Geneva, Lisbon, Glasgow, Torun, Murcia, Helsinki, Amsterdam, Essex, Budapest, Vienna, Torino, and Prague.

Do you want to learn about the most recent sociological debates and ideas?

Then join ESA and you will receive for free the journal "European Societies", a leading international peer-

reviewed journal.

Do you want to participate in research training as a post-graduate student?

ESA brings together doctoral students in a fully funded summer school each year.

Do you want to keep abreast of the latest developments in your field?

There are over 20 research networks which organise meetings and conferences on a regular basis.

Do you want to find out about what is going on in sociology?

We will put you on our electronic mailing list which circulates information about jobs, scholarships, courses, conferences, meetings and summer schools. The newsletter of the association is published in hard copy three times a year and gives further news for sociologists.

Do you want to find research partners?

Then join ESA which represents the largest network of sociologists in Europe.

Individual Membership of the ESA is open to the broad categories of all scholars who actively contribute to the scientific development of sociological knowledge in or on Europe. Regular membership is open to scholars who: carry out sociological research, teach sociology, have sociological jobs, are members of European national sociological associations or have academic degrees and training in Sociology. All members of the ESA receive not only the European Sociologist Newsletter, but also, if they are regular members, online copies of our journal European Societies (Routledge). And all ESA members pay significantly reduced fees when they register at our biennial conferences! Registration to ESA lasts two calendar years, with a tolerance of two months.

To become a member of the ESA, submit an electronic membership at:

<http://www.europeansociology.org/member/>

Note from Newsletter Editors

A Special Number Newsletter (Waves of RN-16) No 1 will be a **Special issue on short papers sent in by members of the ESA RN-16 Network (see below)**
It is scheduled for **May 2017**.

We welcome notices and Calls for Papers of interest to RN16 members
Your notices and Calls for Papers that are of interest for RN-16 members are very welcome and must be sent as a word file; please note: no pdf files or email announcements will be considered!

You can also send us pieces of information regarding relevant topics or events for our field and that might be of interest to your colleagues of RN-16 (report of a conference, critical book review, etc.) or a **short paper reporting a topic/research note in our area of study**. Such inputs should be limited to three pages (A4 format) and should not exceed 30,000 characters.

Next Deadline: March 15, 2018 (write to the following recipients: p.paolo_guzzo@unicz.it newsletter.rn16esa@gmail.com indicating “Short Paper for Waves” in the Subject box). Please note that publication is at the Waves editors’ discretion.

Thank you very much for your collaboration

**CALLS FOR
PAPERS**



Best regards,

Pietro Paolo Guzzo, Maria Swiatkiewicz-Mosny
RN-16 Newsletter Co-Editors
E-mail: newsletter.rn16esa@gmail.com



INFO ESA RN-16

Renewal of RN-16 Membership

Dear RN-16 members,

We should be very grateful if you would renew your membership. Please send an email to:

esa@europeansociology.org

European Sociological Association
FMSH – 54, boulevard Raspail
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75270 Paris Cedex 06
France

Office hours: From Monday to Friday – 9.30am to 17.30pm (Paris time).

Phone: +33 140486444

E-mail address esa@europeansociology.org

Thank you.

