Medical Sociology Study Group

49th Annual Conference Programme

13 -15 September 2017
University of York

The British Sociological Association Annual Conference 2018
Tuesday 10 - Thursday 12 April 2018
(Postgraduate Workshop – Monday 9 April)
Northumbria University, Newcastle

Confirmed Plenary Speakers: Kimberlé Crenshaw, UCLA ; Omar Khan, Runnymede Trust; and Gregor McLennan, University of Bristol

Call for Papers
The British Sociological Association invites submissions to its Annual Conference. Participants can present on any sociological research topic.

Annual Conference 2018 Theme:
Identity, Community and Social Solidarity

Concepts of identity, community and social solidarity are central sociological themes, while also highly contested. One important move has been to introduce multiplicities to their formulation – identities etc. – but some argue this rhetorical response has not gone far enough to respond to the problems created by singular narratives of who people are, or what forms a community, or a sense of belonging. Intersectionality is now well established, but concerns remain over it being trivialised into an ever growing list of social categories, which are simply stated rather than engaged with. However, more recently, the call – both outside and inside academia – in the contexts of the conflicts and uncertainties across the globe, is for collectivist approaches that unite. 'We are the 99%' being just one evocation of this. The collectivist shift has emerged as a challenge to right wing voices who make use of the language of difference in order to manipulate and encourage division. How, therefore, do we explore what can be shared across different groups, locations, social needs; while providing equal recognition of differences founded in previous histories and present realities of harm, privilege and inequality? There seems a need to find inclusive ways to speak of human and social connection and shared purpose, while not losing sight of the risks of implicit or even explicit silencing of marginalised perspectives and experiences in need of recognition. Black Lives Matter being an important reminder of such a need.

The complexity of these issues reflects their traversal of different dimensions – economic, political, cultural, personal, social, and institutional. Nancy Fraser famously called for formulations of justice that bring together redistribution and recognition. This call and what it means for how we engage with identity, community and social solidarity is something sociology should be in a position to play an important role in responding to.

The theme for the 2018 conference encourages a space to generate different imaginaries of how communities and individuals form social bonds across difference and similarity. It looks to participate in the public questioning of the individualisation, privitisation and commodification of social life. We are interested in papers and provocations that bring conceptual and methodological depth to how we move forward in these debates.

Suggestions for grouped sessions within all streams are welcomed. All BSA Study Groups are encouraged to contribute posters/papers and other activities. There will also be an opportunity for study groups to meet independently.

Online Abstract Submission
http://www.britsoc.co.uk/events/bsa-annual-conference/submissions.aspx

Important Dates
Friday 13 October 2017   Abstract submission deadline
Friday 12 January 2018   Presenter booking deadline

Contact the BSA Events Team
Email: events@britsoc.org.uk
Telephone: +44 (0)191 383 0839

BRITISH SOCIOLOGICAL ASSOCIATION

The British Sociological Association
Medical Sociology 49th Annual Conference

University of York
Wednesday 13-Friday 15 September 2017

Conference Programme and Abstract Book

CONTENTS

Welcome

BSA Medical Sociology Group
49th Annual Conference

Welcome to the 49th Annual Conference of the BSA Medical Sociology Group. We are particularly pleased to welcome our plenary speakers, Professor Nick Fox, University of Sheffield, who will give the opening plenary, entitled '**The The Micropolitical Economy of Health: A (New) Materialist Odyssey from Food Banks to Environmental Sustainability'** and a new format for our closing plenary with a closing panel discussion on '**Why Ageing Matters'** by three leading experts in the field, Professor Paul Higgs, Professor James Nazroo and Professor Karen Lowton. We also extend a warm welcome to our international delegates and those attending the conference for the first time.

All delegates, especially newcomers, are invited to join the MedSoc Committee in the bar area within the Galleria Restaurant, Roger Kirk Centre on Wednesday 13 September after 20:00. This is always a good opportunity to meet new people at an early stage in the conference. The 2017 conference drinks reception and dinner, which this year is kindly supported by Wellcome, will take place on Thursday 14 September in the Galleria Restaurant, followed by a cash bar. This year's dinner will include a disco and the bar will be open until late. Precise times and locations for these and other events can be found in the Information Digest (pages 4-7) and in the Timetable (page 12).

The **Annual General Meeting of the BSA Medical Sociology Group** will take place on Thursday 14 September at lunchtime in the bar area which is situated very close to the Galleria Restaurant within the Roger Kirk Centre. All are welcome to this meeting, which is an important opportunity to discuss the future shape of the conference and other initiatives within the medical sociology community. We would particularly like to invite people to attend who have not done so before. At the meeting, we will be appointing one new Postgraduate Research Student (PGRS) member and five ordinary members of the committee, and we are keen to hear from people who are interested in being considered. Please contact any MedSoc Committee member for more details about this role. All of the committee details are listed on page 11. To view the 2017 AGM minutes, see pages 151-153.

We are also delighted to announce a number of special academic events and sessions over the three days of the conference: there is a MedSoc Committee special event entitled 'Cost of Living Blog', including the presentation of 'Public Health in the Calais Refugee Camp: Environment, Health and Exclusion', a second MedSoc Committee special event entitled 'Introduction to Norwegian Health Sociology' and a symposium on 'Inequity in Brain Injury Rehabilitation', as well as a special event on 'Sociology of Health and Illness (SHI) – Writing for Publication in Medical Sociology' hosted by Ian R. Jones. There are more special events and symposia at the conference; please see pages 23-37 for more details.

A dedicated **session for poster presentations** will continue in 2017, and we will award a prize of £100 book vouchers, generously donated by SAGE; the prize is for the best poster as judged by conference delegates. There will again be a combined drinks reception and poster-viewing session kindly hosted by *Sociology of Health and Illness* journal; for more details please go to page 39. **Please don't forget to vote for the best poster!** Voting slips can be found at the registration desk and the ballot box will be near the posters. The winner will be announced at the conference dinner, along with the winner of the Foundation for the Sociology of Health and Illness (FSHI) 2017 book prize.

We would like to thank everyone who is presenting work, chairing a session or contributing in some way to the organisation of this event. We welcome any comments or suggestions you may have on the format or organisation of the conference. Let us know your views by attending the AGM or by completing the online evaluation after the event. We hope that you enjoy all aspects of the conference.

Information Digest

Accommodation

If you have pre-booked accommodation on your conference booking form, please collect your room key from the Porters Lodge, James College Reception South within the Roger Kirk Centre, University of York, Heslington, York YO10 5DD. Reception is open 24 hours (tel. 01904 323100) and is located within a short walking distance from the accommodation.

Delegates may check in after 14:00 on the day of arrival and must return keys to reception no later than 09:30 on the day of departure. The University of York charges for non-return of bedroom keys at a cost of £10 per key. This amount will be charged directly to the delegate at the time of departure.

Annual General Meeting

The BSA Medical Sociology Group Annual General Meeting will take place on Thursday 14 September in the bar area of the Galleria Restaurant within the Roger Kirk Centre. The meeting will begin at 12:45 and is planned to be finished by 13:45. All delegates are welcome, but only BSA Members are eligible to vote.

There are **six** vacancies on the committee to be filled by election at this meeting. Nomination forms are available from the conference registration desk. Please hand this form in at the conference registration desk by 12pm on Thursday 14 September 2017.

Chairing

We are extremely grateful to all those who have agreed to chair a session at the conference. If you have agreed to chair but are not able to make the session for any reason, please let us know at the registration desk so we can find an alternative. If you find yourself in a session without a chair, we'd be very grateful if someone in the audience could volunteer to watch the time and, if necessary, field questions to allow the presenters to focus on their papers.

Conference Dinner and Drinks Reception

For those delegates already booked to attend, the 2017 conference dinner and drinks reception will take place in the Galleria Restaurant within the Roger Kirk Centre on Thursday 14 September at 19:30, and this year will include a disco. The MedSoc Committee would like to thank Wellcome for supporting the conference dinner and drinks reception. The FSHI Book Prize and the Poster Prize will be awarded at the conference dinner.

First-Time Conference Attendees and Early-Career Researchers and Postgraduates

Newcomers to the conference in particular are invited to join the committee in the bar area within the Roger Kirk Centre, Galleria Restaurant, on Wednesday 13 September (see Welcome Reception below) to meet members of the committee and each other. In particular, we would like to hear from any graduate students who might wish to join the committee to represent early-career researchers within the group. We hope to elect one representative at the Thursday AGM, to serve for one year on the committee. All committee members are easily identifiable as they will be wearing orange delegate badges.

Internet Facilities

Internet access is available free of charge in meeting rooms and social areas throughout James College, the Exhibition Centre and the Roger Kirk Centre. The accommodation blocks require a wired connection via an Ethernet cable. There is a limited supply of cables in the blocks and, if not already supplied in the room, please ask at the Porters Lodge, James College Reception to hire one for the duration of your stay. Please note: Mac adaptors will not be provided by the university.

Luggage Storage

Luggage Storage facilities are available on the following days:

Wednesday 13 September	11:30-19:00
Thursday 14 September	08:00-18:30
Friday 15 September	08:00-15:30

Please note, luggage cannot be stored overnight and if not collected before the closing time, may not be available until the following day. This facility is located in James Hall which is close to conference registration.

Meals and Refreshments

For delegates staying on campus, breakfast will be served in the Roger Kirk Centre, Galleria Restaurant. A cooked breakfast will be available from 07:00-09:30.

For all delegates, lunch is provided in the Roger Kirk Centre, Galleria Restaurant.

Wednesday 13 September	11:30-13:30
Thursday 14 September	12:30-14:00
Friday 15 September	14:00-15:00

For delegates registered for accommodation and staying on campus, Wednesday dinner is provided from 19:00 in the Roger Kirk Centre, Galleria Restaurant with a cash bar available until late.

There will be a combined drinks reception and poster-viewing session kindly hosted by *Sociology of Health and Illness* journal. Please meet in the exhibition and refreshments area next to room PT006 within the Exhibition Centre on Wednesday 13 September from 18:00 to 19:00.

The conference dinner will be held on Thursday 14 September (see details above).

Tea and coffee will be served concurrently with papers in the exhibition and refreshment area next to room PT006 within the Exhibition Centre.

Wednesday 13 September	11:30 - 17:30
Thursday 14 September	08:30 - 18:00
Friday 15 September	09:00 - 12:30

Food Allergies and Allergenic Information

The University of York catering team takes the health of all delegates seriously. If any delegates have a food allergy and have not already indicated their dietary requirements on their booking information, or would like further information about the allergenic content of the food, we ask that they make themselves known to any member of the catering staff. They, in turn, will contact a senior member of the kitchen staff who will be pleased to discuss delegate requirements.

Delegates please note that the information provided on campus about allergens in any item of food on menus relates to the ingredient(s) in that specific product. However, those ingredients are sourced from, and our food is produced in, an environment where other allergens may be present.

Meeting Rooms

All parallel paper sessions will take place in a number of rooms within the Exhibition Centre. There will be no other buildings used on campus for presentations. The main plenary sessions will take place in the Exhibition Centre room PX001.

Messages

During the conference, please direct all telephone messages to the York Conference General Enquiries Line on 01904 328431, making reference to the BSA Medical Sociology Conference. They will be forwarded to the relevant person at the conference.

There will be a message board in the Exhibition Centre close to the conference registration desk where delegates can leave messages for each other.

Information Digest

Mentoring at the Conference (Mentoring@MedSoc)

Several conference delegates have kindly volunteered to share their knowledge and skills as mentors and a limited number of slots will be allocated each day on a first-come-first-served basis to facilitate this. At the reception desk, you will find a brief outline of their interests and can request one of the available slots.

Parking

For delegates attending the conference, parking is available on campus at a cost of £6.00 per day. Tickets are easily purchased via parking meters near each car park.

Photography During the Conference

Photographs will be taken at the conference and used in BSA Marketing materials and or publications. Please approach the photographer if you do not wish to be photographed, or email tony.trueman@britsoc.org.uk if you have any queries.

Posters

Posters can be viewed in the exhibition and refreshment area next to room PT006 within the Exhibition Centre. Presenters will be available alongside their posters on Wednesday 13 September from 18:00 to 19:00, along with a drinks reception kindly hosted by *Sociology of Health and Illness*.

Please don't forget to vote for the best poster. Voting slips can be found at the registration desk and the ballot box will be near the posters. Voting will close at 18:15 on Thursday 14 September and the winning poster will be announced at the conference dinner, along with the winner of the 2017 FSHI Book Prize.

PowerPoint

All meeting rooms will be equipped with a screen, PowerPoint and a laptop. Presenters should bring a copy of their presentation file on a CD or USB memory stick. Presenters should access session rooms before their session starts or during lunchtimes to check the facilities. Please note we do not supply Mac converter leads.

Programme Changes

We always seek to avoid programme changes, but some are unavoidable due to last-minute withdrawals. Any programme changes will be displayed on the message board in the Exhibition Centre close to the conference registration desk, along with any general messages and announcements.

Publishers and Exhibitors

We would like to thank our sponsors and exhibitors warmly for their continued support at BSA conferences and events. The following organisations have sponsored the 2017 Medical Sociology Conference:

John Wiley & Sons Ltd, MAXQDA, Policy Press, Routledge Taylor & Francis, SAGE, *Sociology of Health and Illness,* and Wellcome.

Exhibitors: John Wiley & Sons Ltd, Routledge Taylor & Francis and Wellcome.

Registration

Conference registration will be open in the exhibition and refreshment area next to room PT006 within the Exhibition Centre:

Wednesday 13 September	11:30-18:00
Thursday 14 September	08:30-17:30
Friday 15 September	08:30-12:00

Please note: delegates should wear their conference badges at all times while on campus as they may be refused access to conference sessions, refreshments and meals if a badge is not visible. Delegates may be asked to present their badge at any time.

Special Needs and Assistance

We would be glad to hear from any delegates who would like assistance during the course of the conference. If you require assistance while at the conference please let us know at the registration desk. Portable hearing loops are fitted as standard in all conference rooms.

Transport to and from the Venue

Taxis should be available to make the short trip between York Rail Station and the conference venue (see page 9). Please note, they may be busy on Friday afternoon, therefore please try and book in advance if you need to catch a specific train. Restricted parking is available on campus for delegates travelling by car.

If you wish to travel by public transport to and from York Station please take the No. 4 bus in either direction; the cost will be no more than £5.00 for a return journey.

Welcome Reception

All delegates, but particularly newcomers and postgraduates, are warmly invited to come and have a drink to meet each other and members of the MedSoc Committee in the bar area within the Galleria Restaurant, Roger Kirk Centre on Wednesday evening after 20:00.

University of York and York City Information

About the University

Founded on principles of excellence, equality and opportunity for all, the University of York opened in 1963 with just 230 students. Since then, we have become one of the world's leading universities, carving out a reputation as an academic powerhouse where a clear focus on excellence has secured national and international recognition alongside longer-established institutions. A member of the elite Russell Group of universities, we are a dynamic, research-intensive university committed to the development of life-saving discoveries and new technologies to tackle some of the most pressing global challenges. There are now over 30 academic departments and research centres and the student body has expanded to nearly 16,000. Located within walking distance of York city centre, our safe and attractive Heslington campus is home to our nine colleges and most of our departments. We also have several departments located in the city centre at the historic King's Manor. In recent years, our £500m campus expansion has seen the opening of seven new buildings, increasing our capacity for student numbers and providing more world-class facilities for the 21st century. Sustainability plays a key role in this ambitious development.

We aim to:

- Embed sustainability in the institutional culture: promote sustainable working and living practices and make sustainability core to our structures, governance, decision-making and operational processes.
- Create and disseminate understanding of sustainability: lead in generating the knowledge to enhance sustainability in society and embed sustainability in the curriculum and professional development provided to the university community.
- Achieve widespread recognition for best practice and innovation in sustainability: be recognised as an exemplar of good practice in sustainability.
- Enhance biodiversity and minimise our environmental footprint: be more effective in our use of resources and make large reductions in use of natural resources, in carbon emissions and waste production.

We have a wide range of initiatives, activities and actions that contribute to the university's position as a sustainable institution. Here are some of our most recent developments:

- Carbon management plan – targets set above HEFCE requirements
- Waste management – aiming towards zero landfill
- Sustainable travel incentives – reduction in car use against an increase in staff and student numbers
- Green initiatives – e.g. York Print Plus reduction in personal printers and introduction of 100% recycled paper
- Catering contracts – use of local produce and our Fairtrade status
- Staff and student promotions – including Student Switch Off campaign in halls and Green Impact teams within departments
- Sustainable development – Minimum BREEAM Very Good status for new buildings on campus

About York

Discover a rich tapestry of entertainment in York and beyond. York has an incredible wealth of things to see and do, with the ancient walled centre offering more attractions per square mile than any other destination in the UK. As one of Europe's largest pedestrian zones, you're never more than a short walk from one of York's awe-inspiring sights or attractions.

York is one of England's finest and most beautiful historic cities. The Romans knew it as Eboracum. To the Saxons, it was Eoforwick. The Vikings – who came as invaders but stayed on in settlements – called it Jorvik. Its more recent history also characterises the city through its Minster and medieval architecture, its Georgian town houses and its wonderful Victorian railway station.

The York of today is a fashionable city that successfully combines its heritage and superb historic architecture with sophisticated designer shops, smart restaurants, bars and cafes to attract tourists from all over the world. Visitors soon discover that every aspect of York's modern life is inextricably linked with its past. Even their evening entertainment includes ghost walks through the city's shadowy snickleways and ginnels to find haunted pubs – of which York boasts a great many.

Within its ancient, encircling walls York's medieval streets and buildings are beautifully preserved and the historic heart of the city is largely traffic-free, making it quiet, clean and very pleasant to stroll around, day and night.

Stonegate and Petergate, York's two most stylish shopping streets, still run along the same routes as they did 2000 years ago, when they were called Via Praetoria and Via Principalis and led to the massive Roman headquarters which once occupied the site where the vast gothic Minster stands today, dominating the city.

This magnificent building took 250 years to build and was consecrated in 1472. It contains England's greatest concentration of medieval stained glass, including the great east window which, measuring 186 square metres, is thought to be the largest area of stained glass in the world.

The city is recognised the world over as an archaeological treasure trove. JORVIK, now a state-of-the-art visitor attraction, is one of the best-known sites in the city, and since the dig here began in 1976 it has captured and sustained the public imagination. Over 15,000 objects were recovered in the process of uncovering a Viking village complete with workshops, rubbish pits, latrines and wells. The most spectacular find was an exquisitely preserved Anglo-Saxon helmet, now on view in the castle museum.

There is nothing more evocative of York's medieval era than the narrow streets and snickleways, winding haphazardly through the city centre. These days they are home to fashionable boutiques and cafes, with unforgettable names such as Coffee Yard, Swinegate, Grape Lane (formerly Grope Lane), Mad Alice Lane and, most famous of all, The Shambles.

This former street of butchers' shops has survived as one of the most complete medieval streets in Europe, and remains in such remarkable condition that you can still see the wide windowsills on which goods were displayed for sale and even the hooks upon which cuts of meat were hung.

The Merchant Adventurers' Hall, the Guildhall (finest medieval example of its kind in Europe) and the Minster itself are all enduring examples of extraordinary medieval endeavour, and a relatively recent discovery was Barley Hall – a timber-framed hall house dating from the Wars of the Roses, tucked away in the snickleways off Stonegate.

It had been hidden away for centuries behind brick buildings, but was found to be well preserved, and has now been restored and furnished in full colourful medieval style and is open to the public. We even know that Alderman William Snawsell, goldsmith and Lord Mayor of York, resided here at the end of the 15th century.

In the 18th century, York was regarded by the monied classes as an attractive and elegant alternative to London and the city's many remaining Georgian town houses and buildings are a precious reminder of its most elegant manifestation.

The Assembly Rooms, now an imposing restaurant, were designed by Richard, Earl of Burlington, in 1731 and were some of the earliest neo-classical buildings in Europe, as well as the Red House near the Minster, now Red House Antiques and home to an impressive collection of Georgian, Victorian and art-deco artefacts. But perhaps nowhere sums up Georgian York as well as Fairfax House, one of the most distinguished 18th-century townhouses in Britain and now the ideal backdrop to the Noel Terry (of the famous confectionery firm) Collection of Furniture, also one of the finest of its type.

York's first railway station was built in 1839, and the present magnificent edifice dates from 1877. When opened, it was the largest in Europe. The city is therefore a natural setting for the National Railway Museum; the finest. Close to half a million people visit each year, enjoying over 100 engines, interactive displays and lavish exhibitions.

York has long had a reputation in the chocolate world, in part due to the sizeable factories created by Rowntree's and Terry's during the 20th century. York is home to some big names in the chocolate aisle: Rowntree's created Kit Kat, Smarties and Aero, while Terry's created the Chocolate Orange and their rich dark All Gold collection. The history and evolution of these chocolates, that we still enjoy today, is intertwined with York's social history and industrial development with as much to be celebrated as the artwork, buildings, fashion, railways and the Vikings for which the city is already famous.

Summer brings the racing season to York. From May to October, the Ebor Races lend a frivolous, excited air to the city as everyone heads for the Knavesmire to cheer on their hot tip. As is the tradition with Britain's big racing events, many people are more interested in the fashion than the horses, as the races provide the perfect excuse to dress up and don lavish and extraordinary hats for a day.

York Information

Besides the racing, York has events all year round, including the Jorvik Viking Festival in February, the Early Music Festival in July (York is the location of the National Centre for Early Music) and the Festival of Food and Drink in September.

(Text kindly provided by University of York.)

Useful Telephone Numbers

Visit York tourist information (open Monday to Saturday 09:00-17:00; Sunday 10:00-16:00)

1 Museum Street, York YO1 7DT
info@visityork.org
www.visityork.org

Station Taxis
01904 623332
yorkstationtaxis@btinternet.com

York Cars
01904 765765

Fleetways Taxis
01904 365365

Streamline Taxis
01904 656565

BSA Medical Sociology Group Committee 2016/2017

Committee Members (wearing orange name badges)

Anika Baddeley	BSA Sociologist Outside Academia	Access Requirements/Special Needs/Audiovisual/FSHI Book Prize
Donna Bramwell	University of Manchester	Programme Committee
Flis Henwood	University of Brighton	Programme Committee Lead
Jen Remnant	University of St Andrews	Postgraduate Representative/Blog
Zahira Latif	University of Nottingham and the University of Birmingham	Postgraduate Representative
Shadreck Mwale	University of Brighton	Programme Committee/Audiovisual
Sasha Scambler	King's College London	Co-Convenor/Communications
Sharon Spooner	University of Manchester	Mentoring Corner
Fiona Stevenson	University College London	Co-Convenor/Regional Groups
Lynne Stobbart	Newcastle University	Programme Committee
Paul Whybrow	University of Bristol	Programme Committee

OTHER COMMITTEE MEMBERS

Ex officio representation on committee for BSA Council as Medical Sociology Group Liaison:
Ewen Speed, University of Essex, and Paul Whybrow, University of Bristol (2016-2017).
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Sociology of Health and Illness editorial team: Davina Allen, Eva Elliott, Joanna Latimer, Ian Rees Jones, Gareth Williams, all from Cardiff University, and David Hughes, Swansea University.
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BSA office: Sophie Belfield, Liz Brown, Sandria Charalambous, Kerry Collins, Alison Danforth, Elaine Forester, Sophie Jaques, Margaret Luke, Gillian Mason, Judith Mudd, Steph Rich, Claire Simmons, Tony Trueman and Donna Willis.
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BSA Medical Sociology Group Committee vacancies
There are **six** vacancies on the committee to be filled by election at the Annual General Meeting on 14 September 2017 in the bar area of the Galleria Restaurant within the Roger Kirk Centre. Nomination forms are available from the conference registration desk. Please hand this form in at the conference registration desk by 12pm on Thursday 14 September 2017.

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Acknowledgements

As always, many people have helped with organising the conference. The committee would like to extend its thanks for this support.

Timetable

Wednesday 13 September 2017

11:30-18:00	Registration	Exhibition Centre
11:30-17:30	Tea and Coffee	Exhibition Centre
11:30-13:30	Lunch	Galleria Restaurant, Roger Kirk Centre
12:45-16:45	Paper Sessions (Nine Streams)	Exhibition Centre
12:45-14:25	Symposium: Self-Injury: Inequalities, Injustice and Distress	Exhibition Centre, Room PL006
15:05-16:45	Special Event: Introduction to Norwegian Health Sociology	Exhibition Centre, Room PT006
15:40-16:10	Special Event: SHI – Writing for Publication in Medical Sociology	Exhibition Centre, Room PT103
17:00-18:00	Opening Plenary	Exhibition Centre, Main Lecture Theatre, Room PX001
18:00-19:00	Poster Presentation and SHI Drinks Reception	Exhibition Centre
19:00 onwards	Dinner on campus (for residence in campus accommodation)	Galleria Restaurant, Roger Kirk Centre
20:00 onwards	Meet the MedSoc Committee	Bar Area, Galleria Restaurant, Roger Kirk Centre

Thursday 14 September 2017

07:00-09:30	Breakfast	Galleria Restaurant, Roger Kirk Centre
08:30-17:30	Registration	Exhibition Centre
08:30-18:00	Tea and Coffee	Exhibition Centre
08:30-12:30	Paper Sessions (Nine Streams)	Exhibition Centre
08:30-10:10	Symposium: Inequity in Brain Injury Rehabilitation	Exhibition Centre, Room PL006
08:30-10:10	Symposium: Complexities of Health and Contemporary Health Systems	Exhibition Centre, Room PT007
10:15-11:55	Special Event: Digital Health: What Does Medical Sociology Contribute?	Exhibition Centre, Room PT007
12:00-12:30	Pecha Kucha	Exhibition Centre, Room PL001
12:30-14:00	Lunch	Galleria Restaurant, Roger Kirk Centre
12:45-13:45	BSA Medical Sociology Group AGM	Bar Area, Galleria Restaurant, Roger Kirk Centre
14:00-18:00	Paper Sessions (Nine Streams)	Exhibition Centre
16:20-18:00	Special Event: MedSoc Committee Event, Cost of Living	Exhibition Centre, Room PL005
19:30-23:00	Conference Dinner	Galleria Restaurant, Roger Kirk Centre

Friday 15 September 2017

07:00-09:30	Breakfast	Galleria Restaurant, Roger Kirk Centre
08:30-12:00	Registration	Exhibition Centre
09:00-12:30	Tea and Coffee	Exhibition Centre
09:00-12:25	Paper Sessions (Nine Streams)	Exhibition Centre
09:00-10:40	Special Event: Problematising Implementation and Improvement	Exhibition Centre, Room PL005
09:00-10:40	Special Event: Legitimacy and Governance	Exhibition Centre, Room PT103
10:45-12:25	Special Event: Environment and Health Special Interest Group	Exhibition Centre, Room PT103
12:30-14:00	Closing Plenary	Exhibition Centre, Main Lecture Theatre, Room PX001
14:00-15:00	Lunch and End of Conference	Galleria Restaurant, Roger Kirk Centre

Programme Grid 2017

Wednesday 13 September

11:30-13:30 Lunch (Galleria Restaurant, Roger Kirk Centre)

Room	PX001	PL001	PL002	PL005	PT006	PL006	PT007	PT103	PT111
	Exhibition Centre								
Stream	**Experiences of Health and Illness**	**Methods (6) Teaching (1)**	**Lifecourse**	**Science and Technology Studies (STS)**	**Professions (2) Pharmaceuticals (2) Theory (1)**	**Mental Health**	**Health-Service Delivery**	**CAM* (2) Screening and Diagnosis (1) Critical Public Health (2) Publishing Event (1)**	**Theory**
12:45-13:15	Patterson R	Tyldesley-Marshall N	McKnight U	Håland E	Ward C	**Symposium Self-Injury: Inequalities, Injustice and Distress** Inckle K Chaney S Chandler A Inckle K	Hope J	Ceuterick M	Wang Y
13:20-13:50	Ishfaq K	Sutherland H	Visser R	Coveney C	Tazzyman A		Eborall H	Salmenniemi S	Carson A
13:55-14:25	Kettle J	Mathieson A	Turner N	Moreira T	Roberts J		Standing H	Hilario A P	Bicudo E
14:30-15:00	Rivas C	Allan H	France R	Pickersgill M	Abraham J	Russell S	Timotijevic L	Underland G	Lee S
15:05-15:35	Staniland K	Tarr J	Knox C	Danesi G	**Special Event Introduction to Norwegian Health Sociology** Hedlund M Tjora A Album D Hedlund M Trondsen M Andreassen H K	Boden Z	Hardicre N	Sallway-Costello J	Tamimi N
15:40-16:10	Harper L	Poursanidou K	O'Connor G	Thomas J		Benoit L	Rayment J	**Special Event SHI – Writing for Publication in Medical Sociology** Jones I R	Greco M
16:15-16:45		Neville P	Heavey E			Knight F	Howse J		Makela P

17:00-18:00 Opening Plenary: Professor Nick Fox (Exhibition Centre, Main Lecture Theatre, Room PX001)
18:00-19:00 Poster Presentation and SHI Drinks Reception (Exhibition Centre)
CAM* Complementary and Alternative Medicine

Thursday 14 September – Morning

07:00-09:30 Breakfast (Galleria Restaurant, Roger Kirk Centre)

			Exhibition Centre						
Room	**PX001**	**PL001**	**PL002**	**PL005**	**PT006**	**PL006**	**PT007**	**PT103**	**PT111**
Stream	**Experiences of Health and Illness**	**Lifecourse (5) Pecha Kucha (2)**	**Gender**	**STS**	**Inequalities (3) Critical Public Health (4)**	**Health Policy (1) Citizenship (4)**	**Health Policy (1) Theory (1) Ethnicity (1)**	**Embodiment and Emotion**	**Ethics**
08:30-09:00				Weiner K	Øversveen E	**Symposium Inequity in Brain Injury Rehabilitation** Hindhede A Guldager R Smidt H R Bystrup M R Hindhede A Højbjerg K	**Symposium Complexities of Health and Contemporary Health Systems** Larsen K Dubbin L Scambler S Collyer F Larsen K		Vezyridis P
09:05-09:35	McNiven A	Caswell G		Sanders T	Malone P			Spratt T	Berghs M
09:40-10:10	Plage S	Greco C	Van der Zaag A C	Overton C	Thirlway F			Kenny K	Abadie R
10:15-10:45	Brown N	Cheshire A	De Campos D	Saukko P	Will C	Mikami K	**Special Event Digital Health: What Does Medical Sociology Contribute?** Henwood F Ziebland S Marent B Stevenson F Williams R Henwood F	Monaghan L	Crocetti D
10:50-11:20	Mazanderani F	Cooper S	Idris D R	Murtagh M	Bunn C	Raymond S		Coleman-Fountain E	Minion J
11:25-11:55	Remnant J	Hudson N	Vickery A		Faulkner-Gurstein R	Barbour R		Rees S	Hoare S
12:00-12:30		McGachie M Ralph P	Venturi G		Larsen J A	Bareham B	Nazroo J	Wainwright E	

12:30-14:00 Lunch (Galleria Restaurant, Roger Kirk Centre)

12:45-13:45 BSA Medical Sociology Group Annual General Meeting (Bar Area, Galleria Restaurant, Roger Kirk Centre)

Thursday 14 September – Afternoon

Room	PX001	PL001	PL002	PL005	PT006	PL006	PT007	PT103	PT111
				Exhibition Centre					
Stream	**Experiences of Health and Illness**	**Patient–Professional Interaction**	**Professions (4) Citizenship (1)**	**STS (2) Critical Public Health (1)**	**Inequalities (4) Health Policy (1)**	**Citizenship**	**Critical Public Health**	**Mental Health**	**Professions**
14:00-14:30	Weedon A	Johannessen L E F	Ashall V				Couto M		Timmons S
14:35-15:05	Willis K	Tøndel G	King R	Machin R	Reeves A	Feldges T	Blue S		Butler C
15:10-15:40	Norris P	Walker L	Manea T	Whybrow P	Sointu E	Gale N	Vitellone N	Markham S	Bassett A M
15:45-16:15	Nahar P	Pilnick A	Shaw M	**Special Event Equality is the Answer** Williams O	Putnis N	Mahon-Daly P	Bröer C	Tariq Q	Leoni Birriel M
16:20-16:50	Yamanaka H	Hammond N	Bröer T	**Special Event MedSoc Committee Event Cost of Living** Dhesi, S	Yuill C	Winter R	King C	Walthery P	Annandale E
16:55-17:25	Latif Z	Sutton E			Watanabe S	Dobson C	Pelters B	Buckland R	Bryce M
17:30-18:00		Ruddock A				McLaughlin J	Stronge P	Foster S	Spooner S

19:30-23:00 Conference dinner, Galleria Restaurant, Roger Kirk Centre (pre-booking required).

Friday 15 September

07:00-09:30 Breakfast (Galleria Restaurant, Roger Kirk Centre)

	Exhibition Centre								
Room	PX001	PL001	PL002	PL005	PT006	PL006	PT007	PT103	PT111
Stream	Experiences of Health and Illness	Patient–Professional Interaction (4) Health Policy (2)	Gender	Health-Service Delivery (2) Healthcare Organisations (2)	Citizenship	Mental Health	STS (2) Risk (3)	Health Policy (1) Environment (1)	Critical Public Health (1) Politics of Health (4)
09.00-09.30		Tritter J		**Special Event Problematising Implementation and Improvement** Mackintosh N Boaz A Allen D Martin G Jones L Mackintosh N			Gruian A	**Special Event Legitimacy and Governance** Bramwell D Moran V Oz G Speed E Bramwell D	Kuznetsova I
09:35-10:05	Polidano K	MacArtney J	Miles H		Herbrand C	Brunner R	Swallow J		
10:10-10:40	Clayton S	Macpherson C	Degge H		Chappell A	Lane R	Newton V		Vedi P
10:45-11:15	Neal K	Mackintosh N	Mac Rae S	Northcott A	Cassetti V	Wong J	Weckesser A	**Special Event Environment and Health Special Interest Group** Compton R MacBride-Stewart S	White L
11:20-11:50	Al-Muhandis K	Croxall J	Lowe G	Martin G	Chekar C K	Nasir S	Chhakchhuak L		Stewart E
11:55-12:25		Kriznik N	Brown S	Featherstone K					Collins C

12:30-14:00 Closing Plenary Panel: Paul Higgs, James Nazroo and Karen Lowton (Exhibition Centre, Main Lecture Theatre, Room PX001)
14:00-15:00 Lunch (Galleria Restaurant, Roger Kirk Centre)

49th Conference Dinner

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Pre-dinner drinks will be served at 19:30 and the main meal at 20.00; the dress code is casual

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Opening Plenary

Wednesday 13 September 2017 at 17:00-18:00
Exhibition Centre, Main Lecture Theatre, Room PX001

Professor Nick Fox

**The Micropolitical Economy of Health: A (New) Materialist
Odyssey from Food Banks to Environmental Sustainability**

The sociology of health and illness has always acknowledged the significance of materiality – not just the bodies of patients and health professionals, but also technologies such as pharmaceuticals and medical devices, and the physical spaces and places of healthcare such as hospitals, operating theatres and mortuaries. However, the parent discipline of sociology has often struggled to overcome its arguably foundational opposition between culture and nature, along with other deep-seated dualisms such as human/non-human, mind/matter and animate/inanimate.

In this plenary, I shall explore what the 'new' materialisms now emerging in the contemporary social sciences, arts and humanities offer to the sociology of health, illness and healthcare. This 'turn to matter' is neither a return to the earlier historical materialism of Hegel and Marx, nor simply a re-booted post-structuralism, though both these moments in social theory are – in their different ways – avatars of the new materialisms. These latter encompass a range of perspectives, including Actor-Network Theory, posthuman feminism, non-representational theory, biophilosophy, affect theories and assemblage approaches. They have been applied to a range of problems and issues, from gender and class to drug use, erectile dysfunction and human development, and are informing post-positivist research practices.

I shall set out the main tenets of the new materialisms, and use these to establish a materialist toolkit of assemblages, affects, capacities and micropolitics, that can be applied to address a range of health sociological topics. To illustrate this toolkit, I present data and findings from my recent research. I look first at a study of overweight and obesity (Fox et al, 2016), which explored the materialities – from food and supermarkets to food banks and slimming clubs – surrounding 'becoming-fat' and 'becoming-slimmer' assemblages. I suggest the need to move beyond an individualistic approach to obesity, and the implications for public health and policy. I then discuss recent work on the interactions between environment and human health, and use this to replace anthropocentric responses to the 'health' of the natural and built environment with a posthuman understanding of environmental sustainability, in which human health is about opportunities and becoming (Fox and Alldred, 2017).

Professor Nick J Fox has spent most of his career at the University of Sheffield, where he is currently Honorary Professor of Sociology in the School of Health and Related Research. His first book *The Social Meaning of Surgery* (Open University Press, 1993) was based on doctoral work, and was followed by a focus on postmodern social theory which has been central to all his subsequent work. A focus upon health technologies has been a theme, from a study of pharmaceutical use and governance, work on internet technologies and health and, more recently, work on digital health and medical devices. His book *The Body* (Polity, 2012) drew on these strands to set out a materialist analysis of health, embodiment and care. Recently, Nick has extended his work beyond health and illness to address sexualities and sexualisation, creativity and environmental sustainability, all from within a materialist and posthuman theoretical framing. His book *Sociology and the New Materialism* (Sage, 2017; with Pam Alldred) aims to supply students and academics with a materialist toolkit for sociological inquiry across the discipline.

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BRITISH SOCIOLOGICAL ASSOCIATION

Closing Plenary Panel

Friday 16 September 2017 at 12:30-14:00
Exhibition Centre, Main Lecture Theatre, Room PX001

Paul Higgs, James Nazroo, Karen Lowton

Why Ageing Matters
Professor Paul Higgs
Ageing as a lacuna in medical sociology

While ageing and old age are now significant features of the contemporary world, this transformation seems to be missing within medical sociology where a demarcation as to its importance seems to occur. This flies in the face of the fact that older people make up the largest number of people using hospital and community services. Research is often conducted without much reference to the theories and approaches developed by gerontologists, and with a few exceptions there is little overlap between researchers operating in the different fields. This lacuna in the sociology of health and illness is not only problematic because it risks ignoring a significant arena in which health and healthcare occurs but also because it fails to appreciate many of the changes that have been restructuring later life which render more established conceptualisations of old age anachronistic. This presentation seeks to go beyond this omission by pointing out why a refreshed focus on ageing and later life would extend our understanding of health in the contemporary society and help us to better conceptualise the wider processes of the social world.

Paul Higgs studied for a BSc in Sociology at the Polytechnic of North London and a PhD in Social Policy at the University of Kent. Before moving to UCL in 1994 he was the Eleanor Peel Lecturer in Social Gerontology at St George's Hospital Medical School, London. At UCL he was, variously, Lecturer, Senior Lecturer and Reader in Medical Sociology. He is currently Professor of the Sociology of Ageing in the Faculty of Brain Sciences at UCL. Professor Higgs was elected a fellow of the Academy of Social Sciences in 2012 and a fellow of the Gerontological Society of America in 2013. He is also a visiting professor in the Faculty of Social Sciences at the University of Bath and he co-edited the 2017 *Sociology of Health and Illness* monograph *Ageing, Dementia and the Social Mind*. He is an editor of *Social Theory and Health*.

Professor Karen Lowton
Why ageing matters: how the 'new' ageing populations challenge traditional understanding of ageing and health

Medical innovations such as organ transplant, robotic surgery and personalised medicine offer clinicians the ability to extend life for young children born with life-threatening rare and complex conditions – the 'new' ageing populations. These young survivors grow older not only within a medical model of care but also within a legal framework of responsibility; at 18 years old, information about their disease progression and their choices for care become confidential to them. Leaving behind a family-centred model of care, they must become autonomous, independent and fitted within health-service organisation requirements.

However, although these medical innovations enable increasingly longer lifespans, survival ages are not yet on a par with those who grow older without such conditions and medicine cannot yet provide a cure. Instead, many disorders associated with a more traditional old age are discovered as increasing numbers of these young people grow older, for example urinary incontinence and osteoporosis in young women with cystic fibrosis, arrhythmias and heart failure in young adults with severe congenital heart defects, and a higher risk of Alzheimer's disease developing in midlife for those with Down syndrome. Recent research also points to an increasing prevalence of anxiety and depression in adulthood across these groups. 'New' ageing populations and how they are positioned in society challenge sociological thinking not only about health, illness and care but also about age, ageing and old age. In questioning current understandings of chronological age and growing older, we can begin to critique not only age-related practices across medical, legal and social spheres but also the standardised lifecourse and opportunities that arise within it.

Karen Lowton is Professor of Sociology (Ageing and Health) in the Department of Sociology at University of Sussex. She initially trained as a registered general nurse at King's College Hospital, specialising in adult intensive care before working as a research sister at St George's Hospital Medical School. Karen left the NHS in 1996 to undertake a PhD in Sociology at Royal Holloway and Bedford New College. On completion of her thesis Karen worked as a research fellow in Palliative Care at King's College London's Medical School, then as a lecturer in the School of Nursing at King's College, before joining the Institute of Gerontology at King's as a senior lecturer in 2006.

Karen's research focuses on understanding the needs and experiences of the 'new' ageing populations; groups of people with rare and complex health conditions who, for the first time in history and due to innovative medical therapies, have been enabled to grow into adulthood. These pioneering groups include adults with cystic fibrosis, autism and adults who underwent organ transplant as children. Karen has conducted a number of studies with members of these groups and those who provide care and support for them, including work on how end-of-life care was experienced by families of adults with cystic fibrosis; problematising the 'transition' to adult care services of children with rare and complex conditions; and the lived experience of the now-adult survivors of the first paediatric liver transplants in Britain.

Karen's research naturally lends itself to working through the ethical issues that arise in the conduct of sensitive research with vulnerable people and she continues to teach and write in these areas.

Professor James Nazroo
Inequalities in later life: ageing matters

The presence of dramatic inequalities in health in later life has largely been ignored by academics working within social epidemiology, the sociology of health and illness and social gerontology. This is perhaps a result of two complementary theoretical concerns: that inequalities in later life are a consequence of early life experiences, so research and policy should focus there; and that class, at least as traditionally conceptualised, becomes increasingly irrelevant to understanding inequalities post-retirement.

This paper will begin by illustrating the patterning of inequality in later life. It will then investigate the importance of later-life contexts and events in shaping inequality through and after the retirement process. In doing so, it will examine the extent to which an apparently increasingly destandardised lifecourse continues to reflect stable social structures that shape social and economic inequalities and, consequently, health in later life. Following this, the paper will illustrate how empirical findings in relation to the effects of socioeconomic position on health in later life are best theorised as a product of class processes, borrowing in part from Bourdieu. Other dimensions of inequality, particularly ethnicity and gender, will be discussed briefly and explored in relation to the persistence of underlying drivers of these dimensions of inequality into later life. The paper will conclude with a discussion of the need for a close focus on inequalities in later life in research, policy and practice.

James Nazroo is Professor of Sociology at the University of Manchester, Director of the ESRC research Centre on Dynamics of Ethnicity and co-Director of the Manchester Institute for Collaborative research on Ageing. He initially trained at St. George's Hospital Medical School, where he obtained a BSc (1983, Medical Sociology) and MBBS (1986). He then studied at Royal Holloway and Bedford New College for an MSc in Sociology of Health and Illness (1989), and studied for his PhD in Sociology at UCL (1999).

Issues of inequality, social justice and underlying processes of stratification have been the primary focus of his research activities, which have centred on ethnicity, ageing and the interrelationships between them. His research on ageing has been concerned with understanding the patterns and determinants of social and health inequalities in ageing populations, with a particular interest on the 'transmission' of inequalities across the lifecourse and how class operates post-retirement. He has conducted studies on quality of life for older people among different ethnic groups in the UK, on inequalities in health at older ages, and on routes into retirement and the impact of retirement on health and wellbeing. He is PI of the fRaill programme, an interdisciplinary study of inequalities in later life, and co-PI of the English Longitudinal Study of Ageing – a multidisciplinary panel study of those aged 50 and older, and part of an international 'family' of very similar studies.

Symposia and Special Events

Self-Injury: Inequalities, Injustice and Distress

Inckle, Kay
(London School of Economics)

DSM-5 positions self-injury as a 'mental illness' and thereby the preserve of medical rather than social sciences – a perspective which is often shared in wider society and sociology. In this presentation, I demonstrate that social structures are integral to self-injury and that a sociological approach is essential to understand the ways in which inequalities and injustice underpin mental/emotional distress and self-injury, and are also reproduced in healthcare responses.

I consider three examples in illustration. First, the ways in which gender and sexual norms impact on individuals in terms of the 'minority stress' and institutional pathologisation experienced by LGBTQ+ individuals. Next, I explore how racism and the structures of white privilege function to damage the mental (and physical) wellbeing of minoritised groups, and the ways in which psychiatric labelling reproduces racialised inequalities. Finally, I explore the ways in which these social-structural factors intersect with the processes of institutionalisation both in terms of the inequalities evident in patterns of incarceration, but also the ways in which incarceration itself – be it in a psychiatric hospital, prison, or 'care' facility – also has a significant relationship with self-injury.

Overall, I use these examples to argue that self-injury is not an individual mental pathology but, rather, it is a reflection of, and a response to, social inequalities and injustice. Mary Douglas stated that "What is carved in human flesh is an image of society", and I suggest that nowhere is this more so than in the inequalities and injustices that are embodied within self-injury.

Sex and Death: A Cultural History of Self-Injury

Chaney, Sarah
(Queen Mary, University of London)

Non-suicidal self-injury is often thought of as a modern epidemic, enshrined in psychiatric diagnosis in the Diagnostic and Statistical Manual of the American Psychiatric Association (DSM-5) in 2013. Psychiatric and psychological approaches to self-injury tend to consider it as a specific behaviour, with a particular set of meanings.

Yet the history of medical approaches to self-harm tells us surprisingly little about self-injury as a behaviour and much more about prevailing assumptions around sex, gender, youth, deviance and social interaction in particular eras. In the late Victorian period, British doctors emphasised self-castration, vocalising wider concerns about male sexual deviance and changing gender roles. In the inter-war period, in stark contrast, American psychoanalysts such as Karl Menninger interpreted self-mutilation as evidence of a universal human desire for death: the Freudian death instinct.

In this paper, I argue that all explanations for self-injury need to be viewed in historical context. The very different models of self-harm in other eras also prove an effective challenge to the presumed universality of modern medical ideas. History, I argue, is not a neutral and objective reflection on the past but provides an opportunity to reflect on, critique and improve modern mental-health care. It is also an argument for the value of sociological approaches to clinical practice today: by evaluating the past, we can better recognise the assumptions and attitudes of our own time.

The Obscenity of the All-Too-Visible: A Critical, Embodied Perspective on Stigma and Self-Injury

Chandler, Amy
(University of Edinburgh)

Self-injury is said to be a hidden practice, deeply stigmatised and carried out in secret. In this paper, I draw on a qualitative research project involving 108 young adolescents (aged 13-16), to critically examine the construction of self-injury as hidden. Participants provided divergent views of the extent to which self-injury might be considered hidden. Analysis identified a dominant account of self-injury as a mostly secretive practice, which was occasionally 'revealed' by attention-seeking 'others'. I suggest that narratively framing (and practising) self-injury as hidden and 'private' offers benefits to a range of actors: including young people, medical professionals and parents/carers. However, maintaining an understanding of self-injury as hidden also brings significant risks. These relate to embodied aspects of self-injury – particularly where this involves visible marks, some of which may be permanent. Discourse emphasising the hidden nature of self-injury often rests on a parallel view that visible self-injury is inauthentic. Maintaining secrecy around the practice and embodied aftermath of self-injury may serve to effectively 'hide' social and cultural factors associated with

Symposia and Special Events

self-injury. I argue that sociological engagement with the visibility of self-injury can contribute to alternative, subversive readings which may do more to 'tackle' the stigma associated with self-injury than a continued emphasis on its allegedly hidden aspects.

Bodies of Knowledge: Sociological Perspectives on Self-Injury

Inckle, Kay
(London School of Economics)

Over the last 10 years there has been increasing public awareness alongside media and medical attention to the phenomenon of self-injury. Yet, despite Durkheim's early work on suicide, and social factors such as gender and age commonly cited in relation to self-injury, sociology has had surprisingly little engagement with the topic. In this panel, three social scientists who specialise in researching self-injury explore key sociological features of self-injury and highlight the important contributions sociology has to make in understanding and responding to it. The first presentation highlights the importance of a historical/cultural analysis of psychiatric responses to self-injury in order to challenge many of the taken-for-granted assumptions about self-injury that inform contemporary medical perspectives and interventions. The second paper demonstrates how sociological perspectives on embodiment, stigma and visibility unsettle dominant interpretations of self-injury which are increasingly popularised in public discourse. The third paper explores the ways in which social factors such as structural inequalities and injustice are at the root of the distress which underpins self-injury alongside the ways in which medicalised responses often reinforce these very inequalities.

This panel highlights that sociology has much to contribute to understanding self-injury, not only in terms of challenging the medical hegemony surrounding it, but also in revealing the social factors which are enmeshed in self-injury and opening up a range of new interventions and supports for people who self-injure.

Wednesday 13 September 2017 at 15:05-16:45
Special Event
Exhibition Centre Room PT006

Introduction to Norwegian Health Sociology

Hedlund, Marianne
(Nord University, Dep of Nursing, Norway)

Compared to Britain, Norwegian medical sociological research represents a rather small branch of Norwegian sociology, however well connected to a fairly transparent public healthcare sector. Medical sociology in Norway has therefore been developed within a balance between a disciplinary connection to general sociology and an applicative connection to health-service research. Developing a network for Norwegian medical sociology has rested on health-related sociological research rather than medical sociologists, ie research-oriented rather than researcher-oriented. With the establishment of an annual Norwegian health sociology conference in 2005 and a Facebook group for health sociology (currently with 291 members) we have developed a basis for disciplinary development and identity. A close connection to the established BSA medical sociology group has however been an essential inspiration for the Norwegian network. In the symposium, we will explore how the case of Norwegian health sociology demonstrates, on one hand, the relation between the sociological discipline and application/policy, and on the other hand, the important connection between the development of nation-specific social research and international connections. Presentations will include: (1) the welfare state, public healthcare, and health policy; (2) the sociology of e-health and telemedicine; (3) municipal health services and the de-institutionalisation of healthcare; (4) patient involvement, education, self-governance and empowerment; and (5) being sick and depressed in the world's happiest country. The symposium will celebrate the close connection between Norwegian and British health sociology.

Introduction to Norwegian Health Sociology

Tjora, Aksel
(Norwegian University of Science and Technology)

To save health-related sociological research from drowning in interdisciplinary marinades and lack of theoretical thrust, a Norwegian annual workshop and a network on Facebook saw its light in 2005. Maintained on the basis of a rather small population of sociologists (about 30 annual workshop attendants and about 300 FB members) the collaborative effort has provided opportunities to strengthen a sociological identity for researchers and develop an international connection, especially with British health sociologists. In particular, Norwegian themes related to the welfare regime, public healthcare and use of telemedicine for large, sparsely populated areas have been maintained as important contributions from Norway, as well as user or patient involvement in a public healthcare system.

Nurses' Views on the Prestige of Diseases: A Comparative Analysis of Surveys Conducted 2002 and 2014

Album, Dag
(University of Oslo)

The paper will present a comparative analysis of two survey studies of nurses' views on the prestige of diseases. The studies were conducted in 2002 and 2014 using the same research design. In each of the rounds, a sample of Norwegian nurses was asked to rate a set of 38 diseases on a scale from 1-9 according to the prestige they believed health personnel in general would award them. The results are quite stable over these 12 years. Leukaemia, brain tumour and myocardial infarction are given the highest ranks in both surveys, while anxiety neurosis and fibromyalgia are ranked at the bottom. The results are compared to results from comparable analyses of doctors' views on disease prestige. Overall, the rank orders given by nurses are quite similar to those of doctors, but less stable. Despite this, nurses react slower to modernisation in treatment of specific diseases with regard to their prestige. Analysing nurses' shared evaluations of different diseases over time, and in comparison to the evaluations given by doctors, the paper contributes to the cultural understanding of disease conceptions in medicine. Understanding these conceptions is important because disease prestige may influence decision making in the healthcare sector.

The Welfare State: A Sheepdog for Public Healthcare

Hedlund, Marianne
(Nord University, Dep of Nursing, Norway)

The aim of this paper is to discuss how the Norwegian welfare state (NWS) structures and governs healthcare services in Norway. The Norwegian healthcare system is part of the NWS, which accounts for most healthcare services in Norway. Therefore, healthcare primarily is a public-sector responsibility. NWS includes a range of universal benefits, including the right to pension, free healthcare and economic support for unemployed and disability, and works at state, regional and municipal levels. The municipalities have a growing significance in healthcare, though regions still administrate hospitals and their services. They are organised by regional hospital trusts, and governed by the Ministry of Health and Care.

Based on theories of governmentality, it is sociologically interesting to study how healthcare actors are path-dependent and part of NWS power mechanisms. Illness, health and their management are not to be conceptualised as a relational issue between the doctors and their patients, between the government and patient or user organisations, or other relationships. Following the wide range of healthcare and welfare services, these must meet specific quality requirements and eligibility criteria, set by the government to be deemed as part of a public healthcare sector, funded by the state. Yet these specification criteria are hidden and not publicly debated even though they regulate access to care for a growing part of the population seeking help due to disabilities or health issues. The need for care and services is not only due to new demands from a growing elderly population but also due to the heavily regulated health and welfare service of the NWS governance.

Health and Technology in a Norwegian Context

Trondsen, Marianne
(Norwegian Centre for Integrated Care and Telemedicine)

There is a significant potential for e-health worldwide to provide access and deliver cost-effective and high-quality healthcare services. In Norway, the trend of using e-health has had a major impact on the development of the healthcare sector and public health in general for both lay people and healthcare providers. A country with a small population, long distances between habitations and sparsely populated areas, has made e-health particularly relevant. Norwegian governments have actively promoted the implementation and use of information and communication technologies (ICTs) in health since the early 1990s, and the objective has been to secure 'a good health service for all citizens, regardless of time and space'. In 2016, the Norwegian Ministry of Health and Care Services even established a national Directorate of e-Health.

As social scientists within the field of e-health, the relation between the sociological discipline, development, implementation and use of new applications, as well as the policy 'push' of ICTs in healthcare has been central. In this context of health and technology, our applied research includes the digitalisation of healthcare in Norway, and how healthcare delivery influence/change patients' and professionals' roles, organisations and policy, as well as the interactions between them.

Municipal Health Services and the Decentralisation of Healthcare

Andreassen, Hege Kristin., Magnussen, L M.
(NTNU)

In Norway, the municipalities are responsible for providing reasonable, high-quality healthcare; in forms of long-term care (eg nursing homes), short-term care (eg rehabilitation), home care and social services to everyone in need. The current municipal services in Norway can be seen as the result of a number of processes that lead to increased decentralisation, integration and de-institutionalisation. The decentralised task structure is combined with governmental regulation of revenues and service standards.

Symposia and Special Events

Thus, the municipalities have limited opportunity to prioritise and adapt services according to local conditions and needs. Many municipalities struggle to meet national requirements and to produce services efficiently. Political attention is now given to how the municipalities can overcome these challenges, and measures like increased innovation and a more active municipal role in research are suggested. Five regional centres for care research have also been established in order to conduct research on municipal healthcare provision, as well as give advice on the development of services. The aim of this presentation is to provide insight on three central themes within the municipal care research in the Norwegian setting: (1) the changing nature of municipal healthcare work; (2) municipal actors' local implementation of state-initiated innovations; and (3) the restructuring of services to incorporate more involvement and participation from patients, users, family members and volunteers.

Wednesday 13 September 2017 at 15:40-16:10
Special Event
Exhibition Centre Room PT103

SHI – Writing for Publication in Medical Sociology

Jones, Ian Rees
(Cardiff University/Sociology of Health and Illness)

How can sociologists and researchers working in the field of health and illness get their work published? What is involved, and what can you do to increase your chances of success? This workshop is aim at everyone writing for publication in medical sociology. We will look at the practical steps that researchers can take at each stage of the process. The session will be led by Ian Rees Jones who is currently joint Editor-in-Chief of *Sociology of Health and Illness* (SHI). Ian will draw on his experience of editing and reviewing and as a recipient of 'reject' and 'accept' decisions from a number of different journals. SHI is a peer-reviewed academic journal that covers the sociological aspects of health, illness, medicine and healthcare. It is published by Wiley-Blackwell on behalf of the Foundation for the Sociology of Health and Illness. Journal website: http://onlinelibrary.wiley.com/journal/10.1111/(ISSN)1467-9566

Thursday 14 September 2017 at 08:30-10:10
Symposium
Exhibition Centre Room PL006

Inequity in Brain Injury Rehabilitation

Hindhede, Anette, Guldager, R., Bystrup, M. R., Smidt, H. R., Hindhede, A. L. Højbjerg, K.
(Aalborg University)

Summary: While approximating a welfare model committed to equality, in Denmark we see transformations within institutions, professions, patients and the knowledge among them putting ideals of equality under pressure.

We ask whether these transformations contribute to new winners and losers among users of healthcare. This special session sees rehabilitation of people with acquired brain injury as a central window to understand and explain these processes empirically and theoretically. The aim of this symposium is to bring together papers that explore the more or less subtle processes in production of equality in the Scandinavian welfare state. The papers adopt different foci, investigating the rehabilitation field as such, patients and relatives, body strategies, professions and organisations. Pierre Bourdieu's sociological theories form the primary frame of the studies with a focus on both transformation and reproduction of existing rehabilitation practices.

Across the five empirical papers, we ask: Do we see patterns in who are winners and losers within rehabilitation? How can these patterns be explained? In which ways are the welfare institutions with intensive regulations producing specific practices with the effect that some patients, professionals and organisations are more or less dominant when it comes to defining what counts within the field of rehabilitation?

Organisers: Anette Lykke Hindhede and Karin Højbjerg (Aalborg University, Denmark).

Rehabilitation Capital: A New Form of Capital to Understand Rehabilitation Practices in a Nordic Welfare State

Guldager, Rikke
(Copenhagen University Hospital, Rigshospitalet)
Purpose: To examine how patients and relatives manage the rehabilitation process after a stroke. We investigated the challenges involved and the strategies applied to optimize the rehabilitation process. Materials and Methods: The study had a qualitative approach within a sociological framework based on the theories of Bourdieu and Shim. Data were generated using participant observation and semi-structured interviews, and qualitative content analysis was applied to investigate the experiences of patients and relatives related to decision-making in the stroke unit. Results: Our main finding was identification of –"rehabilitation capital". This new form of capital builds on existing theory of capital as: "An individual's or a family's resources that are valued in the field of rehabilitation as a physical, behavioral and cognitive embedded attitude and practice. Rehabilitation capital consists of closely interrelated components such as Intellectual Performance, Bodily improvement, Institutional Acceptance, Self-initiating Activities and Institutional Potential". Conclusion: Rehabilitation capital is described as a resource potentially benefitting patients and relatives

during inpatient rehabilitation. The asset facilitates better attention from healthcare professionals and benefits the rehabilitation process in general. Rehabilitation capital makes a distinctive difference in the provision of services and hospital stay.

What Counts as Body Investment in Neurorehabilitation in Patient- Physiotherapist Relations?

Smidt, Helle Rønn
(Aalborg University)

After-stroke patients receive different treatments. The differences are of course determined by the condition of the patient but also by the specific rehabilitation programmes offered at the specialised rehabilitation units in Denmark. However, patients' investment in the (healthy) body also seems to play an important role in a rehabilitation process. Since the physiotherapist is a key professional when it comes to body activities and therapy, the research question is asked: What different kinds of body-investment strategies are practised by patients in neurorehabilitation, and how are they valued and perceived by the physiotherapists?

The study's theoretical approach is based on Bourdieu's praxeology and Merleau Ponty's understanding of body. The aim is to examine what kind of body-investments strategies are considered legitimate or illegitimate within rehabilitation.

Preliminary findings show that the body is both perceived as a medical object for treatment but also for health promotion and prevention and patients are accordingly exposed to change of approval. A patient can do well in physical progress at the hospital but later in the rehabilitation process the same patient's body strategies are met with disapproval, ie patients being obliged to change their eating habits, such as eating breakfast every day, to maintain a healthy body, which they never did before because they worked night shifts. Both patients and physiotherapists' dispositions orient the rehabilitation practice.

Neurorehabilitation in a Field Perspective

Bystrup, Mette Ryssel
(Aalborg University)

This paper investigates how neurorehabilitation viewed as a field in a sociological understanding frames how trajectories are organised and processed. It contains a double approach containing both a historical and a contemporary analysis based on an empirical study. The theoretical approach is primarily based on Bourdieu's concept of Field.

The historical analysis show that neurorehabilitation in Denmark has a relatively short history, since the general perception only a few decades ago was that brain injuries were more or less permanent conditions. This changed through the 1970 and 1980s following exposure to differing neuro-psychological and -pedagogical influences. Hereafter, other interests have also altered the development of the field, especially the more medically oriented. The history enables us to examine how the field has evolved, the forms it continues to take and how it is organised in order to understand the agenda and logics that prevail.

The empirical study consists of observational studies of eight intersectoral meetings at a specialised hospital unit (Hammel Neurocentre) just before discharge. In this setting, different agents/positions (hospital professionals, patients, relatives, municipalities etc) meet to plan the future rehabilitation process. Preliminary findings show that a medical approach dominates the agenda, including a strong focus on the functional capacity of the patient's body. In contrast, the patient and relative perspective is rather subordinate or even absent and so comprises subjective perceptions of psychological and social life factors. The positioning (and performance) of both patients/relatives and municipalities vary and is reflected in the provision of services.

Severe Brain Injury and Boundary Work

Hindhede, Anette
(Aalborg University)

Based on the concept of boundary work as developed by Michèle Lamont (2000), this paper focuses on how people having survived severe traumatic brain injury construe themselves and the rest of society and how ways of enacting boundaries occur in everyday interactions with others. The qualitative study rests on in-depth interviews with 20 working-age people from all over Denmark and five years after the injury. Data suggests two diverse age-related constructions of boundary work based on how respondents used various symbolic distinctions to define who they are and to situate themselves in relation to others. The older respondents reinforced collective norms of the typical brain-damaged individual, thus manifesting strong symbolic boundaries at the level of both individual and collective identity. The younger respondents, however, who had more at stake, sought to affect the predominant stereotypes as not being able to work and transform their collective identity by expressing equalisation strategies. They had various levels of success due to strong social boundaries manifesting themselves through unequal patterns of access to work (due to the rules and regulations of the Danish state) affecting their life chances. The paper ends by challenging the assumption about the homogeneity of experiences and group collectivity among people who share the diagnosis of severe acquired brain injury and that the strength of boundaries is likely less linear than suggested in other research.

Symposia and Special Events

Organisational Inequity in Rehabilitation of the Brain-Injured

Højbjerg, Karin
(Aalborg University)

The paper presents preliminary analysis of data from ethnographic field studies focusing on how organisations perform an unequal contribution to the rehabilitation process of the brain-injured. The study is based on observation studies and interviews at three different institutions in Denmark taking care of the brain-injured in the acute, sub-acute and stabile stage of the patient rehabilitation. Data are analysed within a Bourdieu and Abbott framework showing homologous relations between the involved professionals, their tasks and the organisational procedures when transferring the patients from one organisation to the next. Whereas the patients are easily transferred from the acute stage with few prestigious professionals involved, a team comprising a broad range of professionals in a highly structured procedure is involved in the transfer over to the stabile stage. It contrasts the efforts in the stabile stage at the municipal institution where the patients are stuck and professionals from low-ranking positions are struggling to transfer the patients the last step to a permanent housing solution. It can be discussed whether the discrepancy in resources spent at the initial stage and the final stage pay out to the benefit the patients.

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Thursday 14 September 2017 at 08:30-10:10
Symposium
Exhibition Centre Room PT007

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Complexities of Health and Contemporary Health Systems: Using Bourdieu to Deepen Our Understanding

Larsen, Kristian
(Aalborg University, Copenhagen)

a) Present results of theoretical-empirical studies in US, UK, Australia, Denmark and Norway.

b) Discuss similarities and differences related to developed concepts.

c) Discuss the interplay between capital and field, focusing on the struggles within the healthcare field and its implications for inequality.

Integral health sociology work is providing explanations for the maintenance and reproduction of health inequalities. Collectively, the presenters in this special session contend that expansion of global capitalist societies contributes to increases in global, national and local inequalities, at a time when advances in healthcare have meant transformation in the capacity to reduce or treat illness through new medical treatments, technologies, pharmaceutical products and innovations.

Inequalities in health are reproduced not just by material disadvantage, but also through the interplay of innovations and effects of transformation in social space, the bureaucratic field, organisational change, specialisations and regimes of knowledge. Many relations of domination go 'without saying', unnoticed by institutions, professions or patients, with key dominant players largely invisible in the public sphere (eg pharmaceutical industry); while others (eg unions, humanitarian or patient organisations) are increasingly visible, but have little power.

Presenters will draw on a diverse body of work that focuses on different aspects of and institutions in the healthcare field: healthcare choice (Collyer et al, 2015) and system knowledge (Willis et al, 2015); cultural health capital (Shim 2010; Dubbin et.al 2013); personal capital (Scambler and Newton 2011); practice theory (Nettleton and Green 2014); and health capital (Larsen, Cuthin and Harsløf 2013).

Cultural Health Capital and the Interactional Dynamics of Patient-Centred Care

Dubbin, Leslie
(UCSF, School of Nursing)

Building on the Bourdieusian concepts of cultural capital, field and habitus, this paper employs the framework of 'cultural health capital' (CHC) to uncover the ways in which both patients and providers' cultural resources, assets and interactional styles influence their abilities to mutually achieve patient-centred care. CHC is defined as a specialised collection of cultural skills, attitudes, behaviours and interactional styles that are valued, leveraged and exchanged by both patients and providers during clinical interactions. In a qualitative study conducted in the Western United States, we investigated the elements of CHC and how patients and providers used CHC to engage with each other and how it shaped the patient-centredness of their interactions. We found that the accomplishment of patient-centred care is highly dependent upon habitus and the CHC that both patients and providers bring to healthcare interactions. Not only are some cultural resources more highly valued than others, but their differential mobilisation can also facilitate or impede engagement and communication between patients and providers. The focus of CHC on the ways in which fundamental social inequalities are manifest in clinical interactions enables providers, patients and healthcare organisations to consider how such inequalities can confound patient-centred care.

Field-Specific Capital, Expert Parents and the Case of Batten Disease

Scambler, Sasha
(King's College London Dental Institute)

This paper explores the accumulation and transaction of field-specific capital in the context of negotiating health-related fields of practice. Drawing on empirical data exploring the experiences of families of children with Batten disease, I have previously argued that it is possible to heuristically describe a biologically bounded field that necessitates a new form of capital that develops born from systematic exclusion from existing forms of capital, and the sequestration of available capital in the field by expert systems. This forces parents to adopt new personal systems of valuation presented previously as 'personal capital'. In this paper, the idea of field-specific health/disease-related capital is expanded to incorporate the concept of the expert parent/patient. The potential of this approach as a way of understanding the experiences of, and role undertaken by, parents of children diagnosed with a health condition is explored.

Healthcare Knowledge Practices and Inequality: The Australian Experience

Collyer, Fran
(University of Sydney)

The imperative of choice in many contemporary healthcare systems is inextricably linked with knowledge and rationality. Patients, as well as doctors and various other gatekeepers, are expected to be able to weigh up available information and make choices about their own, or others', healthcare needs. Yet sociological studies tell us that choices about healthcare are far from straightforward. Indeed, choices and decision making are directly implicated in the creation and/or maintenance of inequality. Drawing on Bourdieu's concepts of habitus, field and capital, and an empirical study of the experiences of choice in Australia, we explore the role of knowledge within the healthcare system. Our study reveals the significance of 'system knowledge' for effective decision making, and how this can operate as capital. However, this kind of knowledge is scarce within the system. For patients, their unequal capacity to access and utilise system knowledge (as capital) can be explained in terms of their habitus which is, in turn, shaped by various field imperatives, including the media and policy contexts. For doctors and other gatekeepers, the field provides a salient explanation for the limitations on system knowledge, because ongoing contestations in the healthcare field mean that information upon which system knowledge is based is either unavailable or tightly controlled in a system dominated by the interests of private capital.

Health Capital: An Extra Card in the Social Space and the Healthcare Field

Larsen, Kristian
(Aalborg University)

Health capital (HC) aims to account for distinctive practices among social groups (class, regions, age groups, gender, diagnosis) with and on the body in order to stabilise or optimise social position in social space or social fields. The investment always takes place in particular spatial, temporal and institutional contexts, and is directed towards the body or specific body parts and articulates itself as investment in the surgery body, the chemical body, the nutritional body, the physical body and the mental body (Larsen et. al. 2013; Larsen in review). This concept is developed in a Norwegian/Danish context from studies of inequality in health and studies of distinctions among socially marginalised groups. At the same time, concepts such as cultural HC, healthcare capital, personal capital and healthcare choice etc have appeared and similarly aim to account for an 'extra card' in the healthcare field.

In this paper, HC will be related to the healthcare field and the above-mentioned concepts. It will be argued that HC is a resource in workplace fields, in the marriage market etc, but also in the healthcare field, such as in public hospitals. 'Abdication of the state' and the dominance of the right-hand state (Bourdieu 1999) have changed the healthcare field (NPM, short hospital stays, individualisation, standardisation) and make HC more necessary in the field, for example patients are rewarded for investing in the physical, medical or nutritional body – more than the surgery or mental body.

Thursday 14 September 2017 at 10:15-11:55
Special Event
Exhibition Centre Room PT007

Digital Health: What Does Medical Sociology Contribute?

Henwood, Flis, Marent, B., Ziebland, S., Williams, R. Stevenson, F.
(University of Brighton)

'Digital health' is an increasingly diverse and interdisciplinary field but medical sociologists have been involved in seeking to map and explain the social contours of the field from the very beginning.

In the so-called 'Web 1.0' era, where the adoption of information and communication technologies (electronic health records, static websites, online forums and emails) into healthcare practices became the focus of a new sub-field of 'e-health' studies, medical sociologists developed critiques of 'informed' and 'expert' patients and of the processes by which new technologies were transforming

Symposia and Special Events

the organisation and delivery of healthcare. Today, research into 'mHealth' dominates the field as mobile digital technologies (smartphone apps, tablet computers, wearable watches) are increasingly embedding into the organisation and practices of healthcare and medical sociologists are exploring how, for example, self-monitoring and the generation of personalised heath data are reconfiguring health practices and contributing to new embodied understandings of the 'self'.

The aim of this proposed special event is to enable us to reflect on the specific theoretical and conceptual contributions that medical sociology makes to the field of digital health and to explore how these theorisations have developed alongside technological developments. The presentations in this special event will include two papers (Ziebland, Henwood) that provide reflective overviews of medical sociological contributions to digital health, and three presentations (Marent, Stevenson, Williams) in which presenters examine how their current empirical studies are being informed by, and informing, ideas, concepts and theories from medical sociology to develop critical sociological perspectives on digital health.

Reflections on the Transformational Aspects of the Internet on Experiences of Health and Illness

Ziebland, Sue
(University of Brighton)

Sue Ziebland has been an active researcher in the sphere that is now called 'digital health' since the early days of this century. In this paper, updating some of the observations from her 2015 Medical Sociology conference plenary, she will reflect on how experiences of health and illness have been changed by the advent of the 'Internet'. In the early days, there was a (perhaps predictable) moral panic about the disastrous decisions that an unwary patient public might make when exposed to health information that had hitherto been the preserve of qualified health professionals. Some medical sociologists (eg Mike Hardey) saw the potential challenge to medical professionalism, or concluded that the same institutional voices would probably continue to dominate the new media, as they had the old (Seale). Several of us suspected that healthcare relationships would likely change in the new landscape (eg Nettleton, Broom, Henwood).

Since 2000, Sue and her colleagues have been involved in collecting narrative interviews with over 4000 people who have been diagnosed with a health condition, or faced healthcare decisions. One hundred health conditions have been studied and, in a departure from usual academic practice, analysis and interview extracts are published on www.healthtalk.org. Sue will use examples from this work to demonstrate how people draw on the Internet to connect with others faced with similar health problems, how these practices have changed over the last 17 years and consider how people's use of the Internet is positioned in relation to healthcare professionals.

Digital-Health Culture

Marent, Benjamin, Henwood, F. Darking, M.
(University of Brighton)

Sociological theory has conceptualised digital health as technology that creates surplus possibilities of communication and an overflow of meaning. It is argued that this overflow is handled and condensed within specific cultural frameworks. From this theoretical starting point, data from focus groups and interviews with 97 patients and 65 clinicians collected at five clinical sites across the European Union has been analysed to explore how participants reflect on the potentialities and risks of an mHealth device for self-managing HIV. We identified three ambivalences inherent in participants' experiences and expectations about digital-health technologies: (1) Quantification and the question of what counts as health knowledge; (2) Connectivity and the question of how social relatedness is achieved and how personal health data can be protected; and (3) Instantaneity and the question of what immediate responses are required and how health practices are temporally structured. These ambivalences are processed within different cultural frameworks for engaging or resisting digital health. Most patients and clinicians switch between these frameworks to situatively (dis)engage in digital-health culture in different social contexts. Medical sociological concepts such as experiential knowledge, doctor-patient relationship, trust and stigma are used to elaborate rationalities, opportunities and risks enacted in an emerging digital-health culture.

Initiation and Discussion of Information from the Internet in GP Consultations: Managing and Negotiating the Boundary between Home and the Clinic

Stevenson, Fiona, Seguin, M., Atherton, H., Barnes, R., Greenhalgh, T., Leydon, G., Murray, E., Pope, C. Ziebland, S.
(University College London)

Introduction: Pervasiveness of information via the Internet and increasing emphasis on patient self-management may appear contradictory with the maintenance of medical authority. Existing research highlights patients' concerns about challenging medical authority and GPs' sensitivity about such challenges as potential issues to be negotiated during the medical consultation. However, the current evidence is largely based on accounts rather than observed actions. We consider the ways in which patients manage the boundaries between knowledge gleaned in the home about health and the presentation of medical concerns in the clinic, and how this is jointly negotiated in consultations.

Method: Data originate from the Harnessing Resources from the internet study. Three hundred consultations will be video-recorded, supplemented by a baseline questionnaire determining the nature and extent of information sources accessed prior to the consultation, and semi-structured interviews with 30 patients and 10 GPs. Conversation analysis and thematic analysis will be conducted on sequences in the video-recorded data and interview data respectively.

Findings: Analysis will identify examples of communication patterns between GPs and patients relating to the introduction and discussion of internet-derived health knowledge in order to examine the joint negotiation of the boundary between the home and the clinic. This will be supplemented by accounts of actions from both patients and GPs.

Discussion: This study updates our knowledge about how patients use internet-derived knowledge in medical encounters and will contribute to research on the management of boundaries between home and clinic in the internet age and the implications for medical interactions.

Tracking Ourselves? Imagining Users, Shaping Markets

Williams, Ros, Weiner, K., Will, C. Henwood, F.
(University of Sheffield)

In this paper, I outline part of a larger Leverhulme-funded project on the everyday practices of self-monitoring. The paper's focus is on how industry stakeholders imagine these practices and the individuals undertaking them. To examine this, we look to those more mundane technologies that sit squarely between the medical and consumer realms, like home blood-pressure monitors and weighing scales which are available as both stand-alone, and highly networked digital devices with data-storing/sharing capacities.

Current sociological research, mainly concerned with wearables and apps, focuses on how such platforms produce the responsible selves of late modernity. Commercial/state actors' proprietorial tendencies and the production of 'digital biocapital' are also central in these accounts. Taking leave from a focus on discourses surrounding the political economy of self-monitoring, we draw on insights from practice theory, STS and medical sociology. Doing so allows us to examine how self-monitoring practices are understood to be 'emplaced' within existing care infrastructures, and are 'scripted' with particular users/uses in mind. We analyse a sample of commercial material produced since October 2016 to demonstrate how industry stakeholders not only imagine practices of self-monitoring and those who undertake them, but also shape this practice through the material design of their products.

The paper demonstrates how theoretical insights from medical sociology, STS and practice theory are being combined to fully address the objects of study that we are increasingly interested in.

Fifteen Years of Digital-Health Research: Medical Sociology Meets STS

Henwood, Flis
(University of Brighton)

In this presentation, I reflect on 15 years of research into digital health and the ways in which I have engaged with both medical sociology and science and technology studies (STS), to understand how healthcare practices have been shaped by, and are shaping, the emergence of digital technologies.

My first e-health project began in 2001 and was concerned with health information and the Internet. Like others at the time, I was concerned with investigating the assumption, popular in policy and practice environments, that the widespread availability of health information on the Internet would change doctor-patient relationships radically, shifting the balance of power towards patients, while challenging health professionals' expertise. The significant body of research that developed at this time, much of it in medical and health sociology, revealed a much more complex picture, with patients sometimes resisting increased responsibilities for health, doctors sometimes reluctant to trust patient-sourced health information and a growth in online health communities that offered alternatives and supplements for, but not necessarily challenges to, more traditional doctor-patient relationships.

As technologies have developed, I, like many others, have remained attentive to the transformative claims made for these 'new' technologies, exploring their use in a range of health contexts. In this presentation, I will explore how, whether exploring electronic patient records, websites or phone apps, I have sought to blend the best of medical sociology and STS to remain analytically sceptical of these claims and provide critical, situated and nuanced accounts of digital health in the everyday.

Symposia and Special Events

Equity is the Answer

Williams, Oli
(University of Leicester)

This exhibition challenges the promotion of health as an individual issue by highlighting the influence of social inequalities and promoting the principles of health equity in an accessible and engaging way. It stems from Oli Williams' postdoctoral project, 'Picturing a Thesis'.

There is a long history of research highlighting and explaining the social determinants of health and the detrimental impacts of inequality. Despite this, contemporary health policy has a tendency to focus on individual choice and consequently drift towards lifestyle intervention. Evidence demonstrates this is both ineffective and unjust but has largely been ignored. Therefore, it is now crucial to translate this knowledge into action. Academics must find ways of increasing awareness of their research and engaging the public with its relevance. This is particularly necessary for those working in public health as to some extent change is dependent upon developing a well-informed and critical mass who demand it. To support this endeavour, Oli co-founded the art collective Act with Love (AWL).

By harnessing the power of collaboration and good design, AWL communicates messages in meaningful ways to audiences within and beyond academia. After Oli completed his PhD thesis, AWL took on the task of translating its key findings and arguments into a politically charged poster series. Working in partnership with graphic designers at leading design university Ravensbourne, the project generated over 50 posters. Twenty of these works were displayed in an ESRC-funded exhibition entitled 'Equity is the Answer'. The exhibition will be restaged and shown throughout MedSoc 2017.

Cost of Living: Public Health in the Calais Refugee Camp: Environment, Health and Exclusion

Dhesi, Surindar, Isakjee, A. Davies, T.
(University of Birmingham)

The ongoing emergency for refugees is having profound and hidden health consequences for thousands of displaced persons who live in informal 'makeshift' camps across Europe. This interdisciplinary paper reports the results of the first environmental health assessment in such a location, in what was Europe's largest informal refugee camp in 2016, in Calais, northern France. We detail the lack of facilities for sanitation, safe provision of food, water and shelter, demonstrating how conditions fall short of agreed international standards for formal refugee camps. Rather than the notion of migrants being the cause of health problems, this paper critically reveals the hidden materiality of bodily injury caused by poor health conditions, where the camp itself produces harm. Drawing upon theories of biopolitical exclusion, the paper concludes by: (1) Emphasising the empirical and conceptual themes that tie refugee politics and biologies together; and (2) Makes a call for increased attention to makeshift camps as key sites of health exclusion in Europe and beyond.

Problematising Implementation and Improvement: Opening Up a Space for Criticality in Improving Quality and the Study of QI Approaches

Mackintosh, Nicola, Sandall, J., Allen, D., Jones, L., Martin, G Boaz, A.
(University of Leicester)

This special session critically considers the field of improvement science and which disciplines/methods/ontologies have legitimacy within it and which are seen as less useful. Who occupies this space, who has power and authority within it, what is seen as high priority and what is relatively neglected? What are the implications for policy and practice and the role of sociology in mapping structuring practices and foregrounding the politics of improvement? How does academic identity and autonomy shape improvement activities?

'Improvement' arguably has also become normalised in healthcare management work – it has become a part of the everyday workings of the public healthcare system. Improvement work is often characterised by depoliticised descriptions of practice. A plethora of instrumental toolkits, frameworks and models have been produced with lists of barriers and facilitators for improvement. Further critique is needed to analyse both intended and unintended effects of these representations of practice. How do methods such as ethnographic research open up a space to critically address the social, cultural and political practice of improvement, and

problematise notions of progress and success? How useful is this for practitioners, managers, researchers and policymakers in their improvement roles?

The Tension between Engagement in Implementation and Improvement and Academic Identity and Autonomy

Boaz, Anette
(Kingston University and St George's University of London)

In the UK, there are growing numbers of systems-level interventions such as Collaboration for Leadership in Applied Health Research and Care (CLAHRCs), Academic Health Science Networks and Academic Health Science Centres designed to enhance the relationship between academic and health systems. In addition to these initiatives that aim to boost the level of research activity in healthcare organisations, there are individual-level interventions to increase the capacity of healthcare staff to use research in their work and research programmes conducted with the aim of improving services for patients and their families.

For those of us interested in the implementation of research in health policy and practice these are interesting and challenging times, particularly as systems interventions to promote research use are difficult to study. This presentation will consider the current evidence on the role of research engagement in improving research implementation. It will also provide an overview of some of the current initiatives designed to promote improvement and present new research on the role of engagement of different actors as a mechanism for improving research use in the healthcare system. In particular, it will consider the strong pull of academic norms as a limiting factor in promoting engagement between academics and the health system. Drawing on Mary Henkel's work on academic identity and autonomy in changing policy environments, the presentation will explore how academics respond to the promise and challenges of working closely with stakeholders outside of the academy. We now recognise the multiple barriers to implementation and improvement. Addressing some of those within the academy may be within our reach.

From Polyformacy to Formacology: Sociological Insights into the Use of Everyday Technologies for Quality Improvement

Allen, Davina
(Cardiff University)

Concern with quality and safety has precipitated widespread use of a range of everyday technologies in modern healthcare systems. Check lists, pathways and algorithms are a tempting way for organisations and healthcare professionals to signal to the outside world that they are making a good-faith effort to ensure service quality. Yet the popularity of these everyday tools has not been matched by their systematic and critical analysis, leading to concern about the potential impact of a growing epidemic of 'polyformacy' on healthcare systems. I have a long-standing interest in everyday technologies in healthcare, beginning with the use of nursing care plans, through the politics of integrated care pathway development to ongoing work on escalation pathways and transfers of care. My analyses have drawn on a body of social-sciences research that underscores the role of everyday technologies in organisational life. While deprecatingly describing itself as 'The Society of People Interested in Boring Things'15, the work is practically very useful and its application to healthcare quality and safety long overdue. There is a pressing need for everyday technologies to be taken seriously in improvement initiatives. In this paper, I will draw on my previous body of sociological research to set out the insights into the use of everyday technologies in healthcare and to issue a call to arms for a new sub-field of improvement – we might call it formacology! – That addresses systematically and critically the content, form and use of check lists, proforma and their like.

Realising Sociology's Contribution to Improvement: Overcoming the 'Supply-Side' Challenges

Martin, Graham
(University College London)

Sociology, in common with other social-science disciplines, has long been criticised for a failure to engage in a constructively critical manner with the real-world institutions and actors who form the subjects of its studies, sometimes from within its own ranks. The field of healthcare improvement, characterised by concerted but contested efforts to make rapid changes in complex systems, offers sociologists the opportunity to make a meaningful, distinctive and highly valuable contribution to a progressive agenda; and indeed, social scientists have been central to both the diagnosis of and prescriptions for problems of quality and patient safety. Yet sociology's potential contribution to these efforts arguably remains under-realised. In this paper, I reflect on some of the causes of this situation, particularly on the academic 'supply side', and some ways in which we might address it. I highlight how the 'impact agenda' notwithstanding, the higher education institution continues to pull researchers in directions that often diverge from an active role in the design, development and enhancement of improvement activities. Managerialised universities orient academics towards 'elite' journals whose academic impact far exceeds their real-world impact; the academic institution more broadly embraces a notion of 'excellence' that valorises a universalisability that is arguably at odds with the work that is most valuable to improvement endeavours; even the construction of extra-academic 'impact' in the Research Excellence Framework does not necessarily favour the most meaningful contributions. I conclude by highlighting some exceptions to this pattern, and some opportunities to improve our contribution to improvement.

Symposia and Special Events

Ethnography and Quality Improvement

Jones, Lorelei
(University College London)

In the first part of this paper, I explore recent efforts to incorporate ethnography into quality improvement (QI) through a critical review of the literature from 2013. The aim of the review was to map ethnographic research in the field of applied healthcare research, distilling the key characteristics and using exemplars to illustrate the potential contribution of ethnography to practice. In the second part of this paper, I explore the tension between ethnography in and of QI, drawing on my current work developing a Foucauldian ethnographic practice that explores the performativity of applied healthcare research. In this work, I consider the social life of applied healthcare research, following an academic paper out into the world, asking 'Where does it go?' and 'What does it do?' My focus is on how discursive elements are incorporated into the production and dissemination of expert knowledge. I show how the academic paper adopts a particular framing of an issue, how it is then mobilised by different actors for a range of strategic goals, and how it interacts with other policy materials, audit technologies, and the discourses of 'evidence', 'clinical leadership' and 'public involvement'. My study thus locates applied healthcare research in an ensemble of tactics, procedures, knowledges and governing technologies. I consider both the uses and effects of applied healthcare research and reveal the multiple and often mundane ways social scientists are enrolled to accomplish governmental objectives.

Understanding the Political and Social Nature of Improvement and Implementation

Mackintosh, Nicola Sandall, J.
(University of Leicester)

Quality improvement (QI) projects are underpinned by expectations of improvement and implementation which can be seen to be 'generative' in that they guide activities, provide structure and legitimation and attract interest across different communities. Models and frameworks (such as logic models) provide boundaries and align expectations about what the QI project entails, and how best to ensure success. In this paper, we draw on a body of ethnographic research into rescue practice in acute care and maternity to highlight the importance of the interface between the technical and social for adding to understandings regarding improvement and implementation. We suggest that sociologically informed research can usefully foreground the normative framing and management of technical uncertainties. It can also highlight the diversity of interests involved and open up a space to consider the implications of power relations, the hidden coordination work and creativity involved in 'successful' projects to enable the co-existence of different organisational, institutional, professional and industry agendas and interests.

Friday 15 September 2017 at 09:00-10:40
Special Event
Exhibition Centre Room PT103

Should What's Said in the Room, Stay in the Room? The Dilemma over What Constitutes Public and Private Meetings in Primary-Care Co-Commissioning Committees

Bramwell, Donna McDermott, I.
(University of Manchester)

In this paper, we examine an observed dilemma around what constitutes 'public' information and what is to remain away from the public gaze in the 'private' sphere in respect of discussions and decision-making processes in primary-care co-commissioning. We further explore what this means for transparency and accountability in a more public-facing, post-reform NHS.

Drawing on findings from an ethnographic study of primary-care co-commissioning committees in four Clinical Commissioning Groups (CCGs) in England, the requirement for committees to hold their meetings in public meant that meetings are often divided into public and private sections with a separate agenda for each in accordance with governance, and as outlined in each CCG's Terms of Reference. The confidential nature of the business transacted is often the reason for moving discussions to the private section of a meeting. We captured the messiness around discerning what information and/or items in the agenda should be discussed in public or private sections of a meeting and why. The public/private dilemma highlights a concern that connects to broader questions about transparency, where transparency of information is considered a necessity of accountability (Bovens, 2007). We argue that opaque transparency and accountability therefore make uneasy bedfellows.

Bovens, M (2007) Analysing and assessing accountability: A conceptual framework. *European Law Journal* 13: 447-468.

An Exploration of CCGs' Management of Conflicts of Interest under Primary-Care Co-Commissioning

Moran, Valerie, Allen, P. McDermott, I.
(London School of Hygiene and Tropical Medicine)

The Health and Social Care Act 2012 substantially reorganised the commissioning system in England, creating GP-led Clinical Commissioning Groups (CCGs) and a new national body, NHS England (NHSE). NHSE was given responsibility for primary-care commissioning, partly to avoid the conflicts of interest associated with groups of GPs commissioning themselves or their practices to provide these services. From April 2015, NHSE devolved this responsibility to CCGs. This policy change was motivated by CCG's knowledge of local population health needs and their assumed ability to commission integrated pathways. These benefits were seen as outweighing the risks of conflicts of interest. This presentation explores how CCGs are managing potential conflicts of interest in primary-care co-commissioning.

We adopted a case-study approach and collected data using interviews and meeting observations in four sites (CCGs). We interviewed GPs and CCG staff involved in primary-care co-commissioning and observed meetings of CCG committees responsible for the strategic and operational aspects of primary-care co-commissioning.

Conflicts of interest were seen as an inevitable consequence of CCGs commissioning primary care, and the main challenge identified was how to manage them appropriately. CCG senior management felt confident that the new governance structures and policies dealt adequately with conflicts of interest but we found that these arrangements face limitations in terms of less explicit conflicts of interest, such as GPs' influence over other committee members. Less overt conflicts in the form of GP biases and potential for influence need to be addressed upfront by CCGs and NHSE.

Hybrid Accountabilities in the New Public Service Delivery Structures: The Case of Delegated Primary-Care Commissioning on the NHS in England

Oz, Gore McDermott, I.
(University of Manchester)

This paper contributes to theoretical understandings of multi-layered and hybrid forms of accountability by examining accountability dynamics as they manifest in a uniquely situated empirical case of the delegation of primary-care commissioning in England to GP-led Clinical Commissioning Groups (CCGs). This development, starting in April 2015, complexifies an already 'contested, potentially hybrid, and even contradictory accountability framework' (Mattei et al, 2015, 471) as it sees the main bulk of healthcare policy implementation, specification and operationalisation in primary care in England moving from central government towards local organisations the members of which are GP practices – the very providers of the services that are to be commissioned.

Drawing on an ethnographic study into the management practices of primary-care commissioning England, we examine the governance mechanisms with which the model of delegation was set up and how these accountability mechanisms influenced organisational and accountability outcomes. The paper focuses on two dimensions in which hybridity occurs: a vertical dimension (how CCGs are answerable to their memberships and NHS England) and a horizontal dimension (how the inclusion of managers, clinicians and lay members as part of the same decision-making forum leads to structural tensions between professional, political and social accountabilities). It thus affords a valuable empirical setting in which to examine how the model of co-commissioning hybridises previous, straightforward understandings of the 'delegation chain' of political accountability.

Mattei, P., Christensen, T. and Pilaar, J. (2015) Conflicting Accountabilities in the 2012 Health Care Reforms in England, *International Journal of Public Administration*, 38:7, 461-472

Whither Accountability? Arm's-Length Bodies, Sponsorship and a Tale of Meta-Governance.

Speed, Ewen, Allen, P., Checkland, K., Coleman, A., Hammond, J. McDermott, I.
(University of Essex)

The form and function of NHS England has continued to change and develop since its formation as an Arm's-Length Body in the 2012 Health and Social Care Act. Much of this change has related to the developing relationships between the government, the Department of Health and NHS England. In this paper, we attempt to unpack the nature of these relationships with a view to establishing a clearer understanding of the remit and parameters of NHS England in relation to the governance of NHS provision in England.

Much of the complexity surrounding the form and function of NHS England can be understood in terms of changing sponsor relations between NHS England and other statutory bodies. When first enacted in 2012, NHS England was designated as a Special Health Authority Body, ie as a Departmental Specific Public Body, which was under the remit of the Department of Health (and was therefore directly accountable to government). However, in 2013 it was re-designated as an Executive Non-Departmental Public Body. This type of Arm's-Length Body is sponsored by a department (eg the Department of Health), but they also have their own legal personality, outside of the Crown; as such, they are placed at one remove from government. In this paper, we consider the inherent complexity of current NHS governance arrangements and questions raised by this around processes of democratic accountability, government-service relations and the role of politics in public service provision.

Symposia and Special Events

Legitimacy and Governance: On Accountability and Transparency in Post-Democratic NHS

Bramwell, Donna
(University of Manchester)

The drive for accountability and transparency as emic to the principles of 'good' governance has become a particular fixation with a more public-facing, accountable NHS and in particular with the introduction of Clinical Commissioning Groups (CCGs). However, transparency, accountability and governance make uneasy bedfellows. Their incongruence is highlighted in a post-democratic NHS, where decision-making processes concerning primary healthcare commissioning are conducted with the local population needs in mind but are ostensibly determined by the CCG (Crouch, 2000). Therefore, deciding and defining how, why and what should be a matter for the public domain (in pursuit of transparency and accountability), has become in some instances, at the local level of national health policy implementation, a battle scene.

Drawing on an ethnographic study of CCGs, our event presents four papers to open up debate for broader questions about what is 'accountability' and 'transparency' – and further, what do they mean for the sociological governance of the healthcare system and for health policy? We explore the transparency and accountability mechanisms in the NHS following the Health and Social Care Act 2012. The first two of which examine the opaqueness of what is termed 'transparency' following the delegation of primary-care commissioning responsibility from NHS England to CCGs. This is followed by an exploration of the accountability mechanisms in delegated commissioning. The last paper explores the wider accountability between an Arm's-Length organisation and the government.

Crouch, C. (2000) *Coping with Post-Democracy*, Cambridge, Polity Press Ltd.

Friday 15 September 2017 at 10:45-12:25
Special Event
Exhibition Centre Room PT103

Environment and Health Special Interest Group: Strategy Renewal Workshop

Compton, Richard, MacBride-Stewart, S. Fox, N. J.
(King's College London)

In September 2017, the Environment and Health study group will be three years old. During that time, we have grown our membership, run a number of events, published a special section on society, environment and health in the journal *Public Health*, and are currently preparing for our second conference, to be held at Cardiff University in October 2017.

It is now timely to review our aims and objectives of a MedSoc group that focuses specifically upon the interactions between environment, health and sustainability and to look forward to the next three years. What are our strategic goals for the future and where should we devote our energy?

This will be an open workshop meeting that will consider current trends in social theory as applied to environment and health, update our strategic priorities and discuss options for future activities. It will also include a short scholarly presentation followed by a Q&A session to set the tone for the following strategic discussion.

Content of the workshop:

1. Welcome and brief introduction to the Environment and Health SIG (Richard Compton).

2. Scholarly presentation by Dr Sara MacBride-Stewart (Cardiff University), followed by questions (total: 30 minutes).

3. Trends in social theory as applied to environment and health (brief overview by Nick Fox).

4. Summary of recent activities and update on 2nd BSA Conference on Environment and Health to be held on 27 October 2017.

5. Strategic goals for 2018-2020 (structured discussion).

6. Future events and activities of the group.

Geocaching in a National Park: Materialising Health Inequalities, Re-Materialising Health

MacBride-Stewart, Sara
(Cardiff University)

National Parks are recognised as having a key role in promoting activities that improve health for deprived communities, in part because of their statutory responsibilities to encourage wellbeing and access to naturespaces. One example of a health intervention by the Brecon Beacons National Park is a locally run geocaching activity, designed to introduce young people and their communities to low-level physical activity while learning how to navigate via GPS-styled orienteering.

This paper starts with the proposition that while such health intervention programmes traditionally favour behaviour change, such approaches rarely take seriously the point that health inequalities are materialised in our bodily practices, memories and habits. Following Merleau Ponty, the local, physical environment is key to understanding these processes of materialisation. An analysis of walking interviews conducted with young people, their careers, park and community support workers highlights what the re-materialisation of health via natured-based activity might achieve in opening up naturespaces to the materialities of health inequalities. Re-materialisation works on the assumption that it is possible to capture the existing embodied relationships that people and communities have to naturespaces through the making of an unfamiliar activity familiar, and an enfolding of communities into naturespaces. Re-materialisation, it is argued here, may generate opportunities for reimagining new and future possibilities for health that are less easily captured by traditional methods for evaluating nature-based activities.

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Diane van den Broek

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Poster Presentations

Posters will be displayed in the refreshment area next to room PT006 within the Exhibition Centre for the duration of the conference. There is a designated poster-viewing time: Wednesday 13 September 2017 18:00-19:00. Presenters will be available during this time to discuss their work. Posters are listed in alphabetical order by first named author. **Alongside the poster session we are pleased to announce there will be a drinks reception kindly hosted by Sociology of Health and Illness.**

SOCIOLOGY OF HEALTH & ILLNESS

Poster Presentation Prize

Please don't forget to vote for the best poster. Each poster has been allocated a number – please refer to this number when completing your ballot slip. You will find the ballot slip behind your name badge and the ballot will be placed near to the poster display area. Voting will close at 18:15 on Thursday 14 September, and the winning poster will be announced at the conference dinner. The winner will receive £100-worth of SAGE book vouchers.

POSTER 1

Gender as a Line to Build Senses about the Street Ways and Homeless

De Campos, Dalvan, Moretti-Pires, R. O.
(Federal University of Santa Catarina)

Gender relations have effects on social trajectories of the LGBTT population, motivating family conflicts based in heteronormative discourse that sometimes result in outputs and expulsions from home. Studies in the United States, Australia and United Kingdom address the effects of this social process in the trajectories and the process of health and illness homeless LGBTT. In Brazil, despite the presence of the homeless LGBTT, as noted in census surveys, the specifics of the experiences of this population is still little investigated. Using the concept of social trajectory of Bourdieu we investigated the effects of gender relations in the trajectories of the homeless in a city in the South of Brazil. With ethnographic posture was held in everyday observation in the months of January and February 2016. Records were carried out with field diary and personal interviews with Gay, Lesbian and Heterosexual. The analysis was performed by immersion in information and dense description of reports and perceptions. Family dysfunction and the non-acceptance of non-heterosexual gender identities were pointed as the fuse to go to the street and how to aggravating of violence within familial and on the street. Gender identities were relevant in the process of disaffiliation and fixing on the street, having direct effects on the experiences and possibilities of narratives in the context of the street. The constant submission to violent acts and discrimination was presented by the interviewees as a limiter for and exercise of their performances and sexuality with direct effects on the process of health and illness.

POSTER 2

An Integrative Review on Women Living With Obstetric Fistula and After-Treatment Experiences

Degge, Hannah, Hayter, M. Laurenson, M.
(University of Hull)

Background: Long eradicated in developed countries, obstetric fistula remains a public health issue in sub-Saharan Africa and Asia. This is a highly stigmatized health condition, and an understanding of the women's experience is required to inform holistic approaches for care and prevention.

Aim: To review literature on the experiences of women with obstetric fistula, their lived experiences after treatment; and to provide evidence for future research.

Method: Keywords, Inclusion and exclusion criteria were defined. Searches were conducted in EBSCO host (Academic Search Premier, MEDLINE, PsychINFO, and CINAHL), Web of Science, and websites of international organizations such as Women's Dignity Project, and EngenderHealth, between 2004 to January 2015. 25 articles were identified. Review was guided by Whittemore and Knafl's revised analytical framework. Articles were assessed for methodological quality.

Results: Three broad themes were identified: Challenges of living with fistula; treatment and care experiences; and reintegration experiences of women after fistula repair: Living with a fistula presents multidimensional consequences affecting women, families and communities. Accessing treatment is difficult and there are no standardized treatment packages. Surgical repairs were variable in their success rate. Some authors claim women resume normal lives irrespective of their continence status, whilst others claim they face discrimination despite being continent thereby hindering reintegration. Quality of life is diminished for those remaining

Poster Presentations

incontinent. Post repair psycho-social support services are beneficial for reintegration, but research on program benefits is limited. Therefore further research is required to support its benefits; and for policy development to meet care provision for women with fistula.

POSTER 3

Rendering the Invisible Visible: A Critical Application of the Theoretical and Empirical Concepts of Actor-Network Theory to Hidden Disabilities

Goldschmied, Anita
(University of Wolverhampton)

The research to date has largely focused on individual conditions such as autism, intellectual disability, dementia and mental disorders rather than the shared experiences of hidden disabilities. One major drawback is that these conditions remain separated in most areas of both the medical and the social practices that adversely affect people living with such conditions. This thesis argues that the binary oppositions between nature/culture and the medical/social models of disability continue to reinforce the fragmentation of services, the proliferation of labels and the perception that hidden disabilities are independent and definite. The central argument of this thesis is that hidden disabilities have never been a stable, fixed and ordered reality but they are repeatedly performed, dissolved and reproduced in the complex interactions of multiple human and non-human actors within webs of connections. Networks temporarily stabilise, and labels help create the impression that hidden disabilities are definite and permanent states. Hidden disabilities have always been seen as a reflection of physical disabilities. Therefore, it is significant to investigate hidden disabilities by the material-semiotic approach of Actor-Network Theory to attempt to transform the concept of hidden disabilities and formulate a working model. The research will also show, through case studies of various conditions, that people living with hidden cognitive differences do not need reasonable adjustments because they are disabled; they need reasonable adjustments to prevent them from becoming disabled. This can lead to the development of novel approaches in working with complexities to raise awareness, strengthen self-advocacy and influence policies.

POSTER 4

Exploring Motivation for Attending Health Checks in Southwark

Isaacs-Itua, Alifa

Design: Convenience sampling, with face-to-face interviews of all adults attending health checks at two separate community venues.

Setting: A weekday and a Saturday, at a shopping mall and outdoor market respectively, over a six-hour period on each day (n=14).

Participants: Aged 40-54 years, of whom all were of a minority ethnic background, and 64% were women.

Main outcome measures: Reasons for attending, satisfaction rating of the experience and likelihood of recommending health checks to others.

Results: of all the participants, 7% were Black men, although they comprise about 13% of the borough's population. More than half of those interviewed said they attended as they were in the area by coincidence and almost one-fifth attended on the recommendation of a friend or relative who had attended previously. All participants rated their health as 'excellent' or 'very good'. However, some still had pre-existing health concerns, including weight issues (16%), hypertension (12%) and stroke risk (16%). All participants rated the experience of having a health check as 'excellent' or 'very good' and 93% stated that they would definitely recommend the Health Check programme to others.

Conclusions: Outreach programmes should be offered across a range of venues and locations, including places of worship and housing estates. Health inequalities reflect broader socioeconomic inequalities, which influence healthcare choices. Ultimately, wealthier people enjoy better health. Consequently, preventative healthcare is particularly pertinent for those in socioeconomically disadvantaged groups.

POSTER 5

Developing an Instrument to Assess Children's Capacity for Assent in Research Settings: A Pilot Study

Ishiyama, Izumi, Akama, K.
(Tokoha University)

When a potential research subject is able to give assent to decisions about participation in research, the researcher must seek that assent in addition to the consent of the legally authorised representative. These were declared in Japanese Ethical Guidelines for Medical and Health Research in 2015. Researchers are confronting the need to decide seeking or not-seeking assent of potential research subjects. We investigated developing an instrument to assess children's capacity for assent in research settings. We targeted healthy children and researches with no invasion or intervention. We developed a semi-structured interview guide for assessing a child's capacity for assent. We tended to assess in four areas: 'understanding', 'appreciation', 'reasoning' and 'expressing a choice' by using paper records and videos. In October 2016, 18 children aged 4-9 years were selected. At the first interview A, a child received clear explanations about the second interview B from researchers using scenarios and figures in a private room. Confirmation questions and answers between the researcher and the child were recorded. When the child gave assent to participate in interview B, they were asked for a signature or to draw a mark. Five-year-old children 'signed' with marks or their first name and elementary schoolchildren aged six years old or older signed with their full name. It was suggested that a five-year-old child might have the capacity to 'express a choice'. Children's answers for questions that measured 'understanding', 'appreciation' and 'reasoning' were not clear enough to judge their capabilities, so we need to modify the instrument in future.

POSTER 6

Female Bariatric Patients as Actors: A Dramaturgical Analysis of Identity Roles Before and After Surgery

Jiménez-Loaisa, Alejandro, Jennings, G., Beltrán-Carrillo, V., González-Cutre, D.
(Sport Research Centre. Miguel Hernández University of Elche)

In *The Presentation of Self in Everyday Life* (1956), Erving Goffman used the world-as-a-theatre metaphor in which people perform various roles at the same time and across the lifecourse (and thus have no fixed identity). This dramaturgical model implies a micro-sociological approach to scrutinise everyday life, and it has been applied to specific fields of health research. Nevertheless, the potential of the dramaturgical model to investigate profoundly the everyday life of populations with morbid obesity has not been exploited by medical sociologists. To that end, semi-structured interviews were conducted with eight Spanish post-bariatric surgery women immediately following and one year after a post-surgery physical activity programme. For that purpose, we seek to apply this theory to explain how and why bariatric surgery patients adopted various roles before and after surgery in order to perform their professional, familial and communal activities for specific audiences. We wish to share the reasons behind these women's continued physical inactivity when they took a 'curtain call' from their roles as patients and exercise-group participants. Their stories show the great change that occurs during the face-to-face interaction between their trainers and exercise-group buddies and their more powerful, regular audience and back-stage team members within the stages at home, in the local community and at work. Using this exemplar population, we argue that such micro-sociological models highlight the limitation of macro-sociological approaches based primarily on the policy-based, sociopolitical dimension which may have little impact on people's daily, embodied lives.

POSTER 7

Women's Sexual Identity in the Digital World

MacRae, Sheena, Hayter, M. Poat, A.
(University of Hull)

This poster presents a review of the literature on women's sexual identity in the digital age. It outlines the methods for the review, illustrates the PRISMA process and explores the four main themes that have arisen from the research papers: the sexual identities of women; women's relationships in the digital age; women's sexual behaviour online; and the sexual scripts that dictate, reflect and influence online and offline sexual behaviour.

The evidence gathered from this review can summarised as follows:

Sexual identity could be said to be supported, facilitated and indeed created in the online environment. Increasingly, as the digital world has become mainstream, cultural and sexual scripts exert an influence online, particularly in social media sites such as Facebook.

Women do use the Internet for sexual purposes and largely participate in the same activities as men. Evidence suggests women participate in sexual activities online with less intensity of motivation, less frequently and with differing purposes to men. Women appear to use the Internet as an adjunct to their offline sexual lives and choose the activities in which they do participate with careful consideration of their context.

Motivation for the viewing of sexual content online may not always be sexual. Rather, it may relate to aspects of personality and reflect a need to seek sensation or antisocial content rather than sexual arousal.

Poster Presentations

The following gaps in the research were found: qualitative explorations of sexual nature of online life are lacking; and research on privacy, presentation and performance are focused on younger women's experiences.

POSTER 8

Understanding the Experience of Periprosthetic Knee Infection on Patients' Sense of Identity

Mallon, Charlotte, Moore, A., Gooberman-Hill, R.
(University of Bristol)

Background: Nearly 100,000 knee replacements are performed each year in England, Wales, Northern Ireland and the Isle of Man. After knee replacement, approximately 1% of patients develop an infection around their implant, known as 'periprosthetic infection'. Treatment usually involves intravenous antibiotic therapy, and one or more major surgical revision operations. Infection after surgery and its treatment are major events in the lives of people who experience them, and this study sought to understand the experience in more detail.

Methods: Semi-structured interviews were conducted with 16 people (9 men, 7 women; 59-80 years, mean age 72) who had undergone revision treatment for periprosthetic knee infection in one of six orthopaedic centres. Participants were interviewed between 2 and 10 months after discharge from hospital. Interviews were audio-recorded, transcribed and analysed thematically.

Results: Participants described how their sense of identity was affected by periprosthetic infection and treatment, which disrupted the lifecourse and challenged health security. Participants portrayed themselves as wife, husband, lover, mother, homeowner, homemaker, friend, kennels owner, sportsperson and holidaymaker. They described an often protracted diagnosis, and a burdensome treatment and recovery. Participants described changes to their identities, where former positive experiences and meanings were precluded by factors such as pain, vulnerability, psychological distress, a loss of independence and strained relationships.

Conclusions: Social identities are an important source of self-esteem and sense of worth, yet they require adjustment when health is compromised. We suggest that periprosthetic infection can be usefully conceptualised as a life-changing event, during which social identities are challenged.

POSTER 9

People's Experience of Apathy in Huntington's Disease: An Interpretative Phenomenological Analysis

Sein, Kim, Markova, I., Boland, J.
(SEDA, HYMS, University of Hull)

Introduction: Apathy is a prominent feature of many progressive neurodegenerative disorders such as Huntington's disease (HD), Parkinson's disease and dementia. This study asked people with HD and apathy, and their primary caregiver, to describe their experience of apathy.

Method: Eight people with HD and apathy and three primary caregivers were interviewed. The participants had confirmed diagnoses of HD and a wide range of symptoms. Participants were interviewed either on their own or as a couple. Interpretative phenomenological analysis was used to analyse the interview.

Results: Participants' experience of apathy tended to centre around increased fatigue, a lack of motivation and a lack of caring. Many related the experience of apathy as akin to depression, and one participant saw depression and apathy as the same. All participants found apathy a difficult and unusual topic to think about and discuss. These findings emphasise the difficulty in defining apathy. One participant found discussing apathy troubling; this participant seemed to think she should be upset by her lack of motivation but found it impossible to express that emotion while apathetic.

Discussion: People's experience of apathy varied greatly. There was a lack of homogeneity in the symptoms and behaviours that people mentioned when asked to describe and define apathy. Apathy does not seem to be a homogeneous experience in this population (and is unlikely to be homogeneous in any population), although participants were at different stages of disease progression. Perhaps apathy is a complex psychological response to HD, particularly when combined with neurological damage.

POSTER 10

Informed Assent from Child Participants in Japanese National Birth Cohort, JECS

Suda, Eiko
(National Institute for Environmental Studies)

The Japan Environment and Children's Study (JECS), a birth cohort study involving 100,000 parent-child pairs, was launched in 2011 and focused on the impacts of various environmental factors on children's health and development. Health outcomes and exposure measurements will continue until the child participants (CPs) reach 13 years of age. Proxy consent was obtained from a pregnant

mother, and Japanese ethical guidelines for research involving human subjects require confirming informed assent (IA) from the CP at the age they can understand and express their will.

The oldest CP is approaching six years old in JECS, and we are developing the policy/outline of IA based on our investigation of CPs' parents' attitudes towards IA, since the parents will be significant players in the IA process.

We consider receiving CPs' IA as a gradual process, which starts around six years of age, just before school age in Japan. And we separate that process into three parts of different phase of IA. In the first period (ages 6-8), we aim to foster CPs' familiarity towards JECS at home by talking with their family members rather than project people. In the middle period (ages 9-11), JECS should try to support more directly CPs' understanding about the project scientifically, as well as the significance and risks of participation in the context of each CP. In the latter period (ages 12-13), we need to consider confirming the IA of CPs.

The detail of the policy on IA in JECS will be explained referring the results of our investigation on CPs' parents' attitudes towards IA.

POSTER 11

An Exploration of a Traceur's Experience of Lack of Progression in Parkour: A Grounded Theory Study

Torchia, Kasturi, Athanasiadou-Lewis, C.
(London Metropolitan University)

Parkour is a seemingly dangerous, complex recognised sport in the UK, fast becoming one of the most popularised of this century. Originally from France, 'traceurs' find routes through urban areas, mastering the movement of overcoming obstacles efficiently and effectively. Parkour, although currently greatly under researched, presents many difficulties to traceurs, both physically and psychologically. Due to the experiential nature of parkour and its study, the geographical, sociological and ecological implications often lends itself to be largely dominated by ethnographical sociological research. In addition, possibly due to its novelty, the minimal psychological research that exists focuses on traceurs' enjoyment and positive progression through their parkour career. Little to no research to date has reviewed the deterrents, hurdles and stressors, physical, mental, emotional and social, that traceurs may undergo during training in this sport. However, a pertinent difficulty that resounds in sports psychology literature is the 'burnout' experienced over time by athletes engaging in high-intensity sports like parkour. Although, historically, generalised theories of burnout have been adapted/tailored to many populations and presentations, in line with the Counselling Psychology philosophy, the growth of new disciplines like parkour should be seen to stand alone apart from other sports – extreme or otherwise. This study therefore proposes that parkour practitioners may have unique and subjective experiences of burnout, and aims to provide counselling psychologists with a greater understanding of this phenomenon and the processes involved to be able to provide a more client-centred, client-informed model of burnout.

POSTER 12

How Embedded Is Person-Centred Care in Postgraduate Medical Curricula?

Watson, Rose, Thomson, R. G., Moore, H., Tomson, D., Giles, K. Farnworth, A.
(Newcastle University)

Person-centred care (PCC) is a fundamental standard of the Care Quality Commission and the Five Year Forward View. Health professionals are expected to deliver PCC within the NHS context, for which they receive training. We conducted a training needs analysis to explore how PCC is addressed in various Royal College (RC) postgraduate medical curricula.

Various facets of PCC, including care planning, coordination, shared decision making and communication skills, were distilled from the published literature and national policy documents. These were used as a framework to analyse curricula documents from the RCs of Physicians, Psychiatrists, Surgeons, and General Practitioners (GPs). These data were supplemented by interviews with key informants from each of these RCs.

All interviewees indicated that PCC is a feature of their curricula but definitions were variable. Documentary analysis confirmed the presence of PCC in curricula documents; however, it is often poorly defined and open to interpretation by those who might be implementing them.

There are variations between RCs in terms of language and depth of importance attached to the various elements; all curricula are underpinned by a strong emphasis on communication skills with patients, family, friends, colleagues and other services.

Many influences on the formation of PCC as a concept within medical postgraduate curricula were identified, both in the existing literature on PCC and the interview and documentary data collected for this analysis. Greater clarity about the skills and knowledge expected of a PCC-competent practitioner are required if consistency is to be achieved in teaching, assessment and practice.

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BRITISH SOCIOLOGICAL ASSOCIATION

Paper Sessions
Wednesday 13 September 2017 12:45-13:15

STREAM/ROOM	PRESENTER / TITLE OF PRESENTATION
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Methods Room PL001	*Tyldesley-Marshall, Natalie* BETTER PREPARATION FOR INTERVIEWING – THE BENEFITS OF SHADOWING
Lifecourse Room PL002	*McKnight, Ulla* SUCCESSFULLY PREVENTING VERTICAL TRANSMISSION OF HIV: FILTERING AWAY DEATH AND THE EMOTIONAL REQUIREMENTS OF PROVIDING AND RECEIVING CARE.
STS Room PL005	*Håland, Erna* STANDARDS AS COLLECTIVE EFFORTS; THE INTRODUCTION OF STANDARDISED CANCER PATIENT PATHWAYS (CPPS) IN NORWAY
Professions Room PT006	*Ward, Christopher* THE SOCIOLOGY OF MEDICAL SOCIOLOGY: PROPOSALS FOR A PROGRAMME OF REFLECTION AND RESEARCH
Health-Service Delivery Room PT007	*Hope, Jo, Recio-Saucedo, A., Griffiths, P., Smith, G., Schmidt, P. and the Night Surveillance Study team* UNDER THE RADAR: THE BENEFITS OF A SOCIOLOGICAL VIEW OF NURSES' 'NON-COMPLIANCE' IN HOSPITAL WARDS AT NIGHT
Complementary and Alternative Medicine Room PT103	*Ceuterick, Melissa, Vandebroek, I.* IDENTITY IN A MEDICINE CABINET: DISCURSIVE POSITIONS OF ANDEAN MIGRANTS TOWARDS THEIR USE OF HERBAL REMEDIES IN THE UNITED KINGDOM
Theory Room PT111	*Wang, Yifan* MEDICALISATION, PHARMACEUTICALISATION AND COUNTERVAILING POWERS: RESEARCHING THE SOCIAL CAUSES OF OVER-MEDICATION IN CHINA
Symposium Mental Health Room PL006 12:45-14:25	*Inckle, Kay* SELF-INJURY: INEQUALITIES, INJUSTICE AND DISTRESS *Chaney, Sarah* SEX AND DEATH: A CULTURAL HISTORY OF SELF-INJURY

Paper Sessions

Chandler, Amy
THE OBSCENITY OF THE ALL-TOO-VISIBLE: A CRITICAL,
EMBODIED PERSPECTIVE ON STIGMA AND SELF-INJURY

Inckle, Kay
BODIES OF KNOWLEDGE: SOCIOLOGICAL PERSPECTIVES ON
SELF-INJURY

Wednesday 13 September 2017 13:20-13:50

STREAM/ROOM	PRESENTER / TITLE OF PRESENTATION
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Methods Room PL001	*Sutherland, Heather* THE 'MARTIN EFFECT': REFLECTIONS ON 'EMOTIONAL LABOUR' FACETS IN QUALITATIVE SUICIDE BEREAVEMENT RESEARCH.
Lifecourse Room PL002	*Visser, Renske* TEMPORALITIES OF AGEING AND DYING 'AT HOME' IN THE SOUTHWEST OF ENGLAND
STS Room PL005	*Coveney, Catherine, Faulkner, A., Gabe, J., McNamee, M.* INJURED ATHLETES, 'ORTHOBIOLOGICS' AND PROMISES OF THE 'NATURAL' BODY RE-MADE
Professions Room PT006	*Tazzyman, Abigail, Bryce, M.* REFORMING REGULATORY RELATIONSHIPS: THE IMPACT OF MEDICAL REVALIDATION ON INTERACTIONS BETWEEN DOCTORS, EMPLOYER ORGANISATIONS AND THE GENERAL MEDICAL COUNCIL IN THE UNITED KINGDOM
Health-Service Delivery Room PT007	*Eborall, Helen, Hudson, N., Martin, G., Shaw, L., Turner, J.* EMBEDDING STRUCTURED EDUCATION FOR SELF-MANAGEMENT OF TYPE 2 DIABETES IN PRIMARY CARE – AN NPT INFORMED ANALYSIS
Complementary and Alternative Medicine Room PT103	*Salmenniemi, Suvi* BEYOND DEPOLITICISATION: ALTERNATIVE THERAPIES AS A SITE OF POLITICAL ENGAGEMENT
Theory Room PT111	*Carson, Andrea* STRIKING A BALANCE: CONFRONTING POST-STRUCTURAL, CORPOREAL TENSIONS IN DEFINING A FEMINIST METHODOLOGY

Paper Sessions

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STREAM/ROOM	PRESENTER / TITLE OF PRESENTATION
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Methods Room PL001	*Mathieson, Amy, Luker, K., Grande, G.* 'IT'S ALL DATA': LESSONS LEARNT AND METHODOLOGICAL ADVANCES FROM A (FAILED) IMPLEMENTATION PROJECT
Lifecourse Room PL002	*Turner, Nicola* YOUNG PEOPLE'S EXPERIENCES OF GIVING AND RECEIVING FAMILY CARE WHEN A PARENT IS DYING
STS Room PL005	*Moreira, Tiago* HEALTH: A SOCIOLOGY OF MEASUREMENT
Pharmaceuticals Room PT006	*Roberts, Jane* MARKETING A NEW TYPE OF CHILD: THE DEVELOPMENT PHARMACEUTICAL INDUSTRY REPRESENTATIONS OF PEDIATRIC BIPOLAR DISORDER AND THE INFLUENCE OF ORGANISATIONAL KNOWLEDGE
Health-Service Delivery Room PT007	*Standing, Holly, Hanratty, B.* THE ELECTRONIC FRAILTY INDEX (EFI) IN PRIMARY CARE: USEFUL TOOL OR ANOTHER NAIL IN THE COFFIN OF CRAFT-BASED CARE?
Screening and Diagnosis Room PT103	*Hilario, Ana Patricia* BEYOND THE TRANSGENDER DIAGNOSIS: CONTESTATION, INSTRUMENTAL RESISTANCE AND STRATEGIC CONFORMATION OF TRANS PEOPLE IN PORTUGAL
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STREAM/ROOM	PRESENTER / TITLE OF PRESENTATION
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Methods Room PL001	*Allan, Helen, Arber A.* REFLEXIVITY IN FIELDWORK RESEARCH IN HEALTH SETTINGS' INSIGHTS FOR PRACTITIONER RESEARCH
Lifecourse Room PL002	*France, Rachel* CONSTRUCTING THE HOSPICE VOLUNTEER ROLE: EMERGING FINDINGS FROM AN ETHNOGRAPHIC EXPLORATION.
STS Room PL005	*Pickersgill, Marty* ETHICS, EXPECTATIONS, AND EPIGENETICS: (DIS) ASSEMBLING NORMATIVE NOVELTY IN SCIENTISTS' ACCOUNTS OF THE ETHICAL AND SOCIAL IMPLICATIONS OF EPIGENETICS RESEARCH
Pharmaceuticals Room PT006	*Abraham, John* BUILDING A POLITICAL SOCIOLOGY OF MEDICINE: LESSONS FROM PHARMACEUTICAL SAFETY ANALYSIS
Mental Health Room PL006	*Russell, Sian, Spencer, L., Newham, J., Jackson, K., McGovern, R., Simpson, E. G., Henderson, E., Kaner, E., Lingam, R.* COMPLICATED LIVES AND BURDENED SERVICES: YOUNG PEOPLE'S MENTAL HEALTH SERVICES IN THE NORTH EAST OF ENGLAND
Health-Service Delivery Room PT007	*Timotijevic, Lada, Egan, B., Peacock, M., Hodgkins, C.* 'I DON'T THINK PROFIT AND HEALTH SHOULD BE IN THE SAME ROOM': STAKEHOLDER BELIEFS ABOUT ETHICS OF MHEALTH
Critical Public Health Room PT103	*Underland, Gro* DOES IMPLEMENTATION OF INFORMATION TECHNOLOGY CHANGE THE WORKING ROUTINES?
Theory Room PT111	*Lee, Siewpeng* GOING WITH THE (NON) FLOW: FACING UP TO MENOPAUSE WITH THE HELP OF LEFEBVRE'S CONCEPT OF RHYTHMANALYSIS

Paper Sessions

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Methods Room PL001	*Tarr Jen, Cornish, F., Gonzalez-Polledo, E.* USING ARTS WORKSHOPS IN CHRONIC PAIN COMMUNICATION
Lifecourse Room PL002	*Knox, Chloe* MOTHER VS CHILD? HEALTHCARE PROFESSIONALS' PERCEPTIONS OF MATERNAL-FETAL CONFLICT IN ANTENATAL SUBSTANCE USE
STS Room PL005	*Danesi, Giada, Pralong, M.* TRAJECTORIES, BOUNDARIES AND NEGOTIATIONS IN THE (SELF-) MANAGEMENT OF DIABETES' RISKS: MULTIPLE ACTORS, KNOWLEDGE AND TOOLS AT WORK
Mental Health Room PL006	*Boden, Zoe, Larkin, M.* MAPPING DISRUPTED RELATIONSHIPS: FRAGMENTATION, CONNECTEDNESS, AND 'PSYCHOSIS' IN EMERGING ADULTHOOD
Health-Service Delivery Room PT007	*Hardicre, Natasha* PARTNERS AT CARE TRANSITIONS? EXPLORING THE INVOLVEMENT OF OLDER PEOPLE IN THEIR CARE AS THEY TRANSITION FROM HOSPITAL TO HOME
Critical Public Health Room PT103	*Sallawy-Costello, Jake* COMMUNITY, CULTURE AND MEAT CONSUMPTION: PRELIMINARY FINDINGS OF AN URBAN ETHNOGRAPHY IN THE WEST MIDLANDS
Theory Room PT111	*Tamimi, Nancy* E-CIGARETTES AS A MANIFESTATION OF A BIOMEDICAL ERA
Special Event Theory Room PT006 15:05-16:45	*Hedlund, Marianne* INTRODUCTION TO NORWEGIAN HEALTH SOCIOLOGY *Tjora, Aksel* INTRODUCTION TO NORWEGIAN HEALTH SOCIOLOGY *Album, Dag* NURSES' VIEW ON THE PRESTIGE OF DISEASES: A COMPARATIVE ANALYSIS OF SURVEYS CONDUCTED IN 2002-2014 *Hedlund, Marianne* THE WELFARE STATE: A SHEEPDOG FOR PUBLIC HEALTHCARE

Trondsen, Marianne
HEALTH AND TECHNOLOGY IN A NORWEGIAN CONTEXT

Andreassen, Hege Kristin
MUNICIPAL HEALTH SERVICES AND THE DECENTRALISATION
OF HEALTH-CARE

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Experiences of Health and Illness Room PX001	*Harper, Lydia* LIVING WITH LEBER HEREDITARY OPTIC NEUROPATHY: EXPLORING INDIVIDUAL EXPERIENCES AND PERCEPTIONS OF A DISRUPTIVE DISORDER
Methods Room PL001	*Poursanidou, Konstantina* DOING SERVICE USER-LED CRITICAL ETHNOGRAPHIC RESEARCH ON VIOLENCE IN INPATIENT MENTAL-HEALTH CARE: REFLECTIONS ON METHODOLOGY, RELATIONAL ETHICS AND POLITICS
Lifecourse Room PL002	*O'Connor, Grainne* 'I KNOW I SHOULDN'T…BUT CAN I SAY HELLO TO YOUR DOG?': LIVING WITH MULTIPLE SCLEROSIS AND THE EXPERIENTIAL USE OF ASSISTANCE DOGS
STS Room PL005	*Thomas, Julia, Lewis, J.* FROM TRADING ZONES TO BUFFER ZONES: ART AND METAPHOR IN THE COMMUNICATION OF PSYCHIATRIC GENETICS TO PUBLICS
Mental Health Room PL006	*Benoit, Laelia* 'THAT MORNING, I TURNED BACK HOME, I COULDN'T STAND IT ANYMORE'. FROM SCHOOL REFUSAL TO THE DEPARTMENT OF YOUTH PSYCHIATRY: A QUALITATIVE ANALYSIS.
Health-Service Delivery Room PT007	*Rayment, Juliet, McCourt, C., Dodwell, M., Bishop, S., Culley, L., Spiby, H., Walsh, D.* AN ANALYSIS OF MEDIA REPORTING ON THE CLOSURE OF FREESTANDING MIDWIFERY UNITS IN ENGLAND
Theory Room PT111	*Greco, Monica* INTERROGATING PARTICIPATION: 'MEDICALLY UNEXPLAINED SYMPTOMS' AS EPISTEMIC BREACHING EXPERIMENT.
Special Event Publishing Event Room PT103	*Jones, Ian Rees* WRITING FOR PUBLICATION IN MEDICAL SOCIOLOGY

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Lifecourse Room PL002	*Heavey, Emily, Baxter, K., Birks, Y.* SEEKING SOCIAL CARE AS BIOGRAPHICAL DISRUPTION: A QUALITATIVE STUDY OF SELF-FUNDERS' EXPERIENCES
Mental Health Room PL006	*Knight, Fauzia, Kirkpatrick, S., Powell, J., Ryan, S., Lennox, B.* SEVERE DISTRESS AND THE 'CRITICAL PERIOD' FOR ONSET OF PSYCHOSIS: YOUNG PEOPLE'S EXPERIENCES
Health-Service Delivery Room PT007	*Howse, Jennifer, Ablett-Spence, I. M., Rubin, G. P.* QUALITATIVE EVALUATION OF IMPLEMENTATION OF ACE PROGRAMME
Theory Room PT111	*Makela, Petra* CAN BUTLER'S THEORY OF PERFORMATIVITY BE APPLIED TO (RE) CONSTRUCTION OF IDENTITY AFTER TRAUMATIC BRAIN INJURY?

Paper Sessions

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STREAM/ROOM	PRESENTER / TITLE OF PRESENTATION
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Inequalities Room PT006	*Øversveen, Emil* FLATTENING THE GRADIENT: EXAMINING THE NORWEGIAN DISCOURSE ON SOCIAL INEQUALITIES IN HEALTH
Ethics Room PT111	*Vezyridis, Paraskevas, Timmons, S.* PUBLIC HEALTH DATA EXPLOITATION AND THE SUSPENSION OF PATIENTS' PRIVACY RIGHTS IN TIMES OF CRISIS: A NEW STATE OF EXCEPTION?
Symposium Health Policy Room PL006 08:30-10:10	*Hindhede, Anette* INEQUITY IN BRAIN INJURY REHABILITATION *Guldager, Rikke* REHABILITATION CAPITAL: A NEW FORM OF CAPITAL TO UNDERSTAND REHABILITATION PRACTICES IN A NORDIC WELFARE STATE *Smidt, Helle Rønn* WHAT COUNTS AS BODY INVESTMENT IN NEUROREHABILITATION IN PATIENT- PHYSIOTHERAPIST RELATIONS? *Bystrup, Mette Ryssel* NEUROREHABILITATION IN A FIELD PERSPECTIVE *Hindhede Anette* SEVERE BRAIN INJURY AND BOUNDARY WORK *Højbjerg Karin* ORGANISATIONAL INEQUITY IN REHABILITATION OF BRAIN INJURED
Symposium Health Policy Room PT007 08:30-10:10	*Larsen, Kristian* COMPLEXITIES OF HEALTH AND CONTEMPORARY HEALTH SYSTEMS – USING BOURDIEU TO DEEPEN OUR UNDERSTANDING *Dubbin, Leslie* CULTURAL HEALTH CAPITAL AND THE INTERNATIONAL DYNAMICS OF PATIENT-CENTRED CARE *Scambler, Sasha* FIELD-SPECIFIC CAPITAL, EXPERT PARENTS AND THE CASE OF BATTEN DISEASE *Collyer, Fran* 'HEALTHCARE KNOWLEDGE PRACTICES AND INEQUALITY: THE AUSTRALIAN EXPERIENCE'

Larsen, Kristian
HEALTH CAPITAL: AN EXTRA CARD IN THE SOCIAL SPACE AND
THE HEALTHCARE FIELD

Paper Sessions

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STREAM/ROOM	PRESENTER / TITLE OF PRESENTATION
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Lifecourse Room PL001	*Caswell, Glenys* ACTION: EXPLORING PATIENTS' AND PERSONAL REPRESENTATIVES' EXPERIENCES OF AN ADVANCE CARE-PLANNING INTERVENTION: A QUALITATIVE STUDY
STS Room PL005	*Sanders, Tom, Salway, S., Goyder, E., Grove, A., Hampshaw, S.* DUAL ELITES, EVIDENCE CONTEXTS AND COMMISSIONING IN A LOCAL GOVERNMENT AUTHORITY
Inequalities Room PT006	*Malone, Patrick, Millar, M.* INSTILLING A 'SPIRIT OF FAIRNESS': A CRITICAL ASSESSMENT OF THE IRISH POLICY SPHERE'S APPROACH TO 'EQUALITY' AND 'ENTITLEMENT' AS DETERMINANTS OF ACCESS TO HEALTHCARE PROVISION.
Embodiment and Emotion Room PT103	*Spratt, Tanisha* VISUALISING ILLNESS: BODY CONSCIOUSNESS AND SOCIAL PASSING IN US ALKAPTONURIA PATIENTS AND VITILIGO SUBJECTS
Ethics Room PT111	*Berghs, Maria, Atkin, K., Hatton, C., Graham, H., Thomas C.* THE PLATITUDES OF PUBLIC SOCIOLOGY: CAN HUMAN RIGHTS LEAD TO AN ETHICS FOR EQUITY?

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Lifecourse Room PL001	*Greco Cinzia* THE USES OF CHRONICITY: THE CASE OF BREAST CANCER
Gender Room PL002	*Van der Zaag, Annette-Carina* THE PROMISE OF VAGINAL MICROBICIDES: A NEOMATERIALIST INVESTIGATION OF EMPOWERMENT IDEALS
STS Room PL005	*Overton, Charlotte* OF DISTRIBUTION AND DRIFT: THE ROLE OF EVERYDAY TECHNOLOGIES IN THE IMPLEMENTATION OF CARE BUNDLES
Inequalities Room PT006	*Thirlway, Frances, Visram, S., Lewis, S., Sathe, S.* LOSING YOUR PLACE IN THE WORLD: SEDENTARY LIVES, DISORDERED BODIES
Embodiment and Emotion Room PT103	*Kenny, Katherine, Broom, A., Kirby, E.* SURVIVAL RATES, CANCER SURVIVORSHIP AND QUESTIONS OF ONTOLOGY
Ethics Room PT111	*Abadie, Roberto* ESTABLISHING AND MAINTAINING TRUST IN RESEARCH AMONG PEOPLE WHO INJECT DRUGS (PWID)

Paper Sessions

Thursday 14 September 2017 10:15-10:45

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Lifecourse Room PL001	*Cheshire, Anna, Ridge, D., Hedge, B., Catalan, J.* 'THE CHANGE IN EPIDEMIOLOGY HAS ENABLED OUR DEATH DENYING CULTURE TO CREEP BACK': NARRATIVES ON DEATH AND DYING IN HIV 'LIFE STORIES'
Gender Room PL002	*De Campos, Dalvan, Moretti-Pires, R. O.* (RE) THINKING THE RELATIONSHIP SEX X GENDER: THE FLUIDITY OF THE PERFORMANCES AND THE EFFECTS ON HEALTHCARE OF HOMELESS IN A CITY IN THE SOUTH OF BRAZIL
STS Room PL005	*Saukko, Paula, Oppenheim, B., Rousham, E.* NO POST-PASTEURIAN BACTERIA IN HOSPITALS: QUALITATIVE STUDY ON INAPPROPRIATE USE OF ANTIBIOTICS FOR TREATING URINARY TRACT INFECTIONS (UTIS) IN OLDER ADULTS
Critical Public Health Room PT006	*Will, Catherine, Weiner, K., Darking, M.* REMAKING PUBLIC HEALTH AND CARE IN THE CRACKS OF THE WELFARE STATE
Citizenship Room PL006	*Mikami, Koichi* HEALTH OF A PATIENT ORGANISATION: A STS PERSPECTIVE ON THE LIFE AFTER A SUCCESS
Embodiment and Emotion Room PT103	*Monaghan, Lee, Gabe, J.* 'I DON'T KNOW WHY THEY CALLED US GASPERS, BUT IT WAS KIND OF MEAN': ASTHMA, STIGMA AND THE POLITICS OF CHRONIC ILLNESS
Ethics Room PT111	*Crocetti, Daniela, Monro, S., Yeadon-Lee, T.* RIGHTS FRAMING AND TENSIONS BETWEEN INTERSEX SOCIAL ACTIVISM, PATIENT ASSOCIATION HEALTH MOVEMENTS, POLICYMAKERS AND MEDICAL PROFESSIONALS.
Special Event Theory Room PT007 10:15-11:55	*Henwood, Flis* DIGITAL HEALTH; WHAT DOES MEDICAL SOCIOLOGY CONTRIBUTE *Ziebland, Sue* REFLECTIONS ON THE TRANSFORMATIONAL ASPECTS OF THE INTERNET ON EXPERIENCES OF HEALTH AND ILLNESS *Marent, Benjamin* DIGITAL-HEALTH CULTURE?

Stevenson Fiona, Seguin, M., Atherton, H., Barnes, R., Greenhalgh, T., Leydon, G., Murray, E., Pope, C., Ziebland, S
INITIATION AND DISCUSSION OF INFORMATION FROM THE INTERNET IN GP CONSULTATIONS: MANAGING AND NEGOTIATING THE BOUNDARY BETWEEN HOME AND THE CLINIC

Williams Ros, Weiner, K., Will, C., Henwood, F.
TRACKING OURSELVES? IMAGINING USERS, SHAPING MARKETS

Henwood, Flis
FIFTEEN YEARS OF DIGITAL-HEALTH RESEARCH: MEDICAL SOCIOLOGY MEETS STS

Paper Sessions

Thursday 14 September 2017 10:50-11:20

STREAM/ROOM	PRESENTER / TITLE OF PRESENTATION
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Lifecourse Room PL001	*Cooper, Silvie, Daniel, J., Clauw, D., Williams, A., Hassett. A.* UPTAKE AND USE OF A FIBROMYALGIA SELF-MANAGEMENT DIGITAL RESOURCE – PRELIMINARY CONSIDERATIONS
Gender Room PL002	*Idris, Deeni Rudita, Forrest, S., Brown, S.* 'THE ROLE OF BRUNEIAN MASCULINITIES AND IT INFLUENCES ON HEALTH HELP SEEKING BEHAVIOUR AND HEALTH SERVICES UTILISATION OF BRUNEIAN MEN: A GROUNDED THEORY STUDY'
STS Room PL005	*Murtagh, Madeleine, Turner, A., Blell, M., Minion, J. T.* OPEN BIO (MEDICAL) SCIENCE: OPEN - OR EXPOSED?
Critical Public Health Room PT006	*Bunn, Christophe* WORKING WITH NOT ON COMMUNITIES: AVOIDING SYMBOLIC VIOLENCE AND INTROJECTION IN PUBLIC HEALTH
Citizenship Room PL006	*Raymond, Stephanie* SLIP, SLOP, SLAP, STAB? UNPACKING USER NARRATIVES OF AN UNREGULATED SYNTHETIC MELANOCORTIN (INJECTABLE SKIN DARKENER) IN THE CONTEXT OF AUSTRALIAN SUN SMART MESSAGING.
Embodiment and Emotion Room PT103	*Coleman-Fountain, Edmund* UNEASY ENCOUNTERS: YOUTH, SOCIAL (DIS) COMFORT AND THE AUTISTIC SELF
Ethics Room PT111	*Minion, Joel, Butcher, F., Timpson, N., Madeleine, M. J.* RECALL BY GENOTYPE (RBG) RESEARCH AND ISSUES OF SOLIDARITY, RECIPROCITY AND CO-PRODUCTION: PERSPECTIVES OF BIRTH COHORT PARTICIPANTS

Thursday 14 September 2017 11:25-11:55

STREAM/ROOM	PRESENTER / TITLE OF PRESENTATION
Experiences of Health and Illness Room PX001	*Remnant, Jennifer, Laurie, N.* MISSING THE BOAT? HOW OLDER WOMEN IN FIFE CREATE NARRATIVES OF EVERY DAY HEALTH THROUGH SCOTTISH COASTAL ROWING.
Lifecourse Room PL001	*Hudson, Nicky* INVESTIGATING THE CULTURAL, POLITICAL AND MORAL 'FRAMING' OF EGG DONATION: AN INTERDISCIPLINARY STUDY OF THE UK, BELGIUM AND SPAIN
Gender Room PL002	*Vickery, Alex* MEN AND DISTRESS: EXPERIENCES OF HELP-SEEKING, COPING AND DAILY MANAGEMENT
Critical Public Health Room PT006	*Faulkner-Gurstein, Rachel* MAINLINING HARM REDUCTION: MOBILISATION AND CHANGE IN THE ERA OF NEOLIBERAL HEALTH POLICY
Citizenship Room PL006	*Barbour, Rose* SOCIOLOGY IN OR OF MEDICINE: HOW MIGHT QUALITATIVE METHODS REPRISE OUR INFLUENCE?
Embodiment and Emotion Room PT103	*Rees, Sophie, Tutton, L.* 'EVERYTHING CAN CHANGE IN THE BLINK OF AN EYE' – THE EXPERIENCES OF PEOPLE LIVING 2-4 YEARS ON FROM A TRAUMATIC OPEN FRACTURE OF THE LOWER LIMB
Ethics Room PT111	*Hoare, Sarah, Barclay, S., Kelly, M. P.* PLANNING FOR DEATH: HOSPITAL ADMISSIONS AND HOME CARE

Paper Sessions

Thursday 14 September 2017 12:00-12:30

STREAM/ROOM	PRESENTER / TITLE OF PRESENTATION
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Gender Room PL002	*Venturi, Gustavo, Couto, M. T., Grangeiro, A.* RENDERING HETEROSEXUALLY ACTIVE MEN VISIBLE IN THE FACE OF THE HIV EPIDEMIC IN BRAZIL: AN ANALYSIS OF SEXUAL BEHAVIOURS AND PATTERNS OF MASCULINITY
Critical Public Health Room PT006	*Larsen, John Aggergaard, Russell, A* ENGAGING 'NON-PROBLEM' DRINKERS TO REDUCE THEIR RISKY DRINKING: THE CHALLENGE OF DRIVING BEHAVIOUR CHANGE THROUGH PERSONAL CHOICE
Citizenship Room PL006	*Bareham, Bethany, Kaner, E., Hanratty, B.* WE ARE NOT 'DRINKERS': OLDER ADULTS' CONSIDERATIONS AND PRIORITIES SURROUNDING DRINKING IN LATER LIFE
Ethnicity Room PT007	*Nazroo, James, Bhui, K., Rhodes, J.* WHERE NEXT FOR UNDERSTANDING RACE/ETHNIC INEQUALITIES IN SEVERE MENTAL ILLNESS? STRUCTURAL, INTERPERSONAL AND INSTITUTIONAL RACISM
Embodiment and Emotion Room PT103	*Wainwright, Emma, Norris, M.* BECOMING PHYSIOTHERAPISTS: EMBODIED AND EMOTIONAL SELF-DISCIPLINE IN THE PRACTICE OF PHYSIOTHERAPY

Thursday 14 September 2017 14:00-14:30

STREAM/ROOM	PRESENTER / TITLE OF PRESENTATION
Experiences of Health and Illness Room PX001	*Weedon, Amie, Saukko, P. Downey, J., Singh, S., Orme, M., Sherar, L.* MEANINGS OF SITTING IN THE CONTEXT OF CHRONIC DISEASE: A QUALITATIVE STUDY ON OLDER ADULTS WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)
Patient–Professional Interaction Room PL001	*Johannessen, Lars E. F.* A MORAL HIERARCHY OF PAIN: THE LOGIC OF TRIAGE NURSES' PAIN ASSESSMENTS
Professions Room PL002	*Ashall, Vanessa, Hobson-West, P.* THE ENTANGLEMENT OF HUMAN AND ANIMAL HEALTHCARE: WHY DO DOG OWNERS 'DONATE' THEIR PETS' BLOOD?
Critical Public Health Room PT007	*Couto, Marcia, Alves Barbieri, C.* CARE AND (NON)-VACCINATION IN THE CONTEXT OF HIGH-INCOME AND WELL-SCHOOLED FAMILIES IN BRAZIL.
Professions Room PT111	*Timmons, Stephen, Roe, B., De Guzman, J., Querubin, L.* PROFESSIONAL HYBRIDS IN A DEVELOPING COUNTRY

Paper Sessions

Thursday 14 September 2017 14:35-15:05

STREAM/ROOM	PRESENTER / TITLE OF PRESENTATION
Experiences of Health and Illness Room PX001	*Willis, Karen, Lewis, S.* PERCEPTIONS OF PLACE-MAKING CHOICES ABOUT HEALTHCARE
Patient–Professional Interaction Room PL001	*Tøndel, Gunhild* ALARMS IN ACTION: THE MATERIALISATION OF SAFETY IN ELDERLY CARE AND HOW IT SHAPES THE USER-NURSE RELATION
Professions Room PL002	*King, Rachel, Sanders, T., Tod, A.* INTER-PROFESSIONAL BOUNDARY BLURRING: AN ETHNOGRAPHIC STUDY OF ADVANCED NURSE PRACTITIONERS IN THE EMERGENCY DEPARTMENT
STS Room PL005	Machin*, Rosana* CROSS-BORDER REPRODUCTIVE CARE: GENDER AND REPRODUCTIVE MARKET IN THE CASE OF ANGOLA AND BRAZIL
Inequalities Room PT006	*Reeves, Aaron* HOW WAGE SETTING INSTITUTIONS REDISTRIBUTE INCOMES AND IMPROVE HEALTH
Citizenship Room PL006	*Feldges, Tom, Pieczenko, S.* INTERPRETATIVE UNDERSTANDING AND THE UNTIMELY TERMINATION OF ONE'S LIFE
Critical Public Health Room PT007	*Blue, Stanley* FROM INFLUENCING THE OBESOGENIC ENVIRONMENT TO SHAPING HEALTHY EVERYDAY LIFE: THEORIES OF PRACTICE AND PUBLIC HEALTH
Professions Room PT111	*Butler, Clare* FETISHISED 'EVIDENCE' AND ALIENATION: THE WORK OF SPEECH AND LANGUAGE THERAPISTS

Thursday 14 September 2017 15:10-15:40

STREAM/ROOM	PRESENTER / TITLE OF PRESENTATION
Experiences of Health and Illness Room PX001	*Norris, Pauline, Collier, G., Kayes, N., Hale, L.* EXPERIENCING MEDICALISATION: WHAT DOES A DIAGNOSIS OF MILD COGNITIVE IMPAIRMENT DO?
Patient–Professional Interaction Room PL001	*Walker, Liz, Keating, J., Baldwin, L., Sathyapalan, T.* 'WE ARE OUR OWN DOCTORS': PATIENT REFLECTIONS ON MANAGING TYPE 2 DIABETES
Professions Room PL002	*Manea, Teodora* THE BORROWED VOICE WITHOUT A BODY. MEDICAL INTERPRETING IN THE NHS
STS Room PL005	*Whybrow, Paul* EQUALLY POISED OR UNEVENLY BALANCED?: THE ROLE OF EQUIPOISE IN THE DEVELOPMENT AND PRACTICE OF CLINICAL TRIALS
Inequalities Room PT006	*Sointu, Eeva* CHALLENGES AND A SUPERPOWER: HOW MEDICAL STUDENTS UNDERSTAND AND WOULD IMPROVE HEALTH IN THE UNITED STATES
Citizenship Room PL006	*Gale, Nicola, Sihdu, M.* BEING A CRITICAL INSIDER IN A HIGH RISK COMMUNITY: A PHOTO-VOICE STUDY WITH COMMUNITY HEALTH WORKERS
Critical Public Health Room PT007	*Vitellone, Nicole* RACHEL'S STORY: TOWARDS A SOCIOLOGY OF HARM REDUCTION
Mental Health Room PT103	*Markham, Steven* REDUCING AND PREVENTING ABUSIVE AND VIOLENT BEHAVIOUR - A REALIST INVESTIGATION
Professions Room PT111	*Bassett, Andrew Mark, Lempp, H.* TRANSITIONS INTO, AND THROUGH UNDERGRADUATE MEDICAL EDUCATION: PERSPECTIVES OF MEDICAL STUDENTS FROM FIRST-IN-FAMILY UNIVERSITY BACKGROUNDS

Paper Sessions

Thursday 14 September 2017 15:45-16:15

STREAM/ROOM	PRESENTER / TITLE OF PRESENTATION
Experiences of Health and Illness Room PX001	*Nahar, Papreen, Small, N., Hodgson, D., Daker-White, G. Spencer, R. Sharp, C., Sanders, C.* CREATING MEANINGFUL PATIENT FEEDBACK DATA FOR HEALTH SERVICE IMPROVEMENT: EXPLORING THE FORMALITY AND INFORMALITY OF FEEDBACK MECHANISMS
Patient–Professional Interaction Room PL001	*Pilnick, Alison, O'Brien, B., Goldberg, S., Beeke, S., Allwood, R., Murray, M., Schneider, J., Sartain, S., Harwood, R.* ENHANCING SIMULATED PATIENT TRAINING IN HEALTHCARE USING CONVERSATION ANALYSIS
Professions Room PL002	*Shaw, Malisa, Monrouxe, L., Rees, C.* MEDICAL STUDENTS' STORIES OF RESISTANCE TO PROFESSIONALISM DILEMMAS
Inequalities Room PT006	*Putnis, Nina* A CRITICAL DISCUSSIONH OF THE CONSTRUCTION OF SEX WORKERS IN HEALTH PUBLICATIONS
Citizenship Room PL006	*Mahon-Daly, Pat* THE EMBODIED CITIZEN: BLOOD DONATION AND THE BODY
Critical Public Health Room PT007	*Bröer, Christian, Veltkamp, G., Karasaki, M., Ramanujam, A.* RAISING PROBLEMS: PROBLEMATISATIONS AND MEDICALISATION IN THE FIRST YEARS OF LIFE
Mental Health Room PT103	*Tariq, Qudsia, Fazal, H.* THE IMPACT OF DOMESTIC VIOLENCE ON PAKISTANI WOMEN'S MENTAL HEALTH
Professions Room PT111	*Leoni Birriel, Mariana* REFLEXIVITY IN THE SOCIOLOGY OF HEALTH: PERCEPTIONS AND REPRESENTATIONS AMONG BRAZILIAN RESEARCHERS
Special Event Critical Public Health Room PL005	*Williams, Oli* EQUALITY IS THE ANSWER

Thursday 14 September 2017 16:20-16:50

STREAM/ROOM	PRESENTER / TITLE OF PRESENTATION
Experiences of Health and Illness Room PX001	*Yamanaka, Hiroshi, Nojima, N., Higuchi, M.* ON THE SOCIAL LIMINALITY OF RARE-DISEASE PATIENTS
Patient–Professional Interaction Room PL001	*Hammond, Natalie* CANCER AND (NOT) TALKING ABOUT SEX.
Citizenship Room PL002	*Bröer, Tineke, Ross, E., Kerr, A., Cunningham-Burley, S.* 'NOT ALL CANCERS ARE PINK': STRATIFIED CANCER PATIENTHOOD IN THE CONTEMPORARY ERA
Inequalities Room PT006	*Yuill, Chris, Twumasi, R.* PRECARIOUS WORK: PRECARIOUS HEALTH?
Citizenship Room PL006	*Winter, Rachel, Bissell, P., Burr, J.* MEN, MASCULINITIES AND EATING HABITS IN THE PHILAPINES: EXPLORING GENDERED FOOD PRACTICES IN A COMMUNAL SOCIETY
Critical Public Health Room PT007	*King, Caroline, Currie, K., Davis, M., Flowers, P., Smith, M.* PUBLIC ENGAGEMENT WITH ANTIMICROBIAL RESISTANCE: A 'SUPER-WICKED' PROBLEM?
Mental Health Room PT103	*Walthery, Pierre* HOW WAS YOUR DAY? JOB - AND PERSON LEVELS DETERMINANTS OF DAILY ENJOYMENT AT WORK
Professions Room PT111	*Annandale, Ellen, Beynon-Jones, S., Buse, C., Martin D., Nettleton, S.* VIRTUAL COLLECTIVES' AND 'EMBODIED INDIVIDUALS': ARCHITECTS DRAWING STAKEHOLDERS INTO ALIGNMENT IN THE BUILDING OF CARE HOMES FOR LATER LIFE
MedSoc Committee Event Critical Public Health Room PL005 16:20-18:00	*Dhesi, Surindar, Isakjee, A., Davies, T.* COST OF LIVING: PUBLIC HEALTH IN THE CALAIS REFUGEE CAMP: ENVIRONMENT, HEALTH AND EXCLUSION

Paper Sessions

Thursday 14 September 2017 16:55-17:25

STREAM/ROOM	PRESENTER / TITLE OF PRESENTATION
Experiences of Health and Illness Room PX001	*Latif, Zahira, Stack, R. J., Raza, K.* SELF-MANAGING CHRONIC ILLNESS IN A TRANSNATIONAL DIASPORA: NARRATIVES OF BRITISH SOUTH ASIAN PATIENTS' LIVED EXPERIENCES OF RHEUMATOID ARTHRITIS
Patient–Professional Interaction Room PL001	*Sutton, Elizabeth, Tarrant, C., Martin, G., Eborall, H.* PATIENTS' UNDERSTANDINGS OF SAFETY -INVOLVEMENT, TRUST AND VULNERABILITY
Health Policy Room PT006	*Watanabe, Saori* THREE TYPES OF MEDICAL CARE FOR RARE DISEASES: A HISTORICAL ANALYSIS OF DISEASE-CATEGORY-BASED MODEL IN JAPAN
Citizenship Room PL006	*Dobson, Christina, Russell, A., Brown S., Rubin, G.* RESPONDING TO CANCER SYMPTOMS AS A 'GOOD PATIENT': HOW COMPETING DISCOURSES OF APPROPRIATE RESPONSES TO ILLNESS INFLUENCE PEOPLE'S HELP-SEEKING CHOICES
Critical Public Health Room PT007	*Pelters, Britta* HALLELUJAH HEALTH OR A NOT QUITE SO CLEAN SLATE? REFLECTIONS ON AN EMERGING SOCIETAL UNEASINESS IN HEALTH
Mental Health Room PT103	*Buckland, Rosie* THROUGH THE LENS OF A MENTAL HEALTH ACT ASSESSMENT: DISCOURSES AND NARRATIVES OF CRISIS, RISK AND RECOVERY
Professions Room PT111	*Bryce, Marie, Luscombe, K., Boyd, A., Tazzyman, A., Tredinnick-Rowe, J., Walshe, K., Archer, J.* POLICING THE PROFESSION? REGULATORY REFORM, RESTRATIFICATION AND THE EMERGENCE OF RESPONSIBLE OFFICERS AS A NEW LOCUS OF POWER IN UK MEDICINE

Thursday 14 September 2017 17:30-18:00

STREAM/ROOM	PRESENTER / TITLE OF PRESENTATION
Patient–Professional Interaction Room PL001	*Ruddock, Anna* COMMUNICATION AND THE HIDDEN CURRICULUM AT THE ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS)
Citizenship Room PL006	*McLaughlin, Janice* VALUING CARE IN AN ERA OF CELEBRATING INDEPENDENT CITIZENSHIP: DISABLED YOUNG PEOPLE'S REFLECTIONS ON THE IMPORTANCE OF CARE TO THEM
Critical Public Health Room PT007	*Stronge, Paul* RUNNING FOR LIFE OR 'LIFING' A RUN: A TARDEAN CRITIQUE OF KEVIN DEW'S 'CULT OF PUBLIC HEALTH' THESIS.
Mental Health Room PT103	*Foster, Sarah, Duschinsky, R., Reijman, S.* THE DISORGANISED ATTACHMENT CLASSIFICATION AS A BUZZING BOUNDARY OBJECT
Professions Room PT111	*Spooner, Sharon, Pearson, E.* THE WORRIES OF WORK; EXPLORING JUNIOR DOCTORS' CONCERNS ABOUT CAREER CHOICE AND CLINICAL DECISIONS

Paper Sessions

Friday 15 September 2017 09:00-09:30

STREAM/ROOM	PRESENTER / TITLE OF PRESENTATION
Patient–Professional Interaction Room PL001	*Tritter, Jonathan, Landstad, B., Okkenhaug, A.* MEASURING ADVERSE EVENTS IN MENTAL HEALTH IN SWEDEN AND NORWAY: SHARED BORDERS AND CULTURAL DIFFERENCES
STS Room PT007	*Gruian, Alexandra,* THE OVA PROVISION REGIME IN ROMANIA: STRIVING FOR ACCOUNTABILITY
Critical Public Health Room PT007	*Kuznetsova, Irina, Saveleva, Z. H., Mukharyamova, L.* SOCIAL JUSTICE AND HEALTHCARE IN RUSSIA: BETWEEN PEOPLE AND DOCTORS' UNDERSTANDING AND CURRENT REFORMS.
Special Event Health-Service Delivery Room PL005 09:00-10:40	*Mackintosh, Nicola,* PROBLEMATISING IMPLEMENTATION AND IMPROVEMENT:-OPENING UP A SPACE FOR CRITICALTY IN IMPROVING QUALITY AND THE STUDY OF QI APPROACHES Boaz, *Annette* THE TENSION BETWEEN ENGAGEMENT IN IMPLEMENTATION AND IMPROVEMENT AND ACADEMIC IDENTITY AND AUTONOMY *Allen, Davina* FROM POLYFORMACY TO FORMACOLOGY: SOCIOLOGICAL INSIGHTS INTO THE USE OF EVERYDAY TECHNOLOGIES FOR QUALITY IMPROVEMENT *Martin, Graham* REALISING SOCIOLOGY'S CONTRIBUTION TO IMPROVEMENT: OVERCOMING THE 'SUPPLY-SIDE' CHALLENGES *Jones, Lorelei* ETHNOGRAPHY AND QUALITY IMPROVEMENT *Mackintosh, Nicola, Sandall, J.* UNDERSTANDING THE POLITICAL AND SOCIAL NATURE OF IMPROVEMENT AND IMPLEMENTATION
Special Event Health Policy Room PT103 09:00-10:40	*Bramwell, Donna* LEGITIMACY AND GOVERNANCE: ON ACCOUNTABILITY AND TRANSPARENCY IN POST-DEMOCRATIC NHS *Moran, Valerie, Allen, P., McDermott, I.* AN EXPLORATION OF CCG'S MANAGEMENT OF CONFLICTS OF INTEREST UNDER PRIMARY-CARE CO-COMMISSIONING

Oz, Gore, McDermott, I.
HYBRID ACCOUNTABILITIES IN THE NEW PUBLIC SERVICE
DELIVERY STRUCTURES: THE CASE OF DELEGATED PRIMARY-
CARE COMMISSIONING ON THE NHS IN ENGLAND

*Speed, Ewen, Allen, P., Checkland, K., Coleman, A., Hammond, J.,
McDermott, I.*
WHITHER ACCOUNTABILITY? ARM'S-LENGTH BODIES,
SPONSORSHIP AND A TALE OF META-GOVERNANCE.

Bramwell, Donna, McDermott, I.
SHOULD WHAT'S SAID IN THE ROOM, STAY IN THE ROOM? THE
DILEMMA OVER WHAT CONSTITUTES PUBLIC AND PRIVATE
MEETINGS IN PRIMARY-CARE CO-COMMISSIONING
COMMITTEES.

Paper Sessions

Friday 15 September 2017 09:35-10:05

STREAM/ROOM	PRESENTER / TITLE OF PRESENTATION
Experiences of Health and Illness Room PX001	*Polidano, Kay, Saunders, B., Bartlam, B., Farmer, A.* EXPLORING YOUNG ADULTS' EXPERIENCES OF LIVING WITH A STOMA: A QUALITATIVE STUDY
Patient–Professional Interaction Room PL001	*MacArtney, John, Andersen, R., Malmstrom, M.* *Rasmussen, B., Evans, J., Tishelman, C., Ziebland, S.* CONVIVIAL PASTORAL RELATIONS: NARRATIVES OF MEDICAL AUTHORITY, CHOICE, AND CARE IN EXPERIENCES OF BEING DIAGNOSED WITH BOWEL OR LUNG CANCER IN DENMARK, ENGLAND AND SWEDEN
Gender Room PL002	*Miles, Hannah* WOMEN'S EXPERIENCES OF MATERNITY SERVICES AND HOW THIS IMPACTS ON THE 'BEST START'
Citizenship Room PT006	*Herbrand, Cathy, Dimond, R.* TECHNOLOGY OF HOPE: PATIENTS' VIEWS AND EXPERIENCES IN SUPPORTING MITOCHONDRIAL DONATION
Mental Health Room PL006	*Brunner, Richard* THE CAPABILITIES APPROACH: ENHANCING SOCIOLOGICAL UNDERSTANDING OF THE EXPERIENCES OF PEOPLE WITH MENTAL DISTRESS
STS Room PT007	*Swallow, Julia, Hillman, A.* FEAR AND ANXIETY: AFFECTS, EMOTIONS AND CARE PRACTICES IN THE MEMORY CLINIC

Friday 15 September 2017 10:10-10:40

STREAM/ROOM	PRESENTER / TITLE OF PRESENTATION
Experiences of Health and Illness Room PX001	*Clayton, Stephen, Holland, P.* THE EMPLOYMENT EFFECTS OF LIVING WITH CHRONIC MUSCULOSKELETAL DISORDERS: AN EXPLORATION IN QUALITATIVE META-SYNTHESIS
Patient–Professional Interaction Room PL001	*Macpherson, Catriona* WORKING WITH DYING PARENTS: CHALLENGES FOR HEALTHCARE PRACTITIONERS.
Gender Room PL002	*Degge, Hannah, Hayter, M., Laurenson, M.* REFLECTIONS ON IDENTITIES: OBSTETRIC FISTULA SURVIVORS' LIVED EXPERIENCE NARRATIVES
Citizenship Room PT006	*Chappell, Anne, Welsh, E.* 'BUT MUM, REMEMBER WHAT YOU DID FOR US.' OLDER PEOPLE, RESILIENCE AND INTERGENERATIONAL RELATIONSHIPS
Mental Health Room PL006	*Lane, Rhiannon* CONTINUUM MODELS OF BIPOLAR DISORDER: JEOPARDISING THE PRACTISE OF STRATEGIC ESSENTIALISM
Risk Room PT007	*Newton, Victoria, Walker, S., Hoggart, L.* MAKING CHOICES, CONSTRUCTING RISK – THE MEDICAL AND THE VISCERAL IN WOMEN'S DISCOURSES ABOUT IUC
Politics of Health Room PT111	*Vedi, Priyanka* A DETAILED ANALYSIS INTO THE EMOTIONAL LABOUR EXPERIENCES OF JUNIOR DOCTORS.

Paper Sessions

Friday 15 September 2017 10:45-11:15

STREAM/ROOM	PRESENTER / TITLE OF PRESENTATION
Experiences of Health and Illness Room PX001	*Neal, Kate* AN EXPLORATION OF THE EXPERIENCES OF ADULTS WITH CONGENITAL AND EARLY-ACQUIRED HEMIPLEGIA
Patient–Professional Interaction Room PL001	*Mackintosh, Nicola* THE DIGITALLY ENABLED WOMAN IN PREGNANCY AND THE POSTNATAL PERIOD: IMPLICATIONS FOR NEGOTIATING USER-PROVIDER ROLES AND RESPONSIBILITIES
Gender Room PL002	*Mac Rae, Sheena, Hayter, M., Poat, A.* SEXUALITY 2.0? FROM ANALOGUE ADOLESCENCE TO ONLINE ADULTHOOD, WOMEN (RE) CONSTRUCTING SEXUAL IDENTITY IN THE DIGITAL AGE
Healthcare Organisations Room PL005	*Northcott, Andy, Featherstone, K.* OBSERVING THE INVISIBLE: AN ETHNOGRAPHY OF THE EVERYDAY ORGANISATION OF PEOPLE WITH DEMENTIA ADMITTED TO MEDICAL ASSESSMENT UNITS
Citizenship Room PT006	*Cassetti, Viola* HOW CAN ASSET-BASED COMMUNITY DEVELOPMENT REDUCE HEALTH INEQUALITIES? EXPLORING THE RATIONALE UNDERPINNING THE ASSETS MODEL AND THE SALUTOGENIC APPROACH TO HEALTH.
Mental Health Room PL006	*Wong, Judy* CANNABIS USE AMONG DEPRESSED PATIENTS: THE EXAMINATION OF BOTH CANNABIS AND SELECTIVE SEROTONIN REUPTAKE INHIBITORS AS TREATMENT FOR DEPRESSION
Risk Room PT007	*Weckesser, Annalise, Denny, E.* 'THE DOCTORS AREN'T THE ONES WHO HAVE TO LIVE WITH THE CONSEQUENCES': AN EXPLORATION OF WOMEN'S DECISION MAKING AROUND TAKING ANTI-EPILEPTIC DRUGS IN PREGNANCY
Politics of Health Room PT111	*White, Lauren, Hilton, S., Chambers, S.* UNHEALTHY DIGITAL FOOD ADVERTISING: PARENTS' VIEWS ON REGULATION AND RESPONSIBILITY
Special Event Environment Room PT103 10:45-12:25	*Compton, Richard, Fox, N. J., MacBride-Stewart, S.* ENVIRONMENT AND HEALTH SPECIAL INTEREST GROUP: STRATEGY RENEWAL WORKSHOP *MacBride-Stewart, Sara* GEOCACHING IN A NATIONAL PARK: MATERIALISING HEALTH INEQUALITIES, RE-MATERIALISING HEALTH

Friday 15 September 2017 11:20-11:50

STREAM/ROOM	PRESENTER / TITLE OF PRESENTATION
Experiences of Health and Illness Room PX001	*Al-Muhandis, Khalid* LIFE WITH A CHRONIC SKIN CONDITION
Health Policy Room PL001	*Croxall, Jodie, Calder, C.* 'NO DECISION ABOUT ME, WITHOUT ME!': CO-PRODUCTION AS AN ALTERNATIVE APPROACH TO HEALTH POLICY REFORM IN WALES
Gender Room PL002	*Lowe, Giselle* NEW (ART) ICULATIONS: A QUALITATIVE EXPLORATION OF ABORTION NARRATIVES IN SOUTH AFRICA
Health Care Organisations Room PL005	*Martin, Graham, Kocman, D., Stephens, T., Peden, C., Pearse, R.* PATHWAYS TO PROFESSIONALISM? QUALITY IMPROVEMENT, CARE PATHWAYS, AND THE INTERPLAY OF STANDARDISATION AND CLINICAL AUTONOMY
Citizenship Room PT006	*Chekar, Choon Key., Broer, T., Kerr, A., Cunningham-Burley, S.* RESEARCH ADVOCATES' ACCOUNTS OF CANCER GENOMIC MEDICINE
Mental Health Room PL006	*Nasir, Shafqat* VERBAL HYGIENE AND SEXUAL CHAOS: CAUSES AND CONSEQUENCES OF MISINFORMATION AND MISCOMMUNICATION ABOUT BIPOLAR 'HYPERSEXUALITY'
Risk Room PT007	*Chhakchhuak, Lalhmangaihi* GLOBAL MARKETS: CROSS-BORDER TRADE AND HEALTH RISK
Politics of Health Room PT111	*Stewart, Ellen* BEYOND PETITIONS AND PLACARDS: A SOCIOLOGY OF PUBLIC RESPONSES TO HOSPITAL CHANGE AND CLOSURE

Paper Sessions

Friday 15 September 2017 11:55-12:25

STREAM/ROOM	PRESENTER / TITLE OF PRESENTATION
Health Policy Room PL001	*Kriznik, Natasha, Kinmonth, A. L., Ling, T., Kelly, M. P.* MOVING TOWARDS RELATIONAL AND DYNAMIC THINKING IN HEALTH INEQUALITY POLICY
Gender Room PL002	*Brown, Sally, McQueen, F.* 'HE'D SPEAK TO US LIKE OLDER, AYE JUST A MATE OR SOMETHING.' THE INFLUENCE OF GENDER AND STATUS ON BOYS' VIEWS OF THE DELIVERY OF SEX AND RELATIONSHIPS EDUCATION.
Healthcare Organisations Room PL005	*Featherstone, Katie, Northcott, A.* ROUTINES OF RESISTANCE: AN ETHNOGRAPHY OF THE EVERYDAY CARE OF PEOPLE WITH DEMENTIA IN ACUTE HOSPITAL WARDS
Politics of Health Room PT111	*Collins, Chik, Levitt, I.* THE POLITICS OF HEALTH IN SCOTLAND, 1979-1992: 'PERSONAL RESPONSIBILITY' AND THE 'FALSE DAWN' OF SOCIAL DETERMINATION

BSA MedSoc Regional Groups

There are a number of MedSoc Regional Groups around the UK that regularly organise local events. Joining one is a great way to meet colleagues in your area and stay linked in to the MedSoc community throughout the year.

Is there one near you?

East Midlands

Contact: Nicky Hudson NHudson@dmu.ac.uk

London

Contact: Oliver Bonnington oliver.bonnington@lshtm.ac.uk or Lorelei Jones lorelei.jones@lshtm.ac.uk

North West

Contact: Donna Bramwell Donna.Bramwell@postgrad.manchester.ac.uk

North East

Currently vacant, if you are interested in becoming a convenor of the group please contact Claire Simmons Claire.Simmons@britsoc.org.uk

Scottish

Contact: Suzanne Grant smgrant@dundee.ac.uk or Sara MacDonald sara.macdonald@glasgow.ac.uk or Shona Hilton shona.hilton@glasgow.ac.uk

South Coast

Contact: Flis Henwood F.Henwood@brighton.ac.uk Catherine Will c.will@sussex.ac.uk or Catherine Pope C.J.Pope@soton.ac.uk

South West

Contact: Gayle Letherby gayle.letherby@plymouth.ac.uk or Anthony Gilbert anthony.gilbert@plymouth.ac.uk

Wales

Contact: Julie Latchem LatchemJM@cardiff.ac.uk

West Midlands

Contact: Geraldine Brady g.brady@coventry.ac.uk

Yorkshire

Contact: Barry Gibson b.j.gibson@sheffield.ac.uk

If there isn't one near you, why not start one?

The MedSoc Group Committee is keen to support the establishment of new Regional Groups and the revival of currently inactive groups. Funding is available on an annual basis to support events and networking. (See following page for details)

BSA MedSoc Special Interest Groups

There are currently four MedSoc Special Interest Groups. Joining one is a great way to meet colleagues with similar research interests throughout the year.

Applied Qualitative Health Research (AQHR)

Contact: Tim Rapley tim.rapley@ncl.ac.uk or Cath Exley catherine.exley@ncl.ac.uk

Sociology of Mental Health Study Group

Contact: Rich Moth mothr@hope.ac.uk or Ewen Speed espeed@essex.ac.uk

Deconstructing Donation

Contact: Laura Machin l.machin@lancaster.ac.uk

Environment and Health

Contact: Richard Compton richard.compton@kcl.ac.uk or Nick Fox n.j.fox@shef.ac.uk

If you have an idea for a Special Interest Group, why not start one?

The MedSoc Group Committee is keen to consider proposals for Special Interest Groups. Funding is available on an annual basis to support events and networking.

For further details about running a MedSoc Regional or Special Interest group please contact:
- MedSoc committee co-convenors (Fiona Stevenson f.stevenson@ucl.ac.uk or Sasha Scambler sasha.scambler@kcl.ac.uk
- BSA events team events@britsoc.org.uk

Paper Abstracts

Listed in alphabetical order by first named author

Thursday 14 September 2017 at 09:40-10:10
Ethics
PT111

Establishing and Maintaining Trust in Research Among People Who Inject Drugs (PWID)

Abadie, Roberto
(University of Nebraska-Lincoln)

Trust in Research is critical to advance HIV prevention particularly among People Who Inject Drugs (PWID) and other vulnerable populations, yet, empirical research on how to establish and maintain trust in the course of community health research is lacking. This paper aims to document how PWID perceive and understand research trust within the context of HIV epidemiological studies, and to develop recommendations to inform best research ethics practices that enhance research trust. One of the strengths of this study is that it inquires about the social basis of trust but participants' responses are rooted in their previous experience in a community health study. Research was conducted among a sub set N=40 active PWID > 18 years of age, living in towns within rural Puerto Rico who had been previously enrolled in a much larger study involving N=360 participants. Findings suggests that trust in research is the result of a process where prospective participants continuously test researchers in order to assess whether they can trust them or not. Distrust, lack of financial compensation, stigma and lack of confidentiality or anonymity can compromise participation. Yet, these barriers can be overcome by a research staff knowledgeable about the targeted population and culturally sensitive to their needs. Furthermore, while each PWID makes their own assessment of the reliability of researchers taking into consideration their own experiences, prospective participants also rely on the opinion of those that had volunteered before them. The reputation of the research is built incrementally as participants join the study.

Wednesday 13 September 2017 at 14:30-15:00
Pharmaceuticals
PT006

Building a Political Sociology of Medicine: Lessons from Pharmaceutical Safety Analysis

Abraham, John
(King's College London)

This paper begins from the premise that two fundamental questions posed by sociology are: how is society organised and how should it be organised? Political sociology focuses on the political factors, machinery and theories that contribute to answering those questions. This presentation starts from an empirical policy focus on the seemingly technical topic of pharmaceutical safety assessment in Western industrialised countries to reveal its many political dimensions, and to explain the crucial role of politics in achieving sociological progress. It demonstrates that changes to pharmaceutical safety evaluation standards, processes and decisions are intricately linked to, though not exhausted by, political changes that require theoretical and empirical understanding of: the political economy of industry; the political power relationships between the bureaucratic, executive, judicial, and legislative arms of government; the ideological representations of medicines' innovation in democracies, together with the medical-industrial complex and the emerging patient-industrial social movement. Generalising from empirical research findings on pharmaceutical safety assessment, it is suggested that if medical sociology is to understand many directions of medicine, then it must incorporate these (and probably) other political dimensions of analysis. Given that all would agree (at least publicly) that the purpose of medicine should be to improve health, it follows that medical sociology should also be asking which political measures are best to improve the direction of medicine in the interests of health. Finally, this will be contrasted with the limited inward-looking descriptive writings of constructivists on laboratory practices, which may have led some medical sociologists astray

Wednesday 13 September 2017 at 14:30-15:00
Methods
PL001

Reflexivity in Fieldwork Research in Health Settings' Insights for Practitioner Research

Allan, Helen, Arber, A.
(Middlesex University)

In this paper, two experienced ethnographers and PhD supervisors discuss conducting and supervising ethnographic fieldwork in healthcare settings and methods of reflexivity drawing on theories of emotions: a) psychodynamic approaches to emotions in research (Gilbert 2001; Campbell 2002; Walkerdine et al 2001; Allan 2006; Watts 2008) b) emotional labour and emotion talk in healthcare settings (Li and Arber 2006; King-Okoye and Arber 2014). Allan, drawing on feminist writings on research relationships and ethnographic authority will present key psychoanalytic concepts useful in ethnographic research such as the unconscious, emotion,

Paper Abstracts

transference, counter transference to discuss the pyschodynamics of the fieldwork. This approach to ethnography encourages the ethnographer to interpret feelings even where it is difficult to 'prove' they exist or to put the researcher at the centre of the research (Campbell 2002). Campbell argues that ethnography places, 'the person of the researcher, their emotional and affective experiences, and the personal experiences of the research subjects, as central to the research endeavour' (2002, 123). The discussion by Allan will link with Arber's discussion of emotional labour as the two approaches are inextricably linked conceptually (Hochschild 1983). As Watts (2008, 4) says 'the need for emotional capacity building on the part of the researcher, as a particular form of emotional labour that provides underpinning theoretical insight'. Arber will discuss the emotional labour involved in field work in sensitive settings and how researchers can be supported during fieldwork activities by supervisors and peers so they do not lose their positioning as researchers.

Friday 15 September 2017 at 11:20-11:50
Experiences of Health and Illness
PX001

Life with a Chronic Skin Condition

Al-Muhandis, Khalid
(Royal Holloway, University of London)

Chronic skin conditions such as eczema and psoriasis together affect more than one in twenty people in the UK, while acne is almost universal in young people and remains common in adulthood. The skin is in many ways a social organ, yet the symbolic value attached to the appearance, function and sensory experience of the skin, and the impact of living with skin that is disordered, have received little sociological attention. Combining in-depth interviews with 20 adults (aged 18 to 54) and the production of participant-generated videos by these respondents, this research seeks to address these issues by exploring lived experiences of a range of chronic skin conditions. Framed around the concept of embodiment, the study examines the sensory, social and material dimensions of these skin conditions, and the practices and strategies employed in attempting to manage them.

The practical, emotional and social burden of treating and managing painful, cracked, scaly, inflamed, or oozing skin can have a profound impact on self-identity, particularly given that skin conditions can be erratic in their presentation and their responses to treatment. Prospective alternative solutions are often sought through alternative forms of treatment or making lifestyle changes, while patient support groups (increasingly online) can act as collective sources of lay expertise and empathy. From the day-to-day management of symptoms and self-presentation, to uncertainty about the illness trajectory, life with a chronic skin condition entails perpetual contingency, but through strategies employed by those who experience them there may be found a tempered form of hope.

Thursday 14 September 2017 at 16:20-16:50
Professions
PT111

Virtual Collectives' and 'Embodied Individuals': Architects Drawing Stakeholders into Alignment in the Building of Care Homes for Later Life

Annandale, Ellen, Beynon-Jones, S., Buse, C., Martin, D., Nettleton, S.
(University of York)
We conceptualise architects as professionals who play a role in contributing to the design of contexts for care. The predominant approach to architects as a profession, persisting in various guises since the 1960s, is as a group perpetually under threat, subject to boundary challenges/protection issues, and vulnerable to skill capture and erosion due to the fragmentation of expertise and breadth of skills. This is considered to result in a frustrated quest for creativity, since its pursuit clashes with everyday working realities. The result can be a deficit model of architectural practice. We employ the concept of 'knowledge brokers' to reflect instead on knowledge as transactional and architects as translators of knowledge in action. We draw on data from an ESRC-funded project (in its second year), including qualitative interviews (n=20) and ethnographic fieldwork with UK practitioners working on buildings for care in later life. We explore how architects endeavour to draw their stakeholder constellation consisting of five groups – clients, contractors, end-users, planning officials, and the building itself – into an alignment to achieve the objective of a 'quality design'. We argue that the stakeholder constellation can be conceptualised along two key analytic dimensions: 'embodied-virtual' and 'individual-collective'. From this we argue that architects' work often proceeds from the vantage of a tension between end-users as 'virtual collectives' and clients, planners, contractors as 'embodied individuals'. Foregrounding the challenges posed by the temporality of a build and focusing on end-users, we use this framework to explore a number of brokerage challenges.

Thursday 14 September 2017 at 14:00-14:30
Professions
PL002

The Entanglement of Human and Animal Healthcare: Why Do Dog Owners 'Donate' Their Pets' Blood?

Ashall, Vanessa, Hobson-West, P.
(Centre for Applied Bioethics, University of Nottingham)

This paper demonstrates the relevance of companion animals to medical sociology. Based on semi-structured interviews, we argue that dog owners' accounts of 'donating' their pet's blood highlight an entanglement between understandings of human and animal healthcare. Specifically, we argue that interspecies 'kinship' allows for the extension of sociological claims regarding altruism, self-interest and mutuality from human blood donation to companion animal blood 'donation'. Furthermore, our study shows that a dog's status as kin means they are expected to donate blood, and that the act of donation itself represents an important opportunity for interspecies family 'display'. However, owners who do not or cannot donate blood themselves describe canine blood donation as an opportunity to reduce feelings of guilt or obligation through 'doing good by proxy'. This suggests that canine blood donation can even be understood as an indirect form of health citizenship. In the final section of the paper we draw on the example of canine blood donation to make wider claims for the theoretical and empirical importance of the veterinary sphere for scholars of health and medicine. We therefore urge medical sociologists in all fields to explore the radical possibility that patients' expectations or decision making in human healthcare might be influenced by experiences at the veterinary clinic, and vice versa.

Thursday 14 September 2017 at 11:25-11:55
Citizenship
PL006

Sociology in or of Medicine: How Might Qualitative Methods Reprise Our Influence?

Barbour, Rose
(The Open University)

Several decades have now passed since this question was first posed. Although medical sociologists are now frequently in demand as collaborators on multidisciplinary project – particularly those clustering around complex intervention – have we paid a price for this newly-acquired and hard-won acceptability? Despite such involvement, this paper asks whether we continue to be prized for our skills in specific methods rather than for our, perhaps more threatening, sociological insights. Taking a critical look at our track record and drawing on examples of mixed methods research, both within and beyond medical sociology, some suggestions are advanced as to how we might seize the sociological initiative again.

Thursday 14 September 2017 at 12:00-12:30
Citizenship
PL006

We Are not 'Drinkers': Older Adults' Considerations and Priorities Surrounding Drinking in Later Life

Bareham, Bethany, Kaner, E., Hanratty, B.
(Newcastle University Institute of Health and Society)

Older adults face health risks from levels of drinking that were unproblematic at earlier stages in life. A moderate alcohol intake is associated with some health benefits and can play a positive role in older people's social and leisure lives, contributing to their wider wellbeing. There is growing concern surrounding frequent drinking among older people. Population ageing is associated with an increase in the number of older people who are resistant to public health messages to reduce their alcohol intake, in contrast to younger age groups. It is therefore important to understand older adults' considerations surrounding their drinking in later life, and what they prioritise in shaping their alcohol use.

This paper reports on emerging findings from seven qualitative interviews and two focus groups (10 participants) with older adults. Data were analysed thematically using the principles of constant comparison. Older people's considerations are structured around an identity as a non-dependent drinker, often perceiving themselves to be immune from the risks associated with their alcohol use. Drinking practices are framed around particular contexts and shaped by cultural expectations and the norms within their social networks. When health issues are salient, risks from their drinking seem less abstract and can result in conscious reflection of their drinking habits which may not otherwise occur. This paper will explore older adults' perceptions of the positive and negative consequences of drinking in later life, and how these are considered and prioritised.

Paper Abstracts

Transitions into, and Through Undergraduate Medical Education: Perspectives of Medical Students from First-in-family University Backgrounds

Bassett, Andrew Mark, Lempp, H.
(King's College London)

Background: Widening participation in undergraduate medical education has concentrated on ensuring fair access. Subsequently, research has focused on the socio-demographic profile of medical school applicants, with little qualitative research, beyond the admissions process.

Aim: We aimed to understand the perspectives of medical students from first-in-family (FiF) university backgrounds (as part of an international study), and to explore how Bourdieu's notion of capital and Beagan's classism concept frames their transition into, and through medical education, and aspirations post-graduation.

Method: 20 students from FiF backgrounds drawn from all years of a London medical school participated in semi-structured interviews. Interviews focused on transitions into, and through medical education, and aspirations post-graduation.

Data analysis: The constant comparative method aided thematically analysis, using the concepts of capital and classism as an interpretive framework.

Results: Four findings are presented: (1) The centrality of work experience in the application process and the role that social capital plays in accessing it; (2) How a lack of economic capital prevents the maximising of learning opportunities and creates uncertainty about degree completion; (3) The prospect of becoming a doctor can lead to the accumulation of cultural capital, which may be embraced or experienced more ambivalently, or may increase doubt, especially, with the tenuous nature of NHS career pathways; (4) and how classism invokes feelings of 'othering' and social distance.

Conclusion: Widening participation does not end at the point of fair access, but needs to be considered during the transition into, through, and after completion of medical education.

'That Morning, I Turned Back Home, I Couldn't Stand It Anymore.' from School Refusal to the Department of Youth Psychiatry: A Qualitative Analysis

Benoit, Laelia
(CERMES 3)

School refusal has become a priority of policies in the youth mental health field. This owes much to the development over the last 10 years of a medical interest in the educational system efficiency and in children socialisation processes through social networks, such as cyber-bullying. For associations of parents, new coping skills should be learned and the problem of "school phobia" addressed by policies. While psychiatrists argue that school refusal might merely be a sign of anxiety or might as well be the first sign of a severe mental trouble, families seeking help because their child appears afraid of school are commonplace in psychiatry. Yet little is known regarding their access to care. How do adolescents understand their school avoidance? How did they reach a psychiatric department? For teachers, what is considered as a sign of mental distress when a pupil misses school? Methods: This paper assesses the attitude and pathway of adolescents refusing school, their parents, and teachers. A series of in-depth interviews was carried with a sample of French adolescent seeking help at a department of youth psychiatry because they refused school. Their parents, a sample of teachers, nurses and education professionals were interviewed separately. The interviews were fully transcribed and analysed using a grounded theory methodology. Results: Ambivalence emerged as the first dimension. While participants did not consider the avoidance of school as a mental trouble, they were able to describe several situations calling for specific actions. During this communication I will go over these analyses.

The Platitudes of Public Sociology: Can Human Rights Lead to an Ethics for Equity?

Berghs, Maria, Atkin, K., Hatton, C., Graham, H., Thomas, C.
(De Montfort University)

This paper will illustrate how disabled people's rights to health have been slowly eroded in the United Kingdom. It examines the platitudes of public sociology in response to this mounting evidence and why research as activism is instead being done by disabled people themselves. Secondly, the paper tries to understand why there has been a sociological silence linked to the loss of human

rights in health, particularly linked to disability, through moves towards creation of neoliberal categories of health related (ill) deservingness. Using research done with disabled people seeking more ethical research evidence and practices as a case-study, the paper ends by examining if linking human rights to ethical inquiry could not lead to greater equity. Furthermore, it argues that this could lead to making public sociology a legitimate enterprise again by connecting it explicitly to an ethics for equity.

Wednesday 13 September 2017 at 13:55-14:25
Theory
PT111

Neuroimaging, Software, and Communication: Revisiting the Theory of Communicative Action

Bicudo, Edison
(1. Department of Sociology, University of Sao Paulo, 2. Brazilian Centre for Analysis and Planning)

This post-doc study (now in its third year) aims to broaden the understanding of the social aspects of health research. It focuses on the development and usage of neuroimaging software, with which scientists process data generated by tomographers or magnetic resonance scanners. In human brain studies, software has become a pivotal resource, especially after the open source era, which made it possible to diffuse software usage worldwide.

Drawing on basic insights of the theory of communicative action, proposed by German sociologist Jürgen Habermas, I discuss how the example of neuroimaging software development enables social theorists to revisit and refine the concept of communication. Frequently, communication is framed as an immediate phenomenon linking person to person. However, with the formation of a digital social environment, communication tends to be mediated by novel types of human constructs. For example, computer codes, on which software developers work, are slowly turning into carriers of meaning and reason. Thus software, in addition to enable research and clinical tasks, tends to constitute a space in which social agents can indirectly negotiate meanings and seek states of intercomprehension.

Health research, which is now an international endeavour, depends on the countries' capacities to foster those communicative actions. Otherwise, a potentially egalitarian system will be filled with knowledge inequalities.

This study draws on two main methods. First, interviews have been conducted with Brazilian neuroimaging software developers. So far 32 people have been interviewed. Second, an online survey was carried out, with participation of 119 neuroimaging researchers of 25 countries.

Thursday 14 September 2017 at 14:35-15:05
Critical Public Health
PT007

From Influencing the Obesogenic Environment to Shaping Healthy Everyday Life: Theories of Practice and Public Health

Blue, Stanley
(Lancaster University)

Nearly two-thirds of adults (63%) in England were classed as being overweight or obese in 2015. By 2050, obesity is predicted to affect 60% of men, 50% of women, and 25% of children in the UK. Arguments about the social determinants of health have encouraged public health interventions targeted at the obesogenic environment, or what has more recently been called the food environment. Interventions include increasing taxes on city centre shops and restaurants deemed to be selling unhealthy foods and on influencing the food environment so that healthier options are more accessible, available and affordable. Such interventions fail to capture the significance of changes to the composition of everyday life that matter for when, where, and how people consume in particular places. Building on the idea of the obesogenic environment and an emerging interest in theories of practice and public health, this paper argues that rising rates of obesity, and what is known as the obesogenic environment itself, are better conceptualised as outcomes of changes in the composition of practices that make up everyday life and the material arrangements and interwoven timespaces that underpin them. The policy implications of such an approach are that public health interventions should be extended beyond shaping the obesogenic environment to shaping the composition of everyday life.

Wednesday 13 September 2017 at 15:05-15:35
Mental Health
PL006

Mapping Disrupted Relationships: Fragmentation, Connectedness, and 'Psychosis' in Emerging Adulthood

Boden, Zoe, Larkin, M.
(London South Bank University)

Paper Abstracts

Strong relationships are a significant source of support for recovery and are well established as being necessary for physical and emotional well-being. However, relationships can also be a source of distress and confusion, particularly in emerging adulthood, a time of critical psychosocial development and flux. The relational context of mental health remains under-researched in general, and this is particularly true for the experiences of young people under the care of early intervention for psychosis services.

This paper reports on a recent qualitative research project about the relational lives of younger adults (18-25 years) under the care of an Early Intervention Service in London. Participants were interviewed using an innovative 'relational mapping' visual methods approach. The aim was to learn more about nature of the key relationships in the young person's life, including those with family, peers and professionals.

Participants struggle to make sense of the paradoxes inherent in their disrupted relational experiences. Thus relational distress forms part of the experience of 'psychosis', and renewed relational connection is integral to the experience of recovering. Using case examples we will illustrate participants' particular efforts in negotiating their relational identities. We will draw on hermeneutic-phenomenological framework to consider both their verbal accounts, and the images they created. Participants worked to balance their own needs for care and support, alongside their need to care about and protect others. Responsibility, reciprocity, and a relationally-oriented 'protective isolation' will be explored with specific reference to their disclosures about their distress.

Thursday 14 September 2017 at 15:45-16:15
Critical Public Health
PT007

Raising Problems: Problematisations and Medicalisation in the First Years of Life

Bröer, Christian, Veltkamp G, Mutsumi Karasaki, Archana Ramanujam
(University of Amsterdam)

The first years of life are rife with uncertainties and risks, especially for first-time parents and caregivers. It seems as if medicalization has both entered this phase and shaped it. In this paper we disentangle the relation between problematizations and medicalizations of early childhood to see first where and with which effect medicalizations occurs when it comes to eating, drinking, sleeping and physical activity of babies. Second we will analyze how and why medicalization occurs in day-to-day interactions. Particularly we are interested to see which everyday concerns and which encounters with professional and professional knowledge are triggering medicalization. We locate medicalization at the (dialectical) relation between everyday concerns and medical institutions (Bröer and Bessling 2017). Our analysis is based on an ethnographic panel study among first time parents in Amsterdam, the Netherlands, the so-called Sarphati Ethnography, which is linked to an epidemiological cohort study involving all Amsterdam newborns. We conduct interviews and collect observations at home and during mundane activities as well as medical encounters, pre-term until the age of 4. Our first findings from the ongoing analysis suggest that eating and drinking are indeed significantly medicalized but health concerns do not override other concerns. Sleeping and physical activity are much less medicalized but problematized in different ways. These problematizations might provide fertile ground for medicalization.

Thursday 14 September 2017 at 16:20-16:50
Citizenship
PL002

'Not All Cancers Are Pink': Stratified Cancer Patienthood in the Contemporary Era

Bröer, Tineke, Ross, E., Kerr, A., Cunningham-Burley, S.
(University of Edinburgh)

Cancer treatment is often considered to be at the forefront of advances in molecular understandings of disease and associated techniques. In this paper, we draw on interviews with those living with or after cancer, health professionals and cancer researchers, as well as on documentary analysis of policy and online texts and discussions, to examine the notion of 'stratified patienthood'. We use this term to describe the stratification of cancer classification and treatment according to the biology of an individual's tumour, but, importantly, also how these intersect with the physical location of their cancer, differences in national regulation which determine access to drugs, and mechanisms of social stratification including social class and geographical location. Engaging with feminist literature on cancer treatment and research (e.g. Jain, Stacey), as well as with literatures on subjectivity, belonging and health citizenship (e.g. Taussig, Fujimura, Petryna), we show how the identification of one's cancer as 'rare', as more amenable (or not) to particular treatments, or as low priority for healthcare services and funding represented an important element of participants' advocacy activities and charity work, but also the care work of health professionals. Participants described the internet as shaping and enabling these forms of stratification, for example by highlighting inequalities in access to treatments. We discuss the consequences of this analysis in terms of the contemporary political economy of cancer knowledge and experience, with a particular emphasis on the processes of shared subjectivities and exclusions.

'He'd Speak to Us Like Older, Aye Just a Mate or Something.': The Influence of Gender and Status on Boys' Views of the Delivery of Sex and Relationships Education

Brown, Sally, McQueen, F.
(Edinburgh Napier University)

Despite a substantial body of research on young people's wishes about the content and delivery of sex and relationships education (SRE), studies still indicate dissatisfaction with the way lessons are provided, and with content, particularly a focus on biology. In addition, SRE continues to be a matter for debate in the UK, in terms of how it should be provided but also whether it should be made compulsory. This discussion takes place in a public health context where young people's sexual activity is viewed negatively and as a risk to health, and advice focusses on the need to prevent unwanted pregnancies and sexually transmitted infections.

In this paper, we present findings from an evaluation of a series of workshops provided by a local charity to boys aged 14-15 in a school in one of the most deprived areas in Edinburgh. We obtained survey data from before and after delivery of the SRE content, then held four focus groups with a total of 20 boys, and interviewed the workshop providers and the school guidance teacher. Findings focus on the value the boys placed on having men from outside school talking to them about sex and relationships, and on the topics they wished to cover in SRE lessons. Boys are keen to learn more about relationships as well as the more biological aspects of reproduction, but it is not only content that matters, but also how and by whom SRE is delivered that is important to them.

Exploring the Lived Experience of Fibromyalgia Using Frank's Narratives

Brown, Nicole
(UCL Institute of Education, University of Kent)

This paper reports the findings of this holistic qualitative study into the lived experience of fibromyalgia. Instead of applying a purely narrative interview approach, this pilot phase of a more elaborated piece of research used a wider range of expressive means ranging from email exchanges, interviews and conversations to an identity box project. Participants were asked to respond to specific questions using physical and metaphorical representations and objects. Data from all sources in all formats, written and pictorial, was subjected to interpretative phenomenological analysis. Three overarching themes were identified: loss, gains and the battle with fibromyalgia. Arthur Frank's framework was used as a starting point to analyse the illness narratives of five women. The discussion demonstrates that the women's experiences of fibromyalgia are so complex that they cannot be fitted within Frank's existing framework of restitution, chaos and quest. The rhetoric among the women is one of having felt losses and gains, but mostly fighting the illness while still living life to the fullest in the given circumstances. It appears that the women develop a stance that is best described as combative acceptance. It is argued that the chosen methodology was key in uncovering this narrative plot. While existing frameworks and methods may be helpful in gleaning an insight into some aspects of lived experiences, it is necessary to retain a constructive, reflexive openness for hidden rhetoric, such as that of combative acceptance to emerge.

The Capabilities Approach: Enhancing Sociological Understanding of the Experiences of People With Mental Distress

Brunner, Richard
(University of Glasgow)

Holmwood (2013) argues that sociology has remained relatively immune to the capabilities approach (CA), a gap which if bridged, could provide analytically fruitful for both schools. However, the CA has been identified within sociology as holding particular weaknesses, notably in relation to structural complicity in individual outcomes (eg Sayer, 2012). Yet, the CA offers an enticing prospect to sociology because of its sensitivity to agency; focus on actual lived outcomes in terms of what people are able to do and be in life; inherent normativity in terms of fulfilment of basic capability thresholds; and attention to the importance of processes as well as outcomes in the constitution of human wellbeing.

This paper presents findings from a sociological study applying the CA to interpret the experiences of people with mental distress, in particular those with experience of psychiatric hospital. The study, using in-depth qualitative methods, shows that a capabilities analysis offers findings that are compatible with established sociological accounts of poor outcomes and experiences of this social group both inside and outside the mental health system. However, the CA offers additional insights that help to explain how social arrangements and personal experience tend to interact in complex ways that constrain what people with mental distress are able do

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and be in life, including through constraining agency and violating basic thresholds that form the basis of good social outcomes. The paper concludes by discussing the implications that applying the CA has for sociological analysis of the experiences of this social group.

Thursday 14 September 2017 at 16:55-17:25
Professions
PT111

Policing the Profession? Regulatory Reform, Restratification and the Emergence of Responsible Officers as a New Locus of Power in UK Medicine

Bryce, Marie, Luscombe, K., Boyd, A., Tazzyman, A., Tredinnick-Rowe, J., Walshe, K., Archer, J.
(Plymouth University Peninsula Schools of Medicine and Dentistry)

Doctors' work and the changing, contested meanings of medical professionalism have long been a focus for sociological research. Much recent attention has focused on those doctors working at the interface between healthcare management and medical practice, with such 'hybrid' doctor-managers providing valuable analytical material for exploring changes in how medical professionalism is understood. In the UK, significant structural changes to medical regulation, most notably the introduction of revalidation in 2012, have brought to the fore a new hybrid group, Responsible Officers (ROs). All organisations employing doctors must appoint a senior doctor to act as RO, with this individual then statutorily responsible for making revalidation recommendations about the on-going fitness to practise medicine of all other doctors employed by their organisation.

Arising from a wider mixed methods study evaluating the impacts of revalidation, this paper presents analysis of qualitative data collected in a 2015 survey of 374 ROs, 63% of those in this new professional role group. Findings centring on three main themes: RO power; RO accountability; and the personal impacts of holding the RO role – are interpreted in reference to theoretical debates about whether Freidson's theory of restratification or Foucauldian governmentality best explains the medical profession's response to increased regulatory oversight. Given ROs' unprecedented statutory responsibilities to oversee standards of medical practice, the paper discusses this emergent hybrid professional group as exemplifying 'a governance elite' and identifies the complexities of this positioning for those undertaking the role, tasked with negotiating often conflicting regulatory, organisational and professional priorities.

Thursday 14 September 2017 at 16:55-17:25
Mental Health
PT103

Through the Lens of a Mental Health Act Assessment: Discourses and Narratives of Crisis, Risk and Recovery

Buckland, Rosie
(University of Bath)

This paper draws on early stage current PhD research into people's experiences of assessment under the Mental Health Act. The research will involve interviews with all participants in 5 Mental Health Act assessments, including the person who was assessed, and an analysis of documents produced from the assessment, to explore the process systemically. I plan to use both narrative analysis and discourse analysis to understand this data, using the categories of crisis, risk and recovery as my route into this exploration. The numbers of people detained under the MHA is rising year on year as its scope reaches the gaps left by service restructures, service absences and changes to people's benefits. It is both a private and a public event and engages with different professional and social understandings of what mental health means and what our responses to mental distress should be. Each actor in the assessment process will define the nature of the crisis, the risk and the potential for recovery differently and I am interested in how these understandings are shaped by their social positioning. I currently work as an Approved Mental Health Professional, the person whose role is to assess someone under the Mental Health Act and who may make an application for detention in hospital. It is for me an increasingly uncomfortable role, where practicing ethically is a hypothetical desire rather than a practice reality. In presenting my research so far I engage with these wider debates and my own unique position as an AMHP/researcher.

Thursday 14 September 2017 at 10:50-11:20
Critical Public Health
PT006

Working With not on Communities: Avoiding Symbolic Violence and Introjection in Public Health

Bunn, Christopher
(University of Glasgow)

Structured programmes that seek to prevent the onset of health problems, mitigate existing health problems or educate those with a specific condition, have often approached their target populations through community partnerships. Such partnerships have included churches, sports clubs, diaspora or ethnicity-based community groups and other civil society groups such as rotary clubs. The benefits

for public health researchers are clear. When appropriate epidemiological profiling has been conducted, such organisations can offer access to large numbers of 'at risk' or 'in need' populations, mediated through existing social, cultural and organisational structures. Instead of having to acquire a cohort through intensive and often expensive recruitment processes and seek out locations for delivery, partnerships with community organisations often provide ready-made communication channels, networks of volunteers and/or staff, premises in which to deliver programmes and a captive audience for recruitment. In recent literature, the benefits of this approach to public health work have been championed and demonstrated. While the successes of these approaches are to be celebrated, if we are to maximise public health benefits, steps need to be taken to ensure that engagements with community organisations are sensitive to the cultural forms of partners, and not overdetermined by the perspectives of public health. This paper explores existing frameworks for building community partnerships in public health and reflects on them using the concepts of symbolic violence and introjection. I conclude by proposing a set of guiding principles for public health professionals that emphasise working with communities and their cultural forms, and not on them.

Thursday 14 September 2017 at 14:35-15:05
Professions
PT111

Fetishised 'Evidence' and Alienation: The Work of Speech and Language Therapists

Butler, Clare
(Newcastle University)

Evidence-based practice (EBP) in healthcare stands on a seductive logic: who would argue with the suggestion that clinical practice ought to be based on scientific research? The integration of scientific research into practice, however, is not the main area of dispute; rather, it is its extent. On the one hand, EBP is criticised for not being scientific enough and there is a call for the greater use of statistically significant treatment pathways with the aim of countering outdated and anecdotal treatments (Berg, 1995). Others argue that EBP fetishises science and pushes clinicians toward cookbook medicine, downplaying their individual knowledge and experience (Goldenberg, 2006).

To further complicate the issue, in some healthcare professions the evidence base is limited. Largely as a result of the idiosyncratic nature of the specialty, speech and language therapy is one such profession (McCurtin and Roddam, 2012). Nevertheless, in a context of resource maximisation, standardisation and performance management, healthcare professionals are being driven to privilege interventions based on scientific evidence over those based on the evidence of their own eyes (or ears) (Health and Care Professions Council, 2013).

Drawing on interviews with thirty-three speech and language therapists (SLTs), this paper explores their views and experiences of EBP: considering the dynamics between knowledge, knowing and clinical practice. The paper finds that in the context of EBP, the rituals of the profession alienate some SLTs from those aspects of work that makes them (and us) human – that is, the transformation of ideas into action, leading to valued outcomes.

Wednesday 13 September 2017 at 13:20-13:50
Theory
PT111

Striking a Balance: Confronting Post-structural, Corporeal Tensions in Defining a Feminist Methodology

Carson, Andrea
(University of Toronto)

Feminist researchers have a complex relationship with the material body. While feminism as a social movement is infused with body politics (such as abortion rights and access to contraception) feminist researchers have generally 'written against the grain of corporeality' (Witz 2000, p.1). The following paper is based on my struggles as a feminist qualitative sociologist to find an appropriate methodology that aligns with my onto-epistemological views. I engage with the tensions I feel to 'name' my theoretical approach and subsequent methodology. These tensions stem from my desire to honour the experiences of individuals (including the corporeal experience) while challenging the content of such experiences.

I will discuss my predisposition towards a feminist post-structuralism approach, while also not being fully satisfied with what it offers my particular study and goals. Given my empirical interest in reproduction and infertility, I needed a way to re-centre the experience, balancing discursive or structural elements with the material. Thus, I take lessons from contemporary feminist standpoint epistemologies as a way to 'bring the body in' to my critical deconstructivist project. Despite debate over whether or not a feminist methodology exists, I have chosen to name my approach a critical feminist methodology. I will conclude by justifying my choices and argue why I think it important for feminist researchers to push back against the pressure to identify their approaches among the 'big' theoretical and methodological approaches in contemporary social science.

Paper Abstracts

How Can Asset-based Community Development Reduce Health Inequalities? Exploring the Rationale Underpinning the Assets Model and the Salutogenic Approach to Health.

Cassetti, Viola
(University of Sheffield)

Over the past decade, there has been a resurgence of interest in asset-based approaches to promote health. Rooted in Antonovsky's salutogenesis, the assets model emphasises a positive view of health and builds on communities' resources, in contrast with the traditional biomedical view based on needs and deficits. Researchers and policy-makers have recognised the need to develop a knowledge base to support the adoption and implementation of assets approaches in public health practice. However, evidence on how these programmes work to improve health or address inequalities is limited.

This study aims to develop a theoretical model to understand the mechanisms through which asset-based programmes could bring about change and improve health.
A scoping review was conducted through iterative searches in four database (Medline, PsycINFO, CINAHL, ASSIA) and citation search in google scholar. Data were extracted on the target population, expected outcomes, the assets the programmes build upon and how these are being used. It is argued that despite a rise in popularity, asset-based interventions lack a thorough theorisation of how expected changes are to be achieved. A second phase of the review analysed the concepts underpinning asset-based approaches in community health to map potential pathways leading to improved health.

Drawing on the principles of theory of change, a logic model will be proposed to illustrate the complexity of asset-based health programmes. This aims to shed light on the underlying theoretical framework informing asset-based interventions and to contribute to the understanding of how these programmes can reduce inequalities in health.

ACTION: Exploring Patients' and Personal Representatives' Experiences of an Advance Care-planning Intervention: A Qualitative Study

Caswell, Glenys
(University of Nottingham)

Advance Care Planning (ACP) is a process of discussing plans for future care and medical treatment. In the UK, for people with a serious illness this may be facilitated by a healthcare professional, but it tends to occur on an ad hoc, undocumented basis. This paper reports findings from a qualitative study embedded in the EU-funded ACTION RCT which is exploring the experiences and views of patients, their personal representatives and healthcare professionals with regard to their involvement in a structured ACP programme. Patients with a diagnosis of advanced lung or colorectal cancer undergo a structured ACP conversation with a trained facilitator. Patients are invited to nominate a personal representative who can speak for them should they lose the capacity to make decisions, and to document their goals and preferences for future care. Participants in the qualitative study afterwards take part in one or two interviews (about 12 weeks apart), to explore their experiences of ACP and discover whether the intervention has influenced their planning and experience of care. The qualitative study is taking place in Italy, the Netherlands and the UK. This paper reports preliminary findings from interviews with patients and their personal representatives, and will present a comparative analysis of the first cases from the participating countries. This study offers a rare chance to explore patient experiences of ACP in real world settings, and to inform the development of end-of-life care policy and professional practice.

Identity in a Medicine Cabinet: Discursive Positions of Andean Migrants Towards Their Use of Herbal Remedies in the United Kingdom

Ceuterick, Melissa, Vandebroek, I.
(Ghent University)

For migrants in the UK, diverse pre- and post-migratory bodies of health knowledge form a wide variety of treatment options. The use of traditional, plant-based medicine is widespread among different migrant communities in the UK. The choice for a certain type of treatment is often an identity-infused habit that forms part of one's personal politics.

Using positioning theory as a theoretical framework, this study analyses health identity patterns in relation to traditional herbal medicine use among people from Bolivian and Peruvian descent, living in London. Based on a discourse analysis of 40 interviews

this talk explores how positioning regarding personal preference for herbal remedies in a post-migratory context, is constitutive of one's health identity.

Our analysis revealed three discursive repertoires that frame the use of herbal remedies either as a tradition, a health-conscious consumer choice, or a coping strategy. Each of these subject positions allows specific health identity outcomes, either emphasising ethnicity (being Andean), belonging to a subculture of healthy, educated consumers, or being a struggling yet coping migrant.

By illustrating the variety of subject positions, healthcare choices and motives, our results debunk the tendency to perceive patients with an Andean background as one homogenous group with similar health needs and identities and thus plea for a culturally-sensitive, patient centred approach.

The presented analysis is original in that being a migrant is shown to play an explicit role in the act of positioning, and in the formation of health identities surrounding herbal medicine use.

<div align="center">
Friday 15 September 2017 at 10:10-10:40
Citizenship
PT006
</div>

'But Mum, Remember What You Did for Us.' Older People, Resilience and Intergenerational Relationships

Chappell, Anne, Welsh, E.
(Buckinghamshire New University)

Resilience relates to the way that individuals are able to navigate life events and respond to adversity, 'bouncing back' to restore their wellbeing. The concept of resilience is much contested. Its prominence in academic, policy and practitioner debate forms part of a broad public health agenda to promote wellbeing and active citizenship. Despite the growing number of older people in the UK, there has been less interrogation of the meaning of resilience for them. This paper draws on qualitative research into the experiences of older people living in the south of England. The research takes a life story approach to enable older people to talk about their lives, reflect on how they have responded to difficult circumstances and discuss the meanings of resilience for them.

In this paper, the authors discuss the significance of intergenerational relationships for the resilience of older people. An important theme emerging from our data is that intergenerational relationships are central to people's lives and to their understanding of resilience. It is these connections that give pleasure, enable people to feel part of their communities and provide support through difficult times. Some of these connections draw from intergenerational relationships in the here and now, while some relate to intergenerational relationships from the past. The authors argue that intergenerational relationships move back and forth across the life-course; they offer a wellspring of support for the resilience of the research participants and provide conduits for social capital and wellbeing.

<div align="center">
Friday 15 September 2017 at 11:20-11:50
Citizenship
PT006
</div>

Research Advocates' Accounts of Cancer Genomic Medicine

Chekar, Choon Key, Broer, T., Kerr, A., Cunningham-Burley, S.
(University of Leeds)

Cancer patients' long-standing work in fund-raising, campaigning and advocacy have now been expanded to involvement in research. We examine how this new kind of advocacy work might be reconfigured in the context of developments in cancer genomics, by engaging with sociological analyses of hope in health-care contexts (eg Brown et al. 2015), with sociological works in patient advocacy in general (Epstein 2008) and with cancer (eg Nahuis and Boon 2011). We draw qualitative data from interviews, observations, and documentary materials associated with patient research advocates.

As the research advocacy has contributed to discursive registers of progress in cancer treatment by means of more research and clinical trials, one might expect that research advocates would be supportive of cancer genomics. However, our preliminary analysis suggests that they have reservations about genomic medicine agendas. These include deciding on research priorities between more common cancer types and rarer subtypes of cancer; further complication of the use of patients' data; and slow and costly fruition of cancer genomics.

In the context of developments of cancer genomics, how do research advocates negotiate to have their visions included in the wider genomic medicine agendas? In the process of negotiations, what kinds of particular expertise are expected, developed, and delivered for this advocacy work?

By exploring these questions, we will contribute to furthering sociological analysis of co-production of knowledge, and the ways in which a particular kind of patienthood or biosociality (Rabinow 1996) is constructed, especially when research advocates' work – materialising hopep – is contested by new challenges.

Paper Abstracts

'The Change in Epidemiology Has Enabled Our Death Denying Culture to Creep Back': Narratives on Death and Dying in HIV 'Life Stories'

Cheshire, Anna, Ridge, D., Hedge, B., Catalan, J.
(University of Westminster)

Background: With the advent of highly active antiretroviral therapy (ART), death can – and increasingly has – become decoupled from living with HIV. HIV today is frequently considered a chronic condition, albeit one involving possible side-effects of medications, comorbidities (less frequently mortality), and relatively high levels of stigma.

Aim: To explore how death and dying are currently discussed in HIV 'life stories' of people with HIV (PLWH) and those who work with them.

Methods: We conducted face-to-face narrative interviews with a range of PLWH, health and social professionals and activists (n=44). Data were analysed using thematic analysis.

Findings: Discussion of death and dying most commonly occurred with reference to the pre-ART era, although such discussions were never easy. Post-ART narratives were more focused around ageing with HIV (eg successfully), where effective treatment allowed 'death denial' to regain a foothold. However, for PLWH, discussions in therapy or with close friends allowed some discussions of their own mortality (eg similarities/differences to friends who died pre-ART or illegal drug-related deaths within the HIV community). The retreat of death was also 'problematic' for the helping professions, as a 'chronic' health condition was more difficult to fund than a more deadly one. At the same time, the spectre of pre-ART deaths reverberated in the narratives, such as when PLWH found it difficult to go on living.

Conclusions: Discussions around death and dying have transformed and taken different forms over time, with implications for how to approach issues of death and dying in the current era.

Global Markets: Cross-border Trade and Health Risk

Chhakchhuak, Lalhmangaihi
(University of Hyderabad)

Lying in the southern north east India and sandwiched by two international countries Bangladesh and Myanmar with neighboring states, Mizoram came to witness the merits and demerits of sharing borders, especially in the development of consumption culture. Changes in the social and economic organisation of Mizo society over the past few decades resulted in a new set of relations and networks. With the British colonialism and entry of Christian missionaries in Mizoram in the 19th century, a new world of consumption culture emerged. After the formation of union territory in the 1970s and state formation in the 1980s it further accelerated the economic reforms. By late 1980s, new market and trade relations between neighboring states as well as border trade between Myanmar and Bangladesh brought a variety of cheap goods and food, opening the window of possibilities of social risk. The socio-political regimes in fact facilitated these transitions. The nature of globalisation and economic growth relatively brought high risk in consumption substances, a shift in consumption pattern and lifestyle. The point in analysing these accounts is to identify how consumption culture and global market development led to heightened `social risk' leading to health related issues. This paper attempts to unravel the social experiences of cultural encounter through the development of political economy that created new hazards and dangers to the social life including diseases such as cancer that affected significant number in Mizoram.

The Employment Effects of Living With Chronic Musculoskeletal Disorders: An Exploration in Qualitative Meta-synthesis

Clayton, Stephen., Holland, P.
(Edge Hill University)

Background: In the UK, musculoskeletal disorders (MSDs) are a common cause of work disability, resulting in sufferers facing significant employment inequalities and worsened health outcomes deriving from unemployment. This paper presents a meta-ethnographic synthesis of qualitative studies that explore the employment trajectories of individuals with MSDs. Our synthesis attempts to understand how these trajectories are shaped by the individual's ability to negotiate the complex interplay of factors

related to the nature of the condition, employment and personal relationships, organisational demands, individual traits and labour market conditions.

Methods: Fourteen UK qualitative studies on the employment impacts of back pain, rheumatoid arthritis and chronic musculoskeletal pain were included in the review.

Findings: The meta-synthesis highlights how the invisibility and fluctuating nature of MSD symptoms may result in disrupted work flow, symptoms being doubted and resulting conflict with managers and colleagues. Individuals may hide or play down symptoms to manage these disruptions, if their condition allows. Maintaining employment depends on colleagues' support, organisational flexibility, line managers' willingness to implement work adjustments, and the individual's ability to make these change themselves. The quality of personal relationships within and outside the workplace are crucial to negotiating and managing these work adjustments. Additionally, length and nature of employment, labour market conditions and welfare provisions play a part in shaping subsequent employment trajectories.

Conclusion: Efforts to help people with chronic MSDs maintain employment need to move from focusing on managing symptoms or 'adjusting the workplace' to understanding the complex, dynamic web of factors that shape employment trajectories.

Thursday 14 September 2017 at 10:50-11:20
Embodiment and Emotion
PT103

Uneasy Encounters: Youth, Social (Dis)comfort and the Autistic Self

Coleman-Fountain, Edmund
(Northumbria University)

Clinical depictions of autistic people as socially detached are increasingly criticised for excluding autistic people's own experiences of sociality. Autistic activists and researchers have subsequently sought to provide more textured accounts of autistic experiences of everyday social encounters, including by documenting the difficult emotions that arise in autistic and non-autistic interactions. One aspect of this work is the reframing of notions of social difficulty outside a dominant language of deficit and in terms of interactional dynamics and unequal power relations. Drawing on research which highlights the emotionality of autistic and non-autistic encounters, this presentation analyses data from a NIHR funded, UK based study of autistic young adults' accounts of emotion and sociality. Nineteen young people aged 23-24 took part in in-depth qualitative interviews. Cards carrying words related to emotion and autism were used to support story-telling around difficult feelings in the additional context of an autism diagnosis. The focus of the presentation is on the young people's accounts of social discomfort, with attention paid to the ways in which autistic and non-autistic encounters were seen as creating feelings of unease. The presentation will also demonstrate the conclusions the young adults reached about the sources of social difficulty, which were frequently attributed to their autism diagnoses. Critically examining the idea that they should improve their own social skills, the presentation will conclude with a discussion of inequality in autistic and non-autistic encounters, and of the social dynamics that deny autistic young people social comfort.

Friday 15 September 2017 at 11:55-12:25
Politics of Health
PT111

The Politics of Health in Scotland, 1979-1992: 'Personal Responsibility' and the 'False Dawn' of Social Determination

Collins, Chik, Levitt, I.
(University of the West of Scotland)

West Central Scotland and Glasgow exhibit a range of unenviable health outcomes – including low life expectancy, pronounced health inequalities and substantial 'excess mortality'. Previously, the authors have contributed to work highlighting the socio-historical and political processes shaping these health outcomes, and has demonstrated, based on research in government archives, the awareness amongst policy makers within Scotland in the 1970s of the underlying causal processes. This paper further develops the findings from new archival research covering the period 1979-1992, and shows how policy makers moved to embrace a view of social problems, including health, as reflective of a 'dependency culture' from which individuals and communities needed to be 'liberated'- via housing tenure change, local government reform, community participation in 'regeneration partnerships' and the inculcation of 'entrepreneurial spirit'. Ultimately, poor health outcomes were to be seen as reflective of the failure of individuals to respond appropriately. Notwithstanding the trenchant adherence to this view amongst leading politicians, some policy makers from the later 1980s, faced with a growing body of countervailing evidence from areas of multiple deprivation, sought to encourage a more 'holistic' approach along the lines of other European countries. The paper will show how this was to prove to be a 'false dawn' for the re-emergence of the view of health as 'socially determined', and will present a Simmellian/Polanyian perspective on how the public policy of this period contributed to intensifying issues of both social deprivation and health in the region, and in the city of Glasgow in particular.

Paper Abstracts

Uptake and Use of a Fibromyalgia Self-management Digital Resource – Preliminary Considerations

Cooper, Silvie, Clauw, D. J., Williams, D. A., Hassett, A
(University of Michigan)

The Chronic Pain and Fatigue Research Center (CPFRC), based at the University of Michigan, is a leading site for research on pain and fatiguing conditions, such as fibromyalgia. Creating and distributing information resources that are evidence-based, empathetic, and empowering is an important route in addressing fibromyalgia and other pain conditions (Williams et al, 2010). CPFRC created Fibroguide, an online resource that provides tailored information to people with chronic pain regarding their symptoms, treatment possibilities, strategies for coping with the condition, and how to seek help effectively. As an additional source of assistance to patients with the condition, Fibroguide holds the potential to provide accurate and relatable information that in turn could direct patients to appropriate sites of further knowledge, care, and support. It is important to understand how digital health resources, like Fibroguide, can be accessed and used effectively in enhancing the management of fibromyalgia, as well as the context of engagement with these digital health resources. Translational research tracks the development of knowledge within science and how it is communicated and utilized in the community. This research was therefore a direct effort to fulfil this aim and utilized a cross-sectional survey study. The feasibility of disseminating the resource through social media was also explored through this research. This paper discusses preliminary findings of this research undertaken to assess uptake and use of Fibroguide within populations who were given varying levels of information and intervention for using the resource, and provides recommendations for their continued promotion in fibromyalgia management.

Care and (Non)-vaccination in the Context of High-income and Well-schooled Families in Brazil.

Couto, Marcia, Alves Barbieri, C.
(University of Sao Paulo)

This paper analyses the parental care dimension and the relationship with the decisions on (not)-vaccination of their children in the context of high-income and well-schooled families in São Paulo city/state, Brazil. The research adopts the qualitative approach, using in-depth interviews conducted with 15 couples that were divided into three groups: vaccinators, selective vaccinators, and non-vaccinators. The analytic-interpretative study of the data was performed by means of content analysis and in line with the benchmarks of care of health and family. For all the couples analysed, the option of (not)-vaccination of their children is perceived as parental care and protection of the child. However, for the vaccinators, protection is to vaccinate their children; for the selective vaccinators, protection is to study case by case; and for the non-vaccinators, protection is not to vaccinate their children, but to protect them against the risks of vaccination. The study also revealed that the reasons for non-vaccination, selection and/or postponement of the vaccination schedule were similar to those found in the international literature. The study highlights the importance of socio-cultural comprehension of (not)-acceptance of vaccination in the context of parental care in Brazil and other national contexts. Vaccination is an important practice in public health, but it can reveal tensions and conflicts from normative systems, whether moral, cultural, or legal.

Injured Athletes, 'Orthobiologics' and Promises of the 'Natural' Body Re-made

Coveney, Catherine, Faulkner, A., Gabe, J., McNamee, M.
(University of Sussex)

Recent decades have borne witness to the rise of the tissue economy; biological material is commodified and commercialized, tissues and cells from different types of bodies brought together in the creation and utilization of biological therapeutics. Seen by many as the frontier in orthopaedics, the growing trend towards 'biologisation' has led to a number of biological regenerative techniques being developed and marketed to treat musculoskeletal injuries.

Sports and exercise medicine is an established target market for such products. The elite sport environment is one where a unique set of norms and pressures coalesce. Risk of musculoskeletal injury is high, as athletes face extreme pressures to consistently perform at the top of their game, strive to improve their performance 'naturally' and return to play quickly after sustaining injury. As such, elite sport becomes a site where novel regenerative bio-therapies are entering the repertoire of medical practice despite, in many cases, the lack of a scientific evidence base and/or regulatory approval.

We draw on data collected via an online survey of 'orthobiologic' company websites and marketing materials, observations at sports medicine conferences, semi- structured interviews with developers and (prospective) users of these technologies working in sports and exercise medicine in the UK.

We explore how these technologies (promise to) act on and within athletic bodies, and in doing so blur boundaries between natural/ artificial, doped/clean, injured/healthy/enhanced. Our analysis focuses on how, through technoscience, the injured athletic body is being (re)configured and the 'natural' sporting body re-made.

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Thursday 14 September 2017 at 10:15-10:45
Ethics
PT111

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Rights Framing and Tensions Between Intersex Social Activism, Patient Association Health Movements, Policymakers and Medical Professionals.

Crocetti, Daniela, Monro; S., Yeadon-Lee, T.
(University of Huddersfield)

This paper provides initial findings from an EU funded project about Intersex, Human Rights, and Citizenship in the UK, Italy and Switzerland. It addresses the framing of diverse stakeholders conceptions of Intersex rights claims regarding the medical treatment of variations of sex characteristics. Drawing on Bedford and Snow's methodology that was originally designed to study social movements, we unpack the diverse understandings that emerged in semi-structured in-depth interviews of the problematic conditions in need of change, the strategies employed to address potential transformation, the mobilization of allies and the application of existing moral framing, policies and laws.

Historically, Intersex medical treatment is multilayered, contradictory and problematic. Treatment for minors has been especially concerning, as medics have used psycho--social rationales as a justification for coercive surgery, combined with shaming and inaccurate diagnosis communication. Since the creation of multidisciplinary centers and teams following the 2006 Consensus Convention guidelines, many medical centers now claim these previous issues have been resolved (or claim the surgical techniques are now 'better'). Ten years after these best practice recommendations, medical practice and framing is still contested.

This presentation will highlight the framing differences, tensions, and similarities that emerged in the UK fieldwork between Intersex social activists, patient association social health movements, policy makers and medical professionals. A preliminary examination of the Swiss fieldwork will also address the shift in Intersex social activism towards International Human Rights mechanisms, and other actors' perspectives on naming Intersex medical treatment as Human Rights abuses.

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Friday 15 September 2017 at 11:20-11:50
Health Policy
PL001

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'No Decision About Me, Without Me!': Co-production As an Alternative Approach to Health Policy Reform in Wales

Croxall, Jodie, Croxall, J. Calder, C.
(Swansea University)

Co-production implies a collaborative approach to public service reform, whereby service-users and citizens are regarded as equal partners in each stage of the process. Underpinned by a philosophy which values individuals, communities and the virtues of social capital and reciprocity; co-production contrasts starkly with traditional, service-led, top-down ways of public service reform whereby decisions are made exclusively by those in positions of power. Instead, it is an approach which endorses the notion of 'No decision about me, without me!'. Invoked directly within Welsh Health Policy, co-production is cast as the principle mechanism for Making prudent healthcare happen. This distinctively 'Welsh approach' seems to provide fertile ground for co-production by directly appealing to longstanding traditions of mutuality, co-operation and community in Wales, as immortalised by the legacies of Robert Owen, founding father of the co-operative movement, and Aneurin Bevan, whose vision for the NHS was modelled on a Tredegar mutual aid society. In this paper we offer some preliminary observations on theory, policy and practice in the unfolding of co-production as an alternative approach to Health Policy reform in Wales. To do this the discussion focuses on three areas: it (1) reviews theoretical and conceptual frameworks for understanding co-production; (2) summarises the evolution of co-production in Welsh Health Policy; and (3) examines contemporary empirical evidence on the impact of co-production. We conclude with an overview of the strengths and weaknesses of co-production in Welsh Health Policy, and consider its feasibility as a genuine alternative to Health Policy reform worth following elsewhere.

Paper Abstracts

Wednesday 13 September 2017 at 15:05-15:35
STS
PL005

Trajectories, Boundaries and Negotiations in the (Self-) Management of Diabetes' Risks: Multiple Actors, Knowledge and Tools at Work

Danesi, Giada, Pralong, M.
(STS Lab, University of Lausanne)

This paper draws on an on-going ethnographic fieldwork with diabetics, institutions and individuals involved in their healthcare in Switzerland with the objective to shed light on the boundary work mediated by tools surrounding the management of diabetes' risks. The data are gathered through a multi-site fieldwork within participant and non-participant observations in hospitals, healthcare institutions, at home, in schools and summer camps for children and young people as well as semi-structured interviews with diabetics, their relatives, healthcare practitioners and school professionals.

The paper highlights complementary roles of individuals and institutions involved in diabetes' healthcare, as well as a variety of techniques and strategies they mobilise in the management of diabetes' risks. It reveals both the individual and the collective work built at the interstice between different places, temporalities, institutions, individuals, social and professional roles, in order to learn to live with diabetes and to manage diabetes' risks. Specifically, the paper shows how this work is negotiated and modulated by different temporalities, which characterise this metabolic disease, the perception of diabetes' risks, and the rhythms of social life. All these different temporalities shape individuals' subjective and practical experiences of the illness. The articulation between the different elements characterising this work engenders the uniqueness of each case's configurations. What results to be common is the empiric and pragmatic nature of the boundary work of diabetes management, as well as the crucial role of tools in mediating the complex interactions between the heterogeneous actors involved in the healthcare of individuals living with diabetes.

Thursday 14 September 2017 at 10:15-10:45
Gender
PL002

(Re)thinking the Relationship Sex X Gender: The Fluidity of the Performances and the Effects on Health Care of Homeless in a City in the South of Brazil

De Campos, Dalvan, Moretti-Pires, R. O.
(Federal University of Santa Catarina)

Sexuality is subject in focus and makes up a complex field with concurrent narratives, but little studies among the homeless. Queer theory considers that the concepts of gender and sex are socially constructed speeches, however the biological perspective on health considers sex as a natural category of human beings. This understanding legitimizes heteronormative discourse and therefore inflexible identity/gender expression, unfeasible and excluding unsuitable people to binary pattern. Using the concept of performativity of Butler, we investigate the relationships involved in the social construction of gender identities and their effects on the health of the homeless in a city in the South of Brazil. With ethnographic posture was held in everyday observation in the months of January and February 2016. Records were carried out with field diary and personal interviews with residents who identified themselves as Gay, Lesbian and Heterosexual. The analysis was performed by immersion in information and thick description of reports and perceptions. The fluidity in the constitution of gender performances among the homeless, motivated by prostitution or even by interpersonal relations on the street showed clear disconnected between sex, sexual orientation, gender identity and gender expression allowing the questioning of modern discourses on gender and sex. The speeches point to a stigmatization and invisibility of life on the street, with exacerbation and presence of violence among the homeless with no hegemonic performances. Health services were identified as perpetrators of these gender violence, distancing this people of attention spaces.

Friday 15 September 2017 at 10:10-10:40
Gender
PL002

Reflections on Identities: Obstetric Fistula Survivors' Lived Experience Narratives

Degge, Hannah, Hayter, M., Laurenson, M.
(University of Hull)

Background: Obstetric fistula is an abnormal opening between the vagina and rectum that develops after a prolonged and obstructed labour mostly in developing countries. Women's' experiences of living with fistula often reflect gender inequities and are compounded by the effects of fistula.

Aim - To explore identities ascribed to Nigerian women with obstetric fistula.

Method: A narrative inquiry methodology was used to interview 15 women treated for obstetric fistula at the Evangel Vesico Vaginal fistula centre, in Jos Nigeria. Interviews were audio recorded and field notes were taken. Data were analysed using a narrative analysis method.

Findings: Preliminary results revealed 3 major themes: fistula ordeal; treatment process; return to life journey. Their narratives illustrated different identities. Women outlined their limited decision-making opportunities in accessing maternal healthcare during childbirth, and their inability to deliver at home; the difficult childbirth experience was viewed as a weakness. The ensuing uncontrollable incontinence triggered stigma issues and highlighted another identity, the 'leaking/reduced woman' identity. Another finding was that many women reported sexual and reproductive health difficulties, contributing to family life disruptions. The loss of a child during labour and resultant fertility issues, within a culture that defines a woman's worth by her role as a wife and mother, exposed the 'spoilt' identity. The desire to reverse these identities was pivotal in the women's resilience in seeking a cure.

Thursday 14 September 2017 at 16:55-17:25
Citizenship
PL006

Responding to Cancer Symptoms As a 'Good Patient': How Competing Discourses of Appropriate Responses to Illness Influence People's Help-seeking Choices

Dobson, Christina., Russell, A., Brown S., Rubin, G.
(Durham University)

How people respond to episodes of illness has long been an object of attention and, in the context of cancer, is of substantial interest. Reducing the length of the patient interval is a key public health focus, most notably through the Be Clear on Cancer campaigns. The emphasis on symptom knowledge is increasingly being challenged, with the importance of other contextual factors receiving growing attention.

Questionnaires and semi-structured interviews were used to explore people's symptom experience, appraisal and help-seeking processes, seeking to understand how they were shaped by wider social contexts. People referred urgently with a suspicion of lung or colorectal cancer were invited to complete a postal questionnaire and 26 participants were sampled for a semi-structured interview, adopting a constructivist grounded theory approach.

Participants reported two contrasting beliefs about appropriate responses to illness, swift-consultation and self management. The former was underpinned by discourses of early diagnosis and 'new public health', and the latter grounded in discourses of constrained GP and NHS resources. People presented their response to illness as an illustration of their moral calibre and status as 'good patients'. Self-managers often used the insistence of others to justify consultation, placing culpability for 'foolish' consultations elsewhere.

Contradictory discourses of the 'good patient' dichotomise appropriate patient behaviour, making navigation of the help-seeking process further nuanced and complex for symptomatic individuals. Discourses of appropriate patient behaviour should be integrated into design of public health campaigns, particularly reflecting on the needs and barriers of those who ascribe to the 'self-management' belief.

Wednesday 13 September 2017 at 13:20-13:50
Health-Service Delivery
PT007

Embedding Structured Education for Self-management of Type 2 Diabetes in Primary Care – an NPT Informed Analysis

Eborall, Helen, Hudson, N., Martin, G., Shaw, L., Turner, J.
(University of Leicester)

The growing prevalence of Type 2 diabetes (T2D) and its associated burden on healthcare resources is widely documented. NHS guidelines recommend the provision of structured education for self-management of T2D, but levels of referral and uptake are variable and relatively low. A current NIHR-funded research programme aims to improve uptake to such structured education in primary care. For the first phase of this programme, Normalisation Process Theory (NPT) was used as an analytical lens through which to evaluate evidence regarding multi-level influences on rates of uptake. This analysis was used to inform the development of an intervention package to improve uptake, currently being tested in a feasibility trial.

The core constructs of NPT – coherence, cognitive participation, collective action and reflexive monitoring – each provides a lens for studying how and why different stakeholders (agents) 'buy in' (or not) to the notion and use of self-management. Our data sources included: secondary analysis of six qualitative datasets of experiences of T2D structured education interventions; systematic review of literature on the use of NPT in studies of embedding complex interventions; and 15 stakeholder interviews.

This paper will present an overview of how we have used NPT to frame our analysis and will provide insights into the meanings associated with structured education for self-management of T2D, which in turn shed light on the adoption/rejection by patients and

Paper Abstracts

other stakeholders of structured education approaches, and on the approaches to developing pathways that are most likely to increase uptake.

Thursday 14 September 2017 at 11:25-11:55
Critical Public Health
PT006

Mainlining Harm Reduction: Mobilisation and Change in the Era of Neoliberal Health Policy

Faulkner-Gurstein, Rachel
(London School of Economics)

This paper examines the interactions between harm reduction approaches to drug user health and changes to public health systems, using the case of Medicaid reform in New York. Harm reduction, which seeks to treat the health consequences of drug use without requiring abstinence, has always had a dual character. It was promoted by grassroots user-activists seeking social justice. Yet it has also offered an efficient way to treat the health problems of high-risk, high-cost populations. This paper applies a critical policy ethnography framework and draws on 18 months of participant observation at three New York City harm reduction agencies from 2011 to 2012 during the Medicaid redesign process undergone in that state. It also draws on 40 semi-structured interviews conducted with activists, harm reduction agency staff, and employees of the New York City and New York State health departments. This research finds that as harm reduction moves closer to being fully institutionalized into Medicaid, both the services it offers and its identity are transforming. But at the same time, Medicaid is also changing to be more in line with the harm reduction ethos. For some, these changes represent the realization of harm reduction's promise, while for others this process threatens to undermine the effectiveness of the harm reduction approach. Overall, the institutionalization of harm reduction illustrates the potentials and pitfalls of mobilization and change in the era of neoliberal health policies.

Friday 15 September 2017 at 11:55-12:25
Healthcare Organisations
PL005

Routines of Resistance: An Ethnography of the Everyday Care of People with Dementia in Acute Hospital Wards

Featherstone, Katie, Northcott, A.
(Cardiff University)

This paper will examine a key feature and challenge of the contemporary hospital: an increasing population of people with dementia admitted to acute general wards. In the UK, although people with dementia over 65 years of age currently use 1 in 4 acute hospital beds, within this setting they are known to receive inappropriate or poor care, have poor overall health outcomes, and have significantly higher mortality rates. There is an evidence vacuum in understanding the everyday organisational and interactional aspect of care that contribute to these phenomena.

In response, our detailed ethnographic study reveals the everyday routines of hospital care and its consequences for people with dementia and ward staff. This paper examines the ways in which key behavioural features of dementia becomes framed as risk that must be controlled. We show the struggle of hospital staff to fit and contain this patient group into the fixed and standardised routines and rituals of a space designed for an archetypal rational and compliant patient. We show how this creates challenging cycles of struggle and conflict between staff and patients that can in themselves become engrained in everyday routines, with powerful and detrimental impacts on patients, their families, and ward staff. We show the consequences for personhood, identity, dignity, and access to healthcare.

This paper reports empirical findings of an on-going ethnography (ethnographic observation and interviews with ward staff, patients with dementia, and their families) within 5 UK hospitals (NIHR HS&DR researcher-led funding).

Thursday 14 September 2017 at 14:35-15:05
Citizenship
PL006

Interpretative Understanding and the Untimely Termination of One's Life

Feldges, Tom, Pieczenko, S.
(Currently not affiliated)

We utilise A. Schütz' conceptualisation of the human sense-making environment as divided in Mit-, Um-, Vor- und Folge-Welt to assess theoretical implications on the concept of health and death in an ageing society.

With recourse to Scheler's we develop the vorweltliche implications that influenced the current Mitwelt. This is the traditional conceptualisation of life-sustaining and prolonging care, forming the basis of our current care ethos.

The demographic development in an ageing society, leads an increasing amount of individuals to experience degenerative brain-diseases or painful existence of incurable diseases within Schütz' Umwelt. Hence, there is a gap opening between the traditional (Vorwelt-) view, shaping the societal attitudes of the Mitwelt and an emerging, critical attitude towards health and death as it arises in some individual's Umwelt.

This leads to challenges of the 'traditional' view of health and death, demanding a limitation to the currently exercised life-prolongation (on any cost) and a desired guarantee for a good death. This good death is to be brought about without the death-avoiding interference of health-care professionals and – so some calls – even to be actively brought about with the assistance of health-care professionals.

We argue that this forms a massive paradigm-change for the societal understanding of health-care, both for society as a whole, as much as for the professionals providing these services. Therefore we advocate a shift away from the solitary case under considerations, focusing instead upon the general problems for health-care services and society that such a paradigm change would bring about.

Thursday 14 September 2017 at 17:30-18:00
Mental Health
PT103

The Disorganised Attachment Classification As a Buzzing Boundary Object

Foster, Sarah, Duschinsky R., Reijman, S.
(University of Northumbria at Newcastle)

Introduced by Main and Solomon in 1990, the 'disorganised attachment' classification is among the most influential assessments of infant mental health. Although comprised of a wide range of phenomenologically distinct behaviours, disorganised attachment has generally been regarded as a unitary construct, one that is considered to reflect the child as being alarmed by the parent. In this paper, we analyse how the classification works and what it does, drawing on archival research, interviews and focus groups with researchers and clinicians, and participant observation of training in coding disorganised attachment. We document ways in which images of the classification have been shaped and stabilised by particular lines of opaque communication between its authors, lead researchers, coders, and clinicians. We propose that this has resulted in both strengths and potential problems for use of the construct. We argue that the disorganised attachment classification has operated as a 'boundary object' (Star, 1989) that allows actors to communicate, work together and even grant or claim authority without the need for substantial agreement about the meaning of the object. However, the disorganised attachment construct is a boundary object of a particularly interesting kind – what we term a 'buzzing boundary object' – one that magnetises concern and acknowledgement among different groups through creating noise in which each can hear urgent messages, though at the price of reduced understanding and precision between contexts. We propose ways to attenuate issues in the circulation of knowledge about the construct and support the consideration of some more fine-grained questions.

Wednesday 13 September 2017 at 14:30-15:00
Lifecourse
PL002

Constructing the Hospice Volunteer Role: Emerging Findings from an Ethnographic Exploration

France, Rachel
(The Open University)

This paper explores the role of patient-facing volunteers in adult end-of-life care using data gathered during participant observation in two UK hospices, and from relevant hospice documents.

The modern hospice movement in western societies has involved volunteers since its inception. With the increasing demand for end-of-life and palliative care, there is likely to be a corresponding increased demand for volunteers, who have been estimated to reduce hospice costs by 23 per cent. However, palliative and end-of-life care has tended to follow a medical model in western societies, which has placed the role of the volunteer outside the professional boundary of care.

The focus of this paper is on these boundaries, already highlighted in existing literature. My data showed that while the role is seen as distinct and separate from that of paid staff, the volunteers' role was sometimes unclear. I will use relevant sociological theory to discuss how these boundaries are negotiated, what this says about how the hospice constructs the volunteer role, and how this reflects the hospice construction of death and dying.

My findings highlight the extent to which sociological theory can explain what is happening in a clinical setting through the lens of a 'neglected' group of workers, at a time when volunteering is part of the political rhetoric. Ethnography offers in-depth data to present the reality of the volunteer role that will have relevance to theory, policy and practice.

Paper Abstracts

Being a Critical Insider in a High-risk Community: A Photo-voice Study with Community Health Workers

Gale, Nicola, Sihdu, M.
(University of Birmingham)

Theorization of the everyday experiences and conditions of working with people 'at risk' of developing non-communicable diseases and other health problems is poorly developed in the social science literature. Community health work is increasingly being used internationally to identify and minimize health risks within 'high risk' populations. Qualitative data were co-constructed with community health workers employed in a superdiverse, deprived, post-industrial region of the UK, using photo-voice methods, to develop an account of how they made sense of the challenges of their work. The analysis explores how the tensions created when probabilistic knowledge about risk is applied to individuals are negotiated through everyday working practices. The key findings were that, first, being a critical insider enabled CHWs to make sense of the diverse constraints on health and lifestyles within their community. Second, they understood their own public health role as limited by operating within this context, so they articulated their occupational identity as focused on supporting clients to make small but sustainable changes to their own and their families' lifestyles. Third, the uncertainties of translating population based risk information to individual clients were (at least partially) resolved at an embodied level, with the CHWs identifying as accessible and trusted role models for the value of changed lifestyles. The article is important for policy and practice as it provides a critique of a rapidly growing new mode of delivery of public health services, and insights on the development of this new public health workforce.

The Uses of Chronicity: The Case of Breast Cancer

Greco, Cinzia
(University of Manchester)

Chronic diseases often require lifelong treatments that can be costly, and at the same time these diseases are the object of neoliberal policies that ask patients to become increasingly autonomous. In this presentation, I aim to explore this configuration as it applies to breast cancer (BC) using data deriving from two qualitative researches, one on post-mastectomy breast reconstruction in France and Italy, and another, still ongoing, on metastatic breast cancer (MBC) in the United Kingdom. Overall, I have conducted over one hundred interviews with patients and medical professionals.

Early stage breast cancer (ESBC) is not considered as a chronic disease, and it is often presented as a condition that can be successfully treated with short-term therapies. However, hormonal therapies can last several years, and some side effects of treatments can be permanent, requiring lifelong treatments. On the other hand, medical literature increasingly presents MBC, the terminal stage of the disease when cancer spreads to other organs, as a chronic condition. This can be true for some cases, although MBC lacks the regular development usually associated with chronicity. The fact that MBC is defined as a chronic condition, and ESBC is not, is partly linked to the therapeutic innovations that have changed the patterns of the disease. However, such definitions often do not chime with patients' experiences. This presentation will discuss whether the definition of chronic and non-chronic can also reflect the social representations and the political and economic management of BC.

Interrogating Participation: 'Medically Unexplained Symptoms' As Epistemic Breaching Experiment.

Greco, Monica
(Goldsmiths, University of London)

The expression 'medically unexplained symptoms' is acknowledged to be problematic and inadequate, but is still widely used to refer to a range of illnesses that do not correspond to a conventionally defined disease. After briefly considering the taxonomical debates and the political significance of different terminological choices, this paper argues for the value of approaching the phenomenon of medically unexplained symptoms as an 'epistemic breaching experiment'. Such an experiment not only exposes the characteristics and limitations of currently mainstream epistemic norms - which account at least partly for the seemingly insurmountable taxonomical and terminological difficulties in this field – but also, I argue, vectorises the possibility of connecting to alternative propositions. Drawing on the history and philosophy of psychosomatic medicine as well as process philosophy, the paper uses this 'breaching experiment' to interrogate a range of assumptions that inform contemporary discourses of 'participation' in healthcare and medicine.

Friday 15 September 2017 at 09:00-09:30
STS
PT007

The Ova Provision Regime in Romania: Striving for Accountability

Gruian, Alexandra
(University of Leeds)

Between 2005 and 2014, four foreign clinics based in Romania were accused of commercialising human eggs for the infertility treatment of foreign patients. Consequently, in 2006 Romanian authorities adopted the country's first law concerning ova provision and established an official ova provision regime which only allowed free, altruistic ova donations. Any exchanges that involved material compensations for providers were framed as 'trafficking', a broad and vague legal category that failed to account for the complexity of ova provision in practice. This paper analyses the discrepancies that persist between the official understanding of ova provision and that of IVF patients and ova providers. I will argue that patients and providers, forced by the lack of state support in terms of facilitating their encounter, consider alternative provision strategies than those established through the official regime. In so doing, they constantly negotiate the boundaries of what can be considered acceptable exchanges, while inhabiting uncomfortable spaces of in-betweenness, challenging traditional categories of motherhood and womanhood. Their perspectives, along with those of others supporting a change of regime, are silenced by a looming fear of 'trafficking' accusations. Those with the power to advocate for a change prefer to pursue more tangible and less contentious goals. The result is a state of affairs scarcely accountable to those mostly affected by the official regime, which illustrates the difficulties of reaching a democratic consensus without accepting uncertainty as part of the process. This research is the result of eight months of ethnographic fieldwork in Romania.

Wednesday 13 September 2017 at 12:45-13:15
STS
PL005

Standards as Collective Efforts; the Introduction of Standardised Cancer Patient Pathways (CPPs) in Norway

Håland, Erna
(Norwegian University of Science and Technology (NTNU))

The introduction of standardised patient pathways, to secure that patients receive the same quality of treatment across healthcare settings, is a prominent feature of today's healthcare in many countries. In Norway, the introduction of standardised cancer patient pathways (CPPs) is an example of this trend. The aim of CPPs is to make diagnosis, treatment and follow up of cancer predictable, high quality and timely processes. 28 CPPs were introduced during 2015, covering the most common cancer types.

Standardisation can be seen as complex processes involving work from many different – material and immaterial - actors. In this paper, based on text analysis and theoretical perspectives from science and technology studies (STS), I aim to map the many different actors/actants involved in the introduction of CPPs over the last two years, and how they are connected. Relevant actors/actants include politicians, policy documents, political speeches, the Norwegian Cancer Society, the Norwegian Directorate of Health, introduction meetings and seminars, clinical groups and CPP-researchers from other countries. I explore how the different actors/actants are brought together to build the standard, and argue that standardisation processes can be understood as collective efforts.

Thursday 14 September 2017 at 16:20-16:50
Patient–Professional Interaction
PL001

Cancer and (Not) Talking About Sex

Hammond, Natalie
(Manchester Metropolitan University)

The aim of this study was to explore how cancer impacts on the sexuality of people who have a range of hematological cancers, including if and how patients could be better supported using visual and digital means. We conducted interviews with 12 participants to ask questions about 1.) Becoming ill 2.) Changes to sexual life 3.) Communicating with healthcare staff about sex 4.) Improving support. We analysed the data using thematic analysis whereby themes and patterns in the data are identified and analysed (Branu and Clarke, 2006). Inspired by graphic medicine (Williams, 2010), we worked with 6 artists to transform themes within the data into visual representations. We sought feedback from participants about the artwork*. Participants stated they found it hard to discuss sexual concerns with their healthcare providers and overall there was a lack of information about such issues. Participants were unsure who to ask for help, and some refused to ask for advice due to embarrassment and the stigma associated with sexual difficulties. Some participants experienced care that could be improved surrounding their sexuality information needs. Findings from this study highlight the importance of sexuality to people and the difficulties some patients had in obtaining information. This emphasises the need for better communication between healthcare providers and patients about sexuality in cancer care. Overall, the findings suggest a training gap for staff involved in cancer care.   *The artwork can be viewed here http://isrg.shef.ac.uk/Joomla/

Paper Abstracts

Partners at Care Transitions? Exploring the Involvement of Older People in Their Care As They Transition from Hospital to Home

Hardicre, Natasha
(Bradford Teaching Hospitals)

In the past decade, lengths of hospital stays have reduced. This has many benefits for patients and secondary care providers. However, it also means that more individuals are leaving hospital sicker, with ongoing health and social care needs. Discharge from hospital is, therefore, more likely to be a stage in a process involving the transfer and coordination of additional care, rather than the endpoint of care. This transitions process can be risky, especially for older people who are more likely to have complex health and social needs and who may be anxious, confused, and disoriented.

Research indicates that both patient experience and clinical outcomes are improved when patients and their families are involved in the organisation, coordination, and provision of care. Yet, the level of involvement older people have in their care, especially at transitional moments, is variable and often lacking. This paper presents preliminary findings from an ongoing focused-ethnographic study, exploring the involvement of older people and their families in their care as they transition from hospital to home. Observations, 'Go-Along' interviews, and semi-structured interviews are used to examine the transitions process from the point of view of older people and their families at various time points, starting at hospital admission and following patients for three months after discharge. Overall, the study aims to understand the nature of the partnership between older patients, families, and care providers during the transitions process, particularly exploring what 'good' partnership looks like. Some preliminary recommendations for optimising this partnership will also be offered.

Living With Leber Hereditary Optic Neuropathy: Exploring Individual Experiences and Perceptions of a Disruptive Disorder

Harper, Lydia
(Cardiff University)

Leber hereditary optic neuropathy (LHON) is a rare inherited mitochondrial condition resulting in chronic illness that predominantly affects young males in their second and third decade. The condition characteristically results in bilateral sight loss over a period of 6?12 weeks from the initial onset. There is currently no cure for LHON and treatment options to slow its progress are limited. Previous sight loss research has concentrated on older populations experiencing progressive eye conditions including, Glaucoma and Age-related macular degeneration. There is a shortage of qualitative sociological research undertaken to explore the impact of LHON on a group of individuals who experience sight loss at a vulnerable time, a time when they are moving from childhood, through adolescence, to adulthood. Using interview data from an ongoing ethnographic study being undertaken in two ophthalmology clinics located within the NHS in England and Wales, I suggest that people with LHON experience feelings of shock, disbelief, unhappiness and devastation, particularly when they were unaware of any previous family history. I explore how participants undertake the process of identity reconstruction, moving from the sighted-self to the blind-self living in a sighted world. I discuss to what extent participant experience feelings of 'grief', 'enacted' and 'felt' stigma, 'biographical disruption', and a 'loss of self' as a consequence of their sudden sight loss. This article, in turn, speaks to issues around identity, disability, diagnosis, stigma, embodiment and problematic interactions in both private and public spaces.

Seeking Social Care As Biographical Disruption: A Qualitative Study of Self-funders' Experiences

Heavey, Emily, Baxter, K., Birks, Y.
(University of York)

The concept of biographical disruption is a mainstay in medical sociology, but is not usually applied to issues relating to social care. In his original explication, Bury (1982) argues that illness has the potential to disrupt 'the structures of everyday life and the knowledge that underpins them'; this includes things like the structure of family life, ideas about selfhood, and plans for the future. In this paper, we address needing and seeking social care as a form of biographical disruption, and the narrative strategies people use to construct (and counter) that disruption.

We present an analysis of 39 interviews with adults aged 49-92, who had looked for information about getting social care on behalf of themselves or an immediate family member. For some, this search was prompted by a sudden event like a fall or a diagnosis,

while for others it was the result of gradually increasing needs of the person needing care, and/or the increasing exhaustion of the person caring for them. In any case, the process of seeking and receiving social care can be understood as biographical disruption in three intersecting ways: (1) altering and interfering with the habits of daily living, including relationships and personal routines; (2) disrupting long-held ideas about 'how things are', including ideas about fairness and being in control of one's own life; and (3) signifying decrepitude and precipitating a biographical shift into 'old-old' age. We discuss the ways in which people try to mitigate this sense of disruption, and implications for social care.

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Friday 15 September 2017 at 09:35-10:05
Citizenship
PT006

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Technology of Hope: Patients' Views and Experiences in Supporting Mitochondrial Donation

Herbrand, Cathy, Dimond, R.
(De Montfort University)

Set in the context of the debate on mitochondrial donation, this presentation contributes to the literature on the 'sociology of hope' and patient engagement, by exploring how patients' perceptions, actions and subjectivities are shaped by 'narratives of hope' surrounding the clinical introduction of novel reproductive techniques. While much work on emerging medical technologies or treatments has highlighted and analysed the strategic uses and 'performative effects' of rhetorics of hope in debate, policies and marketing, less attention has been given to the ways these discourses influence patients' views and experiences.

Techniques of 'mitochondrial donation' were legalised in 2015 following extensive debate, calls for evidence and safety reviews. They aim at preventing the transmission of severe inherited mitochondrial disorders by assisting the conception of offspring with the genetic material of three people. There have been great expectations surrounding these techniques, which were reflected through the ubiquitous narratives of hope in the media and debates.

In this presentation, we report on the first sociological studies focusing on the experiences of women carrying maternally inherited mitochondrial disease, of reproductive age, and who are the imagined target of the techniques. We draw on in-depth interviews from two separate empirical studies to analyse how these women perceive mitochondrial donation and the multi-faceted ways they interpreted, and responded, to these narratives of hope, in particular in terms of their public display of support. We show how our observations contrast with what is assumed about patient activities in the context of the political economy of hope.

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Wednesday 13 September 2017 at 13:55-14:25
Screening and Diagnosis
PT103

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Beyond the Transgender Diagnosis: Contestation, Instrumental Resistance and Strategic Conformation of Trans People in Portugal

Hilario, Ana Patricia
(Instituto de Ciências Sociais, Universidade de Lisboa)

This paper aims to provide insights into the ways in which Trans people (ie those whose gender identity or expression do not align with their assigned sex at birth) in Portugal make sense of their Transgender diagnosis (Gender Dysphoria). We draw upon in-depth interviews with 10 Trans men and 9 Trans women carried out by the TRANSRIGHTS team. We identified three major themes in their discourses: a) contestation of Transgenderism as a (mental) illness; b) instrumental resistance to complete demedicalisation of Transgenderism; and c) strategic conformation within the diagnostic process of Transgenderism. We suggest that most Trans people are in favour of the depathologisation of Transgenderism, although many also oppose to complete demedicalisation for instrumental reasons. The need to access free medical treatment, as well legally change their gender, lead some Trans people to approach the diagnosis strategically by making efforts to correspond to medical interpretations over Transgenderism. The findings indicate a more moderate perspective among Trans people, unlike what was described in previous studies, and a sense of compromise (even if temporary and instrumental) on their part regarding medicalisation.

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Thursday 14 September 2017 at 11:25-11:55
Ethics
PT111

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Planning for Death: Hospital Admissions and Home Care

Hoare, Sarah, Barclay, S., Kelly, M. P.
(University of Cambridge)

Planning is considered to be a key solution for preventing hospital admissions at the end of life. Healthcare staff and patients are encouraged to participate in discussions about the patients' wishes for their end-of-life care, with the hope that greater preparation will facilitate more deaths in the community.

Paper Abstracts

In this presentation I explore the salience of end-of-life planning to prevent admissions and the desirability of dying at home. To do so I use interviews about the admission of patients who died in hospital conducted with family carers and healthcare staff from both hospital and community settings. Through an analysis of this data I demonstrate that discussions about, and planning for, the end of life involved significant challenges, reflecting in part the clinical difficulty of predicting the dying process. Moreover, the desirability of home was not always apparent. I show that in contrast to the idealised image of home often implicit within policy, home death can require a significant amount of care, which is often expected to be provided by family with great personal cost. Building on the work of Twigg, Exley, Allen and others, I demonstrate that care at home changes the home environment, meaning that for patients and their families 'home' may no longer feel 'home-like'. In turn, these interpretations of the effectiveness of planning a death at home and home care contribute to an amended understanding of hospital admissions at the end of life, such that hospital is neither necessarily inappropriate for dying patients, nor admissions inherently 'preventable'.

Wednesday 13 September 2017 at 12:45-13:15
Health-Service Delivery
PT007

Under the Radar: The Benefits of a Sociological View of Nurses' 'Non-compliance' in Hospital Wards at Night

Hope, Jo, Recio-Saucedo, A., Griffiths, P., Smith, G., Schmidt, P. and the Night Surveillance Study team
(University of Southampton)

This paper demonstrates how a 'sociology of healthcare safety and quality' (Allen et al., 2015) can expand understanding of staff 'non-compliance'. Following Allen (2016) it uses aspects of Actor-network theory and the concept of working practices to challenge the mainstream Quality Improvement approach of treating staff concerns as 'resistance' to be overcome. This research was part of a study exploring nurses' relative 'non-compliance' with a vital signs observation protocol at night. An Early Warning System (EWS) algorithm prescribed frequency of observations when readings deviated from a 'normal' range. Semi-structured interviews were carried out with 17 nursing staff on wards with differing levels of compliance with the protocol. An electronic device had a delegating (calculating observation intervals) and prescriptive role (informing nurses when to carry out observations). Data was used by hospital management to assess ward compliance with the protocol. Interviewees described how the use of these actants (electronic device, ward compliance targets and protocol) provided some affordances. Yet the measurement of prescribed activity as 'compliant' or 'non-compliant' with no opportunity for nurse input removed nurses' mediating role and reduced their sense of professional autonomy. However nurses' accounts of decisions not to comply suggested certain patient groups might be unintentionally under-monitored at night. It was recommended that nurses' judgements about non-compliance be incorporated into the system to restore nurses' mediating role but also highlight potential risks. This research demonstrates how a sociological approach can address staff concerns and patient safety while making visible the impact of technology on ward decision making.

Wednesday 13 September 2017 at 16:15-16:45
Health-Service Delivery
PT007

Qualitative Evaluation of Implementation of ACE Programme

Howse, Jennifer, Ablett-Spence, I. M., Rubin, G. P.
(Durham University)

Background: The Accelerate, Co-ordinate, Evaluate (ACE) programme aims to accelerate the rate of change change of towards earlier cancer diagnosis by extending the range of diagnostic pathways and developing a body of evidence to inform future pathways. 60 projects, each addressing local needs and priorities, were chosen for inclusion in ACE.

Methods: Detailed case studies of nine purposively sampled projects were undertaken, using sequential one-to-one interviews, reviews of meeting notes and observation of cluster action learning sets. Of these, 7 were intended to become mainstream services.

Normalisation Process Theory (NPT) was used to understand the extent to which these projects were implemented and sustainable. NPT provides a framework to understand how a practice is enacted and either rejected, adopted or embedded in to routine practices, through the mechanisms of coherence, cognitive participation, cognitive action and reflexive monitoring.

Results: 142 interviews were conducted. Eight projects were successfully implemented, including six of those intended to become mainstream services. The extent to which these services were normalised varied. Some were fully normalised, while others were adopted, but questions remained about sustainability.

Conclusions: Participants were generally highly motivated to drive forward service improvement. Shared understanding across levels and organisations, along with understanding skills and capacity requirements at the start of the project developed the coherence and cognitive participation needed to drive successful implementation.

Thursday 14 September 2017 at 11:25-11:55
Lifecourse
PL001

Investigating the Cultural, Political and Moral 'Framing' of Egg Donation: An Interdisciplinary Study of the UK, Belgium and Spain

Hudson, Nicky
(De Montfort University)

Donated eggs are now used in over 25,000 IVF treatment cycles in Europe, creating over 7000 babies per year yet evidence about the motivation, decision making and experiences of women who provide eggs, the views of clinicians, or the role of newly emerging intermediaries in the growing transnational market in human reproduction remains partial. The growing provision of eggs by some women for use in the reproductive projects of others is the subject of fierce political and ethical debate and presents a number of dilemmas for practice and policy. Drawing on a current, ESRC-funded study of three European cases, this paper explores the ways in which egg donation is framed in social, political and moral terms the UK, Spain and Belgium. These three countries hold a stake in the growing global reproductive bio-economy and share features of technological innovation and expertise, but have each adopted differing regulatory positions in relation to the governance of egg donation, especially with regards its marketing, levels of financial compensation for donors, and their identifiability.

Presenting data collected in each country via interviews with policy representatives, mapping of national policy documents and textual analysis of marketing materials, the paper uses the concept of 'framing' (Fischer 2003) to explore how egg donation is constructed and prioritised at the national level. We suggest that a comparison of how the issue is selected, organised and interpreted in differing national contexts can generate an enhanced understanding of egg donation as a social, political, economic and moral practice.

Thursday 14 September 2017 at 10:50-11:20
Gender
PL002

The Role of Bruneian Masculinities and It Influences on Health Help Seeking Behaviour and Health Services Utilisation of Bruneian Men: A Grounded Theory Study

Idris, Deeni Rudita, Forrest, S., Brown, S.
(PAP Rashidah Sa'adatul Bolkiah Institute of Health Sciences, Universiti Brunei Darussalam)

It is accepted that men's health-related behaviour is influenced by socio-cultural factors including the norms that surround and define masculinity. However, what constitutes these norms and the dominant masculinities in contexts other than the Global North-West is poorly understood. This raises question about how far we can apply the hegemonic masculinities theory in the absence of research which tests it in settings and amongst men other than White men or Western/ European men. This paper presents findings from a PhD research investigating how being a man in Brunei Darussalam, a country with a strong religious and diverse cultural society, influenced men's perceptions of and attitudes towards their health and health help seeking behavior.

Using Grounded theory, this study utilized semi structured interviews and focus groups with a total of 44 men and women from diverse ethnic backgrounds in Brunei Darussalam.

Few key themes themes emerged from the analysis of interviews with men. However, in this presentation, the focus will be on what Bruneian men considers as important masculine attributes and in turn how this influences their health help seeking behaviour and health service utilisation. This session will focus on the unique concept of 'ikhtiar' and how it can be both militating and legitimizing factor for men to utilize formal healthcare services.

This study contributes to the development of knowledge about masculinities and health in a region where to date there has been little research, despite the existence of epidemiological evidence indicating that men's health needs are often unmet.

Wednesday 13 September 2017 at 13:20-13:50
Experiences of Health and Illness
PX001

Psycho-Social Problems Faced by Thalassemia Major Patients of District Multan, Pakistan

Ishfaq, Kamran, Ali, J., Fayyaz, B.
(Department of Sociology, Bahauddin Zakariya University Multan, Pakistan)

Thalassemia is an inherited blood disorder which is passed from parents to their children. It is a major health problem in Pakistan and its carrier rate ranges from 5-8%, about 9.8 million are of the total population. Thalassemia patients require regular blood transfusions and iron chelating therapy that puts financial burden on parents and their families. The objective of the present study is to study the psycho-social life aspects of Thalassemia major patients. The study was conducted in the Thalassemia centre of The Children's Hospital and the Institute of Child Health Multan, Pakistan from 1 June 2016 to 30 December 2016. The data was collected from 91 registered Thalassemia major patients age between 12-18 years. A structured interview was used as a tool for data collection

Paper Abstracts

through convenient sampling. The questions relating to perceived burden of Thalassemia major in the various psychosocial life aspects of affected patients, disease impact on education, sporting capabilities, difference from friends/siblings, social interactions, body image, social life, family adjustment, anxiety, isolation, and stigmatization were asked.

Among the total respondents 50(54.9%) respond that Thalassemia disease has impact on their education. Majority 77(84.6%) of the respondents reported that they not engaged in outdoor play at the same level of their friends. Greater part of the respondents 70(76.9%) were not satisfied with their body image. The findings suggest that there is a need of psychosocial support as well as medical help for Thalassemia major patients and their families.

Thursday 14 September 2017 at 14:00-14:30
Patient–Professional Interaction
PL001

A Moral Hierarchy of Pain: The Logic of Triage Nurses' Pain Assessments

Johannessen, L. E. F.
(Oslo and Akershus University College)

It is well documented that patients and healthcare workers are prone to disagree about the intensity of patients' pain. While a range of studies have investigated patients' perspective on pain, there are surprisingly few studies that try to untangle the logic of healthcare workers' pain assessments. Drawing on nine months of participant observation in 2015, this paper investigates triage nurses' pain assessments in a Norwegian emergency medical service. Triage nurses assess the urgency of patients' complaints and judgments about pain intensity are a mandatory part of their assessments, codified as a numerical score between 0 and 10. In the department under study, guidelines required nurses to combine the patient's 'subjective' score with their own 'objective' score, but nurses were found to predominantly privilege the latter. The analysis untangles the logic of this 'objective' scoring, showing how nurses judged patients' conditions according to a moral hierarchy of pain. This hierarchy functioned as a reference point for how much particular conditions should hurt, and it was used to detect whether patients over- or underreported their pain. Underlying this hierarchy was the assumption that there is a relatively fixed relationship between conditions and their amount of pain. Nurses believed this amount could be detected by careful assessment of 'objective' signs of pain, all of which were considered more valid than patients' self-reported score. Finally, the paper argues that these pain beliefs have roots in informal socialisation, situational demands for fine-grained priority setting and deeply held assumptions about pain in modern medicine.

Thursday 14 September 2017 at 09:40-10:10
Embodiment and Emotion
PT103

Survival Rates, Cancer Survivorship and Questions of Ontology

Kenny, Katherine, Broom, A., Kirby, E.
(University of New South Wales)

In this paper, we explore how cancer survivorship is variously embodied and enacted in relation to the intertwined technologies of prognostic survival rates and visual imaging techniques. Drawing on qualitative interviews with 80 people living with cancer, we explore participants' affective relations with prognosis, their (dis)identification with diagnostic images, and their embodied experiences of cancer. Our analysis is guided by recent scholarship drawing attention to questions of ontology – to how the world in enacted in ways that are situated, partial, sometimes contradictory and always multiple – across the fields of medical sociology, medical anthropology and science and technology studies. We contribute to this scholarship in the context of health and illness by focusing on the experience of being in relation to numbers. Quantified prognostic outlooks tend to collapse the distribution of survival experiences into coherent unitary entities – to predictions of 'time left' in weeks, months or years and to survival rates expressed as a percentage chance over (usually) five years. While such numbers are a pervasive feature of the contemporary landscape of cancer survivorship, little scholarship has so-far investigated how people with cancer experience the problematic of being in relation to such numbers. We explore how dominant cultural and clinical configurations of cancer survivorship tend to collapse the distribution of survival experiences represented by survival curves, often privileging the upper 'hopeful' limit of such curves, and obfuscate the multiplicity of how cancer survivorship is done, felt and lived.

Wednesday 13 September 2017 at 13:55-14:25
Experiences of Health and Illness
PX001

The Contingent and Connected Mouth: Older People's Experiences of Oral Health Over the Lifecourse

Kettle, Jennifer, Gibson, B., Warren, L., Varghese, R., Peter Robinson, P., Walls, A.
(University of Sheffield)

In this paper, we develop the concept of the contingent and connected mouth in order to show how people make sense of their oral health in older age and the role that stories can play in this. Although experiences relating to the mouth are individual and embodied, recent qualitative research with 43 older people (65+) in England and Scotland found that they constructed narratives which explained their oral health in later life as contingent on various factors. As participants recognised the way in which their experiences are shaped by their social location, personal biography and the actions of others, they also recognised how their experiences could have been different if, for example, they had been born at a different time, in different circumstances or to different parents. Using the examples of significant dental encounters, the role of parents and participants' understanding of themselves as 'lucky', this paper will explore the ways in which older people constructed narratives of oral health over the lifecourse.

Thursday 14 September 2017 at 16:20-16:50
Critical Public Health
PT007

Public Engagement With Antimicrobial Resistance: A 'Super-wicked' Problem?

King, Caroline, Currie, K., Davis, M., Flowers, P., Smith, M.
(Glasgow Caledonian University)

Increasingly, antimicrobial resistance (AMR) is being widely described as one of the biggest global public health concerns of the 21st Century (WHO, 2015). The potential of antibiotics, as a technology to treat infections and limit the impact of infectious diseases, is diminishing as AMR gathers pace. AMR has been described as a 'super-wicked' problem due to its complexity and the wide recognition that there is not a single-solution to the phenomenon (Littman, 2014). Public engagement with AMR to-date has been limited, despite, its potential public health consequences. This paper will be in two parts. First, it will explore the literature on AMR and public engagement and consider why it is that, despite AMR being described as one of the greatest public health problems of our times, public engagement with the problem remains limited. Second, drawing on findings from our recent empirical research, the paper will explore factors which appear to influence current public engagement with AMR. Building on this literature and our empirical sources, the paper will conclude by considering how we might generate or create AMR 'publics' who are engaged in the challenges and struggles which AMR is presenting us, individually and collectively; and, whether this form of public engagement could provide a tactical move to harness the potential of the public to be part of the solution to this 'super-wicked' problem.

References:
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World Health Organisation (2015) Global Health Plan on Antimicrobial Resistance, Geneva, WHO

Thursday 14 September 2017 at 14:35-15:05
Professions
PL002

Inter-professional Boundary Blurring: An Ethnographic Study of Advanced Nurse Practitioners in the Emergency Department

King, Rachel, Sanders, T., Tod, A
(The University of Sheffield)

Introduction: Ethnographic methods have been used to explore how advanced nurse practitioners (ANPs) in the emergency department (ED) use knowledge to make discharge decisions. I will discuss the scope of the ANP role, and their place in healthcare teams. The findings will contribute to our understanding of the professional identity of nursing and subsequent inter-professional blurring of knowledge boundaries between physicians and nurses.

Background: Nursing and other non-medical roles have expanded globally in response to continued pressure to provide more cost effective healthcare, and a desire by nurses to develop their skills. Policy changes have provided opportunities for nurses to undertake tasks historically performed by physicians. Observation of these new roles provides important insights into the identity of nursing.

Method: I am currently undertaking an ethnographic study (started in September 2016) in an ED in the North of England. ANPs are being observed in their clinical work, with a focus on their discharge decision making. Senior clinicians and ANPs are also taking part in interviews. Data is being managed using Quirkos qualitative analysis software and analysed thematically.

Findings: Emerging themes include; reasons for implementing the ANP role; the expanded scope of ANP practice; how ANPs use knowledge to make discharge decisions; and the position of ANPs within healthcare teams.

Discussion: ANP role implementation will be discussed in relation to Allen and Svensson's negotiated order perspective. The expanded scope of ANP practice in the ED shows significant inter-professional blurring of knowledge boundaries which challenges traditional distinctions between medicine and nursing.

Paper Abstracts

Severe Distress and the 'Critical Period' for Onset of Psychosis: Young People's Experiences

Knight, Fauzia, Kirkpatrick, S., Powell, J., Ryan, S., Lennox, B.
(University of Oxford)

The concept of a 'critical period' for early intervention in psychosis has become a cornerstone of service provision (Department of Health, 2003) but poses challenges for predicting onset (Parker and Lewis 2006). Previous work has shown that childhood trauma can be a factor in the onset of psychosis for some (Trotta et al. 2016), and that recovery is improved in the context of resilience and self-esteem (Morrison et al 2016). However, less is known about the lived experience of first episode psychosis and personal narratives of mood. While anxiety is not a predictor of psychosis (Fusar-Poli et al, 2017), autobiographical accounts reveal rich detail of failure and successes in the management of severe distress and depressed mood prior to onset, and later in recovery.

This paper is based on a collection of 20-25 narrative interviews with young people about their experiences of psychosis (funded by NIHR CLAHRC). Distress, trauma (including bullying and bereavement), social isolation and depressed mood are common themes pre-dating the first experience of psychosis and influence the psychosis story. Tools and techniques developed by participants to reduce repeat episodes suggest links between management of distress and depressed mood and recurrence of psychosis. Narratives of help-seeking in the interviews reveal that while people often seek help with their distress and depressed mood in the early stages, tailored support is commonly not initiated until crisis point is reached. This research has important implications for timing and method of support offered by mental health and other service providers.

Mother vs. Child? Healthcare Professionals' Perceptions of Maternal-fetal Conflict in Antenatal Substance Use

Knox, Chloe
(Brighton and Sussex Medical School)

Aims: Substance use in pregnancy is a common health issue in the UK. Healthcare workers supporting women using substances in pregnancy are exposed to the contrasting discourses of child-centred policy and woman-centred practice. This study explores the model of the maternal-fetal relationship used by healthcare workers, and their perceptions of maternal-fetal conflict in antenatal substance use.

Methods: Semi-structured interviews were conducted with six healthcare professionals working within a hospital-based clinic on the south coat of the UK. Framework analysis was conducted, applying Marcellus' four models of the maternal-fetal relationship: Woman-Centred, Fetus-Centred, Mother and Fetus as Distinct Individuals and Pregnant Embodiment.

Results: Healthcare workers providing care for women using substances in pregnancy experience conflict from numerous sources, forcing them to continually construct and adjust their model of the maternal-fetal relationship. Participants felt there was tension between their personal ideology of motherhood versus their professional experience and struggled with the distinction between 'fetus' and 'baby.' Alcohol was perceived as distinct from the other substances used by pregnant women, resulting in abstinence based messaging. In the case of illegal substances, a harm reduction approach was supported.

Conclusions: Healthcare professionals identified the need for ongoing postnatal support for women who have used substances throughout pregnancy. The inclusion of substance use teaching into all antenatal training will reduce stigma. Further research is required to explore the distinct conceptualisation of alcohol in pregnancy among healthcare staff. These recommendations will be disseminated among participants at a staff meeting and medical students undertaking clinical placements within the service.

Moving Towards Relational and Dynamic Thinking in Health Inequality Policy

Kriznik, Natasha, Kinmonth, A. L., Ling, T., Kelly, M. P.
(Primary Care Unit, University of Cambridge)

While mortality and morbidity in the UK mostly show improvements over time, inequalities in health persist driven by the patterning of the prevalence of preventable non-communicable disease. We argue that policies designed to reduce health inequalities and prevent non-communicable disease are limited by an individualistic epistemology, evidenced by the analysis of policy statements since the mid-1970s.

We found substantial evidence of supra-individualistic and relational mechanisms relevant to health inequalities, not only in sociology but in history, biology, neuroscience, philosophy, and psychology. These mechanisms were sometimes expressed in the rhetoric of policy papers but rarely in policy recommendations or action.

Policy documents continue to major on individual behaviour change foregrounding individual choice and responsibility despite these well-established understandings of wider dynamic influences on health. Mechanisms underlying inequalities in health are complex. While human behaviour is a major determinant of health, the assumption that it should therefore be tackled only by education and respect of individual choices has not led to reductions in health inequalities. We argue that a stronger relational approach to health inequalities will better inform policy, driving forward programmes of action which emphasise the importance of interdisciplinary work and consider broader ways of enabling the healthy behavioural choices most people would prefer by reducing the toxicity of the environments in which we must live.

Friday 15 September 2017 at 09:00-09:30
Critical Public Health
PT111

Social Justice and Health Care in Russia: Between People and Doctors' Understanding and Current Reforms

Kuznetsova, Irina, Saveleva, Z. H., Mukharyamova, L.
(University of Birmingham)

Global debates on health justice demonstrate inequalities of healthcare access, and the importance of social determinants of health (Marmot 2015, Venkatapuram 2013). Health justice is a very topical issue for Russia, with a low life expectancy and various barriers in receiving qualitative medical care. What makes Russian case special is the presence of Soviet legacy in some practices of healthcare and imaginaries about justice as equity.

The paper addresses current reforms in Russian healthcare system which going to limit access to free care for some social groups. We argue that there is a big gap between people and doctors' understanding of social justice in healthcare, and neoliberal vector of reforms.

Healthcare provision in Russia formally is free and accessible for everyone, from one side, from another side, as research shows, everyday experiences of a long wait and not perfect service make most of the people balancing between private and state medicine, none of them is trusted. This situation is especially frustrating for the elderly and people with disabilities because of very low pensions, also for people living in remote settlements. Also, the study reveals that diversity issues are not addressed in current medical practices – rights of adolescents, man, elderly, people with rare diseases and with disabilities, ethnic minorities are not fully recognised.

Paper based on a study (2016-2017) included semi-structured interviews and focus groups with population and medical doctors, a survey in two Russian regions (n=1000) supported by the Russian Foundation for Humanities (16-03-00579).

Friday 15 September 2017 at 10:10-10:40
Mental Health
PL006

Continuum Models of Bipolar Disorder: Jeopardising the Practise of Strategic Essentialism

Lane, Rhiannon
(Cardiff University)

Emerging evidence has suggested that placing mental disorders on a continuum with 'normality' can have a de-stigmatising effect, by reducing perceived differentness between those who are ill and those who are well (Corrigan et al., 2016; Schomerus, Angermeyer, and Matschinger, 2013). However, essentialist thinking, which stresses the difference between groups, may be deliberately adopted by stigmatised groups in order to forge a positive sense of identity and agency, and to promote social cohesiveness; a practise termed 'strategic essentialism' (Haslam, 2011). This paper presents findings from an ethnographic study of UK based group Psychoeducation courses for Bipolar Disorder, undertaken for doctoral research. Material will be drawn from both semi-structured interviews with participants and field-notes taken during group sessions, which provide an interesting site of intersecting lay and professional knowledge on bipolar disorder. Findings suggest that the reification and essentialisation of bipolar disorder can serve to protect service users from some forms of stigmatisation. By contrast, a continuum approach - by blurring the boundaries between illness and normality – may pose a threat to service user identities, who may view their diagnosis as a means of explaining behaviour and counteracting 'volitional stigma' (Easter, 2012). The potential negative implications of essentialist approaches will also be considered; in addition to increasing 'them' and 'us' thinking, there are consequences for those who remain at the peripheries of diagnostic boundaries.

Paper Abstracts

Engaging 'Non-problem' Drinkers to Reduce Their Risky Drinking: The Challenge of Driving Behaviour Change Through Personal Choice

Larsen, John Aggergaard., Russell, A.
(Drinkaware)

In the UK, average weekly alcohol consumption is higher among middle-aged men, and they are disproportionately affected by alcohol harm. Initiatives to reduce alcohol-related harm may include a range of tools to target the key drivers for consumption: affordability, availability and acceptability (PHE, 2016). While influencing the social norms and personal choices concerning alcohol consumption are not considered the strongest or most effective methods (Babor et al., 2010), these cultural and micro-sociological aspects are shaping individual drinking behaviours (Castro et al., 2014). From a critical public health perspective, the question is what prominence should be afforded to attempts to reduce or prevent harmful drinking behaviours through initiatives targeting acceptability and individual choice. This paper presents work undertaken by the alcohol education charity Drinkaware seeking to engage midlife men who are drinking above the low risk guidelines to reduce their routine consumption of alcohol. The intervention was developed based on in-depth qualitative research which found that these men do not consider themselves to be 'problem drinkers', but they were open to engage with 'no-nonsense' information and guidance which showed them the benefits they could experience from cutting down. New information resources and tools were developed to achieve this. Results from the first year of the intervention are presented, including findings from a cross-sectional pre-post with control survey and engagement monitoring data.

Self-managing Chronic Illness in a Transnational Diaspora: Narratives of British South Asian Patients' Lived Experiences of Rheumatoid Arthritis

Latif, Zahira, Stack, R. J., Raza, K.
(University of Birmingham)

British South Asians live, like many other migrant communities, in a transnational diaspora - a space where multiple identities, socio-cultural, economic and political ties between the home and host countries are played out in their lived experiences. The transnational diasporic component has been neglected in investigations of the self-management of chronic long-term illnesses in migrant communities. This paper attempts to fill this gap by exploring the role of multiple identities and ties in mediating the ability of diasporic migrants with chronic illness to self-manage their condition. This is explored through a qualitative empirical study of South Asians living with rheumatoid arthritis (RA) in the UK. Fifteen patients, 13 women and 2 men, who self-identified as being of South Asian origin (born or descending from someone born in Bangladesh, India, Pakistan or Sri Lanka) were recruited through a secondary rheumatology clinic in a UK city. Semi-structured interviews were conducted and analysed using a grounded theory approach. Interplay between self-management and transnational identities and ties was evident in the following three areas: how patients negotiated multiple identities, how patients were understood by others (healthcare professionals, friends and kin) across transnational networks, and how patients made sense of RA in the context of migration. The findings illustrate the importance of considering migrants' transnational identities and ties when understanding their approaches to self-managing long-term chronic conditions, particularly since this responsibility is increasingly being accepted as an integral part of the management of chronic illness.

Going With the (Non) Flow: Facing Up to Menopause with the Help of Lefebvre's Concept of Rhythmanalysis

Lee, Siewpeng
(Brunel University)

Much has already been written about menopause from various perspectives (physiological, psychological, biomedical, sociological, cross-cultural, etc). This paper focuses on how women might and should be helped to cope with the menopause at work by adopting the Lefebvrean concept of rhythmanalysis.

Lefebvre proposed rhythmanalysis to be a transdisciplinary concept to theorise anything 'from the most natural (physiological, biological) to the most sophisticated' (2004:18). This conceptual framework is woven around the idea that there is, particularly in the human body, a state of isorhythmia. Disruption to this rhythm results in arrhythmia which, given the right resources, would return the body to isorhythmia or a new eurhythmia.

This paper theorises that menopause is an example of arrhythmia in a woman's life. Given that rhythms will return to equilibrium, then the menopause is merely a temporary disruptive state, not unlike pregnancy, or a period of extended non-terminal illness in both men and women. Just as society expect men and women to undergo certain lifecourse transitions, menopause should be recognised as 'par for the course'.

This view is especially critical where labour force participation is increasing among women. Women often enter menopause at the prime of their productive lives. Instead of letting them languish in an unfriendly environment during this temporary arrhythmia, which may result in their leaving employment altogether, a willingness to support them as they go with the flow of the worst menopausal symptoms would help them return to isorhythmia, and thus remain for longer at productive work.

Thursday 14 September 2017 at 15:45-16:15
Professions
PT111

Reflexivity in the sociology of health: Perceptions and representations among Brazilian researchers

Leoni Birriel, Mariana
(Universidade Federal de Santa Catarina – PPGSP)

Scientific knowledge occupies a prominent role in contemporary societies, guiding decision making at multiple levels of social life. Yet, its production is a highly complex process that combines subjectivities, institutional aspects and values. Sociological knowledge emphasises these characteristics in a peculiar way. Defining its objects of enquiry as social phenomena, researchers describe their own role as an inherent part of the process, which leads one to question the practice of research itself. Within this field, the sociology of health is peculiar as it is a field wherein claims of identity construction are combined with acknowledgments of the interdisciplinary character of its formulations. That being said, this study emphasises the need for questioning the scientific process itself by developing a reflexive analysis of scientific action. The main objective is to explore how Brazilian health sociologists regard their field of research and devise their scientific practice. Working with qualitative techniques, analysing discourses collected through semi-structured interviews with Brazilian researchers and systematically reviewing literature at the national and international level, this study presents a critical analysis of health sociologists' perceptions, particularly those related to the reasons, intentions and methods that guide scientific practice in this field. This study aims to illuminate the main institutional and interactional elements that characterise the production of knowledge within the field of Brazilian sociology of health. The findings are important for improving future strategies and perspectives surrounding scientific practice from the standpoint of increasingly complex approaches.

Friday 15 September 2017 at 11:20-11:50
Gender
PL002

New (ART)iculations: A Qualitative Exploration of Abortion Narratives in South Africa

Lowe, Giselle
(University of Hull)

Abortion was legalised in South Africa in 1997 with the introduction of the Choice on Termination of Pregnancy Act, 1996 (Act No.92 of 1996). However, the complex realities of the systems of social inequality at play within the country complicate the daily lived experiences influencing accessibility to autonomous reproductive choices. Acknowledgement of these inequalities can be a point of departure when discussing the confusion as to why, with the free, safe, legal options made available by the state, many women still resort to clandestine forms of abortion practices.

This paper will examine the potential of creative narratives (oral biographies, literature and art) as alternative knowledge sources which prioritise decolonial research methodologies. It will explore how alternative forms of abortion accounts, in contrast to traditional historical documents or statistical data sets (which often fail to be representative of, or exclude the voices of marginalised individuals), can be useful in developing a truer depiction of the lived realities of individuals who have procured abortions in South Africa.

Grounding my research in the situated experiences of the women whose narratives will be shared, I will explore how women express their abortions (procedures, healing, support, and actors) and how these alternative articulations 'remind us […] that social facts are mediated daily in enormously complex ways by the positioning of those observing, experiencing, and performing them.' (Hunt 2007: 21). Approaching narratives not merely as social descriptors, but as detailed resources, our understanding of and approach to abortion research can be further developed and more inclusive.

Paper Abstracts

Convivial Pastoral Relations: Narratives of Medical Authority, Choice, and Care in Experiences of Being Diagnosed With Bowel or Lung Cancer in Denmark, England and Sweden

MacArtney, John, Andersen, R., Marlene Malmstrom, M., Birgit Rasmussen, B., Evans, J., Tishelman, C., Ziebland S.
(University of Oxford)

Patient narratives of their diagnosis of cancer contain reflections into the conversational and interpersonal techniques used by clinicians to inform, discuss, and allay fears or anxieties. They therefore provide insights into the reformations of diagnostic ambivalence, which have been the focus of significant resources around good doctoring. In contrast to analysis of more contested diagnosis, such as autism, thyroid conditions, or ME, the diagnosis of cancer presents an opportunity to consider a disease that has been the focus of decades of scientific, financial, and public health initiatives and interventions. It might be expected that there are fewer opportunities for ambiguity, ambivalence and contestation that are the feature of other diseases studied in the sociology of diagnosis. Yet the abundance of (embodied) knowing, evidence-based pathways, and socio-cultural concern also make cancer an important locale in understanding how patients and doctors negotiate these new ethical and interpersonal alignments. In this paper, we explore how concerns around empowered patient choices are understood in a context emphasising speedy and accurate diagnosis.

We draw on interviews of 155 participants across Denmark, England and Sweden diagnosed with lung or bowel cancer to explore accounts of the 'decisional situation' (Sandman and Munthe, 2010) through the concept of conviviality (Gilroy, 2004). We found that through various communicative practices participants felt part of the decision-making process of diagnosis. Moreover, this engendered an expectation that doctors should take the lead and care for patients, suggesting participants' limited (or even refused) expectations of empowered choices.

Cross-border reproductive care: gender and reproductive market in the case of Angola and Brazil

Machin, Rosana
(University of Sao Paulo, Faculty of Medicine)

The reproductive technologies (RT) have grown significantly since the first birth registration through in vitro fertilization (IVF) in 1978 in the UK. In the processes of RT expansion in diverse situations and territories we focus on what has been called cross-border reproductive care. Despite the massive global expansion of RT services over the past years, in Sub-Saharan Africa it remains inaccessible. Based on current research, reproductive services and practices in Brazil was mapped from an online questionnaire answered by 80 reproductive clinics, among 140 existing ones. It was identified the care of people coming from countries of Africa, Europe, North and South America in search of treatment in 2014-2015. Among these there is a significant presence of couples from Angola. To explore these findings in-depth qualitative interviews were carried out with health professionals in Brazil (Sao Paulo) and Angola and couples in care (15). The focuses of this presentation are the dynamics involved in seeking treatment by couples from Angola in Brazilian clinics, considering the context of gender and reprodutive health in Angola, accessibility perspective, normative and legislative differences, the reproductive market and the inequities involved in the formation of a family.

The Digitally Enabled Woman in Pregnancy and the Postnatal Period: Implications for Negotiating User-provider Roles and Responsibilities

Mackintosh, Nicola
(University of Leicester)

Helping to secure timely and appropriate interventions for complications in pregnancy and the postnatal period necessitates women (and family members) undertaking self-monitoring, diagnostic and help -seeking 'work'. Alongside a government campaign to halve the rate of stillbirths, neonatal and maternal deaths by 2030, a plethora of online health education campaigns have sprung-up aimed at informing women about early warning signs of perinatal complications and appropriate help-seeking behaviour.

In this paper, I look critically at digital-health information messaging for women in the perinatal period. I explore how digital practices help reconfigure lay knowledge, medical authority, and patient-professional interactions. Drawing on interview data from women related to their journeys through maternity care and data from websites, I discuss the concept of 'digital engagement'. My analysis links to wider meta-narratives of danger, clinical certainty (and uncertainty) and risk in maternity practice. I show how use of technical language and classification schemes in messages prevent some kinds of information from being communicated in a process called

'uncertainty absorption' (March and Simon1958) while certain knowledge claims are marginalised. I consider the digital culture of connectivity in maternity care (who is included and excluded) and its consequences for women and professionals, and interactions between them, particularly with regard to help seeking and professional response.

Friday 15 September 2017 at 10:10-10:40
Patient–Professional Interaction
PL001

Working with Dying Parents: Challenges for Health Care Practitioners.

Macpherson, Catriona
(NHS Fife)

NHS practitioners have a responsibility to prepare patients' and their families for terminal illness and death. Evidence suggests they may avoid pursuing this when concerned about causing further distress and suggests that many children do not experience preparation until death is imminent. A practitioner inquiry within a NHS specialist palliative care context used narrative methods to explore the reality for practitioners attempting to assist a family in the process of preparing a child for the death of a parent. The practitioners failed to facilitate advanced family preparation despite several carefully prepared attempts. Methods were developed to address and overcome the inherent ethical difficulties they faced in representing this experience. Data was collected which included actual naturally occurring conversations between practitioners relating to one family, and detailed notes of meaning making constructed immediately following all patient-professional interactions. The data was then used to fictionalise a family account that re-presented the real challenges practitioners confronted. Reflexive practice was evident as practitioners attempted to unfold layers of complexity and grapple with understanding and empathy. Even with a nuanced understanding of communication processes and openness towards facilitating difficult conversations, experienced practitioners faced tensions between respect for a dying patient's needs, avoiding undermining the family culture, and meeting children's needs. Working with dying parents and their families may paradoxically require healthcare practitioners to have the ability to work with 'not knowing', when they are usually expected to have answers to medical problems and to practice from an established 'evidence base'.

Friday 15 September 2017 at 10:45-11:15
Gender
PL002

Sexuality 2.0? From Analogue Adolescence to Online Adulthood, Women (Re)constructing Sexual Identity in the Digital Age

Mac Rae, Sheena, Hayter, M., Poat, A.
(University of Hull)

This PhD study explored the extent to which a relationship exists between women's sexual identity and their online life. Using a Constructivist Grounded Theory approach the study sought to theorise how women over 35 construct their sexual identity in the digital age.

The performative nature of online life has forced women who were offline as adolescents to gain new skills as they negotiate their online public personas while maintaining their private lives. If identities can be manipulated online, sexual identities are no different. The internet is at once a private space but also a step away from a global audience so how do women come to terms with these conflicting attributes of digital life?
Three main themes have emerged from the interviews; the near ubiquity of social media use tempered with a strong ambivalence toward it, disparity between online presentation and offline reality and the use of online sexual imagery where sexual opportunity was not present or was lacking.

A great deal of variation exists in the ways women used the online environment for sexual and relational purposes but primarily online life was key to social connection rather than sexual identity. As the literature review suggested the study found many women did use the Internet for sexual purposes and for those women who identified as lesbian sexual identity formation or affirmation was important.

This presentation will illustrate the honesty, diversity, openness of the responses from the women interviewed and the subsequent theoretical understanding that has been developed from their insights.

Thursday 14 September 2017 at 15:45-16:15
Citizenship
PL006

The Embodied Citizen: Blood Donation and the Body

Mahon-Daly, Pat
(Bucks New Uni,High Wycombe)

The paper re frames the work of the blood donor as a form of embodied citizen – using data from a qualitative study of bloods donors, it refreshes the relationship of blood donation both to sociology of the body and the new world of the biological imperatives of citizenship in a biomedical world.

Paper Abstracts

Donors' bodies are the host of the gift rather than the person, and the way in which the body becomes the vehicle for the expression of contemporary active citizenship is discussed.

Donors are reviewed as not being understood solely as an altruist, rather that the body work required in the her and now world of blood donation allows a new and embodied presentation of citizenship to emerge.

Wednesday 13 September 2017 at 16:15-16:45
Theory
PT111

Can Butler's Theory of Performativity Be Applied to (Re)construction of Identity After Traumatic Brain Injury?

Makela, Petra
(University of Westminster)

Over the last three decades, Judith Butler's theories have been extensively applied within work on gender, sexuality, the body and identity. Performativity is recognised as one of Butler's most influential ideas, describing 'reiterative and citational practice by which discourse produces effects that it names'. Butler's work on performativity has been explored within disability studies, in which applications have focussed on visible disabilities. Nonvisible disabilities, representing unmarked social identities, have been invisible in these works.

After surviving a traumatic injury to the brain, the majority of people achieve full physical recovery but may experience a range of nonvisible disabilities, objectified in terms of impaired cognitive, psychological, emotional and social functioning. In this presentation, I will consider application of the theory of performativity to nonvisible aspects of experience following traumatic brain injury, moving focus away from the body, and exploring the extent to which Butler's work can be disconnected from the gender-identity categories for which it was developed.

Through one narrative case study, I aim to illustrate the potential relevance of this application for the provision of support for people after traumatic brain injury. Butler asserts that a person's identity becomes intelligible only when it adjusts itself to the recognisable structures and norms of that identity. Individuals may not perceive themselves to fit the existing norms of healthcare contexts or social expectations and, by choosing to act differently, expressions of agency then challenge assumptions about 'having a brain injury'.

Thursday 14 September 2017 at 09:05-09:35
Inequalities
PT006

Instilling a 'Spirit of Fairness': A Critical Assessment of the Irish Policy Sphere's Approach to 'Equality' and 'Entitlement' As Determinants of Access to Health Care Provision.

Malone, Patrick, Millar, M.
(School of Political Science and Sociology, NUI, Galway)

This paper explores the theory and practice of equality in shaping modern policy conceptions of access and entitlement to healthcare provision. Thus, a central question addressed in this paper is the extent to which 'equality' featured as a core policy goal in successive healthcare reforms. Furthermore, this paper also examines the degree to which 'efficiency', in terms of both the infrastructural development of the Irish health services and the governance framework overseeing health service delivery, has paralleled with the instilment of an 'outright' vision of equality in the policymaking trajectory.

Through the framework of institutionalism theory and a particular focus on the concepts of 'continuity', 'institutional stability' and 'change' in the policymaking environment, this paper provides interesting insights in respect to chronicling the origins and entrenchment of the core policy constructs which both shape and constrain modern policy conceptions on access and entitlement to healthcare provision.

As such, it is argued that equality has not been a dominant facet in healthcare reforms. Additionally, with the development and continuity of a 'mixed-motives' system of libertarian and egalitarian principles, the primary impetus of policy actors has been to instil a spirit of fairness in healthcare delivery under a guise of equality of opportunity and equity. Thus, rather than establishing a policy construct of 'universal entitlement', it is suggested why the trajectory of Irish policymaking has served to direct publicly funded healthcare provision towards those in most need; the lower-income groups and most vulnerable in Irish society.

The Borrowed Voice Without a Body: Medical Interpreting in the NHS

Manea, Teodora
(University of Exeter)

In the last decade the number of non-English speaking patients that access the NHS has increased considerably. Medical interpreters facilitate the non-English speakers' access to healthcare. They are bridges between English and minorities' languages and cultures. But the role of medical interpreters - stipulated into codes of practice of the UK interpreting agencies - is mostly constructed on the assumption of an invisible interpreter, a language switcher, conveying the 'message only' between a client and a service provider. This reductionist approach to the interpreter's role makes them replaceable with voice convertors via telephone. Their physical presence during the medical consultation is diminished by the defined role of invisibility.

Aim: To understand what being present at medical consultations means for a party who is not a patient or a health professional, and to examine ethical issues connected with interpreters and voice disembodiment.

Methodology: My reflection will start with an interpretive autoethnographical approach based on my personal and professional experience as a medical interpreter. I will frame my approach using situational analysis and postmodern reflections about voice, presence and embodiment.

Reducing and Preventing Abusive and Violent Behaviour: A Realist Investigation

Markham, Steven
(Leeds Beckett University)

Individualising and pathologising abusive and violent behaviours is having little effect on the prevention or reduction of domestic violence and abuse (DVA). This is a societal problem with recognised damaging effects on victims and families. Less is known about the emotional and mental health and wellbeing of perpetrators and the antecedents of abuse and violence. Problems with emotional and mental illness are damaging for individuals, as well as victims if manifestations of abusive behaviours occur.

Interventions commonly occur once abusive behaviours and violence are entrenched. This paper argues that a focus on the emotional and mental health and wellbeing of people struggling to manage angry emotions may help to reduce suffering and acts of abuse and violence.

Empirical research from a realist evaluation with abuse and violence intervention staff, referring stakeholders and programme participants will be presented to better understand the antecedents of abuse and violence. The findings from survey and interview data suggest what works to reduce abusive and violent behaviours and what can be done to tackle and prevent DVA as a major public health issue.

Pathways to Professionalism? Quality Improvement, Care Pathways, and the Interplay of Standardisation and Clinical Autonomy

Martin, Graham
(University of Leicester)

David Kocman, Tim Stephens, Carol Peden, Rupert Pearse

Care pathways are a prominent feature of efforts to improve healthcare quality, outcomes and accountability. There is some evidence for the effectiveness of care pathways in improving care processes, but the evidence base is contested, and sociological studies of pathways often find professional resistance to standardisation, and a consequent gap between the 'paper' pathway and real-world practice. Moreover, while the evidence base has largely been developed in the field of elective care, the logic of the pathway is increasingly being applied in urgent- and emergency-care settings. Here, outcomes are often more variable, but patients' needs are more complex – and so, intriguingly, the arguments both for and against the standardising logic of the pathway intensify. This ethnographic study examined the adoption and adaptation of a novel care pathway as part of a randomised controlled trial in an unusually complex, non-linear field – emergency general surgery – by teams of surgeons and physicians in six theoretically sampled sites in the UK. There was near-universal receptivity to the concept of a pathway as a means of improving peri-operative processes and outcomes, but concern about the impact on appropriate professional judgement. However, this concern translated not into resistance and implementation failure, as the sociological literature might predict, but into a nuancing of the pathways-as-realised in

Paper Abstracts

each site, and their use as a means of enhancing professional decision making and inter-professional collaboration. I discuss these findings in the context of recent literature on the interplay between managerialism and professionalism in healthcare, and highlight practical and theoretical implications.

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Wednesday 13 September 2017 at 13:55-14:25
Methods
PL001

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'It's All Data': Lessons Learnt and Methodological Advances from a (Failed) Implementation Project

Mathieson, Amy, Luker, K., Grande, G.
(The University of Manchester)

It is agreed that evidence-based practice can improve outcomes for people using health and social care services in the UK. Vast literature exists that attempts to bridge the gap between research, practice and policy. So much so, that 'Implementation Science' has emerged as a field to promote the integration of research evidence into healthcare practice. However, there is growing recognition that gaps still exist between research evidence, changes to practice and improved outcomes for patients. Many publications fail to explicitly address why and how implementation processes have worked, or alternatively, why attempts failed. This paper will shed light on this by discussing the challenges faced when conducting an implementation project. This project, by utilising participatory action research (PAR) principles and Normalisation Process Theory, aimed to implement the 'Caring for Someone with Cancer' booklet with community nurses. The problem-solving cycle of PAR consisting of planning, action, observing and reflection, was followed. Interviews and observations were conducted and documents were collected from four participating sites. Access to these sites, on occasion, was difficult. Competing work demands and high turnover of staff meant maintaining relationships and the study's momentum was challenging. Although challenges were disruptive; understanding barriers enhanced data collection and positively contributed to the research process. We conclude that researchers should reflect and plan for these 'bumps in the road', which may lead to failed implementation attempts. It is only by sharing our experiences of implementation that lessons can be learnt, and gaps between evidence, practice and policy can be reduced.

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Thursday 14 September 2017 at 10:50-11:20
Experiences of Health and Illness
PX001

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Caring About Care: Patient Perspectives on Providing Online Feedback About the NHS

Mazanderani, Fadhila, Kirkpatrick, S., Ziebland, S.
(University of Edinburgh)

People increasingly use digital technologies to share their experiences of healthcare services. On one hand, these practices have been lauded as enhancing patient power, choice and control, while encouraging greater transparency and accountability on the part of the healthcare provider. On the other, they have been critiqued for being unrepresentative, spreading inaccurate information, undermining care relations, exploiting patients and jeopardising professional autonomy. Yet, there is little systematic understanding of why and how people share healthcare experiences online; of what constitutes 'feedback' from the patient perspective, and how one might conceptualise these practices. Drawing on 35 qualitative interviews (currently ongoing), this paper explores patients' accounts of sharing their experiences across a wide variety of digital platforms, including Twitter, Facebook, blogs, NHS Choices, and Patient Opinion.

Our interviewees' experiences differed across platforms, geographic location and healthcare provider, but were commonly underscored by a concern with improving healthcare through sharing both good and bad experiences. We argue that even when modelled on feedback systems used by commercial enterprises, sharing healthcare experiences cannot be conceptualised as 'consumerist' behaviour aimed at reinforcing patient 'choice'; nor as a means of 'democratising' the technocratic instrument of 'quality control'. Rather, we propose that sharing healthcare experiences be understood as one of the few ways patients can 'perform care' for the NHS. We suggest that looking at online 'feedback' as a form of 'care' provides a productive lens through which to analyse what Deborah Lupton has called the 'digital patient experience economy' in the context of the NHS.

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Thursday 14 September 2017 at 12:00-12:30
Pecha Kucha
PL001

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Ownership and Genetic Data from Donors: Evidence from Focus Groups

McGachie, Michelle
(University of Glasgow)

Genetic data is becoming the most valuable resources in medicine – and continues to offer new and exciting ways it can improve medical care. The advancement of genomics relies on the large-scale donation of genetic data from willing participants to collections that can be used in research studies; such as those held by UK Biobank and Generation Scotland. This presentation will share some

findings from focus groups conducted with donors and non-donors of Generation Scotland. It will explore the issue of ownership of genetic data from an ethical, legal and social perspective. Some specific questions that will be addressed are: who owns genetic data before and after donation?; should donors rights extend beyond the collection point of genetic data?; and should genetic data be considered a communal good or an individual's property?

This is a work in progress piece.

Wednesday 13 September 2017 at 12:45-13:15
Lifecourse
PL002

Successfully Preventing Vertical Transmission of HIV: Filtering Away Death and the Emotional Requirements of Providing and Receiving Care.

McKnight,Ulla
(Goldsmiths, University of London)

The ability to prevent vertical transmission of HIV (where HIV is transmitted in utero and/or postnatally or through breastfeeding) is generally considered to be the most successful achievement of HIV biomedicine and care. Indeed if appropriate care and biomedical technologies are available, transmission rates can be reduced to less than 1%.

This paper considers the case studies of two HIV-positive women who received care in an acute NHS HIV specialist antenatal clinic in London and gave birth to babies who died before and shortly after birth. Based on a nine months-long qualitative study that included participant observations, unstructured in-depth qualitative interviews, and informal conversations and adopting insights from STS and anthropology within a broader medical sociological frame, the paper argues that the success of biomedical interventions filters away death and care failures and the emotive experience of providing and receiving care – with disastrous consequences.

Thus, there is a danger in singling out the possibility of reducing the HIV transmission risk to less than 1% – and hailing that a success – without also considering what might happen to the people involved after the intervention(s) take place. Rather, the promise of any (biomedical) technology and/or intervention should be considered in relation to the circumstances and expectations, now and in the future, of the people who are meant to provide and benefit from them.

Thursday 14 September 2017 at 17:30-18:00
Citizenship
PL006

Valuing Care in an Era of Celebrating Independent Citizenship: Disabled Young People's Reflections on the Importance of Care to Them

McLaughlin, Janice
(Newcastle University)

Disabled young people in the UK are growing up and transitioning towards adulthood in a context where a great deal of emphasis is placed on working towards and being an independent and self-reliant citizen. This can lead to a discomfort around visible care and avoidance of it, particularly when in the public sphere. This paper looks at a group of disabled young people's attitudes towards different forms of care in their lives and the socio-economic factors influencing their attitudes. The research was undertaken as part of a UK Economic and Social Research Council project examining the embodiment of disabled young people as they transitioned towards adulthood. We recruited 17 young people, aged between 14 and 20, with a diagnosis of Cerebral Palsy, to participate in a range of qualitative research techniques they chose from: narrative interviews, photography and photo journal making, photo elicitation interviews and the making of representational artefacts. There are contexts where disabled young people avoid the display of being cared for because this appears to undermine the enactment of adult independence; however care practices, both as something they do as well as receive, remains important to them and influences a range of things they do. Their pathways to independence are deeply embedded in care networks they are sustained by and sustain. Contemporary prioritisation of independence as self-reliance can inhibit visible care practices in the public sphere, but particular approaches to and understandings of care are important to disabled young people.

Thursday 14 September 2017 at 09:05-09:35
Experiences of Health and Illness
PX001

'Because there's so Many People in the World and If They're all Posting Pictures…' Experiences of Social Media for Young People With Appearance-affecting Skin Conditions

McNiven, Abi
(University of Oxford)

Paper Abstracts

Acne, eczema, psoriasis and alopecia areata are relatively common conditions experienced by young people and they can significantly impact on visible appearance. Previous literature on the socio-emotional aspects of having a skin condition suggests that young people may have specific concerns and support needs. Despite widespread assumptions that young people are near-ubiquitous and avid users of social media sites such as Facebook, little research has considered this in relation to the experiences of young people with skin conditions. Drawing on in-depth interviews with 88 young people (aged 13-25) in the UK, this paper explores how having a skin or hair condition affects teenagers and young adult's views about- and practices around- using social media. A spectrum of views and experiences were described by young people in the study with varying emotional ramifications. These ranged from intense distress through to a profound sense of support and meaningful affiliation with others. Many young people talked about strategies for managing their social media use or non-use, including avoidance (closing down their account) and minimising the visibility of a skin condition (editing photographs, censoring photographs posted of them by friends), as well as the potential benefits of visibility and connection through social media (showing and posting as awareness-raising, using support groups, following condition-specific charities). Addressing a gap in existing dermatological literature, the analysis demonstrates that social media was an important part of many participants' lives in which they invested considerable time and effort into deciding whether and how to use social media.

Thursday 14 September 2017 at 10:15-10:45
Citizenship
PL006

Health of a Patient Organisation: A STS Perspective on the Life After a Success

Mikami, Koichi
(STIS, University of Edinburgh)

Developing an effective therapy for their disease is a primary concern of many patient organisations. Their active involvement in practices of medical research and drug development is often considered as evidence of their empowerment, and if a therapy is actually developed as a result, their action becomes widely celebrated as a success. It is undoubtedly a success from a medical point of view, as the lives of those affected by the disease concerned could be significantly improved by development of the new effective therapy. In this paper, however, I argue that by adopting a STS sensibility and situating the 'success' in a broader historical context of an individual patient organisation, it can start presenting a very different picture - marking the beginning of organisational re-structuring and potentially that of new struggle. This paper is based on a socio-historical study of a rare-disease patient organisation in the United Kingdom. From the mid-1990s to early 2000s, this organisation involved closely in the development of an enzyme replacement therapy, which is effective only for a sub-type of the disease it concerns, led by biotechnology firm, and still maintains to this day its close relationship with such firms with the hope to develop better therapy. A series of interviews with core members of the organisation reveals, however, that it now faces new struggle, which requires careful balancing of provision of care and search for cure and also demands skilful management of its public and private identities.

Friday 15 September 2017 at 09:35-10:05
Gender
PL002

Women's Experiences of Maternity Services and How This Impacts on the 'Best Start'

Miles, Hannah
(Hull York Medical School (Hull University))

This research qualitative research explores pregnancy, motherhood and early parenting experiences in Hull. In particular, my research explores what the Best Start, a concept defined within the policy objectives in the Marmot Review (2010), means to mothers within the context of their everyday lives. The research employs an ethnographic approach, driven by a feminist praxis. This is being supported by semi-structured, ethnographically informed interviews; approximately 45 women are taking part in interviews.

This paper focuses on a key preliminary theme within the data that explores women's experiences of maternity services and in particular how negative or traumatic experiences impact detrimentally on the concept of Best Start.

Preliminary findings indicate that women often find their dealings with maternity services disempowering, particularly when they seek to challenge medical professionals and the decision-making process surrounding labour and delivery. This includes but is not limited to; care structures, dating scans and the concept of timeframes, medical interventions such as induction and foetal monitoring, and birth choices. Within this process, medical knowledge displaces women's knowledge of their own bodies and women's expertise is marginalised in favour of dominant biomedical discourses. Women's experiences captured so far indicate that these negative experiences can be highly traumatic, having significant impact on the mother and child's wellbeing. Early findings demonstrate that these issues are further compounded for those mothers who are already considered to be vulnerable; for example, pre-existing mental health problems and previous reproductive trauma.

This paper seeks to explore and generate discussion on this issue.

Recall by Genotype (RbG) Research and Issues of Solidarity, Reciprocity and Co-production: Perspectives of Birth Cohort Participants

Minion, Joel, Butcher, F., Timpson, N., Madeleine, M. J.
(Newcastle University)

Participants in longitudinal cohort studies and biobanks are increasingly being recruited into secondary research on the basis of common genetic variations or recall by genotype (RbG). Recent use of this approach in the Avon Longitudinal Study of Parents and Children (ALSPAC) led to an ethical conundrum of whether to inform potential participants of their genetic information during recruitment and therein deviate from existing policies of non-disclosure of results, or mask the full structure of the study design and miss an opportunity to open a process of disclosure within genotype-directed research. In this presentation, we report the findings from 53 semi-structured interviews with young adult ALSPAC participants regarding they expect of and from the RbG research process. Our analysis surfaced the deep trust and faith participants developed over their long relationship with ALSPAC and the ways in which solidarity, reciprocity and the co-production of knowledge need to be understood by researchers when conducting RbG studies. Although few participants reported immediate concerns about recruitment by genotype, most saw themselves as members of the broader ALSPAC team and as such were able to identify constructive concerns in how RbG research is conducted and the outcomes communicated to participants. We argue that the trusting relationship ALSPAC has forged with its participants confers great responsibility on all researchers regarding duty of care. We conclude by putting forward recommendations for conducting RbG research in longitudinal studies beyond those already available in the literature.

'I Don't Know Why They Called Us Gaspers, but It Was Kind of Mean': Asthma, Stigma and the Politics of Chronic Illness

Monaghan, Lee, Gabe, J.
(University of Limerick)

Asthma is a common chronic illness among young people and its prevalence is particularly high among those experiencing social inequality. Yet, there is limited sociological research on different severities of asthma and possible stigma among young people with this illness. This paper seeks to redress this lacuna by drawing from 31 interviews with young people in Ireland with mild to moderate asthma, recruited from the Traveller and broader middle-class settled community. Themes include: asthma as a discreditable rather than discredited stigma, negative social reactions (real, imagined and anticipated), and managing stigma. In line with theoretical calls to move beyond a personal tragedy model and grapple with power and discrimination, this paper also reflects upon macro-social structures that underlie stigma and the management of potentially spoiled identity. This raises issues about the politics of chronic illness, incorporating relations of deviance and blame and the embodiment of health identities in societies wherein 'bodily imperfection' is increasingly cast as a moral deficit. In conclusion, we underscore the need to complement and deepen interactionist research on stigma by theorising macro-social structures which imbricate the physical body, body politic and embodied selfhood in contexts of health and illness.

Health: A Sociology of Measurement

Moreira, Tiago
(Durham University)

For over 7 decades, medical sociology has been concerned with understanding health, its changing and multiple definitions, how it relates to illness, how it is experienced and how it relates to changing social, cultural and technological configurations. With the consolidation of practices of self-measurement and quantification, new questions about the role of health measurement and valuation become increasingly relevant. In this paper, I outline a sociological approach to researching and understanding the dynamics of health measurement. I propose to focus on the situated practices of developing and implementing specific measures of health and to study how particular material devices and tools interact with modes of organising healthcare and with our engagement with our bodies, in illness and in health. To do this, I draw on archival and documentary data to follow the genesis and transformation of three interlinked, widely used metrics of health: Self-Rated Health, the Disability-Adjusted Life Year (DALY), and the Work Ability Index (WAI).

Paper Abstracts

Thursday 14 September 2017 at 10:50-11:20
STS
PL005

Open Bio(medical)science: Open – or Exposed?

Murtagh, Madeleine, Turner, A.; Blell, M.; Minion, J.T.
(Newcastle University)

Open science in the context of biomedical research involving human participants faces inherent contradictions. Sharing data is widely touted as essential to understand human health but such data can never be fully open if the expectations of privacy and confidentiality of research participants are to be maintained. Changing - and increasingly challenging - research infrastructure and funding along with at times abrasive research cultures leave some investigators feeling that their research and its participants are left exposed by open science policy. Others decry what they see as old-fashioned researcher-led science, juxtaposing it with a progressive new science characterised by collaboration among and beyond individual scientific stakeholders. Participants themselves bring still other unanticipated perspectives.

This paper draws together findings from a series of integrated ethnographic studies of data sharing practice, governance and technology development in the UK, Europe, North America and Australia. We explore the still poorly understood relational dimensions of data sharing practice among a range of actors: investigators, study participants, data custodians, funders, governance systems, access bodies and the growing community of data users. Epistemic and non-epistemic values driving data sharing illustrate the complex orientations of different stakeholder groups to open science. Three dominant values provide the basis for a middle-range theory of data sharing practice in bio(medical)science: protecting the research participant, protecting the study, and protecting the researcher.

Thursday 14 September 2017 at 15:45-16:15
Experiences of Health and Illness
PX001

Creating Meaningful Patient Feedback Data for Health Service Improvement: Exploring the Formality and Informality of Feedback Mechanisms

Nahar, Papreen, Small, N., Hodgson, D., Daker-White, G., Spencer, R., Sharp, C., Sanders, C.
(University of Manchester)

Collecting patient experience data within the NHS is a mandatory activity for improving quality and safety of care. However, the problems of relying mainly on retrospective surveys with low response rates have been acknowledged. In this paper, we present findings from qualitative interviews and focus groups conducted with patients and carers (n=40) for a study exploring the credibility, usefulness and relevance of patient experience data in services for people with long-term conditions. We draw on established theory of formality-informality describing how for most participants the giving of formal feedback is synonymous to reporting negative experiences of health services. Consequently, many patients provide their positive feedback on experiences of health services through various informal means (eg thank you cards and conversations) which they deem to be important and meaningful despite falling outside formal analysis and reporting mechanisms. While the UK healthcare system has formal arrangements for monitoring and regulation, there is an expectation that the system should take greater steps to listen and act in response to patient voices. We argue that informality in healthcare enables people to navigate different expectations of the system, and informal feedback is an important example of this. This paper probes the ambiguity of formal and informal aspects of the healthcare and citizen relationship. We explore how acknowledgement of this ambiguity, and the value of informality can help to shape new solutions for the collection and use of more meaningful and inclusive feedback from patient and carers within specific care pathways and service contexts.

Friday 15 September 2017 at 11:20-11:50
Mental Health
PL006

Verbal Hygiene and Sexual Chaos: Causes and Consequences of Misinformation and Miscommunication About Bipolar 'Hypersexuality'

Nasir, Shafqat
(Manchester Metropolitan University)

'Hypersexuality' is under-researched and poorly defined. For the purpose of this paper it is defined as being a problem for the person experiencing it and those around them, in that it causes severe disruption in their lives. In Bipolar disorder it can be one of the most destructive aspects of the illness with significant effects: from relationship/family break-up, pregnancy, STDs, vulnerability and physical harm to unbearable shame and suicidality in depression.

Websites of widely recognised organisations such as Mind, Bipolar UK and the NHS avoid direct discussion. 'Hygienic' terms are used like "disinhibition" and "risk taking behaviour" which do not describe the complex socio-psycho-neuro-endocrinological dynamics thought to influence often extreme states of sexual arousal, compulsion, and obsession.

Limited available research is based on either some form of self-report or observer rating, both of which are methodologically problematic. The research discussed in this paper triangulates these findings with more forthcoming accounts on online/social media.

This paper argues that more research is needed at every level on 'hypersexuality' and that findings need to be widely disseminated and discussed to raise awareness. Service providers (including online) need to be aware of the stigmatising and isolating effects of verbal hygiene and provide information which allows people with Bipolar, their partners, families and friends a realistic, honest and non-judgemental space to explore this phenomenon. It is crucial that those with lived experience are centrally involved in designing research.

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Thursday 14 September 2017 at 12:00-12:30
Ethnicity
PT007

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Where Next for Understanding Race/Ethnic Inequalities in Severe Mental Illness? Structural, Interpersonal and Institutional Racism

Nazroo, James, Bhui, K., Rhodes, J.
(University of Manchester)

Ethnic minority people have a much greater risk of being diagnosed as having a severe mental illness, and this is particularly the case for those with Black Caribbean or Black African origins, a finding that has been consistently reported for almost 50 years. Although this increased risk is often related to the social and economic disadvantages faced by ethnic minority people, there is entrenched dispute about how we might understand the drivers of this inequality. This paper sets out to address the lack of a conceptually robust and thorough analysis of the role of inter-related dimensions of racism - structural, interpersonal and institutional - in shaping risks of severe mental illness, access to care, and policy and practice responses.

We first question how race/ethnicity is conceptualised as representing preconstituted properties within health, and other, research. We then argue that attention should be paid to the processes that lead to the racialisation of race/ethnic identities. Central to this are economic, cultural, legal, political and symbolic resources that shape how identities are perceived, valued, and mobilised, which then has direct impacts on both risk of illness - in terms of material and psychosocial stresses - and interactions with institutions. Of particular importance here is to consider how emotions attached to symbolic resources, in particular shared emotions around risk, danger and fear, shape the practices of institutions.

We illustrate this argument by documenting the operation of interpersonal, structural and institutional racism.

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Friday 15 September 2017 at 10:45-11:15
Experiences of Health and Illness
PX001

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An Exploration of the Experiences of Adults with Congenital & Early-Acquired Hemiplegia

Neal, Kate
(Royal Holloway, University of London)

Hemiplegia is a form of cerebral palsy affecting one side of the body, resulting from damage to the brain. Despite it being a non-progressive condition, physical deterioration can occur with age and as a result of imbalance, and around half of people have additional diagnoses, such as epilepsy, learning difficulties and emotional problems (HemiHelp, 2015). Research has largely focused on children with hemiplegia, and the experiences of adults following stroke in adulthood; thus, there currently lies a gap in the sociological literature surrounding the experiences of adults with congenital and early-acquired hemiplegia. This doctoral research draws on literature from the fields of medical sociology and disability studies (such as debates around impairment/disability and medical/social models), on self and identity, the body, chronic illness, and stigma. Symbolic interactionism, the theoretical approach underpinning this research, is considered a suitable and relevant one since it allows exploration of the social and interactive nature of the body and identity in disability. A constructivist grounded theory (Charmaz, 2006) is used, with data collected through approximately twenty qualitative semi-structured interviews, which have ranged in length between one and five hours. This paper will explore early findings, touching on areas such as the 'visible' and 'hidden' aspects of the condition, transitions, the impact of hemiplegia on self and identity, and techniques and strategies used. The position of the researcher as an 'insider' will also be reflected upon.

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Wednesday 13 September 2017 at 16:15-16:45
Teaching
PL001

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When 'Different' Becomes 'Difficult': The Teaching and Learning Experiences of Dental Students With the Social and Behavioural Sciences Aspects of the Dental Curriculum

Neville, Patricia, Waylen, A., Pilch, K., Jayawardena, D.
(University of Bristol)

Paper Abstracts

The past thirty years has seen the widespread acceptance for the inclusion of social and behavioural sciences (SABS) into medical and dental curricula. In the UK the General Dental Council (GDC) has stipulated that the undergraduate dental curriculum must include the teaching of SABS. Research has confirmed that teaching SABS can help dental students foster skills needed to understand and manage patient behaviours and improve patient adherence and outcomes; many of our dental students remark that they find the SABS element of their curriculum 'different' to the rest of their studies and difficult to learn and pass assessments. These anecdotal remarks echo studies from the late 1990s which documented that dental undergraduates can struggle to see the relevance of SABS to their training as dentists. Similar issues have been found with nursing students and medical undergraduates and the SABS element of their professional training. However, there hasn't been any recent studies with dental students to investigate if this lack of relevance is still the case. This presentation details the findings of qualitative research conducted with dental students across all 5 five years of their BDS to record and explore their learning experiences with the social and behavioural sciences elements of their curriculum. In this presentation, we will describe the perceptions, benefits and challenges that dental students have about SABS. Overall, we aim to use this information to highlight and create opportunities to support and aid dental student learning of the social and behavioural sciences.

Friday 15 September 2017 at 10:10-10:40
Risk
PT007

Making Choices, Constructing Risk - the Medical and the Visceral in Women's Discourses about IUC

Newton, Victoria, Walker, S., Hoggart, L.
(Queen Mary University of London)

As part of a larger mix-method study exploring the acceptability of intrauterine contraception (IUC) in a General Practice setting, we interviewed 30 never-users (aged 18-49), to gain insight into their everyday beliefs and attitudes about IUC. Interviews were analysed thematically, revealing everyday knowledge and imaginings of risk.

In discussing their ideas and perceptions of IUC with us, what became evident was the influence of informal networks as a knowledge source. In addition to 'objective' medical knowledge, our participants wanted to know what it is like to have an IUC and what effect an IUC would have on their embodied experience - their experience of living through their fleshy, leaking, reproductive body. This embodied phenomenological experience was lacking in medical information.

The narrative constructions around non-IUC use evidenced a disparity between medical information about IUC and the types of information never-users wanted to know. Participant discourses constructed a lived experience of risk related to the use of IUC. Participant descriptions of 'the coil' were visceral, animated and expressed concerns about how IUC could cause disruption to their bodies, eg whether there was a need to 'cut you open' to insert the device, whether the device 'rotted' or got 'messy' and how it was 'dragged out of you' on removal.

In conclusion, we argue that there is a need to account for both medical and embodied discourses in order to progress toward a holistic understanding about how women assess risk in their selection or rejection of different contraceptive methods.

Thursday 14 September 2017 at 15:10-15:40
Experiences of Health and Illness
PX001

Experiencing Medicalisation: What Does a Diagnosis of Mild Cognitive Impairment Do?

Norris, Pauline, Collier, G., Kayes, N., Hale, L.
(University of Otago)

Mild cognitive impairment (MCI) is a new and heavily contested diagnosis, in part because of the difficulty of distinguishing it from normal changes in memory and thinking which accompany ageing. This paper explores the experiences of people noticing cognitive changes and being diagnosed with MCI, focusing on what medical diagnosis achieves for people and their families.
We carried out 20 in-depth semi-structured interviews with individuals who had either a diagnosis of MCI or a self-identified problem with memory or thinking (sometimes accompanied by a family member).
Participants experienced a range of problems with their memory and thinking and sought medical assistance for a variety of reasons. Their primary goals seemed to be to reduce uncertainty by determining what was causing their problems and finding out how these problems were likely to progress. They also wanted to access treatment and manage the impact of the problems on their lives. Some participants were pleased with some aspects of the MCI diagnosis, but most did not get what they wanted from it. Uncertainty and the dread of getting dementia in the future were not reduced or managed. They were left with a range of practical day to day problems which were not helped by being diagnosed with the medical condition of MCI.
The study shows how participants sometimes play an active role in driving medicalisation of changes to memory and thinking, but how a medical diagnosis can fail to address the concerns of people experiencing real difficulties in their lives.

Observing the Invisible: An Ethnography of the Everyday Organisation of People With Dementia Admitted to Medical Assessment Units

Northcott, Andy, Featherstone, K.
(De Montfort University)

Medical Assessment Units (MAU) are non-specialised process-driven short stay hospital environments. They receive referred patients for assessment, stabilisation and either discharge from the hospital or transfer to an appropriate ward. Admissions are expected to be short-term, with discharge targets measured in hours rather than days. Ward staff work to free up beds for the next intake of patients, and patients are admitted and discharged around the clock.

This paper explores what happens when a unit designed around the organisation of rapid patient flow receives a large population of patients that challenges the goals of this system, in this case patients with dementia (PWD). We report findings from 150 days of ethnographic observation of the everyday work of patients with dementia and the staff responsible for their care on five MAUs across five NHS hospitals.

Within MAU PWD were highly visible, not only in their numbers but also in their diagnostic complexity and in their responses to care. At an organisational level PWD are invisible in these units. MAU is not identified as a place where PWD are admitted or cared for. This had implications for both ward staff and patients. This invisibility influenced nursing cultures within the units. An accepted lack of expertise in dementia care, coupled with false expectations of high turnover led to highly fragmented care, with the needs of the patient often conflicting with the organisation of the unit, with consequences for both staff and for affected patients.

'I Know I Shouldn't … But Can I Say Hello to Your Dog?': Living With Multiple Sclerosis and the Experiential Use of Assistance Dogs

O'Connor, Grainne
(The Open University)

Multiple Sclerosis (MS) is a degenerative condition affecting more than 100,000 people in the UK. MS attacks the central nervous system resulting in symptoms including difficulty walking, cognitive dysfunction, pain, fatigue and depression. This paper presents preliminary findings from a qualitative PhD research project in which eleven participants were interviewed using semi-structured interviews focusing on the experience of living with MS and having an assistance dog (AD). These dogs are trained to assist people living with chronic conditions in day-to-day activities such as (Un) dressing, picking up dropped items, opening doors, (un)loading the washing machine or shopping. Three superordinate themes were identified, the first highlighted how the experience of being visibly disabled in society can make disabled people feel invisible or hypervisible at different times. Accompanied by their assistance dog people felt visible, in a good way, as members of the public approached them regularly to speak to them about their AD. The AD was perceived as providing a focus for attention towards the dog not them. The second pertained to the reconstruction of identity, twice – from that of 'normal' able-bodied person to person with MS (invisible, 'Other') and once again to a 'partnership' identity ('I will go out again if my dog is with me'). Finally, the theme of managing uncertainty (ageing with an unpredictable condition, retirement and death of your AD and challenges in obtaining a successor AD). Recommendations for further research across health, social care and the emerging field of human-animal interactions (HAI) are discussed.

Flattening the Gradient: Examining the Norwegian Discourse on Social Inequalities in Health

Øversveen, Emil
(NTNU)

In 2007, the Norwegian government took political action against health inequalities by launching the ten-year National Strategy for Reducing Social Inequalities in Health. In previous research, the strategy has been described as the most ambitious attempt to tackle health inequalities in any Western country. As a comprehensive and multi-sectorial strategy to tackle health inequalities within a social democratic welfare state, the strategy provides a good case for studying state action against health inequality.

This paper aims to explicate the discursive and conceptual understandings informing the Norwegian strategy, while giving a sociological account of the intersection of scientific research, political discourse and public policy. The design is based on a critical discourse analysis of government propositions, reports, policy documents, and state-commissioned research on social inequalities

Paper Abstracts

in health between 1982 and 2016. Using an approach grounded in critical realism and institutional ethnography, the conceptual understandings of health inequality informing the strategy is analysed.

Early analysis shows that the discourse is based on an understanding of health inequalities as caused by social determinants of health grouped into material, psycho-social, and behavioural factors patterned by socioeconomic status. However, this understanding fails to illuminate how these factors may be connected and structured by underlying mechanisms of class and power. This leads to an atomistic strategy with multiple policy interventions spread across several institutional settings, which may pose problems for translating the aim of reducing health inequalities into coordinated political action.

Thursday 14 September 2017 at 09:40-10:10
STS
PL005

Of distribution and drift: the role of everyday technologies in the implementation of care bundles

Overton, Charlotte
(Nottingham University Business School)

The improvement of healthcare quality and safety often involves the introduction of technologies and tools to bring about behavioural and cultural change within clinical practice. Drawing on Science and Technology Studies, and the concepts of distribution and drift, this research considers how quality improvement tools move between actor-networks to unlock the interwoven practices that occur in the different phases of implementation between the executive board and the clinical frontline. I argue that tools do not 'slip' into some predefined space in the workplace, and getting a tool to function as intended requires sensitivity to the situated work setting and awareness of potential unintended consequences.

The ethnographic study involved observations, interviews and documentary analysis within and across two English NHS hospitals, exploring the implementation of improvement tools associated with the sepsis care bundle and pressure ulcer prevention. Analysis of the relationship between the tools and humans reveals a high level of distribution across environments, actors and technologies. Such wide distribution appears to result in a drift from the original intention and unintended consequences as a result of generative mechanisms. The case studies reveal a continuous cycle of distribution, drift and unintended consequences between external bodies, the board and the frontline is evident. This research responds to a recent call to systematically and critically examine the role that everyday technologies have in organisational life.

Wednesday 13 September 2017 at 12:45-13:15
Experiences of Health and Illness
PX001

Blessed yet Bereft: Social Implications of the Transplantation Process for Family Members of Organ Recipients in the UK.

Patterson, Rebecca, Stobbart, L., Fisher, A., Exley, C.
(Institute of Health and Society, Newcastle University)

The social impact of living with, or providing care for, a relative living with a long-term or stigmatised condition is widely recognised. Studies examining these issues emphasise this role can have a 'social cost', resulting in isolation or exclusion. Much less is known about the social implications for family members in other illness contexts however. This paper will address this gap in the knowledge base by examining the experiences of family members living with someone awaiting, or who has undergone, a heart, liver and/or lung transplant. Narrative interviews were conducted with 24 family members recruited through UK-based transplant charities. Four relatives of individuals awaiting a transplant were interviewed longitudinally, while 20 relatives of organ recipients were interviewed retrospectively about their experiences. Face-to-face or telephone interviews were conducted depending on participant preference. All interviews were audio-recorded, transcribed verbatim and analysed using a thematic approach. Data indicate that relatives of transplant patients experience significant shifts in their social relationships throughout the transplantation process. Family members reported feeling misunderstood and judged by their peers as a result of social perceptions of, and subsequent responses to, their relative's illness and the transplant process. Over time, this was felt to impede their ability to interact and identify with their usual social network, resulting in a sense of social isolation. Drawing on the work of Goffman (1963), this paper will explore this sense of social isolation in greater depth, detailing the contributing factors, short- and long-term implications, and management strategies employed to preserve one's social identity.

Hallelujah Health or a not Quite so Clean Slate? Reflections on an Emerging Societal Uneasiness in Health

Pelters, Britta
(Halmstad University, School of Health and Welfare)

Due to the frequent usage of religious metaphors to signify health phenomena, we explored if discursive representations of health pass as a de facto present-day religion in a literature study. We concluded that the health discourse qualifies as a religion that is monotheistic, resembles Weber's protestant work ethics and provides security, self-actualisation, emotional intensity and embedded meaningfulness. Discrimination and broadening health inequalities may however occur as negative side-effects.

Following a press release in mid-2016, our results have been discussed in the regional and national daily press. Inferring from comments and other reactions on these reports, we could observe that many people felt that our description spoke to them and recognised themselves in this idea of a health religion. Moreover, a profound uncertainty became visible which was related to experiencing excessive performance demands in the name of health and to pointing out reasonable limits of one's health commitment. We hypothesise that a societal uneasiness in health is emerging, turning the once solely positive concept of health into an ambiguous one.

In this paper, I would like to present our findings concerning a health religion as a background for discussing the public's reactions. These reactions will be presented and their implications for the societal health discourse and health education will be reflected upon. As our conclusions are preliminary hypotheses, I would like to open up for a discussion of similar observations and possibilities to cooperate internationally to research that topic in more detail.

Ethics, Expectations, and Epigenetics: (Dis)Assembling Normative Novelty in Scientists' Accounts of the Ethical and Social Implications of Epigenetics Research

Pickersgill, Martyn
(University of Edinburgh)

Epigenetics is an increasingly compelling domain or idea, and hopes about its future implications for health and society circulate widely. This paper draws on interviews with senior biomedical scientists working in and around epigenetics within the UK, and considers their own perspectives on the social and ethical dimensions of their research. Respondents were not always able to articulate what the implications of epigenetics might be. Any accounts offered seemed to rest on three inter-related expectations: first; that the field of epigenetics would (continue to) expand; second, that new studies into epigenetics would address the limitations of genetics research; and, third, that the expansion of epigenetics would attract clinical and industry interest and attention, catalysing therapeutic innovation. Despite these anticipated futures, little was said in the interviews about the ethical and policy implications of the outlined developments. Some scientists drew familiar lines between biology and ethics; others did not consider that epigenetics raised any new ethical issues. It is argued that the difficulties scientists have in precisely locating the implications of epigenetics for health and society relates closely to challenges in defining epigenetics per se. Given affinities between innovation and bioethics in contemporary technoscience, downplaying the normative dimensions of research implicitly mutes claims to novelty. This could, in part, be a response to social (scientific) attention to epigenetics that foregrounds its apparently revolutionary aspect. More generally, the data raises questions for how public bioethics bodies and critical social scientists concerned with the ramifications of biomedicine (should) approach their objects of interrogation.

Enhancing Simulated Patient Training in Healthcare Using Conversation Analysis

Pilnick, Alison, O'Brien, B., Goldberg, S., Beeke, S., Allwood, R., Murray, M., Schneider, J., Sartain, S., Harwood, R.
(University of Nottingham)

While the use of actors in simulated patient scenarios is widespread across healthcare training, it has been the focus of considerable recent criticism, particularly for the way in which simulated interaction differs from actual professional/client encounters (Stokoe 2014). However, we know that there are also aspects of the process that are strongly valued by healthcare professionals, namely real-time interaction with a real person, and the requirement to 'think on one's feet' as actual practice requires. Simulated interaction is usually produced using an agreed 'backstory', containing details of the patient's condition, family circumstances, etc. Our research pilots a new method of producing simulated interaction, based instead on the actual kinds of talk a patient with a particular condition produces.

Paper Abstracts

Our approach uses the sociological method of conversation analysis to examine routine interactions between healthcare professionals and people with dementia (PWD), in a hospital ward setting. Close analysis of video-recordings of these interactions has identified a number of recurring interactional features. For example, PWD often give overt refusals to requests for action; resist moves to close an interaction; and show difficulty when grammatically indexical expressions (eg 'Do you want that one?') are used by staff. These recurring phenomena have been used to underpin a training intervention using simulated patients, where the simulated interaction is grounded in the interactional features we have identified. This method has potential to enhance the use of simulated patients beyond the dementia context, for the training of healthcare professionals in a wide range of settings.

Thursday 14 September 2017 at 09:40-10:10
Experiences of Health and Illness
PX001

Moral Economy of Time in Cancer Survivorship

Plage, Stefanie
(The University of New South Wales)

An increasing number of people with cancer live longer with the disease, even though they cannot be 'cured' in biomedical terms. This raises questions around how time is experienced and understood in the context of chronic but terminal illness. Here, we explore how affect and discourse are entangled in the lived experience of cancer survivorship - in this case among 'terminal survivors' - with a focus on questions of temporality. Drawing on qualitative interviews, participant-generated photography and photo-elicitation techniques with 15 people living with advanced cancer, we explore how the meaning and mediation of time is articulated in distinctly moral terms. That is, how the temporal dimensions of cancer survivorship - often framed as 'time left', time lost' and 'time won' - are intertwined with normative ideas around reciprocity, gratitude, obligation, hope and resignation. We discuss how participants' everyday calculations of time extend beyond clinical treatment decisions, where the 'living longer' vs 'quality of life' binary still tends to predominate, to encompass the various complexities, undulations and minutia of the day-to-day of life with cancer. These findings highlight how meaning-making is embedded in a broader landscape of temporality and normative morality incorporating the affective dimensions and lived experiences of cancer survivorship.

Friday 15 September 2017 at 09:35-10:05
Experiences of Health and Illness
PX001

Exploring Young Adults' Experiences of Living With a Stoma: A Qualitative Study

Polidano, Kay
(Keele University)

Saunders, B., Bartlam, B., Farmer, A.

Background: Living with a stoma can be a profoundly challenging experience, especially for individuals with Inflammatory Bowel Disease who may need ostomy surgery at a relatively young age. Previous research indicates that body image, sexuality, lifestyle and self-identity may all be affected following stoma formation. Young adults may experience these effects in specific ways given the unique life-transitions, social pressures and expectations characterising this life-stage. While an extensive body of knowledge exists in this area, the particular experiences of young adults remain under-researched. Moreover, little attention has been paid to developing theoretical insights on living with a stoma, specifically in the field of medical sociology. This work in progress presentation will outline details of a qualitative study that is intended to address these gaps.

Objectives: This study aims to generate a theoretically-informed understanding of young adults' experiences of living with a stoma, by drawing on relevant theories on chronic illness experience, including biographical disruption (Bury, 1982) and biographical flow (Faircloth et al., 2004); loss of self (Charmaz, 1983); enacted- and felt-stigma (Scambler, 2004); and narrative reconstruction (Williams, 1984). This study forms part of a larger PhD project investigating access to care and support for this population.

Methods: Semi-structured interviews will be conducted with young adults having a stoma and various healthcare professionals. A combination of grounded theory and narrative inquiry will inform data collection and analysis.

Implications: This study will be making a contribution to theoretical and empirical literature on the experiences of young adults living with chronic illness.

Doing Service User-led Critical Ethnographic Research on Violence in Inpatient Mental-health Care: Reflections on Methodology, Relational Ethics and Politics

Poursanidou, Konstantina
(King's College London)

This paper will draw on my experience of conducting an ethnographic process evaluation of a violence reduction programme on mental health wards to reflect on crucial methodological, ethical and political challenges/dilemmas associated with doing service user-led critical ethnographic research on violence in inpatient mental-health care. A number of questions will be interrogated:

i)   How to negotiate the need to constantly oscillate between 'staying native' while immersed in the field, on the one hand, and 'making the familiar strange' by adopting a critical interpretive distance and problematising what could be taken for granted (including one's own lived experience and experiential knowledge), on the other?

ii)   How can one manage the emotional labour and profound emotional cost of using one's lived experience/subjectivity as 'an instrument of knowing' in mental health research?

iii)   How to reconcile the political and ethical standpoint of being an 'engaged' researcher and a service user ally with the need to be dispassionate, detached and critically distant for a large part of my ethnographic work?

iv)   How to use my lived experience of acute inpatient care and my experiential knowledge of coercive practices constructively in my ethnographic work – without being overwhelmed by the feelings associated with this knowledge, ie anger, grief and terror?

v)   To what extent can I claim that I have been doing 'non-participant observation' on my fieldwork wards when I have often – albeit unintentionally – been pulled into the dramas that take place on these wards, which raised difficult issues of ethical responsibility for me?

A Critical Discussion of the Construction of Sex Workers in Health Publications

Putnis, Nina
(Health Education Yorkshire and the Humber (employee) and University of Sheffield (dissertation institution))

Sex workers are a group entangled in debates around the morality of their actions or existence, frequently depicted dichotomously and simplistically as 'vulnerable' victim or 'dangerous menace' to society. Policy intended to 'manage' sex workers in the UK focusses on criminalisation and/or rehabilitation. This is critiqued as focussing on individual behaviours and thus obscuring social and structural causes of sex work, homogenising a complex and diverse group, inhibiting sex worker rights, and negatively affecting their health and wellbeing.

Health is an important aspect of the debate around the management of sex work. Health organisations play a role, and have a responsibility to use evidence to reduce health inequalities. In this piece of work, I aim to consider the presence and constructions of sex workers in UK health publications, review how this relates to political and ideological perspectives and how this could exacerbate sex workers' health inequalities.

This research has a document analysis design, with a data set comprising health publications by the Department of Health, NHS England, Public Health England and the National Institute for Health and Social Care Excellence.

I argue that the view of sex workers in these documents relates to a view discernible in wider sex work policy - that of vulnerable 'other', associated with mental illness, crime and almost always a woman: the female 'mad/bad/victim'. This not only obscures their realities and the evidence, but homogenises, blames, and stigmatises, ultimately doing the opposite of what these organisations purport to do: it damages their health and wellbeing.

Occupational Therapists and 'Dirty Work': Sex as a 'Tainted' Occupation

Ralph, Penny, Monro, S., Stead, J., Crocetti, D.
(University of Huddersfield)

Sex is as aspect of everyday life, a domain in the ICF (WHO, 2001) and an important aspect of health, wellbeing and identity which can encompass a range of activities such as '(personal) grooming, dating and having sex' (Sakellariou and Algado, 2006, p.352).

Paper Abstracts

Despite this it remains a taboo subject rarely broached in healthcare and often omitted in the work of Occupational Therapists (OTs). Within OT, there has been much debate as to whether sex should be regarded as an occupation and therefore within the remit of OTs. Largely a missing occupation within OT, sex may be construed as a 'dark side' occupation (Twinley, 2013), that is an activity which may be meaningful to the client but viewed as anti-social within OT and wider society (eg crime, drug use).

Using a mixed methods approach, this research investigated the practice and experiences of OTs who do address the sexual concerns of their clients, utilising occupational science and Critical Realism to underpin the research design. The participants acknowledged that broaching sex was difficult and created discomfort, feelings associated with 'dirty work' (also known as 'occupational taint') – whereby an occupation (usually paid work) is 'viewed by society as physically, socially, or morally tainted' (Hughes, 1962). However the OTs studied also recognised the importance and meaning of sex to their clients – it was this holistic and client-centred, occupational approach which helped them overcome 'occupational taint', applying their core skills, professional values and creativity to this sensitive and marginalised 'dark side' occupation.

Wednesday 13 September 2017 at 15:40-16:10
Health Service Delievry
PT007

An Analysis of Media Reporting on the Closure of Freestanding Midwifery Units in England

Rayment, Juliet, McCourt, C., Dodwell, M., Bishop, S., Culley, L., Spiby, H., Walsh, D.
(City, University of London)

Freestanding Midwifery Units (FMUs) are birth places geographically separate from an obstetric unit, that are managed by midwives with a focus on physiological birth in a homely environment. These units have been found to offer the best outcomes for mothers and the same level of safety for infants as compared with other settings for women with healthy pregnancies. Despite this, and their cost effectiveness, the numbers of women giving birth in FMUs is still far below their potential capacity. In addition, many FMUs have closed or are under threat of closure.

We analysed the content and discourse of media reporting on the closure of 8 FMUs in England that were closed between 2007 and 2016. 194 articles were identified by a systematic search using Nexis. The data were collated by site and extracted into a template, which acted as a framework for analysis. The research aimed to illuminate the drivers for the sustainability of FMUs and their closure, and the public discourse that could influence women's decisions to use them. The media articles offered a new perspective on the organisational, financial and pragmatic considerations around closure, as well as the cultural influences on decisions about the reorganisation or closure of these units. They offered a platform for a discourse of risk and safety relating to place of birth and ongoing debates about the centralisation of healthcare and loss of community.

Thursday 14 September 2017 at 10:50-11:20
Citizenship
PL006

Slip, Slop, Slap, Stab? Unpacking User Narratives of an Unregulated Synthetic Melanocortin (Injectable Skin Darkener) in the Context of Australian Sun Smart Messaging.

Raymond, Stephanie
(University of Queensland)

Supervised by Prof. Alex Broom (UNSW) and Dr Rebecca Olson (UQ)

A persistent social emphasis on tanned skin has prompted recent biomedical, scholarly and public curiosity in an unregulated injectable tanning drug, known colloquially as Melanotan (both in Australia and the UK). Melanotan (also referred to as 'Mel', 'MT' or 'the Barbie Drug') is a peptide which, when delivered via subcutaneous injection, promotes a gradual darkening of the skin as though tanned by the sun. Despite lack of regulation, public interest in the drug's tanning potential has led to its appropriation as a lifestyle drug, and diversion to a largely online 'black-market' around which an Australian consumer base has coalesced. Using a Constructivist Grounded Theory framework that draws on perspectives from a sociology of health, risk, technology and critical public health, this paper presents empirical findings from a world-first qualitative sociological inquiry into Melanotan use in Australia. Drawing on 47 in-depth semi-structured interviews with Australian resident 'melanotanners', as well as a review of a dedicated (international) online forum, this paper examines the practice of 'melanotanning' in the context of two key findings. First, I review how users engage with the drug and construct narratives around their practice in ways that create competing risk logics that often subvert public health messages that groups like Cancer Council Australia have worked for decades to promote. Second, I review the implications of this practice for unsettling traditional patient-practitioner relationships (via its unregulated use). I conclude by considering some provocations that 'melanotanning' raises for interdisciplinary research into this and similarly novel or divisive body technologies.

Thursday 14 September 2017 at 11:25-11:55
Embodiment and Emotion
PT103

'Everything Can Change in the Blink of an Eye': the Experiences of People Living 2-4 Years on from a Traumatic Open Fracture of the Lower Limb

Rees, Sophie, Tutton, L.
(University of Warwick)

Research from a patient perspective which explores the experience of recovery from traumatic injury is limited, particularly in the longer term. Studies conducted with patients in the early recovery phase has highlighted the serious impact on patients' everyday lives (Trickett et al. 2012) and feelings of frustration and helplessness due to having to depend on others (Griffiths and Jordan 1998).

This study involved a purposive sample of 25 participants who had experienced an open fracture of the lower limb, between 2 and 4 years post-injury (average 33 months) and aged between 26-80 (average age 52). Of the sample, 6 were women and 19 were men. In-depth semi-structured interviews were carried out by two researchers.

A phenomenological analysis identified codes and developed categories and themes from the data. This analysis identified the persistent problems participants were still living with as a result of their injury in their everyday lives. The shock of the injury, of becoming a person who is dependent on others and the subsequent slow and non-linear process of 'recovery' challenged participants' sense of self and disrupted taken-for-granted ways of being in the world. The body emerged as central to participants' accounts. This paper will explore the lived experience of the 'changed body' which continued to constrain and impair their freedom of movement, and which engendered uncertainty and a sense of feeling 'broken'.

Thursday 14 September 2017 at 14:35-15:05
Inequalities
PT006

How Wage Setting Institutions Redistribute Incomes and Improve Health

Reeves, Aaron
(London School of Economics)

Income inequality is commonly regarded as one determinant of health across countries. But the level of income inequality is determined by institutions that shape the distribution of earnings and others factors that may affect health. In this paper, I explore how wage settings institutions, that determine employment relations between firms and individuals, affect mortality rates across countries over time. Using a data of 22 high-income countries over a 40 year period I find infant mortality rates are lower and life expectancy at birth is higher in countries with collective bargaining compared to those with national minimum wages and no wage setting institutions at all. Yet, wage setting institutions do not appear to affect health through reducing the income shares of the top 1% nor by reducing the GINI coefficient, instead they appear to affect mortality by increasing the labour share (the proportion of income going to workers rather than capitalists). Income inequality then may be correlated with poorer health but it may only be indirectly related to health outcomes. Rather, wage setting institutions (which do affect income inequality) appear to influence health by improving the economic conditions of all workers generally, strengthening their capacity to bargain for better conditions from employers. Reducing income inequality will not necessarily improve health unless it is brought about by institutional changes giving greater power to workers.

Thursday 14 September 2017 at 11:25-11:55
Experiences of Health and Illness
PX001

Missing the Boat? How Older Women in Fife Create Narratives of Everyday Health Through Scottish Coastal Rowing.

Remnant, Jennifer, Laurie, N.
(University of St Andrews)

Exhaustive public health literature examines the role of physical activity and exercise in relation to population health. There is also a comprehensive body of literature exploring the sociology of (competitive) sport. However, where sport is present in literature within the sociology of health and illness it is largely to explore narratives that include sporting harms and using biographical disruption as an explanatory theory. These narratives are largely from male participants, and focus on concepts of masculinity lost and found through injury.

This paper moves away from the masculine-centric nature present both in sport, and literature exploring sport, and instead examines the experiences of middle and older aged women. This group is infrequently discussed in relation to fitness, strength or sporting competition. The women provide accounts that reflect the divide in academic literature and wider discourses of physical activity, whereby men engage in sport, but women engage in exercise. The women situate their narratives of health in relation to community, new found strength, and for some, Scottish nationalism.

Paper Abstracts

We focus on how women make sense of their 'everyday' health, sampling specifically from women who have voluntarily taken up Scottish Coastal Rowing in Fife. We depart from the focus on ill-health, or pathologised life processes, both often central to medical sociology and explore lay perspectives of health in relation to activity. Fife includes areas of significant socioeconomic disadvantage, and associated health inequalities – we explore how regional public health drives have affected how women approach sport, and their new identity as sportswomen.

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Wednesday 13 September 2017 at 14:30-15:00
Experiences of Health and Illness
PX001

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A Metasynthesis of Qualitative Papers That Highlights the Change Processes in Men Navigating the Prostate Cancer Journey

Rivas, Carol, Matheson, L., Johana Nayoan, J., Glaser, A., Gavin, A., Watson, E., Wagland, R.
(University College London)

Background: Men with prostate cancer often survive many years with the sequelae of the disease and its treatment. This may include profound physical and psychological morbidities. Surveys show they are often dissatisfied with their healthcare. Qualitative studies help explore why, but their quantity makes it hard to navigate the literature.

Aims: To synthesis the qualitative literature on the post-diagnosis experiences of heterosexual men with prostate cancer, as one of a suite of metasyntheses.Methods: Using a rigorous process, we undertook a modified version of Noblit and Hare's meta-ethnography to identify and synthesise articles published in 2000-2015. Overarching conceptual 'lines of argument' were developed that encompassed all articles.

Results: We included 104 papers with three main lines of argument: 1) Liminalities and uncertainties were described around being well vs. ill, the embodiment and visibility of the cancer and treatment side effects, identity changes and the temporality of life; 2) There was gendering of emotional coping, physicality, use of and attitudes to informal and formal support, with related issues of changing masculinities; 3) Issues of control related to physical control of the body, control of emotions, and taking back control of life and death to develop a 'new normal'.
Conclusions: Men with prostate cancer navigate change in their identity and physical and emotional selves, through shifting gendered strategies. Clinicians should acknowledge and address the uncertainties they feel during this 'cancer journey' and implications of their gendered coping.

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Wednesday 13 September 2017 at 13:55-14:25
Pharmaceuticals
PT006

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Marketing a New Type of Child: The Development Pharmaceutical Industry Representations of Pediatric Bipolar Disorder and the Influence of Organisational Knowledge

Roberts, Jane
(London School of Economics and Political Science)

The diagnosis of pediatric bipolar disorder (PBD) has remained an object of controversy since its inception two decades ago, largely due to its continued attachment to a pharmaceutical marketing model. The diagnosis continues to expand despite an on-going lack of consensus surrounding diagnostic criteria, and the increasingly blurred boundaries between what counts as enhancement versus treatment of children. This paper draws on significant sociological literature related to pharmaceuticalisation, the medicalisation of childhood, and the construction of related diagnoses such as ADHD, expanding these conceptual frameworks to reflect psychosocial processes at play behind such mechanisms. Based on a dialogical analysis of 15 declassified internal pharmaceutical industry documents, this paper takes a socio-psychological approach, exploring the organisational 'voice' of Pharma as communicated through marketing plans and deposition transcripts from CEOs and sales representatives. Findings illustrate how through various modalities of social influence, the concept of bipolar disorder in children was developed, and representations of what constitutes an 'ill child' reshaped, in order to be accommodated by clinicians and thus the wider public. As a diagnostic category that remains 'in-flux', an exploration into how an industry positioned at the intersection of social and institutional practices shaping wider clinical knowledge about the diagnosis, and the processes behind how knowledge about PBD is established, is warranted.

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Thursday 14 September 2017 at 17:30-18:00
Patient–Professional Interaction
PL001

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Communication and the Hidden Curriculum at the All India Institute of Medical Sciences (AIIMS)

Ruddock, Anna
(King's College London)

Opened in Delhi in 1956, the All India Institute of Medical Sciences (AIIMS) is an enormous government-funded hospital, anomalous in the Indian public healthcare landscape for employing many of India's most respected doctors, who provide a high standard of free or low-cost care to patients of low socioeconomic status. It also occupies an unassailable position atop the hierarchy of Indian medical education. Each May, around 90,000 candidates compete over 72 seats at the college, which makes for an acceptance rate of less than 0.01%.

This article analyses the lack of overt attention to communication in MBBS education at AIIMS through the concept of the 'hidden curriculum' (Hafferty and Franks 1994). While medical communication is often reduced to a question of etiquette, my work makes visible the role of communication as a conduit for the power differential between doctors and patients, reflected in social determinants such as class, caste and gender, which are partly responsible for driving patients to AIIMS in the first place. Analysing a series of ethnographic vignettes, I present communication as a vivid illuminator of porous institutional boundaries, with consequences for how students learn (or do not) about structured difference, and what it means to be a responsible patient and an effective doctor, with potential consequences for the medicine they will go on to practise.

Wednesday 13 September 2017 at 14:30-15:00
Mental Health
PL006

Complicated Lives and Burdened Services: Young People's Mental Health Services in the North East of England

Russell, Sian, Spencer, L., Newham, J., Jackson, K., McGovern, R., Simpson, E. G., Henderson, E., Kaner, E., Lingam, R.
(Newcastle University)

Young people's (YP) mental health (MH) represents a national health crisis. Given the current climate of austerity, services are increasingly stressed and stretched. In addition, the prevalence of neoliberal-individual culpability within government policies that fails to fully account for structure and power endures, and inequalities of service provision, education, work, and housing continue to rise. Such inequalities have hit the North East of England (NEoE) particularly hard. As such, socioeconomic deprivation and poverty, key social determinants of MH difficulties, rise in parallel to cuts to services. Tackling this health crisis has become increasingly problematic.

This paper will present findings from a qualitative component of a larger project studying MH services for YP in the NEoE. The factors affecting the delivery and implementation of services from the perspective of YP and service providers were explored via semi-structured interviews and focus groups. The perceived risk factors, such as structural issues of poverty and social isolation, will be discussed, before the barriers to access and engagement for YP, and issues of negotiating the system for service providers is outlined. YP faced socio-cultural, geographical/logistical, and financial barriers, as well as often 'clinical' and 'unwelcoming' services that hindered engagement and created a distrust of services. Service providers encountered barriers of bureaucracy, communication, and lack of resources. The paper will conclude by presenting the solutions offered by YP and service providers, such as improved flexibility and communication within and across services, community based, tailored and family centred interventions, and MH and resilience education within schools.

Wednesday 13 September 2017 at 15:05-15:35
Critical Public Health
PT103

Community, Culture and Meat Consumption: Preliminary Findings of an Urban Ethnography in the West Midlands

Sallaway-Costello, Jake
(Birmingham City University)

Meat consumption in the Western world has a significant impact on physical health, climate change and global resource equity; there is growing recognition that increasing meat consumption is unsustainable (Wellesley et al., 2015). Framing unsustainable diets as a contemporary public health issue, Community, Culture and Meat Consumption is a doctoral research project investigating the sociocultural meanings of meat consumption; what does meat mean as part of the diet and why is consumption increasing? How might social and cultural understandings of meat aid development of health policy or intervention?

Employing an ethnographic approach, the researcher became a member of the Birmingham 'Foodie' Community; a network of food activists involved in community-based food projects across the West Midlands. Following ethical approval, an overt participant observation was conducted, which saw the researcher carrying out voluntary work with the projects. Data was collected in the form of field notes and audio recordings, complemented by photographs and project resources. The researcher developed relationships with participants, which facilitated open discussion about diet, culinary practices and cultural identity in relation to consumption.

This paper will present data, reflections and primary analysis from the first six months of fieldwork in the community. Emerging themes will be discussed in relation to wider qualitative analysis and how findings might be interpreted. As the fieldwork phase comes to an end, methodological ideas concerning termination of participant-researcher relationships will also be explored.

Paper Abstracts

Beyond Depoliticisation: Alternative Therapies As a Site of Political Engagement

Salmenniemi, Suvi
(University of Turku)

The paper discusses meanings and forms of political engagement in the therapeutic field. It draws on two-year long ethnographic research of a range of alternative and complementary health practices and self-improvement services in Finland. Previous scholarship has suggested that therapeutic practices tend to depoliticise by promoting individualism, diminishing commitment to social institutions, and encouraging withdrawal from collective struggles. Moreover, it has been suggested that therapeutic knowledges and practices constitute a form of governmentality producing self-governing, optimising and enterprising subjects in alignment with neoliberal imperatives.

Although these interpretations capture important facets of the therapeutic, the paper suggests that something more complex is afoot. Through fine-grained analysis of ethnographic materials, it shows how therapeutic practices may also serve as a site of political contestation and collective action. The paper focuses on analysing a political party originating from the alternative therapeutic field as well as other forms of political engagement among therapeutic practitioners. It shows that therapeutic practices are often articulated as a political act aiming for both personal and social change, and they are also frequently mobilised to criticise and resist the lived effects of contemporary capitalism. The paper suggests that therapeutic practices may serve as a site of prefigurative politics; a site in which political critique is voiced and alternative values formulated and put into practice. In this way the therapeutic field may provide an illuminating window to understanding the logics of political contestation in the era of dual crisis of liberal democracy and global capitalism.

Dual Elites, Evidence Contexts and Commissioning in a Local Government Authority

Sanders, Tom, Sarah Salway, Goyder, E., Grove, A., Hampshaw, S.
(University of Sheffield)

Evidence based practice (EBP) has extended its reach to the local authority commissioning arena with the expectation that it should be used to make decisions around public health services. Scientific evidence however may hold different meanings for different professionals. This paper explores how two distinct groups of stakeholders working in an English local government authority (LA) viewed one type of decision tool designed for modelling weight prevention and management services. Fifteen qualitative interviews and two focus groups were conducted with commissioners and council members. We focus here on how a health economic modelling tool, which is a form of a research-derived evidence based intervention, was perceived by two groups of stakeholders (council politicians and commissioners). Each occupy an 'elite' status in the local authority but with different opinions of how a decision based tool should be used to inform commissioning. Politicians were influenced by the 'soft' social care agendas affecting their local population and treating local opinion as evidence, while commissioners prioritised the scientific view of evidence informed by research. In this context decisions become politicised, with multiple views seeking a voice. The way that such decisions are negotiated and which ones establish authority is of importance for understanding commissioning practice. I analyse the data using the Foucauldian discursive field concept to show how the tool becomes the subject of research 'push' and 'pull' likely to be used instrumentally by stakeholders to advance specific agendas. The broad implications for the use of health economic modelling tools are discussed.

No Post-Pasteurian Bacteria in Hospitals: Qualitative Study on Inappropriate Use of Antibiotics for Treating Urinary Tract Infections (UTIs) in Older Adults

Saukko, Paula, Oppenheim, B., Rousham, E.
(Loughborough University)

Sociologists of science have observed an emergent post-Pasteurian vision of bacteria. Rather than foes to be eliminated, this vision views bacteria as friends to be cultivated as part of an eco-system, which can aid immunity. Our study is located at this conjuncture and concerns inappropriate use of antibiotics to treat 'asymptomatic bacteriuria' ie bacteria in urine without symptoms of an infection in older adults. We interviewed hospital staff (n=27) and identified a number of inappropriate practices when interpreting symptoms (confusion, cloudy urine), collecting samples (from bedpans) and using diagnostic devices (over reliance on urinary dipstick). These practices might be improved. However, following the guidelines would entail not treating bacteria identified in lab results without symptoms of a UTI, such as pain or difficulty in passing urine. Even if the clinicians were aware of the guidance, they were inclined

to always treat bacteria, such as E. coli, in lab results, seeing them as potentially dangerous for their frail, older patients. We suggest that there is no alternative vision of bacteria except as pathogens in the context of UTI diagnosis. Understanding bacteria as part of the ecosystem in the bladder has been suggested, but clinicians never viewed bacteria as anything but dangerous and only this vision is supported by the diagnostic and care infrastructure. In this context, following the guidance would always entail endangering their patients for the clinicians.

Thursday 14 September 2017 at 15:45-16:15
Professions
PL002

Medical Students' Stories of Resistance to Professionalism Dilemmas

Shaw, Malissa, Monrouxe; L., Rees, C.
(Chang Gung Memorial Hospital)

As Ewick and Silbey (2003) argue, resistance entails a double consciousness: recognising one's unequal position in a hierarchical relationship, and recognising an opportunity to shift the balance of power. This opportunity is frequently pursued through claims being made about fairness or justice, but can equally be made through tactical or implied means. Such actions demonstrate how hegemonic social structures can be challenged through direct and subtle acts of resistance, such as in everyday interactions between subordinates and superordinates. The social structure of the medical environment is highly hierarchical and bureaucratic, with medical students typically occupying the subordinate position among medical professionals. Despite this position, students are not powerless when encountering situations that contradict their ethical, moral, and professional understandings of appropriate medical practice – so-called 'professionalism dilemmas'. Over 1500 narratives from interviews, focus groups, and questionnaires with medical students in the UK and Australia illustrate how students draw on a number of direct and indirect forms of resistance (that manifest in both verbal and bodily forms) to counter the professionalism lapses they face in everyday clinical interactions. Within students' stories of resistance, we come to see how they resist hegemonic practices and their reasons for doing so. Through these various forms of resistance students are (knowingly or unknowingly) pushing against hegemonic social relations that define the medical profession by creating opportunities for small changes to the professionalism of others, suggesting a mechanism for how changes can be made to the social structure of the medical profession.

Thursday 14 September 2017 at 15:10-15:40
Inequalities
PT006

Challenges and a Superpower: How Medical Students Understand and Would Improve Health in the United States

Sointu, Eeva
(University of York)

This paper focuses on medical student perceptions of challenges in improving health in the United States. Despite ample evidence of the complex impact of social inequity on health, students rarely conceptualise inequality as central to health and illness. Understandings of health and health behaviour articulated by medical students are frequently individualistic with social determinants of health and illness relegated to the side-lines and, at times, ignored. A focus on individual behaviour articulated by participants reflects a broader neoliberal ethos in contemporary societies but also individualism inhering in biomedical understandings of disease. While participants emphasise that medicine treats everyone equally, some participants recognise that access to care often connects with socio-economic privilege. Among participants who note the import of inequity in questions of health and illness, awareness of inequality generates complex feeling. Further, training to work within a system that these students, simultaneously, see as entrenching inequity can be challenging emotionally. The material is drawn from a longitudinal study of student experiences of clinical training. The study entailed 72 qualitative longitudinal in-depth interviews with 27 medical students studying at five medical schools in the United States. I focus specifically on answers to interview questions asking participants about the biggest challenge in improving health in the US and, additionally, what the participant would do with limitless resources, or a superpower, to improve population health.

Thursday 14 September 2017 at 17:30-18:00
Professions
PT111

The Worries of Work: Exploring Junior Doctors' Concerns About Career Choice and Clinical Decisions

Spooner, Sharon, Pearson, E.
(University of Manchester)

Paper Abstracts

The NHS requires recruitment and retention of a suitably trained and resourced workforce across all specialist departments to deliver healthcare in the UK.

When junior doctors (JDs) choose their specialist career, this not only affects the individual, but cumulatively exerts a long-term impact on the balance of the NHS workforce. Unpicking how these decisions are made has gained importance in the current UK context where many JDs do not proceed directly to a specialist training programme and several specialties suffer from under-recruitment.

Drawing on interview data from 20 JDs, this presentation reveals wider influences acting on career decisions. A narrative-inducing approach, explored how they presented themselves as people and as professionals, probed their expressed concerns, and investigated how their perceptions and preferences were shaped during medical education and training.

Thematic analysis revealed the importance of undergraduate and postgraduate experience on career plans. Prominent themes centred around characteristics of different medical careers, the realities of work routines, work-life balance, and preparedness for choosing a specialty.

Concern about making a good career choice was partnered by concern about making good clinical decisions, a difficulty experienced frequently when they encountered unfamiliar situations where life-changing decisions must be made quickly.

It was evident that preferences and perceptions were shaped by multiple observations and experiences. However, background worries about the possibility of making poor clinical choices also placed constraints on specialties and working practices in which they felt confident. Addressing all aspects of career decision making is vitally important when targeted recruitment strategies are designed.

Thursday 14 September 2017 at 09:05-09:35
Embodiment and Emotion
PT103

Visualising Illness: Body Consciousness and Social Passing in US Alkaptonuria Patients and Vitiligo Subjects

Spratt, Tanisha
(University of Cambridge)

Patient attempts to conceal stigmatising aspects of their 'imperfect social bodies' (Jean E. Jackson 2005) have frequently been discussed by those who understand this to be a key part of their illness experience. Vitiligo is an often highly visible skin disorder that causes the subject to lose pigmentation in their skin. While it is not understood to affect the patient's health from a clinical perspective, several patients argue that it directly affects their health because of their increased sensitivity to the sun and their subsequent heightened risk of developing certain health complications associated with this type of sensitivity. AKU is a genetic disease that causes the patient's bone cartilage to turn black and, eventually, disintegrate. The AKU patient's body is also often marked by discoloration on his or her face, hands, ears, and sclera which can lead to decreased self-esteem and heightened self-consciousness. Vitiligo and AKU patients often negotiate their disease's (in)visibility is social and private spaces by purposefully concealing or revealing aspects of their body that mark them as 'other' or 'deviant.' Some patients from both groups also attempt to emphasise their bodily difference in public spaces in order to generate awareness of their disease. These patients view disease hyper-visibility as necessary to generate public awareness of their condition and, eventually, decrease stigmatisation. In using Erving Goffman's conceptualisation of stigma as a theoretical framework, I will discuss patient attitudes towards the stigmatising aspects of their disease in relation to their physical appearance and social identity.

Wednesday 13 September 2017 at 13:55-14:25
Health-Service Delivery
PT007

The Electronic Frailty Index (EFI) in Primary Care: Useful Tool or Another Nail in the Coffin of Craft-based Care?

Standing, Holly, Hanratty, B.
(Institute of Health and Society, Newcastle University)

Primary care is generally accepted as the foundation of the UK National Health Service, with its focus on continuity and relationship based care. In recent years pressures on the NHS have increased. Frailty, a distinctive health state related to the ageing process, is arguably one such pressure. It is estimated that frailty effects one in ten people aged over 65 and up to half of the population over 85 years. However, recognition and management of frailty in primary care is still in its infancy. An electronic frailty index (eFI), based on coded entries in patients' electronic healthcare records, has been developed to help general practitioners (GPs) to identify frailty.

Semi-structured interviews were conducted with 21 GPs, exploring their attitudes towards the eFI and intentions to adopt it into their practice. In this paper, GPs' perceptions of the eFI are discussed in reference to wider debates surrounding the status of medical practice as an art or science. It has been suggested that the 'old art of medicine has been lost, forgotten' (Thomas, 1985, p. 55) and that the role of the clinician is changing from that of healer to become an impersonal technician (Lewinsohn, 1998). We explore how

predictive tools such as the eFI can be considered a move away from medicine as a craft or art form concerned with the uniqueness of each encounter, to a more standardised approach. As primary-care contracts provide an imperative to use such tools, we reflect on the implications for the primary-care workforce.

Wednesday 13 September 2017 at 15:05-15:35
Experiences of Health and Illness
PX001

Bodies of Knowledge and Co-creating Science on the Links Between the Weather and Pain Using a Smartphone App

Staniland, Karen, Spencer, K., Dixon, W., Sanders, C.
(University of Salford, University of Manchester)

Lay perspectives on the causes of disease have historically been referred to as 'folk beliefs' and associated models of disease and illness have often been depicted at odds with a biomedical and 'scientific' model. However, more recent and critical sociological work on lay perspectives has highlighted the need to consider overlapping bodies of knowledge where science may be co-created.

Using smartphones for remote monitoring is increasingly common and present new opportunities to consider the overlaps and distinctions between bodies of knowledge traditionally labelled as 'beliefs' versus 'science'. Digital-health technologies have insightful implications for the personified practices of patients suffering from chronic illnesses, as medical and health-related data go mobile in producing data and Parson's 'discipline of the sick role is partly replaced by self-disciplines of the chronic patient.'

We report here on qualitative research conducted within a project to co-design and pilot a smartphone app for monitoring pain symptoms in conjunction with collection of weather data via GPS to develop new scientific knowledge on the links between the weather and pain. This presents an interesting contemporary case study for re-visiting some earlier sociological and anthropological research drawing attention to lay perspectives on the causes of arthritis and musculoskeletal pain. This research has often noted links drawn between environment disease causation, and the patterning of symptoms.

Friday 15 September 2017 at 11:20-11:50
Politics of Health
PT111

Beyond Petitions and Placards: A Sociology of Public Responses to Hospital Change and Closure

Stewart, Ellen
(University of Edinburgh)

Research on public responses to proposed hospital closures has focused on mobilised protests against change, and has often characterised public resistance to change as emotional, self-interested, and even irresponsible. However reported research has rarely included empirical data collection with publics affected by change, and studies which do have taken a highly individualised, economics-inspired approach. This paper reports findings from three case studies of hospitals within their communities, using semi-structured interviews, observation and documentary analysis to shed light on a wider range of public responses to and actions around changing hospitals. Adding to the classic repertoire of petitions and protest marches, the paper explores action including public support for proposed hospital closures, and pre-emptive community support to avoid closure proposals. Crucially, taking a sociological approach helps us to understand how public responses to change arise from and are shaped by social contexts, and how communities collectively develop 'contested imaginaries' (Hess, 2015) of the future of local health services.

Thursday 14 September 2017 at 17:30-18:00
Critical Public Health
PT007

Running for Life or 'Lifing' a Run: A Tardean Critique of Kevin Dew's 'Cult of Public Health' Thesis

Stronge, Paul
(Durham University)

Kevin Dew* puts forward the persuasive thesis of public health as a new 'religion of humanity' within developed societies. He posits mass running events as among this faith's exemplary collective rituals, 'uniting society in a communal activity... that asserts particular values of the society.' While Dew recognises that the 'fun run' or marathon embraces both solidarity and individual diversity, closely following Durkheim he accentuates the former cultic and inclusive dimension of the run as symbolic of public health's somewhat monolithic, even absolutist reach.

In this paper, following Latour and others, I mobilise Gustav Tarde's monadological and micro-oriented sociology contra Durkheim to cast a rather different inflection on Dew's argument. If contemporary public health has a religious dimension, and mass running is one of its key rituals, both claims I find convincing, the run is also the site of tiny acts of accommodation, heresy and apostasy that carry their own dynamic of creativity and sometimes resistance to the notion of the collective cult. Drawing on auto-ethnographic

Paper Abstracts

experience and online sources from the 'running community' I seek to problematise the idea of the 'run for life' as a symbol of consensus and rather to advocating 'the run' as a perpetually changing mode of invention.

*Dew, K. (2012) The Cult and Science of Public Health. New York; Oxford: Berghan Books.

Wednesday 13 September 2017 at 13:20-13:50
Methods
PL001

The 'Martin Effect': Reflections on 'Emotional Labour' Facets in Qualitative Suicide Bereavement Research

Sutherland, Heather
(Newcastle University)

The notion of research as emotional endeavour is usually viewed with disdain. 'Emotion' and 'Research' are discussed largely in terms of detachment and avoidance. Yet, studies have highlighted how 'emotional labor' (Hochschild, 1979) in qualitative research is an issue requiring attention. Concern, principally, is for research participants; how can distress or harm be avoided, and trust in the maintenance of privacy and confidentiality be secured? Valid concerns; however, there is need to recognise these as also researcher-facing issues. Accounts of qualitative-researcher experiences have indicated that researcher-care and wellbeing requires equal consideration (Jackson et. al, 2014; McKenzie, 2016).

This proposal offers extension to these themes, stemming from work-in-progress. As a suicide bereavement researcher with personal experience of losing a sibling (Martin) to suicide, the emotive element to my research is unavoidable. Yet, such attachment need not be problematic in the production of academically professional contributions. Required is recognition of a need to acknowledge, discuss and manage this facet from a project's outset. Thus, this presentation will consider, from the perspective of a researcher with lived-experience, the negotiation of emotion-laden issues such as motivations and positioning; responsibility; self-disclosure; the exploitation of loss; compassion fatigue and de-sensitisation in the opening phases of research design. It will demonstrate how this 'Martin Effect' is ultimately intended to encourage researcher self-awareness and empowerment (dispelling potential accusations of self-indulgence), particularly when dealing with sensitive subjects. Emotional closeness to a topic need not be problematic, so long as it results in openness, anticipation and tailored management protocols.

Thursday 14 September 2017 at 16:55-17:25
Patient–Professional Interaction
PL001

Patients' Understandings of Safety: Involvement, Trust and Vulnerability

Sutton, Elizabeth, Tarrant, C., Martin, G., Eborall, H.
(University of Leicester)

The drive to involve patients in their own safety, when in hospital, is increasingly regarded as a moral imperative. Usually, patient safety tends to focus on clinicians' understandings of safety, which emphasises minimising the risk of avoidable events in healthcare from healthcare acquired infections, medication errors, and unnecessary harms from falls or pressure ulcers. However, how patients perceive safety, and how it affects their involvement in ensuring the quality and safety of their care, is under-researched. Here, I highlight how patients make sense of, and understand 'feeling safe' while in hospital. Drawing on qualitative interviews with patients admitted as acute medical patients in four hospitals in England, I show how safety is negotiated in patient-clinician interactions and is embodied in the physical and social environment and articulated through emotions. Employing theories of trust and vulnerability, I show how patients' understandings of safety are revealed in the judgements they make about whether they can have trust or confidence in their healthcare providers. For patients, perceptions of staff attentiveness, benevolence and competence equate to safety. Feeling safe depends on affirmations that patient trust is justified and safety is threatened when this trust is undermined. Vulnerability affects the extent to which acute medical patients feel safe and are able and willing to engage in their own safety. This paper has direct relevance for medical sociology in that trust and vulnerability help to shape professional/ patient interactions and practices, and can profoundly influence patient experience.

Friday 15 September 2017 at 09:35-10:05
STS
PT007

Fear and Anxiety: Affects, Emotions and Care Practices in the Memory Clinic

Swallow, Julia, Hillman, A.
(University of Leeds)

A nosological categorisation of Alzheimer's disease (AD) is highly contested and despite increased investment in scientific research on curing and more recently developing strategies for preventing the disease, it remains difficult to diagnose in the clinic. Concurrently,

as Alzheimer's disease is increasingly medicalised the disease remains highly stigmatised and feared (Beard and Neary 2013: Beard 2016). This paper is subsequently concerned with the relationship between the fear and anxiety associated with developing AD, and the processes of diagnosing AD in the clinic. Drawing on qualitative ethnographic data gathered across memory clinics in the UK, this paper highlights the ways in which care practices are performed by clinicians to manage the affective consequences associated with diagnosing AD and accomplishing patient disposals. Feelings of fear and anxiety associated with dementia not only shape people's experiences and responses to a diagnosis, but also shape the practices and processes through which assessments and diagnoses are accomplished. What also emerges from the analysis is the relationship between the uncertainties that pervade the diagnosis of memory problems and the various strategies and practices employed to care for, divert, restrict or manage affective relations. This paper illustrates the implications of this relationship: on the one hand, it provides opportunities for care work through 'tinkering' with diagnostic technologies and extending and opening out diagnostic categories, while on the other, it can form part of clinicians' disposal work, restricting opportunities for alternative meanings of dementia to endure.

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Wednesday 13 September 2017 at 15:05-15:35
Theory
PT111

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E-cigarettes As a Manifestation of a Biomedical Era

Tamimi, Nancy
(Brunel University London)

This presentation explores the perceptions of e-cigarettes held by e-cigarette users, stop smoking advisors and as expressed through key official documents in Great Britain between 2010 and 2015
The theoretical underpinning of this empirical investigation is the biomedicalisation theory. I clarify how the different social meanings attached to e-cigarettes are impacted by the wider political, cultural and technological processes of biomedicalisation.

The data exhibited a high level of ambiguity regarding e-cigarettes' status, efficacy and potential health and social risks. However, different representations of e-cigarettes were related to a biomedical model of understanding and managing nicotine addiction, where individualisation and empowerment are at the core. The data showed a potential for social change towards a socially acceptable recreational use of nicotine that mimics smoking.

E-cigarettes bring both opportunities and threats, including the ways in which e-cigarettes challenge contemporary social meanings of addiction and how such new innovation can prompt wider social and political changes.

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Thursday 14 September 2017 at 15:45-16:15
Mental Health
PT103

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The Impact of Domestic Violence on Pakistani Women's Mental Health

Tariq, Qudsia, Fazal, H.
(University of Karachi)

The aim of this research was to explore the various factors involved in the decision of a woman to stay in or leave an abusive partner and furthermore to investigate how it would impact the mental health and wellbeing of Pakistani women. Since this was highly sensitive issue a lot of in-depth deliberation was desired. Henceforth the triangulation technique was considered for this study. A sample of 250 women was collected through purposeful sampling method. The first step of the research was to back and forth translate the instruments HITS sale and TCS-40 check list, in the native language. All the ethical codes and conducts were followed during the research for the safety of the participants.

The Findings suggest that factors like insecurity, social pressures, economic dependency were major contributors in damaging mental health. The data analysis further suggested that the longer the women stays in an abusive relation the difficult it gets for her to leave it and makes her more depressed and anxious with the passage of time. T-test calculated for this was significant at 0.5 level.

This study can help in identifying the vulnerability level of women for future pathology and assist in developing a program for the rehabilitation of the victims by removing the barriers and helping them to cope well.

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Wednesday 13 September 2017 at 15:05-15:35
Methods
PL001

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Using Arts Workshops in Chronic Pain Communication

Tarr, Jen, Cornish, F., Gonzalez-Polledo, E.
(London School of Economics and Political Science)

Pain is invisible, and notoriously resistant to language. Communication about pain, both within and outside a clinical context, has long been recognised as challenging, marked by value-laden judgements about whether pain is real or unreal, located in the mind or

Paper Abstracts

body (Kugelmann, 1995; Bendelow and Williams, 1995). This paper examines the potential of participatory arts workshops for enabling new versions of pain communication. Twenty-two participants took part in four workshops exploring visual art materials, digital photography, sound, and physical theatre as ways of communicating about pain. Transcribed discussions from video recordings, fieldnotes, evaluation forms and arts outputs were analysed in terms of what they communicated. Using arts materials gave pain a materiality that moved discussions away from its reality/unreality toward discussions of one's relationship with pain, whether it was internal or external to the self, and whether it was possible to conceive of a self without pain. It also enabled participants to talk about relations of care as mutual rather than unidirectional, and to reflect on how they perceived others relating to their pain. Arts workshops appear to be a promising avenue for enabling new versions of pain communication, and may provide a useful complement to medical sociology's reliance on interviewing (Lawton, 2003).

Wednesday 13 September 2017 at 13:20-13:50
Professions
PT006

Reforming Regulatory Relationships: The Impact of Medical Revalidation on Interactions Between Doctors, Employer Organisations and the General Medical Council in the United Kingdom.

Tazzyman, Abigail, Bryce, M.
(University of Manchester)

The organisation and regulation of the medical profession has long attracted considerable sociological and policy interest, reflecting growing cultures of accountability and concern to control expenditure on healthcare, among other factors. In 2012 medical regulation in the United Kingdom (UK) was changed fundamentally by the introduction revalidation – a requirement for all doctors to demonstrate their continuing fitness to practice every five years in order to retain their licence with the General Medical Council (GMC). This paper analyses the impact of this regulatory change on the relationships between doctors, the organisations that employ them, and the regulator. Part of a wider mixed method study evaluating the impact of medical revalidation; the findings in this paper are based on in-depth qualitative case studies of healthcare organisations (acute hospitals, mental-health care, primary care, independent healthcare, hospice care and locum agencies). It is argued that the pre-existing relationships between doctors, employers and the GMC changed, as did accountability expectations. Employer organisations were found to play an increasingly important intermediary role in the relationship between the GMC and doctors, enacting regulatory processes on its behalf and extending regulatory surveillance and oversight at local level. Doctors it is argued have been made more accountable to and reliant on the organisations that employ them. For those doctors who are not employees, or who have a relatively transient or distant relationship to their employing organisation, the regulatory relationship has become increasingly problematic.

Wednesday 13 September 2017 at 15:40-16:10
STS
PL005

From Trading Zones to Buffer Zones: Art and Metaphor in the Communication of Psychiatric Genetics to Publics

Thomas, Julia
(Cardiff University)

This paper considers the communication of psychiatric genetics research to various public groups. Compared to other branches of genetics, the specialism is much maligned and has a difficult relationship with the public given its unshakeable connection to eugenics. Drawing from a five-year public engagement programme that emerged from an internationally renowned psychiatric genetics centre, we propose the concept of the Buffer Zone to consider how an exchange of viewpoints between groups of people - including psychiatric geneticists and lay publics – who are often uneasy in one another's company can be facilitated through the use of art and metaphor. The artwork at the exhibitions provided the necessary socio-cultural context for scientific endeavours, while also enabled public groups to be part of, and remain in, the conversation. Crucial to stress is that this mitigation was not to protect the science; it was to protect the discussion.

Thursday 14 September 2017 at 09:40-10:10
Inequalities
PT006

Losing Your Place in the World: Sedentary Lives, Disordered Bodies

Thirlway, Frances, Visram, S., Lewis, S., Sathe, S.
(University of York)

Obesity is seen as a growing problem worldwide and there is an inverse social gradient in obesity in countries of the global north (Pampel et al. 2012). Explanations for the social gradient have included the greater cost of healthy food (Drewnowski, 2009), the role

of the food industry in promoting cheap, unhealthy food (Nestle, 2013), lack of access in poorer areas to leisure facilities and outdoor spaces (Gordon-Larsen et al., 2006) and 'discordant eating' (Bissell et al., 2016) which links to the idea of 'drugs of solace' (Cameron and Jones, 1985). We draw on interview and ethnographic data collected from clients of a health intervention in the North East of England to explore everyday practices of food and mobility. Loss of self-confidence emerged as a key issue, with individual accounts reflecting the same loss evident in local industrial histories (Walkerdine and Jimenez, 2012). Loss of place in the world was expressed through retrenchment into the private space of the home, stasis, depression and disordered eating resulting in unhealthy over- but also sometimes under-weight. Chronic pain and functional limitations, often linked to occupational histories, also contributed to loss of mobility and sedentary lives. We suggest that a narrow focus on obesity is unhelpful and stigmatising; we argue for an increased focus on the psychological causes and consequences of sedentary lifestyles in post-industrial areas and their roots in globally determined, but locally experienced material and historical circumstances.

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Thursday 14 September 2017 at 14:00-14:30
Professions
PT111

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Professional Hybrids in a Developing Country

Timmons, Stephen, Roe, B., De Guzman, J., Querubin, L.
(University of Nottingham)

There are a growing number of studies in the sociology of professions that use the concept of professional hybridity. Hybridity implies a mixture of professional roles or identities, with most studies of professional hybrids in healthcare studying clinicians who have become managers. Though this is now a substantial body of research, it has largely been carried out in the global North, and most of the professionals studied are clinicians who are established, if not senior, in their careers, who have taken on a managerial role or responsibility.

In this paper, we report on a quite different model of hybridity in physicians. Ateneo University School of Medicine and Public Health (in the Philippines) runs an MD-MBA programme, where physicians are simultaneously trained as managers from the outset of their medical studies, with the award of MBA, as well as medical registration. We will analyse the locally-specific contextual factors within both Ateneo University and in the Philippines that have led to the development of this programme, and consider some of the implications of this model of hybridity for the field of sociology of professions more generally.

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Wednesday 13 September 2017 at 14:30-15:00
Health-Service Delivery
PT007

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'I Don't Think Profit and Health Should Be in the Same Room': Stakeholder Beliefs About Ethics of MHealth

Timotijevic, Lada, Egan, B., Peacock, M., Hodgkins, C.
(University of Surrey)

mHealth ('mobile health') is 'medical and public health practice supported by wireless mobile devices ' (WHO, 2011). The Green Paper on mHealth (EC, 2015) identifies a range of potential benefits of wider adoption of mHealth, including patient empowerment, improvement of clinical decision making and healthcare system efficiency. Simultaneously, the purported benefits of mHealth have been under an increasing scrutiny and negative ethical implications have been highlighted (Lupton, 2012). Given its stated promises, a complex eco-system of an mHealth platform and the expanding investments into mHealth solutions, it is important to understand stakeholders' views about risks and benefits, as well as ethical implications of such systems. We report on a study of stakeholders' perceptions of an mHealth platform currently being developed to aid clinical decision making in the domain of Parkinson's Disease. We analyse stakeholders' awareness of and ethical concerns associated with the use of the data captured via mobile devices, with respect to the following three uses: a) patient healthcare management; b) research; c) monitoring, targets setting and policy. A scenario-based in-depth semi-structured interviews were conducted with a total of 32 stakeholders, across four countries: Italy, Greece, Slovenia and the UK. A number of key issues were highlighted namely the ownership, funding and sustainability of the system, informed consent, data protection, privacy, confidentiality and transparency. Implications of the results for the future development of mHealth decision-making platforms are critically discussed.

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Thursday 14 September 2017 at 14:35-15:05
Patient–Professional Interaction
PL001

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Alarms in Action: The Materialisation of Safety in Elderly Care and How It Shapes the User-Nurse Relation

Tøndel, Gunhild

Paper Abstracts

The language of 'safety' takes much space in current welfare policies towards old age. This presentation presents findings from a qualitative study of 'the underlife' of the accelerated attention to safety: How the materiality of safety shapes the negotiations between elderly service users and home care nurses in the public services. The study has especially focused on the mundane case of the safety alarm, which is a technological success measured in the number of distributed alarms in the services. How are alarms tamed within the services, and which effects do they produce - for whom? The analysis is based on observation and interview data about alarm practices in care collected through a fieldwork in Norwegian municipal home care services during 2014-2015.

The study finds that alarms can create 'a game of attention' among users, as experienced by nurses. Users on the other behalf, are not necessarily strategic concerning the technology use, and can even avoid the alarm in fear of becoming a burden. Anyhow, alarm use accelerate practices of prioritisation in care work, and brings with it 'the comedy of alarms' (eg nurses running to manage situations that happen to be 'false' alarms, but personally important for the user who pushed the button). Alarms also affect where care takes place. They can be difficult to tame, and create responsibilities that must be distributed among the involved actors (eg for performing dignity, right and wrong use of the alarm, norms for adequate response and response time).

Friday 15 September 2017 at 09:00-09:30
Patient–Professional Interaction
PL001

Measuring Adverse Events in Mental Health in Sweden and Norway: Shared Borders and Cultural Differences

Tritter, Jonathan, Landstad, B., Okkenhaug, A.
(Aston University)

This paper reports the process of adapting a Swedish instrument for measuring adverse events in in-patient psychiatric clinics for a Norwegian hospital setting. There is little consensus on cross-cultural adaptation (Epstein, Santo and Guillemin, 2015) and the process involves not simply translation from Swedish to Norwegian but adaptation of the instrument acknowledges the differences in both national and the clinical cultures in Norway. The process was based on a series of steps include translation but also focus groups with clinical staff and patients to ensure salience and relevance of the revised instrument for a Norwegian setting. We report the findings of the similarities and differences between the Swedish and Norwegian instruments and reflect on the process as a mechanism for encouraging organisational change and patient involvement. We consider how the process of 'translation' is a social construction and in this project also served to generate a clearer shared understanding of what 'adverse events' are for patients and clinical staff. The Norwegian ministry of Health has already proposed that the resulting instrument would be implemented across all in-patient psychiatric units and we reflect on our experience and the implications of the national implementation.

Wednesday 13 September 2017 at 13:55-14:25
Lifecourse
PL002

Young People's Experiences of Giving and Receiving Family Care When a Parent Is Dying

Turner, Nicola
(University of Nottingham)

Living with a parent who has a life-limiting illness is not wholly uncommon for young people in the UK. However, this has not been reflected in the literature on family care at the end of life, where there has been little scrutiny of young people's experiences of care in circumstances which may be regarded as troubling. This paper reports on a qualitative, narrative study of young people's (n=10) perspectives on care delivered by and for family members when a parent is dying. Previous research on young people's involvement in family care has tended to apply a framework derived from a social policy definition of young carers. This perspective has been criticised for emphasising the negative outcomes of caregiving for young people and marginalising the experiences of parents who need care. In contrast, the Caring to the End study approached care as a significant expression of the relational identities of family members. The paper explores how in demonstrating a strong commitment to caregiving, young people sustained a sense of belonging and embeddedness that being a part of 'family' may provide. Therefore, the practice of caregiving by young people with a parent at the end of life can be construed not only as meeting a familial obligation, but also as care of the self. The paper discusses care for the self-and-others as an expression of relational autonomy and considers implications for understanding and responding to young people's caregiving when they are living with a parent who is dying.

Wednesday 13 September 2017 at 12:45-13:15
Methods
PL001

Better Preparation for Interviewing: the Benefits of Shadowing

Tyldesley-Marshall, Natalie
(Institute of Applied Health Research/Institute of Cancer and Genomic Sciences)

Interviews are sometimes regarded as a 'quick and dirty' method of qualitative data collection compared to ethnographies, for example, which draw on a range of data collection methods. Interviews often implicitly draw upon the researcher's 'insider' knowledge, experience and understanding (such as Oakley's ground-breaking research on pregnancy and motherhood in the 1970s).

My project is interviewing young patients with brain tumours and their families about how they feel, what they understand, and whether they value, seeing their medical images (from Magnetic Resonance Imaging) of their condition. Having no familiarity with the research setting, such as prior experience working in a hospital, or being from a medical background, I 'shadowed' medical staff to learn about how they interacted with paediatric patients and their families (in addition to reading research articles).

I will present on my experience of 'shadowing' and how this enhanced my exploratory project (based solely on interviews), supported by slides. I found shadowing helped a lot with understanding the patient 'journey' and the patient experience. Shadowing also gave me confidence in interviewing a vulnerable population – helping me to understand how to interact with patient families, especially engaging and conversing with young people with long-term conditions.

Wednesday 13 September 2017 at 14:30-15:00
Critical Public Health
PT103

Does Implementation of Information Technology Change the Working Routines?

Underland, Gro
(Diakonova University College)

According to theoretical perspectives (such as, eg, Orlikowski) implementation of technology at work places may alter work routines. Electronic patient records are implemented at all hospitals in Norway. The purpose of this implementation was to provide better communication between health professionals, between various departments at the hospital. It was also to improve cooperation in and between hospitals and to the community service. However, the mail goal was also to improve patients' treatment and to secure their journey through the hospital.

This paper is based on a study which has focused on ethnographic method and video recordings at a surgical ward at the gastro intestinal department of a large university hospital. The study is longitudinal and has been performed over 16 years, from 2001 till 2017. By studying the surgeons use of EPR during the working day, I elaborate on how the practice of using the EPR is and how they relate to this artefact; that is how reading and writing has evolved and how it has changes the working routines. This study emphasis the surgeons and how information technology has influenced their working routines.

This study shows that EPR has replaced the old patient records, however their working routines are much the same as before the implementation of EPR.

Thursday 14 September 2017 at 09:40-10:10
Gender
PL002

The Promise of Vaginal Microbicides: A Neomaterialist Investigation of Empowerment Ideals

Van der Zaag, Annette- Carina, A.
(Goldsmiths)

This paper provides a feminist theorisation of the development of vaginal microbicides, female-initiated HIV prevention methods predominantly designed as gels and rings that women can insert vaginally before having sex to protect themselves against HIV infection. Currently, vaginal microbicides are being tested in clinical trials and have been since the early 1990s, with mixed results. The development of vaginal microbicides is a women's health response to the rising number of HIV infections among women and is aimed at women's empowerment in the fight against HIV. Besides providing physical protection against the virus, advocates understand microbicides to provide women with a prevention method they can control in sexual relations where they lack the power to demand male condom use. I argue that the promise of vaginal microbicides is remarkable because it entangles the physiological receptivity of vaginal skin and the cervix to the HIV virus with the transformation of socio-sexual power relations - the promise of vaginal microbicides is a posthuman promise of human/nonhuman rationality. But what happens to feminist ideals of empowerment when they materialise through biomedical practice? Utilising Karen Barad's agential realism, I argue that there is a fundamental tension between the promise of vaginal microbicides as it initially emerged through women's health advocacy and the effects of biomedical process that have taken the field to where it stands at present. This difference matters for the microbicide/woman that emerges from the field as the configuration of its potential user and thus the empowerment a microbicide is able to promise.

Paper Abstracts

A Detailed Analysis into the Emotional Labour Experiences of Junior Doctors

Vedi, Priyanka
(University of Nottingham)

This study considers the nature of the emotional labour (Hochschild, 1983) undertaken by junior doctors in relation to contemporary changes in medical work. These include changes to work organisation, the rise of consumerism and the reconfiguration of the health system along market lines. In light of recent NHS reforms, there appear to be three key logics surrounding the work organisation of junior doctors: economic rationalism, consumerism and professionalism. While the implications of these competing logics have been explored elsewhere, analysis has not yet included consideration of how competing logics impinge on emotional aspects of healthcare work. This appears particularly important in the case of junior doctors, who are required to work on the frontline of patient care and have been at the sharp-end of recent healthcare reforms.

The study draws on notions of customer-orientated and professional bureaucracies as a means of outlining the changing context of junior doctor work. Forthcoming empirical work will seek to investigate the experiences of junior doctors performing emotional labour, with respect to Bolton's (2004) typology of emotional labour. It will also consider situations in which emotional labour lead to positive or negative experiences of work. The considers how doctors manage interactions with patients as well as relationships with peers and colleagues to deal with the emotional demands of work. It draws on Brown and Duguid's (1991) notion of 'communities of practice' in order to strengthen understanding of the positive aspects of emotional labour, and discusses the sharing/coping of emotional experiences with colleagues and others.

Rendering Heterosexually Active Men Visible in the Face of the HIV Epidemic in Brazil: An Analysis of Sexual Behaviours and Patterns of Masculinity

Venturi, Gustavo, Couto; M, T., Alexandre Grangeiro, A.
(University of Sao Paulo)

Heterosexually active men have historically been relegated to a secondary position and rendered invisible in proposals for research and intervention to cope with HIV epidemics, especially in settings where the infection rate for the general population is low. This article describes heterosexually active Brazilian men in terms of patterns of masculinity and sexual behaviour, focusing on the risk of HIV infection. To this end, a probability sample of heterosexually active men over the age of 15 living in both urban and rural areas was analysed using data from a household survey. Sexual behaviour and prophylactic measures were described using sociodemographic characteristics, whereas attributes of masculinity were studied by means of a factor analysis using principal components. The proportion of heterosexually active men at the greatest risk of HIV infection was also estimated, with the contributing risk factors for membership in this group being analysed by logistic regression. This study shows the diversity among heterosexually active men and adds a gender perspective to the identification and analysis of patterns of masculinity, relating them to risk and safety in the face of HIV. By emphasising that heterosexually active men should not be considered a homogenous group, the study contributes to the development of strategies for coping with the HIV epidemic in Brazil and promotes debate on central role played by gender in studies of vulnerability and prevention of HIV, that is currently so widely recognised that it has been termed a 'gendered epidemic'.

Public Health Data Exploitation and the Suspension of Patients' Privacy Rights in Times of Crisis: A New State of Exception?

Vezyridis, Paraskevas, Timmons, S.
(University of Nottingham)

In this paper, we will argue that by approaching conundrums of big data programmes in public healthcare, such as NHS England's failed care.data, through Agamben's argumentation of the 'hidden tie' between sovereign power and biopolitics, we can talk about the state's attempt to constitute itself as the ruler of 'bare life'. The emergence of these data collection technologies allow the state to place biological life at the centre of its focus and calculations. For this, sovereign power in the West is moving to extricate itself from the habitus of law as states increasingly legislate to suspend privacy and data protection laws for individuals due to (perceived) crises: health disorder, unsustainability of the welfare state and the global economic crisis. Under a 'state of exception' (Agamben 2005), such narratives are mobilised to justify extensive administrative and governmental powers for more discretionary decision making over the use of NHS datasets. We examine and debate the extent to which such surveillance programmes may introduce 'chilling

effects' and 'redlining' in access and use of public healthcare, unrestricted commercial exploitation of personal data and unjustified surveillance. As data-driven and algorithmic decision-making practices are gradually becoming the norm in technogovernance and as business, healthcare, research and surveillance are becoming practically synonymous, a new social contract needs to be drawn up with respects to the protection but also to the promotion of fundamental rights of citizens and public benefit for research.

Thursday 14 September 2017 at 11:25-11:55
Gender
PL002

Men and Distress: Experiences of Help-seeking, Coping and Daily Management

Vickery, Alex
(Cardiff University)

In the context of health, particularly mental health, there is a dominant narrative that men are more reluctant to seek help for distress than women. Studies suggest that men do not open up or seek help on account of a perceived threat to performing 'hegemonic' masculinity that limits emotional expression and vulnerability. They also put forward that men use fewer, and more ineffective coping strategies than women to manage their own health. In this context, there is a need to explore men's positive experiences of help-seeking and coping with emotional difficulties in everyday life in the absence of clinical intervention. This paper presents ongoing PhD research that explores men's experiences of mental distress in regards to their help-seeking, as well as their coping and daily management of distress. Twenty semi-structured interviews were conducted with a diverse sample of men to explore their experiences and how they cope in the face of adversity. Transcripts are in the process of being thematically analysed to examine how men engage with their mental health. Preliminary analysis suggests that masculine discourse is still evident in men's help-seeking and coping behaviour, as they attempt to take charge of distressful situations, adopt their own personal management strategies and reframe negative thoughts into positive ones. The research aims to move away from a deficit approach that focuses on barriers to a more positive focus, highlighting the presence of multiple masculinities as an advantage for men when managing their mental health.

Wednesday 13 September 2017 at 13:20-13:50
Lifecourse
PL002

Temporalities of Ageing and Dying at Home in the Southwest of England

Visser, Renske
(University of Bath)

In recent scholarly research and current end-of life care policy 'home' is presented as the preferred place of death for most people (Department of Health 2012; Gomes et al. 2013). Within this there has been little critical examination of what constitutes the everyday lived reality of older people ageing and dying 'at home', and questions raised as to the capacity of older people to be able to make this decision (Hoare et al. 2015). It is within this context that this paper explores the complexity of ageing and dying at home.

Drawing on in-depth ethnographic research with eight older people (aged 85-98) living alone in their own dwelling in the South West of England, the paper examines the lifeworlds of older people as they approach the end of their lives. This paper argues that a homogenous use of the term 'home' does not sufficiently account for the everyday lived experience and lifeworlds of older people. More than simply a physical property or place, older people possess multiple, and perhaps contradictory, understandings of what constitutes a 'home'. Significantly, with a life time of experience(s), temporal context and the way older people experience time is essential in understanding how the concept of 'home' can change. This paper proposes that in policy terms it may therefore be unhelpful for older people to discuss their wishes in relation to death, or write advanced decisions, if the fluidity and temporality of dying at home is not taken into account.

Thursday 14 September 2017 at 15:10-15:40
Critical Public Health
PT007

Rachel's Story: Towards a Sociology of Harm Reduction

Vitellone, Nicole
(University of Liverpool)

This paper investigates the consequences of the health policy of Harm Reduction. Focusing on Rachel Whitear's death from a heroin overdose in Britain in 2000, the photograph of Rachel's dead body clasping a syringe that was released to the press, the Harm Reduction public health school education campaign 'Rachel's Story' that followed, and the controversial representations of Rachel's Story by a contemporary artist in the Saatchi Gallery exhibition New Blood and a British National Party campaign, I compare the contrasting knowledge claims of Rachel's experience of heroin addiction. In assembling Rachel's Story, I show how the syringe becomes central to defining the problem of injecting drug use, the politics of risk and how to deal with it. Drawing on evidence taken

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from two inquests into Rachel's death I point out how the biography of the syringe resists sociological interpretations of deviance and suffering and situates the sociology of Harm Reduction relationally beyond the body. What is at stake here are not just epistemological and methodological accounts of Rachel's heroin addiction but a situated event that transforms the governmental problem of the syringe in novel ways. In situating Rachel's Story through an entanglement with the syringe this paper addresses the consequences of Harm Reduction policies for evidenced based evaluations of health policy, social theory and sociology.

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Thursday 14 September 2017 at 12:00-12:30
Embodiment and Emotion
PT103

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Becoming Physiotherapists: Embodied and Emotional Self-discipline in the Practice of Physiotherapy

Wainwright, Emma, Norris, M.
(Brunel University London)

Physiotherapy is one of the largest healthcare professions and an understanding of the body lies at the heart at its capacity to effectively manage and help people with physical dysfunctions and disabilities. Nicholls and Gibson (2010) have critiqued physiotherapists' long-standing affinity with a biomedical view of the body, arguing for more diverse and inclusive approaches that take heed of how cultural, social, economic and political forces shape how the body is viewed, experienced and used. Set within this critical physiotherapy context, this paper gives attention to the learning process; that is a focus on the body-to-body encounter of physiotherapy through touch (Paterson, 2007), tactility and movement, and the necessary embodied and emotional self-discipline (Foucault, 1977) that this requires. The paper explores the embodied processes of knowledge accumulation and necessary deployment of technologies of the self as they effect 'operations on their own bodies and souls, thoughts, conduct, and the way of being' (Foucault, 1982: 225) as students become physiotherapists. The paper draws on sociological understandings of the body informed primarily by Merleau-Ponty (1962) to explore physiotherapy as an important form of body work (Wolkowitz, 2006) and emotional labour (Hochschild, 1983) in contemporary healthcare, and argues that the making of lived professionals requires further understanding of the self, control of self, and accrual of skills, to enable effective practice.

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Thursday 14 September 2017 at 15:10-15:40
Patient–Professional Interaction
PL001

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'We Are Our Own Doctors': Patient Reflections on Managing Type 2 Diabetes

Walker, Liz, Keating, J., Baldwin, L., Sathyapalan, T.
(University of Hull)

Diabetes Mellitus (DM) is increasing in the UK, with numbers of people diagnosed expected to rise to 5 million by 2025, with approximately 90% of people diagnosed with DM having type 2 diabetes (T2DM) (Diabetes UK 2015). The daily management of T2DM is largely undertaken through a range of patient self-care/monitoring activities, including blood glucose monitoring, medication management, diet, exercise, and long-term Screening and Diagnosis regimes. The data presented in this paper focuses on patients' experiences of self-management in T2DM drawing from a larger mixed methods study which aimed to understand patient perspectives and experiences of T2DM service provision in the North East of England. Our analysis is drawn from 11 focus group discussions, structured by age (18-39; 40-64; 65+) and geographic location; 15 in-depth interviews with patients, who have not attended relevant hospital appointments, and care home managers and a large-scale (n. 3000) survey of patients diagnosed with T2DM.

Self-management took a number of forms; respondents reporting styles of self-management based on varying degrees of empowerment, competence, knowledge, motivation and fear. They variously undertook a range of complex processes and procedures, which were experienced as simultaneously burdensome, overwhelming and empowering. These included recording clinical data, managing multiple drug regimes and navigating bureaucratic administrative systems, all of which required time, skill, resources and the mobilisation of capacity (Boehmer et al., 2016; May et al., 2014). This paper also suggests that this 'illness work' (Grue, 2016), was enabled, and inhibited, through respondents' social, cultural and health capital (Shim, 2010).

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Thursday 14 September 2017 at 16:20-16:50
Mental Health
PT103

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'How Was Your Day? Job- and Person-level Determinants of Daily Enjoyment at Work

Walthery, Pierre.
(University of Oxford)

This paper is concerned with the relationship between daily person- and job-level enjoyment at work. It aims to revisit the discussion about job satisfaction and wellbeing at work by investigating the determinants of daily enjoyment at work. So far, job satisfaction has

been mostly studied at the person level and seen as reflecting individual dispositions. It also often relies on overall attitude-based instruments which are likely to have been 'hardening' over time, therefore making it difficult to disentangle effects that are due to respondents' characteristics and those that depend on the job itself.

Using new data made available with the 2015 UK Time Use Survey where enjoyment levels were recorded alongside each episode in a time diary, average levels of enjoyment at work have been computed and subsequently modelled.

This study provides therefore three types of contribution:

1. A taxonomy of enjoyment at work.

2. Based on a multilevel regression, the share of job level determinant of average enjoyment, controlling for socio-economic confounders

3. A discussion of the extent to which job-level enjoyment are explained by individual factors

It was found that about 10% of variance in enjoyment at work is due to job-related satisfaction, and cannot be explained away by individual characteristics. Consequences for research on work and wellbeing are highlighted.

Wednesday 13 September 2017 at 12:45-13:15
Theory
PT111

Medicalisation, Pharmaceuticalisation and Countervailing Powers: Researching the Social Causes of Over-Medication in China

Wang, Yifan
(University pf Essex)

There has been a strong interest in medical practice among scholars and many issues and views have been published in this area. From the extensive literature in the field, I have chosen three key theoretical concepts or perspectives that are relevant to my research. They are 'Medicalisation', 'Pharmaceuticalisation' and 'Countervailing Powers'. These three approaches provide useful sociological models and tools to examine over-prescription and the phenomenon of over-medication in a market-oriented society. However, I have singled out only the concept of countervailing powers as the key theoretical framework of this study. Drawing on the perspective of countervailing powers, I have identified the following powerful actors influencing over-medication of prescribed drugs: the government, the pharmaceutical industry, and doctors. These actors interact in complex ways and reveal quite different ideological views about the issue of over-medication in the Chinese context. This paper has made several contributions based on the countervailing power framework. Far from demonstrating a weakness of the theory, this paper offers and demonstrates the utility of the countervailing powers theory in China's healthcare context. At the point of finishing this paper, the countervailing power framework had been only applied in the Western countries (eg UK and US).

Wednesday 13 September 2017 at 12:45-13:15
Professions
PT006

The Sociology of Medical Sociology: Proposals for a Programme of Reflection and Research

Ward, Christopher
(Derby City CAMHS)

This paper examines a paradox in the practice of medical sociology. It is written from the perspective of a medically trained non-sociologist.

Medical specialisation has oppressive effects including the formation of elite groups and inaccessible knowledges. The sociological critique of specialised, technological medicine is especially focused on the way it isolates doctors from the lived experience of ill people.   Jewson called this 'the disappearance of the sick man' that reflected, he suggested, changes in medical cosmologies. Cosmologies delineate the boundaries of professional practice through, for example, the development of hospitals and laboratories. At the same time cosmologies 'prescribe the visible and the invisible, the imaginable and the inconceivable'.

Medical sociology has characteristics that match its critique of medicine and hence amount to a performative contradiction. Sociology's cosmology, like medicine's, determines the style of its literature. It is more liable to use its objects of study to construct theory than to enable theory to influence clinical practice. The cosmology of sociology tends to disregard clinicians just as that of technological medicine marginalises patients.

Data that might test my claim could come from measuring the number of clinicians who are authors and readers of medical sociological literature or who are active participants in sociological research. Treatment being more important than diagnosis, the hoped-for outcome is that the relationship between sociology and medicine might be re-examined and hence become more productive.

1.	Jewson ND The disappearance of the sick-man from medical cosmology, 1770-1870. Int J Epidemiol 2009, 38:622-33.

Paper Abstracts

Three Types of Medical Care for Rare Diseases: A Historical Analysis of Disease-Category-Based Model in Japan

Watanabe, Saori
(Meiji Gakuin University)

Japan's medical policy toward patients with rare diseases ('Nanbyo') is based on a policy format different from general medical policies and other disability policies, in that it is based on medical science research projects conducted by public expenditure. In this paper, the characteristics of Japan's medical policies for rare diseases based on the disease-category-based model are compared with European and US rare-disease policies and their categorisations.

By analysing the historical documents of medical research projects and the discourses of medical researchers who participated in rare-diseases policy, I find that social policies applied to sufferers of rare diseases have been significantly affected by a research-oriented 'disease-category-based' model in which clinical medical researchers in public hospitals and national university hospitals play a major role. National disease research groups organised by the authorities are responsible for formulating the concept of 'rare diseases' and the diagnostic criteria thereof. These national disease research groups consist almost entirely of clinical medical researchers; moreover, they define which diseases are eligible for limited public healthcare coverage.

In this paper, the structure of each country's rare-diseases policies was organised and categorised into 1) a 'private expense' model, 2) a 'universal' model, and 3) a 'disease-category-based' model. In the disease-category-based model, the cost sharing for the patients was dealt with as a by-product in the form of a reward for contributing their clinical data to medical science research.

'The Doctors Aren't the Ones Who Have to Live With the Consequences': An Exploration of Women's Decision Making Around Taking Anti-epileptic Drugs in Pregnancy

Weckesser, Annalise, Denny, E.
(Centre for Social Care and Health Related Research, Birmingham City University)

This presentation draws on findings from a qualitative study exploring women's experiences of managing epilepsy during pregnancy. Semi-structured interviews were conducted with 32 women from across the UK. Participants came from diverse socio-cultural backgrounds. While most were first-time mothers, but some had at least one child previously. The women experienced varied histories with epilepsy, had a range of neurological symptoms, and some faced additional health and fertility concerns.

In this presentation, I will discuss women's varied negotiations of AEDs (anti-epileptic drugs) and how these negotiations were framed by feelings of maternal responsibility towards their unborn child. While some followed the advice of medical professionals regarding their prescriptions, others stopped or reduced their medication during the first trimester due to the perceived risk of teratogenic effects. They then often resumed taking their AEDs in the final trimester to prevent seizures. Additionally, some women reported that they would increase their medication during their pregnancy, whether or not advised to by a health professional, in order to prevent a seizure that could harm them and their baby. Findings suggest that a tension exists between the professional's focus on drug adherence and women's experience of doubt, as they must live with the consequences of drug regimes. The presentation will also explore the 'moral work' (Thompson et al. 2008) entailed in having a baby while living with epilepsy and the conflict women may face between being a 'good mother' and being a 'good patient.'

Meanings of Sitting in the Context of Chronic Disease: A Qualitative Study on Older Adults With Chronic Obstructive Pulmonary Disease (COPD)

Weedon, Amie, Saukko, P., Downey, J., Singh, S., Orme, M., Sherar, L.
(Loughborough University)

Individuals with chronic obstructive pulmonary disease (COPD) often experience breathlessness and fatigue, making it difficult for them to engage in physical activity. Limited understanding of SB exists in this population group and this could provide a gentler way of reducing inactivity. We conducted 21 interviews with individuals admitted to hospital due to their COPD about their SB and meanings they associated with sitting.

Four themes emerged from the interviews. First, the individuals saw themselves as not just sitting, which reflected deflecting blame for being seen as lazy or unhealthy and their understanding that they were not merely sitting but doing something. Second, patients

viewed sitting as enabling them to do things, such as household chores or care for themselves, by taking breaks and sitting. Third, patients found sitting satisfying; they read and did puzzles to keep their minds "ticking", catnapped with a dog to relax and enjoyed watching television. Fourth, some individuals were mournful about sitting, feeling they were too ill to do anything else and reminisced activities they used to be able to do.

Our findings suggest that COPD patients associated sitting with varied meanings, often viewing it in positive terms as helping them to cope with their illness. Therefore, research should not simply view sitting as negative and look for "barriers" to reducing it, as patients with severe chronic diseases may experience sitting as positive and helpful, which could pave the way for a more nuanced and context sensitive approach to SB.

Thursday 14 September 2017 at 08:30-09:00
STS
PL005

Infrastructuring Home Blood Pressure Monitoring

Weiner, Kate, Will, C.
(University of Sheffield)

The growing consumer market in health monitoring devices means that technologies that were once the preserve of the clinic are moving into spaces such as homes and workplaces. We consider how one such device, blood pressure monitors, comes to be integrated into everyday life. We pursue the concept of 'care infrastructure', drawing on recent scholarship in STS and medical sociology, to illuminate the work and range of people, things and spaces involved in self-monitoring. Drawing on observations and interviews with 31 people who have used a consumer blood pressure monitor, we apply the concept beyond chronic illness, to practices involving consumer devices.

Our analysis pays attention to who and what is involved in self-monitoring, for example, who buys the device, who uses it or helps with using it, who keeps records, and who is consulted. We also engage with the material aspects of self-monitoring, for example considering the emplacement of devices and how they are linked to other objects in the domestic context.

We find that the care infrastructure concept is useful to highlight the socio-material arrangements involved in self-monitoring, showing that even for ostensibly personal devices, monitoring may be a shared practice that expresses care for self and for others. The concept also helps draw attention to links between different objects and spaces that are integral to the practice, beyond the device alone. Care infrastructure draws attention to the material, but ensures that analytic attention engages with both material and social elements of practice and their connections.

Friday 15 September 2017 at 10:45-11:15
Politics of Health
PT111

Unhealthy Digital Food Advertising: Parents' Views on Regulation and Responsibility

White, Lauren, Hilton, S., Chambers, S.
(MRC/CSO Social and Public Health Sciences Unit, University of Glasgow)

Background: Digital advertising of foods and beverages high in fat, sugar, and salt (HFSS) to children has been associated with rising levels of childhood obesity and diet-related non-communicable diseases, particularly among children from lower socioeconomic groups. In response, policy-makers are considering how best to protect children from the harmful impacts of marketing on dietary behaviour. However, as yet, no research has been conducted in the UK exploring parents' views on HFSS digital advertising, regulation and responsibility. This paper addresses the research questions; 1) How do parents feel about HFSS digital advertising? 2) Who do parents think are responsible for regulating the digital environment, and why?

Methods: In total, eight focus groups were conducted with 32 parents of children aged between 5 and 15 years of age, from a range of socioeconomic backgrounds in Scotland. Participants were recruited through social media advertisements, local gatekeepers, and snowballing. Interviews were digitally recorded and data analysed following a constant comparative approach.

Results: Parents' expressed concern that purchasing and cooking food can be experienced as a chore and that digital advertising makes feeding their children a healthy diet more difficult. They raised concern over the mixed messaging from government around healthy diets. They were sceptical of the relationship between industry and government, and supported more formal regulation.

Conclusion: The study demonstrates parents want further protection for their children from HFSS digital advertising and question the role of key stakeholders in the debate. Further research will examine stakeholders' perspectives in the debate on HFSS digital advertising.

Paper Abstracts

Equally Poised or Unevenly Balanced?: The Role of Equipoise in the Development and Practice of Clinical Trials

Whybrow, Paul
(University of Bristol)

In the UK, there has been an explicit drive to involve more patients and healthcare professionals in Randomised Controlled Trials (RCTs). Many see the RCT as the gold standard for generating scientific and unbiased evidence. However, sociologists have highlighted how trials are better described as embedded and collaborative projects of knowledge production and legitimation (Will and Moreira, 2016). In this paper, I discuss some of these theoretical and epistemological concerns from the perspective of 'equipoise'. Developed in the 1990s, the concept of equipoise is the accepted solution to the ethical dilemma of randomising patients' medical treatments. It suggests that a doctor's duty of care is not compromised when there is sufficient uncertainty about which treatment would be most beneficial (or least harmful). This paper focuses on two variations of this concept. 'Clinical equipoise' refers to the uncertainty resulting from a lack of consensus within a professional community, while 'effective equipoise' is the state of uncertainty generated from the comparison of different methods of treatment or expected outcomes.

Evidencing uncertainty is now at the heart of how RCTs are funded, practiced and explained to patients. The purpose of randomisation was to overcome the problem of localised and institutional variations in medical practice; however, I argue that new forms of professional competition are being played out through the construction of clinical equipoise. Finally, I suggest that equipoise can be seen as a new mode of governmentality, as patients are increasingly required to incorporate scientific uncertainties into their healthcare choices.

Remaking Public Health and Care in the Cracks of the Welfare State

Will, Catherine, Weiner K., Darking, M.
(University of Sussex)

This paper explores the emergence of new configurations of public health and welfare, with a focus on housing and homes. Medical sociology has been critical of cuts to health and welfare systems in austerity and of calls for commercial actors like food companies to make health their business. It has also analysed the formalisation of 'self care' as a form of health work carried out to manage chronic disease. However, the invitation to become part of the 'wider public health workforce' is extended further - for example to local government as well as commercial energy and water companies, housing associations and charities. A national system of public services is being replaced by a more local, disjointed and fragile scaffolding for people's lives. This paper considers the value of Langstrup's care infrastructure concept for understanding how these new configurations of public health and welfare are negotiated and what they do. Previously, the concept has been used to examine the socio-material elements that come together in managing chronic conditions like diabetes. This case brings up more uncertain clinical identities but clear health needs relating to living with mental health problems, chronic pain and disability on low incomes and in poor housing. We consider the distribution of different types of work attempting a response to these needs in practice, particularly those that focus on housing and homes. Testing the infrastructure concept, we ask how far these types of work articulate with each other, and appear durable or able to sustain the most marginalised.

Perceptions of Place - Making Choices about Healthcare

Willis, Karen, Lewis, S.
(Australian Catholic University)

In the past decade, there has been renewed interest in the concept of place and its effects on health and health practices. Research has predominantly focused on physical features of an environment (eg the health services provided, and their proximity to residents) rather than characteristics that relate to social, cultural and symbolic values and practices (eg the reputation of an area and its health services). In this paper, we examine the intersections between place and healthcare choice, by focusing on the symbolic features ascribed to healthcare services and perceived enablers or constraints of place. Bourdieu's concepts of distinctions provide a lens for understanding how social actors struggle to distinguish themselves from one another, by the distinctions they make - that is between what they determine to be good and bad quality - as a way to, consciously or unconsciously, legitimise social difference within a social space. Drawing on data from interviews with 78 Australians, we examine how the symbolic and cultural features of place shape healthcare users' perceptions of health services and providers, and the decisions they make. This includes what they perceive as

good (and bad) quality and what kinds of people they perceive use certain kinds of services (eg a public hospital in their local area versus a private hospital in a more affluent neighbourhood). We argue that place is important in people's healthcare choices. Yet, reputation and other symbolic features of services and providers, in shaping perceptions and experiences are as important as geographic proximity.

Thursday 14 September 2017 at 16:20-16:50
Citizenship
PL006

Men, Masculinities and Eating Habits in the Philippines: Exploring Gendered Food Practices in a Communal Society

Winter, Rachel, Bissell, P., Burr, J.
(The University of Sheffield)

In the Philippines eating is a communal event, where food is shared and consumed together. Studies have previously found that food choices are impacted by gender, with men being inclined to choose masculine foods. These are often in societies where people order individual plates of food. In this presentation, I will discuss how masculinity was performed in a community where everyone ate the same dishes and where eating alone was rare.

The methods used were ethnography and autophotography. A participatory approach was adopted in the ethnography, whereby I lived and ate with families and members of the local community to collect in-depth data into everyday eating practices. Autophotography was used so that men could present their eating habits from their own perspective, and when I was not present.

The results showed how eating practices reflect social values, such as family and community. Food was secondary to the relationship; individual choices and preferences were less important than ensuring everyone was fed and ate together. Masculinity was not shown through what they ate, instead it was how much they consumed. Eating large quantities of rice was linked with manliness, as was the feeling of being full. Communal eating had a profound physical effect on men, whereby they said the food tasted better and they had a greater appetite when they ate with others.

Masculinity did impact on the eating habits of participants in this study, however I will argue not to same degree as societies with more individualistic eating practices.

Friday 15 September 2017 at 10:45-11:15
Mental Health
PL006

Cannabis Use Among Depressed Patients:The Examination of both Cannabis and Selective Serotonin Reuptake Inhibitors as Treatment for Depression

Wong, Judy
(University of Kent)

Cannabis and selective serotonin reuptake inhibitors (SSRIs) share numerous similarities, such as both having therapeutic effects that can alleviate depressive symptoms, both affecting serotonergic pathways to improve mood, and both being used as a remedy by some depressed/mentally ill patients. In the last decade, England has seen a dramatic increase in SSRI consumption and a decrease in rates of cannabis use which led to the question of whether or not the two share a relationship, and if they can be used interchangeably to treat depression. The results in this qualitative research reveal evidence that the two drugs have been used by depressed patients to relieve symptoms; however, the relationship between SSRIs and cannabis may be more complicated and further research is required to determine if the inverse relationship between SSRI and cannabis use trends are directly related

Thursday 14 September 2017 at 16:20-16:50
Experiences of Health and Illness
PX001

On the Social Liminality of Rare-disease Patients

Yamanaka, Hiroshi, Nojima, N., Higuchi, M.
(Osaka University)

Having interviewed 53 patients with rare diseases or rare conditions and analysed their narratives, we found three common problems and difficulties they face in their daily lives and their biographical works. One is the difficulty in communicating with strangers about their diseases or conditions. Serious lack of social images of their diseases brings them to the situation where the exoteric (outward facing) communication takes a lot of time and efforts. This exoteric communication difficulty seems to be related to the second problem they face in their biographical works, which is caused by the ambivalent values of rare-disease diagnosis. Rare-disease diagnosis usually brings the patients a long-awaited certificate of their illness on the one hand, while it brings rarely any treatment possibility or prognostic information. This paradoxical situation might have some influence on how they explain their diseases to strangers, as

people usually take more interests in the possibility of treatment and prognosis than the disease names. The situation also builds a kind of barriers that prevent them from recasting their biography due to the lack of information on their future conditions. It then leads to the third difficulty they face in their lives, the liminality of their social statuses. Many of our informants suffered from the lack of social categories of their situations and conditions. The liminal condition sometimes isolates the patients from their friends, workplace and even from their own families and brings various serious additional burdens on them.

Thursday 14 September 2017 at 16:20-16:50
Inequalities
PT006

Precarious Work: Precarious Health?

Yuill, Chris, Twumasi, R.
(Robert Gordon University)

The precarious worker has emerged as a new formation of labour within the context of contemporary neoliberal capitalism (the so-called 'gig-economy'). Such workers are constructed by platform providers as independent self-employed contract workers. They, as such, lack the stability and legal protections afforded to other employees. While some research has outlined the working conditions and working experiences of precarious workers little has been carried out to analyse and record the impact of precarious work on health and wellbeing.

Other research on workplace health strongly indicates that the markers of precarious work (lack of autonomy and control, instability, poor reward and so forth) impact negatively on health and wellbeing. It is therefore opportune to investigate whether or not those factors exert the same effects for precarious workers and workers on zero-hours contracts or whether they are mitigated by the age of the workers or the flexibility claimed for this type of work.

Results from 20 semi-structured interviews with workers in the precarious economy (dispatch riders, delivery drivers, service sector workers) will be presented here. The discussion will focus on (1) how the demands of precarious work differ from the demands of so-called traditional work and how that in turn influences health. Attention will then turn to (2) what kind of theoretical approaches to workplace health and wellbeing are required to understand this emerging form of labour.

Foundation for the Sociology of Health and Illness
Book Prize 2017

The FSHI book prize of £1000 is awarded annually each September to the author(s) or editors(s) of the book making the most significant contribution to the sub-discipline of medical sociology/sociology of health and illness, and having been published over the three years preceding January 1 of the year in which the award is made.

We are very grateful to the external judges who joined members of the committee in the difficult task of judging the diverse selection of interesting books nominated this year. We thank Anika Baddeley and Dr Lynne Stobbart as well as Fiona Mottershaw who joined the 2017 panel at the short-listing stage.

We are also reliant on members of the community nominating books. Please consider making a nomination for the next year if you have read something that excites or engages you! Thank you to all of those who took the time to make a nomination this year.

You can see this year's short list on the next page, and read more on our webpage: http://www.britsoc.co.uk/medical-sociology/foundation-for-the-sociology-of-health-and-illness-book-prize.aspx

The 2017 prize winner will be announced at the conference dinner on Thursday, 14 September at the Galleria Restaurant, Roger Kirk Centre, University of York.

SHI Foundation

Foundation for the Sociology of Health & Illness Book Prize 2017

The Foundation for the Sociology of Health & Illness (FSHI) Book Prize of £1,000 is awarded annually each September to the author(s) or editor(s) of the book judged to have made the most significant contribution to medical sociology or the sociology of health and illness.

The winner will be announced at the BSA Medical Sociology Conference dinner on 14 September in The Galleria Restaurant.

2017 Shortlisted Nominees
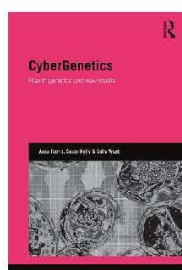
Anna Harris, Susan Kelly and Sally Wyatt
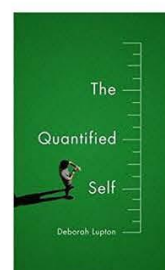
Cybergenetics: Health Genetics and New Media

Routledge (2016)

Ellen Stewart

Publics and Their Health Systems: Rethinking Participation

Palgrave Macmillan (2016)

Deborah Lupton

The Quantified Self

Polity (2016)

University of York

BSA Medical Sociology Group Annual General Meeting

Everyone Welcome

We are keen to invite all conference delegates to our Annual General Meeting which will take place on Thursday 14 September in the bar of the Galleria Restaurant, Roger Kirk Centre. The meeting will begin at 12:45 and is planned to be finished by 13:45. All delegates are welcome but only BSA Members are eligible to vote on the business of the Medical Sociology Group. The AGM includes our annual report on the activities of the Committee and the awarding of the Phil Strong Memorial Prize, as well as news from *Sociology of Health and Illness* and the Foundation for the Sociology of Health and Illness. This year we will be appointing a new Postgraduate Research Student (PGRS) and five ordinary MedSoc committee members. If you are a member of the BSA and you are interested in being considered, please ask a member of the Committee at the conference registration desk for a nomination form and make sure you hand in your completed form by 12 noon on Thursday. Elections, if necessary, will take place at the AGM. Please see below for the 2016 AGM minutes.

MINUTES

BRITISH SOCIOLOGICAL ASSOCIATION MEDICAL SOCIOLOGY GROUP
Annual General Meeting

Thursday 8 September 2016, 12:45-13:45
Room 145, First Floor, Conference Aston, Aston University

Thirty-eight members of the BSA Medical Sociology Group attended the meeting. It was chaired by co-convenor Fiona Stevenson. Sandria Charalambous was responsible for minute taking.

1.   Minutes of the 2015 AGM

The minutes of the Annual General Meeting held on Thursday 10 September 2015 and available to view on pages 117 to 119 in the conference programme, were agreed to be accurate and correct.

2.   Matters Arising – A huge thank you from Fiona Stevenson to all of the MedSoc committee for organising this year's conference.

3.   Convenor's Report – This report was delivered by Fiona Stevenson.

The 2016 MedSoc conference was down in numbers both bookings and abstract submissions. There were 259 delegates in 2010, 305 in 2011, 334 in 2012, 362 in 2013, 366 in 2014, 369 in 2014 and 293 this year.

The 48th Medical Sociology Conference received 406 abstracts, 197 were offered oral presentation slots, with 159 presenting after speaker withdrawals, with 36 posters and 7 symposia/special events including the committee events: Cost of Living Symposium (organised by Ewen Speed and kindly hosted by Ted Schrecker). Delegates' attending this year's conference was confirmed to 293, 197 for the full conference and 47 as day delegates. The committee maintained the number of funded places again this year with 22 (2 withdrawals) allocated to Postgraduate Students. There were no applications received from unwaged or sociologists outside academia. It was mentioned that the committee will review the funded places policy. 19 funded places allocated to committee members, BSA Staff and invited speakers down from 33 from last year. There continues to be a healthy international interest in the conference with 18% of delegates attending the 2016 conference coming from Norway, Australia, Denmark.

Conference Innovation
As from last year the Mentoring@MedSoc has been formalised more by asking delegates to volunteer as mentors during the booking process. This year the committee was able to book some sessions in advance but made more sessions available during the conference where delegates were able to book a session at the registration desk. The feedback from these sessions has been positive and Mentoring@MedSoc will continue in 2017. "Pecha Kucha" presentations

continue in the programme following their successful trial in 2014. Seven symposia were part of the 48th Annual Conference. The committee continues to encourage submission for symposia and special events for the 2017 conference.

Early Career Researchers' (ECR) Event – The ECR Workshop has taken place at the 48th Annual Conference with 25 attendees. The MedSoc committee would like to thank the organising committee Sarah Hoare and Jen Remnant.

Report from the 'Medicine, Health and Illness Stream' at the BSA Annual Conference April 2016 from Sally Brown: 50 papers were submitted to the stream (a reduction compared to previous years, ie. 80 in 2015), 36 were offered oral slots, 8 'roundtable discussion' and 2 poster slots, with 3 withdrawals from the conference programme. The committee would like to thanks Ian Rees Jones for delivering the Stream Plenary for 2016 which very well received. The MedSoc committee would also like to thank Sally Brown and Julia Hiscock for all of the work undertaken to ensure the success of the Medicine Health and Illness Stream and for helping to promote Medical Sociology. Planning for the 2017 Stream Plenary has started with Catherine Pope as the proposed speaker. Sally Brown and Julia Hiscock will step down as stream co-ordinators succeeded by Ewen Speed and Paul Whybrow. The abstract submission deadline is 14 October 2016 and the stream co-ordinators would like to encourage more symposia/special event proposals.

Regional / Special Interest Groups – There continues to be very buoyant actives from most of the Regional Groups, the current active regional groups are East Midlands, North West, North East, South West, Wales, West Midlands, London, Scottish, South Coats and Yorkshire. All regional groups are self-sustaining and can draw on a fund of money which will remain at £400/year per group to help support their activities. New proposals are welcome from regions that currently do not have a study group. Please contact any to the MedSoc committee for more information.

4.   Financial Report – Kerry Collins, BSA Company Secretary presented the financial report

At the end of the financial year (31 December 2015) the BSA audited accounts show a credit balance on the MedSoc account of £112,323. Again the funds were utilised in the year so that reserves decreased in line with planned expenditure. The conference fees increased by £10 for a full conference registration but continues to be below the 2009 prices (£285). Based on current forecast figures for this year's conference and working towards a deficit, it is anticipated a planned deficit of around £7,000, a lesser deficit from last year's conference. It will be generated (based on 292 delegates) compared with £9k deficit (365 delegates) last year. This deficit has been planned to spend down the surplus fund and has been undertaken by the following measures: 1) maintaining reduced fees for BSA members, 2) funding 32 free places for the conference, however only 22 were taken, 3) supporting the early career researcher event 4) funding the Cost of Living blog and MSo, 5) supporting the regional and special interest groups. Based upon the forecasted deficit for the 2016 conference, the closing balance for 2016 should be about £99,732. Communication continues to be focused upon with the further development of the Cost of Living Blog.

5.   MedSoc Committee Nominations

There were 2 committee vacancies: 1 Postgraduate Researcher (PGRS) member vacancy and 1 ordinary committee member vacancy.
3 nominations were received for PGRS and 2 for ordinary members.
Votes were collected at the AGM and after a count of votes Zahira Latif was elected as the PGRS representative and Louise Laverty as ordinary committee member. Nominations for the ordinary committee member vacancy were Shadreck Mwale and Louise Laverty. Nominations for the Postgraduate Researcher vacancy were Zahira Latif, Victoria Palmer and Rebecca Patterson.
It was suggested that the nomination process is to be reviewed for next year.
The MedSoc committee would like to formally thank Ewen Speed and Sarah Hoare for all their work and commitment during their period on the committee.

6.   Foundation for the Sociology of Health and Illness – Trustee's Report delivered by Hilary Thomas

Post Graduate International Conference Travel Grants supported four awards.
Two awards were supported for The Mildred Baxter Post-Doctoral Fellowship.
Five applications were awarded for the Symposia and Workshop Support Awards.
More information on the Foundation and the support they provide can be found on their website.
The Foundation has decided to renew the publishing contract with Wiley for the next seven years.

7.   Sociology of Health and Illness – Editor's Report delivered by Ian Rees Jones

The journal is now in its fourth year of the editorial team, based in Cardiff, with the Foundation contracting it on a three-year basis. There was a large increase in the number of papers submitted since the Cardiff team has taken over. In 2012/2013, 529 original and revised papers were submitted and 631 papers until 31 August 2016. All papers are read by Ian Rees Jones and Gareth Thomas firstly, to reject any papers that do not follow the journals guidelines. The next step is for another editor to read the papers and then the 3 members of the team to decide which papers will go for review to the editorial team. As a result of the high increase of paper submissions the journal is now publishing more papers. The acceptance rate as of last year is 20%. The Impact Factor for the journal this year is up to 1.988. The queue from acceptance to print publication currently stands at 8 months. Submissions guidelines and guidance for papers can be found on the Foundation's website. The journal are undertaking a wide range of publicity and marketing activities. The journal is looking at having special/themed issues published. There's work being done on the website and usage of YouTube to promote papers giving the author autonomy on how to promote their papers once published.

8.   Cost of Living Blog

The Blog continues to publish every week throughout the year except Christmas week. The blog had 50 publications last year, 19 of which were guest articles and the rest were supplied by the editorial team. They held a combined workshop with Open University, in April, on Digital Health, which was successful. They have received 29,000 page views over the last year, 60% from the UK, 14% from the USA and 10% from Europe and the rest from around the world. It was recorded that 42% of the access was from mobile devices. The most popular blog of last year was 'Saving Helen' by Lesley Henderson. The Cost of Living Blog Team encourages people to submit their papers and the guidelines can be found on the website.

9.   Phil Strong Memorial Prize

It was reported that no nominations were received for the Phil Strong Memorial Prize. The committee has confirmed that we will review it. It was also suggested the criteria should be widened in order to accommodate more potential applicants. It was suggested that since there were no applications for this year, the committee should award two for 2017 and the members to raise profile and promote the prize.

10.   MedSoc Committee Update

After six years being on the committee Ewen Speed is stepping down as co-convener and is succeeded by Sasha Scambler.

11.   Any other business

The next Annual General Meeting will be held at the University of York, during the 49th Annual Conference on Thursday 14 September 2017.

The minutes of the 2016 AGM will be printed into the programme of the 2017 conference.

Death and Time

BSA Social Aspects of Death, Dying and Bereavement Study Group Annual Symposium
1 December 2017 - London

Call for Abstracts

In the edited collection entitled Taming Time, Timing Death, Christensen and Willerslev (2013) note that concepts about time originate with the experience of how things perish. It is through the process of dying and as a result of references to death (e.g. decomposition and social transformation) that time is socially perceived and made tangible. Death and time are then intricately linked – knowable through each other and often defined by one another.

Within the sociological literature on death, dying, and bereavement, scholars have written about the various ways in which 'time' of death is constructed. Highlighting for instance how recent categorisations pertaining to the 'end of life' act to define the dying phase, critiquing time-related elements of the medicalisation of grief, and describing how social scripts about death have changed over time.

The aim of this one-day symposium is to reflect on and extend this analysis. We are inviting academics and practitioners to submit abstracts on the theme of time in relation to death, dying, and bereavement. We are particularly keen to encourage a broad and diverse set of papers that engage with (but are not limited to) the following issues:

- Defining moment/s at which death occurs
- Death-related experiences across the life-course
- Changes in social practices related to death, dying and bereavement over time
- Time and the processes of dying and decomposition
- Notions of 'trajectories' in relation to death, dying and bereavement
- 'Waiting' and other experiential aspects of temporality and death-related experiences
- Time-related metaphors associated with death, dying and bereavement (e.g. 'journeying')

Submit abstracts of no more than 250 words to BSADDB@gmail.com by midnight GMT **Monday 18th September 2017**. With your submission include your name, affiliation and contact details. Presentations will be 20 minutes long with additional time for questions.

The symposium will be held on **Friday December 1 2017** at the BSA Meeting Rooms at Imperial Wharf. More details about the study group can be found here: https://www.britsoc.co.uk/groups/study-groups/social-aspects-of-death-dying-and-bereavement-study-group/
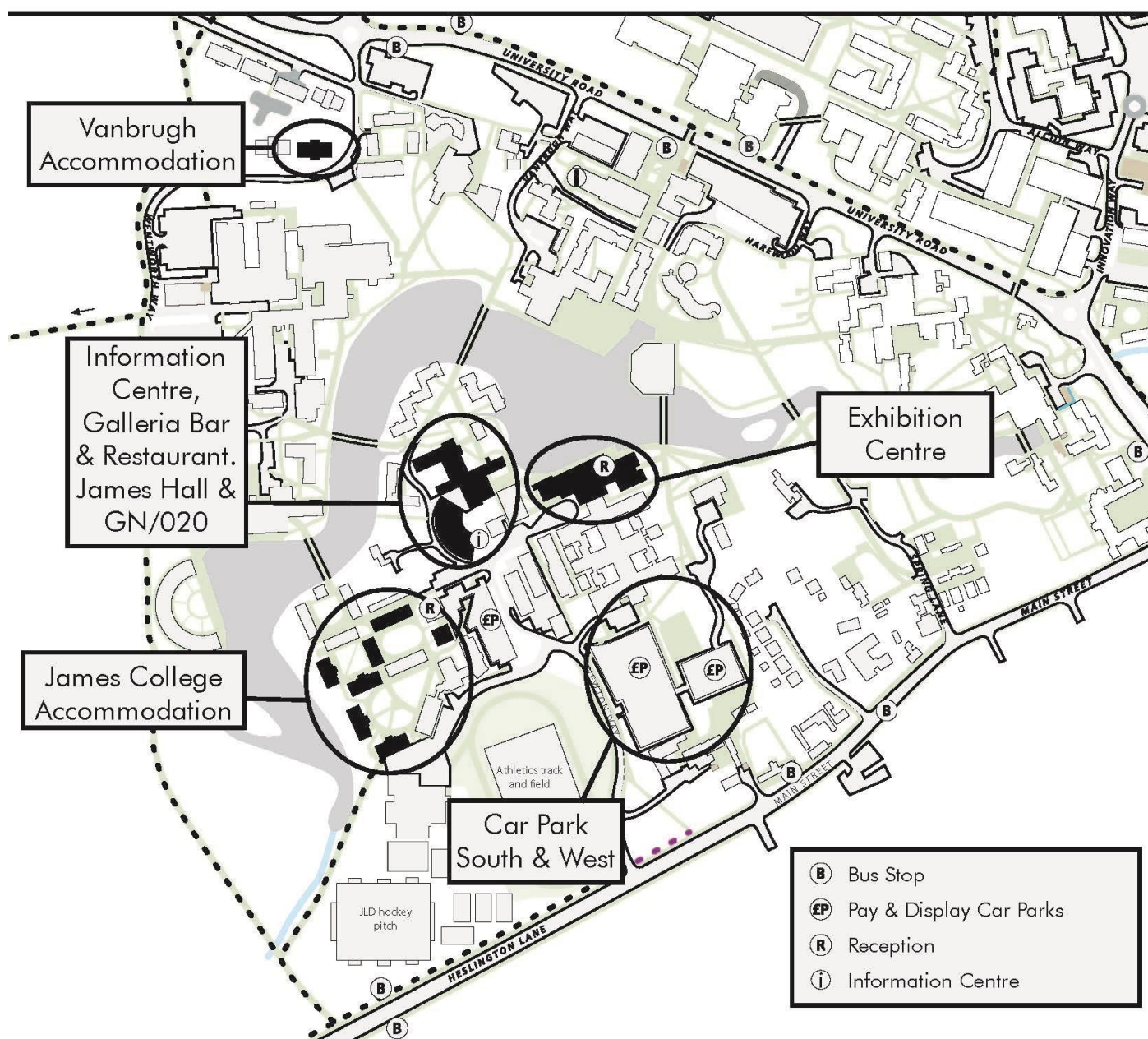
Christensen, D.R. and Willerslev, R. (2013) *Taming Time, Timing Death: Social Technologies and Ritual.* Farnham: Ashgate.

University of York

York **Conferences**

Heslington West Campus Map

University of York
Heslington
York, YO10 5NA

Vanbrugh
Accommodation

Information
Centre,
Galleria Bar
& Restaurant.
James Hall &
GN/020

Exhibition
Centre

James College
Accommodation

Car Park
South & West

Athletics track
and field

JLD hockey
pitch

HESLINGTON LANE

UNIVERSITY ROAD

UNIVERSITY ROAD

HAREWOOD

MAIN STREET

MAIN STREET

INNOVATION WAY

Legend:
- **B** Bus Stop
- **£P** Pay & Display Car Parks
- **R** Reception
- **i** Information Centre

University of York

York Conferences

Exhibition Centre

■ Walkway

□ Available
Rooms

▨ University
Access Only

1st Floor

PT111

PT103

Stairs and lifts to 1st floor
for PT111 & PT103

PL006

PL002

PT007

Fixed Seat
Area

PT003

* Please Note the Galleria Restaurant
is located inside the Roger Kirk
Centre.

PL005

PL001

← Central
Hall

PT006

Exhibition Area

Galleria Restaurant This Way* →
← Entrance/Exit

PX001

Lake
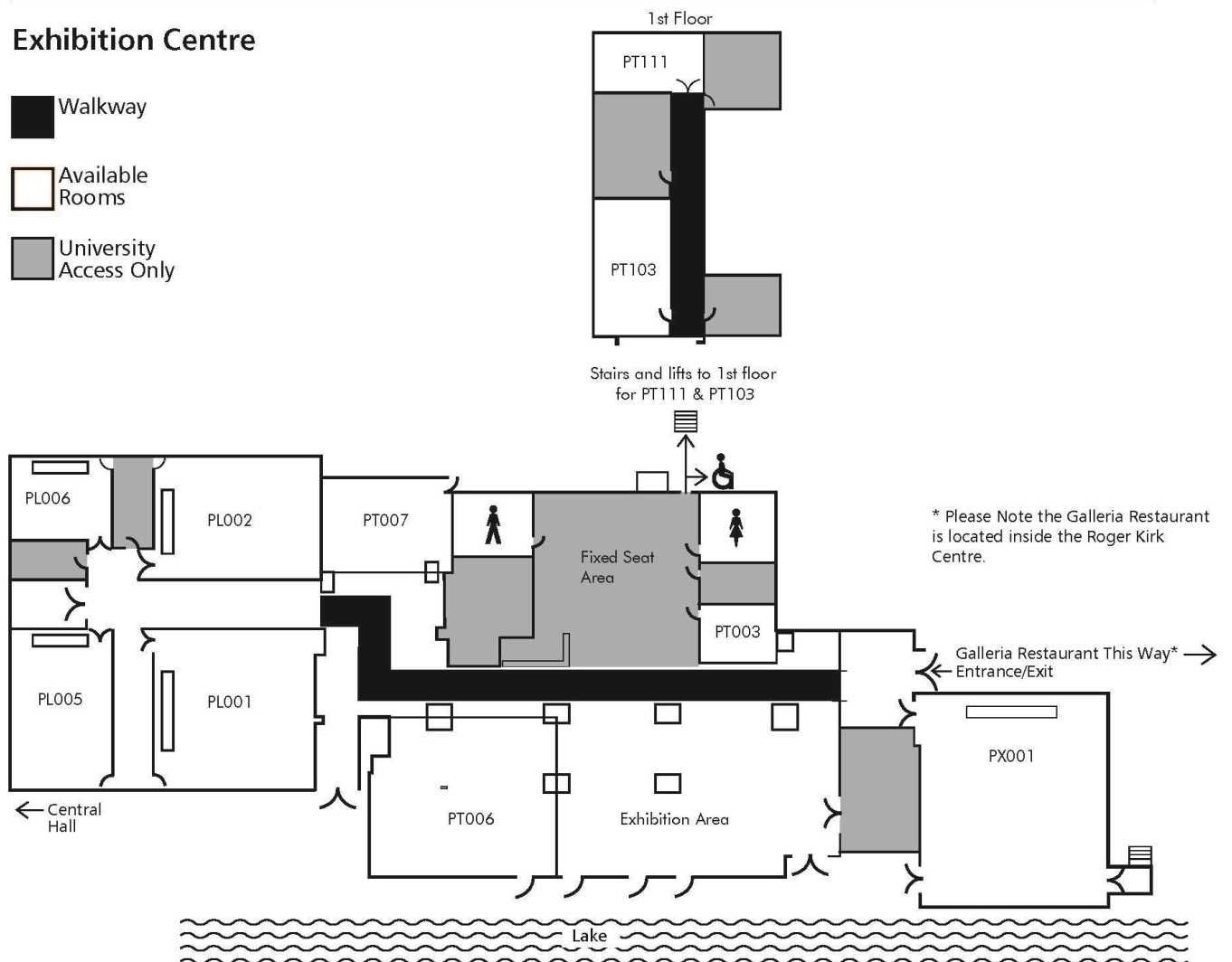
Medical Sociology Group Annual Conference 2018
Call for Papers

Wednesday 12 to Friday 14 September 2018
Glasgow Caledonian University

We look forward to welcoming you to our 50th Anniversary Annual Conference

Celebrating the Legacy
Medical Sociology: The Next 50 Years

We welcome abstract submissions for oral presentations, poster presentations and symposia / special events structured around the streams listed below. **Whilst we particularly encourage papers reporting research findings, we also welcome abstracts related to sociological theory, social policy, 'works in progress' or those testing out new and exciting ideas.** We hope to trial new formats for oral papers so that more people have the opportunity to share their work with the medical sociology community. **This may include traditional formats such as round table discussions as well as more creative approaches, so presenters have the opportunity to discuss ideas ranging from initial thoughts through to completed studies.**

Citizenship and Health	Mental Health
Complementary and Alternative Medicines	Methods
Critical Public Health	Open
Embodiment and Emotion	Patient – professional interaction
Ethics	Pharmaceuticals
Ethnicity	Politics of Health
Experiences of Health and Illness	Professions
Gender	Risk
Health Policy	Screening and Diagnosis
Health Care Organisations	STS and Medicine
Health Service Delivery	Teaching Medical Sociology
Inequalities	Theory
Lifecourse – reproductive health; chronic conditions; ageing; death and dying	

The abstract submission deadline is **Friday 20 April 2018**

Abstracts received after this date will not be considered.

For further details please visit

https://www.britsoc.co.uk/groups/medical-sociology-groups

Enquiries to: events@britsoc.org.uk

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