RN16 – Sociology of Health and Medicine

17th Conference of the European Sociological Association

Strengthening Democracies: Social Action, Solidarity, and Sustainable Futures

25-28 August 2026 | Warsaw, Poland

ESA Research Network 16 CFP

Strengthening Democracies: Social Action, Solidarity, and Sustainable Futures in Health and Medicine

ESA RN 16 Sociology of Health and Medicine invites abstract submissions for sessions that engage with the overarching theme of the conference, "Strengthening Democracies: Social Action, Solidarity, and Sustainable Futures." We particularly welcome proposals that address this theme through perspectives from the sociology of health and medicine, broadly conceived.

Health care and medicine constitute key social spheres in which democratic participation, solidarity, and sustainability are continuously reproduced, negotiated, and contested. As such, they offer a highly relevant context for examining the nature and impact of social and collective action, interrogating the development of trust and collective responsibility, and exploring how institutional practices shape equitable and environmentally sustainable futures. These dynamics are increasingly influenced by the accelerated development of digital technologies—particularly artificial intelligence—which reshape governance, access, and accountability in health systems. Contributions that engage with these processes can offer deeper insights into the social foundations of democratic resilience and processes leading to social change.

To explore and critically interrogate these timely conference themes, we invite you to submit your abstract to one of our 15 regular sessions (including one open session) or one of the 10 joint sessions. Detailed descriptions of both regular and joint sessions are provided below.

Additional sessions may be created a posteriori based on abstracts submitted to the Open Session. We especially encourage submissions from PhD students. ESA RN16 looks forward to receiving your contributions!

Dino Numerato, Ana Patrícia Hilário,
Catarina Delaunay, Francesca Greco,
Valeria Quaglia, Sandra Racionero-Plaza,
Alice Scavarda, Anna Skiba

LIST OF RN16 REGULAR SESSIONS PROPOSALS

LIST OF RN16 JOINT SESSIONS PROPOSALS

RN 16 SESSIONS PROPOSALS

RN16_1 NARRATIVES AND EMOTIONS FOR SUSTAINABLE FUTURES

Coordinator:

Francesca Greco, University of Udine, Udine, Italy, francesca.greco@uniud.it

Abstract:

Global crises, ranging from climate change and armed conflicts to forced migration and widening inequalities, pose profound challenges to health, well-being, and democracy. These interlinked disruptions reshape environments and social conditions, undermine trust in institutions, and fuel disillusionment, populism, and exclusion. Health and democracy are deeply connected: environmental pressures and social inequalities form feedback loops that shape everyday life, health risks, and the meanings people attribute to their experiences.

Narratives and emotions are central to this dynamic. They reveal how individuals and communities interpret crises, navigate uncertainty, and engage in collective or individual action. In times marked by disinformation, polarisation, and the erosion of democratic trust, studying health-related narratives provides crucial insights into the broader struggles for justice, solidarity, and resilience. For instance, narratives around vaccination show how stories and sentiments highlight the cultural, political, and social forces influencing health and well-being.

This session invites contributions that examine the intersections between health, narratives, and emotions in contexts of global change. We particularly welcome theoretical, methodological, and empirical work on: how individuals and groups construct, circulate, and contest narratives of health and crisis; how emotions shape responses to environmental, social, and health challenges; and how storytelling can foster or hinder solidarity, inclusion, and democratic participation.

By bringing together diverse perspectives, the session highlights how narratives and emotions offer not only a lens to interpret contemporary challenges but also pathways toward more sustainable, inclusive, and democratic futures.

RN16_2 BREASTFEEDING PROMOTION AND EXPERIENCES FROM A SOCIOLOGY OF HEALTH PERSPECTIVE

Coordinator:

Daniela Bandelli, Department of Political and Social Studies, University of Salerno, Italy dbandelli@unisa.it

Abstract:

Breastfeeding is widely endorsed by medical authorities as the optimal mode of infant feeding, celebrated for its nutritional, immunological, and long-term health benefits. Situated within biomedical and public health discourses, it is increasingly framed as both a preventative health intervention and an environmentally sustainable practice.

Yet breastfeeding is not only a biological act, but a biopsychosocial practice that requires bodily labour, time, emotional investment, and sometimes pain. Across Europe and the Global North, breastfeeding rates remain low and are positively correlated with socioeconomic status, making the choice to breastfeed—especially beyond the early months—a form of privilege. Structural barriers such as inadequate maternity leave policies, lack of postpartum support services, and hyper-medicalised birth practices, as well as the erosion of intergenerational bodily knowledge, social stigma, and the sexualisation of the breast, all contribute to this pattern.

At the same time, feminist scholarship raises important questions about how breastfeeding promotion may reinforce normative and gendered expectations of motherhood.

We welcome theoretical and empirical contributions that examine breastfeeding through the lens of the sociology of health and illness. Possible topics include:

- Health policy and structural inequalities
- Medicalisation and embodied experiences
- Class, race, culture, and breastfeeding practices
- The professionalisation of breastfeeding support

RN16_3 BEYOND PROTOCOLS: HOSPITALS AS SOCIAL WORLDS.

Coordinators:

Jaroslava Hasmanová Marhánková, Institute of Sociological Studies, Charles University, Czech Republic, jaroslava.marhankova@fsv.cuni.cz

Dino Numerato, Institute of Sociological Studies, Charles University, Czech Republic, dino.numerato@fsv.cuni.cz

Abstract:

Hospitals are not only sites of medical treatment, but also complex social worlds shaped by routines, institutional logics, cultural contexts, and everyday practices of care. Decisions about treatment and diagnosis are embedded in interactions that reflect much more than clinical evidence: they are mediated by organizational cultures, institutional logics, and the social interactions that emerge within hospital walls. At the same time, researching hospitals raises important methodological and ethical challenges. Hospitals are difficult sites of inquiry: access is often restricted, practices are fast-paced and complex, and the presence of researchers can itself influence routines of care. These conditions call for innovative methodological approaches and careful reflection on the positionality of the researcher.

We welcome papers examining hospitals as social worlds, using both qualitative and quantitative methods and focusing on, but not being limited to, topics such as:

- Everyday practices of care and decision-making within hospital settings.
- Prescribing practices, ideally focusing on antibiotics and stewardship policies.
- How hospital cultures differ across national, regional, or institutional contexts, and the consequences of these differences for treatment approaches and patient experiences.
- The role of routines, norms, and institutional effects in structuring interactions between professionals, patients, and technologies.
- The impact of managerial or sustainability imperatives on hospital social worlds.
- Hospitals as specific “social worlds” that embody cultural values, professional boundaries, hierarchies, and competing logics of care.
- The impact of architecture and organisation of space on hospitals as social worlds.
- Methodological and ethical challenges of conducting sociological research in hospital contexts.

RN16_4 PUBLIC SOCIOLOGY AND HEALTH: RETHINKING THE ROLE OF SOCIOLOGISTS

Coordinators:

Guido Giarelli, University Magna Græcia, Italy, giarelli@unicz.it

Francesca Greco, University of Udine, Italy, Francesca.greco@uniud.it

Abstract:

The health field is undergoing profound social, political, and technological transformations. From persistent inequalities in access to care to the integration of digital platforms and artificial intelligence, the boundaries of medicine are being redrawn. In this shifting landscape, sociologists, especially as public sociologists, have a pivotal role. Health is not only biomedical but also a deeply social phenomenon, shaped by cultural practices, institutional structures, and public debates. Addressing today's challenges requires the interpretative, critical, and participatory approaches that public sociology offers.

As envisioned by Michael Burawoy and others, public sociology connects academic knowledge with wider society, fostering dialogue with communities, policymakers, professionals, and civil society. Applied to health, it goes beyond producing research: it entails active engagement on issues such as inequalities, patient rights, medical ethics, and the governance of emerging technologies.

The role of public sociologists in health is multifaceted. As analysts, they reveal structural inequalities and map social determinants of illness and care. As mediators, they amplify marginalized voices and foster culturally competent health services. As critical interlocutors, they scrutinize the ethical and social implications of digital health and AI, ensuring that innovation serves the public good. As educators and advocates, they combat stigma, misinformation, and exclusion while promoting health literacy and civic participation. As policy contributors, they support democratic frameworks for health governance that integrate diverse perspectives, especially those of vulnerable groups.

This call for papers invites theoretical, empirical, and case-based contributions exploring how public sociology can shape more just and inclusive health systems.

RN16_5 GRAPHIC MEDICINE: COMICS, ILLNESS NARRATIVES, AND THE DEMOCRATIZATION OF HEALTH KNOWLEDGE

Coordinators:

Alice Scavarda, Università di Torino, Italy, alice.scavarda@unito.it

Ana Patrícia Hilário, Instituto de Ciências Sociais, Universidade de Lisboa, Portugal, patriciahilario@gmail.com

Abstract:

Graphic medicine offers innovative ways to understand and represent the lived experience of illness. Increasingly, it has become significant within the sociology of health and medicine, as *graphic pathographies* (i.e., visual illness narratives) serve as powerful cultural, methodological, and critical resources. These narratives convey the physical, emotional, psychological, and social dimensions of illness, fostering empathy and understanding. Additionally, they open up space for diverse perspectives on illness, thereby challenging epistemological hierarchies and disrupting power dynamics in the production of medical knowledge. They also create repositories of visual and narrative material that not only enrich but can also transform the iconography of illness. Finally, they provide innovative methods for data collection and dissemination, functioning both as texts for analysis and as tools for interaction with research participants, whether independently or in combination with other approaches. By democratizing access to knowledge about health and illness, *graphic pathographies* contribute to strengthening democracies, encouraging solidarity, valuing diverse experiences, and fostering more sustainable futures in how societies understand and respond to human suffering. We invite the submission of theoretical and empirical contributions addressing (but not limited to) the following topics: i) *graphic pathographies* as illness narratives; ii) the concept of embodiment within visual illness narratives; iii) *graphic pathographies* as a means of strengthening or challenging the medicalization of physical or mental illness; iv) the iconography of illness and its potential transformations; v) *graphic pathographies* as a research method in the sociological study of illness; vi) the interplay between *graphic pathographies* and other visual research methods in the sociology of health and medicine. This session welcomes both international and national studies from an interdisciplinary perspective.

RN16_6 APPLIED HEALTH SOCIOLOGY: OPPORTUNITIES AND LIMITS

Coordinators:

Mario Cardano, University of Turin, Italy, mario.cardano@unito.it

Luigi Gariglio, University of Turin, Italy, luigi.gariglio@unito.it

Abstract:

This session aims to promote a critical discussion on the opportunities and limits of the applied versions of the sociology of health. The notion of applied health sociology is stipulatively circumscribed on pieces of research, implying either a planned goal to contribute to the design of health organisations and institutions (in the James Coleman meaning), or a planned orientation toward the production of recommendations, or a planned intervention, for instance, through healthcare professional training or patients' engagement, oriented to modify the social context studied.

We stipulate that we do not consider it as applied health research contributions that simply face socially relevant problems or are oriented to giving voice to participants without a planned goal of modifying the studied context. Session's contributors are encouraged to explore case studies and empirical evidence that illustrate these applications in real-world settings.

Session's contributors are also invited to reflect on the theoretical and methodological implications of applied health sociology. This reflection could include examining new interdisciplinary approaches and addressing the ethical considerations of applied research. Furthermore, the session will delve into how applied health sociology can bridge gaps between academia and healthcare practice, fostering collaboration across various stakeholders to build more equitable healthcare systems.

Topics such as mental health, vaccination and cancer research will be welcome, as well as any other health issues that can trigger the specific version of applied research here proposed. Contributors proposing an applied health sociology underpinned by participatory action research are invited to critically consider the pros and cons of participatory methods, both from epistemic, ethical, and practical points of view.

RN16_7 ASSISTIVE TECHNOLOGIES AND DISABILITY: BENEFITS, CHALLENGES AND DEMOCRACY EFFECTS

Coordinators:

Andrea Bilotti, Università Roma Tre, Italy, andrea.bilotti@uniroma3.it

Angela Genova, Università di Urbino, Italy, angela.genova@uniurb.it

Alice Scavarda, Università di Torino, Italy, alice.scavarda@unito.it

Maria Świątkiewicz-Mośny, Jagellonian University of Krakow, Poland, maria.swiatkiewicz-mosny@uj.edu.pl

Abstract:

In the context of deepening social inequalities, public health crises, demographic challenges, and growing mistrust in democratic institutions, assistive technologies for people with disabilities are emerging not only as tools of everyday support, but also as symbols of inclusive innovation. The digital transformation is reshaping the boundaries of social participation and opening new avenues for marginalized groups. At the same time, it raises some concerns about new possibilities of social exclusion related to the digital divide and to the AI biases, based on how algorithms are produced. Finally, assistive technologies designed without the contribution of people with disabilities may reproduce stereotyped conceptions and power dynamics.

This session invites interdisciplinary reflection on if and how assistive technologies can contribute to strengthening democracies by enhancing accessibility, autonomy, and agency. On the one hand, these innovations have the potential to dismantle structural and cultural barriers, enabling fuller participation in social life, education, and the labour market. On the other hand, they require critical analysis regarding the risks of digital exclusion, the commodification of care, and the reproduction of inequalities.

By exploring the intersection of disability, technology, and democracy, this session aims to highlight how collective social action and inclusive innovation can foster transformative change. We welcome both theoretical and empirical contributions on the following issues and related topics:

- Assistive healthcare technologies for people with disabilities;
- The use of AI to provide physical/psychological support to people with disabilities;
- Mobility aids and their inclusion/exclusion effects;
- Assistive technologies and sport for people with disabilities.

RN16_8 STIGMA, HEALTH, AND THE POLITICS OF RECOGNITION

Coordinators:

Catarina Delaunay, Centro Interdisciplinar de Ciências Sociais, Universidade Nova de Lisboa, Portugal, catarinadelaunay@fcsh.unl.pt

Ana Patrícia Hilário, Instituto de Ciências Sociais, Universidade de Lisboa, Portugal, patriciahilario@gmail.com

Abstract:

More than sixty years after Goffman's seminal work, stigma remains a central concept in the sociology of health and illness. Contemporary scholarship has expanded its scope beyond interpersonal dynamics to include institutional practices, structural inequalities, and mediated forms of (in)visibility. Sociologists continue to examine how individuals and groups are discredited, marginalised, and silenced through health-related labels and diagnoses.

This session invites papers that explore how stigma—related to chronic or mental illness, infectious diseases, disability, weight, or other embodied conditions challenging dominant moral or cultural norms—reproduces social exclusion, undermines care relationships, and erodes democratic participation. How does stigma intersect with race, gender, class, or age to shape access to healthcare, social recognition, and public voice? In what ways are stigmatised individuals or communities (such as migrants) constructed as 'less deserving' of rights or visibility?

Equally, we welcome analyses of how people resist misrecognition—through activist mobilisation, alternative support networks, shifts in professional or policy practices, or everyday acts of refusal and resilience. By foregrounding the lived and collective experiences of those rendered 'other' in health systems and public discourse, this session seeks to foster dialogue on how recognition, dignity, and care are negotiated, and how such negotiations may open space for solidarity, transformative care, and more inclusive futures.

We welcome empirical, theoretical, and methodological contributions that illuminate either the reproduction of health-related stigma or the diverse forms of social action mobilised in response.

RN16_9 HEALTH SELF-MANAGEMENT IN THE DIGITAL AGE: BETWEEN EMPOWERMENT, UNCERTAINTY AND INEQUITY

Coordinators

Kadi Lubi, Tallinn University of Technology, Dept. of Health Technologies, Estonia, kadlub@taltech.ee

Abstract:

Aging populations, limited healthcare resources, and the centralization of healthcare systems have created expectations that technology will help deliver more sustainable healthcare. In many welfare societies, there is widespread techno-optimistic hope that digital tools can increase efficiency and reduce costs. For ordinary citizens, the rapid development of technology has enabled new forms of everyday health self-management: people search for information online, use symptom checkers, track conditions with wearables or apps, and increasingly rely on virtual consultations. These practices provide faster access to information and solutions for health-related concerns, but they also add new layers of responsibility and unpredictability to self-care.

While technology may accelerate processes and promise empowerment, it also raises significant challenges: from data privacy risks and misleading information to increased inequities due to the inconsistencies in health or digital literacies.

This session aims to discuss the new reality of healthcare technology use by ordinary users within broader socio-cultural trends. Key questions include: (i) how people perceive health technologies and what usage practices emerge; (ii) how the adoption of new health technologies reshapes patient-provider dynamics and trust in medical institutions, technology and digital advice; (iii) how trust in technology influences perceptions of privacy and data sharing; (iv) how technologies affect evidence-based decision-making and practices in a context of misinformation and unscientific health claims.

This session welcomes empirical and theoretical papers that address health challenges and technological divide from the perspective of the ordinary user.

RN16_10 HEALTH LITERACY IN THE DIGITAL AGE: BUILDING DEMOCRATIC RESILIENCE THROUGH INFORMED CITIZENSHIP

Coordinator:
Maria Świątkiewicz-Mośny, Institute of Sociology, Jagiellonian University, Poland, maria.swiatkiewicz-mosny@uj.edu.pl

Abstract:

In an age marked by multicrises and rapid digital transformation, health literacy has emerged as a cornerstone of democratic resilience and social inclusion. The ability to access, understand, and critically evaluate health information - whether in traditional or digital environments - directly influences individuals' capacity to make informed decisions, engage in civic life, and exercise their rights. This session explores the evolving dimensions of health literacy, e-health literacy, and digital health literacy as key determinants of health equity.

The digitalization of health systems, accelerated by the COVID-19 pandemic and subsequent technological innovations, has created both opportunities and challenges. While digital tools can enhance access to healthcare and empower marginalized communities, they also risk deepening inequalities for those lacking digital skills or resources. Moreover, the proliferation of misinformation and post-truth narratives in online spaces threatens public trust in science and institutions, undermining collective action for sustainable futures.

We invite contributions that critically examine the intersections of health literacy and democracy in contemporary societies. Topics may include:

- The role of (e-)health literacy in combating health-related disinformation;
- Digital divides and their implications for health equity;
- Strategies for fostering inclusive e-health literacy across diverse populations;
- Sociological perspectives on health communication, trust, and solidarity in times of crisis.

By addressing these issues, the session aims to advance dialogue on how strengthening health literacy can contribute to more inclusive, resilient societies and empowered citizenship.

RN16_11 PROMOTING EQUITY IN ACCESS TO HEALTH CARE IN EUROPE: INVOLVING SOCIALLY DISADVANTAGED COMMUNITIES IN DESIGNING AND IMPLEMENTING HEALTH INTERVENTIONS

Coordinator:

Shuby Puthussery, University of Bedfordshire, United Kingdom, shuby.puthussery@beds.ac.uk

Abstract:

Reducing inequalities in health care access and experience is a shared goal of health systems across Europe. There is ample evidence that individual and social factors, including race, ethnicity, socio-economic status, gender, migrant status and disability, continue to have a marked influence on equitable health care access and experience. Involving socially disadvantaged communities in identifying appropriate, context-specific approaches to address disparities in health care access and co-producing and implementing health interventions is crucial to promote equitable health care access. The purpose of this session is to stimulate academic discussions on inclusive, participatory approaches and practical, effective, and sustainable methods for meaningfully involving disadvantaged groups in developing and implementing health care services and interventions across the European region and beyond.

We invite colleagues to submit their research on enhancing access to health care for diverse communities based on factors such as race, ethnicity, gender, migrant status, socio-economic status, and disability, actively incorporating inclusive and participatory approaches.

RN16_12 DOCTORS AS CULTURAL AGENTS: EXPLORING HOW DOCTORS SHAPE SOCIETAL UNDERSTANDINGS OF LONG-TERM CARE AND ITS PROVISION THROUGH THEIR RESEARCH AND PROFESSIONAL PRACTICE.

Coordinators:

Francesca Degiuli, Fairleigh Dickinson University, Madison, New Jersey, degiuli@fdu.edu

Georgia Casanova, IRCCS-INRCA Ancona, Italy g.casanova@inrca.it

Abstract:

Long-term care is a crucial part of healthcare systems, supporting individuals with chronic illnesses, disabilities, and aging adults with diverse healthcare needs. However, the provision of long-term care in the context of contemporary post-industrial societies is often intertwined with a complex web of intersecting inequalities, including but not limited to gender, race/ethnicity, class, age, and immigration status. This session aims to investigate how doctors, through their socio-cultural practices or research, may contribute to creating, maintaining, or reproducing some of these inequalities, or alternatively, how they might challenge them. These social actors are, in fact, strategically positioned at the intersection of state, market, and families, giving them the potential to influence societal views on aging and long-term care both at the macro-, meso-, and micro-level. The session invites papers that explore how doctors

- discuss, in their daily practice or through their research, ideal forms of care, best practices, skills, qualities, and abilities essential for providing care.
- design or recommend long-term care projects for individuals, organizations, or institutions.
- explore or engage in creating new forms of long-term care or theorize the possibility of developing them.

RN16_13 AGEING, HEALTH, AND EMERGING TECHNOLOGIES

Coordinators:

Marco Ciziceno, University of Palermo, Italy, marco.ciziceno@unipa.it

Guido Giarelli, University “Magna Graecia” of Catanzaro, Italy, giarelli@unicz.it

Abstract:

Loneliness and vulnerability have become critical public health concerns across ageing populations in Europe. According to Eurostat projections[1], by 2100 the share of people aged 80 years or above will increase to 15% (compared to 6.1% in 2024). In other words, millions of older adults will require personal care and informal support. This demographic shift poses profound political, economic, and social challenges: while reversing ageing trends is a long-term process, ensuring sustainable health and well-being for older populations remains an urgent public priority.

Reducing the sense of loneliness and promoting active ageing requires multidimensional approaches. On the one hand, forms of generational and intergenerational solidarity— particularly through informal care, volunteering, and family-based initiatives—may prove central to sustaining ageing societies. On the other hand, emerging technologies, such as artificial intelligence, offer new possibilities for care and social connection. AI-driven tools, such as conversational agents or “chatbots for the elderly,” hold promise for alleviating loneliness, supporting daily living, and fostering emotional well-being through accessible, natural language interactions. However, their integration and practical use remain controversial, as they raise ethical, social, and cultural questions concerning trust, equity, and the human dimensions of care.

This session invites empirical, theoretical, and methodological contributions that critically engage with the intersections of ageing, health, and new technologies. We particularly welcome submissions that explore, but are not limited to, the following themes:

1. The role of artificial intelligence and ICTs in supporting older adults
2. Social, economic, and structural determinants influencing the mental, emotional, and relational health of ageing populations.
3. Intergenerational care initiatives and their potential to create sustainable, inclusive futures for older adults.

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[1] https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Population_structure_and_ageing#:~:text=The%20EU's%20population%20is%20projected,projected%20to%20continue%20to%20age

RN16_14 RETHINKING LONG-TERM CARE: GENDER, INEQUALITIES, AND THE FUTURE OF CARE SYSTEMS

Coordinators:

Georgia Casanova, INRCA Ancona, Italy, g.casanova@inrca.it

Francesca Degiuli, Fairleigh Dickinson University, Madison, New Jersey, degiuli@fdu.edu

Abstract:

Across Europe, long-term care (LTC) systems have long relied on families—especially women—to meet the care needs of older adults, reflecting persistent gendered and socioeconomic inequalities within welfare states. Although demographic ageing, changing family structures, and rising care demands have prompted policy reforms since the 1990s, changes have been uneven across welfare regimes. While Nordic countries introduced universal, needs-based services, Southern and Continental European systems—including Italy—maintained residual, family-centered models in which informal and migrant care workers, predominantly women, continue to shoulder most responsibilities, often under precarious and underregulated conditions. The adoption of Italy's first national LTC framework in 2024 marks a significant policy milestone by formally recognizing LTC as a distinct welfare pillar. Yet, its heavy reliance on cash-for-care schemes and private market solutions raises concerns about its potential to address entrenched gender and class inequalities or to ensure equitable access to quality services

This session invites contributions that critically examine how LTC policies and practices conceptualize and address the "problem" of care across different welfare regimes. We particularly welcome analyses exploring the intersections of gender, migration, informality, and socioeconomic disparities, as well as the cultural and normative assumptions underpinning policy design. Bringing together comparative and country-specific perspectives, the session seeks to advance debates on care futures, redistribution of responsibilities, and the pursuit of gender-just and socially inclusive LTC systems in ageing societies.

RN_15 Open Session

Coordinators:

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Ana Patrícia Hilário, Instituto de Ciências Sociais, Universidade de Lisboa, Portugal, patriciahilario@gmail.com

Abstract:

We invite abstract submissions for sessions that engage with the overarching theme of the conference, “Strengthening Democracies: Social Action, Solidarity, and Sustainable Futures.” We particularly welcome proposals that address this theme through perspectives from the sociology of health and medicine, broadly conceived.

In addition to the regular and joint sessions, we also encourage contributions that foster dialogue with the main conference themes. These may focus on, but are not limited to, the following topics and can be theoretical, conceptual, or empirically grounded:

- Health inequalities related to socio-economic status, race, ethnicity, and disability
- Trust, distrust, and mistrust in healthcare institutions and expertise
- Health movements and public or patient involvement
- Politicisation of healthcare
- Public and environmental health risks
- Substance abuse and addictions in a European context
- Health and migration

JOINT SESSIONS

RN16_J_1 BEYOND COMMODIFICATION: URBAN HEALTH AND THE POLITICS OF SPACE AND CARE

RN16 Sociology of Health and Medicine

RN37 Urban Sociology

Coordinators:

Catarina Delaunay, Centro Interdisciplinar de Ciências Sociais, Universidade Nova de Lisboa, Portugal, catarinadelaunay@fcsh.unl.pt (RN16)

Patrícia Pereira, Centro Interdisciplinar de Ciências Sociais, Instituto Politécnico de Leiria, Portugal, ana.f.pereira@ipleiria.pt (RN37)

Abstract:

Urban spaces are increasingly recognised as fundamental for understanding how health is shaped by the intersections of infrastructure, policy, and social life. Sociological research has shown how structural inequalities across housing, mobility, air quality, green space access, waste management, and public services distribute health risks and resources unevenly.

Additionally, the commodification of both urban space and healthcare operates through mutually reinforcing logics that deepen disparities across race, class, income, gender, and age in cities throughout the Global North and South. Capitalist urban development produces the spatial conditions for illness—through housing instability, pollution exposure, and food apartheid, for example—while market-driven healthcare limits access to treatment and care, exacerbating already unequal life chances.

Drawing on frameworks such as structural violence, environmental racism, and urban health, this session welcomes empirical, theoretical, and methodological contributions that examine the multidimensional dynamics shaping lived experiences of health and illness.

Papers may address questions such as: How do speculative urban planning and healthcare privatization jointly reinforce social and health inequalities? In what ways do public health interventions contend with commodified access to both space and care? How do communities mobilize against these intertwined forms of exclusion? How can struggles for spatial justice and health justice be advanced as inseparable challenges of contemporary urban life?

We particularly encourage work on integrated forms of resistance revealing how struggles for spatial justice and health justice are inseparable challenges of contemporary urban life.

RN16_J_2 COLLECTIVE AND PARTICIPATORY APPROACHES TO EVOLVING AND EMBODIED LIVES

RN03 Biographical perspectives on European Societies

RN16 Sociology of Health and Medicine

Coordinators:

Micol Pizzolati, Department of Letters, Philosophy, Communication, University of Bergamo, Italy, micol.pizzolati@unibg.it (RN03)

Ana Patrícia Hilário, Instituto de Ciências Sociais, Universidade de Lisboa, Portugal, patriciahilario@gmail.com (RN16)

Abstract:

This session invites contributions on applied social research grounded in collective and participatory approaches for exploring evolving, lived and embodied experiences. We welcome discussions of social inquiry that engage participants collaboratively, combining biographical, creative, and embodied techniques – for instance body mapping, narrative and art-based exercises, participatory theatre, visual storytelling, object elicitation, and walking interviews – to co-create knowledge about bodily and lived transformations. Contributions may address ageing, illness, disability, gendered and embodied transitions, as well as the shifting perceptions shaped by the gaze of others. The session particularly welcomes reflexive accounts that unpack the ethical, epistemological, and practical dimensions of participatory research. We are especially interested in how collaborative approaches can challenge hierarchies between researchers and participants, foster inclusivity, and democratise the production of knowledge. By bringing together perspectives from the sociology of health and medicine and interdisciplinary biographical methods, this joint session seeks to foster dialogue across disciplines and research traditions. Our aim is to highlight methodological innovation while also addressing broader questions of agency, power, and representation. In doing so, we intend to explore how collective and participatory methods enrich academic understanding of embodied experiences and life trajectories while contributing to more responsive, socially engaged, and transformative research practices.

RN16_J_3 FROM HEALTH ACTIVISM TO INFLUENCER CULTURE: DIGITAL PLATFORMS AND THE RECONFIGURATION OF PATIENT PARTICIPATION

RN16 Sociology of Health and Medicine

RN24 Science and Technology

Coordinators:

Barbara Morsello, University of Padova, Padova, Italy, barbara.morsello@unipd.it (RN24)

Valeria Quaglia, University of Bologna, Italy, valeria.quaglia@unibo.it (RN16)

Abstract:

Digital platforms and AI-driven technologies are reshaping how health, illness, disability and bodies are experienced and communicated. Beyond questions of efficiency and access, these sociotechnical changes transform subjectivity, embodiment, and the politics of participation. Sociological literature on health activism has shown how laypeople mobilised expertise to contest biomedical authority and democratise knowledge. Today, the rise of health influencers—ranging from “patient influencers” to healthcare professionals active on platforms—raises the question of whether these figures represent a continuation of activism or a qualitatively different phenomenon, indicating that the boundaries between the two are increasingly blurred. While activism often relied on collective action, solidarity, and confrontational repertoires, influencer practices are structured by individual branding, monetisation, and algorithmic visibility. Research highlights their ambivalent role: amplifying patient voices, enhancing access to peer knowledge, but also spreading commercialised, low-evidence or promotional content. Unlike traditional activists who challenged institutions, influencers often navigate partnerships with them, reshaping dynamics of authority, legitimacy, and accountability.

We invite contributions engaging with, but not restricted to, the following topics:

- From collective health activism to digital health influencers: shifting repertoires, solidarities, and forms of lay expertise;
- Authority, legitimacy, and accountability in the transition from health activism to influencer cultures;
- Algorithmic visibility, monetisation, and the ambivalent effects of influencer cultures on knowledge, inequality, and participation.

RN16_J_4 INCLUSIVE HEALTH PRACTICES AND SEXUALITIES: KNOWLEDGE, CARE, AND RIGHTS IN TIMES OF CRISIS

RN16 Sociology of Health and Medicine

RN23 Sexuality

Coordinators:

Mara Pieri, University of Coimbra, Portugal, mara.pieri@gmail.com (RN23)

Valeria Quaglia, University of Bologna, Italy, valeria.quaglia@unibo.it (RN16)

Alice Scavarda, University of Torino, Italy, alice.scavarda@unito.it (RN16)

Abstract:

Contemporary society is witnessing renewed challenges to sexual and gender rights, intensified by democratic fragility, social inequalities, and a global backlash against diversity. At the same time, political conflicts increasingly attack medical knowledge and scrutinise health policies. Within this context, inclusive and accessible health practices have become both a public health imperative and a key site of political contestation.

This joint session between RN16 and RN23 invites contributions addressing the intersections of health and sexualities with particular attention to how healthcare systems and medical knowledge and practice can support—or undermine—social inclusion.

Possible themes include but are not limited to:

- LGBTQ+ health, including disparities in access to care and practices of inclusion, and its intersection with disability, social class and ethnicity
- Sexual rights in contexts of backlash, including abortion, contraception, fertility care, and struggles over reproductive autonomy
- Diversity in healthcare knowledge and professional practices, from an intersectional point of view, and their implications for equity
- LGBTQ+ issues in curricula and training of healthcare professionals
- Practices for and against the implementation of safe, inclusive and accessible healthcare spaces (such as clinics, hospitals, rehabilitation centres)
- Impact of anti-gender politics on access to healthcare treatments for trans and non-binary people, particularly - but not only - those with disabilities and/or chronic illness
- The role of patient organizations and lay people associations in promoting access to healthcare for sexual and gender diverse people
- The impact of digital health technologies and AI on sexual and reproductive health
- Algorithmic bias in healthcare and its impact on LGBTQ+ health
- Intersectionality as a lens for developing best practices in LGBTQ+ care

RN16_J_5 LEARNING, CARING, AND BELONGING: RETHINKING DEMOCRACY THROUGH HEALTH AND EDUCATION INTERSECTIONS

RN16 Sociology of Health and Medicine

RN10 Sociology of Education

Session Chairs:

Catarina Delaunay, Centro Interdisciplinar de Ciências Sociais, Universidade Nova de Lisboa, Portugal, catarinadelaunay@fcsh.unl.pt (RN16)

Eva Gonçalves, UIDEF, Instituto de Educação, Universidade de Lisboa, Portugal, eva.goncalves@ie.ulisboa.pt (RN10))

Abstract:

Health and education are two of the most significant arenas in which democratic values are enacted, contested, and reproduced. As core social rights, they shape the conditions of citizenship, solidarity, and equality. At a time when democracies across Europe and beyond face mounting pressures—widening inequalities, disinformation, challenges to welfare states, and crises such as the COVID-19 pandemic or climate change—the need to examine the intersections of health and education is particularly urgent.

This joint session seeks to explore how these domains interact in co-producing social action and citizenship, sustaining or undermining solidarity, and envisioning sustainable futures. By bringing health and education into dialogue, the session aims to foster interdisciplinary exchange and identify pathways to strengthen democratic resilience through inclusive policies, practices of care, and civic engagement.

We welcome theoretical, empirical, and comparative contributions addressing (but not limited to):

- The role of schools and universities in promoting students' wellbeing and health literacy, and in shaping health-related practices (e.g., sexual education, vaccination, climate health).
- Intersections between educational inequalities and health disparities.
- Lessons from the COVID-19 pandemic for democratic governance across health and education systems.
- The role of health and education institutions in shaping trust in expertise, critical deliberation, and civic participation.
- Youth, generational justice, and democratic belonging.
- Biopolitics and governmentality in health–education domains (e.g., institutional regulation of bodies, behaviours, and subjectivities; neoliberal logics of responsibilization).
- Digitalisation and AI in health and education: implications for solidarity, democratic values, and sustainability.
- Comparative or cross-national studies on integrated policy approaches.

RN16_J_6 CREATING MORE SUSTAINABLE AND HEALTHY FUTURES FOR ALL

RN16 Sociology of Health and Medicine

RN 12 Environment & Society

Coordinators:

Ana Patrícia Hilário, Instituto de Ciências Sociais, Universidade de Lisboa, Portugal patriciahilario@gmail.com

Aleksandra Wagner, Jagiellonian University, Poland, aleksandra.wagner@uj.edu.pl

Abstract:

There is a growing recognition that many health challenges manifest as *syndemics*—complex interactions of biological, social, and environmental factors that amplify vulnerability and inequality. In today's interconnected world, politics, economics, the environment, and health are deeply interwoven and cannot be understood in isolation. Recent epidemics and the accelerating climate crisis have underscored this interdependence and the urgent need for a shared approach to the health and well-being of both human and non-human beings.

However, prevailing strategies often neglect environmental perspectives and only partially engage with sociological insights. Notably, the sociology of health and medicine has rarely engaged in sustained dialogue with environmental sociology, despite their shared focus on issues such as inequality, social justice, and the relationship between society and nature.

This joint session aims to bridge these two fields. We invite contributions that examine how health and environmental challenges are socially structured, unequally distributed and shaped by power relations. We also welcome work that explores innovative theoretical, methodological and practical responses. Drawing on concepts such as syndemics, planetary health, socio-ecological systems, and environmental justice, the session will deepen the sociological understanding of the interconnections between health and the environment. In doing so, it will highlight pathways towards a more sustainable, equitable and healthy future for all.

RN16_J_7 HEALTHCARE ENCOUNTERS IN TRANSITION: RETHINKING PROFESSIONAL-PATIENT INTERACTIONS

RN16 Sociology of Health and Medicine

RN 19 Sociology of Professions

Coordinators:

Dino Numerato, Charles University, Czech Republic (RN 16), dino.numerato@fsv.cuni.cz

Stefano Neri, University of Milan, Italy (RN 19), stefano.neri@unimi.it

Abstract:

The interactions between healthcare professionals and patients/users represent one of the key cornerstones for understanding the evolving nature of healthcare. These encounters are increasingly shaped by shifts in professional education, the proliferation of expert knowledge, and the growing influence of digital technologies—including social media and artificial intelligence. This session invites critical reflection on how these forces are transforming the relational dynamics of care, the (in)visibility of patient voices, and the cultural and epistemic frameworks that underpin healthcare delivery. With the proposed session, we invite scholars to present their empirical or theoretical work focused on, but not limited to:

- the impact of professional education on the communicative and empathetic capacities of healthcare professions;
- the role of digital technologies and social media in reshaping authority, trust, and access to health information;
- the rise or evolution of patient voice as a legitimate source of knowledge and advocacy, and the social processes that either amplify or undermine its influence;
- cultural stereotypes and care practices that affect marginalized communities and shape perceptions of legitimacy and expertise;
- methodological reflections on studying healthcare interactions in increasingly hybrid (online/offline) environments;
- the implications of AI-enhanced user knowledge and the related challenges for traditional hierarchies of expertise and decision-making in clinical settings, and, more broadly, for professional dominance;
- or to the development of regulatory and accountability mechanisms at the local, national, and international levels in response to these transformations.

RN16_J_8 SPORT, FITNESS, PHYSICAL ACTIVITY AND HEALTH IN TIMES OF CRISIS

RN16 Sociology of Health and Medicine

RN 28 Society and Sports

Coordinators:

Alessandro Porrovecchio, University of the Littoral Opal Coast, France, alessandro.porrovecchio@gmail.com (RN 28)

Valeria Quaglia, University of Bologna, Italy, valeria.quaglia@unibo.it (RN 16)

Giovanna Russo, University of Bologna, Italy, giovanna.russo6@unibo.it (RN 28)

Abstract:

Recent crises affecting contemporary societies -from the COVID-19 pandemic and climate change to armed conflicts, forced migration, economic instability, and digital transformation- have profoundly reshaped both individual and collective life. Sport and physical activity are indeed among the many domains impacted, and this is particularly significant given their impact on the health and wellbeing of individuals. In fact, they function as key arenas where broader social transformations manifest, producing new inequalities, vulnerabilities, but also opportunities for resilience and solidarity. The sociology of health and medicine and the sociology of sport converge in their interest in studying a series of topics in this regard. This joint session invites contributions from both subdisciplines to explore how these dynamics are articulated, contested, and reconfigured in a societal context of polycrisis.

We welcome papers that address, among other issues: how sport and health practices are reshaped by migration, displacement, health emergencies and demographic change; social inequalities in access to sport, fitness, and physical activity; processes of medicalisation and pharmaceuticalisation in sport and physical activity; digitalisation and AI in training, monitoring, and self-care; sport as a means of social inclusion and participation, particularly for people with disabilities, chronic illnesses and other marginalised groups; the role of social media, digital platforms, and fitness influencers in shaping health behaviours, body norms, and inequalities.

RN16_J_9 AI, DIGITAL HEALTH, AND THE TRANSFORMATION OF MEDICAL PRACTICE

RN16 Sociology of Health and Medicine

RN 24 Science and Technology

Coordinators:

Stefania Capogna, Link University, Rome, Italy, s.capogna@unilink.it (RN 24)

Catarina Delaunay, Centro Interdisciplinar de Ciências Sociais, Universidade Nova de Lisboa, Portugal, catarinadelaunay@fcsh.unl.pt (RN 16)

Abstract:

The rapid diffusion of artificial intelligence and digital technologies is transforming healthcare practices and health professional practices. From AI-powered diagnostics to wearable devices and smart platforms, clinicians are increasingly required to integrate new socio-technical artefacts into their work. These tools promise faster, more accurate diagnosis, improved allocation of resources, and new modes of patient monitoring and support. They also create opportunities to tailor interventions to individual needs.

At the same time, digital health introduces profound challenges. Health professionals must navigate shifting boundaries of expertise as algorithms generate knowledge that can reinforce, complement, or contest clinical judgment. This dynamic raises issues of trust, interpretability, and accountability in decision-making. The professional–patient relationship is reconfigured as citizens engage more directly with biomedical information, while clinicians manage new forms of visibility, automation, and algorithmic mediation.

By situating these developments within sociological debates, this session examines how digital infrastructures reshape professional practices, the regulation of life, and responses to health-related risks and uncertainties. It addresses the ambivalences of innovation, between personalization and surveillance, empowerment and exclusion, and explores how professionals and institutions negotiate epistemic tensions between clinical expertise and machine reasoning.

This call for papers invites theoretical, empirical, and case-based contributions on how digital technology can foster more equitable, transparent, and inclusive futures.

RN16_J_10 GENDER, MEDICINE, AND CARE: CHALLENGING BIAS, BREAKING SILENCES, RESHAPING HEALTH

RN16 Sociology of Health and Medicine

RN 33 Women's and Gender Studies

Coordinators:

Maddalena Cannito, University of Turin, Italy, maddalena.cannito@unito.it (RN33)

Valeria Quaglia, University of Bologna, Italy, valeria.quaglia@unibo.it (RN16)

Alice Scavarda, University of Turin, Italy, alice.scavarda@unito.it (RN16)

Alicja Zawistowska, University of Białystok, Poland, zawistowska.alicja@gmail.com (RN 33)

Abstract:

In a society marked by economic instability, demographic shifts, armed conflicts, and migration, gender is a crucial dimension shaping structural health inequalities. Gender not only structures the lived experiences of bodies but also informs the (in)visible organization of care, including the undervalued emotional labor and health responsibilities disproportionately borne by women. Cultural stereotypes continue to marginalize reproductive health, reinforcing silences around abortion, miscarriage, and menopause, while the medicalization of childbirth and bias in digital health illustrate how health systems reproduce inequality. Global care chains and the precarity of migrant caregivers expose the transnational dimensions of these inequalities, intersecting with disability, aging, and queer and trans experiences of health. Attention to gendered health practices—including men's reproductive health, risky health behaviors, and forms of self-care—further highlights the complexity of gender inequalities across the life course. Situating these issues within the nexus of gender, medicine, and care opens possibilities for feminist, queer, and activist interventions to reshape health systems toward justice and equity for all.

This joint session between RN16 (Sociology of Health and Medicine) and RN33 (Women's and Gender Studies) invites contributions addressing:

1. Care, Labor, and Inequalities – caregiving, emotional labor, masculinities and care, migration, and global care chains.
2. Men and Women Reproduction, Life Course, and Health – menstruation, abortion, miscarriage, menopause, childbirth.
3. Stigma, Bodies, and Lived Experiences – aging, disability, health lifestyles, self-care, risk, and body norms and regimes.
4. Technology, Knowledge, and Bias – digital health, AI, professional relations, and medical authority.
5. Politics, Activism, and Justice – feminist and queer interventions, policy innovations for gender equity.

Notes for Authors

- Please do not send us a full copy of your paper (neither before nor after the conference).
- Abstracts sent by email cannot be accepted.
- Authors are invited to submit their abstract either to a Research Network (RN), a Joint Session (JS), a Research Stream (RS) or a Semi-Plenary (SP). Note that submitters of a SP abstract must hold a PhD (set date: 30 January 2026)
- Each participant can submit and present one paper.
- All submitting/presenting authors can be second author of one paper or more.
- Abstracts should not exceed 250 words.
- Abstracts will be peer-reviewed and selected for presentation by the RN/RS/SP coordinators.
- The ESA membership is not mandatory, except for RN/RS/SP coordinators and session chairs as well as all RN board members and the ESA Executive Committee. ESA members benefit from reduced conference fees!
- Note that the 17th ESA Conference will take place in an on-site format only, in Warsaw (Poland).

Deadlines 2026

30 January Abstract submission deadline (for coordinators and reviewers: beginning of March peer-review deadline) Mid-March Notification of acceptance (sent to abstract submitters via ConfTool) March/April Opening of Participant Registration in ConfTool 25-28 August 17th ESA Conference in Warsaw, Poland

Top Ten Things You Need to Know About ConfTool 2026

1. Useful Links: ConfTool 2026: https://www.conftool.com/esa2026/

ESA website: https://www.europeansociology.org/

Direct link to the ESA 2026 conference website: https://www.europeansociology.org/conference/2026

2. Important dates: Abstract submission opens in December. The deadline will be January 30th, 2026. Participant registration will open in March/April when you will also receive notification about your abstract.

3. Create an account in ConfTool 2026 in order to submit an abstract and register for participation in the 17th ESA Conference in Warsaw, 25-28 August 2026. Registrations from previous ConfTools have not been transferred – you need a new account.

4. Validate your e-mail address in ConfTool 2026. Once you create a user account, you will receive an automatic confirmation message with a link – please click. This will ensure that you receive important information about your abstract and the conference. We also recommend to ensure that esa2026[at]conftool.com is on your whitelist.

5. You can always ‘Edit User Account Details’ in ConfTool. There is a direct link for this in the ‘Overview’ of your ConfTool 2026 account. You can change your address, affiliation, information for the visa invitation letter offered through ConfTool, and much more.

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

7. During participant registration, when you choose the category for ESA members (who benefit from reduced conference fees), please make the effort to double-check the status of your ESA membership in the ESA

members area (‘My Dashboard’). If your membership has expired, you can renew it directly in ConfTool (by choosing the category which adds the ESA membership to your conference registration).

8. You can visit and use your ConfTool 2026 account regularly. Find out about the status of your abstract, your registration and payment details, print out your invoice, download invitation and confirmation letters, and browse the conference agenda once it is ready.

9.ConfTool 2026 is managed by real people. At the ESA, we will always try to help: esa2026[at]europeansociology.org

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