Panel ABSTRACT

MA Students Panel. Emerging perspectives: Master's students panel on critical engagements in medical anthropology

Organizer: Andreas Krauskopf, Paula Pospichal, Agnes Köchl

Abstract: This panel welcomes contributions from students who are working on or have recently finished their master's theses in medical anthropology or related disciplines engaging with well-being and health. We are master's students ourselves, currently researching topics such as the management and perception of chronic diseases (e.g., ME/CFS and thyroid diseases), power dynamics in healthcare, and differing perspectives on mental health in a migration context. Aiming to gather master's students with related research interests, we invite contributions located within the following thematic fields: Power relations, gender and intersectionality, migrant/refugee health(care), chronicity, disability, health activism, mental health and psychotherapy/psychiatry, medical pluralism. Through the panel, these young scholars can share their research projects among each other as well as with scholars on a more advanced level. The panel hopes to provide them with the unique opportunity to get in contact with and receive valuable feedback from differently positioned experts in the sub-discipline or related fields. At the same time, it supports them in creating and fostering networks with other master´s students with similar research interests at universities across Europe. The panel's convenors share the observation that the current global situation necessitates redefinitions of health, healing and well-being in multiple ways. By creating a safe(r) space particularly reserved for master´s students to present their work-in-progress or thesis findings, the panel simultaneously fosters the inclusion of potential future experts in debates about futures of health and well-being, and urges these aspiring scholars to critically engage with the search for such redefinitions in their work.

SESSION SCHEDULE

17.09.2025 | Slot 2 & 3 & 4 | 4-0-3

Meera Brennan: Within and Beyond the Shadows: Sapphic Well-Being in Contemporary Italy

Paula Eikelboom: When do young people between 15 and 18 years old feel good enough about themselves in the Netherlands

Tsumugi Hanada: Embodied Narratives: On Chronic Illness, Multiplicity, and Autoethnography

Bronte Jones: "You're the mother because the baby is in your belly": The experience of accessing assisted reproduction as a trans or nonbinary person in the UK

Rahel Koch: Medical Knowledge on Spotify: The potentials of patient-led podcasts to democratize knowledge of under-recognized diseases

Agnes Köchl: #Millionsmissing: ME/CFS patients in Austria and their fight for visibility and recognition

Andreas Krauskopf: Epistemological encounters: Differing understandings of mental illness in an Austrian refugee home

Paula Pospichal: Dealing with Uncertainty: Women's Lived Experience with Autoimmune Thyroid Disease

Tirza Stock: Making Mothers - Motherhood in the context of assisted reproductive technologies

Ofir Tenenbaum: Aging (un)'successfully' within a collapsing state: How Upper-middle-class Jewish-Israeli elders' navigate gerontological frameworks of health and wellbeing under realities of socio-political collapse?

Wendi Xu: The Peeking Ghost on the Deathbed: End-of-Life Care under the Promise to Modernity in China

SESSION PAPERS

Within and Beyond the Shadows: Sapphic Well-Being in Contemporary Italy

Meera Brennan

Queer health literature typically generalizes the experiences of gay men and often inadvertently represents queerness as 'risky' through centering themes of mental illness, substance abuse, and/or promiscuity. As a result, notions of well-being, as well as the lifeworlds of sapphic people (defined in my research as non-male queer people) are obscured. Sapphic invisibilization is particularly prevalent within the context of Italy: a patriarchal, heteronormative society heavily influenced by the Catholic Church with extremely limited protections for those who do not fit into hetero-cis-normative

paradigms. This context presents a compelling research question: How do sapphic people conceptualize and practice well-being within and beyond the current traditionalist climate of Italy? To investigate this inquiry for my master's thesis, I conducted 12 individual interviews and 5 instances of participant observation situated in the central-north Italian cities of Pisa and Bologna over a two-month fieldwork period. My data reveals a few striking trends. First, participants in my study strongly associate well-being with time spent in community spaces where they feel authentic. Second, participants' involvement with and perceptions of 'risk behaviors' vary greatly and in some cases, these practices can contribute positively to well-being. Finally, participants often imagine realities beyond their current context wherein ideal well-being might be possible. These findings indicate that community support, practicing authenticity, and imagining alternative futures are crucial to well-being for sapphic people in Italy. Ultimately, my research cautions against depictions of queerness as a universal experience and illuminates the ways sapphic Italians invent well-being in the face of adversity.

When do young people between 15 and 18 years old feel good enough about themselves in the Netherlands

Paula Eikelboom

Research shows that over 50 percent of young people in the Netherlands experience (severe) stress. This is partly due to the idea that they want to do well in every aspect of their lives. I am curious as to when young people feel good enough about themselves and their actions. I interviewed 7 youngsters. I asked 40 youngsters to draw when they feel good enough about themselves, in order to access their feelings about themselves through creative means. My preliminary findings are that young people are already quite skilled at dealing with the difficult parts of life. However, they find it difficult to employ coping mechanisms when under time pressure. I also found out that young people negotiate between their own feelings about doing their best and the view of the outside world on their actions.

My research is relevant because it tries to grasp the underlying problem as to why so many young people feel like they are not good enough. I tried to move away from the mental health framework in order to find new insights for a new understanding of wellbeing. This understanding can provide new ways to prevent mental unwellbeing within young people.

Embodied Narratives: On Chronic Illness, Multiplicity, and Autoethnography

Tsumugi Hanada

Disease interrupts a life, and illness then means living with perpetual interruption (Frank 1995: 56)." Chronicity with interruptions makes it far more difficult to compose a narrative, which might lead to what Diamond (2008) calls the difficulty of reality, the sense of inability to express experience in words. What would it mean to study under such circumstances? What would it mean to analyze that experience and share it with others? In this paper, I reflect on the experience of writing an auto-ethnography on my chronic illness and present a framework to interpret embodied suffering and ethnography.

Living as a student with illness, I had to navigate at least two different perspectives: clinical and academic. I learned to behave within the diagnostic procedure where disease is "enacted" (Mol 2002) and cared for, while also learning to understand the suffering in a way other social scientists do. Given the similarities and differences between these perspectives, I chose not to write in a single voice but to perform multiple "I", with these selves coordinating, differentiating, and encompassing one another. To elaborate this approach and explore the relationship between multiplicity and the body in stories, I reinterpret Frank's (1995) concept of stories as told through the body. I present the story as a medium through which one can simultaneously inhabit the body and perceive it from outside, even though both practices remain partial.

"You're the mother because the baby is in your belly": The experience of accessing assisted reproduction as a trans or nonbinary person in the UK

Bronte Jones

A growing number of trans and gender diverse people access assisted reproductive technologies in order to pursue parenthood, disrupting the assumption that biological parenthood is not possible for trans and gender diverse people. Based on qualitative interviews with trans and non-binary people who have had, or were currently accessing, fertility treatment in the UK, this paper explores how participants navigate and strategise their reproductive choices within the context of cisheteronormative assumptions and frameworks of the fertility clinic and medical system more broadly. This paper follows participants who were at various stages of their reproductive journeys: including individuals who had accessed fertility clinics in order to store gametes and held no immediate plans to conceive, and others who had accessed, or were currently accessing, fertility clinics in order to conceive. I explore the strategies participants employed to facilitate their journeys in accessing fertility treatment, including navigating the NHS, selected clinics, choosing if, and when to disclose their trans or nonbinary identity to clinic staff. Through this analysis, I shed light on both the barriers that trans and nonbinary people face in experiencing positive encounters in these spaces, as well as the ways in which participants conceptualise what gender-affirming encounters might look like in the context of fertility treatment.

Medical Knowledge on Spotify: The potentials of patient-led podcasts to democratize knowledge of under-recognized diseases

Rahel Koch

Patients suffering from under-recognized diseases frequently struggle to receive adequate diagnostic and therapeutic care. Under-recognized diseases are established medical conditions that are subject to a systematic lack of awareness and knowledge by clinicians, as well as lack of attention by medical research. To remedy these knowledge gaps, patients take initiative to create, compile, and disseminate resources. The internet in particular has been heralded as a tool for such a "democratization" of medical knowledge. Through a case study on podcasts, I address the extent to which current patient-led online practices actually democratize knowledge on under-recognized

diseases, and whether there is untapped potential that could still be realized.

Podcasts are a popular online medium for patient-led efforts to democratize knowledge of under-recognized diseases. Each medium offers different affordances for users to produce, disseminate and consume content. Using multimodal discourse analysis, affordance analysis, and discursive interface analysis, I conducted an in-depth case study of the popular podcast "The POTScast" on the under-recognized disease postural orthostatic tachycardia syndrome (POTS). I argue that patient-led podcast practices currently meet their positive potentials to democratize medical knowledge dissemination and foster the citizen competence necessary for successful democratization to occur. They also exhibit the negative potential to re-affirm traditional epistemic hierarchies. As a result, the disruptive potential of patient-led podcasts to challenge epistemic hierarchies and to involve not only medical but also patient guest-speakers in knowledge production remains untapped through fear of losing scientific credibility.

#Millionsmissing: ME/CFS patients in Austria and their fight for visibility and recognition

Agnes Köchl:

In my panel contribution, I will present the results of my Master's thesis, which explored how ME/CFS patients and their allies in Austria use political activism to gain social and medical recognition for their condition. I analysed the strategies and tactics activists use to draw attention to the invisible and often misunderstood challenges of ME/CFS, and how they deal with the barriers created by physical and cognitive limitations, but also by lack of understanding and stigma in society. The aim was to shed light on the experiences and perspectives of people with ME/CFS and provide insight into their political aspirations.
The results of my research show that a subtle, mostly online activism is emerging in Austria that focuses on personal experiences and stories. Activists are fighting for recognition and rights, even though their physical limitations and the lack of understanding in the biomedical system and society pose significant hurdles. It is made clear that social change is possible despite these barriers. I argue that ME/CFS activism is characterised not only by public protests but also by smaller, everyday actions. Activism is used both to claim rights and to empower oneself. The support of family members, partners, friends, and other civil society allies is essential for sustainable change. The study provides social science impetus for future research, including communication strategies, perceptions of chronic illness, and patient-provider relationships, which I'd like to discuss on the panel.

Epistemological encounters: Differing understandings of mental illness in an Austrian refugee home

Andreas Krauskopf

My paper discusses my ongoing masters research in an Austrian institution providing a living space for refugees with diagnosed mental illnesses. In my project, I explore the encounter of different epistemologies concerning mental health. Thus far, my data show

that members of the institution´s staff consider a scientific understanding to be the only legitimate framework for explaining and treating mental illness. Some residents, however, have different, e.g. religious, explanations for their own suffering, and therefore partly prefer different ways of dealing with it. In the further course of my research, I intend to explore how the encounter of these various understandings - which I conceptualize as "epistemologies" based on an article by Langford (1995) - influences therapeutic and psycho-social interactions between staff and residents, and thus the effects of the residents´ stay at the institution on their well-being. My project is guided by the assumption that redefining mental health and well-being in more egalitarian terms might mean acknowledging and taking seriously a plurality of ways of relating to mental suffering. This is especially important in a context where the power hierarchy between staff as health experts and residents as patients maps onto larger societal power hierarchies in which refugees are under-privileged. At the conference I will present my findings, hoping to stimulate fruitful debates regarding the question how pressing societal needs for mental health care can be met in ways that do not automatically de-legitimize alternative ways of relating to mental illness by those suffering from it.

Dealing with Uncertainty: Women's Lived Experience with Autoimmune Thyroid Disease

Paula Pospichal

In my master's thesis, which forms the basis of my panel contribution, I explore the threshold between certainty and uncertainty in the experience of chronic illness, focusing on women in Austria living with Autoimmune Thyroid Diseases (AITDs). These conditions, such as Hashimoto's thyroiditis and Graves' disease, are among the most common AITDs, leading to either hypothyroidism or hyperthyroidism, and disproportionately affecting women. My research investigates how women live with, make sense of, and navigate their chronic conditions within the context of a biomedical healthcare system. Drawing on the subjective experiences, individual illness trajectories and patients' narratives from a phenomenological and embodiment-based perspective, my research aims to shed light on the multiple and layered realities of experiencing and living with chronic illness, which often remain obscured within biomedical frameworks. Tracing how women move and navigate between diagnosis, treatment, medication regimes, medical examinations and regular blood tests, I explore their lived experiences and processes of meaning-making and negotiation of possibilities and impossibilities of dealing with their illness. Choosing the analytical framework of uncertainty in medical healthcare practices (Hadolt & Stöckl, 2024) and in experiencing (chronic) illnesses, I engage with the threshold on which patients face states of ambiguity, fragility, discrepancies, uncertainties within the context of biomedical treatments. Centering the lived experience of women with AITDs I want to open up a space for critical reflections on the socio-political and medical handling of chronic illnesses, pointing towards more differentiated understandings of ongoing realities of living with chronic illness conditions.

Making Mothers - Motherhood in the context of assisted reproductive technologies

Tirza Stock

The master's thesis examines motherhood in the context of assisted reproductive technologies, in particular transnational egg donation in Austria. Since the development of these technologies in the 1980s, the social discourse has been characterised by ethical, legal, feminist and medical controversies.
In Austria, egg donation from third parties was legalised in 2015, but only under the condition of open donation, where the child has the right to know the identity of the donor from the age of 14. However, many Austrian women seek out foreign fertility clinics that allow anonymous donations.
The social taboo surrounding the unfulfilled desire to have children means that affected women rarely share their experiences with reproductive medicine treatments publicly. The work focusses on the physical experience of motherhood in a process that shifts traditional bodily boundaries and creates new definitions of motherhood. The work also examines notions of kinship and the influence of fertility clinics on the construction of motherhood. In addition, the hstorical development of assisted reproductive medicine since its beginnings and since the legalisation of open donation in Austria is discussed.
Methodologically, the research is based on guided, open interviews with women who have already become mothers through egg donation and women who are currently undergoing or about to undergo fertility treatment. Visual body maps are used to capture embodied experiences that are difficult to verbalise.
In addition, expert interviews with reproductive physicians and clinical psychologists will be conducted to shed light on the medical processes and psychological dimensions.

Aging (un)‘successfully’ within a collapsing state: How Upper-middle-class Jewish-Israeli elders’ navigate gerontological frameworks of health and wellbeing under realities of socio-political collapse?

Ofir Tenenbaum

In 2023, the newly elected right-wing Israeli government introduced a judicial reform intended to change the distribution of power within the state, widely perceived as an anti-democratic attempt at regime change. This move ignited unprecedented mass protests, raising concerns about escalation into civil war. Later that year, following the events of October 7th, war broke out in Israel-Palestine, and it has been ongoing with no clear resolution in sight. These crises shifted the focus of my Master’s thesis ethnographic fieldwork, conducted between 2022-2024 at a luxury assisted living residence in Israel, home to an upper-middle-class community of elders. As a young medical anthropologist, I initially set out to explore the aging experiences of socioeconomically-privileged elders within an institution committed to providing what it understands as “successful aging”; however, my fieldwork shifted to exploring their sentiments and experiences around the uncertain future of their state and of their own children and grandchildren.
In this paper, I examine how socio-political crises potentially shape experiences of aging, arguing that the existing gerontological frameworks around elders’ wellbeing are not attuned to political fragility. I suggest bringing into dialogue medical anthropology’s critique of neoliberal, individualistic assumptions underlying gerontological models with political anthropology’s account of political fractures and collapsing states. Drawing on

ethnographic data, I demonstrate how the socio-political crises in Israel shaped elders' narratives of aging and wellbeing, and how under political changes, elders' care narratives shift from focusing on care-receiving from their family and state to caring for their families and the state.

The Peeking Ghost on the Deathbed: End-of-Life Care under the Promise to Modernity in China

Wendi Xu

With an aging population, the need for end-of-life care that can offer support beyond medical dimensions of dying is surging in China. Currently, professional end-of-life care in China concentrates in a few major cities, it is not a mature and consolidated enterprise but a highly fragmented practice. Financially, professionally and socially, it relies heavily on the complex network constituted by various entities such as philanthropic foundations, volunteer organizations, spiritual groups and palliative care units in public hospitals, etc.

Despite China's century-long modernist rejection of religion that can be dated back before the Communist China, current end-of-life care still has tenacious connection to folk religions. The affective and spiritual dimensions of the deathbed renders the tension between "superstition" (mixin 迷信) and the legitimized scientific biomedicine more uncanny. This research addresses end-of-life care as the contested terrain between the echoing anti- superstition rhetoric and the intimate space of dying in everyday caregiving practices. Drawing on fieldwork in a major city in Southern China, one of the first cities to officially introduce palliative care into hospitals Hong Kong, this research shows the dialectical relationship between these two forces. It is argued that in the context of post-colonial and post-socialist transformations, state rationalities exhibit a porous quality facing end-of-life care, while spiritual care practitioners are also constructing its legitimacy by strategically engaging with the party-state's modernism narratives. These discussions extend beyond contemporary China, inviting broader reflection on how ghost of the past haunts the current regime of care in wider cultural contexts.