

## Health Innovation Ecosystem Seminar

Date: **Wednesday 26 June 2019, 12.30-1.30pm,**

Place: **Room 1.112, Clipstone Building, 115 New Cavendish Street, W1W 6UW**

Title: **Interactional challenges of living with invisible illnesses and disabilities:  
Managing threats to self**

Speaker: **Dana Rosenfeld**, PhD, Senior Research Fellow, Health Innovation Ecosystem, University of Westminster

### Abstract:

Medical sociology has a long history of exploring the social dimensions of chronic illnesses – illnesses which are long-lasting and may never end. These social dimensions include stigma and related moral judgments (especially in the case of allegedly ‘lifestyle’ conditions). How people living with chronic illnesses and/or disabilities manage these judgments when they interact with themselves and with other people is one of medical sociology’s key concerns. This presentation draws on my own and others’ research to consider how people living with invisible chronic illnesses and disabilities manage the distinctive interactional demands and threats to self that these long-standing conditions introduce. I will explore this by reference to three bodies of research:

1. Complexities and challenges that people with invisible illness and disabilities face when they are in the company of others, as they imagine how these others see and evaluate them and their actions. These evaluations are qualitatively different from those made about people whose illness or disability is visible and recognizable as such.
2. The moral commitment, on the part of older people living with osteoarthritis, to timely and fluid movement as both a moral imperative and a technique to preserve a self that is threatened by the limits that arthritis places on their daily lives. These older people use the ‘movement mandate’ – the commitment to move despite the pain it may cause – to produce themselves as competent social and moral actors sacrificing the demands of their bodies to meet social expectations.
3. The complex strategic and interpretive work in which older people living with HIV (a highly stigmatized condition) engage when deciding to disclose (or not to disclose) their HIV status to their children and/or older parents. Analysis of interviews with these older people showed that they used their children’s and parents’ presumed age-related capacities and imagined futures, and their historical exposure to appropriate information about HIV, as criteria for deciding whether to disclose, and as a resource for deciding when to disclose.

**Speaker's Bio:**

Dana Rosenfeld, a medical sociologist and social gerontologist with research interests in the lived experience chronic illness and disability, ageing and the life course, gender and sexuality, and self and identity. She was lead editor of *Medicalized Masculinities*, the first book to question and critique the construction of masculinity as a health risk, and sole-authored the first theoretically-informed book on lesbian and gay ageing called *The Changing of the Guard: Lesbian and Gay Elders, Identity, and Social Change*. Her current research centres on ageing with HIV; assistive technologies across the life course; and transitions into and out of care provision and care receipt. She was Principal Investigator on the HIV and Later Life (HALL) project, funded by the Medical Research Council's Life-long Health and Wellbeing Cross-Council Programme, and Co-Investigator on an Arts and Humanities Research Council-funded seminar seminars on HIV communities. Dana serves on the editorial boards of *Social Theory and Health* and the *Journal of Aging Studies* and is a Scientific Advisor at the Tuke Institute.