

Rethinking "adjustment to disability": a critical analysis of becoming disabled



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In an informal conversation over a meal, one of the psychology professionals at a referral neurorehabilitation hospital where I did my doctoral research commented something like this: "Often, when I meet someone and tell them that I work here, with people who have just acquired a spinal cord injury, they say: 'Gee, if something like that happened to me, I'd rather die. On the other hand, it's not very often that people actually ask to die when the injury actually occurs.'" Historically, rehabilitation psychology has found the notion of adjustment to disability to be the reason for this discrepancy in judgment. That is, people who have gone through the process of becoming "disabled" go through a space and a time --- hospitalization --- where they have the opportunity to learn to perceive themselves, to be perceived and to manage in their new way of being in the world, and to see if meaningful ways of doing and being can emerge from this new body. On the other hand, those who have not had the opportunity to adjust, anticipate being so overwhelmed by the changes that disability entails, that they prefer death.

In this sense, the notion of "adjustment to disability" can be understood as a progressive concept, because it opens a window of space and time before condemning the disabled body to death. However, we can still ask

ourselves: what does the fact that so many people associate disability with the unliveable tell us about the models we have for understanding disability; is it only a new corporeality that we ask "disabled" people to adjust to, or are we asking them to adjust to a world that discriminates against them; what role do the physical and social barriers that our society still imposes on disabled bodies play in this idea that disability is unliveable?

To try to answer these questions, between 2018 and 2023, I conducted ethnographic research on the process of hospitalization and the return home of people who have just acquired an injury in a reference neurorehabilitation institution. During this period, I observed how the hospital works, interviewed some of its professionals, constructed narratives with six people who have just acquired a spinal cord injury and accompanied them in their routines in the hospital and at home. The research has allowed me to understand the process of hospitalization and discharge as a physical transition that has much to do with the psychosocial and bodily transition of becoming disabled. Moreover, it is research conducted in the midst of the COVID-19 pandemic, which has allowed me to reflect on some important aspects of this process. In this text, I present an expanded version of Annex 1 of my doctoral thesis, which contains the conclusions

of the research in plain language.

The neurorehabilitation hospital: adjusting to a new body and a new way of occupying space and time

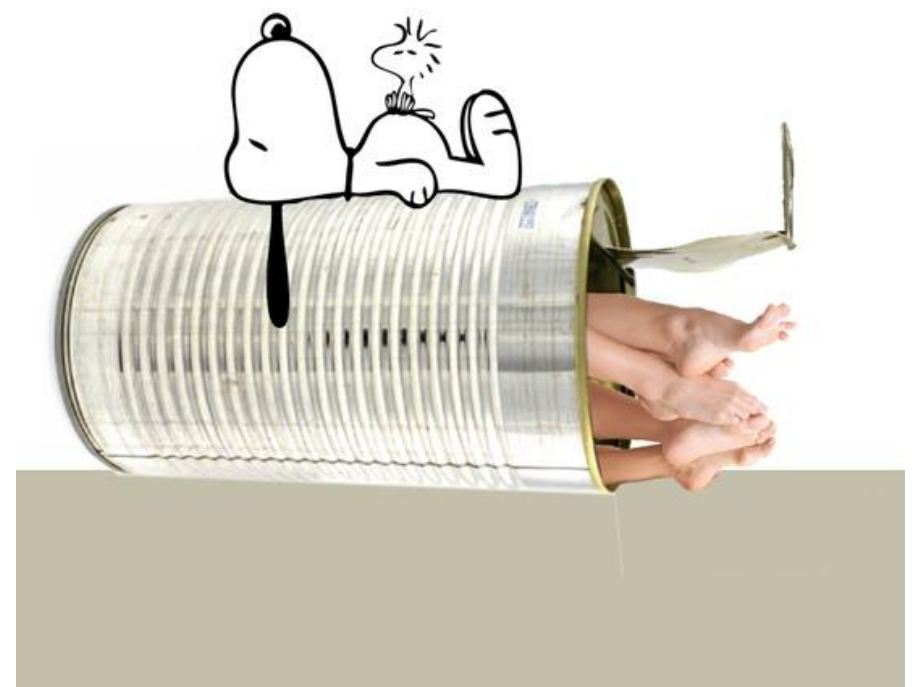
One of the first things that people who have acquired a spinal cord injury must "adjust" to in the hospital is that their body is no longer treated or seen as it was before. On the one hand, the body comes to be seen as "suspicious" because there are so many unknowns about it: how will it move or feel from now on; does this spasm or this episode of pain mean that the injury has improved; what is the extent of the injury? Suspicion also has to do with the fact that a "taboo" is generated about asking or giving information about the extent of the injury, and this information must finally be wrung out in the form of a confession by the professionals on some occasions. In fact, continuing with the idea of the suspicious body, it is common for the disabled body to be suspected of receiving punishment: sometimes, both the people who have acquired a disability themselves and their environment suggest that, "if this has happened to them, it must be for a reason". This unpredictable, unreliable body, expressing a punishment or keeping a dark secret to be confessed, reminds us of the old **moral model of disability**, which links disability with a vice or a character flaw.



But the changes in how the body is read do not end here. In the hospital, people must get used to their body being "objectified" and "expropriated", in the sense that it is no longer "entirely theirs" and is treated as an "object of care" at the hands of professionals, who logically participate in these changes not out of "bad intentions", but because this is how their work has traditionally been understood. Thus, unlike what happens before the injury and outside the hospital, it seems that hospitalized persons can no longer decide who touches their body or who looks at it in the field of the most basic care (showering, eating, evacuating...), and lose the right to privacy and the possibility of controlling their own appearance and body hygiene. These changes are closely related to an important change in our role as "men" or "women", since this role is linked to

our appearance and our control over who can access our privacy. In the hospital, there is a shift "in what is acceptable" around what bodily processes can be made public. Thus, while outside the hospital it would be very difficult for men and women to publicly share issues related to hygiene or evacuation, this becomes possible in the hospital, because there the requirement to maintain a certain image of "femininity" or "masculinity" is no longer at stake to the same extent. Disability puts in check our ability to "act" gender: disability hinders the exercises of power and self-sufficiency associated with masculinity, as well as the prioritization of the care of others and the embodiment of an object of desire associated with femininity. However, all this does not mean that people admitted to the hospital cease to understand themselves as men or women. On the contrary, people do many things to position themselves as such: putting on make-up, flirting and mating with other people or "working out at the gym", to give just a few examples.

So far, we have talked about the body in the care setting, the meanings associated with a disabled body and the relationship of all this to gender, but readers are probably wondering about one of the central parts of the passage through a neurorehabilitation hospital: rehabilitation in the gymnasium. In fact, the



medical-rehabilitation model, which assumes that people categorized as disabled are in a permanent transition back to normality, still survives to this day. In fact, this is precisely one of the major sources of tension in the hospital regarding rehabilitation goals: while for many people admitted to the hospital the gym is a space to nurture hope for future recovery of walking ---insofar as they take as a reference those people with less serious injuries who can do it---, for professionals, the gym appears as a "reality bath" that serves to make participants see that their goal should be to manage well in the present in this new way of occupying space that is moving around in a wheelchair. In that sense, in rehabilitation spaces there are a number of adjustments and "maladjustments" related to the way bodies occupy space (often in wheelchairs) and time (which often



has to do with "contemporizing": finding ways to neither take for granted that the future will be exactly like the present nor take for granted that the present is exactly like the future). Throughout the research, we have seen that, especially in the context of the hospital gym, there is discussion about whether or not wheelchair use will be permanent or temporary and, in the context of visiting family and friends from "before," there is discussion about whether or not "getting around in a wheelchair" makes you a different person than you were before. In addition, participants' accounts reveal that while often before injury people feel that their life is "predictable" and that this predictability allows them to plan for the future, after injury they feel that it is difficult to make decisions when you don't know what the future will be like. This can

pose some dilemmas during hospitalization, perhaps the most important being: how can I adapt my home while in the hospital if I don't know what my body will need when rehabilitation is over?

On this last point, it is worth commenting on the impact of the pandemic. First, when the state of alarm was decreed in Spain in March 2020, only the people admitted with higher levels of physical dependence remained in the hospital, but in very restricted conditions: locked in their room without being able to go to the gym and without being able to receive visitors. Therefore, some of the hospital professionals commented that these people did not have the opportunity to perform all these spatio-temporal negotiations in the context of the gym, so they maintained high expectations of rehabilitation for a much longer period of time. Finally, the COVID-19 pandemic temporarily extended to the population as a whole that sense of unpredictability that we have said is associated with the acquisition of a disability (for example, many people wondered: how am I going to plan a vacation now if I do not know if COVID-19 will allow us to travel in the summer?) However, according to the professionals interviewed, it seems that this awareness of life's unpredictability would be difficult to maintain over time.

This must make us reflect on why, if collectively we are so clear that it is very difficult to live in this psychic state of permanent alertness, we tolerate it for disabled bodies, and what we could do to alleviate this situation.

Discharge preparation: adjustment to the outside from the inside of the parenthetical-bubble shell

The second major finding of this study has to do with "hospital discharge". Discharge should not be understood as a simple procedure by which a person leaves the hospital after having spent some time there. On the contrary, it is in itself a "rite of passage" that begins to take shape shortly after admission, months before leaving the hospital. In this section I will deal with the first phase of the process, the so-called "discharge preparation".



The first question a good ethnographer should ask themselves is: why is a "discharge preparation" phase necessary? Well, because hospital spaces and times are fundamentally different from those "outside" and "the others". So much so that people professionally or personally linked to the hospital often use the metaphors of the "bubble", the "shell" or the "parenthesis" to refer to that space and that hospital period. That is, inside, the space is more or less accessible for those who move in wheelchairs or walk with difficulty: wide corridors covered by handrails, large elevators, *all* bathrooms are accessible.... Outside, the space is unsafe and inaccessible: full of irregularities, steps, people crossing and bumping into each other because they are engrossed in their cell phones... Inside the hospital, the rhythms are very marked by rehabilitation and rest. Outside, times are organized around work and speed. Because of all these differences, it is considered crucial for the person to gradually "adjust" to the outside world.

One of the main mechanisms for this adjustment is weekend furloughs.



When admitted persons live relatively close to the hospital, weekend furloughs are a way for them and their families to discover what kind of adjustments will need to be made at home before the person returns. This seemingly straightforward process is often marked by two interesting *spatiotemporal* paradoxes. First, the person is pushed to adjust a space to a *body that he or she does not yet have*. If we return to the previous section, in which we spoke of the hospital as a space for negotiating the *permanence of the injury*, it is not difficult to understand the challenges involved in adapting the home, since it must be done when it is often not yet clear what the needs will be once the rehabilitation process is completed. Thus, as one of the psychology professionals who participated in the research said, "there are people who

turn their home into a clinic that they do not need", while others underestimate the need to adapt the home. Secondly, the other spatio-temporal paradox has more to do with the (administrative) *place* one occupies while in the hospital, and the place one occupies in the different axes of social differentiation with which we classify people in our society. In other words, *the person is pushed to adapt his or her housing when he or she is not yet administratively classified as disabled*.

Depending on the previous socioeconomic level of the person and his family ---which often also determines whether he lives in rented or owned housing, being in the first case much more difficult to adapt the home--- he may depend on aid to adapt the home to which he does not yet have access, which translates into a major source of stress. In fact, although efforts are made by the hospital to prevent this from happening, some people are unable to return to their previous home due to its inaccessibility, so they are forced to move to a social-healthcare centre while waiting to be able to find housing suitable to their new needs.

Thus far, we have talked about *adjustments to the domestic space*, but preparation for discharge goes much further, and also has to do with

adjustment to a new social place in which society places *disabled bodies*. In this sense, talks by "celebrities" who have passed through the hospital, visits by relatives and what the hospital calls "urban outings" become important. Let's see what role each of these plays. The talks by disabled people who have succeeded in some field - whether in sports or leading a normative lifestyle, marked by the formation of a large family - fulfil the objective of drawing a "possible and desirable future" for those who are hospitalized. It should not be forgotten that, even today, the life of disabled people is still associated with "rehabilitation 24 hours a day, 7 days a week", and even more so in the case of hospitalized patients. For this reason, the hospital considers it important for those who live there to see that their future does not only



involve rehabilitation and that they can do "great things". In this sense, the hospital also mobilizes the *supercrip model*: the one that conceives the disabled as "capable of anything if they try hard enough".

For their part, visits from family and friends "outside" the hospital not only serve to accompany the hospitalized person. As one of the participants said, they are a good opportunity to "rehearse the discourse" about what has happened to her, as well as to rehearse how to occupy the space in order to minimize the emotional impact that the disability has on others, so that they identify the person as "the same as before" *despite her new corporeality*. Finally, the urban outings are a kind of weekly excursions to the city carried out in small groups and organized by the professionals of the gym. Some of them have a rehabilitative objective - for example, learning how to overcome curbs in a wheelchair or how to get around the subway system - while others are more recreational or cultural in nature. In any case, they all have the explicit aim of making people adjust to experiencing physical and social barriers ranging from inaccessible environments that force them to adjust the routes they intend to take, to looks, comments or actions that indicate to the person that the space "is no longer as much theirs as before" or "they do not have the right to go unnoticed" that they

previously enjoyed, and they are subjected to interpretations of their body mobilized by paradoxical affects, such as fear, admiration or pity.

Again, before moving on to reflect on what happens after discharge, I will dwell for a moment on the impact of the pandemic on the discharge preparation process. Clearly, COVID-19 made this process very difficult, not only because the hours spent in the gym learning how to use a chair were reduced, but also because it prevented the necessary contact between inside and outside the hospital: family visits, weekend leave, and urban outings were suspended (sometimes intermittently depending on the evolution of the pandemic) until 2022. As one of the rehabilitation professionals interviewed said, those who passed through the hospital during that period "lacked the street".

Discharge and return home: neither the end of rehabilitation nor simply a matter of disability

The moment of hospital discharge is a time charged with strong and paradoxical emotions: the joy and fear of returning to an "outside" that often does not fit the needs of this new body that often moves in a wheelchair; the desire to leave rehabilitation behind and the frustration of feeling that their medical process is not over. In fact, despite the preparation process



described in the previous section, and although the hospital usually tries to have a fine adjustment between the different elements when deciding the discharge date, many people feel that they are going home unprepared for it. In a sense, they are not, either physically or administratively. Regarding the first point, from the very logic of the medical-rehabilitation model, if the disabled body is a sick body that must be cured, it makes no sense for it to leave the hospital space *before it is cured*: the street is "not its place". From the neurorehabilitation hospital, it is often said that

rehabilitation ends when the hospital stay ends, and then comes "the maintenance exercise". However, this line is not so clear and, often, people leaving the hospital begin a long pilgrimage through a long list of rehabilitation and community sports centres that goes hand in hand with a process of adjustment of rehabilitation expectations. This process culminates when people feel they have "plateaued" or when they simply run out of money. It must be remembered that the public system does not fund rehabilitation beyond the hospital, so people are forced to spend enormous amounts of money trying to rehabilitate themselves further.

At the administrative level, this expectation of perpetual rehabilitation also has repercussions on the assessments of the degree of disability, degree of dependency and ability to work which, although processed from the hospital, are not complete when people are discharged. As we said before, these assessments are crucial for accessing the benefits needed to live, adapt the home, obtain a parking card, or manage one's own care. Sometimes, the agencies responsible for carrying them out resort to the idea that rehabilitation is not complete in order to delay these assessments, often putting the lives of people leaving the hospital *on hold* for long periods of time.

It is worth pausing here to look at the issue of caregiving from an intersectional perspective. Many of the research participants returned home in times of pandemic, which often challenged the delicate balances established between those admitted and their families to maintain the independence of the former once in the community. To illustrate this, I will compare the story of three participants: the first of them returned to his apartment, from which he had not been able to adapt the kitchen shortly before the state of alarm decree. His idea was that one of his sons and his daughter-in-law would live with him and take care of the food, or that he could eat in the neighborhood restaurants.

However, they moved unexpectedly, and he had to ask his partner to urgently move in with him, so he was





able to cover his needs during the pandemic. Another participant returned home in March 2020, before his scheduled discharge date, due to the pandemic. Unlike the first participant, this was a rented apartment and he did not have the financial resources to adapt it, so he relied on his wife's help to use the bathroom and on visiting family members to carry his weight down the stairs to the street. As a result, he spent much of the pandemic confined to his home, but was satisfied with the care he received. In contrast, another participant, who also returned to a rental apartment, that was not fully accessible, during the second pandemic wave, found it untenable to be financially and physically dependent on her husband, leading to divorce. These anecdotes illustrate that the discharge process must not only be

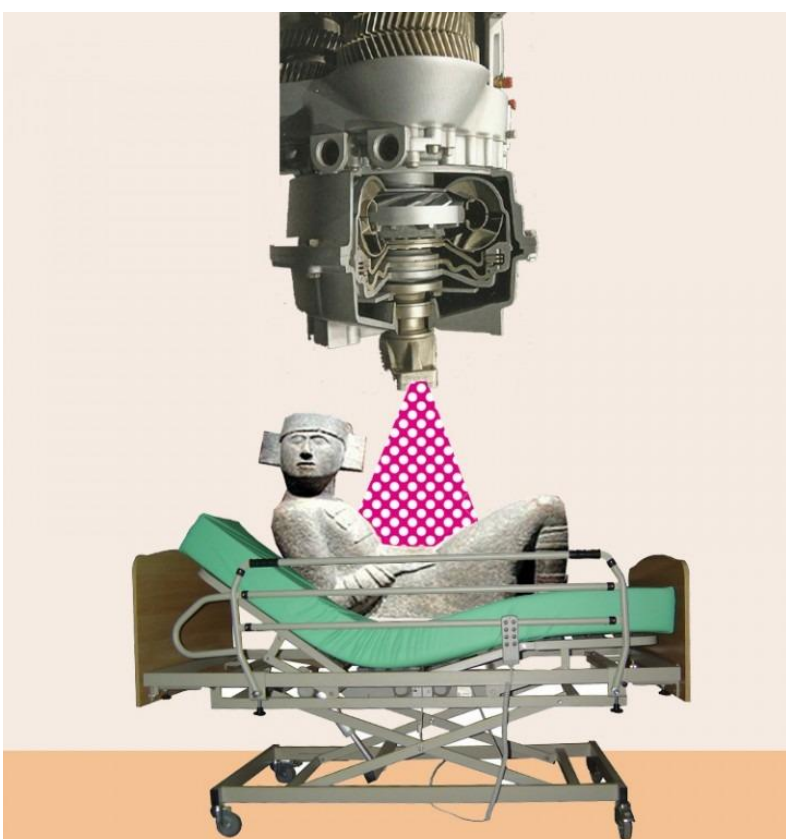
understood in relation to the disability category, but also to other variables such as social class or gender.

Concluding remarks: rethinking the transition to disability

In short, acquiring a disability is a complex and paradoxical process to which humanity as a whole is exposed. Therefore, it is urgent to transcend simplistic conceptions of the process, still very much marked by individualistic models of disability, such as the moral model, the medical model or the supercrip model. If, as mentioned in the introduction, for many people it is preferable to die than to live with disability, it is because, beyond the bodily changes it entails, disability currently implies embodying a "deficient", "suspicious", "dependent", "objectified" and "heroic" subject. A subject who cannot take for granted his or her belonging to the spaces that other people inhabit with peace of mind. A subject who cannot choose how she manages her maintenance either in the hospital or at home and ends up running the risk of being perceived as a "burden" (especially when she is a woman who depends on a man). A subject that provokes curiosity, fear, compassion and, at best, admiration. A subject, therefore, not fully "included" in the community, situated in a sort of margin between inclusion and exclusion, often with the feeling of being "out of place and out of

time". A subject who is not yet expected to question all that from the hospital spaces themselves.

However, none of this is inherent to disability: it depends on for which bodies we organize the spaces, times and places we occupy. It is therefore urgent that both health professionals and society as a whole rethink what we are demanding that people with disabilities adjust to, and whether it would not be more interesting, as some disability activists would say, to generate public policies, but also cultural changes and changes in professional practice, that accommodate the mismatch with respect to the standards that dictate what a complete human being is, excessively narrow to fit us all.



About the author

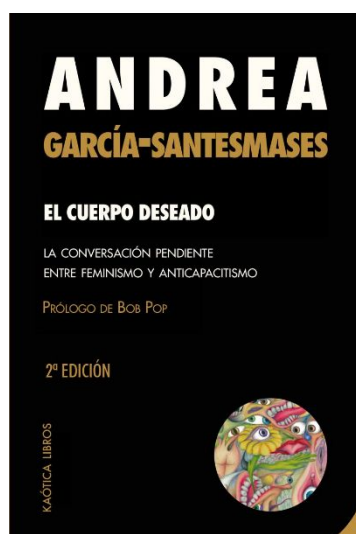


Laura Sanmiquel-Molinero

Bachelor's Degree in Psychology (2017). Master's Degree in Research and Psychosocial Intervention (2018). PhD in Individual and Society in the Contemporary World (2023).

She holds a PhD in Individual and Society in the Contemporary World from the Autonomous University of Barcelona and a degree in Psychology. Her thesis focuses on the processes of "transition" surrounding the onset of a "disability" from the perspective of Critical Disability Studies and theories of liminality. Currently, she is part of the project "Repro-flows in Europe, North Africa and Latin America: people's and gametes' mobilities in the fragmented context of trans-national regulation of assisted reproduction and adoption" (PID2020-112692RB-C21), directed by Joan Pujol and Diana Marre, within the framework of the AFIN Research Group (UAB).

Further reading

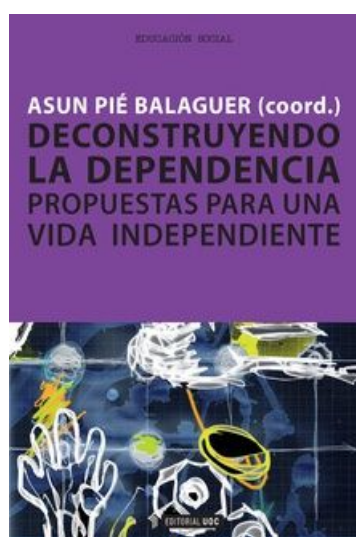


García-Santesmases, A. (2023)

El cuerpo deseado: La conversación pendiente entre feminismo y anticapacitismo

Kaótica Libros

How do gender and functional diversity intersect? Do disabled people have a right to sex? Is disability a political identity? This book analyzes the intersection between patriarchy and ableism and invites discussion between its critical readings - feminism and anti-disability - around gender, care, violence, sexuality and the politicization of difference. "From research, popular culture or life experience, the author raises the necessary debates that open up when feminism and anti-capacitism are questioned, body to body," says Laura Sanmiquel.



Pié-Balaguer, A. (2012)

Deconstruyendo la dependencia: Propuestas para una vida independiente

Editorial UOC

Dependence and autonomy have been captured by an immobile knowledge, which has no doubts, which claims to name that which has always been there. But there is another kind of knowledge. A knowledge built from the world, from experience, doubt, questioning and contradiction. It is this kind of knowledge that we find in this book. Specifically, it is a knowledge narrated from the experience of discriminated bodies, produced from life and from coexistence. This book breaks with the welfare and rehabilitative models that occupy the sector and proposes a Copernican turn in the ways of looking at and thinking about functional diversity and dependence.

Further reading

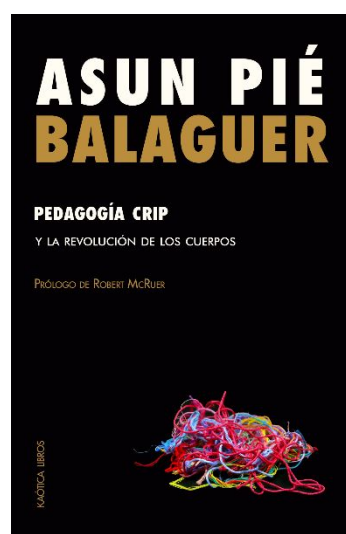


Clare, E. (2021)

Una brillante imperfección

Continta me tienes

An essay about illness, disability, and the right to choose the life we want, written by the disabled queer activist Eli Clare, drawing from what he knows best: his own life. From an intersectional perspective that combines disability, anti-racism, transsexuality, non-normative sexualities, fat feminisms, and environmental justice, the author proposes a queer revolution of bodies, where disabled bodies and minds cease to occupy the place of abnormality and are considered as lives deserving to be lived.



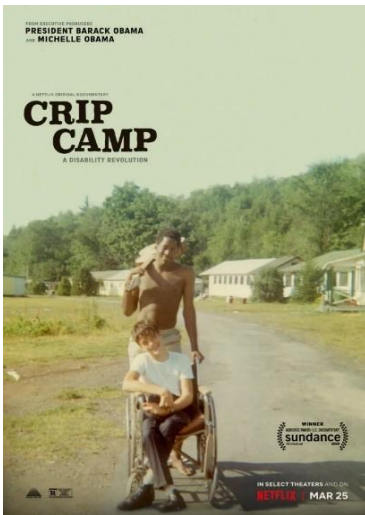
Pié-Balaguer, A. (2024)

Pedagogía crip. Y la revolución de los cuerpos

Kaótica Libros

Crip pedagogy and the revolution of bodies must be understood as a task that continues other previous ones related to the need to understand the reasons that expel some bodies from what is humanly foreseen, the functionality of this exclusion, the subjective impact of this rejection, as well as, particularly, the paths to transform this situation. This is a work of situated knowledge production that starts from a particular professional, academic, and personal affectation regarding non-normative bodies." (Asun Pié Balaguer)

Further watching



LeBrecht, J. i Newnham, N. (2020)
Crip Camp: A Disability Revolution
U.S.A, 106 min

In the early 1970s, teens with disabilities faced a future marked by isolation, discrimination and institutionalization. The summer camp called Jened, located in Hunter, New York, in an area surrounded by the Catskill Mountains, provided a safe place for all teens with different types of disabilities to have fun and socialize. It was here that a group of people with various disabilities realized they had to fight for their rights. Thus, they decided to unite beyond recreational issues and become activists.



Sol, J. (2016)
Vivir y otras ficciones
Spain, 81 min

Pepe has just been released from the psychiatric hospital after serving a sentence for theft in order to work. Only the solidarity of Antonio, an activist with a disability, allows him to build a fragile life on which to project new hopes. However, his need to fit into a senseless world becomes a desperate task. The horizon of his longed-for "normality" proves unattainable. His relationship with Antonio leads him to question his own perspective on life, inviting him to recognize himself as an anomaly and invent a greater madness to live. (FILMAFFINITY)

Further information:

- García-Santesmases, A. i Sanmiquel-Molinero, L. (1 de juny de 2023). La discapacidad a debate. *Trabajo Social en Radio UNED*
<https://canal.uned.es/video/65671e0a371fa039e61e9662>
- *Laincontentida. Escatologías de una coja indigna* (s. f.).
<https://laincontentida.wordpress.com/>

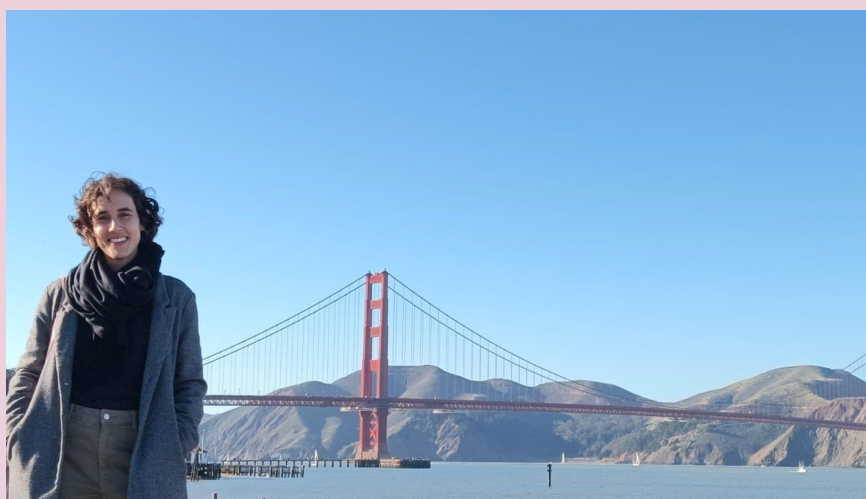
News

AFIN



Postdoctoral stay of Dr. Anna Molas at the CSTMS of the University of California, Berkeley

Dr. Anna Molas, a Juan de la Cierva researcher in the AFIN group of the Department of Social Anthropology, has been conducting a stay at the University of California, Berkeley since February 2024. Thanks to the mobility grant from the Ministry she obtained, the José Castillejo, she has become a visiting researcher at the Center for Science, Technology, and Medicine Studies (CSTMS), one of the most important centers in this field, where she will remain until June. During her stay, Anna participates in various activities organized by the center, such as its seminar series, workshops, and working group. Throughout the semester spent at the Center, Anna is



coordinating and moderating the established working group in which, on a rotating basis, researchers share with the rest texts that are in the process of elaboration or other products to obtain feedback that can help refine them. At the same time, she has had the opportunity to present her work in various university groups and colloquia. This stay represents a great opportunity to establish new networks at the international level and to learn about new research and university teaching contexts.

Researchers from the AFIN Group participate in a Workshop at the Universidad Autónoma de Madrid

On 12 and 13 April, AFIN Group researchers Carolina Remorini and Irene Salvo Agoglia participated in the Workshop Contemporary Childhood X: "Challenges and expectations in child research", organised by the Contemporary Childhood Group (Co-IP David Poveda) and held at the La Corrala Cultural Centre of the Autonomous University of Madrid.

Within the framework of this academic activity, Irene Salvo Agoglia presented part of her line of research in the paper entitled "Co-creative productions in the field of adoption: Some reflections on their contributions, limits and projections" and the exhibition on



research art-based: "SANKOFA: stories of adoption and searches for origins".

Carolina Remorini presented the paper "Dialogues around care and the future in a research with children and young people in Argentina", where she shared some results of the study "Children, youth and families: social transformations, care crisis and future projects in post-pandemic scenarios" (2021-2024) carried out together with Valeria Llobet and Pablo De Grande, in the Metropolitan Region of Buenos Aires.

This workshop facilitated the exchange and debate with researchers from different disciplines and Spanish, Portuguese and Latin American universities on the methodological, ethical and theoretical aspects of working with children and young people, and the challenges facing the transfer of knowledge beyond academia.

Participation of the AFIN group in the I Colloquium Rede Anthera in Porto Alegre, Brazil

On April 17, 18, and 19, the I Colloquium Challenges in Reproductive Governance took place, organized by the Rede Anthera: International Research Network on Family and Kinship, in which several researchers from AFIN participated, at the Pontifical Catholic University of Rio Grande do Sul in Porto Alegre, Brazil, a city currently submerged in water with enormous problems due to the intensity of rains that have exceeded all forecasts and have forced a large number of people to leave their homes.

Carla Villalta and Soledad Gesteira from the University of Buenos Aires, Hugo Gaggiotti from the University of the West of England, and Alexandra Desy and Diana Marre from the Autonomous University of Barcelona, members of AFIN and researchers of the ReproMob



project - Reproductive governance and mobilities in Europe, North Africa and Latin America: questioning reproductive justice and rights in a context of austerity and fertility decline (PID202-0112692RB-C21) funded by the Ministry of Science and Innovation of Spain 09/2021-08/2025 - participated in the event, which featured an Opening Conference by Carla Villalta, keynote speeches by Laura Briggs and Diana Marre, and a closing conference by Claudia Fonseca. Soledad Gesteira spoke at the Round Table on Adoptions, search for origins, and the voice of adoptees, and Alexandra Desy and Hugo Gaggiotti presented at Working Group 2 Reproductive Justice: Intersectional Issues with papers titled "Company-sponsored egg freezing: between empowering autonomy and perpetuating organizational pressure" and "Between borders and rights:



French women's cross-border reproductive journeys to Spain to become single mothers" respectively.

Publication on LGBTQ+ Youth in Residential Care

A team led by Mónica López López from the University of Groningen (The Netherlands) and including Beatriz San Román from the AFIN Group has published an article on LGBTQ+ youth living in residential care in the journal Children and Youth Services Review. The study explores how social support provided by professionals from the protection system can strengthen the resilience tools of LGBTQ+ youth who face discrimination and violence because of their identity. Based on 15 narrative interviews with LGBTQ+ young people living in residential care centres in Spain, it analyses how interactions with

professionals contribute to their feelings of acceptance and safety, which contribute to their resilience and well-being. The study highlights the importance of meaningful relationships and safe spaces in the development of their resilience. The article is published in open access and can [be found here](#).

Upcoming Workshop: "Co-producing Public Policies for the Future of Youth in Barcelona"

On June 5th at 10:30 AM at the headquarters of the Welfare and Development Association in Barcelona, the in-person workshop "Co-producing Public Policies for the Future of Youth in Barcelona" will be held as part of the research project "[Austerity and Altered Life-Courses](#)" led by Professor Sarah M. Hall from the University of Manchester, with collaboration from Professor Diana Marre and Dr. Bruna Alvarez from the AFIN Research Group.

Collectively involving actors from the public sector, non-profit organizations, youth associations, researchers, and project members, policy approaches and recommendations will be developed based on the experiences of over 100 young people interviewed in Barcelona, Manchester, and Sardinia, the three areas where the project was conducted.

You can confirm attendance and get more information [at this link](#).

For additional inquiries or questions:

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AFIN Seminars 2023 – 2024

Between February and March 2024, AFIN presented the second cycle of AFIN Seminars. AFIN Seminar cycles are a series of meetings held about three times a month, where professionals from various fields related to the AFIN Research Center present their research. Among the topics covered are reproduction, health, sexuality, parenting, gender, education, childhood, adolescence, adoption, etc. This second seminar cycle featured presentations by Jesús Cobo, Paula Martone, Giulia Colavolpe, Carolina Remorini, Alexandra Desy, Estel Malgosa, and Ana Cerezuela.

Between May and June, the third cycle of AFIN seminars takes place, including presentations by Violeta Salazar, Dan Rodríguez,

Theresa Trimmel, Bruna Álvarez, Hugo Gaggiotti, Chris Bobel, Ana Sánchez, Zenaida Andreica, Javiera Navarro, Elisa Romero and Lynne McIntyre.

Throughout the 2023-2024 period, all sessions take place on Thursdays at 2:00 PM (CET) via the Zoom platform. Participation in these seminars is open to anyone interested and does not require prior registration. Details can be found on the AFIN website and social media channels.



SEMINARIOS AFIN 2024

PROGRAMA TERCER TRIMESTRE

AFIN - Departament d'Antropologia Social i Cultural

UNIVERSITAT AUTÒNOMA DE BARCELONA

4 DE ABRIL
VIOLETA SARAI SALAZAR
Universidade Federal del Amazonas, Brasil
Sexualidades e maternidades de mujeres, en dos ciudades del Amazonas brasileño

11 DE ABRIL
DAN RODRÍGUEZ-GARCÍA
Universitat Autònoma de Barcelona, España
La significación social de la mixticidad: el caso español

18 DE ABRIL
THERESA TRIMMEL
University of Bristol, Reino Unido
Constructing 'Good Mothers': Representation of Motherhood and Maternal Care on Netflix

9 DE MAYO
BRUNA ÁLVAREZ & HUGO GAGGIOTTI
AFIN - Universitat Autònoma de Barcelona, España / University of West England, Reino Unido
Movilidades (no) reproductivas en la frontera: el espacio liminal México-Estados Unidos

16 DE MAYO
CHRIS BOBEL
UMass Boston, Estados Unidos
From Bloodless Respectability to Radical Menstrual Embodiment: A Meditation on the Shift from Private to Public and Back Again

23 DE MAYO
ANA SANCHEZ
AFIN - Universitat Autònoma de Barcelona, España
"Sí, ahora quiero ser madre": matrescencias en maternidades tardías

Las sesiones se realizarán por el siguiente enlace de Zoom:

[https://us02web.zoom.us/j/86590572993?](https://us02web.zoom.us/j/86590572993?pwd=SzFKM1dYV1ZzaGE2NGhkV0prUXFKQT09)

[pwd=SzFKM1dYV1ZzaGE2NGhkV0prUXFKQT09](https://us02web.zoom.us/j/86590572993?pwd=SzFKM1dYV1ZzaGE2NGhkV0prUXFKQT09)

Jueves de 14.00h a 15:00h
(CET - Europa Central)



Universitat Autònoma de Barcelona



Agència de Gestió d'Ajuts Universitaris i de Recerca

Esta actividad se organiza con la colaboración de las siguientes entidades y proyectos:

- Grupo de Investigación Consolidado 2021-SGR-00133/AGAUR.
- I+D ReproMob 2021-2025 (PID2020-112692RB-C21 /AEI / 10.13039/501100011033)
- Red RICORS 2022-2024 (RD21/0012/0018)
- ICREA Acadèmia 2020-2024 (IP: Diana Marre)



SEMINARIOS AFIN 2024

PROGRAMA TERCER TRIMESTRE

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UNIVERSITAT AUTÒNOMA DE BARCELONA

6 DE JUNIO
ZENAIIDA-MARÍA ANDREICA
AFIN-Universitat Autònoma de Barcelona
¿Desnuda o no? una aproximación del 'self-surveillance' del cuerpo a través de las redes sociales

13 DE JUNIO
JAVIERA NAVARRO M.
Universidad Alberto Hurtado, Chile
Nuevas familias, múltiples historias: ¿Cómo conversan las familias con hijos/as dono-concebidos sobre sus historias de concepción?

20 DE JUNIO
ELISA ROMERO
Seoul National University
Adopción nacional en Corea del Sur: paradojas y potencialidades

27 DE JUNIO
LYNNE MCINTYRE
AFIN - Universitat Autònoma de Barcelona, España
Rituales de pérdidas gestacionales como 'ritos de paso'

Las sesiones se realizarán por el siguiente enlace de Zoom:

[https://us02web.zoom.us/j/86590572993?](https://us02web.zoom.us/j/86590572993?pwd=SzFKM1dYV1ZzaGE2NGhkV0prUXFKQT09)

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Third edition of the International ReproMob Congress in Buenos Aires with researchers from 34 institutions and 12 countries

The III International ReproMob Congress "Between conservative onslaughts and conquests of rights: vulnerabilities, inequities and reproductive justice" took place in a hybrid format on April 8, 9, and 10 at the Institute of Anthropological Sciences (ICA) of the Faculty of Philosophy and Letters of the University of Buenos Aires and was coordinated by Carla Villalta. This is the third edition of the congress of the research project "Reproductive governance and mobilities in Europe, North Africa and Latin America: questioning reproductive justice and rights in a context of austerity and fertility decline" funded by the Ministry of Science and

Innovation of Spain and integrated by two subprojects coordinated by Diana Marre and Joan Pujol of the AFIN group of the Autonomous University of Barcelona, and by Silvia De Zordo of the GENI group of the University of Barcelona.

The Congress proposed to collectively reflect on how neo-conservative policies and discourses impact sexual and (non)reproductive rights and reproductive mobilities, and to analyze the generation of creative forms of contestation and resistance in order to examine how rights conquests and transformations in the field of kinship regulation and family relationships are disputed, in a context of increasing economic inequality and rise of extreme right





movements and antidemocratic values.

In this framework, a Round Table, two Keynote Lectures, and 6 expert panels took place. In the Round Table "Activisms, restrictive moral agendas and hierarchies: gender, family and kinship as arenas of disputes", Mario Pecheny and Isabella Cosse reflected on the most salient characteristics of a historical moment in which neoconservative projects in sexual morality are articulated with neoliberal projects aimed at the reduction of the State and its replacement by market logics; while Claudia Fonseca in the lecture "Psychic risk and the right to be a mother", problematized the ways in which practices of compulsive separation of children from their family environment are currently developed; and Dora Barrancos in the closing lecture entitled "Programmatic rights: rights and gender perspective at stake", reflected on the program structured by

neo-conservative movements and how they dispute values related to the redistribution and expansion of rights.

The expert panels and the presentation and debate activities of audiovisual materials allowed for a deepening of the discussion around reproductive policies and moral mandates, reproductive governance, the right to identity and the new scenarios configured by the expansion of DNA testing and ancestry, the notion of "risk" associated with pregnancies and parenthood exercised by positions of subjects considered "vulnerable"; reproductive mobilities and anti-stigmatization strategies deployed in scenarios of advances of neo-conservative interventions that publicly question the right to abortion and access to reproductive services; globalization of reproductive care; continuities and



ruptures regarding the right to abortion in Europe and the impact of religious values and moral beliefs on reproductive policies; among other topics.

In summary, the III REPROMOB Congress brought together researchers from two continents - Europe and Latin America -, 12 countries - Germany, Argentina, Brazil, Chile, Croatia, Slovenia, Spain, Greece, Italy, Mexico, the United Kingdom, and Uruguay -, 34 institutions, and 212 registered individuals, which allowed for an extremely fruitful instance to discuss the ways in which knowledge is collaboratively produced in scenarios where right-wing positions propose degrading, punitive, and stigmatizing policies.

The Congress took place in a particular context, as National Universities in

Argentina are subject to various attacks and defunding. Therefore, the realization of a congress was possible thanks to the sustained work, effort, and commitment of the authorities of the Institute of Anthropological Sciences, and of the researchers who formed the Scientific and Organizing Committee and made it possible.

For more information, you can visit:

<https://afin-barcelona-uab.eu/3er-congreso-internacional-repromob/>

