**Call for Abstracts**

**European Association for the History of Medicine and Health – Biennial Conference**

**Leuven, 7-10 September 2021**

**Faith, Medicine and Religion**

The European Association for the History of Medicine and Health (EAHMH) invites submissions for its biennial meeting, to be held in Leuven, Belgium, 7‐10 September 2021. The Association welcomes abstracts for individual papers, panels, roundtables, poster presentations and other short presentations on the general theme **Faith, Medicine and Religion**.

Faith and religion are part and parcel of the field of medicine and of healing practices. For in times of illness, we are in need of faith. We might express our faith in those who aim to heal us as we recognize and trust their ability to do so. In some settings, both today and in the past, such faith takes on explicit spiritual and religious meanings. It is performed through rituals and shaped by belief systems, shared (or not) between patients, doctors and other caregivers. In other settings, it is the belief in science or other concepts of medicine that drives patients’, caregivers’ and scientists’ search for cures and well-being. Moreover, outside the biomedical domain, hope for improvement drives the search for alternative modes of healing and self-healing, practices often strongly imbued with faith, rituals and conversion narratives. The 2021 EAHMH conference places these questions of trust, belief, religion, hope and devotion centre stage in the history of medicine and health.

At first sight, secularization and medicalization, two of the most potent transformations in the Western world since the 19th century, appear to be two sides of the same coin. Many problems that previously fell within the religious sphere have become defined and treated as medical problems, often in terms of illness and disorders. While since the Middle Ages, the sick were mainly cared for in a religious context, professional lay nurses have filled the shoes of sisters and friars and the therapist’s couch has replaced the confessional. Similarly, with regard to sexuality, family planning and end-of-life care, the influence of religion seems to have faded whilst the importance of medical advice and trust in techniques have grown. Not surprisingly then, the history of medicine and religion has often been imagined as one of conflict. Underpinning these studies was a discourse on the rise of ‘modern’ Western medicine going hand in hand with the downfall of ‘traditional’ religious beliefs and norms.

In line with recent scholarship, this conference is an invitation to complicate this rather dichotomous narrative in diverse ways. By studying the connections and interactions between faith, medicine and religion in different historical eras within and beyond the Western world, we want to encourage historical analyses that help rethink the (often-implicit) role of modernization theories, based on the study of modern Western biomedicine. The category of ‘faith’ may help us explore the many entanglements between the domains of belief, dogma and affect on the one hand and medical knowledge and practices of caring and curing on the other. Questions of trust, belief, hope and devotion among and between patients, health care providers, scientists and societies indeed complicate distinctions between religion on the one hand and medicine on the other. They can contribute to a rich understanding of the many connections – including tensions and conflicts – between both fields.

These varied interactions between the medical and religious fields took on different forms at different levels in different eras. At the level of medicine as a therapeutic practice and a scientific domain, the scientific investigation of the medical effects of religious practices (e.g. praying) and phenomena (e.g. miracles) have led to heated debates among doctors and theologians – debates that cross the boundaries between the religious and the scientific world. In terms of mental health, while faith could be embedded in therapeutic approaches, over-religiosity could also be depicted as provoking mental illness. At the level of health care, political decision-making and ideological divides among professional groups (e.g. between Catholic nurses and lay hospital doctors) reveal different views on the meaning of ‘care’ in health care. If today we tend to understand health care according to the economic criteria of affordability and cost efficiency, its religious meanings were given far greater attention in past policy debates and the shaping of caregivers’ professional identity. At the level of health, as a personal and collective ideal, an almost religious devotion to bodily practices and norms seems equally intertwined with the construction and diffusion of medical advice (e.g. diets and wellbeing).

We particularly welcome proposals for panels touching on these and other topics, including, but not limited to:

* The healing powers of relics or prayer
* Apocalyptic visions on disease, health and medicine
* Priests, lay pastoral employees and religious rituals in the hospital
* Medicine and corporeal religious practices such as fasting
* Missionaries in colonial health care
* The role of medicine in State-Church relationships
* Biomedicine as a form of religion; faith in science
* Technologies of human reproduction and religious norms
* Confession-based networks of health care professionals
* Religion, faith and trust and the welfare state
* Medical care as a conversion tool
* Medicine as a calling; the health professional as priest
* Religious practices among health care providers
* The role of trust in the process of healing
* The role of religious institutions in health care
* Religion and the health of population groups
* Religious healing practices
* Religion and mental pathologies
* Miracles and their medical interpretations
* Spiritualism and ‘alternative’ medicine
* Religion and medical ethics
* Medicine, pain and/or end-of-life care
* Shared language or metaphors in religion and medicine

Individual submissions must be submitted by 30 January 2021 and should comprise a 250-word abstract, including five key words, and a short CV (max. one page) with contact information. Panel submissions, with the same deadline, should ideally include three papers (each with 250-word abstract, keywords and short CV), a chair and an initial introductory 100-word justification. If you wish to organize a roundtable (a panel discussion of 45 minutes on a specific theme), please include the names of all participants and a short 500-word abstract. We also invite poster presentations and suggestions for new types of short presentations (e.g. outreach activities (e.g. game, exhibit), digitization or medical heritage projects etc.), for which we ask a 100-word description of the project and a one-page CV. More information can be found on the Association’s website [EAHMH](https://www.birmingham.ac.uk/research/activity/mds/centres/eahmh/index.aspx). Questions can be addressed to [eahmhleuven2021@kuleuven.be](mailto:eahmhleuven2021@kuleuven.be)