SSRC-2 | Information Manipulation at the Intersection of Medical and Social Sciences

Host unit	Main supervisor	Co-supervisor
Social Sciences Research Centre (SSRC) Explore the host centre	Dr Una Aleksandra Bērziņa-Čerenkova View research profile	Dr Ieva Puzo View research profile

APPLICANT FREEDOM The topic defines a research area, not a pre-written project. Applicants may propose a distinct, original approach provided that it remains scientifically aligned with the theme and demonstrably feasible in the host environment.

Research context and rationale

The research team led by Dr Una Aleksandra Bērziņa-Čerenkova studies information manipulation and information consumption in different global contexts, with a comparative focus on Europe and East Asia. Its work connects political communication and information environments with wider questions of security, public policy and societal resilience. Team members participate in international academic and policy networks and contribute to Horizon Europe projects, including DECONSPIRATOR and ARM. This research background provides a foundation for extending the study of information manipulation into health-related contexts, connecting expertise in narratives and information consumption with health communication, trust and the social factors shaping health-related decisions.

Health decisions are shaped by information environments, trust, identity, social relationships and institutional context. This theme explores information manipulation and consumption at the intersection of medical and social sciences, with attention to patient susceptibility and comparative European/East Asian contexts. Autoimmune conditions are an illustrative research context; the target population and recruitment pathway must be confirmed for the individual project.

Indicative scientific scope

Projects should investigate how manipulative narratives are produced, circulated, interpreted or acted upon in a clearly defined health context. Proposals may examine exposure, susceptibility, behaviour, communication or policy response, but should avoid treating contested or inaccurate information as a simple individual deficit detached from social context.

Examples of research questions

- Which actors, narratives and channels shape information manipulation in the selected health context?
- How do trust, identity, health literacy, psychosocial factors and institutional experience influence interpretation and action?
- How do patterns differ across populations, platforms or national contexts?
- Which communication or policy responses are effective without undermining rights, autonomy or legitimate uncertainty?

Possible approaches

- Qualitative interviews, focus groups, discourse/content analysis and digital ethnography.
- Survey or mixed-methods designs addressing exposure, trust, vulnerability and decision-making.
- Computational social-science or AI-assisted analysis only where data access, validity and ethics are demonstrated.
- Comparative policy, media or cross-cultural analysis with appropriate contextual and language expertise.

METHODS NOTE The approaches above are indicative. Applicants should select and justify methods appropriate to their own questions rather than attempt to include every method listed.

Relevant host expertise and resources

Expertise: Information manipulation, political communication, information consumption, Europe-East Asia comparison, health communication and policy engagement.

- MAXQDA/NVivo, Stata/SPSS, REDCap/QuestionPro and qualitative-research facilities.
- Digital-data workstations and AI-assisted analytical tools identified in the separate SSRC Host Profile may support relevant methods, subject to confirmation of tool availability, licences and permitted uses.
- International networks described by the host team include ECPR-related links, the EEAS FIMI Roundtable and the China in Europe Research Network COST Action; opportunities for individual participation depend on the relevant arrangements.

ACCESS CONDITION Access to the specialised resources listed above is subject to the conditions described in the separate SSRC Host Profile and to project-specific arrangements.

Interdisciplinary and intersectoral opportunities

- Communication, political science, public health, psychology/behaviour, anthropology, law, digital media and patient rights.
- Potential biomedical and clinical input to ensure accurate framing of the selected health condition.

Potential collaboration and secondment pathways

- Nagasaki University: comparative Europe–East Asia research on information consumption, trust in health institutions, health misinformation and risk communication. The precise unit and training plan must be agreed.
- University of Skövde may be relevant for a substantive digital-health component.
- SIA APPLY may be relevant only for a justified applied-AI component with prior GDPR and EU AI Act assessment.

SECONDMENT STATUS Participation in a mandatory secondment of 6–12 weeks forms part of KEY-RSU. The precise host, duration, objectives, supervision and outputs will be agreed for each postdoctoral researcher and aligned with the approved KEY-RSU rules and Career Development Plan. The postdoctoral researcher remains employed by RSU throughout the secondment. Additional host organisations may be considered, subject to confirmation of their suitability, compliance with KEY-RSU requirements and any necessary approvals.

Applicant background

Relevant background: A doctorate and relevant experience in communication, political science, sociology, public health, media/information studies, computational social science or a closely related field. Biomedical knowledge may strengthen the project but should not be silently converted into an eligibility requirement.

No additional position-specific eligibility requirement should be inferred from this profile unless it is explicitly included in the approved Full Call Text.

Competences that may strengthen the proposal

The following experience may strengthen a proposal but is not an automatic eligibility requirement:

- political communication, media or information studies;
- research on propaganda, disinformation, misinformation, FIMI or influence operations;
- qualitative interviews, focus groups, discourse analysis or digital ethnography;
- survey research, mixed methods or comparative cross-national research;
- computational social science, digital-data analysis or AI-assisted analytical methods;
- health communication, public health, behavioural research or policy engagement;
- relevant language skills and contextual expertise for the proposed geographical setting.

Applicants are not expected to cover every methodological or substantive area listed. Proposals should define the phenomenon under investigation precisely and demonstrate that the applicant's competences, collaborations and proposed methods are appropriate to the selected context.

Feasibility boundaries

- Do not assume access to patients, private platform data, scraped data, proprietary tools or identifiable online communities.
- Cross-national research requires language capability, contextual expertise and a feasible comparative design.
- Computational scale must not substitute for construct validity, transparent sampling and qualitative understanding.

Ethics, data and responsible research

- Research on manipulation may expose participants or researchers to harmful content and requires a safety plan.
- Online-data research must address reasonable expectations of privacy, platform terms, identifiability and consent/waiver justification.
- Automated classification requires bias, error, explainability and human-rights assessment; sensitive health data require enhanced protection.

Expected contribution

The research is expected to advance context-sensitive understanding of health-related information manipulation and support proportionate communication, policy or societal responses grounded in empirical evidence and respect for rights.