**QUESTIONING SELF-MEDICATION**

*A socially and geographically situated bricolage*

May 11, 12 and 13, 2016 – University of Nantes (France)

**Treating oneself** is a controversial practice: scorned in the name of the health risks it runs, self-treatment may also be praised in the name of the independence it expresses. The messages of public health authorities are at the heart of the controversy, emphasizing risk one moment and their potential for patient responsibility the next. Such contradictory injunctions also affect the practices of care providers.

The uses and meanings of self-medication vary over time and across geographical and social space. Its definitions make reference to this diversity, ranging from using only medications available without a prescription to their various applications in a self-care regimen. Research on these differentiated uses of medicines and care methods has made it possible to identify much-discussed processes in the academic field, including pharmaceuticalization, therapeutic innovation, and ways of circulating knowledge and products.

The diversity of products and methods used (medications, herbal teas, massage, and even rituals) and their deployment are components of skillsets determined in part by medical prescriptions, pharmaceutical or community-based advice, advertising, and so on. These incentives are disseminated through various media, Internet forums, and oral, family, or community tradition.

Distribution networks, themselves dependent on health system regulations, are becoming more complex: even in countries where pharmacies have a monopoly on the sale of medicine, parallel networks, natural food stores, and international purchasing are all potential provisioning sources.

The extent to which self-medication is included in the medical visit depends greatly on its setting, the cultural context, the level of public health benefits, and traits of the relevant region, among other things.

The conference has chosen to allow comparisons and confrontations between these various disciplinary approaches as well as distinct research field sites (North/South, North/North, South/South). These practices and their determinants have to be more finely mapped and analyzed to put these analyses – by definition always partial, and theoretically, historically, and geographically situated – in perspective.

All these analytical scales and possible uses of self-medication arouse the interest of social science researchers as well as healthcare professionals, at many levels. This is why the conference will invest in these questions in a multifaceted way, offering several thematic workshops to allow participants to pursue and debate these dimensions. These encounters and confrontations between researchers from a variety of disciplines concern the theoretical and methodological questions raised by this work as much as they address the results themselves and the international comparisons they make possible. Papers are sought on the following themes:

1) **Self-medication through history**

The history of self-medication, legitimacy conflicts between different kinds of knowledge and care practices, and the construction of various forms of medicine, especially between scholarly and popular medicine, are worth the time needed for a deeper history. All the more so as conflicts of legitimacy are playing out again today, marked, for example, in gender relations (“housewives” recipe books) and the relationship between the statuses of different kinds of provider (over struggles for recognition of so-called “alternative” medicines).

2) **Public policy and its controversies**

There is no single public policy structuring practices, but rather a great number of policies at many levels, some obeying perfectly contradictory rationales, such as health policies versus commercial policy. At the heart of them, we will analyze policies for social regulation, especially various systems for health benefits and insurance. Controversies over the sale and coverage of medications, public agencies overseeing which products go on the market, and public health campaigns about risks or benefits all give shape to daily practices and representations relating to the supposed danger or advantage of certain behaviors or products.

*do-it-yourself practicies
3) **Social and regional determinants of self-medication**
A better understanding of the effects of distance, living environment, age, gender, and social category is vital to research plans designed for significant statistical work and empirical research, not only for an inventory of self-medication practice (or abstinence) according to these factors, but also of how and with what products. A certain number of medications or remedies are entirely commonplace (such as acetaminophen), while others vary according to age; beyond the products, people regulate their practices at various periods of their lives, tinkering with prescriptions by using prescribed and unprescribed treatments in parallel or combining different medical traditions. Gender and educational level are also determinant variables.

4) **Products defined according to how they are distributed**
Our self-medication practices are influenced by distribution policies, which affirm a medication’s protected or commercial character to a greater or lesser extent. Even in countries with a strong monopoly, medications have different statuses and their distribution is organized in multiple ways (through manufacturers, wholesalers, groups, etc.) that will determine their usage. Lastly, product usage is structured by controversies related to how they are distributed (such as the place given to alternative medicines, the cultural character of health care and related products, or the use of cannabis – an illegal product – for therapeutic ends).

5) **Practices challenging the relationship with health care providers**
The health care providers concerned here are those on the so-called “the first line.” Primary care physicians, shamans, or healers, pharmacists or street-stall vendors, the issue here is always that of the relationship between prescription and utilization, whether it concerns disregarding providers’ advice or concealing things from them, or to the contrary being cared for by an accessible expert who delegates to the patient some of his or her own health care.

6) **Meanings in question**
Obviously, a variety of etiological models of illness determine the ways of responding. Widely ranging registers are called upon, related to causes as well as remedies: psychological, sanitary, magical, scientific, to name but a few. In ordinary self-medication practices recurring themes like purification and cleansing appear regularly. Many practices are also directly related to goals for optimizing performance, be it occupational or in the fight against the effects of aging, where increasing one’s abilities, performance, and longevity are the emergent stakes.

Proposals from any discipline, of 2000-3000 characters (3-400 words) plus a short bibliography, are due January 15, 2016. Please indicate the most relevant theme(s). Proposals should be submitted using the following website:

[http://automedication.sciencesconf.org/](http://automedication.sciencesconf.org/)

Notification of our decisions will be sent on February 29, 2016. A written version of the paper to be presented (~30,000 characters/5000 words), must be sent by April 25, 2016. Conference proceedings will be published.

The conference organizing committee anticipates having travel grants available for researchers whose institutions provide little or no funding for this purpose, to permit them to present their work in Nantes. The application form should be filled out at the same time the proposal is submitted.

Please note that if you do not already have an account on this website, you will have to create one in order to submit your proposal. If you need any further information or encounter any difficulties, you may contact the committee by writing to Charlie Marquis (charlie.marquis@univ-nantes.fr).

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