

# Patients, Practitioners, Social Scientists and the Multiple Logics of Caring and Healing

*Claudine Herzlich*



LITTLE SOCIOLOGICAL RESEARCH HAS BEEN DONE in France on the topic of unconventional medicine, even among those sociologists who are studying the medical field or who are interested in conceptions of and practices dealing with illness. This is surprising, because in many interviews conducted from the late 1960s to the present, patients have described their experiences with various forms of unconventional medicine. The neglect of this field is shared by most French historians.<sup>1</sup> Generally, it seems that the problem of unconventional medicine is considered differently in France than in other European and North American countries. It is therefore interesting to try, first, to reflect on what may be specific about the French case, and, secondly, to elucidate how the problem of unconventional medicine should be approached by sociologists interested in illness and medicine. This perspective can be compared with the emphasis placed in this book on 'approaches and concepts' in the study of unconventional medicine.

First, when looking at the English-language literature (primarily sociological, but also some medical) on the topic of unconventional medicine, one is struck by the growing number of papers published during recent years and by the reiterated assertions of the important social and symbolic meanings of the various forms of 'unorthodox' or 'alternative' or 'complementary' medicine in present-day societies. In formulating the major reasons for studying these alternatives, sociologists usually insist that 'they

are no longer marginal to the total system of health care'.<sup>2</sup> For instance, 'The topic of unconventional therapies can no longer be ignored or marginalised because, for better or worse, each seriously ill person cannot help but be confronted with choices about their possible usage'.<sup>3</sup> It would be much more difficult to find that kind of assertion in the French socio-medical literature and in the few papers or studies on this topic. Of course, it does not mean that unconventional medicine or practitioners are rare in France. A survey published in 1984 suggested that about half of the general population had tried one of these types of alternative medicine (most often homoeopathy) at some time.<sup>4</sup> Ursula Sharma agrees with these figures in her study of the extent of the use of complementary medicine in nine European countries. According to her comparative data, the recourse to these therapies is highest in Belgium (66–75 per cent) and in Finland (40–60 per cent), with France ranking third.<sup>5</sup> But this expansion is not very visible socially, and this question does not presently arouse much interest or concern among physicians, politicians, the media or social scientists. Of course, it is obvious that this absence of concern may be interpreted in various ways. Does it mean implicit acceptance? Or does it mean strict rejection by the state and/or by the medical profession? The answer is not clear.

My second point concerns vocabulary and the terms that are used in French and in English. In English the terms most frequently used are 'alternative' and 'complementary' medicine; in each case, a specific but different relationship with biomedicine is implied. Moreover, these medicines are usually qualified as 'holistic'. In France, we speak more often of 'médecines parallèles'. The insistence is on a constant distance between orthodox and unconventional medicine rather than their complementary or conflicting nature, and we generally consider it as 'médecines douces' ('soft' rather than 'holistic' medicine). It is risky to speculate too much about such matters; nevertheless, it may be suggested that the attitudes of French researchers (including my own) are probably largely related to this different cultural atmosphere.

In an attempt to clarify the reasons for this situation, it is necessary to look at the history of French medicine and the French medical profession, on the one hand, and at studies of concepts of health and illness in France, on the other. A recent book published in English by Laurence Brockliss and Colin Jones<sup>6</sup> offers an excellent study of the French 'medical world' between the sixteenth century and French Revolution. Brockliss and Jones reject the classical analytical dichotomy between 'elite-professional' and 'popular' medicine, and they insist on the unitary character of the French medical world, including three categories of trained practitioners – physicians,

surgeons and apothecaries – grouped in a hierarchy of corporate bodies ‘which enjoyed collective rights and responsibilities endorsed by the crown’.<sup>7</sup> They were the ‘core’ of the medical world and coexisted with a large, diffuse and heterogeneous ‘penumbra’ consisting of a plethora of different types of ‘popular’ medical practitioners, male and female, rich and poor, educated and uneducated, and so on. The relationships between these different groups were complex; the various types of practitioners were partly independent, and they partly overlapped. They sometimes competed and sometimes worked together at the bedside of patients. But Brockliss and Jones insist on two points: 1) the early structuring of the core (the French medical corporative community), its strength and its close relationship with the state (the royal power), and 2) the relative harmony between the core and the penumbra, with only moderate tensions and conflicts. Brockliss and Jones write: ‘[the] quarrels were seldom dramatic or permanent. The medical world, until the end of seventeenth century, remained in some sort of equilibrium’.<sup>8</sup>

It is probably safer for a sociologist not to make historical assumptions. Nevertheless, one may wonder if the present-day indifference of the French medical profession towards ‘les médecines parallèles’ has very ancient roots in French medical history. Moreover, one could perhaps speculate about the fact that the relationships between ‘orthodox’ and ‘unconventional’ medicine became an issue in France mostly during times when the relationships between physicians and the state were difficult. They took various forms: sometimes contemptuous indifference, sometimes explicit tolerance and even acceptance. In other periods such relationships have been nonexistent. I shall provide a few examples.

1. A moment of great conflict between physicians and unorthodox practitioners (then usually called ‘les charlatans’) is found at the end of the nineteenth century, when French physicians were struggling for full recognition of the profession by the state. This recognition was obtained in 1892, thanks to the ‘Loi Chevandier’ which established the modern status of the French medical profession and gave it autonomy and protection. In this context during the last decades of nineteenth century French physicians devoted boundless energy to marginalising their unorthodox competitors and persuading the state and the public that they were the only doctors who were fully legitimate.
2. A few decades later, during the 1930s, unorthodox therapies were no longer feared and, on the contrary, many French physicians were tempted by alternative medicine, especially by homoeopathy.<sup>9</sup> This attraction is

related to the fact that, in spite of scientific advances, doctors still felt rather powerless in everyday practice, but there were also political reasons. It is well known that this decade was a time of political and social crisis in France: social, professional and political groups were involved in fierce political and ideological debates and struggles. On the other hand, during this same period, French physicians were fighting the state's attempt to introduce national health insurance. They denounced the government's supposed will to bureaucratise medicine and to 'reduce physicians to slavery' and proclaimed that they would 'defend the individual' against these attempts. In this context, the vision of illness and patients expressed in homoeopathy, especially the emphasis on the uniqueness of the individual, appears as a positive philosophical perspective to be used in their battle.

3. It is remarkable that less than 20 years later, at the end of the Second World War, in a totally different social, ideological and scientific context French physicians, then confident of their practices, comfortable in their status and strongly supported by the state, were no longer interested in homoeopathy. Most of them did not feel any particular attraction; nor did they perceive homoeopaths as real competitors. In research that has been conducted on retired French physicians<sup>10</sup> who were professionally active during the 1940s and the 1950s, a quiet indifference or a slightly contemptuous tolerance was clearly the predominant attitude towards all forms of 'popular', 'alternative' or 'unconventional' medicine.
4. Very little is known about the actual situation and strategies of the various kinds of practitioners of unconventional therapies in France today. Nevertheless, the common opinion is that they have not really come out of the 'penumbra'. Physicians have retained control of the 'medical world'. But, one should note that today, especially since the 1980s, as in many other countries, some French physicians (mostly general practitioners who still make up one half of the French medical profession) are introducing various forms of unconventional therapies in their daily practice (homoeopathy, acupuncture, *mésothérapie*, etc.).<sup>11</sup> While this is certainly a form of shifting boundaries between orthodox and unorthodox medicine very similar to what exists elsewhere, this incorporation is nevertheless limited. One could speak in this case of 'cautious acceptance'. These therapies are clearly conceived by physicians as complementary (even though the term is seldom used in France). It is more a technical addition to their practical repertoire than a different conception of illness and medicine and a dramatic evolution of the so-

called biomedical model. It constitutes rather an additional kind of therapy that may be offered to clients who are looking for a broader spectrum of services.

Consequently, it is obviously difficult to analyse this historical evolution in very simple terms and dichotomies. If we consider unconventional medicine as a form of challenge to the dominance of biomedicine, it can be said that in France today, as in many western countries, medical dominance and authority are certainly more or less declining and sometimes even threatened. There is obviously a greater awareness of the limits of medicine. In this evolution, however, the competition with unconventional therapies is only one of many factors as varied as economic constraints and the growth of medical information and media coverage.

If we turn now to the patients whom I have studied in my own research, how may we characterise them as clients of unconventional medicine?<sup>12</sup> Is there a noticeable evolution in recent years, and, if so, of what nature? In interviews that have been conducted with patients from the 1960s to the 1990s, many of them said they were willing on some occasions, especially in case of the failure of scientific medicine, to try one kind of unconventional therapy or another. This was as true in the 1960s as it is now. However, it is my interpretation that it was, and still is, rarely a permanent adoption of such an alternative, and it certainly did not imply that people were ready to reject the diagnostic and therapeutic resources of biomedicine. Most often, on the contrary, biomedicine is still the model of reference.

Moreover, I would argue that many people who adopted some form of unorthodox therapy in uncertain and serious cases took a stance similar to their attitude towards orthodox medicine. Conscious of the slim chances they were offered, they felt determined to 'attempt something' and considered this step a gamble. In their situation, the risks were as great with orthodox as with unorthodox medicine. One might add that, when people use some kind of therapies (be it homoeopaths, plant-based therapies, spiritual healers or mesmerisers), they reject others because, to use their own words 'they refuse to do just anything'. For patients, too, the world of unconventional medicine is diverse and heterogeneous.<sup>13</sup>

Many recent studies in other countries show similar results. Gray, for instance, wrote in 1998: 'In practice, patients tend to modify their perspective to meet circumstances, and what is helpful at one stage of illness may be less helpful at another'.<sup>14</sup> It can be argued that the authors of these recent studies observe more or less the same kind of coexistence of classical

medical treatment with the possibility of recourse to 'médecines parallèles'. This contextual and empirical pluralism had appeared by the 1960s and the 1970s.

Indeed, the idea that on some occasions a 'different approach', 'holistic' rather than 'reductionist', is possible and may be positive is certainly largely founded on long-standing health conceptions. It is clear that the importance given to the particularity of individual patients and to 'the whole person', that is, the idea of the participation of the person in resisting illness, which seems to be a common assumption of a number of unconventional therapies, is congruent with the emphasis placed on the individual as the main source of health, for example, the notion of 'reserve of health' as resistance to illness, or the dichotomy between 'nature' and 'society' at the origin of health and illness, that have been described in previous research on lay conceptions of health and illness.<sup>15</sup> These notions are related to the very deeply rooted idea of the body's power to heal itself and the belief that this power is neglected, even destroyed, by scientific medicine, its limited effectiveness stemming from this very fact. Historians have clearly demonstrated that one can repeatedly find similar notions in the history of medical ideas and doctrines, from Hippocratism to Vitalism.<sup>16</sup> As for the idea of autotherapy, for instance, several seventeenth-century treatises focused on the idea that 'everybody is his own best doctor', and we know that Descartes, in spite of his mechanistic vision of the human body, shared some of these views.<sup>17</sup>

In bringing to mind these pervasive conceptions and attitudes, I am certainly not trying to say that the recent changes described by so many authors do not exist. It may be suggested, however, that the growing attraction of unconventional therapies among patients is probably less based on a radical change in the metaphysics of illness or in the global relationship with biomedicine, than on a gradual and multifaceted social evolution implying many different factors. Let us just briefly recall some of them.

Even if one does not entirely accept the postmodern view of a world of fragmented discourses, social relations and references, the cultural trend towards a less authoritarian, more reflexive, more pluralistic and 'contestable' society seems obvious. If this is so, the boundaries between 'orthodoxy' and 'unorthodoxy' are necessarily as flexible in science and medicine as elsewhere.

In this context, the growing importance of health in late modern societies, the emphasis put on health promotion and the affirmation that 'your health is your own business' have had complex effects: they have engendered pluralistic behaviors of 'health consumers', involving growing

recourses to a broad spectrum of services including alternative medicine but not necessarily limited to it.

The changes in the epidemiological pattern of late modern societies and the growing importance of chronic illnesses have reduced the importance and frequency of the classical 'passive patient' position. The authority of the physician gives way to more contractual relationships. On the other hand, the chronic patient managing his own illness actively and autonomously feels free to engage in a range of therapies wider than orthodox medicine.

In conclusion, let us consider the ways sociologists working in the health field should approach the problem of unconventional medicine. It must be stressed that they should take this topic seriously, more seriously than has so far been done in France. It should obviously be considered as a topic justifying interest in its own right and because of the general social processes which are involved. In doing so, sociologists should keep in mind a few points:

- we should avoid the too simplistic models of social change that underlie some (not all) of the present sociological studies;
- we should remain constantly aware of the diversity and heterogeneity of the universe of unconventional medicine(s) and undertake comparative studies of these various forms of therapy;
- we should study, more than the discourses and doctrines of unconventional medicine, the actual daily practices of the various practitioners and the diverse concrete, empirical contexts of these practices.

Finally, I should also like to stress my opinion that it is not necessary for a sociologist to identify with any specific medical paradigm (orthodox or unorthodox). It means that we must certainly avoid the kind of normative judgements physicians very often make concerning unconventional medicine. On the other hand, we should not necessarily accept at face value the idea that unconventional medicine is *the* challenge to biomedicine and to professional dominance (as is implied in some, though not all, the studies we read). Moreover, it can be argued that the study of unconventional medicine is important because it opens a large window, first, on the whole world of illness and health care, and, secondly, on biomedicine itself. We address the same basic sociological problems when we study biomedicine and official medical care or when we study the various forms of unconventional medicine. Of course, we should not minimise the differences. Their relationships are often antagonistic, their underlying logic differs, but, in all

cases, we are concerned with the same basic problems of illness, suffering and care, and we are, in both cases, studying the various and complex roles of knowledge and expertise in this enterprise.

Indeed, some of the recent studies show clearly that biomedicine and the various forms of unconventional medicine, rather than constituting radically different realities, often involve the same sociological processes. Many studies show, for instance, that, very often, unconventional practitioners adopt more or less the strategies used by other occupational groups in the pursuit of their autonomy. In some cases (especially when they want to be recognised as 'complementary'), they try to establish connections with scientific knowledge of biomedicine.

The same tensions often run through the respective fields of conventional and unconventional medicine. In terms of social control and power for the patient, several sociologists have rightly argued the shortcomings of the medical approaches of the patient as 'a whole person'; they have shown that a more 'humane' and 'unobtrusive' form of medical power may be still more totalising<sup>18</sup> and can be just another form of social control. However, it also means that biomedicine cannot be reduced to a unique paradigm and we must remain aware of the diversity of daily practice among physicians in their care of patients.

Yet many of the users, practitioners and subscribers to unconventional medicine insist on its 'liberating role' for the patient. Some social scientists share this perspective, and some papers stress the fact that we may presently 'see the rise of complementary medicines as signifying simply a different way of practising power'.<sup>19</sup> If we want to make sense of this complex reality, we should probably carefully describe all these forms of therapy, as well as all the sectors and segments of biomedicine in all their diversity, but keeping in mind that, today, as in the past, they constitute a unified 'medical world'. Finally, the question remains: the study of unconventional medicine is certainly an interesting task, but should it constitute a specific field?



## Notes

- 1 A French historian, Olivier Faure, is working on the history of homoeopathy. See 'Un médecin des lumières en quête de lois', *La Recherche* 310 (Juin 1998), 67–69.
- 2 S. Cant and U. Sharma, *Complementary and Alternative Medicines: Knowledge in Practice* (London, 1996).
- 3 R.E. Gray, 'Four perspectives on unconventional therapies', *Health* 1 (1998), 55–74.
- 4 SOFRES, 'L'opinion des Français sur les médecines douces', *Médecines douces* 35 (Décembre 1984).
- 5 U. Sharma, *Complementary Medicine, Practitioners and Patients* (London, 1992), pp. 16–17.
- 6 L. Brockliss and C. Jones, *The Medical World of Early Modern France* (Oxford, 1997).
- 7 Brockliss and Jones, *The Medical World*, p. 9.
- 8 Brockliss and Jones, *The Medical World*, pp. 10–11.
- 9 See George Weisz, 'Un temps fort: la crise des années trente', *La recherche* 310 (Juin 1998), 70–74.
- 10 C. Herzlich et al., *Cinquante ans d'exercice de la médecine en France: carrières et pratiques des médecins français* (Paris, 1993).
- 11 F. Chateauraynaud, 'Les médecins et les techniques de soin non allopathiques', *Sciences sociales et santé* 3–4 (1986), 5–49.
- 12 See C. Herzlich and J. Pierret, *Illness and Self in Society* (Baltimore, 1987).
- 13 Herzlich and Pierret, *Illness and Self*, especially, pp. 206–09.
- 14 Gray, 'Four perspectives'.
- 15 C. Herzlich, *Health and Illness, a social-psychological analysis* (London, 1973).
- 16 For twentieth-century medicine, see Christopher Lawrence and George Weisz (eds.), *Greater than the Parts. Holism in Biomedicine: 1920–1950* (New York, 1998).
- 17 See E. Aziza-Shuster, *Le médecin de soi-même* (Paris, 1972)
- 18 See, for instance, W.R. Arney and B.J. Bergen, 'The anomaly, the chronic patient and the play of medical power', *Sociology of Health and Illness* 5:1 (1983), 1–24; D. Armstrong, 'The patient's view', *Social Science and Medicine* 18:9 (1984), 737–44.
- 19 Cant and Sharma, *Complementary and Alternative*, p. 12.

