

1

Professionalization, Practical Wisdom and Vulnerabilities

Florent CHAMPY

LISST, CNRS, University of Toulouse, France

1.1. Introduction

Professionalization – to be understood as achieving a status protecting certain activities from competition in markets and from power in organizations – is a central theme in the sociology of professions¹. It is also a process which mainly took place from the middle of the 19th century to the middle of the 20th century. The history of medicine is emblematic of this process. How can we account for the statuses granted to certain professions? Sociologists have offered contradictory answers to this question, and even the most outstanding among them (those provided by functionalists, interactionists and Andrew Abbott) have led to aporias.

The Aristotelian concept of *phronesis* enables us to overcome these difficulties. Translated into English as “practical wisdom”, it denotes a mode of thinking required for acting in situations of irreducible uncertainty (Aubenque 1963; Broadie 1991). Practical wisdom both explains the fragility of protected professions (which

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are prudential² activities), and the challenges of not letting untrained persons replace professionals at work. It accounts for the fact that medicine (which philosophers considered to be the prudential activity *par excellence*) is the model for professionalization and the activity that has occupied sociologists to the largest extent. Briefly stated, a prudentialist theory of professionalization sheds light on the forms and consequences of recent managerial offensives to reduce the autonomy or advantages of such professions. It helps us to understand the fragility of activities especially targeted by a mode of thinking, dominant in society, which defies the requirements of practical wisdom.

To show this, we will examine the explanations that the three aforementioned trends have provided for professionalization and their limitations. We will then explore the arguments in favor of a prudentialist theory of professionalization, principally relying on an analysis of the dominant conceptions of professionalism at the end of the 19th century and early 20th century, when most professionalization took place. Finally, we will discuss a more recent past, marked by the hold of managerial logic on professional working environments to show that the pressures the prudential professions³ are confronted with run contrary to the value of practical wisdom in the times of professionalization.

1.2. Classic professionalization theories

1.2.1. *The functionalist theory*

The theme of professionalization is consubstantial with the emergence of the functionalist sociology of professions. Indeed, the functionalists distinguished between professions and occupations, explaining their differences within the

² Prudential is the adjective associated with the noun expression “practical wisdom”, while “prudence” and “prudencia” are the usual translations from the Greek *phronesis* into Latin languages.

³ According to Aristotle and his commentators, any activity is capable of giving rise to practical wisdom. We might therefore be surprised that the latter serves to identify a particular type of activity. However, sociological work has uncovered several consequences of high-density practical wisdom, which are the distinctive features of said activities. Three will appear here: the need to strike a balance between the activity’s conflicting goals, something which often leads to mobilizations to impose a specific conception of such equilibrium (Champy 2018); the theory of professionalization; the particular vulnerabilities addressed in Part 3. Actually, an accurate list of professions involving prudential practices is impossible to draw up. In certain activities, only one or two of these features are found. However, “*we cannot emphasize this enough*: it is not because their boundaries are unclear that the categories do not exist.” (Héran 2021, p. 83).

framework of a theory of professionalization, showing what distinctive features had permitted certain activities to access the status of a profession, the advantages they derived from it and what social functions were performed by the protection that this professionalization process offered them. The functionalists worked on this theme from the beginning of the century until the end of the 1960s. As early as 1915, in a conference where he spoke about social work, Abraham Flexner presented the recourse to scientific knowledge and the tendency to self-organization as two features of professions. With slight variations, these two themes remained present throughout the half-century when functionalist theories dominated (Champy 2012).

The great functionalist theorist of professions was Talcott Parsons, who conceived society as a living organism within which professions constitute an organ (Parsons 1939, pp. 56–58). His sociology aimed to show that this organ is adapted to its function: by seeking to rationally cope with a series of social problems, professions contribute to the proper functioning of society, whereby professionalization becomes an element within a rationalization process. Parsons reflected upon professions as a whole, inspired by the case of medicine. By taking care of disease, medicine contributes to the functioning of the economic system. It is for this reason that the quality of the patient–doctor relationship has to be protected. Doctors benefit from significant protection in the form of a monopoly of practice, the control of teaching by professionals and strong autonomy in relation to non-doctors (only a doctor can legitimately judge the validity of a medical decision). While monopoly protects against competition in the labor market, autonomy prevents interference in organizations: professional logic is deployed in articulation/competition with the market and the organizational logics of economic life.

According to Parsons, two elements explained these forms of protection. To begin with, only doctors can treat the sick because they have mastered the high-level scientific knowledge indispensable for care: a certain autonomy must be granted to them. The emergence of professions is inseparable from the development of universities as a place of research and training in science for future professionals, as these professions constitute the vector for the application of science to concrete problems⁴. This means that scientific knowledge supports the instrumental rationality of professions. Furthermore, the doctors' work is defined and supervised by the profession, in such a way that doctors use the autonomy conferred on them in the patient's interest. This normative framework is inscribed in the "role" of the doctor, and the "Order" as an institution ensures its respect. In other words, the profession's collective autonomy is more relevant than that of each doctor.

⁴ The same idea is found in Abbott, but with completely different implications (see section 1.2.3).

Primarily inspired in the case of medicine, the Parsonian theory was then softened to account for the professionalization process in law and engineering (Parsons 1968, pp. 536–546), with variations depending on activities and countries (the United States, United Kingdom and continental European countries). Nuancing his 1939 reflections, Parsons then placed less emphasis on the strength of the link between the development of universities and professionalization: the case of engineering showed that professionalization could also be achieved based on practical knowledge, as an extension of craftsmanship (a consideration which weakened his initial theory). Furthermore, even for medicine, the explanation of protection via scientific knowledge was not thoroughly convincing. As we will come back to later, the scientific bases of medicine were still almost non-existent in the second half of the 19th century, when its professionalization process began. Robert Merton, another functionalist, emphasized the lack of seriousness of medical education in the 19th century (Merton 1957).

At length, in 1964, Wilensky published an article where he remarked that more and more occupations were trying to attain a professional status, thus translating the success of the ideas of professionalism/professionalization in the world of work. Wilensky was the last notable functionalist working on professions as he stuck to the differentiation between occupations and professions: while many activities aspired to professionalization, few managed to reach the type of protection that the functionalists sought to explain. According to Wilensky, the service activities which emerged at that moment were not to be confused with professions, because they did not share their distinctive features. His article therefore showed how a functionalist sociologist sought to take into consideration the social developments of their time. However, above all, it represented an attempt to respond to the interactionists, who had already begun to draw radical conclusions from general aspirations for the status of a profession, by denouncing the distinction between professions and occupations, at the cost of new difficulties for the theory of professionalization.

1.2.2. *The interactionist critique*

From the 1950s, sociologists gathered in Chicago, notably around the figure of Everett Hughes, and founded a new school of thought. Among this group, Anselm Strauss, Howard Becker and Eliot Freidson, along with Hughes himself, made an important contribution to the sociology of work and professions based on a virulent critique of functionalism which was dominant at the time. At the end of the 1960s, their approach prevailed. While medicine continued to play a large part in their work, the group's main innovation was to open up the sociology of professions to the study of a wide variety of occupations, which they considered to be just as interesting as professionalized professions:

Specifically we need to rid ourselves of any concepts which keep us from seeing that the essential problems of men at work are the same whether they do their work in the laboratories of some famous institution or in the messiest vat room of a pickle factory. [...] perhaps there is as much to be learned about the high-prestige occupations by applying to them the concepts which naturally come to mind for study of people in the most lowly kinds of work as there is to be learned by applying to other occupations the conceptions developed in connection with the highly valued professions. [...] It is not that it puts one in the position to debunk [them], but simply that processes which are hidden in other occupations come more readily to view in these lowly ones (Hughes 1984, pp. 342–343).

We thus see that the disinterestedness of doctors is more of an ideology than a reality, whereas the difficulty of the problems solved by plumbers makes us aware of their high competence level. In a nutshell, for Hughes, the lack of distinction between professions and occupations was a methodological choice. Any ontological affirmation was still absent, though. On the contrary, Becker asserted that there is no difference between professions and occupations. According to him, the concept of profession is merely a “folk concept” (Becker 1962).

This methodological (and then conceptual) innovation had a major consequence on the study of professionalization. If there is no difference between *professions* and *occupations*, it is futile to try to explain why certain activities have attained the status of profession, while others have not. Interactionists either avoided the question altogether (Hughes’s position), or they presented professional status as the contingent result of struggles due to the advantages it provides (*ibid.*). In both cases, they dismissed any search for the bases of the distinction between professions and other occupations. However, by asserting that professions are only activities that have had better fortune than others in a competition, Becker actually developed a theory of professionalization which must be examined as such. In fact, this position – which has generated an extensive legacy, especially in the French sociology of professional groups – is not tenable.

By neglecting to explain why certain activities have managed to benefit from a professionalization process, while others have not, and simply by relying on ad hoc historical explanations, Becker avoided the pitfall of the functionalist theory: its difficulty in stabilizing the features that explain why an activity has reached the status of a profession, and in formalizing a typically relevant process in the face of the diversity of concrete historical processes. However, the cost was high. Not only did invoking chance or luck amount to purely and simply renouncing any explanation of the status granted to certain activities, but this assumption on chance had been invalidated by the facts, as it failed to account for a strong regularity: the same

activities were protected in various countries. Despite variations, medicine is protected in all countries with a university system and a regulatory state, while other activities, like artisanal or commercial activities, are not protected anywhere. This regularity would be compatible with a chance-based explanation only if the professionalization process had taken place within a supranational framework, leading to the same results in different countries. However, this is not the case. Historians of professions agree on the importance of national frameworks to account for the progress and results of these processes (Malatesta 2006). In fact, these dissociated processes produce a result that is remarkably similar from one country to another. In any case, a theory of professionalization cannot avoid explaining this regularity.

The criticism of the implicit Beckerian theory of professionalization can also be formulated from within interactionism itself. In point of fact, Becker's ontological posture is not representative of this entire trend. Similarly to the functionalists before them, Strauss and Freidson placed medicine at the heart of their research and found unique features in it that they insisted upon, starting from the 1980s. Strauss then wrote:

There are two striking features of health work shared only with certain other kinds of work. One consists of the unexpected and often difficult to control *contingencies* stemming not only from the illness itself, but also from a host of work and organizational sources as well as from biographical and life-style sources pertaining to patients, kin, and staff members themselves. A second and crucial feature of health work is that it is 'people work'. [...] taken together, both features insure that trajectory work harbors the potential for being complex and often highly problematic (Strauss et al. 1985, p. 9).

As for Freidson (1970, 1986), he was critical of professions, studying the misuses of professional power first in medicine, and then more generally. He showed that the scientific knowledge that doctors and members of the other professions invoke to justify their status and autonomy poorly reflects the reality of their activity, where many decisions lack a solid scientific basis, and may therefore appear arbitrary. This criticism is pertinent as it addresses a key theme both for professional rhetoric and functionalist theory: the ability of professionals to base what they do on fully objective reasons. However, Freidson never completely denied the scientific grounds of certain activities: for him, it was the gaps, that is to say, the effective application of knowledge, which posed a problem. Moreover, his later works pleaded for the defense of the professional model against the two other logics, market logic and organization logic (Freidson 1994, 2001), revealing his discomfort with the assertion of indistinctness between professions and occupations. His last works did not provide an original definition of professionalism that would enable us to avoid the pitfalls of functionalism. The quote by Strauss hints at a solution,

suggesting that work is less objective than professionals claim and needs to be protected precisely because the complexity of situations invalidates the application of scientific knowledge. Andrew Abbott's theory is a more elaborate outline of this solution.

1.2.3. Andrew Abbott's theory

The last major theoretical work on professions is that by Abbott (1988), who provided an extremely stimulating theory of professionalization, acknowledging both the contributions of interactionism and those of functionalism. From the interactionists, Abbott took up the criticism of the "distinctive features" approach to professionalization, which he rightly criticized for having oversimplified reality. In contrast to the approach trying to update a professionalization model that was valid everywhere, Abbott claimed to be attentive to the diversity of concrete processes, recognizing within them a large part of contingency. Furthermore, he placed the concrete struggles between the actors and the division of labor at the heart of his theory: what professions are depends less on the adaptation of an organ to a function (as stated by the functionalists), than on their construction through multiple interactions inevitably involving an element of contingency. Finally, as the interactionists did, he studied more numerous and more diverse activities than those the functionalists were interested in. For these reasons, and also no doubt because by imposing its own research standards, interactionism established itself as a prism for reading other works, Abbott is often read as an interactionist, but this reading is incomplete, and the interest of his work also lies in the way in which he avoids the aporias of the interactionist perspective, notably the Beckerian perspective. Three points clearly differentiate him from the interactionists and bring him closer to the functionalists. First of all, Abbott again took up a question close to the functionalists' questions on professionalization, as he sought to discover how professions manage to obtain a lasting protection of their jurisdiction: behind the games of the actors, stability was of great interest to this author. Moreover, he broke with the perspective inherited from Hughes, which was to study every activity in the same way. Instead, he became interested in particular types of professions, those "applying somewhat abstract knowledge to particular cases"⁵ (p. 8). Last, but not least, moving away from the idea of contingency that was dear to interactionists, he thoroughly explained the delimitation of jurisdictions and their protection through the concept of "efficacy", which held a crucial place in his theory. This book aims to take up the interactionist heritage (with the actors, struggles, strategies, contingency and the collective work for constructing the meaning of the social

⁵ Abbott's developments on this definition bring him close to functionalists, since it is the mastery of a body of abstract knowledge that is at stake, as with the doctors and engineers studied by Parsons.

world), while avoiding the radical relativist position which resulted from it and led to an aporia in the theory of professionalization.

How does Abbott manage to reconcile propositions which, in light of previous theories, seem contradictory? How can he speak both of the contingency of processes and the conformity of their results to efficiency requirements? The answer lies in the importance of temporalities in the struggle of profession members for certain jurisdictions, that is, to impose a relationship between a set of tasks and their profession. Abbott discerns between three arenas in which the efficiency of the response provided by a profession to a problem is recognized according to a very different temporality: the workplace, public opinion and the legal system (*ibid.*, pp. 59–60). It is at the workplace that the division of labor adapts itself most quickly to efficiency requirements, because daily relationships prevent the lasting concealment of efficiency gaps between various solutions. When the members of an occupation in competition with others provide a more efficient solution to a problem, it will only take two or three years for this solution to be adopted. The image that professions give of their work to the lay public far from the workplace evolves at a slower pace: Abbott estimates the time it takes for this public to become aware of the change in the division of labor to be 10–20 years. Ultimately, the arena of the legislative or administrative system is even slower than that: it is only after 20–50 years that the administrative system formalizes any modification of the division of labor. The sluggishness of this process leaves room for power games, enabling some occupations to gain momentary advantages that the efficiency of their work does not justify: there is the place for the contingencies interactionists have insisted so much upon. However, according to Abbott, in the end efficiency is indeed the main factor which determines the sharing of jurisdictions, and which limits the contingent effects of the power games interactionists have emphasized⁶.

Neither functionalist nor interactionist, this sophisticated theory describes how the division of labor and its recognition enshrined in law for certain professions end up conforming to what allows for the greatest efficiency of work; it contains a blind spot that its sophistication has long hidden. By describing *how* professionals gradually obtain the recognition of a jurisdiction in three successive arenas, it does not explain *why* the public authorities grant formal protection of this jurisdiction to some of them. Professionalization therefore remains unexplained. Furthermore, this blind spot leads to a contradiction: if the struggles at the workplace cause a new, more effective division of labor within a short period of time, as soon as an

6 For a more detailed presentation of this theory, see Champy (2012).

innovation justifies replacing the old one, any obstacle to competition between the members of different occupations can hinder this adaptation, and thus the efficiency. By protecting a profession's jurisdiction, public authorities freeze a division of labor that may not always be the most efficient. Not only does Abbott's theory not explain this formal protection, but the existence of such protection seems to invalidate the theory, as it can hinder efficiency, which plays a key role in this theory.

One solution, which is simple but not obvious, is that what is fragile and threatened and, for one reason or another, precious is secured. In fact, Abbott's book allows us to understand that professional jurisdictions are made vulnerable to competition by the difficulties that professional work faces, because it aims in "applying somewhat abstract knowledge to particular cases". For the activities Abbott was interested in, the application of abstract knowledge presents the risk of not sufficiently taking into consideration the complexity and singularity of the concrete cases discussed, thus facilitating the criticism of the work and the competition's claims over that market share. Besides, the very difficulties for applying knowledge to particular cases give reason to ensure that only qualified professionals can achieve this.

One of the originalities of this book is to propose an imposing theory of professional work, closely related to the theory of professionalization. According to Abbott, work has three dimensions: diagnosis, treatment and, between the two, inference, to which he devotes long passages. "Inference is undertaken when the connection between diagnosis and treatment is obscure" (*ibid.*, p. 49). The inference chain serves to reflexively adapt the treatment to each unique case encountered. Indeed, this chain's length holds a significant place in the theory. If this chain is too short, the treatment can be inferred from the diagnosis and the profession's jurisdiction is fragile because this makes it easy for non-specialists to replace professionals: there is then a risk of an excessive mechanization of professional work. Conversely, if the chain is too long, the link between treatment and diagnosis becomes tenuous; therefore, the treatment seems purely subjective and no longer makes it possible to stabilize a jurisdiction. The activity then becomes vulnerable to interference from people outside the profession (e.g. the organization's management) and to jurisdictional claims by competitors. In other words, inference is used to search for an answer that cannot be obtained from objective deduction, but which cannot be contingent, either. Also, the jurisdiction can only be protected, provided that the work presents these qualities: it is not mechanical, but does not appear as totally contingent. Now these are precisely the qualities of practical wisdom, in the philosophical sense. Let us tackle that question.

1.3. The protection of professions with prudential practice

1.3.1. *The fragilities of practical wisdom and the theory of professionalization*

While the fragilities of practical wisdom seem to be able to justify the jurisdiction of prudential professions being formally protected, this is not the case for activities where practical wisdom plays a lesser role. Absent from Abbott's theory, this philosophical concept allows us to reflect upon this dead angle and escape from the aporias inherited from functionalism and interactionism. Before delving into what supports this thesis, let us explore what prudential professions are.

Practical wisdom is a mode of thinking that guides action in situations whose singularity and complexity entail irreducible uncertainty (Aubenque 1963). It is also a virtue, in that it aims to avoid the harm which could befall others if such uncertainty was ignored. Ultimately, this concept designates the dispositions and the aptitudes required to understand situations in which the mechanical application of abstract rules, formalized procedures, scientific knowledge or routines may lead to errors. On the contrary, particular attention to the concrete characteristics of each situation is required⁷.

Medicine (which is the activity most studied by functionalists and interactionists) is (also) the prudential activity *par excellence*, and often taken as an example by Aristotle and his main commentators (ibid.; Ricoeur 2001), as it deals with the individuality of patients and the complexity of the human body and psyche. The uncertainty with regard to the diagnosis and the efficiency of treatments illustrates the general features of prudential activities very well. However, many other activities also encompass a significant prudential dimension. Other health care professions, those relating to social work, architecture, design, industrial project management, teaching, research, justice, policing, diplomacy, the conduct of war and more generally government and finance, are also activities where practical wisdom is outstandingly useful – or at least could be, because it is conspicuously lacking in some of them, for example, in finance (Stiglitz 2003). While our intent is not to list them all, this enumeration does let us appreciate that these activities are ones that face one or more of the following four sources of uncertainty: the complexity and singularity of people (for caregivers, educators, social workers or even police officers), social scenarios (police officers, magistrates, researchers, diplomats) or complex objects (architects, researchers, project managers in industry), as well as the impossibility of directly knowing past events that could determine the course of

⁷ For a more general discussion of the concept of practical wisdom or prudence, their uses and the challenges associated with them, please refer to Champy (2022).

action to be taken (police officers, magistrates), where once again, complexity prevents us from reaching certainty about the past based on what is known in the present.

In all these activities, prudent action is fragile for several reasons. While professional action based on scientific knowledge could invoke the strength of scientific certainty, practical wisdom is required when this knowledge leaves room for the subsistence of irreducible uncertainties. This is why prudent action is conjectural. Acting in a situation of uncertainty, the prudent person must sometimes rely on gambles which – even if counterbalanced by the experience of more or less similar cases – can turn out to be unfortunate. This requires knowing how to take the risk of making a mistake, and if necessary, showing boldness⁸. In addition, practical wisdom is deliberative, and these deliberations should often concern not only the activity's means, but also its ends. Sometimes, the complexity of the cases treated prevents each of the activity's ends from being satisfied, no matter how desirable these may be. For example, in medicine, we have to maximize the chances of a cure, while limiting the inconveniences and the risks of treatments. This gives prudent action a political dimension⁹. The conjectural and political dimensions of practical wisdom prevent us from finding all the answers to difficulties exclusively in the technique alone. They nuance these responses with an irreducible element of subjectivity, in contrast with the objectivity professed by the representatives of professions and by functionalists. The following will show the importance of this point.

The members of professions involving prudential practices are more exposed than others to having their decisions contested, not because they are bad professionals, but because they face complex and uncertain scenarios¹⁰. The public may then be tempted to withdraw their trust and turn to competitors, hence the particular vulnerability of prudential activities in terms of market competition. Furthermore, the arrival of poorly trained and inexperienced non-professionals on these markets would be all the more risky, given the fact that the cases treated are complex. This all explains why the public authorities have conferred protection against competition on certain activities, in exchange for guarantees regarding the

8 This remark is particularly important for readers working in Latin languages where the translation of *phronesis* as prudence or prudencia adds a connotation of pusillanimity, which is highly likely to produce a misinterpretation.

9 Research on palliative care has shown that, when confronted with curative routines which are difficult to justify, debates on professional practices become politicized (Castra 2003). This is the first distinctive feature of professions involving prudential practices (see footnote 3).

10 However, any professional activity also has its share of simple cases, which avoid the difficulties discussed here.

activity's training and control. Furthermore, not being able to sustain objectivity throughout their most difficult decisions makes professionals vulnerable to claims and interference from the non-professionals in organizations. Thus, the need for practical wisdom also accounts for the protection of professionals against external interference with their work¹¹. The fragilities due to the high density of practical wisdom in certain activities therefore constitute a coherent explanation for the protection conferred within the framework of professionalization processes.

A second argument in support of this theory of professionalization is that activities protected from market competition and interference in organizations are activities requiring a significant amount of practical wisdom¹². Conversely, certain activities with a high density of practical wisdom are not protected or are poorly protected, as in the case of social work¹³. However, the regularity is no less strong. It is perhaps even more so if we consider gradations. Even if the modalities differ from one country to another, medicine, the prudential activity *par excellence*, is also the most protected in all countries. Legal professions are quite comparable everywhere; architecture is protected in almost all industrialized countries, but less strongly. The question was even raised in the case of social work. Although a professionalization process was launched, it was unsuccessful (this aspect will be discussed later). On the other hand, many activities are not protected anywhere: blue-collar occupations; artisanal and commercial activities. The similarity of results produced within different national frameworks is sufficiently clear to show the need for having them addressed by a theory of professionalization.

The demonstration developed here also includes a third argument. In the period when members of certain activities struggled to obtain a professional status, the conception of professionalism underlying those struggles gave ample room to the idea of practical wisdom. Thus, at the turn of the 19th and 20th centuries, the descriptions of professional work in treatises and discourses borrowed heavily from

11 Similarities to several themes of Abbott's theory appear here: the idea of articulation between the abstract and the concrete; the idea of uncertainty about what to do; the idea that the objectivity of responses to a problem is more of a horizon than a reality; and finally, the idea of inference.

12 "Closed markets" (Paradeise 1984), which only protect against competition, fall under another theoretical explanation.

13 Further research would be useful to shed light on the reasons why prudential activities are more or less protected. The hints appearing in view of the historical material and the theories available relate to the density of practical wisdom, the length of inference chains, the relationships with other professions and the capacity to mask the political dimension of the work which is consubstantial with said activities but which, when perceived, can encourage interference from those in power.

the features of prudential activity. Let us consider the examples of medicine and social work.

1.3.2. *The professionalization of American medicine*

One of the criticisms formulated with regard to functionalism is that, especially in the United States, the profession's recognition and the reorganization of medical studies preceded the advent of medical practice, largely based on the application of scientific knowledge. The historical fresco that Paul Starr dedicated to American medicine between the mid-18th and the end of the 20th century confirms this observation: the protection that medicine began to obtain at the end of the 19th century followed an *aggiornamento* of the activity which began with a movement toward the concrete and a great distrust of the metaphysical abstraction at the beginning of the century (Starr 1982, pp. 54–56). After the first decades of the century, greater emphasis was increasingly placed on clinical observation. In addition, this achievement of recognition was accompanied by therapeutic skepticism, which lasted until the end of the century. Modestly, medicine then became more interested in the social conditions of illness, which translated into a more holistic and less technical approach, as well as a more preventive than curative perspective. Starr also emphasized the importance given to experience and judgment in the representation of doctors. While medicine was discredited in the first half of the 19th century, the reconquest of authority and recognition followed a general attitude strongly evoking the characteristics of practical wisdom.

Two institutions played a prominent role in the educational innovations of the end of the 19th century: Johns Hopkins University and Oxford University, where two personalities had considerable influence: William Welch and William Osler. A novelty in the courses offered lay in the rapprochement with science. In order to break away from training based on “didactic lectures” (ibid., p. 114), universities equipped themselves with laboratories and scientific research became part of the curriculum for future doctors. However, the prevailing conception of medical work continued to give a significant role to empirics and experience. In 1893, a reform in the training at Johns Hopkins gave equal importance to scientific research and clinical instruction. Of the four years of training, two were devoted to on-the-job learning. Starr particularly insisted on this point: “though Hopkins accentuated science, it did not stand for a narrowly technical vision of medicine; this was the secret of its special *éclat*” (ibid., p. 116). Furthermore, Welch and Osler were both committed to ensuring that future doctors had a solid general culture, which should guide their judgment. This aspect highlights their awareness of the non-technical dimension of the activity. By insisting on experience and general knowledge, and even if they did not use the concept, Welch and Osler offered a portrayal of the prudent man.

1.3.3. *Medicine and doctors according to Osler*

A teacher at Johns Hopkins and then dean of the medical school at Oxford from 1905, Osler gave numerous addresses (to medical students, nurses and practitioners of medicine) on his conception of medicine¹⁴, which served as a reference not only in medicine, but also for other activities. The idea of practical wisdom permeated those addresses. The latter certainly included themes that the functionalist theory of professionalization had highlighted and even taken up at face value, such as “disinterestedness”: Osler presented the medical career as a vocation¹⁵, and balanced this life of sacrifice with the symbolic rewards associated with devotion to your neighbor. Likewise, science played a large part in his addresses, the clinician having to rely on the knowledge of three disciplines: chemistry, anatomy and physiology. At Johns Hopkins and then at Oxford, Osler effectively ensured that research laboratories in those disciplines were set up at the hospital and for training. He also insisted on the idea that science is not always enough to know what to do: “Is there then no science in medicine? Yes, but in parts only” (ibid., p. 36). “Wisdom” is required to make the right decisions and best care for the sick, several themes linking this conception of wisdom with the philosophical concept¹⁶.

Osler emphasized the uncertainty inherent in medical work. In 1889, he warned students at the University of Pennsylvania:

a distressing feature in the life which you are about to enter [...] is the uncertainty which pertains not alone to our science and art, but to the very hopes and fears which make us men. In seeking absolute truth we aim at the unattainable, and must be content with finding broken portions (p. 7).

The processes of disease are so complex that it is excessively difficult to search out the laws which control them (p. 128). Failures are therefore inevitable despite scientific progress (p. 8). Osler also addressed the difficult tensions to be overcome between competing goals of this multidimensional work, of which cure, education and prevention are the essential dimensions (p. 125). We understand that medicine is “one of the most difficult arts in the world to acquire” (pp. 23–24).

14 These addresses were compiled during his lifetime. I refer here to the 2nd edition, from 1914: <https://archive.org/details/2aequanimitaswit00osleuoft/page/12/mode/2up?ref=ol&view=theater>.

15 The doctor strives “ten years for bread, ten years for bread and butter, and twenty years for cakes and ale” (ibid., p. 142).

16 Osler used the terms *wise* and *wisdom* on several occasions.

In front of the students, Osler extended the description of the activity with the presentation of his ideas on training and insisted as much on the moral qualities required for the doctor to face work-related difficulties as on the scientific knowledge required: equanimity, imperturbability, presence of mind, sound judgment, ability to make decisions, ability to control emotions and courage (pp. 132–133). Indeed, these qualities are those that philosophers attribute to prudent people (Aubenque 1963). In Osler's addresses, difficulty, fallibility and humility clearly go hand in hand (p. 39): in the face of uncertainty, doctors must be aware of their own limitations and know how to learn from their mistakes (p. 40). Training is only longer and more difficult as the acquisition of abstract knowledge does not suffice in itself. It is a long process along which many experiences accumulate. The quality of the doctor depends as much (or even more) on a dearly acquired culture as on knowledge which can be formalized and systematically transmitted¹⁷. Osler therefore valued experience highly, upon which the ability to make relevant judgments is based. He spoke of the need for broad, thorough and prolonged clinical training and the importance of placing the student in close contact with the patient, diversifying the experiences encountered in training as much as possible (p. 145). Osler played a large role in the establishment and diffusion of the internship, which is emblematic of non-systematic training, by osmosis. However, a crucial quality for learning from experience (i.e. from success and failure) is modesty (pp. 130–131), a personal quality that cannot be transmitted. According to Osler, wisdom dies with the doctor (p. 140).

1.3.4. The “social case work” according to Mary Richmond¹⁸

Osler's position is of even more historical interest as other professions have been inspired by his way of thinking on practice and training based on the requirement for adaptation to reality and the difficulties this entails. In response to a conference by Flexner, which rejected that social work had the qualities required to access the status of a profession, Mary Richmond published several works aimed at showing why this work is on the contrary highly qualified and can only be accomplished by professionals. One of these works is devoted to social diagnosis (Richmond 1917). We will focus here on another, more complete publication, because it is a later work and covers broader themes: *Social Case Work*, published in 1922. The title properly sums up its central argument: social work always deals with unique cases.

17 “The kindly fruits of the earth are easily grown; the finer fruits of the mind are of slower development and require prolonged cultivation” (p. 29).

18 I owe to Lilian Gravière the idea of bringing together the writings of Richmond and the idea of practical wisdom. On his own work, see, for example, Gravière (2013).

Passages devoted to the theme of professionalization show that the aim is to give social work access to the status of a profession. To do this, the book systematically addresses Richmond's conception of social work; however, the presentation, albeit not systematic, reflects a conception of transmission where "a record [of former cases] [...] can be unexcelled material for training other case workers" (p. 28): the presentation is built upon the examination of six cases in which individuals or families in difficulty received support. Inspired by these cases, Richmond develops themes similar to those of Osler. The idea of complexity comes up regularly to qualify both society and people, who must be assisted in finding a sense of their place and reintegration in society (p. 134). Richmond emphasizes the uncertainty of how this process would unfold (p. 106). She repeatedly mentions the need to individualize work¹⁹, to approach each person as wholly as possible, according to a holistic method combining economic, educational, health, psychological, social and cultural considerations (pp. 98–99) with deeper insights (p. 106), taking into consideration both social resources and the negative influences that the person's environment may contain, and being quite prudent²⁰ to pay attention to details and keep them in mind. This attention to detail, which excludes taking refuge in abstraction, is also the condition for a broader view: "the professional worker who, in any field, has imagination enough to deal effectively with concrete things, to scrutinize them and 'put them together without abstraction', is also likely to be the one who can be trusted to see their larger relations" (p. 243).

Social workers must be wary of anything that standardizes or mechanizes their activity: by visiting a family at any time, they avoid routines that are prejudicial to a proper understanding of the person and their environment (p. 75); they must avoid reducing people to categories (p. 155). The work takes time (pp. 125, 142), and carrying it out in depth requires strength (p. 155), especially since the practical working conditions do not help (pp. 217, 252). Thorough as it may be though, this work cannot remove all the uncertainties inherent in the support process²¹: the accurate and definitive diagnosis of the person's problems can only be made at the end of treatment (p. 105).

Richmond's portrait of good social workers agrees with Osler's portrait of doctors on the qualities usually noted in prudent persons: humility, patience, a sense of observation, discernment, polyvalence, firmness and the ability to decide²².

19 It is a real mantra in her presentation (see pp. 22, 34, 42, 92, 98–99, 150).

20 "Careful to keep in mind" (p. 47). As with Osler, any precise translation of *phronesis* is absent. However, "wise" also comes up several times (pp. 24, 42, 167).

21 The expression "deeper insights" (p. 105), almost an oxymoron, reminds us that deep work only allows us to gather insights, as opposed to an exhaustive analysis.

22 See pp. 24, 75, 80, 86, 90, 125, 143, 163.

Although these qualities are partly moral, they can be cultivated through experience. Thanks to them, the professional is better equipped than any other worker to gather the information required regarding a person and their environment, and then make an informed (i.e. personalized) decision.

1.3.5. Professionalization theories and historical facts

The attempt to obtain recognition of social work as a profession failed²³, which showed that working on singular and complex cases did not suffice. However, Richmond's work allows us to describe the features of professionalism as something very different from what had hitherto drawn the attention of sociological theories. Like Osler's addresses, it revealed that workers seeking to have their activity recognized as a profession placed less emphasis on scientific knowledge than on the difficulties and strong uncertainties their activity is confronted with, as well as on the need for anchoring work in concrete reality. The examples in Richmond's book illustrate even better than Osler's more general addresses the links between the impossibility of completely knowing a person and the relationships the person establishes with their environment, on the one hand, and the uncertainties that result from this, the difficulty of the decisions to be made, the inevitable conjectures and the boldness and discernment that the social worker must demonstrate, on the other hand. At the end of the 19th century and the beginning of the 20th, the members of the occupations seeking to access the status of a profession held a conception of professionalism that allows us to speak of *prudential professionalism*. Even if insufficient, the high density of practical wisdom is a reason for protection. This thesis avoids both the functionalist error overestimating the role of science, and the Beckerian aporia of explanation by contingency.

A perusal of the role played by case work in Richmond's research invites a more general comment: *case work* is present in other activities. We have seen it at work in medicine, with Osler's comments on teaching at the patient's bedside. Its source is found in law, with judgment commentaries and jurisprudence studies: casuistry is a discipline in itself. A variation of it is training games²⁴ and simulations. In all these

23 This is in fact only partial failure. The difference with recognized professions is that protection against competition is organized within the framework of employment, subjecting workers to strong hierarchical pressure. Social work is also sometimes referred to as a semi-profession. For a broad overview of social work activities, see Kuehni (2019).

24 Close but different from working on real cases, training games and simulations appeal to fictitious situations to learn the profession. In a thesis devoted to these, Léo Touzet shows the role of training exercises for war and their introduction by Vital Roux into management training, at the beginning of the 19th century (Touzet 2016).

areas, application is a skill in itself, because framing concrete cases against general rules requires discernment. As Schön has shown, this explains training modalities which greatly differ from didactic teaching based on abstract knowledge (Schön 1994). However, he also showed that this conception of professionalism declined in the 20th century to the benefit of the idea of “applied science”²⁵, with consequences that the idea of practical wisdom illuminates.

1.4. Objectivity, professionalism metamorphoses and vulnerabilities

1.4.1. *The end of the golden age for professions*

Unless it helped us to understand the present, a new professionalization theory would only be a scholastic exercise. As a matter of fact, this theory sheds light on a series of recent developments closely studied by the sociologists of professions and political scientists under various names: challenges to professionalism (Ravon and Vidal-Naquet 2016), a decline in autonomy (Bezes et al. 2011), deprofessionalization²⁶, a decline in occupational professionalism in favor of organizational professionalism (Fournier 1999; Evetts 2003) and a degradation of the “service relationship” to “service provision” (Demailly 1998). These themes on developments share similarities, as evidenced by common topics: the role frequently attributed to new public management and more generally to managers, the primacy of economic goals over social considerations, the deterioration of working conditions, the feeling among professionals that it is increasingly difficult to conduct their work as they deem appropriate, or even the tension between an injunction to autonomy and resources and working conditions not conducive to the peaceful exercise of said autonomy²⁷. These similarities lead us to wonder to what extent these labels designate substantially different processes or refer to scattered attempts to thematize similar (or even indistinct) processes. Here, the number of pages only allows us to respond by preterition. I would only like to show that these similarities or proximities stand out, and all the more so if we are interested in the prudential dimension of the activities concerned. The relationship with practical wisdom is also

25 It thus appears that functionalism, a good product of its time, came from the importation of this idea of applied science into sociology.

26 See the “deprofessionalization” dossier from the journal *Recherche et formation*, no. 72, 2013, and its discussion by Champy (2014).

27 On these injunctions to autonomy, the difficulties in responding to them and the suffering that this causes, please refer to the chapter by Arnaud Mias hereafter. These difficulties are not specific to the world of professions or work: they became a general feature of modern societies by the end of the 20th century. On this theme, see, in particular, Ehrenberg (2000) and Castel (1995).

explicit in several authors, notably regarding social work (Ravon and Vidal-Naquet 2016; Kuehni 2019), care activities (Pierru 2013) and architecture (Champy 2011).

Building on these works and on others which have not yet established this link, we will defend a thesis across four points. (1) One of the main challenges of these developments is the greater or lesser possibility left to professionals to conduct their work in a prudential manner. (2) Without constituting sufficient explanations for these developments, new public management and organizational professionalism strongly contribute to them, and their strength is closely linked to the general decline in the idea of practical wisdom. Bearing a conception of rationality from which the requirements of practical wisdom are absent, in contexts marked by strong contingency, organizational professionalism is engaged in this movement which encourages less practical wisdom. By implementing standards and systems which can be explained by this conception of rationality, new public management has an impact on the work of members exercising prudential activities. (3) These cultural and managerial developments subject professionals to challenges to professionalism, which act as additional sources of complexity or uncertainty to their work. (4) The concept of practical wisdom helps us to see that the effects on the quality of services are a real and broader challenge than the effects on autonomy, because they concern the recipients of the work, not only the professionals.

To defend these theses, we will first study the relationships between organizational professionalism and new public management with practical wisdom. Then we will show how an inaccessible objectivity goal is imposed regarding professional practices. Finally, we will discuss the responses that professionals provide to the challenges these developments constitute.

1.4.2. Organizational professionalism, new public management and practical wisdom

In Fournier (1999) and Evetts (2003), the expression “occupational professionalism” designates a conception of professionalism which underpinned professionalization processes at their beginnings. This professionalism goes hand in hand with a demand for autonomy presented by professionals as essential to the quality of the service provided. Having emerged more recently, organizational professionalism diverges from the values of the former. It makes reference to the interests of the recipients of professional services to impose the following assessment criteria for gauging the quality of work: the predictability of the work process and its results, the conformity of the latter to quality standards, the respect of predefined deadlines for fulfilling the task and increasing the productivity of this task. Not only are these criteria that now define professionalism dissociated from the

profession, but the values of organizational professionalism are unattainable in situations of irreducible uncertainty where practical wisdom is required.

The idea that work is too variable and should be more objective plays an important role in the attempts to make it more efficient: management thus bases its actions on a criticism of professions close to that of Freidson's early works (see above). However, the objectivity of a response to a problem would require the removal of all uncertainty. The concept of practical wisdom helps us to perceive that, as long as uncertainties remain, the choice of the most relevant actions can only be conjectural, and therefore subjective. While experience helps in choosing the most pertinent action²⁸, any risk of error cannot be completely ruled out. Likewise, the predictability of the time devoted to a piece of work is only possible for simple cases: in the face of complex and uncertain situations, time contains an element of unpredictability. This is why the demand for performance is based on a denial of the complexity of certain cases or certain tasks, and professionals who nonetheless try to satisfy it risk not taking such complexity sufficiently into account in their work. Research by Nicolas Belorgey on hospital emergency services showed that the injunction to reduce the waiting time of patients who spontaneously showed up at the medical service resulted in an increase in the rate of return to the hospital in the subsequent hours or days (Belorgey 2010). Working faster, caregivers make more decisions that do not take into account the uncertainties and possible dangers regarding the rest of the patients' health process sufficiently. Even if the requirements of organizational professionalism seem to be common sense (is not it better to be objective and efficient at work?), they can only be taken literally at the cost of negating the complexity of work in prudential activities.

Organizational professionalism is not, however, a creation totally foreign to professions, imposed on them from the outside to combat and supplant occupational professionalism (deemed corporatist). On the contrary, precisely because its values seem self-evident, they were already present in occupational professionalism. The search for the most objective possible answer explains the place given to science in the professionalization work carried out by Osler for medicine and, to a lesser extent, by Richmond for social work²⁹. However, this interest in science was counterbalanced by an awareness of its limitations and work-related difficulties. Furthermore, the claim to objectivity responded to a social demand. In his history of American medicine, Starr narrates how, in the first half of the 19th century, doctors

28 In no way are all answers equivalent, and one of the interests of the concept of practical wisdom is that it offers a way out from the opposition between rationalism as a narrow conception of rationality and radical relativism (Champy 2022).

29 Mentioned in *Social Case Work*, science plays a slightly more important role in *Social Diagnosis* (Richmond 1917).

had identified this demand and learned to respond to it fallaciously, by presenting themselves to their patients as more self-assured than they actually were. Professionalism then came down to knowing how to exude an appearance of objectivity and certainty, even if this meant having to lie to customers³⁰.

Certainly, in the second half of the 19th century, the *aggiornamento* of medicine was driven by more modest and more realistic positions, which acknowledged the prudential dimension of the activity, to the point of making it the cornerstone of professional discourse. However, as medical progress became more substantial, the demand for objectivity and certainty could only increase, and it became ever more difficult to refer to uncertainties and difficulties to avoid having to provide answers. Expectations that are increasingly difficult to meet are aimed at doctors, and more broadly at members of professions involving prudential practices³¹. The conception of professionalism that is gradually establishing itself increasingly requires professionals to conform, thereby reducing the space left to the demands of practical wisdom. It is therefore understandable that sociologists ignoring authors like Osler and Richmond specifically insisted on the theme of objectivity in professional rhetoric, overlooking the fact that this was marginal at the beginning of the history of the professions (Parsons 1939, pp. 56–58; Paradeise 1985).

New public management thrives on this soil which is barely conducive to practical wisdom: culturally, its values are those of organizational professionalism, but it adds an important dimension to the developments already described. While practical wisdom presupposes a strong anchoring of action in a concrete reality, an essential characteristic of new public management is that it promotes the remote control of the activity of profession members (Evetts 2003), by poorly connected managers in the real areas where the professionals perform³². Through this remote control, new public management goes against what representatives of professions

30 Further in the past, this observation can be compared to the plays of Molière, in which doctors spoke Latin just to give the impression they were tapping into mysterious knowledge, when they were actually being inconsistent.

31 These excessive expectations of what professionals can do have been brought to light by Beck's work on the growing demand for security in an uncertain world (1986). More recently, works by Marc Lorient on fatigue (Lorient 1999), and Sébastien Dalgalarro and Boris Hauray on aging (Dalgalarro and Hauray 2015) study the construction of new medical problems at the crossroads of rising customer expectations and medical responses, which are sometimes less well-founded than doctors may try to make us believe.

32 This also happens when managers have been trained within the profession, as is evident in the distinction made by Freidson between practitioners, teachers and managers in the same profession (three categories whose experiences and values can only drift apart over time).

like Osler and Richmond had clearly grasped: that the quality of work largely depends on its anchoring in concrete reality.

To assume this remote control, new public management has recourse to a set of tools properly studied by sociologists: indicators, rules and procedures for evaluation and accountability. Let us go back to the example of the hospital emergency department studied by Nicolas Belorgey. The time for which patients wait for a medical response is interpreted as information regarding work quality. Belorgey shows the perverse effects of its use. The error is to turn this indication – which is only one among many required to assess work – into an exclusive indicator whose value is unquestioningly considered with regard to what it can reflect/produce; in other words, with no practical wisdom. These indicators producing results contrary to the ones expected from their implementation therefore constitute a recurring problem for organizations (Beauvallet 2009). Broadly speaking, the link between indicators and a lack of practical wisdom has been clarified by Porter's work, who showed that the recourse to numbers is often based on an irrational faith in their relevance (Porter 1995). Practical wisdom, however, is not opposed to numbers, which are often essential to describing a situation, but practical wisdom does not allow their mechanical use and their fetishization. It presupposes a conscientious pondering of their deeper meaning and the concrete reality they supposedly mirror. The prudential use of numbers starts from the observation that they constitute schematizations of reality and must be taken as such, contemplating what assumptions their construction is based upon, to what uses they are adapted and what parts of reality they leave outside their scope. It is not the figure that poses a problem. It is the distance its use allows, contravening the prudential anchoring of action in concrete reality, and the feebly grounded certainties it generates.

Exactly the same happens with rules, another central tool in the arsenal of new public management. Rules can help in the prudential conduct of work: quality standards require certain dimensions of work to be effectively taken into account; highly coded legal procedures make it possible to avoid errors and injustices by protecting prudential forms of deliberation. However, this contribution to the construction of a work framework conducive to practical wisdom depends on three sets of rule characteristics: their degree of adaptation to the concrete reality, their greater or lesser degree of flexibility and their stability. In fact, new public management, and more generally remote management, presents significant shortcomings from each of these three perspectives. In a summary article on "organizational work", Marie-Anne Dujarier evokes the frequent failures of hierarchy in adapting rules (Dujarier 2006). Organizational work is defined as an effort which should continually adapt rules to the reality of the work they govern. It is based on

negotiations and exchanges between successive levels, forming a pyramid going from the recipients of the service and the workers engaged in concrete work, up to the organization's management³³. This work should enable the organization to adapt to tasks and the environment, limiting the time and extent of the inevitable mismatches between the organization's goals and concrete practices. Extensive research has shown that this work is no longer done, or only at the lower levels (ibid.). Higher levels of the hierarchy ignore (or feign ignorance of) the complexity of the lower levels, forcing the latter to shoulder the gap between what should be done (prescribed work) and what can actually be done. This is where the second characteristic of rules comes into play. These inadequacies would be easier to bear if professionals were authorized to free themselves from the rules when a case or situation clearly highlights the benefit of such transgression. However, that is not the case. On the contrary, surveys point out the obligation professionals often find themselves in to apply a rule they consider harmful, and the personal risks they would take otherwise. Professionals must learn to deal with both the complexity of the cases and situations they deal with, and the constraints of the rule system. In fact – and this is the third point – learning often has to be restarted, because these rules change at a sustained pace, which adds uncertainties to those consubstantial with prudential activities³⁴.

In short, the narrow conception of rationality underlying organizational professionalism and new public management ignores the demands of practical wisdom. As a result, the activities most affected by these “rationalist” logics should be the professions involving prudential practices. A look at the activities which have given rise to work or debate on this theme supports this thesis. After all, it is in the prudential professions that the observations of a deterioration in activity have been most documented. Countless works concern social work (Kuehni 2019), research (Bruno 2008), the judiciary field (Vauchez and Willemez 2007), architecture (Champy 2011), health care professions (Juven et al. 2019) or even the police (Lemaire 2016). As a matter of fact, less prudential activities also face difficulties due to the intensification of work or changes in their supervision, but as far as they are concerned, most challenges concern domination relationships within the framework of the organization or the company (Champy 2014). In prudential activities, on the other hand, the tasks to be carried out are directly affected at their

33 Marie-Anne Dujarier differentiates between the organizational work successively carried out by (1) boards of directors; (2) upper managers assisted by experts; (3) lower managers and their teams; (4) local operational teams; (5) interactions between the employee and the customer or service user; and (6) each worker during the performance of a task.

34 On these last two points, see the chapter by Arnaud Mias in this volume, the article by Dujarier or for an example relating to social work (Lascar 2016).

core and the meaning of work itself is at stake: two paradigms oppose one another. Since the 1990s, attempts to implement evidence-based practice (EBP), based on the evidence-based medicine (EBM) model, have accurately reflected the tensions between these opposing paradigms.

1.4.3. *The stubborn mirage of the scientificity of practices*

Associated by some with the triumph of rationality and criticized by others, EBM represented an important innovation in medical practice. Its development was based on a distrust of doctors' experience: relying on the latter leads to heterogeneous practices, some of which are necessarily less relevant than others (Bergeron et al. 2015, pp. 140–148). EBM aims to identify and promote best practices through three mechanisms: therapeutic trials used to objectify treatment efficiency, a meta-analysis of data collected across different trials, and best practices guidelines that make the results obtained available to caregivers. The goal is to reach greater objectivity. Bergeron et al. (2015) identified the limitations of EBM, which can in no way be reduced to a triumph of rationality. These limitations include the heterogeneity of best practices guidelines for the same pathology; situations where the application of guidelines would pose a risk; situations where the guidelines point to several options; and political uses. According to the authors, EBM shifts uncertainty rather than reducing it, which leaves an irreducible place for individual judgment in decisions. Now, this illustrates the profound nature of medicine as a prudential activity: despite having divergent principles, factual medicine and practical wisdom are not opposed in practice. On the contrary, while EBM does not abolish prudential judgment, practical wisdom also involves relying on existing relevant data to best adapt treatments to patients' pathologies. However, best practices guidelines must be produced and used with practical wisdom. The challenge lies in the articulation of formalization and reflection, which seems very successful in medicine, according to the research and the broad consensus to which EBM was recently subject (even if it does not reach the pure and complete rationality some attribute to it, since this limitless rationality is inaccessible in a situation of uncertainty).

The awareness that factual medicine does not achieve its objectivity ideal nor does it suspend all judgment has not hindered attempts to apply its logic with unfounded rationalist hopes to even more rebellious epistemological areas (less well anchored in science than medicine). Twenty years ago, Trinder and Reynolds (2000) showed the role played by managerial culture in the diffusion of this logic to areas like probation practices, social work, education and human resource management. What the authors showed at that moment still holds true at present. EBP devalues

the experience of professionals and aims to reduce their autonomy. But at least two things are missing for it to be as relevant as in medicine: reliable, easily measurable data, which are recognized as relevant by segments of the professions whose judgment is considered as relevant because of both their size and the positions of their representatives; sufficiently clear and shared goals for action. Correspondingly, the actors who promote EBP use it far from the methodological canons of EBM, and even in more various ways. For example, double-blind trials are generally absent from protocol development. However, these differences are still blind spots, and such forms of EBP are not subject to the type of evaluation they deem essential for professional practices. Hence, the idea that EBP only promotes a dangerous illusion of objectivity:

a particular version of science is a blunt or brutal instrument for dealing with the complexity of human behavior, emotions and relationships. Extending this further it is possible that the apparent cleanliness and transparency of science may go beyond failing to do justice to complexity, and may even simplify and distort the picture that is seen, with significant consequences for practice (ibid., p. 151).

Finally, despite these long-standing criticisms, attempts to base the work on conclusive data do not falter for education (Saussez and Lessard 2009; Larose et al. 2011), social work (Kuehni 2019) or psychology (Durieux et al. 2017). On the contrary, they are progressing, including in the analysis of public policies, through evidence-based policy making (EBPM), for which the same criticisms against “overly technicist and rationalist perspectives” are resurfacing (Castel 2018).

EBP illustrates what is at stake in the attempts from management to control professions involving prudential practices: a denial of complexity, uncertainties and the irreplaceable role of experience in coping with them. However, the anti-prudential logic underlying both the blindness to EBM’s limitations and the efforts to impose it appears even more clearly when considering examples of the same logic from outside the field of professional work. Attempts to extend the principles of EBM to activities less anchored in science than medicine are actually based on a mythology omnipresent in society and close to that which Porter described regarding the use of numbers (Porter 1995). From the fetishization of GDP to scientific criticisms of the precautionary principle via the practices of financial capitalism, the denial of uncertainties, false objectivity and reckless risk-taking are widespread and closely linked (Champy 2022, pp. 185–206). All these myths, which presuppose an uncritical faith in the possibility of submitting everything to supposedly objective methods, show that the evolution of professions pertains to a more general social fact: the weak recognition of practical wisdom in industrial societies at the end of the 20th and the beginning of the 21st century.

1.4.4. Mobilizations and challenges to professionalism

Management offensives affecting the prudential content of work take other forms, too. Even in architectural contests, where architects are expected to produce original projects, the theme of the quantified “objectivity” of responses appeared in the deliberations of juries about 25 years ago (Champy 2011). Furthermore, the injunction to performance also produces nefarious effects illustrated by the consequences on the uses of waiting times in emergency rooms, as studied by Nicolas Belorgey. In matters of justice, the implementation of “real-time processing” in district courts reduces the time spent examining files and deliberating on a decision, producing a form of decision mechanization (Bastard and Mouhanna 2007). Finally, while the importance of the relationship between the police and the field was sufficiently recognized for management to step aside in favor of the base, according to a principle of “hierarchical inversion” (Monjardet 1996), the managerial reforms at the beginning of the 21st century have strengthened remote control, leading to a “hierarchical redistribution of work” (Lemaire 2016).

These paradigmatic tensions are experienced in diverse ways by the professionals engaged in work. Obstacles to practical wisdom pose a problem for many of them. Some have come together in protest rallies, as exemplified by *l'Appel des appels*: academics, teachers, caregivers, social workers, artists and even magistrates joined together to analyze and denounce the difficulties caused in their work by recent reforms, such as the French law on the Liberties and Responsibilities of Universities, and that on Hospitals, Patients, Health, Territories, which affects hospitals³⁵ (Gori et al. 2009). It is remarkable that the activities represented in this collective are prudential activities³⁶, even if all the activities involving prudential practices are not represented (it is impossible to draw up a list for all of them). For example, the police are absent, but police action campaigns have existed in other forms. These various demonstrations reveal a new mode of professional socialization, affecting activities, such as medicine and the police, which used to be reluctant to do so. They are bringing to life collectives and prompting exchanges that contribute to creation of people’s relationship to their occupation.

Even more interesting are the reactions in the workplace, where the different conceptions of professionalism come into tension. Professionals seduced by the

35 The French laws on the Liberties and Responsibilities of Universities (2007) and on Hospital, Patient, Health, Territories (2009) aim to rationalize spending and put organizations at the service of their users, at the cost of strengthening managerial logics such as benchmarking.

36 Or occupations evolving in a framework where practical wisdom is crucial, like the nursing assistants opposed to the HPST law.

sirens of objectivity embrace managerial logics and take part in furthering these: the role of some in the dissemination of various forms of EBP attests to this. Others fight this logic and take initiatives to restore spaces for practical wisdom. In the field of medicine, for example, greater inter-professionality helps in promoting overviews of cases; during training, multiple choice questionnaires based on the idea that a single answer exists are replaced by script concordance tests, as implemented in Montreal (making it possible to evaluate clinical reasoning); as done by the journal *Prescrire*, reasoning biases induced by conflicts of interest with the pharmaceutical industry are fought against; or even some doctors giving a place to the patient's singular history, as in the narrative medicine model developed at Harvard. As happened with Richmond and Osler at the turn of the 19th and 20th centuries, these actors are generally ignorant of the concept of practical wisdom, but call upon its main idea: they are "practical wisdom entrepreneurs" (Champy 2018).

The most common attitude is to pursue work while trying to limit the consequences of the mismatch between what professionals think they should do and what they can actually do. To study difficulties in adaptation, Bertrand Ravon and Pierre Vidal-Naquet talk about "tests of professionalism" (Ravon and Vidal-Naquet 2016, 2018). This notion originated from the observation that "there are numerous examples of nurses or caregivers who, confronted with grueling tasks which have to be carried out under the pressure of efficiency or urgency, consider their work impossible and unbearable" (*ibid.*, p. 75). Establishing an explicit link with the requirements of practical wisdom, the authors propose:

a definition of the challenge to professionalism centered on the disorders experienced within the action itself, when professionals report great perplexity in the face of the uncertainty of the situations encountered, because they are no longer able to discern exactly what is appropriate to do (Ravon and Vidal-Naquet 2016, p. 74).

The same observation could be made about researchers (Bruno 2008) or legal professionals confronted with mass litigation and justice reforms (Vauchez and Willemez 2007). Ravon and Vidal-Naquet clearly show that these challenges are largely due to the inadequacy of the work organization and the rules framing the complexity of such work, thus joining the aforementioned studies on "organization work". To be able to carry out their work in an acceptable way for them, professionals equip themselves with a self-mandate that deviates from prescribed work. "Torn between contradictory standards [...], workers are led to redefine what should be done from one day to the next, based on the circumstances and beliefs of the moment" (Ravon and Vidal-Naquet 2018, p. 79). However, a major difficulty is that "the legitimacy of self-mandate is never acquired" (*ibid.*, p. 81). The solution to the

doubts and suffering caused by these situations may lie in avoidance practices and disengagement from work. On the contrary, in other cases, professionals adapt themselves through increased reflexivity and inventiveness, which can contribute to renewing the significance of work. Challenges to professionalism are modifying the exercise of practical wisdom. In addition to the sources of complexity and uncertainty which are consubstantial with prudential activities, there are also sources of complexity and uncertainty inherent in the contexts where work takes place, and which could undoubtedly be avoidable, at least in part.

1.5. Conclusion

The philosophical concept of practical wisdom sheds light on the historical processes through which professions have accessed protections denied to other occupations, and thus answers a key question in the sociology of professions. Parsons found an answer in the mastery of scientific knowledge, but this answer is not consistent with the observation that science actually has a limited place in the history of professions and their practices. Arguing on the contingency of historical processes, interactionists have renounced any theoretical explanation. Their position does not stand up to the observation that different countries protect the same activities. Taking up the theoretical ambition of functionalism while integrating the contributions of interactionism, Abbott thematized the way in which activities obtain a formal protection in their jurisdiction; however, he failed to account for the establishment of protection. Furthermore, as the latter is likely to hinder the adaptation of the division of labor to efficiency requirements, to mention them seems to invalidate the important role that the theory recognizes in the efficiency. The explanation through practical wisdom avoids these difficulties altogether. It detaches protection from the scientific nature of work, it accounts for the regularity in protected activities across different countries, it clarifies the reasons for protecting certain activities, and it is supported by the massive presence of the idea of practical wisdom in professional discourses. However, the case of social work shows that certain professions involving prudential practices are poorly protected, if protected at all. New research could shed light on the conditions for a prudential activity to access professional status.

This way of revisiting professionalization theories sheds light on the present. The professions whose practical wisdom has justified protection are those which suffer the most from developments studied by researchers under various names. Moreover, the transition from protection to attacks in less than a century can easily be understood in light of the content of professionalization theories. The functionalist theme of science is a reflection of the broad success of the theory of applied science,

which exposed protected activities to a demand for objectivity which was impossible to satisfy. Criticizing the lack of scientificity of work, the interactionists took up the aspiration of their time for the professionalization of everyone and for the lack of distinction between professions and occupations, despite Strauss's intuition regarding the very unequal complexity of work. The successive sociological impasses reflect those of their time. It is therefore not surprising that certain professionals have also played their part, first by putting objectivity at the heart of their rhetoric, then by supporting management in its quest for an inaccessible objectivity.

Prudentialist theory inevitably also has links with the trends of its time, but its aim is to open up reflection without taking sides regarding the challenges professionals face. While the sociology of professions continues to take a keen interest in the question of the autonomy of professionals, the idea of practical wisdom makes it clear that the adaptation of work to the cases and situations encountered constitutes a broader challenge, because it concerns all the recipients of work and not only professionals. In fact, autonomy is ambivalent in this respect: it seems to be required as the application of a principle of subsidiarity for the prudential anchoring of work in concrete reality, but it can be misused. To escape from this circle, the concept of practical wisdom invites a questioning of what promotes or hinders it in various contexts. Under this condition, this sociology can open up a horizon of common reflections for actors with divergent interests.

1.6. References

- Abbott, A. (1988). *The System of Professions. An Essay on the Division of Expert Labour*. University of Chicago Press, Chicago/London.
- Aubenque, P. (1963). *La prudence chez Aristote*. PUF, Paris.
- Bastard, B. and Mouhanna, C. (2007). *Une justice dans l'urgence. Le traitement en temps réel des affaires pénales*. PUF, Paris.
- Beauvallet, M. (2009). *Les stratégies absurdes. Comment faire pire en croyant faire mieux*. Le Seuil, Paris.
- Beck, U. (1986). *Risk Societies. Towards a New Modernity*. Sage, London.
- Becker, H.S. (1962). The nature of a profession. *Teachers College Record*, 63(10), 27–46.
- Becker H.S., Geer B., Hughes E.C., Strauss A.L. (1961). *Boys in White. Student Culture in Medical School*. Transaction Publishers, New Brunswick/London.
- Belorgey, N. (2010). *L'hôpital sous pression. Enquête sur le "nouveau management public"*. La Découverte, Paris.

- Bergeron, H., Castel, P., Hauray, B. (2015). Evidence-based medicine. In *Dictionnaire critique de l'expertise*, Henry, E., Gilbert, C., Jouzel, J.-N., Marichalar, P. (eds). Presses de Sciences Po, Paris.
- Bezès, P., Demazière, D., Le Bianic, T., Paradeise, C., Normand, R., Benamouzig, D., Pierru, F., Evetts, J. (2011). New public management et professions dans l'Etat : au-delà des oppositions, quelles recompositions ? *Sociologie du travail*, 53(3), 293–348.
- Broadie, S. (1991). *Ethics with Aristotle*. Oxford University Press, New York.
- Bruno, I. (2008). *A vos marques®, prêts... cherchez ! La stratégie européenne de Lisbonne, vers un marché de la recherche*. Éditions du Croquant, Boissieux.
- Castel, R. (1995). *Les métamorphoses de la question sociale. Une chronique du salariat*. Fayard, Paris.
- Castel, P. (2018). Compte rendu : P. Cairney, the politics of evidence-based medicine. *Gouvernement & action publique*, 7(3), 123–126.
- Castra, M. (2003). *Bien mourir. Sociologie des soins palliatifs*. PUF, Paris.
- Champy, F. (2011). *Nouvelle théorie sociologique des professions*. PUF, Paris.
- Champy, F. (2012). *La sociologie des professions*. PUF, Paris.
- Champy, F. (2014). Faut-il parler de déprofessionnalisations au pluriel ? *Recherche et formation*, 75, 133–146.
- Champy, F. (2018). The sociology of prudential activities: From collective commitment to social innovations. *Sociologia Problemas e Práticas*, 88, 79–94 [Online]. Available at: <https://revistas.rcaap.pt/sociologiapp/article/view/14799>.
- Champy, F. (2022). The imperative of practical wisdom in the face of anthropocene emergencies: The case of climate change. In *Risks and the Anthropocene*, Rebotier, J. (ed.). Wesley, London.
- Dalgalarondo, S. and Hauray, B. (2015). Les économies de la promesse anti-âge. Le cas de la DHEA. *Sciences sociales et santé*, 33, 5–30. doi: 10.3917/sss.332.0005.
- Demailly, L. (1998). Les métiers relationnels de service public : approche gestionnaire, approche politique. *Lien social et Politiques*, 40, 17–24.
- Demailly, L. and De La Broise, P. (2009). Les enjeux de la déprofessionnalisation. Etudes de cas et pistes de travail. *Socio-logos*, 4 [Online]. Available at: <http://socio-logos.revues.org/2305>.
- Dujarier, M.-A. (2006). La division du travail d'organisation dans les services. *Nouvelle revue de psychologie*, 1, 129–136.
- Durieux, N., Étienne, A., Willems, S. (2017). Introduction à l'evidence-based practice en psychologie. *Le Journal des psychologues*, 345, 16–20. doi: 10.3917/jdp.345.0016.
- Ehrenberg, A. (2000). *La fatigue d'être soi. Dépression et société*. Odile Jacob, Paris.

- Evetts, J. (2003). The sociological analysis of professionalism: Occupational change in the modern world. *International Sociology*, 18(2), 395–415.
- Flexner, A. (1915). Is social work a profession? *Research on Social Work Practice*, 11(2), 152–165.
- Fournier, V. (1999). The appeal to ‘professionalism’ as a disciplinary mechanism. *The Sociological Review*, 47(2), 280–307.
- Freidson, E. (1970). *La profession médicale*. Payot, Paris.
- Freidson, E. (1986). *Professional Powers. A Study of the Institutionalization of Formal Knowledge*. Chicago University Press, Chicago.
- Freidson, E. (1994). *Professionalism Reborn. Theory, Prophecy and Policy*. Oxford Polity Press, Oxford.
- Freidson, E. (2001). *Professionalism. The Third Logic*. Oxford Polity Press, Oxford.
- Gori, R., Cassin, B., Laval, C. (2009). *L'appel des appels. Pour une insurrection des consciences*. Fayard/Mille et une nuits, Paris.
- Gravière, L. (2013). L’empirisme démocratique de Mary Richmond. *Vie Sociale*, 4, 99–113.
- Héran, F. (2021). *Lettre aux professeurs sur la liberté d’expression*. La Découverte, Paris.
- Hughes, E.C. (1984). *The Sociological Eye. Selected Papers*. Transaction Books, New Brunswick.
- Juven, P.-A., Pierru, F., Vincent, F. (2019). *La casse du siècle. A propos des réformes de l’hôpital public*. Raisons d’Agir, Paris.
- Kerleau, M. (1998). L’hétérogénéité des pratiques médicales, enjeu des politiques de maîtrise des dépenses de santé. *Sciences sociales et santé*, 16(4), 5–32.
- Kuehni, M. (ed.) (2019). *Le travail social sous l’œil de la prudence*. Éditions Schwabe, Basel.
- Larose, F., Couturier, Y., Bédard, J., Charette, S. (2011). Entre discipline et profession : la question des bonnes pratiques guidées par les résultats probants de la recherche en formation à l’enseignement. *Les Sciences de l’éducation - Pour l’Ère nouvelle*, 44(2), 31–48. doi: 10.3917/lse.44.2.0031.
- Lascar, E. (2016). “Incasables”. Une mise à l’épreuve de la protection de l’enfance. Dissertation, Institut Méditerranéen de Formation et de Recherche en Travail Social, Marseille.
- Lemaire, É. (2016). Les usages de la spécialisation dans la police : les formes discrètes du management public policier. *Revue française de science politique*, 3(3–4), 461–482.
- Loriol, M. (1999). *Le temps de la fatigue. La gestion sociale du mal-être au travail*. Anthropos, Paris.
- Malatesta, M. (2006). *Professionisti e gentiluomini. Storia delle professioni nell’Europa contemporanea*. Einaudi, Turin.

- Merton, R.K. (1957). Some preliminaries to a sociology of medical education. In *The Student Physician. Introductory Studies in the Sociology of Medical Education*, Merton, R.K., Reader, G.G., Kendall, P.L. (eds). Harvard University Press, Cambridge.
- Monjardet, D. (1996). *Ce que fait la police. Sociologie de la force publique*. La Découverte, Paris.
- Osler, W. (1905). *Aequanimatus and Other Addresses*. HK Lewis, London.
- Paradeise, C. (1984). La marine marchande française : un marché du travail fermé ? *Revue française de sociologie*, 25(3), 352–375.
- Paradeise, C. (1985). Rhétorique professionnelle et expertise. *Sociologie du travail*, 37(1), 17–31.
- Parsons, T. (1939). The professions and social structure. In *Professionalization*, Vollmer, H.M. and Mills, D.L. (eds). Prentice-Hall, Englewood Cliffs, NJ.
- Parsons, T. (1968). Professions. In *International Encyclopaedia of the Social Sciences*, Sills, D.L. (ed.). Macmillan, New York.
- Pierru, F. (2013). Impératifs gestionnaires et *phronesis* médicale : esquisse sociologique d'un engagement éthique dans un grand hôpital parisien. *Quaderni*, 82, 67–82.
- Porter, T.M. (1995). *Trust in Numbers: The Pursuit of Objectivity in Science and Public Life*. Princeton University Press, Princeton, NJ.
- Ravon, B. and Vidal-Naquet, P. (2016). L'épreuve de professionnalité : de la dynamique d'usure à la dynamique réflexive. *Sociologies* [Online]. Available at: journals.openedition.org/sociologies/5363.
- Ravon, B. and Vidal-Naquet, P. (2018). Les épreuves de professionnalité, entre auto-mandat et délibération collective. L'exemple du travail social. *Rhizome*, 67, 74–81.
- Richmond, M. (1917). *Social Diagnosis*. Russell Sage Foundation, New York.
- Richmond, M. (1922). *What is Social Casework: An Introductory Description*. Russell Sage Foundation, New York.
- Ricœur, P. (2001). *Le Juste II*. Editions Esprit, Paris.
- Saussez, F. and Lessard, C. (2009). Entre orthodoxie et pluralisme, les enjeux de l'éducation basée sur la preuve. *Revue française de pédagogie*, 168 [Online]. Available at: journals.openedition.org/rfp/1804.
- Schön, D. (1994). *Le praticien réflexif. A la recherche du savoir caché dans l'agir professionnel*. Les Editions Logiques, Montreal.
- Starr, P. (1982). *The Social Transformation of American Medicine*. Basic Books, New York.
- Stiglitz, J.E. (2003). *The Roaring Nineties. Seeds of Destruction*. Allen Lane, London.
- Strauss, A., Fagerhaug, S., Suczek, B., Wiener, C. (1985). *Social Organization of Medical Work*. Chicago University Press, Chicago.

- Touzet, L. (2016). *Jouer à faire des affaires. Une sociologie des business games*. PhD Thesis, Université Toulouse Jean-Jaurès, Toulouse.
- Trinder, L. and Reynolds, S. (eds) (2000). *Evidence-Based Practice. A Critical Appraisal*. Blackwell Publishing, London.
- Vachez, A. and Willemez, L. (eds) (2007). *La justice face à ses réformateurs (1980-2006). Entreprises de modernisation et logiques de résistance*. PUF, Paris.
- Wilensky, H. (1964). The professionalization of everyone? *American Journal of Sociology*, 70(2), 137–159.

