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[Handy Misunderstandings]
Experts, Professionals and Laypersons Relationships

Abstract: If one is to assume a changing role for rationalization in contemporary collectives, how may we consider the relationship between expertise and professionalism? It can be affected by three challenges: maintaining the classical domination of experts; trying to cope with counter-expertise and conflict; organizing participative expertise. The outputs of these situations are influenced by an identical factor: the paradoxical importance of misunderstanding, which relies on the weak implementation of the strong equipment, patiently elaborated. The first case is examined with a limited approach of this general perspective: experts in medicine and dentistry who try to rationalize their colleagues' practices via guidelines, may be considered as specimen of the classical exercise; members of a symphonic orchestra who cooperate with pupils in specific projects with the help of professors and animators, may portray the aim for participative situations. These situations appear to be open to mutual evolutions.

Keywords: Expertise, Professionalism, Misunderstandings, Knowledge, Participation.

The strength of the expert's algorithm

Given the fact I am often asked to evaluate the importance of expertise in modern societies, I have come to the conclusion that the factors that seem to pickle people's curiosity are confined to two main topics. On one hand, the relationship between "experts" and "users" comes at the forefront, as a result of an increasing number of disputes, where the omnipotence of the experts (said: "so-called experts") is controversial. On the other hand, the relationship between experts and sponsors (an ambiguous term) tends to be characterized by an alternative: either experts are manipulated by clever politicians, and experts end up saying what politicians want to hear and will then make audible by an audience, or, on the contrary, the experts work diligently – using a "candyfloss trick", according to the famous Goffman's words – to persuade their future sponsors that an expertise in such or such situation is necessary.

I must concede that these topics are both justifiable to be at the centre of the debate concerning what is changing in our "society under expertise". As experts are usually invited to play their role when professionals seem to be unable to practice theirs, we tend to bracket the professionals as relevant actors of the situation. But, if we want to be more accurate in the examination of expertise in a changing world, we will find matters to shed an additional light, on the relationship between experts and professionals, even on the twofold concerns previously mentioned.

I'll argue here that whether in the case of successful interventions of experts to solve professional's confusion, or in consideration of the disturbances they may encounter when disregarded by counter-experts, we must pay attention to a significant social process: misunderstanding. We can use it as a provisional category to gather various aspects of superficial agreements or arrangements among participants, which allow the situation to maintain itself acceptable, while the key purposes of the protagonists (in the Greek sense of: forefront actors) are not clearly linked to their respective behaviours (and if they were, the action would probably turn into a critical way). So, misunderstanding is a bivalent cognitive operator: it may either stop or favour the achievement of the device. This use of the term is close to the concept of *boundary object* (Star, Griesemer 1989). It seems to me that a great part of the social efficiency of experts' recommendations may not be attributed to the quality of their algorithm, but lies on a latitude more or less enshrined in the final report: the possibility of a soft implementation, while this is never

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uttered as such. In other words, to transfer the famous Granovetter's metaphor in another field (Granovetter 1973), the strength of the expert's algorithm is almost entirely in its weak enforcement by users. And, by the way, any beautiful solution may fail when it is designed too strictly for compliant subordinates. It is not in my scope to generate a paradoxical fight for a society pacified by misunderstanding, but to favour a more diversified sociological analysis of "what is working" in hybrid but tenable situations. Admitting boundary objects at the place they deserve is a way to pick up the political challenge they may allow to build further.

Such a thesis is linked to epistemological requirements I'll hardly be able to satisfy: the best conditions to display and to demonstrate the social efficiency of misunderstanding in situations of expertise, will be to accumulate examples without any ambition to categorize: it seems quite impossible due to lack of space. And it will cause confusion: if every action is potentially a misunderstood one, the concept looses most of its comprehension. May be the way to escape this antinomy should be to limit our demonstration to the analysis of situations framed by institutional criteria which are easy to list: by doing this, it will be possible to show to what extent the practice of expertise works in devices where professionals are constitutively present; and how they may evolve from misunderstanding to other involvements – especially participative.

This will be done in two steps. First of all, we'll theoretically frame our questioning: how may we situate expertise and professions in the process of destabilization of rationality, which is often attributed to Late Modernity? Then, two case studies will be designed to outline this potential movement from misunderstanding to participation, while both built on changing grounds.

Misunderstandings and challenges

Expertise and Modernity - I'll disregard here the presentation of the rich hours of expertise and professions in the first ages of Modernity: it ought to be done, but would probably be a poor collection of what must be taken for granted, after Weber's process of rationalization and Elias's process of civilization. These well-tried models of reasoning will be at the background of my text, appearing here and there through concepts or outlines.

To understand expertise, we may add to this pool of framing resources, the sociology of Talcott Parsons – but with a different epistemological status. Let us concentrate on his theory of modern family. From a well-known starting point (the nuclear family system is the best adapted to the needs of industrial society), Parsons manages a functional divide between the private (particularism and ascription) and the public sphere (achievement and universalism). One knows that Parsons had the aim to design an idealised model, not only to describe effective social relations. But, we must also remember that the main consequence of each recorded "dysfunction" will be to promote the requirement of "repairs", to achieve, by the application of theoretical knowledge, the improvement of families (Parsons 1955; Cheal 1991). Parsons's theory of Modern family implies the prop of outside intervention. Must we name it: expertise or professionality?

Post-Foucauldian theories help us to narrow this general statement to our concern here. Repairing is perhaps more than an effective intervention into an already existing reality, setting it in working order (*operational*): it may construct this reality by the way. For instance, according to Michelle Stanworth, medical intervention in family life both allows a family to return to health and defines family's health (Stanworth 1987). Modern families need professional interventions when standard issues are identified: in the reproduction process, this will be under the responsibility of the professionals of the reproductive technologies (*medicalization of motherhood*); in the sexual process, the professional injunctions to be happily married (or in similar devices), to receive emotional fulfilment (e.g. pleasure) from within the couple, have framed a *medicalization of marriage* (Morgan 1985), mainly through family therapy. But, in non-standard situations, when both the issue and the frame are not clearly stabilized, modernity needs more expertise than professionality. This would be the case in contemporary education, where the traditional borders (the respective responsibilities of parents and teachers) seem to be hardly effective to enhance school performances. Will it need the expertise of an outsider (like a social worker for drug addiction issues) or could it be transformed by a community-based approach (linking pupils, teachers, parents, school nurses, social workers, and perhaps more, in provisional groups), this would indicate the increasing importance

of expertise.

Expertise? But what are we talking about? Two styles to portray expertise: for the way here, see Trépos 1996; Bérard, Crespin 2010; and, in a more classical way: Collins, Evans 2007; Eyal 2013. To summarize, it would be: an activity (doing an expertise) rather than a competence (being excellent); a temporary position (a precisely defined mission) rather than a profession (a standing capability, socially protected); a situated collective: experts, and sleeping (or silent) partners, professionals, counter-experts (with or without the label); sometimes confined, sometimes collaborative (participative), but always facing issues in terms of boundaries (a shopkeeper syndrome?), of policy techniques (the (black) toolbox effect), of responsibility (ethics) and of power (politics). Throughout the rest of this article and by the mean of case studies, we'll have many opportunities to point out more details concerning expertise.

Reflexive modernity and destabilization of expertise - The idea is rather popular: the so-called Radicalisation of Modernity (its intensification) tends to modify (not to suppress) the process of rationalization, which indeed sustains its major trend. We'll follow here this general perspective, while another one would be a good candidate: I mean the idea of a new step of capitalism, centred on the imperative of Project (Boltanski, Chiapello 1999). The unquestionability of knowledge (often opposed to ordinary skills), especially of scientific knowledge, opens the door to situations of distress. While the main effort seemed to have been successfully performed by identifying our society as a risky one (Ulrich Beck's risk society), and by identifying reflexivity as a public tool to intervene on these risks, we find the persistence of a gap of knowledge between experts and lay persons. The critique rests on a chain of three main arguments: the dissimulation of errors, the usefulness of lay-knowledge, the necessity of a different commitment of science in society. First, the dissimulation of errors (an effort to maintain the use of science in a confined way: this was the illusion copiously illustrated in Beck's book) is understood as a bad collusion between State authorities and scientists (working as experts). But the (rather late) answer to this critique also reveals unsatisfactory: apart from defining the failures as "errors", the experts' claim is to keep the monopoly of the definition of the risks, of the definition of a situation as "at risk" and, according to Brian Wynne, to take refuge under the concept of risk – which he calls *riskification* (Wynne 2003). Second, the generalisation of this attitude gives more and more legitimacy to the claim for another content for expertise: ordinary knowledge, efficient lay skills, and more generally "experience", may participate to the arbitration of social priorities. This leads to associate in a fruitful dialog what is rational and what is reasonable. The label of "sustainable" (development, urbanity, and more) may be taken as a provisional illustration of "reasonable". Maybe we could find a third step for this critique: science itself is at stake, pressed to move from separate disciplinary approaches to pluridisciplinarity; from a solely laboratory practice to a science in the wild, and therefore to reassess the role of amateur knowledge – which proves to have played a strong role in the initial steps of some sciences (formerly astronomy or zoology, and nowadays computer sciences). If these critiques were only spread in books or newspapers, or slowly penetrate the political debates, it could upsurge but remain on the powerless side of democracy. On the contrary, it tends more and more to enter other devices: we notice the sudden entrance, on the scene of expertise, of an heterogeneous mass of strange actors demanding to be also considered as experts.

Expertise and professions: the three challenges - The distinction between "experts" and "professionals" seems to be useful to specify shifting situations, but to what extent is it theoretically relevant to feature more stabilized ones? We should isolate three kinds of situations, which may move each towards other, due to the instable temporality of expertise.

Let us name the most classical situation: "confined expertise" (if we follow the reflexive modernity trend), or *expertise in Mode 1* to extend Michael Gibbons' knowledge theory (Gibbons 1994). It places non-experts (professionals, amateurs) in a position of incompetent audience, secondarily in a position of free willing delegates, able to carry out sets of rather simple additional actions. However, even in the scheme of a docile and compliant audience, the adequate deployment of the expert's algorithm may be disturbed by side effects (perhaps must we say: by a domino effect). We'll examine here the case of doctors (general practitioners – GPs) and dentists, as good examples of professionals incited to rationalize their ordinary practices: the suggested way is to implement

guidelines (elaborated by GPs or dentists momentarily in an expert position) in their everyday treatment of patients. These patients will have to comply to rules of hygiene, so they may be considered as amateurs – or to quote Abram De Swaan's word: proto-professionals (De Swaan 1988). The chain seems to be simple: administrative sponsors, relying on experts (scholars and extra-situated professionals), send norms to professionals who translate these norms into behaviours practicable by patients as norms (and not only as injunctions).

The refusal of confined expertise draws a second type of situation, which is becoming more and more common – while we need to pay attention to the set of variations it may adopt. It may emerge from: a fuzzy dissatisfaction (e.g.: being exposed to a statement or a report appearing to be unquestionable, while having loud consequences on one's life); a domestic or market-oriented frustration (e.g.: being affected in terms of immediate interests); a singular but effective alert (e.g.: being connected to other potential victims, after a "whistle blower" has set off a warning); or a political mobilization (leaning on a strong equipment of vigilance). One of the results of theses disputes (or: protests, or: challenges) is the sudden entrance of undesirable hosts (at least: not desired) into the situation. They will be often perceived as such because they are heterogeneous and difficult to size (in a figurative sense, to say that official representatives may have to negotiate with people who "only represent themselves"). This was called *hybrid forum* by Arie Rip and Michel Callon (see more details in: Callon, Lascoumes, Barthe 2001). This kind of situation may move towards the classical one when participants succeed to establish a *scene of expertise*, where they all reach stable roles and thereby may exchange arguments after making agreements about some rules. What kind of chain is sketched here? Experts are accepted by part of their supposed audience (professionals, amateurs, laymen) but their monopoly or their authority is disputed by another part (coming from similar social groups), a dispute leading to the blockage of the situation of expertise. As it is complex to display, while now frequently accounted in sociological reports (see the seminal Brian Wynne's characterization of environmental conflicts – Wynne 1992), this will not be developed here.

The third category – "participative expertise" or, if we extend the metaphor, *expertise in Mode 2* – is often the unintentional consequence of the failure of the two previous ones. Nevertheless, rational and strategic anticipations of the participation of various kinds of actors sign its felicity conditions. Being part of the renewal of public policies, participative expertise will often have a top-down outline (for instance, in medicine, it will often be referred to as "bench to bedside"), and we find many examples of it in applied research (Carter *et alii* 2013). We'll describe below how members of a symphonic orchestra have tried to perform as experts of music in a (public) experimental device for initiation to music in schools, taking the risk of both an unsatisfactory artistic practice and the disappointment linked to a pedagogic failure.

But the top-down path is not the only way to manage participative expertise: we all may have heard about a variety of these innovative practices. Therefore, inventorying bottom-up spread practices promises to be somewhat challenging: except if we identify and describe the central intervention of mediators (according to Latour's distinction between mediators, who facilitate communication, and intermediaries, who let communication to be "lost in translation": Latour 2006; Latour 2008). Mediators must be considered here as experts who help lay persons – in various ways, among which I ought to insist on empowerment – to enforce their own will or propositions, making them more general (so: transposable and understandable either by other lay persons or by authorities). Let us observe that bottom-up participative expertise is rarely set in a context of conflict: more often, it is the way by which an ignored part of the social space comes to broad daylight. Among the several examples (but still remaining limited) of this emerging kind of practices, we may refer to initiatives lead by voluntary organisations: this will be particularly the case if these movements highlight neglected diseases (orphan diseases) and campaign until the State pays attention (and grants) to them. The most famous example – perhaps a borderline case – is in France the successful struggle of the Association Française contre les Myopathies"(A.F.M.), coming out on the Téléthon (see: Kahane 2000; Callon, Rabeharisoa 1999). The transformation of a neglected situation into a Cause by combining the expertise and lay knowledge also includes the various fights of AIDS patients (Barbot 1999).

Must we assume that these symmetrical movements never meet, and never mix? Of course not: part of the bottom - up participative expertise may be socially recognized and accepted. So: to what extent does the participative process contribute to strengthening the top down process? External constraints, as they emerge from

normal exercise of institutions, are more and more replicated as internalized constraints: the best candidates to conceptualize it would be the proto-professionalisation process described by de Swaan (*op. cit.*) or, concerning emotions, Wouters' process of informalisation (Wouters 2009). But, what would be the consequences of the other types of attachment to the institutions, which emerge in the participative process? These interesting questions exceed the limits of this paper (see: Trépos 2007).

Our scope will be, then, to outline the consequences of these evolutions for a study of the relationship between expertise and professions. The latest work of Eliot Freidson is of a great help to situate this "logic" (Freidson 2001). According to Freidson, the professionalism is one (the third) of the three logics competing to organize work and activities in our contemporary societies, via an emphasis on control: control of work by the monopoly of specialized knowledge, and control of other occupations by the setting of barriers which select the candidates (gate-keeping). The logic of professionalism may lead to an excessive "professional dominance", when protected zones which permit working in peace becomes exclusionary shelters. But, this third logic – if to be constantly incited to balance «the sake of their own humanity» with «the sake of the humanity of the consumer» (Freidson 1994: 165) – may efficiently challenge the logic of market and the logic of bureaucracy to guarantee the survival of values of independent practice. To quote the last sentence of Freidson's book: «While they */the professions/* should have no right to be the proprietors of the knowledge and techniques of their disciplines, they are obliged to be their moral custodian» (Freidson 2001: 222). Nevertheless, we can't suppose that professions, as a central equipment of modernity, may stay identical while expertise itself is moving. So: how do professions effectively reshape their political domain? We'll examine this topic through two case studies, as mentioned before.

Confining or opening?

Towards Good Practices in healthcare? - Medical guidelines are one of the main tools for the rationalization of health practices (here: medical, dental)[1]: this is internationally observable (Weingarten 1997). In France, together with the Références Médicales Opposables (opposable medical references), which were introduced in 1993, they constitute a set of policies aiming to eliminate unnecessary or inadequate medical treatments and to favour evaluation (Castel, Merle 2002). As instructions for good practice based on regularly revised focuses of scientific research, they are not only part of a policy, but also instruments of a politics for a profession: guidelines are a strategic tool for the governance of a professional group, more or less intended to minimize the risks of deprofessionalisation. These risks are constantly linked to the great variety of health practices performed "in the wild": even if they are appealed to use in-service training, GP and dentists are generally alone to face the evolutions of scientific discoveries, which yet directly impact their choices of treatments. According to Freidson's model (but in my words), this way of professional politicization of the corporation always enters in tension with, on one hand, an occupational politicization which could lead the profession to loose its prestige and its autonomy (a medical group instrumented by other social groups, considering the GP as an accountant in health care, as it was the case during a short period of French Revolution), and, on the other hand, an "amateur politicization" which would result in the loss of its monopoly (a medicine distributed among a great number of actors, a phenomenon which may be linked to the emerging growth of self-medication). The GP (or: the dentist), who always tends to balance the benefits of his initial training – interiorized as "saintly models" – with the lessons of his experience of a doctor in the wild, with a noticeable part of "dirty work" – is a person who needs to be permanently "converted" (one may see I use here under quotation marks famous expressions fabricated by Everett Hughes; another angle in: Bloy 2005).

These guidelines are mainly elaborated by experts, on a top - down way, and are based on segmented data (e.g.: osteoporosis, diabetes, oral anticoagulants, and so on). How may such techniques successfully reach the universe of GPs (or dentists), to whom a given pathology only can be detached with difficulty from the global situation of a patient, considered as an indivisible whole? In fact, some gaps between guidelines and medical practice have been

1 Partly driven from: Trépos, Laure 2004. See also: Trépos, Laure 2010.

pointed out (Lomas *et al*. 1989) and maybe they are the result of an inherent maladaptation of these norms to the characteristics of the medical relationship, either performed by GPs or by specialists. Furthermore, compliance is difficult even for doctors who are supposed to be acquired in the rationalisation of the State: as shown by a study on Belgian doctors who belong to the health insurance administration, indeed, this study reveals they are in favour of guidelines and of evidence based medicine (EBM), but they also continue to blindly find the information they need and they underline barriers such as the lack of time, of appropriate knowledge and the difficulty to apply the guidelines (Heselmans *et al*. 2009). However, if we are to basically argue, the apparent strength of this top - down expertise is the ability to situate and to solve the problem via an algorithm (of the: "if/then/otherwise" feature). To take a fictitious situation, dealing with the case of an old person who is also diagnosed with arthritis, coronary heart disease, diabetic, hypertensive and kidney failure, the algorithm would be: «if you can treat his(her) hypertension, then use such and such molecules; otherwise, insist first of all on the fact he(she) must stop smoking; if you may go further, then make a follow-up of the weight; otherwise… (and so on) ». But when we come to the facts, they reveal at the very least more complicated, and mostly impossible to stay into this frame. Paradoxically, the algorithm is easier to perform when applied to diseases that the doctor does not know well (the first programs of artificial intelligence devoted to European doctors were tried on cases of tropical diseases).

We find elements here to foster a more precise characterization of the classical situation of expertise when corroded by Late Modernity trends. First of all, let us have a look on the body of dental practices which is suspected to be inappropriate, and is therefore in the administration's sight. In France regarding the criterions of the guidelines elaborated by the AFSSAPS (the French agency for drugs), almost one third of the prescriptions of antibiotics by dentists were not justified, either in a remedy or in a prophylaxis purpose: for instance, only three pathologies (periodontal abscess, granuloma, and pulp necrosis) were at the origin of 88% of these so-called unjustified prescriptions; and 51,9% of the avulsion of teeth (avulsion by alveolectomy, avulsion of a healthy tooth, avulsion of a tooth with separation of the root) were also considered as inappropriate (according to a survey done in 2001 and still relevant in 2011).

In French dentistry (and this is also the case for several other European countries), the generalization of guidelines was initiated rather late. As a result, it is implemented in the worldview of Modernity, under the industrial principle (Boltanski, Thévenot 1991) of an homogenization of the practices, whereas the spirit of the Late Modernity time – or of the *Cité par Projets* (Boltanski, Chiapello 1999) – is strongly marked by the promotion of individualism, of autonomy, and of adjustment to singularities (Karpik 2007). The resulting misunderstandings may be situated at two levels.

At the micro-sociological level – that is to say in the GP/dentist's office and in the public spaces for medical / dental care – the misunderstandings lead to difficulties of diffusion of the guidelines (and of their supposed good practices effects): we may link them to saturation in everyday practice, to suspicious attitudes, and also to the consequences of the negotiation between the GP or the dentist and the patient which is generally achieved. As to saturation: most of the practitioners feel discouraged when they are to find their way in the huge pack of guidelines and they tend to pile them on the desk, and then to confuse them. One of the most frequent opinions we gathered among GPs (Trépos, Laure 2004) is that guidelines are too extended, over detailed and written in a questionable style. As to relativisation: according to our survey, it was clear that roughly a third of the GPs thought that their primary body of medical knowledge was sufficient and that experience and common sense could be enough to complete the competence they felt required; an evaluation of the effectiveness of guidelines in the Netherlands showed that only half of the dentists supported the development of guidelines policies, while having themselves strong worries about the protection of their professional autonomy (Van den Sanden 2003). In relation to negotiation with the patients (examined here only on the professional side[2]): a study conducted in 2007 (Rigal, Micheau 2007) showed that the doctors tend to spread the practical application of the guidelines strategically over time, making subtle differences between patients with acute diseases (less compliants when the harm is gone) and patients with chronic ones (often embedded in the treatment procedure, as show the diabetic protocols) – not to speak here about the hard negotiation with an emerging category of informed patients endorsing consumerist

2 Howard Becker insists on the usefulness of Freidson's analysis of the "lay referral system" of patients to understand many other situations (drug addiction, personal computer uses). See: Becker 2006.

attitudes and using Internet (Hardey 1999).

At the macro-sociological level, the more or less invisible authors who elaborate the guidelines, and the principles they follow to justify the selection among an ocean of scientific outcomes, are at stake. Two aspects are emerging.

The first aspect is well known and has been mentioned before: when you favour a top - down path of making public policies, you are more likely to be unable to stop fantasies about power and hidden interests. But, in fact, if most of the experts who participate in the committee are scientists (medical scholars at the top of a speciality), a strong minority of lay professionals (GPs, dentists, depending on the field of pathologies needing to be re-framed) also contribute, with equal rights, to the making of the guidelines: this aspect is usually unknown, as we could see during our survey concerning GPs (and the dentists are likely to be in the same situation). Thus, while professionals of health participate to the making of the guidelines, the majority of their colleagues remain suspicious, both in terms of experts' specific interests and their likely remoteness of the field.

The second macro-sociological aspect is more general and perhaps more difficult to catch directly in the interviews. Nevertheless, it is at least explicitly present as doubts about what is behind the options of rationality: for instance controls by the administration are attributed to an unbearable bureaucratic rationality; cutbacks in funds may be connected to a neo-liberal rationality. When we go into in depth, we may isolate two main rationalities confronting through a set of micro conflicts: epidemiology will be the main instrument of the first, and pragmatism will sustain the second. So, on one hand, we may isolate and name an epidemiological rationality (or: a public health rationality), which intends to reduce the number of unnecessary health acts, by using a probabilistic argument prior to a singular diagnosis and by recommending EBM. For instance, the doctor is invited to argue: «dear patient, considering your antecedents and your present behaviour, a medicinal intervention to treat your cholesterol is not useful». Or: «if you check regularly the presence of blood in your stools by using an elementary test, you should not enter a routine screening of PSA (prostatic specific antigen)». There are obviously economical and technical benefits when such a rationality prevails. The risks are the excessive power of experts and a difficulty for the public to understand and to appropriate these shifts. On the other hand, we may characterize a lot of health practices as belonging to a pragmatic and individualistic rationality, where the patient is first of all a person, to be considered as a whole and to be proposed a polymorphic support. There may be various devices and various degrees of equipment for this view of a public health rooted in the Latin term *cura* (Trépos 2007): medical treatment (cure), close solidarity (care) and acceptation of the patient's impassable singularity (something like Heidegger's *cura*). This rationality is more expressive than the epidemiological one for professionals of health, always faced to what they interpret as specific situations of pathology, and who are exposed not only to the issue of adequate prescription, but also to the patient's demand. Undoubtedly, the primary equipment of our GPs and dentists (their tools for everyday practice, made, as we said, of saintly models and effective routines) bring them close to this second way of reasoning. For this reason, we can disregard the critique that should be argued against our scope on expertise rather than on administrative norms: these professionals are reluctant neither to administrative nor to expert norms as such. They only try to adjust their position so as to make them manageable.

Can we see new paths to overcome these deadlocks? It seems to be difficult to stop the movement of rationalisation, which gradually modifies the whole landscape of professionalism in the domain of health and profiles new challenges for professions. Conversely, all the surveys demonstrate the ability of the professionals to soften the implementation of the guidelines inside frames of selective performing more than by a frontal opposition. More generally, professionals of health care are clearly facing two attacks, one comes from expertise, and the other comes from new kinds of amateurism. Is there a possible professional answer, which could satisfy Freidson's hopes? One of these potential responses would be to change the making of the guidelines: GPs and dentist's experience will be more profitable if it is integrated under the regime of circulation (top down and bottom up) rather than under the regime of control[3]. It would be more efficient to draw advices from the field of

3 Only a few words to sketch a major distinction: in an usual regime of power/knowledge, the aim for control is central (that's why the debates about agency seem to me so metaphysical), while in a regime of, let us say, "power-as-potential" (instead of power over someone), the circulation of actions among a social network enforces the potential of each of the connected participants, without necessarily belong to any.

everyday practice than to strategically increase the number of ordinary practitioners allowed to become experts. Another response would be a clearer scaling of the algorithm: the latitude for every health care professional to perform the guideline at various stages, each one corresponding to a precise improvement of the quality of health care. All these shifts show classical situations of expertise moving towards participative ones.

The educational interventions of orchestras - The usual examples of participative expertise generally come from urban policies: how to involve inhabitants in the process of territory renewal? In such cases, experts tend to bypass local professionals and to mobilize directly the laypersons. They also may come from social policies: how should social workers, judges, and policemen, be integrated to realise efficient coordination in domestic violence issues? In these situations, the professionals are likely to become experts as such as they modify their own usual practices to elaborate new devices – in which distributed knowledge will be the felicity condition.

Here, we address a more complex situation: we follow members of a symphonic orchestra (in France), as they participate in a process of inducing a discovery of classical music, among an *ad hoc* audience of pupils in secondary schools[4]. For this to be possible (shortly speaking), the intervention of members of an orchestra as experts must be supported by at least two kinds of professionals: a person having a special training and degree in organization of musical sessions in schools – here, he/she shall be called *Dumiste*) and the music teachers of secondary schools. And the participation of the pupils is then possible not only as amateur practitioners, but as creators.

What kind of actions did they perform? It might be a "first approach of the orchestra": open rehearsals of the orchestra repertoire, educational concerts (inside or outside the school hours), preparation of the meeting with the orchestra (pedagogical dossier, visits of musicians in the classroom, information given by musical movements). More, it might be a deep immersion in the life of the orchestra: designed paths of discovery, class-in-residence, workshops, projects for several years, in fellowship with the district.

What kind of actors must we consider? Directly acting among pupils, were (free-willing) musicians of the orchestra, *Dumistes*, music teachers in schools. At the back stage, we could find the direction of the orchestra, and the persons in charge of these devices in the administrations of education, health, culture and even agriculture.

What are the contractual equipments that made these events possible? The experiment involved a great variety of devices resulting from formal agreements between the National Education system and the Ministry of Culture (or: Health; or: Agriculture). While these experiments may be viewed as exceptional events, we can't say they were only guided by the imagination of the participants: there is a frame, and it is controlled by the State. Nevertheless, inside this frame, a lot of innovative actions were possible. To restrict ourselves to one single example, let us examine "the Twinning". It associates one (or several) school(s) with one (or several) cultural institutions: here, we are concerned with a symphonic orchestra. Artistic workshops, artists-in-residence in schools, and limited cultural projects, may be organized within this frame, with the requisite of being deeply rooted in the general project of the school.

In the following lines, I shall try to grasp the essential aspects of the representations of the musicians. We may have access to theses representations because the interviews carried out by Marie-Pierre Macian and Philippe Fanjas with the purpose to edit an Official Report ("Livre Blanc") are entirely at disposition in the book (all the following quotations come from it).

When asked about their first intentions, the musicians have chosen three coherent categories of answers. One would be a professional need for renewal: the need for challenging the mood of the time. Another category of intentions would be the social responsibility of transforming some cultural habits of the pupils: letting them go from consumers drowned in sounds ("unable to say how is built a song") to actors able to listen under their own control, and then "obliged to listen to themselves", to quote Pierre Strauch, cellist (of the Ensemble Intercontemporain[5]).

4 The following lines are partly a secondary analysis of the book published to report this experiment as an Open Report (a "Livre Blanc"), by members of the French Association of Orchestras ("Association Française des Orchestres"). See: Macian, Fanjas 2003. It seemed to me more interesting to follow into the steps of these innovators' words, than to directly describe in mine one or another situation I had yet the opportunity to observe when I was tutoring M.-P. Macian's academic work.

5 Ensemble Intercontemporain (EIC further): this is the famous orchestra for contemporary music, built in Paris by Pierre Boulez. The true namesof the musicians were cited in the book. I have followed this unusual practice.

A third category of intentions would be more societal: how do we situate the orchestra in the civil society? In other words: what about the Orchestra in the Polity ("*la vie de la Cité*")? Pascal Heyriès, oboist (National Orchestra of Lorraine) takes it seriously:

> The Orchestra is perceived by some as an expensive institution, which is designed for a small circle of initiated persons (…) Yet, while this is art-music, it may concern and reach a wide audience. When you have the chance of having at your disposal such a tool in a city or in a region, it is essential that the public becomes aware of it and takes it in hands

But, this must not be understood as a way to lower the quality of a cultural good. Social usefulness may go with high quality. Pascal Heyriès is convinced of this compatibility:

> We consider that aiming to address children does not mean we must carry out less interesting things, or of lower level! On the contrary: children are extremely sensitive to quality, even if they don't express it in the same way than adults.

May we consider these words (and the amount of half of the EIC participating) as the sign of a general awareness among this professional world, notoriously made of strong individualities? In fact, even for the most enthusiastic, diving in free style in this unknown sea caused reluctance and apprehension. To quote Lydie Cerf, flutist, and Pascal Hyriès, oboist (ONL):

> Nevertheless, the project of class-in-residence has begun to open the minds. More musicians were personally invested, perhaps because this action was conducted in their daily frame of work, inside the orchestra, and during the rehearsals, and because it only seemed to solicit their usual competences.

How did they manage what seems to be a double identity: we, musicians / we cultural actors? Pascal Hyriès says himself deeply concerned by this topic:

> We must confess that at the beginning, we almost had the impression of being used more as buzzers than as musicians of an orchestra! We were uneasy during the sequence of 'animation' because the *Dumiste* was leading the project in a masterly fashion and we did not know how to participate. But, it is sure that little by little was built a strong relationship between our collective creation and the symphonic opus of the composer with whom we were working. A relationship took place between us, as musicians working with the children and we, as musicians inside the orchestra, participating to the creation of this opus.

The only way to order a successful situation was undoubtedly to closely associate professionals and experts. As Pascal Hyriès puts it:

> The teachers help us and suggest paths of work. The teacher comes up against the school schedules and the poor number of hours devoted to music.

Ordered situations, close cooperation: must we understand that all is under control? We asserted before that the situation of expertise is a process, where several events may disturb the equipment. This is also the case here – while without any conflict – as Lydie Cerf explains it:

> The project succeeded, despite of our first reluctances. Within the framework of this project of creation, everybody gets at the same level, which is necessarily destabilizing. At some point, either the children or us did not know any more how to continue! We were absorbed in a project without somehow any idea of the endpoint. Sometimes, we feared that the children could think we did not control totally the situation. Sometimes we have felt ourselves uncomfortable, for instance when we have been obliged to reverse to the beginning of the previous session because the composer had forgotten to write down some of our propositions.

To what extent does this situated and limited experience inform us on new ways to perform professional

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actions, which could be due to the challenge of participative expertise? Let us observe the shift. At the starting point (level one), we may call "professionals" the teachers and the musicians; we may call "experts" those of the musicians who accept to be involved in a participative project; and we may call "users" both the pupils and any audience. The *Dumistes* are in an intermediate position: paid as professional members of a regional institution, they nevertheless dare to venture in devices where they must negotiate with other professionals, working then somehow as experts. Of course, there are many possible crossings between these formal positions. Level two, during the project (so to say: in the participative situation of expertise), everyone may be at one moment performing as an expert, while at other moments he(she) comes back to the starting positions – which continues to express what everyone usually do (and likes to do). But, if we believe this was a successful experiment, then (level three) we may say that nobody will ever be the same. The implicit thesis carried by the professionals and by the authorities of culture which have financed this operation, is that it will never be possible to perform as a professional of music (and: as a teacher, as a *Dumiste*) in the same way. New professional links may emerge from these shiftings, as says Pascal Hyriès (oboist, ONL):

> These projects also allow the musicians to better know each other. As the disposal of the musicians is always the same in the orchestra – we always sit near the same persons – there are colleagues of whom we'll never be close, for somehow 'geographical' reasons. The educational projects help to break theses barriers of categories of instruments, of music stand, of places, and help to create other different links.

And, perhaps, would some professionals do better work by knowing exactly how the others perform their job. What is also expected (at level three) is a kind of proto-professionalization of the children and of the audience, at least for situations of classical music. So, on the one hand, we can see the investment in expertise as a way to refresh the image of classical music and to enforce the social demand. On the other hand, one may fear a kind of de-professionalization of the classical orchestra: this opinion was expressed, during the experiment, by musicians belonging to the EIC and to the ONL (somehow: if we let people think that everyone may be a musician, this is the end for the quality of music).

Bridging, and then bonding?

It can't be the end! On the contrary: our development shows an unfinished (perhaps an endless) process, where both the general social change and the transformation of expertise and professions, are in a dialectic relationship. Even in confined and non-conflicting situations (as in our example of medical guidelines), we can't see an actual end of the operation. You may close it and designate a (new) place for each of the protagonists, something takes stock on reality or, in the best cases, imposes a feedback. You only may hope to avoid the undesirable effects of maintaining the situation as such, by leaning on the misunderstanding effect. The supposed efficient device may be such only if it permits a weak implementation (for drug addiction, see: Trépos 2003).

Let us go to the other side: when the elements for a satisfactory solution seem to be gathered. What is misunderstood, even in participative expertise (here: the educational action of an orchestra)? Everyone (experts, professionals, amateurs) indeed may collaborate, even on an equal footing, and even with some satisfactory outcomes, but may stay "sturdy boots on one's feet". Our musicians used to swore this was no more the case ("never be the same"), but to what extent? How can an event be transformed to an equipment?

The political challenge is then, in a few programmatic words: the awareness of interdependence and not only the internalisation of the imperative of participation; and the making of devices, where the control of the final decision (finally, we need one) must be balanced by the circulation of information all along the process. Why "all along"? This means taking into account what psychologists name the "fair effect process": an equitable procedure does not necessarily lead to an equitable (or fair) measure. So, there must be an open equipment to access to it. We join here the important and over-discussed question of Trust, which role in the sociology of Modernity was developed by Giddens (Giddens 1990). Let us just say that – speaking of situations of expertise – trust is probably another word for misunderstanding.

Finally, information, knowledge, skills are at stake here, showing that a sociology of professions or of expertise can't avoid treating the shortages between the sociology of knowledge and the sociology of politics. Far from the distorted interpretation of the critique of science attributed to the Science Studies (supposed to suggest, more or less, that ordinary skills must penetrate the scientific concepts), we can see here that the different skills emerging from the scene of expertise may match efficiently if they are explicitly associated. The first step of this positive evolution will bridge knowledges as such: the scientific concept stays as is (perhaps more linked to others[6]), just accepting the presence of other kinds of knowledge (efficient routines of professionals and reflective skills of lay people) and their involvement in the device (the scientific concept will not work without the skills of amateurs and the equipments of professionals). Then, a second step would be reached when the circulation of skills slowly modify all the participants. So, how would the trust work? For the first step: one trusts in the strength of the device (insofar as it is politically equipped) without automatically trusting in the persons who perform it. The second step, where trust in the persons may get the edge and facilitate the stabilization of expertise (from bridging to bonding, in a way), is, at this time, difficult to portray.

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6 A collective expertise, allying various disciplines, in a collegiate way, as some scientists beg for (see: A. Syrota and P. Lazar, *Expertise collective et alliances face aux défis sanitaires*, in «Le Monde», April 3rd 2014), does not guarantee we may escape from the classical expertise.

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