Modern Medicine: Lay Perspective and Experiences

Michael Calnan
Universidade de Kent

How do lay people view modern medicine? Are people simply passive, accepting and have trust and blanket faith in modern medicine; or are they active, critical and sceptical and doubtful about modern medicine or a mixture of both? Do views differ between different groups or segments of the social and cultural order and has the relationship between modern medicine and the lay public changed in the contemporary era? These are issues which have been the focus of medical sociological debates for years and yet answers still remain largely unclear.

The aim of this paper is to critically discuss and review some of these debates and evaluate their strengths and weaknesses in the light of recent social change.

Sociological theory and public perceptions of modern medicine

Sociologists appear to differ in the way they portray the public's idea about modern medicine (Calnan and Williams, 1992). Some social theorists working at the macro level have made the assumption that the public accepts for whatever reason that modern medicine is effective and thus has complete faith in the value of scientific medical knowledge. Similarly, social historians, tracing the development of modern medicine and its rise during the nineteenth century, argue that public's views about scientific medicine were transformed from suspicion to a general acceptance. Others, however, have been less concerned with the public's perceptions as their theories suggest that power lies in control over knowledge and the structures and practices which sustain it. The implication is that the congruence

between the prevailing dominant medical discourse and lay perceptions is not a relevant issue as lay perceptions have limited influence.

This discourse or ideological determinism is well illustrated by the thesis of medicalisation. Put simply, medicalisation (Gabe and Calnan, 1989) refers to the way in which the jurisdiction of modern medicine has expanded in recent years and now encompasses many problems that formerly were not defined as medical entities such as alcoholism and homosexuality. Medicalisation can occur at least at three levels: conceptually, when a medical vocabulary is used to define a problem; institutionally, when medical professionals legitimate a programme or problem in which an organisation specialises; and on the level of doctor patient interaction, when the actual diagnosis and treatment of a problem occurs.

Writers differ considerably in their views as to the **causes** of medicalisation. Some critics, for example, have argued that the expansionist tendencies of medicine are primarily due to the medical profession exercising its power to define and control what constitutes health and illness in order to extend its professional dominance. Others have considered medicalisation to be the result of broader social processes such as industrialisation and bureaucraticisation to which doctors are merely responding. In contrast to the emphasis laid upon industrialisation and bureaucraticisation it has been argued that this phenomenon is a means of social control which serves the interests of particular powerful groups in society such serving the interest of the ruling capitalist class. Here, the creation and manipulation of consumer dependence upon medicine is seen as merely one instance of a more general dependence upon consumer goods created by that class.

Feminist writers have also stressed the ways in which women's bodies and lives have been increasingly medicalised and subjected to control by a patriarchal medical profession. In particular they have tended to pay most attention to those forms of medical technology which are experienced solely or mainly by women such as reproductive technology or psychotropic drugs. The medicalisation of childbirth, for example, may lead to women feeling estranged from their bodies and reproductive lives due to losing control over what is a natural process.

Foucault and social constructionist perspectives on medical knowledge and disease have also been influential in drawing attention to important elements of social control and surveillance which medicine exercises over our bodies and our lives. Thus, for Foucault the medical view of the body as "something docile" that could be surveilled, used, transformed and improved that emerged at the end of the eighteenth century was reflected in broader social changes which were occurring in society at the time, Moreover, it has been argued that this approach has been consolidated in the twentieth century beyond the confines of the clinic which is illustrated in the current emphasis upon health promotion, fitness and the 'post modern self'.

An 'overdrawn' view of modern medicine?

A number of problems emerge with these perspectives. For example, a common assumption concerns the portrayal of the individual or the lay public more generally as essentially passive and uncritical in the face of modern medicine's expansionist tendencies, whatever their source of origin. Thus, given the power of discipline and surveillance, it is difficult to know how one could locate or explain opposition, criticism or resistance to medicine, or indeed any other form of dominance. Critics argue that this 'overdrawn' view of modern medicine exaggerates the hold which modern medicine has over contemporary experience (Gerhardt, 1989).

Some theorists have been more concerned with the fit between dominant ideology and lay thinking. For example, Crawford (1984), although also offering a somewhat deterministic perspective via a more explicitly Marxist oriented framework, does at least address the issue of lay perspectives on health. He shows how the two dominant conceptions of health – health as 'control' and health as 'release' – can be traced back to and reflect the logic and contradictions of the capitalist economic system. Other sociologists rather than moving from the macro to the micro levels have tended to start at lay accounts and show how they reflect wider interests in society. For example, Cornwell (1984) drawing on the writings of Habermaus makes a distinction between medicalisation 'from above' and medicalisation 'from below'. Medicalisation 'from above' concerns the changes in the Western view of mind and body which have occurred as a result of scientific medicine. In contrast, medicalisation 'from below' relates to the changes in both social life and in dividends and sub-cultural groups to accept these modern lay imitations for health and illness vis-à-vis the traditional (common sense and moralistic) legitimisations which have hitherto held sway within the lay populace. It also relates to the impact which the practical achievements of modern scientific medicine make on the 'collective consciousness'.

Lay perceptions of modern medicine: empirical examples

In the previous sections theoretical perspectives have been presented in an attempt to explain the link between the micro and macro levels. This section focuses on empirical studies which explore lay perceptions of modern medicine although it is important not to divorce these perceptions from wider social changes which have taken place over the last decade or more. These changes, it is claimed, have involved an increasing disillusionment with scientific medicine which is said to be associated with the emergence of the reflexive social order which is a significant feature of 'late' modernity. More specifically, it is argued that

this involves lay people in systematic examination, appraisal and critical scrutiny of all beliefs and practices in the light of changing social circumstances. In this context, doubt becomes a pervasive feature of modern critical reasoning and 'trust' has to be won and retained rather than automatically accepted. Hence, the relationship between modern medicine and the lay public becomes increasingly interpreted in terms of a shifting dialect between 'trust' and 'doubt' (Williams and Calnan, 1996a). This ambivalence to modern medicine with its mix of disillusionment and reverence is well illustrated in an empirical study by Calnan and Williams (1992) of lay evaluation of modern medicine. The study shows lay views appeared to differ on the relative merits of modern medicine according to which specific forms of technological intervention were being considered. Most criticism appeared to be levelled at low-level forms of medical technology such as tranquillisers, high-tech forms of medicine were not uncritically received. Rather, they aroused deep feelings of ambivalence and raised awkward ethical and moral issues particularly in relation to transplantation surgery and the new reproductive technology. Indeed, as the authors suggest, the criteria which lay people use in order to evaluate these differing forms of medical technology appear to be structured according to a complex array of factors, including whether or not it is life saving, quality of life enhancing, natural, independence restoring and 'good value for money' (See Figure 1)

	Outcome/Evaluation		
	'Good'		'Bad'
Criteria/	Life-saving	—	Life-threatening
Dimension	Quality of life enhancing	—	Quality of life threatening
	Natural	—	Unnatural
	Moral	—	Immoral
	Necessary	—	Unnecessary
	Restoring independence	—	Promoting addiction/ Dependence
	Good value for money	—	Waste of money

Figure 1. A typology of lay evaluative criteria

Thus, hip replacements, for example, tended to be regarded as 'good' due to their quality of life enhancing and independence restoring capacities. In contrast, tranquillisers tended to be seen as 'bad' as they were felt to be 'unnecessary', and also, more importantly, because they tended to lead to addiction and dependence. Again, in contrast, test-tube babies tended to be predominantly evaluated in terms of the 'natural/moral' versus the 'unnatural/immoral' dichotomy; the out-

come in many cases being one of expressed ambivalence. Similarly, concerning the issue of heart transplantation surgery, whilst many informants concerned that it was life-saving and quality of life enhancing, the 'natural' — 'unnatural' and the 'moral' — 'immoral' dichotomies also tended to generate considerable ambiguity within the lay populace about the benefits of this particular form of medical technology. Finally, particularly within the present economic and political context there was also some evidence of a lay concern that due to the NHS's finite resources and the issue of competing priorities, certain forms of medical technology (e.g. heart transplants, test-tube babies) were too costly and that the money should instead be diverted elsewhere (e.g. to the care of the elderly) where the pay off in terms of numbers treated would be greater.

Challenge to medicine?

This evidence seems to suggest that the lay populace are critical, reflexive agents who are active in the face of modern medicine and technological developments. However, without similar types of evidence from previous historical periods it is difficult to see how far this is a shift in lay perspectives or a reflection of perceptions which had been prevalent for a long while. However, other ammunition for this argument might be found in the significant growth in the popularity of 'complementary' therapies amongst the lay populace. Use of non-orthodox therapies is now widespread which might reflect that the lay public in Western society is coming to distance itself culturally from the medical profession; a phenomenon which can be related to broader cultural and political changes where there is emphasis on individual responsibility and control over the body, self and wider environment. However, whilst the rise of 'complementary' therapy might be perceived as a threat to orthodox medicine evidence suggests that users mainly consume 'complementary' therapy as a complement not a substitute for orthodox medicine. However, as Crawford (1984) argues, health has become a symbol or metaphor for the contradiction inherent in capitalism involving discipline and control and reverence and indulgence. Hence, involvement in health related activities reflects that imperative to be in control of the body but involvement with certain 'health' activities reflects 'taste' and 'lifestyle' which is a reflection of the influence of consumer culture.

Certainly, it is clear that, in both Britain and the United States, patient and public voices tended to be most critical of medical science and practice in certain specific areas such as the management of reproduction, chronic illness and disability where medicine has little to offer, and in areas of experimental treatment which advance fundamental societal concerns such as the new reproductive technologies. In addition, the growth of self-help groups can also be seen in terms

of a lay resistance of medical science over experimental forms of knowledge. Similarly, the emergence of critical lay perspectives on public and environmental health issues pose a potentially significant political challenge to conventional biomedical perspectives. In addition in the United Kingdom there has been the development of 'lay' epidemiology (Williams and Popay, 1994) where self-help groups or local communities such as in the case of the Bristol Cancer Help Centre and the 'Camelford Poisoning' have draw on their own expertise to contest expert and difficult evidence. Certainly many writers and commentators have suggested that we are witnessing not only the end of an era of optimism about scientific medicine, but also the end of the era of the passive patient which is ushering in a new active consumerism or 'challenge from the articulate consumer'.

Some writers such as Lupton (1997) have argued that notions of consumerism tend to assume that lay people act as "rational" actors in the context of the medical encounter which align with broader sociological concepts of the "reflexive self" as a product of late modernity; that is, the self who acts in a calculated manner to engage in self-improvement and who is sceptical about expert knowledge. Lupton in an empirical study of lay perceptions of medicine showed consensus among the informants that the status of the medical profession has diminished in recent years and that doctors as a group are no longer necessarily viewed or unproblematically accepted as "heroes in white coats". Lupton showed that for many people the discourse of consumerism and the reflexive subject position are important parts of the contemporary medical encounter. However, despite a general agreement that the medical profession is subject to more criticism than in previous times, most people still articulated respect for doctors and faith in medical science. Even these people who had appeared to support and adopt the discourse of consumerism suggested that at least on some occasions that they would be willing to invest their trust and faith in a particular doctor, should that doctor earn this trust. This suggests the importance of acknowledging the personal experiences of individuals and recognise the complexity and changeable nature of the desires, emotions and needs that characterises the patient-doctor relationship and that many forms of consumption take place at the unconscious levels involving a high level of emotional investment.

In conclusion, this paper has explored sociological perspectives in relation to lay perceptions of modern medicine. Earlier formulations portray the lay public as passive and dependent upon modern medicine and possibly duped by medical ideology and technology. Empirical evidence suggests that this image is too simplistic and lay people are more critical, sceptical and ambivalent then portrayed in these earlier perspectives. More recent theorists suggest a far more critical distance is beginning to open up between modern medicine and the lay populace. Drawing upon the recent work of writers such as Beck and Giddens (see Wiliams and Calnan, 1996b) the growth of social reflexivity in late modernity raises the

issues of trust and doubt. In a society where all knowledge is provisional, doubt becomes a defining feature of critical reasoning. As a consequence trust has to be increasingly won and maintained in the face of growing public criticism and scepticism. These developments in turn tend to be an increasing 'demystification' of science and carry important implications for the credibility and legitimacy of modern medicine in the contemporary era.

The empirical evidence to support such theories is, at present, in short supply. Certainly, some evidence has suggested that patients in the context of doctor-patient relationship are dependent and passive and put their faith in medicine. It also raises the question of how issues such as if 'active' trust, risk and lay re-skilling are handled in the context of the medical encounter between doctors and patients, and are the uncertainties of medical practice more acute than in the past. Also, it is not clear how the medical profession responded to such developments and has there or is there a re-configuration of professional power and dominance is beginning to take place.

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