

## Health and Illness

Illness is often thought of as if it were only a matter of physiological change or decline, having a matter-of-factness beyond dispute. However, this is clearly not the case. The dividing line between sickness and health is one that has been drawn and redrawn many times over the years, both in relation to changes in the symptoms which people present and in the way that doctors define disease. This ambiguity in definition is equally apparent in the way that different cultures treat the same bodily signs; in some countries diarrhoea and scrofula are matters for medical assistance, in others the conditions are part of life's everyday burdens. Illness, therefore, is subject to social definition, and so are the patients who suffer it. This is as true of people who have physical conditions as it is of those who are described as mentally ill. Students of social science are well used to explanations of psychiatric conditions which view them as being maintained through social definitions and labelling. At the same time these explanations challenge the epistemology of medical thinking which locates this illness 'inside the heads' of those involved. In this chapter we shall not be discussing mental illness but instead be taking the opportunity to explore the ideological character of being physically ill, and the dilemmas which can arise through the sharpening of contradictory demands implicit in people's bodily and social conditions. Illness – or better still, 'being ill' – is also ideological in the sense in which other topics in this book are subject to that term. The sick are subject to a social discourse which locates them in society, which gives them rights and obligations out of which their capacities and opportunities in other spheres of life are expanded or, more often, curtailed. While ideologies attaching to illness are not limited to the sick, the experience of the contradictions implicit within these ideas is not equally available to all. It is when people fall ill that these ideological contradictions are experienced by them in ways which, as healthy individuals, they could not have fully anticipated beforehand.

While it is believed by some that 'you make yourself ill with worry' or that fretting over illness is largely a function of 'mind over matter', there is something incontrovertible about kidney failure or influenza which belies attempts to 'psychologize' illness away. As we shall see, there is an unavoidable conjunction of thinking and being in all talk of dealing with illness; just as some speak of the power of right thinking over the body's health, so in the past others have believed that a body brought under the rule of a healthy regimen is the basis for soundness of mind (Turner, 1984). This relationship of body and mind is something that runs, like

an underground channel, beneath the structures of so much of modern thinking about illness and health. While it is hidden from view by the edifice of medical technology, which separates out the body in order to subject it to treatment, it is revealed in the case of illnesses where medicine has been less successful, the prime example today being cancer. Then there are appeals to a different sort of treatment, a 'holistic approach' in which the attitudes and feelings of the patient are summoned as a resource to combat disease. These competing views about illness make for an interesting examination of problems in their application, and of the dilemmas which arise for medical practitioners of each persuasion. These, however, are very much questions of expertise and of practice, to which we have given attention in the previous chapter. They arise, not only because there are doctors on the one hand and patients on the other, but also because of the competing demands upon ourselves which are juxtaposed when we are prey to sickness and disease. Examining these demands goes some way towards understanding the different shapes that contradictions take in everyday experience, and towards revealing the ideological basis of the beliefs which are there even in the world of unreflecting healthiness.

Before doing this we need to set some boundaries to our discussion: first by comparing illness to some other areas of experience, and then by asking ourselves whether illness can, in fact, be taken 'all of a piece'. Being ill is clearly not like going to school, except in as much as both are, for some, conditions to be suffered. While there are competing views as to the value of different kinds of knowledge, or even of 'how much' knowledge, there appears to be universal agreement that pain and disease are unwelcome and unwanted. Perhaps we should qualify this and say that pain and disease that lead to death or to permanent injury are unwanted. For there are notable exceptions in which some pain and temporary disease are either sought or thought fitting and appropriate. There is a strong body of opinion that pain, as part of natural childbirth, is preferable to the anaesthesia of drugs; in wartime there are testimonies that soldiers envied colleagues who left the battlefield with slight but incapacitating wounds; and who has not felt the reassurance of a bad (but tolerable) headache or other symptom which confirms the wisdom of having stayed in bed rather than going to work that day?

These exceptions are cited, if really necessary, to show that illness in general is not a thing about which many people are divided. There are few 'pros' and an overwhelming majority of 'antis'. We should expect, therefore, that when people are ill they will reveal a wholehearted dislike of their situation and a wish to be well again. In the experience of illness there should appear a unity of belief and purpose which challenges the argument that there is a dilemmatic aspect to our everyday lives. This idea of a unitary set of beliefs surrounding illness is consistent with the

view that ideologies surmount distinct fields of people's experience or topics in social science. There would then be an ideology of medicine (or of education) which made sensible the problems lying within that area alone. The problem with this view is that it leaves each field of social life as separate in experience, so that the very issues in everyday thinking which are double-edged in their implications would simply not arise. It is because people must continue to act in a world of interpenetrating values and practices, stemming from various life fields, that the consequences of taking one line of action rather than another is of particular significance. If it were not so, if people lived in a world of relative standpoints, then their perspectives would be prescribed and their thinking across contexts effectively dislocated. As this has been stated already: 'In effect, social action is not really constituted by opposition or unities of discrete groupings of people, but by a *praxis* which expresses a multiplicity of relations at any one time' (Radley, 1979: 86).

With regard to illness, this means that we should expect any ideology of the sick person or of the illness situation to draw upon and to have implications for other areas of social life. As will be demonstrated later on, the appreciation of good health depends, in no small way, upon an understanding of what it means to be a sick person. The world of illness provides a repertoire of constructs which can be employed in setting out our attitudes to other matters of social significance. Sontag (1979) provides useful examples in her references to Hitler's description of the Jews producing 'a racial tuberculosis among nations', and to John Adams's diary entry in 1771 when he wrote: 'The Body of the People seem to be worn out by struggling, and Venality, Servility and Prostitution eat and spread like a Cancer' (p. 80). Of course, the specialized application of medical knowledge gives rise to an informed position with regard to how ill people should act and should be treated in return. There is a danger, however, in describing medical thinking as ideological in this regard, if by this is meant that it sets out a unified 'forensic' system separate from the 'latent' ideology of its patients (see chapter 3 for a discussion of forensic and latent ideology).

There is, however, another reason why we should not regard illness and health as worlds separated by distinct ideologies; this has to do with the fact that, when ill, people still partake of the world of health. This is obvious in the case of minor and temporary afflictions where they can still live their lives largely as normal, but it is equally true of those chronic and often serious conditions with which people must live for much of the time. This not merely provides a tension within their experience, but actually gives form to the way in which they conceptualize matters of health and of illness.

### Illness in a world of health

'This is not the season of the year for a business boom, of course, we admit that, but a season of the year for doing no business at all, that does not exist, Mr Samsa, must not exist.'

'But sir,' cried Gregor, beside himself and in his agitation forgetting everything else, 'I'm just going to open the door this very minute. A slight illness, an attack of giddiness, has kept me from getting up. I'm still lying in bed. But I feel all right again. I'm getting out of bed now. Just give me a moment or two longer! I'm not quite so well as I thought. But I'm all right, really.'  
(Franz Kafka, *Metamorphosis*)

This quotation from Kafka's story of the man who woke up to find himself transformed into a giant beetle consists of an exchange between the victim, Gregor, and the chief clerk of the firm where he works. It is, in allegorical form, an illustration of the discourse between the worlds of health and of illness. It is no mere accident that society's agent is represented by a man of business. For most people in Western culture being ill means not being able to work, so that what defines their condition is not so much a bodily condition but an incapacity. To be healthy is to be 'fit for' social duties; to be ill is to be unable to satisfy them. Determining which of these situations one is in is often fraught with uncertainty, as is revealed by Gregor's own claims to fitness. It would appear that he is very much in two minds as to whether he is well or ill, fit or unfit; even in the totality of his metamorphosis there remains the need to be a fully functioning member of society, to be 'all right, really'. Is this situation in any way peculiar for being drawn from a fictional setting? We think not. A moment's reflection on many people's part will soon recover instances of times when they have struggled on when under the second signs of illness, or when they or others have returned to work before being completely recovered. This is so much part of one's general expectation of active life and social duty that this surface inconsistency has quite a normal ring to it. Indeed, there are credits and benefits to be gained, not from denying illness completely, but from conducting oneself in such a way that one's actions both hide and reveal the shape of the illness one is labouring under. Service beyond the call of duty, and courage, are made of such things. Yet this is a balance that has to be properly gauged. Drag yourself to work when obviously ill and you are a fool; lie abed for days after a fever has passed and you risk being called a malingerer.

This issue can be explored further by reference to real examples, in this case drawn from a study more fully reported by Radley (1988). This is what two men, typical of several, said concerning their life after cardiac surgery for severe coronary disease:

I think they have made me as well as I possibly might be. No, I'm not ill, I don't feel as if I am anyway, I'm as well as I am going to be, possibly, and if I'm as well as I'm going to be I feel that I'm well.

I don't consider I've got an illness now. Even before . . . I tended to pop another tablet in my mouth and carry on . . . I suppose it might gradually get better, but if it doesn't it won't make any difference.

While the second quotation has about it a surface quality of unexceptional matter-of-factness, it is the expression of a viewpoint which appears consistent because the speaker is able to allocate the exceptions to his health to a special part of his life or, as in many cases like this, to a special part of his body. 'It's only my heart' said one patient in the same situation. This attitude arises during illness so that there is a separation, in experience, of aspects of the body from the individual as a member of society. At all times individuals know that they *have* a body and yet *are* their bodies; during health the latter is coextensive with social life. There is a body for working, for resting, for loving through which people are free to participate in the world of activity. However, in illness the body which is injured or sick, in being withdrawn from social life, becomes one to which one becomes subject. In these times, the difference between these two conditions must be resolved as best people can, often through the maximization of what they can do freely and the minimization of what they are forced to limit themselves to do. This attitude of 'normalization' (Davis, 1963) appears unitary because it makes exceptions and locates these at a different level from the significance of social life. Let us illustrate this further, and then go on to show how this attitude depends upon a set of assumptions which are at variance with those other views which the person expresses.

A man awaiting cardiac surgery, who was particularly concerned to 'work quite normally', said:

I'm not worried about it or anything like that. I'm in professional hands like. When you've got something wrong with your car you take it to the professionals don't you?

In this quotation the problem of illness is reduced to a malfunctioning part of the body which awaits correction by expert medical practitioners. Another patient said:

I don't feel ill. I don't feel ill at all . . . right up until Christmas I've led an active life, slowed down knowing my limitations, but again we come back to the same answer . . . something has got to be done about it. I'm hoping that I shall be even better than I was before.

Both of the above examples express a confidence in the retention of active life through the correction of what is held to be a temporary disorder. In the balance between the freedom of social participation and the constraint of the body, there is expressed the belief that the latter is but a minor term in the equation. On the face of it this is an understandable attempt to keep things in perspective, to cope with a stressful episode by maintaining a consistent attitude of overall good health in spite of an exceptional

symptom. However, there is implicit in all of these statements an attitude which is at variance with the impression fostered of being 'all right, really'. There is an acceptance of the doctor's authority to indicate the extent of the healthiness of the body and to describe the boundaries of sickness. This then provides a certification, as it were, of the person's health 'with the exception of . . .'. It is as if an ex-patient of a mental hospital were to attempt to prove his/her sanity by reference to a discharge note which s/he carried. In the affirmation of health, even where people retain their social engagements, they are obliged to make use of the constraints of the body in order to define their sense of well-being. If an attitude of 'good health' were merely defined by the absence of illness, then there would be very few people expressing a healthy outlook or defining themselves as such today. For most people have something 'wrong' with them most of the time. Health and illness are not, therefore, discrete states from which one moves in a unitary fashion, but are interdependent terms in experience. This specific feature has been anticipated in our general thesis that ideological thought is dialectical (see chapter 3) and signals a need, at this point, for us to examine this issue more closely.

When, like other descriptions of psychological life, health and illness are abstracted from real settings they become opposing terms or poles of a particular construct. However, the apparent equality of the terms is misleading, for where health describes for much (or most) of people's lives a background condition, the default state of our existence, illness signifies a break or discontinuity in that state. Whereas health is normally assumed, enjoyed yet defined only with difficulty, illness is figured in experience, foregrounded as an exception of the rule, suffered and given both physiological and social form. In the words of the science of linguistics, 'healthy' is the 'unmarked pole' and 'unhealthy' is the 'marked pole' of this dimension (Greenberg, 1966). We do not talk about people being 'un-ill'. It follows from this analysis not that ideological thinking is determined by language, but that the values which are placed upon the poles of health and illness are indicative of social forms of which language is an expressive mode. For a person who is chronically ill, health ceases to be a background condition, illness becomes the default state of being, and in extreme cases periods of relief from pain can become figured against that background of suffering.

The remarks made above are also suited to occasions where illness is less threatening. Being 'all right, really' is the norm for most people's condition, the attitude which is expressed even from the sickbed as those concerned look forward to picking up soon their everyday duties. The inconsistency to which we have drawn attention, on the surface so mundane as to pass without comment, is a requisite outcome of the condition of people as embodied beings, as those who freely use, yet are limited by, their mortal frame. Note, however, that this inconsistency is not necessarily

one between 'body' on the one hand and 'social obligations' on the other. When one is ill in bed with a fever it is likely that the limitations of one's body are experienced as opposing all attempts to live normally. Where, as in the examples cited above or in the case of a broken leg, people are able to locate the illness or injury within a bodily part, then the balance is struck across the dimension of body versus person. Individuals are both free and constrained bodily, just as they are both in their attempts to carry out their social duties.

Illness sets limitations and, sometimes, offers opportunities. From the standpoint of health, a day off work, ill, can seem quite appealing. From the standpoint of illness, that very freedom from social obligations can be transformed into constraint. As one heart patient said:

My idea of heaven is sitting around all day doing nothing. No it's not. My idea of heaven is being free to sit around all day and do nothing; but being forced to sit around all day and do nothing, that's hell.

In this case being 'forced to sit around' refers to social constraints, not bodily ones. Freedom and constraint become reversed in experience when one's body is limited (but still able) and opportunity for action denied. Then, as Herzlich (1973) pointed out, rather than being something outside oneself, illness is identified with the person and health appears the province of other people, of society. What has been described as a basic inconsistency in the apprehension of general good health becomes highlighted in attempts to keep illness a small part of life. For chronic illness, when people are varyingly healthier or sicker, places them in situations in which this ambiguity is then repeatedly brought to the fore.

### **The opposition of health and illness**

In the previous section it was argued that assertions of good health rest upon a fundamental inconsistency, and that this has its origin in the relationships of health to illness, and of 'being embodied' to 'having a body'. In the middle of health we are in sickness. However, in the world of everyday minor illnesses, such things need not be experienced by those concerned as presenting them with dilemmas. As pointed out, there is no dilemma about whether to be ill or healthy, though difficult choices might arise in the context of striking the balance between the two. When a person has a symptom, there might be difficult decisions to be made about whether to go to the doctor or whether to take a day off work. These may be complicated by the costs and benefits to one's family from taking different courses of action which, while throwing up difficult choices, are not in themselves ideological dilemmas. The inconsistencies in thinking to which attention has been drawn are things of which people are generally unaware, if only because the logic of 'good health' achieves such a comfortable

fit with 'malfunctioning body part'. Dilemmas, as the term is used in this book, are experienced by people in situations in which they must see things from opposing standpoints, so that there is an awareness of the consequences of one line of action for the other, and of their incompatibility for the person concerned. To experience a dilemma is to live out an opposition, so that one is divided upon it in the failure to achieve a resolution.

For the person who has been sick for some time, health and illness cease to be external relations but become two poles of experience, two parts of oneself. There is a part that struggles against illness and a part which, emerging alongside the disability, establishes its own claim upon the individual concerned. There may be, for a while, a struggle to keep back this other side, born of the illness. One man said first, concerning his heart condition:

I don't know an awful lot because I've chosen not to know. I want to know the positive things. I don't like looking on the black side. I know there's a black side but I think that can work against you. That's a bit of a contradiction from what I've said before, because you just want to know everything. It's 'Catch-22', you can't win.

'Wanting to know everything' is an aspect of what we have referred to already as the inevitability of having to gauge health in terms of sickness. It also points to the fact that how people learn about sickness is not only from doctors, but from their experience with their own sick bodies which stands in marked contrast to the beliefs which they form as healthy individuals. The patient quoted above then continued:

I used to think of it as a battle. I used to think if I walk up the hill I'd see if I could do it. I suppose, if you like, you dare yourself to have another heart attack. I've walked along and I've been saying (you are chuntering to yourself, you try not to move your lips . . .) 'Go on then, if you are going to come, come now.' I always say, 'I ain't going to have another heart attack.'

Here, in this quotation, is an example of a dilemma which embraces both the person's thinking and his bodily conduct. There is no mere choice to be made here; what is raised instead is the question of how to bear one's condition. The opposition of health and illness is no longer restricted to the alternatives 'body or society' ('me or others'), for the person is both the sick and the healthy, the challenger and the challenged and, in the event of a heart attack being provoked, the victor and the victim. As an example of dialectical thinking it reveals how an attempt can be made to define one's health by pursuing illness to its limits. By locating the degree of bodily constraint – even if it is as great as a heart attack – the person is then able to redress that balance as an agent, as a free social individual.

The claim of the healthy world upon that of the sick gives rise not only to dilemmas which can be articulated, as in the foregoing example, but also to contradictions which lie, as it were, between the spheres of



thought and action. The opposition of health and illness expressed in words or acts is the form of 'either-or' with which we are most familiar in discussions of choice or of dilemma. In certain circumstances, the healthy and the sick aspects to which we have drawn attention are not things of which the person is equally aware, if only because they are divided between two or more people. It has been shown that, for some male heart patients, their struggle against their illness is parallel to their strained relationship with their wives (Radley and Green, 1986). In each case, the men's opposition to illness was a vacillation of fight and collapse in the context of a relationship of unequal effort with their spouses. Those husbands who most wanted to dominate the illness, dominated their wives; those husbands who felt resigned in the face of coronary disease relied upon wives who carried heavier burdens. And yet, the men who sought to dominate were prey to fears and to sudden collapses; the men who were resigned attempted, from that position, to reassert control in fits of resentment. There were, on occasions, discontinuities between the men's attitudes to illness and their styles of conduct which marked these couples out as particularly subject to strain. In these cases, unable to conceptualize the contradiction in which they participated, these men (and their wives) together suffered a dilemma which they were unable to put effectively into words. It was a mark of these people most troubled by illness that the ambiguities in their beliefs were both individual and interpersonal, so that the opposing features of their problem were not equally available to consciousness, and were not on the same plane. Dilemmas of this kind are not only 'of the mind', causing conceptual confusion, but embrace the whole person in an ontological problem manifested within bodily conduct as well (Bateson, 1971).

This section has developed, through example, the forms of ambiguity which are part of the situation of illness. Initially, in the discussion of 'general good health', this took the form of illness as exceptional, as something which is discriminated against the background of overall well-being. Illness, in this mode, acts as a marker. Is it by accident, we wonder, that when asked in passing 'How are you?' one replies 'Oh, not so bad' or 'Can't complain' more often than '100 per cent fit' or 'At the peak of health'? The latter terms are more often reserved for occasions in which one's health is actually in question! It is not that people do not wish to tempt fate with inflated claims, but that without any evidence to the contrary their assertions of good health remain somewhat empty. To take up the situation of one person being clearly ill – for example, with a streaming cold – the question 'How are you?' might elicit the response 'Awful, I feel like I'm dying.' This means that the same state of health may be described in different ways, depending upon the context of the description. To switch the emphasis between health and illness is not to be devious, even if it appears inconsistent, for these switches are predicated upon

knowledge shared by the different people involved in the exchange. This is an issue which will be confronted again in chapter 8, when we discuss the semantics of gender.

Although the sore throat or the broken arm remain tangible matters, they are not the basis for dilemmatic thinking. This term we reserved for the opposition of health and illness in experience, the division of their competing claims in consciousness. And finally, it was only with ambiguity premised upon different planes that we spoke of contradiction. Each of these is a different form of the balance of health versus illness, which has its oppositional form in an ideology which is shared by the healthy as well as the ill. We are dealing with a social and not an individual phenomenon, and so we need to examine how others in society think of illness and articulate a rationale for dealing with its consequences.

### The problem of curing and caring

But in the same moment as he found himself on the floor, rocking with suppressed eagerness to move, not far from his mother, indeed just in front of her, she, who had seemed so completely crushed, sprang all at once to her feet, her arms and fingers outspread, cried: 'Help, for God's sake, help!' bent her head down as if to see Gregor better, yet on the contrary kept backing senselessly away. (Kafka, *Metamorphosis*)

There is little, if any, disagreement that illness calls for curing and that the patient requires caring on the part of those whose job it is to help. In Western society the task of curing illness is recognized to be a duty of doctors, while the task of caring is something which comes 'naturally' to the person's family and friends. As has been seen in the previous chapter, this division is, of course, an oversimplification because people also require doctors to show compassion in their manner, while relatives and friends are expected to cooperate in effecting a speedy cure.

There is a balance to be struck, too, between these positions as they are expressed in the efforts of those who help the sick person. In as much as there is a discrepancy between what doctors diagnose and what the patient can achieve, then problems of reconciling these differences can result. As one wife put it:

Well obviously anything to do with your heart is of major importance but the fact that he's not changed, the fact that he's still doing his job, still running about, still doing what he wants, sort of is on one side and then you've got the other swing of the pendulum, what the specialist is saying, how serious it is, and I can't bring these two things together.

This quotation reveals an awareness of different standpoints rather than a contradiction in thinking. And yet it indicates the competing demands of the body and social obligation which point up the inconsistencies in attitudes to patients' illnesses which we have previously outlined. In

the case of this quotation, it is not an attempt at resolution of bodily restraint and social freedom which is called for, but a setting of social limitation (that is, the diagnosis) against the perceived freedom of bodily action.

This problem of curing and caring is particularly marked when people are chronically ill, when the obligations to 'look after oneself' at the same time as attempting to fulfil social obligations can produce contradictions of the kind which we have described previously, embracing not only the patient but the spouse as well. The wife of one heart patient expressed the problem this way:

He'll probably some days be doing too much and I say 'Look, don't do all that, just do a bit, if you feel tired sit down.' 'I'm all right.' This is what I get. 'Just leave me alone, I'm all right', and that's what I get. So now I tend to think to myself 'Oh, get on with it, it's you that's going to come out the worse.'

Why is it that the good intentions of this wife should come to grief in this way? It is simply because she is married to an intransigent husband? If we accept that these are contradictions in the outlook of patients and that these embrace their relationships with others, then it is clear that these competing features are also to be found in the attitudes of the healthy towards the sick. What we have termed 'striking the balance' between health and sickness is also part and parcel of the views of medical practitioners. Despite its emphasis upon a technologically produced cure, the medicine with which we are most familiar in the West nevertheless still stresses the need for patients to make an effort in their own recovery. Failure to do this may be labelled 'invalidism', and excessive zeal to be well 'denial'.

Our point is that the dilemmatic aspects of thought during illness are there in the attitudes of the healthy towards the ill. While they may only become apparent during times of illness they are there to be seen among curers and carers as well as among the afflicted. For example, Voysey (1975) describes the ideologies of parents of handicapped children through which ideas they attempt to render their situation as sensible and their actions as being morally acceptable to others. Finding and establishing one's place again in the everyday world demands what is often sensed by other people as a form of 'double-think'. The mother of a Down's syndrome child said 'At least she's got her health', while the parent of a spina bifida child expressed the view that 'I should be thankful she's not mentally retarded' (p. 199). In each case, the status of the child's *avowed* health is qualified by the *implicit* knowledge of her actual impairment. For this kind of claim to be successful in the everyday life of the families concerned depends not upon other people being either 'fooled' or wholly persuaded by this argument. On the contrary, the roles of the

parents and of the child are established through other people's awareness of the burden under which they operate. Only if the parents communicate their total belief in their assertions of their child's health (that is, that things are all right, *really*) are others likely to comment upon the inconsistency between the parents' claims and the evidence of the child's presentation. Then, at that point, people are likely to say 'They have to say that, don't they?'

The balance between health and illness is struck between the individual and society, between people as separate and sick versus people as belonging and healthy. In certain circumstances individuals are unequivocally the former – when ill with fever or racked with pain. But, more often than not, sick people must present themselves in the terms dictated by a world which exacts penalties for the privileges which they are actually obliged to ask for. They must appear as well as possible in order to gain the acceptance by others of their limitations; to do otherwise is to risk sanction or exclusion. Nevertheless, this acceptance is limited by the healthy persons' demands that the sick, though appearing as well as possible, should not claim for themselves those rights which full health bestows. Goffman (1963) has made this point in relation to the stigmatized, and we can extend his argument to the sick in general, particularly those with chronic conditions. Paradoxically, of course, the more successful the sick are in hiding their illness from others, the less care or understanding they will receive. The price of successfully implementing strategies of duplicity in order to attain acceptance is to experience the loneliness of increased isolation at those times when one's illness becomes acute and disabling.

What were previously described as forms of contradiction in thinking about illness can be seen to have their basis, not in some natural division of the body as experienced by individuals, but in an ideology of health and illness which is essentially social. Indeed, the dominant aspect of the opposition of these two conditions is health, and it is in those terms that the sick – in as much as they believe themselves basically healthy – establish what they ought to do and think. One of the consequences of this – which we have already seen in the duality of oppositional thinking – is that it places upon sick people the burden 'not to overdo it' while at the same time making sure that they 'make an effort' and 'put a brave face on things'. The question of good adjustment – which has entered the research literature through the efforts of social and behavioural scientists working on its behalf – is one that reinforces the dilemma by insisting on helping the patient to deal with the problems of being ill. The 'good adjuster' is the person who can trim his or her life in order to steer between the Scylla of bodily constraints and the Charybdis of unyielding social institutions. Such trimming or coping can become a 'real' problem for the patient, made ever more tangible by the attempts of other people to help the person concerned to carry it out more effectively. Where other

members of the family also become engaged in making these adjustments, then they too are subject to an ideology which claims, if not good health, then normality in the face of illness or injury. Examples of this kind of adjustment have been given by Davis (1963) in his study of the families of child polio victims, describing the moral demands upon them to espouse normality in recognition of difference, to enter into an ideology containing contradiction. This is illustrated in his description of the experience of a handicapped child and her mother:

Seven year old Polly Manning, for example, decided to enter a contest sponsored by a magazine issued for handicapped children by a local welfare society. The contest asked the children to submit a name for the magazine. When Polly told her mother her first choice – ‘The Crippled Children’s Book’ – Mrs Manning replied, ‘Well, that’s right long. They said they wanted a short happy name, and that doesn’t sound too happy.’ Polly then suggested ‘Cheer’. With her mother’s approval, this was the name she submitted. (1963: 140)

How acutely such contradictions are experienced, how tangible they become for those who must hold these views, depends in large measure upon competing claims to ‘strike the balance’ in different ways. Where families of the sick have made adjustments in order to stress the quality of their home life (care) as a means towards good health (cure), they may yet find themselves in conflict with medical practitioners who stress the management of the illness over the patients’ desire to come to terms with their condition. As pointed out already, it is not simply that there is a clash of two different though internally consistent ideologies; there is instead the exacerbation of a contradiction which runs through both lay and medical thinking and practice. This is revealed in the advance of medical expertise which creates further demands upon how people should conduct themselves under or after treatment. Medical practice enters into lay ideology most obviously when it touches people’s lives directly. As one man said after heart surgery which had failed to relieve his symptoms:

I think it would be an insult and an abuse to what’s been done, and an insult to the surgeon that did it, not to do things – just carry on as normal.

Turning back to the first quotation from *Metamorphosis* given earlier in this chapter, we can say, figuratively, that adjustments which ameliorate the difficulties of sickness and disability are always threatened by the world of health in the form of the chief clerk pounding at the door.

### **The ideology of good health**

So far we have made a case for illness raising ideological inconsistencies, oppositions or contradictions. These conditions were distinguished in order to show that, experientially, they are not the same, either in their availability to consciousness or in their functional form (Wilden, 1980). However,

if being ill leads to such inconsistencies, does this imply that health, freedom from dis-ease, is a condition of consistency of thought and action? In addressing this question we have to bear in mind that notions of sick and healthy people are not constants, but can be seen, through historical analysis, to be changing social constructions (Herzlich and Pierret, 1985). What we think of today as being ill is neither a historical nor even a cultural universal so that, when we speak of the inconsistencies or contradictions which illness reveals, these are embedded in the matrix of other social values, beliefs and institutions. Not least, there have been changes in the scope of medical knowledge which have shaped the way in which people think of themselves as potential patients, as individuals who need to regulate their lives in the terms of the new medical order (Armstrong, 1983). These days, health is becoming less and less a passive backcloth to life and more an aspect to be worked upon and directed. There is a new health consciousness which has given rise to changes in a number of areas of people's lives – jogging and diet, to name but two. The tracksuit and the yogurt pot are the new symbols of health, in addition to the apple that once, taken daily, somehow kept the doctor away.

The new ideology of health achieves its aim not through an understanding of any science of health, but through a focus upon features believed to cause particular diseases. This means that our understanding of healthy living is derived from an inversion of what we know of illness: knowledge gained, as it were, by using a mirror to look back over one's shoulder. This way of proceeding has the effect of extending to everybody the moral obligations hitherto reserved for the sick. This means that ideological positions are established on the basis of 'What is unhealthy must be bad' and, therefore 'What is (by inference) healthy must be good.' The logic of this position is strained, however, when one examines the advice given to people who may have a type A behaviour pattern or hard-driving personality, argued to be a risk factor in coronary disease (type B people are those whose acceptance of life constraints avoids this issue):

Whether you are a dentist, attorney, architect, physician or business executive, your secretary at first may not willingly cooperate in this showdown... if she cannot live with a type B office, she should be dismissed! (Friedman and Rosenman, 1974: 208)

and in order to cut down interruptions,

Each caller may be told in splendidly courteous language that you are presently in conference... if... the caller is insulted, then he is probably a bit sick himself with type A behavior pattern. (1974: 210)

The problem which is inherent in these recommendations – particularly for fired secretaries phoning around for new jobs! – is the attempt to control health as if it were merely the obverse of illness as we know it, leaving

social conditions untouched as they stress the merits of personal change. In its wider form – applied to people generally – the contradiction of much health consciousness lies in its dictum that people stay healthy by constantly patrolling the borders with illness. They are free to be healthy only in as much as they submit to the controls which increasingly regulate how they use their bodies. While guilt has long been recognized as a source of stress, if not physical illness, there is as yet little awareness of the effects of guilt upon those who will feel that they have not lived up to the norms of ‘good health’. In a consumer society, in which health consciousness is transformed into a ‘health craze’, the season in which ‘no business is done’ becomes (paradoxically) also the season in which ‘health is not striven for’ – neither season, of course, being allowed to exist.

These remarks are intended to show that the inconsistencies and contradictions which mark illness are not limited to that experience, but are part of the world of health which surrounds it. They apply to us as carers for the sick and as carers for our own potentially sick bodies. Without wishing to be tendentious, we may compare this situation to that of peasants (‘the sick’) who are oppressed by a bourgeois majority (‘the healthy’): for the former their existence is a ‘duality which has established itself in their innermost being’ (Freire, 1972: 24). Their dilemma lies in their being both oppressed *and* oppressor in outlook, in viewing themselves from their own position and yet within the terms of others who dictate their condition. For the peasants, there is the chance that, through education or revolution, this situation might change; for the sick, and for us all as mortal beings who must eventually fail, that resolution can never come, though the duality must always be endured.

It is not surprising, perhaps, that where those who are healthy apprehend these inconsistencies they try to overlay them. A few years ago there was a report of officials in an English town who acted upon requests from a man’s neighbours that he should close his curtains while dialysing at home. Another seaside town was reported to be dissuading handicapped people from coming to stay in ‘too large’ a number. Illness brings out in others not only a need for care and cure, but also the dual response of compassion and avoidance, relating to a condition of the body which, in the extreme of death, evokes both awe and revulsion at the same time. The relationship of health to illness does not stand alone, but generates further conflicts in people’s dealings with the ill and with the healthy. Illness takes on a metaphorical status in the ways in which we use it to describe either particular groupings, sections of society or even historical epochs (Sontag, 1979). The contradictions of illness are always in terms drawn from social life; illness does not enter into society as a separate phenomenon, but has its meaning in terms of the relation of the individual to society. It both structures and is shaped by social affairs. Writing today, at a time when the awareness of AIDS as a threat is now general, one

of the striking things about public response is the need of so many people, not only to believe in its ease of transmission, but in its resistance to cure. We cannot, at present, cite evidence on this point. Nevertheless, it suggests that in our dealings with various groupings in society the AIDS virus serves as a way of making both distinctions between certain kinds of people and moral judgements about them. The world of health is not a neutral world; nor, in its relationship with illness, does it stand on an equal footing.

Underlying all the dilemmas and all the comments of the heart patients has been the opposition between freedom and necessity. We have seen individuals struggling with the demands of being simulataneously free and unfree or, to be more precise, with the demands of viewing themselves as being free and unfree. In their comments they make use of images of the person which are not culturally universal, but which possess their own ideological history. These are images which see the person as being both an agent with free choice and an object which is determined by a bodily materialism. Such images preoccupy the thinking of those individuals forced by illness to think about their lives. Yet these people do not create these images themselves, nor do they create the contradictory themes of individual freedom and material necessity. As was discussed in chapter 3, both images figure strongly in the philosophy of the Enlightenment. In this respect the examples of the present chapter show again that the course of ideological history can be detected in the dilemmas of everyday life.

At first sight, there might appear to be a convenient division of labour between the two contrary images of the free agent and the determined body. The individual is free so long as bodily constraint does not intervene. Similarly the individual is constrained when the body forbids the exercise of freedom. This conceptual division of labour would identify the state of health with freedom and the state of illness with bodily necessity. However, the examples of this chapter demonstrate, again and again, the superficiality of such an identification. Within the so-called freedom of health there are constraints, and within illness there are freedoms. Since both illness and health are social states, there are social freedoms and constraints to complicate matters. Moreover, the individuals themselves are aware of the dilemmas. For instance, there was the patient who was aware of the philosophical dilemmas of his own precarious existence; he chose not to know about the inevitability of his body, but knew he had chosen not to want this knowledge. The choices exercised and not exercised set up further constraints and freedoms for the individual's family. The awareness of such dilemmas, like the states of health and illness themselves, are not merely an individual matter. The terms in which we think about these things are grounded both in particular social relations and, more generally, within ideological practices for controlling health and sickness.



## Prejudice and Tolerance

You'd think at our ages we wouldn't be colour prejudiced because we've been to school with them. But we're not really. Things have happened. Just silly things happen, and it turns us against them.

This is a fifteen-year-old girl speaking, living in the West Midlands of England. Wendy and her friend had been expressing their support for the unambiguously racist political party, the National Front. They had been justifying this support with tales about the violence of West Indians, the shortages of jobs caused by immigration, and the differentness of Asians. In outlining these tales, Wendy and her friend had been displaying the signs which psychologists normally associate with prejudice. They were advocating discrimination against non-whites, for both believed that non-whites should be expelled from Britain. Both made free use of stereotypes, as they described West Indians and Asians in simple terms. No doubt a standard attitude questionnaire might have been given, and these supporters of the National Front would have provided the answers which psychologists would have little trouble in defining as prejudiced.

It is not difficult to view prejudice in a comparatively undilemmatic way, which assumes that the unprejudiced are liberal, healthy and egalitarian, whereas the prejudiced are the repositories of the very opposite values. The classic psychological approach to prejudice, *The Authoritarian Personality* by Adorno et al. (1950), tends to view prejudice in such a relatively straightforward manner. The prejudiced person was seen as psychologically unhealthy, and a bundle of complexes, as compared with the tolerant individual. Whereas the unprejudiced person could cope with the ambiguities and the equalities of modern life, the prejudiced individual hankers after rigidly authoritarian structures. If the unprejudiced person stands for freedom, the prejudiced person, like Wendy, is drawn toward the politics of totalitarianism. However, as previous chapters have suggested, such an image may be too simple, for equality and authority, illness and health, and freedom and necessity are not so easily separated. Modern celebrations of equality have not eradicated authority. Even a celebration of health does not dispel the spectre of illness. Similarly, as this chapter will argue, prejudice is not undilemmatically straightforward; there is a dialectic of prejudice. If there is a dialectic of equality which includes authority, and one of health which includes illness, the dialectic of prejudice is even more dramatic in its revelation of the dark side of the ideological tradition of the Enlightenment.

The dilemmatic aspects of prejudice will be explored by looking at one aspect of the topic which has tended to be ignored by psychologists: the

meaning of 'prejudice' itself. Most psychologists study prejudice by examining the images which people have of other groups or by looking at people's reactions to other group members. In so doing they avoid studying the meaning of prejudice itself. It needs to be recognized that prejudice is not merely a technical concept to be found in the writings of psychologists, but a concept used in everyday discourse, as the comments of Wendy illustrate. It is not a simple concept, and her usage indicates ambivalence. She was accepting the moral evaluation attached to the notion of 'prejudice': that it is wrong to be prejudiced, just as it is assumed to be wrong to be undemocratic or tyrannical or to encourage illness. If she did not accept this moral theme, there would be little point in her denial that she was 'really' prejudiced. Yet at the same time she was expressing – and, what is most important, she realized that she was expressing – views which might be considered to be prejudiced.

As will be suggested, the very concept of 'prejudice' is one that expresses Enlightenment ideals. Therefore, a paradox is evident in Wendy's comments. The ideological themes of the Enlightenment are to be found in the discourse of this supporter of a racist, fascist political party. Moreover, as can be seen in Wendy's comment, the Enlightenment theme of 'prejudice' is not to be found in a separate compartment from the racist themes. It is not the case that at one point she and her friends use the vocabulary of the Enlightenment to the interviewer, whilst at another time darker themes of an older discourse surface, rather as if she has one vocabulary for the classroom and another for the playground. On the contrary, the notion of prejudice appears just at the point when she appears to be expressing her most unenlightened views. Moreover, it is part of this expression. Her semantics, when talking of her support for a fascist party, reveal her as a product of Enlightenment philosophy. Yet at the same time she is expressing views which *prima facie* contradict every dream of tolerance and which lead to the unenlightened irrationality of fascism. Moreover, she is hinting at 'things' – whether personal events in her life or broader trends of society – which are overwhelming the notion of 'tolerance' and making it impracticable. These things are not destroying the value of tolerance as an ideal: after all, she herself, as she is careful to stress, is not prejudiced 'really'. This simultaneous affirmation and contradiction of 'prejudice' suggests the presence of a dilemma of ideological proportions, as the young woman wrestles with the heritage and realities of her society.

### Enlightenment and nationalism

Hans-Georg Gadamer, the hermeneutic philosopher, has pointed out that the modern meaning of the word 'prejudice' was formed by the liberal Enlightenment: 'Historical analysis shows that it is not until the Enlightenment

that the concept of prejudice acquires the negative aspect we are familiar with' (1979: 240). The very term 'prejudice' denotes the evils of irrationality, which enlightened people should try to eradicate from their thinking. This meaning was expressed quite plainly in that great project of the French Enlightenment, Diderot's *Encyclopédie*. The entry on prejudice, written by that assiduous contributor to the *Encyclopédie*, Louis de Jaucourt, made clear that prejudice was the enemy of rationality. The entry starts with the definition of prejudice as 'false judgement which the mind holds on the nature of things, after insufficient exercise of the intellectual faculties; this unfortunate fruit of ignorance forestalls the intellect, blinds it and holds it captive' (Diderot, 1966: 284). Bishop Berkeley suggested that 'Prejudices are notions or opinions which the mind entertains without knowing the grounds or reasons of them and which are assented to without examination' (1872: 99). As will be seen, this sort of conception of prejudice is also to be found in Voltaire. At root all these views of prejudice rest upon psychological assumptions about the way the mind might best, or most rationally, gather and judge information. Prejudices are said to arise when the gathering of information, or the judging of it, are said to be insufficiently rational.

As part of a psychological account about the operation of mind, these conceptions of prejudice could refer to judgements on any topic. The eighteenth-century *philosophes*, when they spoke of prejudice, tended to have traditional theology in their argumentative sights. They were not particularly referring to race or ethnic prejudice. This sense was to become prominent in the twentieth century, and was the meaning most naturally used by the young girl in the comments quoted at the beginning of this chapter. Of course, before the twentieth century there are examples of writers using 'prejudice' in a way which seems thoroughly modern because of an allusion to racial or ethnic factors. For example Hazlitt, in his essay 'Prejudice' written in 1830, refers to the prejudice by which a black man was formerly 'thought to forfeit his title to belong to the species' because early travellers unthinkingly exaggerated the importance of skin colour (1934: 317). Walter Bagehot, writing about Scottish philosophy in general and Adam Smith in particular, mentioned that 'Scotch writers', who were unsuccessful in England, 'were apt to impute their discredit to English prejudice' (1965a: 84).

However, neither Bagehot nor Hazlitt were using 'prejudice' in a prototypical sense; they were employing a general term to describe a particular phenomenon which they wished to mention. In the twentieth century, the term has acquired a specific meaning in addition to its general condemnation of irrationality. This meaning makes modern speakers, when the term is used, think generally of the sorts of thing which Hazlitt and Bagehot were specifically describing. Today, 'prejudice' refers particularly to irrational feelings or attitudes which are held against social groups. When

social scientists write books about prejudice, they primarily have in mind these sorts of intergroup prejudices. Thus Gordon Allport's classic work *The Nature of Prejudice* was an analysis of racial and national prejudices. Not only were the psychological and social roots of such prejudices examined, but there was an overall moral evaluation: such prejudices were to be eradicated in the name of tolerant rationality. Social psychologists frequently define prejudice in a way that suggests that the essence of the concept is to be found in racial and national attitudes. For example Harding et al., in their contribution to the *Handbook of Social Psychology*, state that 'by *prejudice* we mean an ethnic attitude in which the reaction tendencies are predominantly negative' (1969: 1022). The same sort of definition is to be found in popularly used textbooks of social psychology. For instance, Perlman and Cozby (1983: 417) define prejudice 'as a negative attitude towards members of socially defined groups'. Forsyth (1987: 614) has the following entry for 'prejudice' in the glossary of his textbook: 'An attitude toward an ethnic, racial or other social group.' In all these works, there is an assumption of obvious morality: prejudice is not merely to be analysed psychologically, it is also to be condemned.

The emphasis in the concept of 'prejudice' may have changed from Diderot to modern social psychology, but a similar underlying ideological tradition can be detected. Gordon Allport's *The Nature of Prejudice* was no radical tract, which flew in the face of basic ideological assumptions. In fact, it continually suggested that prejudice abrogated the values of liberalism, on which American and other democratic societies were founded. Similar themes were evident in Gunnar Myrdal's great prewar study of anti-black discrimination in the United States. Myrdal called his study *An American Dilemma*. According to Myrdal's analysis, the dilemma was not one that arose within what he termed the American creed. The dilemma had occurred because America had allowed to develop practices and beliefs which contradicted the basic creed and its values of freedom and equality. The practical problem was how to excise these unnatural excrescences in order that the creed of democracy might function as it ought.

In this way, the study of prejudice has often led to an affirmation of liberalism and the hope that a liberal practice may follow from a liberal theory. Other psychological studies have drawn attention to the antithesis between education and prejudice. Evidence has been produced to suggest that hostile attitudes towards minority groups are more likely to be expressed by the poorly educated (Selznick and Steinberg, 1969; Schonbach, 1981; see Bagley and Verma, 1979 and Altemeyer, 1981 for reviews). The temptation is to conclude that if the teachers were to make an extra effort, and if the politicians were to provide the classrooms with sufficient chalks, blackboards and instructional computers, then, at last, 'prejudice' could be eliminated from our society. Through the goodwill of teachers, politicians and, of course, enlightenedly educated parents, the prejudiced would have

been educated out of their prejudices. An era of educated tolerance would then await our children and our children's children.

It might be predicted that a decline in national or racial prejudice would be attendant upon the growth in international economic arrangements, occurring during the age of capitalism. This was certainly the prediction made by Marx and Engels in the last century. In *The Communist Manifesto* they wrote of the shrinking of the modern world: 'In place of the old local and national seclusion and self-sufficiency, we have intercourse in every direction, universal interdependence of nations.' All this interdependence had an ideological consequence, according to Marx and Engels, for 'National one-sidedness and narrow mindedness become more and more impossible' (p. 39). One might say that national interdependence has produced the situation where national one-sidedness is now seen as the prototypical prejudice, and thereby the enemy of liberal rationalism, and earnest social scientists try to dispel its haunting spectre.

The philosophy of the Enlightenment would seem to be well suited to provide the mottoes for an ideology of modern internationalism. 'Liberty, equality and fraternity' will allow the air traveller to pass, without let or hindrance, from air terminal to air terminal. The inward-looking prejudices of isolated regions become insupportable when all humankind can equally and freely join together in admiration of the same film stars. Above all, traditional suspicions, bred of centuries of cultural isolation, have collapsed in the face of opportunities for untrammelled commerce. Enlightened economic institutions feel free to trade within their international brotherhood, and national airlines will take their representatives equally to their international destinations.

However, it is far too simple to describe the modern age as being one in which national interdependence has triumphed over national feeling. The creation of national states, with their national economies, has coincided with this supposedly international era. Modern life is full of examples which illustrate the simultaneous lack of national seclusion and the reality of nationalism. For example, air travel ensures that all countries are within easy reach of each other and the traveller may pass conveniently from hemisphere to hemisphere, arriving at an airport which differs little from that of embarkation. If air travel symbolizes the international culture, which has put its speedy girdle around the earth, then it also illustrates the visibility of contemporary nationalism. The aeroplane will, as likely as not, be adorned with national symbols; the modern traveller must carry more documents and emblems of nationality than ever did Marx in his various emigratory wanderings. Thus the reality of the nation state, and the seriousness with which its boundaries are treated, have become more evident during the period of growing internationalism.

Yet the twentieth century has not witnessed the unchallenged supremacy of Enlightenment ideals, even within Europe, the birthplace of liberal

philosophy. If enlightened ideals seem to aspire to the destruction of old boundaries, then philosophies proposing new boundaries have been developed. Racial doctrines have claimed that the brotherhood and equality of mankind are illusory, as is freedom from biological inevitability. Nor have the racist doctrines represented simply a retreat from the Enlightenment into a medieval darkness. The racial ideas of the late nineteenth century and the twentieth century have often been expressed with the outward paraphernalia of scientific biology. Fascism has not been an anachronistic replay of the barbarities of earlier times, but it is peculiar to the twentieth century. Its ambitions for mass mobilization, the quasi-biological images of its ideology and the scientific precision of its massacres are all products of the modern age (see for example O'Sullivan, 1983 for a discussion of the essential modernity of fascist ideology).

However, the present concern is not with fascism, or with overt doctrines of race. In the modern world, states which define citizenship in terms of racial categories are in a minority. Nazi Germany and the South Africa of today enshrine racial doctrines in their constitutions, and in so doing overtly transgress basic democratic principles. There can be no equality and freedom to vote, or brotherhood (let alone sisterhood) of citizenry, where supposed biological criteria are used to divide the citizen from the non-citizen. Such states need fully fledged racial doctrines to justify their discriminations. By contrast, in the majority of Western states democratic rights are not allotted on the basis of an inegalitarian pseudo-biology. Yet in these nations, the universalistic dreams of the Enlightenment cannot be allowed to run unchecked. These nations are still nations: they need laws to divide the citizen from the foreigner, and they need cultural symbols to emphasize their national uniqueness.

It may be true that modern political discourse, in a country such as Britain, has become 'deracialized', but this does not mean that it is not predicated upon distinctions, often implicitly racial, between 'us' and 'them', between British and foreigners (Reeves, 1983). An ambivalence is to be expected between the universalism of Enlightenment themes and the particularism of national ones, with the latter needing to avoid the taint of 'prejudice' as defined by the former. Indeed, an ambivalence may always have been present, in order to enable a document such as the American constitution to declare the freedom and equality of all men in an age of legal slavery. Today, the situation is further complicated by the movements of populations in the modern world. In order to meet economic needs, large numbers of people have moved from poorer regions to more industrialized ones. National boundaries have, of course, provided little barrier to these movements of populations during times of economic growth, when the industrial countries have lacked the necessary labour force.

Since the Second World War, most European countries have recruited large numbers of workers from their former colonial possessions, and from

the poorer regions of Europe itself. The result of this internationally 'free market' of labour has been the growth of populations occupying an ambivalent position. 'They', the foreigners, often with darker skin colour, have become part of the 'us', and as such are both 'them' and 'us'. The ambivalence of this position becomes emphasized when recession follows growth, and immigration laws are passed to prevent more of 'them' coming from afar lest 'our' national, and democratically national, way of life is threatened. The resulting laws might not define citizenship racially in the manner of Nazi Germany, but they emphasize the values of national particularity, with racial undertones a quiet, but persistent, subtheme (Barker, 1981; Miles and Phizacklea, 1985; Layton-Henry, 1985).

The language of the young girl, quoted at the beginning of the chapter, was full of the division between 'us' and 'them'. This is a division which, as she herself recognized, should disappear if the enlightened opposition to 'prejudice' were the sole guiding principle. Her language emphasized the ideological dilemma she faced when talking of classmates of a darker coloured skin. 'They' were like 'us', but unlike: 'our' neighbours, yet felt to be different; 'our' workmates, yet competitors for scarce jobs. Perhaps 'they' would have become just like 'us', but 'things' happen. Yet again, 'things' do not always happen. Immediately after the interview, conducted at school, this young supporter of a racist party, and of compelling all of 'them' to leave 'our country', was to be seen walking arm in arm with a young Asian girl, chatting and laughing in easy friendship.

### **Ambivalence and racial discourse**

There is considerable evidence that nowadays people in the West generally do not speak about race in an unambiguous way. The evidence comes from studies which have conducted attitudinal surveys and from those which have analysed the patterns of actual speech. For example, American investigators of white attitudes towards blacks have talked of 'modern' or 'symbolic' racism (McConahay, 1986; McConahay and Hough, 1976; McConahay, 1981, 1982; McConahay, Hardee and Batts, 1981; Kinder and Sears, 1981; Jacobson, 1985). The results from these surveys suggest that the 'modern', or 'symbolic', racist is unlikely to hold attitudes which outrightly demean black people as being racially inferior. Name-calling and racial insults are avoided by the modern racists, who nevertheless express strong opposition to moves to advance the position of blacks within American society. This opposition is typically justified in terms of traditional values, and, in particular, in terms of values of equality and fairness. The modern racist believes that black people are 'getting more than they deserve' and are receiving unfairly generous, and thereby unequal, privileges. In this way, the crude sentiments of 'rednecked' racism are avoided, in an attitudinal pattern which claims for itself a degree of

reasonableness (see also the studies on racial ambivalence by Katz, Wackenhut and Hass, 1986).

Investigators such as McConahay and Sears claim that this outwardly 'reasonable' expression of racism is basically a modern, post-1960s development. Nevertheless, there is evidence to suggest that the difference between old-fashioned rednecked racism and 'modern racism' may be exaggerated. This is a point made by Weigel and Howes (1985), who have compared the items on older and modern surveys of racial attitudes, and have found that there is not such a great qualitative difference between the two. Billig (1982, 1985) has re-examined some of the responses of the classically bigoted persons in Adorno et al.'s *The Authoritarian Personality* (1950). These authoritarians, who supposedly showed a predilection for unambiguously hostile views against minorities, nevertheless hedged and qualified their views with a veneer of reasonableness. As Adorno noted in *The Authoritarian Personality*, even bigoted authoritarians were aware of the social norm against being prejudiced, or at least against appearing to be prejudiced. Perhaps the most striking evidence that the older rednecks were never completely uninhibited in their prejudices comes from Myrdal's *An American Dilemma* (1944). Researching at a time when racial discrimination was practised both *de jure* and *de facto* throughout the south of the United States, Myrdal found that even whites who defended the discriminatory laws of their states displayed an indirectness in talking about blacks. Words were picked with care, and there was, above all, a desire to appear unprejudiced: 'When talking about the Negro problem, everybody - not only the intellectual liberals - is thus anxious to locate race prejudice outside himself' (p. 37).

Similar patterns have been noted by modern researchers who have examined ordinary discourse of race in a number of different settings. Wetherell and Potter (1986) and McFadyen and Wetherell (1986) have looked at the way in which middle-class New Zealanders talk about Maoris. Their respondents did not cling to a single, monolithically unfavourable stereotype (or 'prototype') of 'the Maori', in the way that the old-fashionedly prejudiced person supposedly did. Instead, ostensibly liberal respondents managed to introduce innuendoes and to cast aspersions in the most polite and outwardly 'reasonable' ways. Similar patterns have been said to characterize the way in which white Britons talk about non-whites living in Britain: the crudities of National Front propaganda are avoided, but 'they', despite the good qualities of some of 'them', are held to be different from 'us' and would, on the whole, be better off back in 'their' own countries (see Dummett, 1973 for an excellent portrayal of white British attitudes; see also Billig, 1986a; Cochrane and Billig, 1984).

Van Dijk (1984) has given an extremely detailed and fascinating analysis of comments made in interviews by working-class Dutch people about immigrants to Holland. Van Dijk points to the complex ways in which the



interviewees expressed their views. On the whole, they had unfavourable things to say about immigrants, but rarely did the respondents present wholly unfavourable views. Delicate elisions, qualifications and shifts of topic were normal. Often questions which were aimed at eliciting negative attitudes did not produce direct answers. Van Dijk (1984: 65) offers the example of an interviewee who was asked whether he had ever had an unpleasant experience with blacks. He replied:

I have nothing against foreigners.  
 But their attitude, their aggression is scaring.  
 We are no longer free here. You have to be careful.

Just as Myrdal noted in the prewar deep south of the United States, there is a reluctance to plunge into a denunciation of the other. There is a denial of prejudice ('I have nothing against foreigners'). As in the comments of the young British girl at the beginning of the chapter, there is implication that things have occurred beyond the control of the 'unprejudiced' speaker: 'their' attitudes and 'their' aggression are the cause of the views, rather than any biases within the speaker. Moreover, these 'causes' have destroyed one of the values of the Enlightenment: 'we' are no longer free, 'they' are the enemies of freedom.

One of the aspects of racial discourse which van Dijk notes is the way that contrary themes are introduced, often with a connecting 'but'. The interviewee has nothing against foreigners, but. . . . There is, according to van Dijk, a give-and-take in the exchanges between interviewer and interviewee, paralleling a give-and-take between positive and negative comments about immigrants: 'The interviewee agrees with or accepts some positive point of the interviewer (and thereby shows cooperation and tolerance) but at the same time wants to express his/her own negative experiences or evaluations' (1984: 148-9). Van Dijk refers to this as 'an "on the one hand" and "on the other hand" strategy of opinion formulation' (p. 152). In van Dijk's analysis, there is a tendency to view this strategy in terms of the interpersonal moves of a conversation, in which a prejudiced, working-class interviewee wishes to impress a tolerant, middle-class interviewer. Van Dijk suggests that there is a contradiction between expressing racist views openly and conforming to the norms of polite conversation. Speakers will wish to present themselves in a favourable light, and will, in consequence, avoid the unalloyed expression of their racist views. In consequence, the goals of self-expression and self-presentation 'may sometimes conflict: a direct or "honest" expression of the beliefs or the opinions from the speaker's situation model may lead to a negative social evaluation of the speaker by the hearer' (p. 117).

Although it may be the case that some interviewees might hedge their 'true' views in this situation, the ambivalence of their remarks cannot be solely attributed to the conflict between attitude and impression management.

One must ask why respondents assumed that the utterance of racist comments would make such a bad impression. Evidence suggests that the respondents were not paying lip-service to norms of politeness, which were foreign to themselves but which they knew the interviewer held. Instead, these were norms which they themselves shared. Just like the girl quoted earlier, there was a recognition of the moral inappropriateness of being 'prejudiced'. In a public opinion survey in Britain, Airey (1984) reports that the majority of the population believed that there was substantial prejudice against Asians and West Indians. Yet most respondents believed that other people were more prejudiced than themselves. Prejudice might be perceived as being consensual, but it was not recognized as being socially acceptable. In other words, racial prejudice was not something to admit of the self, even if people believed that it was widespread; prejudice was, as Myrdal noted, to be located outside the self.

This is also revealed in studies which catch respondents talking relaxedly amongst themselves rather than in formal tones to an interviewer. One does not find that the two-handed strategy disappears, to be replaced by uninhibited racism. Billig (1986b) has found the same style in the discourse of middle-class British young members of the Conservative Party. Not only did they talk about non-whites living in Britain in this ambivalent, two-sided style, but the same type of formulations were expressed by senior members of the party when they talked about South Africa. Naturally, as upright members of the community, they abhorred apartheid, but, of course, South Africa has been a good friend to the free world. . . . In this context the 'but' qualifies, and thereby renders innocuous, the declaration against racism. (For further examples of this style from right-wing political figures see Barker, 1981; Gordon and Klug, 1986; Reeves, 1983; Seidel, in press.)

According to Billig (1982 and 1986b) it is necessary to understand this sort of discourse in its rhetorical context. The two-handedness of the 'on the one hand, on the other hand' formulation is a form of prolepsis, which is aimed to deflect potential criticism in advance. Having stated an opposition to racism or to prejudice, the way is then opened for an expression of racist and prejudiced views. One might say that this rhetorical device is a signal indicating the existence of dilemmatic thought, or of an ideological pattern which is itself two-sided, rather than possessing the narrow one-sidedness by which Marx and Engels characterized traditional nationalism. Two contrary themes are expressed simultaneously, but not necessarily with equal force, in this ideology. To use the terminology of discourse analysis, it could be said that two contrary 'linguistic repertoires' are being used within the same two-handed statement (for a discussion of linguistic repertoires see Potter and Litton, 1985; Potter and Wetherell, 1987). The availability of such contrary repertoires indicates a divide within prevailing ideology.

It should not be thought that van Dijk ignores this pattern of ideology, by suggesting that the expressions of tolerance belong to the realm of interpersonal impression management, whilst those of racism are genuinely ideological. His own analyses of ideology take into account such complex factors (van Dijk, 1986, 1987), and, of course, in discourse there may be situational factors encouraging the expression of a particular theme at a particular time. What should not be overlooked is the ideological aspects of conversational themes. In this respect the denials of prejudice, and the recognition of the social inappropriateness of prejudice, are not conversational gambits devoid of ideological content. They can be bearers of ideological traditions and can indicate the possibility that the values of the Enlightenment are deeply engrained even in the norms of polite conversation. It is not merely the case that working-class respondents feel inhibited in the presence of middle-class interviewers and so conceal their 'true' feeling: if there is concealment, then it too has a social significance and reality in itself. The young British girl at the beginning of the chapter was not being overawed by a 'respectable' social scientist. She, like many of the other respondents described by Cochrane and Billig (1984), was taking animated part in a discussion group of peers. In her comment about 'prejudice' she was expressing a quandary which she personally understood and felt. It was even an issue, she said, that she had discussed with her own father. Similarly, the young and older Conservatives made their two-handed remarks in the social security of knowing they were amongst 'their own'. Even in such a relaxed company, surrounded by like-minded companions, the delicate two-handed phrasing is apparent. Perhaps one should say not 'even in such company' but 'especially in such company': the values of the Enlightenment, shared by one and all, can be reaffirmed, yet in a way that serves to emphasize their limitation.

### **Prejudice and reasonableness**

The notion of 'prejudice' has been a central concept in social psychology, as Samelson (1978, 1986) has made clear in his historical accounts of the development of modern research in the topic. Although social psychologists have offered many different definitions of the term 'prejudice', most have sought to preserve, at least in a refined form, the ordinary meanings of the term. In consequence, the social psychological definitions are broadly consonant with the use by the young girl who denied that she was really colour prejudiced. As has been mentioned, a number of definitions actually specify that prejudice refers to attitudes towards ethnic groups. Most definitions also include the idea that prejudices are irrational, or wrongly formed, attitudes. For example, Allport in *The Nature of Prejudice* defined 'prejudice' as 'thinking ill of others without sufficient warrant', and he stressed that prejudices, unlike unprejudiced beliefs, are especially resistant

to change in the face of relevant evidence. Aronson in *The Social Animal* defines 'prejudice' as 'a hostile or negative attitude toward a distinguishable group based on generalizations derived from faulty or incomplete information' (1976: 174).

The term 'prejudice', therefore, refers not only to the contents of the belief but also to the way in which it is formed. Some authors, including Allport, have stressed that emotional factors may play an important part in producing the unsound judgements of prejudice. He refers to the 'feeling-tone', or emotional antipathy, which often accompanies prejudice. On the other hand much modern social psychology, under the influence of the general cognitive movement in psychology, has tended to concentrate upon the unsoundness of the judgemental processes, rather than upon the 'feeling-tones' (Hamilton, 1979, 1981; Hamilton and Troler, 1986; Tajfel, 1969, 1981, 1982; see Billig, 1985, 1987 for criticisms of the cognitive approach to prejudice). Despite the lack of attention to the 'feeling-tones', modern cognitive theory continues to associate 'prejudice' with a deficiency in judgement which leads to erroneous conclusions, especially about social groups. In this way, the very notion of 'prejudice' raises psychological problems about the holding of erroneous and irrational beliefs. For example Bethlehem, in his textbook on the topic of prejudice, takes a cognitive perspective. He suggests that 'the fundamental problem of prejudice, from the point of view of the cognitive psychologist, is to explain how it comes about that people make judgements and apparently believe things, or act as though they believe them, in the absence of adequate evidence' (1985: 2).

It is not only modern, professional psychologists who have linked 'prejudice' to psychological questions of thinking. The same theme is apparent in Enlightenment discussions of 'prejudice'. Voltaire in his *Philosophical Dictionary* included an entry for 'prejudice'. The entry starts with the statement that 'Prejudice is an opinion without judgement' (p. 351) Diderot's *Encyclopédie* is more detailed than Voltaire in enumerating the sorts of judgemental errors which lead to prejudices. In a discussion, which would fit well in the pages of a modern account of the biases of 'cognitive heuristics', the author of the entry gives a number of examples, especially where believers latch on to positive facts and ignore the negative ones. Religious prejudice will be strengthened if a person escapes from a shipwreck after having uttered a hasty prayer, believing that a miracle has occurred, but forgetting about all those poor souls, who have drowned despite imprecations. Similarly, the author talked about prejudices arising from overgeneralization, because people tend to deduce general laws from single facts. Neither Voltaire nor the author in the *Encyclopédie* linked 'prejudice' specifically to the possession of antipathetic judgements. Their prime target was unenlightened religious belief rather than attitudes *against* any groups or individuals.

There is a parallel between the prejudices which bothered the Enlightenment philosophers and those which bother modern social psychologists. In both cases there is a tendency to see respect for authority as an example of prejudice. Voltaire writes thus of respect for authority: 'It is through prejudice that you will respect a man dressed in certain clothes, walking gravely, and talking at the same time' (p. 351). This is not so different from those modern accounts which have linked the holding of prejudices with the personality characteristic of authoritarianism (Adorno et al., 1950; Altemeyer, 1981; Forbes, 1986). The theory of authoritarianism suggests that prejudiced people possess weak characters, which cannot face the realities of the world but are driven by the irrationalities of their psyche. They seek to compensate for their own inner deficiencies by seeking supposedly strong figures to venerate, as well as 'inferior' figures to dislike. In this way, these theories suggest that respect for the grave authority is as much part of the syndrome of prejudice as is the antipathy to racial outgroups.

Moscovici (1976) has suggested that psychological ideas, originating as technical theories, often become diffused into popular consciousness. Certainly it is true that 'prejudice' is not the conceptual property of the specialist intellectual, whether Enlightenment philosopher or modern psychologist. The term is well understood, and frequently used in everyday talk. Moreover, in everyday talk the term retains its psychological implication. The comments by the young girl at the beginning of this chapter suggest a naive psychology. She declares that she is not 'prejudiced'. In this way she denies that there is any psychological or irrational cause of her beliefs. Instead it is external events – the things that happen – which give rise to the beliefs. She suggests that the beliefs are not really prejudiced, for, lacking an internal psychological cause, they reflect the external world, not the internal psychology of the believer. Similarly, Myrdal's comment on the racist southerners shows the care with which they sought to locate the source of their beliefs outside their selves, and thereby to present themselves and their beliefs as rational. Van Dijk's respondents similarly denied their own 'prejudices', and thereby they were denying that there was anything wrong, psychologically or morally, with their selves. (For discussions of the effects of intergroup attitudes upon the attribution of causes see Pettigrew, 1979; Hewstone and Brown, 1986; for further discussions of the denial of prejudice see Billig, 1988c; Potter and Wetherell, 1988.)

The tag 'I'm not prejudiced but . . .' indicates this dissociation from the irrationalities of 'prejudice'. Hewitt and Stokes (1975) have described this linguistic move as 'credentialling': the speaker wishes to avoid being branded negatively and, in the case of prejudice, as being someone who harbours unreasonable antipathies. In this way, speakers can present themselves and their views as being reasonable, determined by the facts

that happen in the world rather than by irrational feelings. Beyond the issue of self-presentation, there is an argumentative or rhetorical dimension. If views are to be presented as being rational and unprejudiced, then they must be seen to be justified, or at least to be justifiable. Thus the complaints which follow the 'but' in 'I'm not prejudiced but...' must appear as arguments, for which reasons are expected to be given.

Van Dijk noted that many of his respondents, who voiced complaints about immigrants, did so in two ways. They told stories about events which may or may not have happened to themselves, or they formulated their views in terms of abstract generalizations. Both these forms convey the image of reasonableness: the story implies that the expressed belief is based upon external happenings, and the abstract generalization further distances the psychological feelings of the speaker from the expressed conclusion. Both forms were apparent in the discussion groups of Cochrane and Billig (1984). Wendy, the young girl quoted previously, used both forms freely to justify why she felt that non-whites should be expelled from Britain. Wendy's stories included personal events, involving violent fights between gangs of whites and blacks. Her boyfriend had been picked on by black gangs, and 'They chased my boyfriend's brother with a metal bar.' There had been trouble at the local disco: 'I don't suppose you believe this, but there was one with a shotgun last night - a coloured with a shotgun.' And someone had been seriously hurt: 'There was one boy, he was unconscious, just lying on the floor and people just trampling all over him.' Then there were generalizations about immigration and unemployment: 'You can't go into a factory, it's just all Indians.' Her friend, Tracy, agreed vigorously: 'It's getting us to resent 'em more and more.' The syntax tells its own psychological story: 'we' are not resenting 'them' of our own accord, but something, and more often than not 'them' themselves, are getting 'us' to do the resenting.

This general style of discourse allows, even demands, that sympathy should be shown to the targets of the stories and generalizations. 'Best friends' might be produced to show that the speaker has no personal prejudices. Nor is there necessarily any hypocrisy in this. Wendy, herself, was clearly friendly with non-white girls in her class. In articulating her National Front view that all non-whites should be expelled, she commented

I'm not being colour prejudiced, you know. I've got friends, who I would like to stay in this country. But if it was either get 'em all out, or keep the odd ones here and keep 'em all in, I'd rather get 'em all out.

The style is to express reluctance: hard choices, conflicting with non-prejudiced feelings, are being forced upon 'us' from outside. Wendy even spoke about having had a 'half-caste' boyfriend. She had been called names by other white girls. It hadn't been right, all that name-calling. But it happens. She was asked whether she would think of having a non-white

boyfriend in the future. Her answer was two-sided. First, there were her feelings: 'I suppose I might, you know, if I met somebody who I really liked.' But then, external to her, were the things that might happen: 'But, then it's gonna cause that much trouble that I think I'd say no. Because, you know, my parents are going to resent me.' The feelings of her parents were converted into one of the facts of the world. In this way her discourse could still claim to be based upon the rhetoric of fact, and not upon that of prejudice, but nevertheless it could still incorporate prejudices uncritically. The parallel is with those politicians who introduced legislation to restrict non-white immigration, not allegedly because they themselves harboured any prejudices, but because regrettable facts had to be faced, and because others, notably their prejudiced constituents, demanded it (for examples see Reeves, 1983). In this sort of discourse there is a denial of freedom. Things are happening – to make 'us' resent 'them', to make 'us' legislate against 'them' – which force on 'us' a necessity, beneath which 'we' must necessarily bend. 'We' have to do things, feel things, even say things which we would not choose to do, feel and say if we were free from the yoke of necessary things. In this way the discourse employs a style which simultaneously deplures, denies and protects prejudice.

### **The symbol of irrational prejudice**

In the modern discourse of 'race', contradictory themes are apparent. Wendy, like many of the adolescents observed by Cochrane and Billig (1984), and in common with the respondents of van Dijk (1984), simultaneously expressed views which seemed to be ever contradicting themselves. Complaints against 'immigrants' or 'foreigners' would be made, only to be followed by concessions. Blame would be mingled with sympathy, as tolerant themes follow upon those of prejudice. Seldom in the discussion groups of Cochrane and Billig would there be direct confrontation between those who only voiced tolerant sentiments and those who clung to unalloyed prejudice. More common were discussions in which all shared the contrary themes, and all chipped in with remarks which added the 'but . . .' qualifications to previous assertions. Nor did it matter whether it was the same or a different speaker who had made the previous statement which seemed in need of qualification. The members of the discussion group would argue with their own assertions just as much as they did with those of others, whose contrary assertions they largely shared in any case.

This form of agreement by disagreement occurred when all shared the contrary themes of 'reasonable prejudice'. Nevertheless, this form of discourse must be prepared to argue with those who express 'unreasonable prejudice'. If one of the themes of reasonable prejudice is a rejection of 'prejudice', then it needs a symbol of unreasonable 'prejudice' from which to distance itself and with which to argue, in order to prove its own

unprejudiced reasonableness. Those who deny their own prejudice need, implicitly or explicitly, to envisage a boundary between their own unprejudiced selves and the prejudiced bigot. In other words, the reasonable discourse of prejudice needs its unreasonably prejudiced Other.

Wendy's comments, and those of her friend Tracy, made it clear that there were certain sorts of activities of which they did not approve. Wendy mentioned name-calling of the sort which she had suffered when she had dated a non-white. Tracy said that her sister went out with a half-caste boy: 'She gets called all sorts of names, which aren't very nice. I wouldn't repeat them, I don't think it is fair.' In the same way, she said that 'If a Jamaican boy comes up and puts his arm around you, then you get called names - you're "wog-bait", that's what they call you. It isn't fair, is it?' Nor was it 'fair' for gangs of white boys to search out and beat up young Jamaicans. All this could be conceded. In fact, it needed to be conceded, if there were to be such a thing as 'prejudice' located outside of the self.

These young girls were not inventing the forms and themes of their discourse. Despite the talk of personal experiences of discos and boy-friends, the basic forms are discernible in the discourse of respectable politicians. Like Wendy and her friend, modern politicians need to deny prejudice, and thereby they need the symbol of prejudiced behaviour from which to distance themselves. The notion of a boundary becomes evident in their discourse, when it is perceived that one of their number has transgressed the codes of reasonable discourse. For example, in 1986 a Conservative MP was widely reported as having referred to West Indians as 'bone idle and lazy'. Fellow party members instantly recognized this as a piece of unreasonably prejudiced name-calling. In attacking the transgression, they could defend their own contrary reasonableness with a qualifying 'but...':

Mr Teddy Taylor, joint secretary of the Conservative backbench home affairs committee, said: 'I have always been regarded as being on the right wing of the Conservative Party and one who wants strict immigration control. But I think this kind of bone-headed racial abuse is uncalled for because many of the problems facing West Indians are a direct result of the way we brought them into this country. (*Guardian*, 2 September 1986)

One should note how this condemnation of name-calling includes a lay psychological diagnosis of the name-caller. The person who utters abuse is 'bone-headed', and thereby fails to show the intellect of rational judgement. Yet the condemnation of prejudice, and the sympathy for the problems of West Indians, do not rest unqualified. They accompany the call for 'strict' immigration control. In this way a politely respectable elision between 'race' and 'immigration' is effected, so that 'immigration', not 'race', can be talked about. The resulting discussion of 'strict control' is then about such reasonable matters as the facts of 'overpopulation',



'numbers' and the movements of population. In such discourse there need be no explicit mention of 'race' or anything else, which overtly smacks of the language of prejudice. Instead there is ostensibly little more than the language of fact and number.

There is no better symbol of prejudice than the outwardly racist political parties, such as the National Front. The identification of their unambiguous racism allows the denial of prejudice from the reasonably prejudiced. Wendy and her friend did not distance themselves from the National Front, unlike many of those who talked in similar tones. For example, a policeman's daughter at a fee-paying school thought that the National Front were far 'too extreme'. She herself would never vote for such 'lunatics'. But something ought to be done about 'immigration': 'The gates are still open and they're pouring in.' Similarly, the Young Conservative members studied by Billig (1986b) thought that the National Front was a bunch of unpleasant and violent extremists; but (and as so often there was a 'but') some of what they said should be taken note of. Even unambiguous denunciations of fascist parties are not necessarily accompanied by similarly unambiguous declarations of tolerance. A young SDP supporter was strong in his denunciation of 'idiots', 'trouble-makers such as the NF'. He continued: 'I pray that the National Front or the British Movement never get in power – Britain would become a dictatorship.' On the questionnaire used by Cochrane and Billig, even he could not bring himself to agree that 'It is good that there are both black and white people living in Britain now.'

In this way the symbols of racism can be forthrightly rejected, but not its assumptions. If sharp differences of opinion did not occur within the ranks of the reasonably prejudiced, then the reasonably prejudiced would often turn upon National Front supporters in their discussion groups. For example, Kay kept rounding on the skinhead British Movement supporter in her group. Groups like the British Movement and the National Front cause 'a lot of violence and all that'. A rudimentary psychological explanation of their behaviour was offered: 'They think they're big walking around with swastikas on.' When the skinheads made their unashamedly racist remarks, she countered with comments such as 'They're all the same as we, only they've got different coloured skin.' It was wrong to pick on non-whites: 'There's some good in everybody and there's some bad in everybody.' Her brother was married to a Pakistani and 'Our mother went and chucked 'em out and says "I don't want them smelly things in here."' I mean, it's a shame.' Yet, for all the undoubted sincerity of these declarations, and in particular the rejection of her mother's harsh unreasonableness, the abstractions of reasonable prejudice would still be made. The division between 'them' and 'us' was still accepted as axiomatic. At one point, she was opposing the skinhead's view that all non-whites should be expelled from Britain. She declared: 'Let them stop in this country

but stop them from coming in. But they ought to move into their own areas instead of letting them mix in the same schools.'

If the concept of 'prejudice' was often used to imply that the prejudiced are the psychological cause of their prejudices, then the reasonably prejudiced stressed the psychological irrationality of the extremists. The prejudiced were violent, idiots, lunatics, people who need to think themselves big, and so on. It is as if those who overstep the bounds from reasonable to unreasonable prejudice display their own psychological irrationality. The Conservative MP, proud of his reputation for demanding strict immigration controls, caught this assumption when he called his fellow MP 'bone-headed' for using racial abuse. The term 'bone-headed' may not be found in psychological textbooks, but it is a lay equivalent of a psychological concept: it suggests that only those with too little grey matter in their cortical areas would use the language of outright prejudice. In other words, the judgement expressed by the 'bone-head' lacks rational justification. Of course, all these lay psychological terms, as used by the reasonably prejudiced, are not merely descriptive. Their psychologizing serves as a moral condemnation, and in this way psychological abuse is directed against those who hurl racial abuse. By so doing, the reasonably prejudiced make claims for their own psychological reasonableness.

The reasonably prejudiced may be caught in the dilemma of possessing contrary ways of talking about 'them', drawing upon opposing themes of tolerance and prejudice, sympathy and blame, nationalism and internationalism. In this sense their discourse, and indeed their thinking, possesses a dilemmatic quality. The unreasonable know no such dilemma. Many of the National Front supporters in Cochrane and Billig's discussion groups were delighting in their own prejudices, freed from any restraining reasonableness. There were few expressions of regret in their claims that 'they' (or worse) should be expelled in order to relieve the level of unemployment; instead, they would employ the violent language of 'kicking out', 'booting out', 'getting rid of' to describe an event to which they looked forward. The unambiguously prejudiced had few inhibitions about name-calling. In fact they frequently played their undilemmatic parts in order to taunt the sensibilities of the reasonably prejudiced, as well as to express their own strong feelings. One skinhead insisted upon repeating the catch-phrase 'BM [British Movement] boys are big and brave, each deserves a nigger slave.' Others would twist every conversation around to joky remarks about 'Pakis' and the smell of curry, so sabotaging the themes of reasonableness. Psychological condemnation seemed to be invited by violently expressed obsessions: 'Wogs smell like six-month-old shit; Pakis smell like curry which has been mixed with shit and piss; their breath stinks like the local fucking sewers; all our teachers are bastards.'

It would be tempting to presume that this is the 'real' voice of racism: the protective coating of liberalism has been removed, with the unconscious

aspects of racism, freed from the superego of tolerance, becoming conscious. However, there is one aspect of this unashamed racism which should be noted. It is no more 'real' than the liberal themes of the reasonably prejudiced are 'unreal' strategies of self-presentation. In fact the unabashed prejudice lacks reality, for it is unbelievable, even to the believer. As Sartre noted in his essay 'Portrait of the anti-semitic', extreme bigots do not fully believe their own bigotry, and constantly seem to be operating at a level of ferocious joking. The same joky quality has been noted in extreme fascist propaganda (Lowenthal and Gutterman, 1949; Billig, 1978: 169).

The remarks made by the skinheads about 'slaves' and 'sewers', and the constant references to 'curries', are not intended to be taken literally. Instead, freed from the dilemmas of 'reasonableness', the extreme bigot is free to play consistently and unambiguously in an area which is beyond reality but which taunts reality. There is no need to hedge and qualify statements in order not to pass a seemingly unreasonable judgement. Bigots do not have to believe that non-whites literally smell like six-month-old excrement, for the bigots have chosen a metaphorical mode for their thinking and have removed their thinking from the constraints of reality. It is in this sense that their thinking has a joky quality. Saying this does not imply that the joke is in any way funny. Nor does it imply that the style of thinking is frivolous. On the contrary, it possesses a deadly seriousness, for the unreal metaphors and the loud aggressive laughter tend towards a violence which is only too real. Yet this mentality is very different from that of the reasonably prejudiced, whose reasonableness the unambiguous prejudice serves to confirm. The reasonably prejudiced have not been freed from the demands of reality, or from the heritage of prejudice. They pick their way through the contrary themes of this heritage, for they live within a society in which prejudice is a reasonable reality and tolerance a reasonable hope.

### **'Still we ought not to burn them'**

The skinheads who enjoyed their untrammelled racist obsessions were not troubled by the dilemmas of prejudice. For the reasonably prejudiced, on the other hand, the dilemmas were clear: prejudice was to be avoided, but there were 'problems' to be faced; 'they' (the immigrants, the non-whites, the Asians, the blacks, the foreigners) were the problem, but of course 'they' had 'their' problems too. The language of prejudice and that of the avoidance of prejudice continually conflict. Conjunctions such as 'but' or 'still' show how these opposing themes can coexist grammatically and dilemmatically within the same sentence. In this ambivalent discourse there are both individual or psychological themes, and group or sociological ones.

Speakers become lay psychologists when they make characterizations about the personal qualities of the 'others', especially when employing stereotypes. They switch to become lay sociologists when they discuss how these same 'others' suffer social disadvantages. As Katz, Wackenhut and Hass (1986) write about the attitudes of American whites, 'Apparently, blacks tend to be seen as both *disadvantaged* (by the system) and *deviant* (in the sense of having psychological qualities that go counter to the main society's values and norms)' (pp. 41-2; italics in original). The discourse of the lay sociologist in this context is a discourse of sympathy, whilst that of the lay psychologist is one of blame (Edelman, 1977). However, the discourse of prejudice does not solely consist in blaming the system or the individual. In addition, there is the discourse of 'prejudice' itself, and this contains overt psychological themes. Those who fail to use the lay sociological discourse of sympathy, but who constantly use the psychological discourse of blame, are to be categorized as 'prejudiced'. Not only do the prejudiced use the psychological mode in their discourse, but their prejudice itself is to be psychologically explained, whether in terms of an irrationality of personality, bone-headedness or whatever. In this sense, the concept of 'prejudiced' is closely linked to lay psychological discourse. However, in addition to the psychological theme in the use of 'prejudice', there is also a covert sociological sense. It is sociological because the concept is used to defend a way of life - 'our' way of life - whilst criticizing 'theirs'.

There is the belief that 'prejudice' is one of 'our' concepts, indicating 'our' tolerance and liberality. Such an assumption is shared by Americans citing the virtues of the American creed. As Myrdal found, even whites from the deep south, committed to the practices of racial segregation, were proud of American tolerance. There is similar pride in Britain, as tolerance is given a national interpretation: 'we' are a tolerant country with an ancient tradition of tolerance (for examples from the mass media of the tolerant country mythology see Barker, 1981; Gordon and Klug, 1986). The unreasonably prejudiced do not bother with such claims. For instance, a claim to the value of tolerance is not to be found in the pages of *Mein Kampf*, whose form of nationalism brutally rejects liberal traditions. Nor were the violent skinheads overly concerned to arrogate the niceties of toleration.

Linked to the concept of 'prejudice' is the notion of equality, for to be unprejudiced is to treat all people equally. It is of the nature of prejudice that the prejudiced show an unequal, and unjustifiably unequal, bias against certain others. In consequence, the reasonably prejudiced must uphold the values of equality, even as they formulate their unequal views. One strategy for expressing the dilemma is to add the ethnocentric theme. Equality and tolerance are the property of 'us', and these historic values are being threatened by 'them'. In America the survey research of the new racism, conducted by McConahay, Sears and their colleagues, has

shown that this theme emerges in the attitudes of many white Americans. Opposition to black political demands is expressed in terms of the traditional value of equality: 'they' are getting special privileges, which run counter to the fundamentally egalitarian values of 'our' American way. In this way the victims of prejudice are translated into the enemies of tolerance.

This theme ran strongly through the comments of Wendy and other school children taking part in the research of Cochrane and Billig. Very early in the discussion, Wendy asserted that 'Some things aren't fair, like those Indians who ride on the bikes without crash helmets.' Many others mentioned disapprovingly the fact that Sikhs, who wear turbans, can be exempted from wearing crash helmets. Wendy also complained that Asians at school are given special lessons to learn English, and some can bring sandwiches rather than eat the normal school lunches. At first sight, these complaints seem to be driven by the same combination of envious worries which Sennett and Cobb (1977) have described in their study of the American working man. Forced to submit to unpleasant disciplines and deprivations themselves, working men resent those who seem to be able to receive benefits, especially of a financial sort, without such self-denial. The comments about school lunches might be thought to fit this pattern, but the more often repeated complaints about crash helmets and turbans seem rather different. The complaints are expressed at an impersonal level. The complainant does not seem to be expressing resentment because others are doing something which the complainant, consciously or unconsciously, wishes to do, for there is no suggestion that the complainant actually wants to ride motor cycles whilst wearing turbans.

Yet there is an animus that special privileges are being given to circumvent general rules. It is not any rules which are being circumvented but, at an obvious level, the complaint is linked to a nationalist theme. The rules are 'our' rules. This is 'our' country and, if 'they' want to come here, 'they' must abide by 'our' rules, which constrain 'us'. If 'they' obtain special privileges, then 'they' will be receiving unequal treatment. A fifteen-year-old son of a tax inspector put it this way:

I feel very strongly about immigration; if immigrants come to this country, then they should have no immunity to some of our laws, like religious daggers and the failure to wear crash helmets. If an employer doesn't wish to employ a black, then surely he must hold the choice. After all if a white person is refused a job, he can't go running to the nearest court.

In this way, an employer's freedom to discriminate against a black is defended in the name of equality and fairness. This type of complaint provides a justificatory reason for prejudice by claiming simultaneously to defend nationalism and equality. The nationalist and/or racist themes can be used by the unreservedly bigoted, but the egalitarian theme is liable

to cause problems for the unreasonably prejudiced. For example, the following was spoken by a girl who claimed to be a member of the British Movement and who did not shrink from racist abuse: 'I think that in Britain today there are too many niggers.' There was also the claim of unfairness: 'Whites get the blame a lot more than blacks do.' Then followed the confusion between a complaint presented as being based on a non-racist and egalitarian criterion, and unabashed racism which did not justify itself in terms of anything: 'If they stay in Britain, they should at least dress and speak British, if not go home; they should go home anyway.'

The reasonably prejudiced person cannot take this last step: if 'they' are to go 'home', it must be for 'fair' reasons and not merely because they should 'anyway'. In invoking the concept of 'fairness', reasonable racists such as Wendy are implying that they ('we') have been unfairly treated. Not only is it claimed that 'we' are discriminated against, but especially that 'we' are prevented from being prejudiced whilst 'they' are not. In this, they are casting themselves as the victims of prejudice, and it is the others ('they') who are the truly prejudiced. Her friend declared that 'They [blacks] call us names, but if we turn and say "nigger", then they can go and they can report us and we're in trouble, because they can call us names.' Therefore the assertion of 'our' reasonableness is bound up with the assumption of 'their' unreasonableness and the unfairness of it all.

There was a further point in Wendy's friend's complaints. Her point did not rest with name-calling. She could hardly object to restrictions on name-calling, having agreed that such abuse was itself unfair prejudice. However, she made a more general and thereby depersonalized point about language:

We've had to change names from golliwog. People can't put a sign in their shop window 'Golliwogs for sale', because people think 'Ah, coloured prejudiced'. Nigger-brown, the old nigger-brown - they have to call it chocolate brown now, because of the Jamaican people: you know, that's prejudice to them. It's always been called nigger brown.

Thus the truly 'prejudiced' are forcing 'us', by accusing 'us' unfairly of being prejudiced, to change 'our' language. And how could 'our' language have been prejudiced, when the words described such neutral things as colours and dolls? It is at this point that the sociological theme in the concept of 'prejudice' is becoming apparent. 'Prejudice' is not merely a property of crazy or disturbed individuals. It also relates to ways of life or cultures. 'Our' language, our reasonable and traditional ways of life are being threatened by an unreasonable way of life, a prejudiced way of life. A refusal to conform is indicative of a desire for privileges. As Barker (1981) has suggested, the new racism involves a redefinition of prejudice: 'You are racially prejudiced if you refuse to adopt the characteristic life

style of the country in which you have chosen to live' (p. 17). Moreover, if that life style is held to be inherently unprejudiced, because it is heir to all manner of nationally unprejudiced traditions, then the desire to be different is itself a threat to this unquestioned reasonable 'tolerance'. In this spirit, the Young Conservatives of Billig's (1986b) study were at pains to point out that it was the Asians and the blacks who were really racially prejudiced; 'their' mentality had not reached the level of unprejudiced reasonableness. Thus 'their' very way of life was a threat to the tolerant fairness which 'we' all, except for the lunatics in the National Front, staunchly support.

The linking of nationalist, or ethnocentric, themes with the concept of 'prejudice' should not be seen merely as a recent development, occurring since the postwar discrediting of the old racism. It has not been an unfortunate accident of history which has recently mingled the separate, and internally uncomplicated, traditions of liberal and national ideology. In fact, it is not difficult to point to themes within the high points of enlightened rationalism which match the patterns of Wendy's ambivalences. In addition to the psychological critique involved in the concept of 'prejudice', the Enlightenment philosophers were also attacking ways of life, particularly traditional religious ways, which were based upon irrational prejudices. Whole groups of people could be dismissed because their traditions were steeped in irrationality, as opposed to 'our' modern Enlightenment. In this way, the Enlightenment declared its own conditions of life free from prejudice, whilst condemning those of others. Nowhere is this sociological theme more apparent than in Voltaire's comments about the Jews, especially in his *Philosophical Dictionary*.

Time and time again, Voltaire went out of his way to castigate the supposed primitive irrationalities of the Jews, 'the most contemptible' of all nations (p. 88): 'The Hebrews have ever been vagrants, or robbers, or slaves, or seditious' and 'They still are vagabonds upon the earth, and abhorred by men' (p. 92). Such outbursts were not a betrayal of rationalism, but a product of it. Thus Voltaire denied that he was being abusive: he had no personal prejudices. In a letter to the Jews, reproduced in the *Philosophical Dictionary*, he wrote assuringly that 'You ought to know that I never hated your nation.' In fact, 'Far from hating, I have always pitied you' (p. 97). The haters could be dismissed as psychologically prejudiced, but the sociological prejudices of their victims could not be overlooked. Sympathy might be shown to the victims of hatred, but one must pity their irrational backwardness and be aware of the dangers of such primitive unenlightenment.

The very tones of ambivalence are caught in Voltaire's writings. His stereotyping and sociological dismissal of Jews might be far cruder than anything Wendy said. Yet the symbol of enlightened philosophy shared similar ambivalences of 'prejudice' with the young working-class supporter

of a fascist party. Above all there was the same two-handedness which expressed, but denied, prejudice. As Voltaire wrote about the Jews, whom we 'tolerate' but from whom 'we' receive nothing but prejudice:

In short, we find in them only an ignorant and barbarous people, who have long united the most sordid avarice with the most detestable superstition and the most invincible hatred for every people by whom they are tolerated and enriched. Still we ought not to burn them. (p. 94)