2 Ideology, Discourse and Moral Economy
Consulting the People of North Manchester

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"I don't know what you mean by 'glory'," Alice said.

Humpty Dumpty smiled contemptuously. "Of course you don't—till I tell you. I meant 'there's a nice knock-down argument for you!'"

"But 'glory' doesn't' mean 'a nice knock-down argument'," Alice objected.

"When I use a word," Humpty Dumpty said, in rather a scornful tone, "it means just what I choose it to mean—neither more nor less."

"The question is," said Alice, "whether you can make words mean so many different things."

"The question is," said Humpty Dumpty, "which is to be master—that's all." (Carroll: 196)

When we seek to understand a word, what matters is not the direct meaning the word gives to objects and emotions—this is the false front of the word; what matters is rather the actual and always self-interested use to which this meaning is put and the way it is expressed by the speaker, a use determined by the speaker's position (profession, social class, etc.) and by the concrete situation. Who speaks and under what conditions he speaks: this is what determines the word's actual meaning. (Bakhtin, 1981, 401)

IDEOLOGY AND STRUGGLE

Thinking about oppositional speech and ideas necessarily implicates a number of classic issues in social theory, concerning *ideology* and *discourse*. A single article cannot aspire to explore all these matters adequately. But we can, at least, search for an approach which avoids some obvious pitfalls.

Theorizing about ideology has two faces. The first looks at how ('dominant') ideologies contribute to stability, with ideology appearing as system, as 'second nature', as *habitus* and *hexis* (Bourdieu 1990). The second,

perhaps less familiar, views ideology as a zone of disturbance, of conflict and contest, marked not only by ruling hegemony but equally by creative impulse, innovation, doubt, ambiguity. What makes the second more promising is that, while not doubting the existence of apparent continuities and permanences in thought and speech, it can explore them as 'constituted out of flows, processes and relations operating within bounded fields', posing questions about how such processes are constituted and sustained, and about their inner tensions and contradictions (Harvey 1996: 50; see also Abbott 2001).

Accounts of ideology as a means of social regulation from above, where elites mystify the masses by shaping popular perceptions through discourse and ritual, assume unwarranted coherence within ruling classes and allow no room for meanings and symbols to be contested. Ideologies are rarely homogeneous but, rather, are 'usually internally complex, differentiated formations, with conflicts between their various elements which need to be continually negotiated and resolved'; in any case, they exist only in relation to *other* ideologies, and must *negotiate* with these, producing an 'essential open-endedness' (Eagleton 1991: 45). Scott (1985, 1990) suggests we look, within hegemonic 'public transcripts', for the 'loopholes' that provide subordinates with justification for criticism and resistance, even if this achieves no more than covert expression. 'Any ruling group, in the course of justifying the principles of social inequality on which it bases its claims to power, makes itself vulnerable to a particular line of criticism' (Scott, 1990: 102–3). 'Hegemony' is never complete, for the many-voiced nature of speech always creates some room for alternative meanings to be asserted and explored. And there are motives to search for such alternative standpoints: power breeds humiliation, wealth breeds poverty, exclusion breeds longing. Hence, as Williams (1977: 112) remarks, hegemony has 'continually to be renewed, recreated, defended, and modified'.

Inattention to subordinates' concrete speech and practice appears, multiplied, in those (structuralist and post-structuralist) accounts of ideology as something going on behind people's backs, 'interpellating subjects' so that they cannot avoid colluding in their own domination. The ideological appears somehow quite independent of social action and organization, and often far too holistically, as if it were a coherently structured body of ideas imprisoning popular thought and speech.

We can't consider ideologies without considering their key constituent, language; ideology is 'discursive'. 'The word,' declared Volosinov (1986: 13), 'is the ideological phenomenon par excellence'. Ideology is 'a process of producing shared meanings of social relations . . . it and discourse are inseparably tied' (Steinberg 1994: 507). In this view, discourse is not a 'text', as in post-modernism, but is a process of social interaction. It lives, as Bakhtin put it, 'only in the dialogic interaction of those who use it' (1984: 143). Contrary to the provocative post-structuralist assumption, that 'meaning makes subjects and not subjects meaning' (Joyce 1994:13),

it is indeed people who create, and modify, meanings in the course of their interactions. Speakers and listeners are active, purposive 'agentic' beings using language to achieve ends. Language, being inter-subjective, is inherently dynamic. The meanings it imparts are never fixed by the socially shared signs that compose it, for part of the meaning of human utterances is conveyed by their 'evaluative accent' or 'tone' (Volosinov 1986; Rochberg-Halton 1982). Meaning is constrained and expressed by the context of ongoing dialogue. The meanings of words, indeed, are often contested. As, in the course of social relations, groups and classes of people struggle with each other, they establish shared and 'partisan meanings' in language (Steinberg 1997), contesting the 'tenure' of specific terms, indeed 'poaching' words from the discourse of other groups to make them their own. This is not deny that such contests are conducted on uneven ground, that there are dominant ways of saying and meaning, or that categories and frameworks of understanding are often difficult to occupy and invest with our own meanings (Collins 1999). Yet there is always a potential for subversion within language—by jokes, parody and all means to actual capture and conversion—and commandering words for purposes opposed to those whose 'property' they might seem. By challenging meanings, those below can begin to develop outlines of alternative conceptions of the world, of their own worth and possibilities, even if often in patchwork form, as emergent oppositional languages for struggle.

The ideological is an inherent aspect of larger ongoing struggles between rulers and ruled for hegemony, involving local battles to invest particular words and phrases with preferred meanings. Rather than pitting one discursive construction against a completely different alternative, challengers engage in more piecemeal processes of questioning particular meanings in given social settings. In so doing, they can draw on 'discursive repertoires' (Steinberg 1999a) which reveal their understandings of wider issues of equity, justice and order. Often their successes are no more than partial, for challengers often lack other resources (institutional bases, adequate sanctions) to impose and articulate their own understandings.

ARGUMENTS IN TWO PUBLIC MEETINGS

In the light of the above, this article considers a specific case of oppositional speech, drawn from a study in North Manchester in the mid-1990s of people campaigning to save a local children's hospital from closure. Booth Hall Children's Hospital was a long-established facility, held in considerable esteem in a predominantly working-class area. The threat of closure by the Manchester Health Authority initiated local protest campaigns. These attracted tens of thousands of petition-signatures, organized street stalls, meetings and marches, and a brief sit-in within an unoccupied ward at the hospital. The local town councils in the affected area passed unanimous

resolutions opposing the closure, and a readers' poll by a local newspaper recorded a vote of 1,004 to 3 against closure.[1] 'Public opinion' could hardly have been more unanimous.

Existing administrative regulations required the Health Authority to engage in 'public consultation' about their plans. To meet this requirement, they booked several local halls and invited the public to meet them. Transcripts of recordings at two of these meetings, at Moston and Middleton, provide the basis for what follows.

These attending these 'public consultations' were already active campaigners against hospital closure. The meetings were thus pre-defined as arenas of combat. While the audiences did not know who would speak for the Health Authority, or what precisely they would say, they were primed to listen carefully for any weak points in the Authority's arguments, and oppose them.

The ways the audiences responded to the Health Authority's arguments depended on what the Authority's spokespeople—mostly paediatricians and health service managers—argued, and how they argued it. Some of their case for closure was listened to in silence, while other parts were sharply questioned, and others again met with noisy interruptions, laughter and abuse.

The Authority spokespeople argued their case predominantly on 'medical' grounds. Firstly, they suggested, the existence of two children's hospitals in Manchester, involving division of their specialist staff over two separate sites, made for medical inefficiency. Secondly, less children's beds were needed across the area, because of changes in medical technology: the advent of personal nebulizers, for example, meant asthma sufferers no longer need spend long periods in hospital. The Health Authority proposed to replace Booth Hall with a new children's ward at the local general hospital, and to expand the range of community-based medical services available to children and their parents in their own homes.

At first, the audiences seemed to have no answer to these arguments, though they were quick to catch at apparent contradictions in the Authority's presentation. They had fun with one consultant, who claimed both that his work was interrupted by having to move a few miles from one local children's hospital to another, and that he regularly traveled some eighty miles to another hospital in Barrow-in-Furness. 'Barrow!' was a popular heckle during that meeting.

However, such victories were small. Speakers from the floor lacked access to the kind of knowledge with which to undermine the 'medical' case. Although, in a poll, most local GPs had opposed the hospital's closure, none of these doctors, who might have questioned the official spokespeople's expertise, attended the meeting.

In that sense, the medical arguments became what Bakhtin terms an 'authoritative word', not really open to discussion or modification.[2] Except, that is, for one question: what would replace the existing hospital facilities? At the first meeting, the Authority offered plans for a new set of community-based services for children. The chief executive explained:

Chief Executive: Children, by and large, are well. It's a minority of children that are unwell. And a minority of that minority that do have to go to hospital. The technology of health care is changing and we can treat more children in a community setting. Keep them in their home if at all possible in a safe environment.

At first these ideas were not challenged. But then a woman in the audience (a local Labour councillor) rose to say, in a speech interrupted by general applause:

Woman: And now the lady on the end—the consultant, whatever she is, about this er. I get the feeling that we're going to get a 'Care in the Community' for children now, which we've got for the old people. Which we all know has not been working for the last twelve months. This is what it comes to me . . . *(Cries of* Hear hear, *and clapping)* . . . So if you can't do it for the pensioners of the country you're certainly not going to do it for the children of the country.

Once that theme had been enunciated, others picked it up:

Woman: I'd like to say to Dr Ferguson that what you're describing is absolutely wonderful and if you could guarantee that then fine. But we've seen Care in the Community, we've seen the mentally ill and how they're cared in the community. We've seen the geriatric patients and how they're cared for in the community, and we don't trust what you're saying because it doesn't work.
    Dr Ferguson: But it's beginning to happen all the time while you watch. There are more and more children . . .
    Woman: How many have to die . . . ?
    Dr Ferguson: Nobody's died.
    Woman: . . . before. People are dying. People are being killed by the mentally ill because they haven't got a hospital bed. Now you're saying that's your dream for the future.

With each new development of this theme, the antagonism grew more confident. The final speaker from the floor at Moston added a significant social generalization:

Woman: Can I just say that I I er although part of me agrees with er Care in the Community I'm also very very worried about it and I'm very worried about the pressure that that puts on working class people. Because to me Care in the Community is a middle class theory and to nurse at home lots of women in working class areas, and in middle class er societies, have to nurse elderly relatives, sick husbands and they have other children and now what we're talking about is bringing other

sick children with nurses popping in and out and everybody else in to your home and I just find

> Chair: Okay.
> Woman: absolutely appalling and
> Chair: Care in the Community
> Woman: and I'd like to know when are you consult with people like me on this stupid idea of Care in the Community with our children.

Reviewing the evening's proceedings afterwards, like sports fans after a game, protestors recalled the speeches on 'community care' with especial relish.

STRUGGLING OVER WORDS

The arguments about 'community care' in North Manchester exemplify what Volosinov termed a struggle over 'the tenancy of a sign'. The word 'community', Williams suggests, is always a 'warm' term, which 'seems never to be used unfavourably, and never to be given any positive opposing or distinguishing term' (1988: 74). In similar vein, Muncie and Wetherell argue that 'community'—along with other terms like 'family' and 'neighbourhood'—forms part of a signification system, or chain of concepts and associations, which includes other key terms like 'natural', 'harmonious', 'organic', 'healthy', 'warm', 'evolving', 'personal', etc. Governments, they contend, attempted to deploy the term 'community' to justify what turned out to be cuts in public welfare spending. The term's connotations, they suggest, can inhibit or confuse opposition: 'The argument against community care is rendered more difficult by the reassuring humanistic imagery of neighbourliness, close ties, social support and a lifestyle more akin to a mythical image of village life than the urban housing estate' (1995: 56). By 1994, however, the North Manchester audience's speeches indicate that 'community' could be used—especially linked to that other warm word 'care'—as a term of *suspicion*. It had become associated with privatizing and closing public services, in both the mental health and geriatric fields. When the first woman speaker invoked that sense of suspicion, provoking rapid applause from other protestors, she opening the way to a cascading series of criticisms. The second speaker amplified the opening theme by connecting 'community care' with killings by mental patients, while the third went on to critique the whole idea of 'community care' as a 'middle-class' imposition on working-class families. She challenged sentimental accounts of both 'community and 'family' by referring to the toil and trouble of managing a household with a sick child.

In the course of the meeting, speakers creatively picked up these variable associations, turning the Authority's own words into weapons against them. As Bakhtin insisted, words are 'multi-accentual': they do not relate to

things in singular ways, but are regularly re-made in use within the 'elastic environment of other, alien words about the same object, the same theme' (1981: 276). The protestors did not challenge the single word alone, but its location within a whole 'interpretative repertoire', its practical theorization. Their struggle was not merely linguistic, but over the social practice the word represented and threatened.[3]

The most promising theoretical framework for discussing these interchanges is provided by the 'dialogical school' initiated in post-revolutionary Russia by such figures as V. N. Volosinov, M. M. Bakhtin, and P. N. Medvedev, along with Lev Vygotsky. For these thinkers, the study of speech should not be left to linguistics. Human discourse must always be considered in the context of speakers' and auditors' ongoing social relations. Language is an entirely social phenomenon, which must be studied in action, as people use it in social life.

The fundamental unit of study, the 'cell form' of dialogue, is not the word, sign or sentence, but the *utterance* given by a speaker to a listener (or 'addressee'), in a definite context. Every utterance involves this person addressing that person, in a particular manner and for a specific purpose. Utterances are pregnant with social life and intentions. We should think of speakers and audiences alike as if on springs, coiled for interaction, actively engaged in mutual communication. Speaking—as the cognate school of rhetorical social psychologists argues—is not distinct from acting, but is itself a form of action, a social practice with its own 'action orientation'. Most discourse, writes Eagleton (1991)—borrowing from J.L.Austin—is 'performative' rather than 'constative', aiming not merely to provide information, models, rules, directions, but to influence the practical and ideological orientation of those who hear it. Speakers' social purposes shape the rhetorical devices and evaluative tones they deploy.

Dialogical theory is distinctive in its attention not only to the producers of discourse but also to their audiences. Far from treating addressees as passive receptors, Bakhtin (1986) insists on their *active* and *responsive* stance; they are beings 'full of words', with all their own experiences and 'apperceptive background' encoded in inner speech, critically appraising what they hear.[4] Any single utterance is but one event in a chain of dialogical exchanges, itself constructed as an active response to what has been said before. Listeners, attending to other persons' utterances, are already preparing their answers.

Speakers and listeners share a common language with shared meanings, else there could be no communication between them. But within that shared language they impart their own 'senses' to words. Individuals 'individualize' and 'subjectivize' word-meanings, in line with their own social locations, particular experiences and perspectives.[5] They thus both reproduce and modify, share and contest the significance of language. All manner of politically sensitive terms have this conflict of meaning and sense running through them: think only of such terms as 'socialism' and 'capitalism,' 'management' and 'workers,' 'democracy,' 'freedom,' 'market,' 'equality,'

'racism' and 'justice' and so on and on. The class struggle runs through the language, about the language, for control of the language.

The protestors who claimed 'tenure' of the word 'community' largely succeeded. Summing up at the end of that meeting, the Health Authority chairman acknowledged the point:

> I think fourthly we're agreed erm on er the importance of developing, I'm not sure we are agreed on this, but I think the support for the delivery of community services if we could get past the skepticism that it's let down the public in other areas like old age and mental illness, there's a lot of skepticism about it
> (*comments from floor*)
> but but supported it could be done right.

By the time of the next meeting, a few days later, the Health Authority dropped all mention of its 'community medicine' proposals. It was the protestors' opening speaker who offered this theme, now in an offensive vein. Holding up the Authority's document he declared:

> This booklet is riddled with one central concept, and that is Community Care . . . That rhetoric, that theme, is actually masking the real central core, the objective is to close Booth Hall

The Health Authority, once burned by 'community care', declined to play with that fire again.

'IT'S ALL ABOUT MONEY'

Active listeners evaluate the status of what is said but also, simultaneously, of the person speaking. Orienting themselves towards others in dialogue, speakers and listeners 'place' their interlocutors, forming pictures of who those others are and what they might want (Hall 1995). In the consultation meetings, such evaluations proved damaging to the Authority's cause. For the protestors questioned not simply the Authority's *arguments*, but their *motives* and their *trustworthiness*.

The audiences granted some legitimacy to medical personnel, so long as they were discussing strictly 'medical' matters. However, they strictly de-limited this legitimation. They rapidly challenged the consultants if they strayed from their medical expertise into other matters—and notably into issues concerning *money*. This happened at both meetings. At the first meeting, a woman paediatrician was heard in silence as she presented the Authority's case for unifying specialist services, until she began to talk about financial advantages. Here the audience became restive. She worsened matters worse for herself by offering an analogy:

> Suppose you had half your family in one house and half your family in another house and you've got to run the rates and the rent and poll-tax and God know what else they sting you for . . .

Here audience interruptions compelled her to halt. A speaker from the floor told her:

> Woman: Can I just say to Doctor Phillips, I understand you trying to draw analogies, but the analogy you're doing is basically very much the Mrs. Thatcher patronizing housekeeper's basket . . . (*applause*) . . . I think we do understand that analogy. It's extremely patronizing to think that we that is the level you have to come to try and explain budgets to the community.

Here, that multi-accented word, 'community', performed a new duty. Re-populated with new meanings, it now referred to people hostile to patronizing by doctors. The doctor's 'medical' persona was discounted as she was re-identified as moving in the same linguistic universe as an immensely disliked politician, whose 'economics' were deeply mistrusted.[6]

At the second meeting, a male consultant spoke without interruption for several minutes, but then strayed into urging the financial benefits of merging specialist services:

> Consultant neurologist: . . . for every pound you pull out of your pocket to buy that sort of thing it's a pound less to hire a nurse or a scientist in the laboratory or a . . .
> (*shouts from floor*): Rubbish
> Now why is that rubbish? If you. If you at home are given a fixed budget you have a choice on what to spend it on. The reality . . .
> (*shouts from floor, the chairman intervenes to restore order, but the doctor has temporarily lost his speaker's authority*)
> A pensioner from the floor: It's all about money all the time.
> Chair: The whole world's about money, love.
> (*shouts from the floor*)
> Chair: Dr. Newton may we progress please, if we could progress . . .

Later, when Dr Newton referred in positive terms to the 'purchaser/provider split' in the Health Service, he was heckled. He ploughed on through interruptions:

> Now in the new system everything that happens a bill is raised for it, but the money from the purchasers instead of coming to Pendlebury will go to Hope and the status quo is maintained. So there's no actual change it's just erm a financial arrangement.
> (*sarcastic laughter*)

Man from floor: Sack the managers.

The Booth Hall Campaign secretary told him, to applause:

> I want doctors who are doctors, I don't want doctors who are frigging
> accountants. I want. I don't want purchasers and providers, I want doc-
> tors and nurses in our hospitals running it and I don't appreciate hearing
> consultants, paediatricians or whatever adopting this terminology which
> is totally bogus. If the man could concentrate on the job for which I
> hope, I'm sure he's very good at it, but if he would concentrate on that.

When the doctors raised questions about money, the audience opposed
them, and in so doing called their social roles into question. Wandering
into the contested sphere of 'political economy', they faced audiences who
recognized immediately what kinds of language to mistrust and to chal-
lenge. What you're actually doing, the audiences charged, is pursuing an
alien 'monetarist' philosophy, seeking to *cut* the health services we enjoy
—and when you deny it we simply don't believe you.

Audience members repeatedly asserted that, behind their claims, the
Authority possessed a covert agenda they dare not assert in public. The
Authority's Chief Executive opened the Middleton meeting with the
words:

> Let me make two very clear unequivocal points by way of introduction.
> The first is that this not about saving money on Children's Services . . . '
> (*sarcastic laughter and comments from floor*)
> Man's voice from the floor: Big joke.
> *(comments from floor)*
> Chief Executive: I'm sure you'll disagree with me later . . .

And when he repeated the point at the end of his opening address, a woman
near the front inquired, 'Do you mind if we laugh again?'
and a man in the audience called out: 'Rubbish. Tell the truth.'
At the Moston meeting, a pensioner asked, rhetorically: 'What is your real
reason for wanting to close Booth Hall? What is it? Money to balance the
books. ' (*applause*) The chairman noted that the question had been asked
'almost with venom'.

Again and again the same charges flowed freely. Bigger hospitals, said
one activist, 'mean more money for the bureaucrats who manage them.'
One floor speaker described the officials on the platform:

> They don't deserve to be on there because they're just money grabbers,
> put there and paid by the Tory government.

And one woman told them:

> Woman at Middleton: You're not willing to put your money where your mouth is and that's why we don't believe a single word that you say. And if the money's gone down from forty million six years ago that it would have cost to provide a hospital down to fifteen or twenty million I bet you any money that you could improve Booth Hall site and provide all those services on that site well for that price. Or has somebody like Eddie Shah already offered you the money for that site? (*applause*)[7]

The theme of 'money' kept coming up in different ways. The platform were accused of attending the meeting only because they were *paid*, while the audience was there because they *cared*. The Authority wanted, speakers alleged, to close Booth Hall in order to sell off the land to private developers. Our scale of values is different, the Authority was told: we pay happily for Booth Hall, but should we be paying for you?[8]

> Man at Middleton: We were clearly told that the Health Trust could not afford two children's hospitals. This town has never decided that it cannot afford to save children's lives. We don't want some sycophants coming in telling us that we have. If it takes more money, then we have to go back to government and say that we want more money. I'll leave you with a question. How much does it cost to employ a nurse and how much does it cost to employ you lot sat on that table coming here to tell us something we don't want to hear? (*applause*)

Running through a whole series of contributions, interruptions and heckles at the meetings was an effort to 'de-credential' the Authority's speakers, by challenging their personal or social character.[9] The Authority's spokespeople were accused of bad faith, of being 'minions' of the Tory minister of Health, of changing their story from meeting to meeting, and of attempting to run down the hospital secretly even before the consultation period was over. The officials were called 'unelected men in their grey suits and plush offices', who never stayed long in their jobs and thus had no loyalty to the people they were supposed to serve. 'You are,' one woman told them, 'liars and hypocrites'. Every remark and gesture by the Health Authority representatives was liable to be taken suspiciously, sometimes with ribald amusement.

The mistrust was amplified by a further theme. Officials had no right to decide the future of the hospital. The protestors knew they had 'public opinion' on their side, reminding the platform of how unpopular their plans were, and of how unrepresentative they were of local opinion.

Thus the question arose, what weight did the Health Authority give to local opinion, and to the views of local elected bodies? There was no escape from this. Asked directly what credence he gave to local views, the Health Authority Chairman attempted to divert the question to a competitive theme:

Health Authority Chairman: A lot of credence but I'm not going to advise or my authority will not er in trying to devise the best services for your children and grand-children be just taken over by views that want to defend one hospital. I mean the very remark we had earlier: 'Why not move Pendlebury to Booth Hall?'—erm you know, if that was the right solution we'd have a meeting like this round Pendlebury.

But at both meetings he was compelled to acknowledge that he and his colleagues were in the difficult position of saying that they knew better than the people what was in their best interests.

Chair: Again I like to get answers and boil them down. If I can boil that answer down you seem to be saying the hundred percent of public opinion which is against it, apart from the two people you spoke to, are against it because they are ill informed. Is that what you're saying?
Health Authority Chairman: Yes.
(comments from floor)
Chair: Okay, well . . .
Save Booth Hall Campaign Secretary *(from the platform)*: There. There. There's. There's a democrat. There's a democrat.

A MORAL ECONOMY?

As Michael Billig (1995, 1996) notes, thinking and talking involves a complex dialectic of both generalization and singularization. Generalization involves placing an item of experience within a larger category, while singularization involves determining which of several potential categories is appropriate, thus introducing a 'dilemmatic' quality to discourse and thought. Two features make this more possible. Firstly, the world of 'public discourse' or everyday 'ideology' is itself a world of argument containing contradictory potentials and oppositions, where 'there is no theme without a counter-theme' (Gamson and Modigliani 1989: 6). Secondly and consequently, people are already 'familiar' with idea-sets that they do not themselves necessarily hold all the time, so that their adoption of 'new' ideas or their summoning up of 'submerged' themes is not a very difficult process, involving merely a shift in rhetorical stance.

Ideological themes persist across time and across populations, their persistence reflecting continuities in social relations and antagonisms. These represent forms of ideological 'resource' on which speakers can draw in a variety of situations, as 'ways of seeing' (Berger 1972) which they can assume listeners will recognize and share, providing common 'vocabularies of motive' (Mills 1940). Such persistent themes, however, don't exist in monological or monotonic form, but always in complex dialogical inter-

discursive relations with other possible persistent counter-themes (e.g. 'class' vs 'nation', 'cooperation' vs 'conflict' etc), Further, the importing of such themes into concrete speech always requires attention to the actual setting or situation, including the speech or actions of others.

In a specific interaction like the 'consultation meetings' in Manchester, there developed a kind of interpretative contest as to what the meetings were actually about. The Health Authority spokespeople sought to shape the dialogue at the meetings so that, in a sense, it would extend the doctor-patient relationship into the reorganization of the health service itself. They would appear as disinterested professionals, deploying their technical expertise to benefit the population and their children, offering an 'education' in the changing realities of medical practice to their client-consumers. The changes we are proposing, they suggested, are in your own best interest, adding that we understand and sympathize with your 'feelings'. As the Authority chairman summed up at the Moston meeting, in a final effort to re-credential his side:

> What I hear is that there is a lot of feeling of anger, there's a lot of feeling of distress and worry, and there's a lot of feeling that we're not truthful and there's a lot of feeling that it's finance driven. And I hear those remarks . . . We've got to persuade you with more facts and figures that what we're doing is actually to your kids' benefit and is not just to save Mrs Bottomley, or whatever she's called.

But their audiences responded by invoking a different, and antagonistic, 'social or evaluative purview' (Volosinov 1986: 21, 106; 1976: 101; Bakhtin 1981: 401) to account for what was going on.[10] One term that might usefully describe their particular purview is 'moral economy'. E. P. Thompson developed this term as a means to make sense of the specific 'rationality' of 18th century food rioters.[11] It refers to the set of ethical assumptions underpinning resistance to top-down social reorganizations, which were 'experienced by the plebs in the form of exploitation, or the expropriation of customary use-rights, or the violent disruption of valued patterns of work and leisure' (Thompson 1991: 9).

A 'moral economy' is marked by several characteristics. First, working people identify the cause of some breach in their lives as what Thompson called 'the innovation of capitalist process', where wealthy or powerful figures propose changes at odds with people's needs. The origins of a moral economy are to be found *within* a capitalist economy.[12] Second, a moral economy affirms a positive counter-ethic, a vision of the common good entailing *non-monetary values*. Third, that vision contains elements of 'tradition' or 'custom', affirming something already practiced and valued; it is 'conservative' in seeking to protect a humanly valuable pattern of social activity, rights and obligations. Fourth, the enunciation of a moral economy is a kind of battle-cry, or at least a justification for action; and

its defence licenses forms of action and speech (for example, physical confrontations with authority, 'imprecations against the rich') which, in other circumstances, might be adjudged inappropriate.

A moral economy, in this conception, is negotiated, relational, dialogical, constructed and reconstructed as part of an ongoing interaction between power and powerlessness. Far from being fixed, its precise terms, boundaries and extent are open to reshaping, challenge and modification. A moral economy (or almost any other ideological form) should not be viewed as a carefully articulated theoretical system. Rather, it has the character of a loosely coupled and dynamic *ensemble* (Steinberg 1999:20) of ideas and evocative symbols, developed in opposition to ruling ideas (which are themselves commonly similar 'assemblages' of signs and notions). A moral economy is developed and shared through conversations among its adherents within a local environment of speech or 'community of response'.[13] Its tenets may be only partially self-conscious, becoming so only when the 'tissue of customs and usages' it articulates is threatened by 'monetary rationalization' (Thompson 1991: 340).[14]

Noting the role of 'rumours'—and the rulers' dismissive view of them—in generating 18th century popular rebellion, Thompson remarked that the people had direct information sources which could not be easily discounted. In the arguments over Booth Hall, too, 'rumours' were significant. Speakers quoted concrete facts. This ward was closed, that section was being moved. In one ward the window frames were rotten, but new carpet was being laid for offices. Surely, closing a newly refurbished accident and emergency suite was pure wastefulness? Protestors remembered that this child died when no intensive care bed was available. Those parents with a sick child had difficulty getting to the hospital, that child should not have been sent home without an x-ray. The audiences' knowledge might be as piecemeal as many oppositional ideologies, and might often be anecdotal, but it was also concrete. From their social location an overall picture was hard to form, and they were prepared to listen to those with information they lacked and who offered a general perspective. But they listened with suspicion, for that other perspective was 'from above', and was always liable to contamination from its contact with others 'above', who were known to put their own class interests first.

Given Thompson's (1991:340) own cautions about over-extending his concept, is it appropriate to apply the notion of a moral economy to the views of the North Manchester protestors? Cautiously, I think it is. The sense the protestors enunciated was indeed that the Health Authority's proposals represented 'innovation of capitalist process'. What was going on, they insisted, was exploitation, the expropriation of existing use-rights. For them, the very use of the language of 'cost' and 'economy' in relation to the Health Service was quite as contentious as the abolition of regulation in the corn trade in the 18th century. The audiences at the meetings were deeply sceptical that the Authority could, in the 'monetarist' climate of the time,

be proposing anything good; rather, they interpreted the proposals as an attack on established and valued rights. As for *children's healthcare*, that was sacred ground.

The audiences expressed a view about what is legitimate and illegitimate in the running of a valued public service, linking this to views of social norms and obligations, and of the proper functions of the several parties in medicine. Doctors and nurses should concern themselves with patients' welfare, and not mix in management politics or start talking managerial jargon. If 'management' within the Health Service was permitted any legitimacy, its role was to facilitate the provision of good services for the community, and not to line its members' own pockets or impose alien 'market' values. Whatever privileges the rich and powerful might have won in other spheres of social life, health care should be exempt from these. The audiences expressed passionately held views of the common weal, along with a claim that these were indeed the shared notions of the whole people. By contrast, they represented the Authority as embodying an opposed, alien and vicious agenda.

AUDIENCE ORGANIZATION

The audiences at the Manchester 'consultation' meetings revealed a powerful capacity to interrogate the Health Authority's proposals, along with a strongly held set of antagonistic beliefs. They could draw on months and years of everyday talk across North Manchester, and assume a 'community of response' for the ideas they expressed. While each speaker and heckler spoke with his or own individual 'accent', speakers were mostly willing to support and encourage each other, and to share and develop common themes in their criticism of the Authority's plans. In the consultation meetings, successful speeches from the floor evoked certain themes—about 'community care', about 'money', about 'democracy' and so on—that other participants could recognize because the currency of those themes in North Manchester made them rapidly familiar. If there was a 'moral economy' at work, this is how it was drawn on and recognized. Speakers summoned up a existing stock of ideological resources they could assume others shared, revealing how they fitted this occasion.

The more effective speakers were those who, in a sense, 'spoke for the community' through this process of evocation. Their success was marked by responsive markers: they won audience applause, later speakers either referred back with approbation to what they said, or picked up a theme they had opened and developed it further. Those who were especially appreciated were those who found 'loopholes' in the Authority's statements through which their own 'counter-themes' could be developed.

In the very process of arguing with the Health Authority the audiences were also evaluating and organizing their own forces. They were not the

structureless 'crowds' assumed by Le Bon, Freud and others. They listened, judged, evaluated, discovered—and organized. They rewarded approved speakers with applause, laughter, supportive remarks, waves, smiles and pats on the back. By such means, they awarded 'leadership' status to some speakers. However, they also withdrew or limited that status. At the first meeting, the Campaign Secretary told the Health Authority they were not 'wedded to the bricks and mortar actually on the particular site', and that they welcomed the idea of an expanded community service for children. An Authority manager immediately embraced this remark—for it seemed to suggest they could discount attachment to the physical fabric of Booth Hall Hospital. But the very next speaker from the audience made a point of disagreeing with the Campaign Secretary on the matter of 'bricks and mortar', while, as we have seen, other speakers went on to question the 'community care' notion. Some speakers from the floor did not attract applause, even though they spoke passionately: they failed to enthuse the audience, to make telling points, to enunciate shared themes in convincing ways. Their contributions were awarded no prizes of recognition. By inter-actively 'accrediting' and 'discrediting' their own members, the audiences at both meetings gave themselves an emergent shape and direction, thereby recognizing aand developing their own ideas.

LIMITS OF DISCOURSE

The North Manchester campaigners could enunciate a powerful 'moral economy'; they forced the Health Authority to abandon one of its main jus-tificatory claims; they demonstrated the unpopularity of the hospital closure plan. If anyone could claim 'victory' at the consultation meetings, it was the protestors. But that victory had limits. Steinberg remarks of ideological conflict that, while it can map a terrain of legitimate action and validate contention, it can't organize networks, can't garner resources, and can't take action: 'People do that' (Steinberg 1994: 515). Realities 'beyond discourse' conditioned the passionate speech of the North Manchester protestors. True, they could claim to speak for hundreds of thousands of local people, but only small numbers turned out for a November evening meeting. Angry dis-satisfaction at the Authority's proposals was widespread, yet few people were mobilized into more than signing petitions and displaying posters. No cam-paign demonstration exceeded a few hundred participants. Also, a voice was missing from their own ranks—that of organized hospital workers whose jobs were threatened by the closure. For the most effective of the demonstra-tions, two hospital porters made their own banner. Carried at the front of a march through Manchester city centre in the summer of 1993, it declared, 'Jesus Said "SUFFER Little Children" SO DO THE TORIES'. Such voices were not heard again within the campaigns. No appeals were therefore made to other workplaces for action in solidarity with the hospital workers.

The potential *practical* sanctions the protestors could bring to bear on the Health Authority were weak. They could speak woundingly, but lacked the capacity to inflict more deadly blows. In interviews, one campaigner described his modest hopes for success: 'If we achieve nothing else, at least we will have made them limp.' Another reported her own feelings of frustration during the meeting:

> I went to one of those consultation meetings, at Moston Brook, and there people were attacking people on the top table, considerably, very much so . . . They were talking very Left. I had the feeling, What could we say? And the thing was, there wasn't anything at that point, because of the way the campaign had gone . . . Unless we'd organized people walking out, or storming the platform or doing something that. I remember discussing it afterwards and feeling dissatisfied with that meeting and the contribution that we'd made. Maybe we should have —but that would have just been a stunt saying, 'We're disgusted'—somehow done something along . . . In a sense we'd lost the argument by then with the people that mattered, that could turn it round. . . . And we did try to build that meeting. I remember doing a lot of going round a lot of people trying to get people to come to that meeting. . . . Mostly they didn't come.

The audiences had openly expressed the view that the Authority were knaves or fools, or both. The officials and doctors, more circumspectly, had articulated a view that the people were ill-informed, characterized more by emotional reactions than a rational appreciation of circumstances. Yet, in a sense, the Authority never needed to win the argument, even if they might have preferred doing so. For, as one floor speaker alleged, the meetings involved 'pseudo-consultation'. The Authority was bound to *listen to* but not to follow local opinion.[15] It retained the power of decision.

And it would demonstrate this. In January 1995, the Authority held a final meeting in Manchester Town Hall. It was, the chair explained to a sizable crowd, a 'private meeting being held in public.' At that meeting, in an extraordinary piece of unpopular theatre, the members of the Health Authority voted through every point in the original proposals. Their hands went up and down some twenty times, in front of an audience that heckled and insulted them as 'puppets'. At the end, the Authority members departed rather quickly, leaving a room full of rather stunned and angrily subdued people. The power of argument, it seemed, gave way ultimately to a slightly shamefaced argument of power.

NOTES

1. *Moston Express*, 11 August 1994, 'Your Verdict: Keep Open 1,004, Close it 3'

2. Bakhtin 1981: 341–6 discusses the distinction between 'authoritative' and 'internally persuasive' words. Elsewhere he uses such terms as 'inert'and 'sacred' words for the former idea.

3. There is an account of a not dissimilar battle over the words 'negotiate' and 'cooperate' during the 1971 work-in at Upper Clyde Shipbuilders in Collins 1996, 1999.

4. The American pragmatist Charles S Peirce's account of language use has many resonances with the Russian dialogician. He distinguishes between two kinds of 'sign'—that provided by the speaker as against the 'interpretant' sign of the listener—stressing the difference between these two forms in conversation and life. There is a valuable account of Peirce's views in Rochberg-Halton 1982.

5. The 'meaning/ sense' distinction is drawn most sharply by A N. Leontyev (1978), a pupil of Vygotsky.

6. Hill has summarized the evidence on 'how restricted a purchase Thatcherism [had] on the lower classes and that it was contested by significant numbers even among the service class'. Most people, he notes, 'still subscribe to the welfare compromise and a "dependency" culture' (Hill 1990, 21). We might contest his language, but not the content of his argument.

7. Again, context is relevant. Eddie Shah had recently attempted to purchase a large piece of public park-land to develop a private golf course, a project defeated in part by another local campaign.

8. The 'money' theme had another side. The audience made its own positive claims to determine the hospital's future. We pay your wages, they told the platform. But also, we have raised large sums of money to buy a scanner for Booth Hall. Over the years, North Manchester clubs, churches, unions and the like would always give a good hearing to fund-raising efforts for 'our children's hospital.' 'Charity' here meant something different from images of 'Lady Bountiful'. Embedded in, not imposed on, local working-class life, their own fund-raising founded claims to moral ownership of the hospital.

9. See Billig (1996) on speakers' 'credentialing' work.

10. Volosinov insists that for an item to enter the social purview of a group and 'elicit ideological semiotic reaction,' it must be associated with the vital socioeconomic prerequisites of the particular group's existence, making contact, even if obliquely, with the bases of the group's material life (1986: 22).

11. Thompson first used the expression 'moral economy' in *The Making of the English Working Class* (1963), developing it in 1971 and further exploring and refining it in 1991.

12. Moral economy takes on its meaning in 'dialectic tension' with *market economy* (Randall and Charlesworth 2000:2). Randall (1991:255, cit Steinberg 1995: 80) remarks, on the moral economy of trade relations among woollen workers, 'The origins of the moral economy therefore have to be found within a capitalist economy, not outside or in opposition to one'. This seems slightly mistaken: a moral economy emerges *within and against* a capitalist economy. Otherwise there is no sense in Thompson's suggestion that moral economy can be seen 'constantly regenerating itself as anti-capitalist critique, as a resistance movement' (1991:341).

13. The term *community of response* was developed in cultural studies by Martin Barker (2000), who identifies it as an 'essential circulatory medium' for shared evaluations and stances.

14. In becoming self-conscious, a moral economy may provide materials for some degree of systematization. However, it can be invoked for different sociopolitical purposes. A moral economy may provide underpinnings to a socialist critique of capitalism, for example, but may equally be limited to

demands for a capitalist economy modified by a stronger 'public service' element (Davies and Flett 2002).

15. Molotch (1990, cited in Staggenborg 1993), drawing on studies of ecological protests, suggests that elites have the capacity, after periods of 'vulnerability,' to recoup their positions. They can organize public meetings as 'pseudo-events'—'strictly planned and ceremonious encounters'—where the *illusion* of popular participation is maintained, while simultaneously 'creeping events' (real events 'arranged to occur at an inconspicuously gradual and piecemeal pace') actually determine the outcome.

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