

## Prejudice: An Explanation of its Causes and A Brief Case Study<sup>1</sup>

It is easy to say that people who are prejudiced are “irrational” or that they employ stereotypes which are the product of “defective,” “hasty” judgments, that were they to open to reason or to the facts of the matter, they would abandon their prejudices and see people really as they are. Thus, good-willed people exhort and admonish, instruct, argue, and provide pertinent facts, hoping that such direct appeals can solve the problem. History and experience suggests that such strategies do not take us very far. Consider racism. Overt racists hear the arguments, but respond that it is the “do-gooders” who are irrational, who fail to see the facts, who are guilty of wishful thinking. Worse, even those who would emphatically deny being racists too often manifest prejudice. African-Americans report that their presence causes haoles to prematurely cross a street, or that their touch produces discomfort on the part of otherwise friendly class-mates. This suggests that prejudice is rooted in features of the character which are less “intellectualistic,” that the attitudes and behaviors which manifest prejudice are not so easily amenable to the force of “logic.” If we want to grapple with the phenomenon of prejudice, we need a better understanding of its causes. Suppose then, as Dewey argued, that prejudices are biases that “originally spring from instincts and habits which are deeply set in our natures.” So understood, there is a “visceral component” which may be sufficiently weak to go unnoticed. Indeed, prejudices influence our feelings, perceptions and reasonings and do this without the person even being aware of the influence.

What are the causes of prejudice? Let us begin by noticing that humans are creatures of habit, what William James called, “the flywheel of society.” Following him, I do not mean here to restrict “habits” to things like smoking—a bad habit, or brushing one’s teeth in the morning—a good habit. Rather, habits in my sense include **all** our ways of thinking, of feeling, of talking, of seeing what we see and expecting what we expect. They are the materials of all thinking and action, both enabling it and constraining it.

Humans at birth have no habits though they have the impulses and powers—yet to be realized, to think, to speak, and all the rest. As they grow, they develop their “character” and an array of competences, beliefs and orientations, the particular dispositions or tendencies which define not only their “personality” but also their particular ways of thinking, and so on. Put in other terms, all humans have the innate capacities to think, speak and all the rest of the things that humans everywhere do. But the **way** that they do these things, their concrete expression in the world, always requires social learning.

For example, humans are born with the “hardware” which makes it possible for them to become competent speakers of some language. But the first language they speak, different in so many ways, will be the language they learned, as it were, at their mother’s knee. Their speech is both enabled and constrained: If that language is “pidgin,” they can communicate creatively and effectively with other pidgin speakers but will have difficulty communicating with those who do not speak pidgin.

Since the development of one’s array of habits depends upon learning from those who are already habituated (who thus are already fitted with an array of beliefs and habits) and since the process is messy, involving as it does, not only interaction with those who rear us, other “significant” others, and many others along the way, the habits one has inevitably will be

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<sup>1</sup> This is a lecture which is part of the “Quest for Dignity” Special Exhibit, July 1-15, 1998, Honolulu Hale, to be presented on 6 July 1998.

idiosyncratic, even if, of course, there will be similarities as regards many, for example, our competence in a language. These we can think of as shared aspects of a common culture. Although we play critical roles in the development of our habits and can always do something about them, most of our habits are pretty much formed by the time we are young adults. Some ways of thinking, feeling, etc. are so widely shared by humans, past and present, that we tend to think of them as “universals.” Prejudice is one of these.

Prejudice has a basis in a more general psychological propensity, what Dewey termed “the instinctive aversion of mankind to what is new and unusual, to whatever is different from what we are used to, and which thus shocks our customary habits.” This might range from the aversion one might experience to an alien cultural practice to an aversion to what is perceived as “ugly” to an aversion to persons of different skin color. But it is critical to emphasize here that the aversion is to what has become a habit, to what has been learned by the person. There is no suggestion that (say) that white people “naturally” feel uncomfortable in the presence of blacks (or conversely), or that it is part of our “human nature” to be repelled by disfigurement. On this view, firmly rejected here, prejudices are “hardwired. The problem, accordingly, is one of trying to overcome what is “natural.” But this is not at all the case. Since what is “new” or “unusual” is always relative to the habits which we have acquired, there are no “natural” aversions. Thus it may be that one finds prejudice in every human society, but to the extent that people in different societies have different habits, there will be different prejudices.

But an “instinctive aversion” is not yet a prejudice, for the straightforward reason that the unfamiliar rapidly becomes familiar. *Malahini* haoles in Hawai`i are often uncomfortable, but many of them become comfortable. The same can be said of many persons who interact regularly with a person who has had Hansen’s disease. Indeed, it is of some significance that ease comes very quickly to young children. At some point the differences are irrelevant. If anything, children are more perceptive than adults as regards differences, but, other things being equal, they seem not to see any significance in differences. Accordingly, they are not bothered by them. This too is learned.

Indeed, herein lies the key to prejudice. Put simply: the unfamiliarity becomes, for the prejudiced, more than an unfamiliarity. It becomes material for a prejudice in just the sense that it serves as a mark for identifying others as somehow dangerous, inferior, or otherwise categorically suspect—irrespective of the evidence to the contrary. Prejudices are pre-judgments in this sense. They shape attitudes and thinking in a distorted way, foreclosing inquiry.

This process is also deeply rooted. We cannot have experiences without concepts, but it is quite inevitable that our concepts are abstractions which predispose us to see and understand things in a certain way. You see, e.g., an animal and see it as a dog with all, in our culture, that this implies. Abstractions become stereotypes to the extent that they are “mental pictures” which are oversimplified, distorted and, importantly, uncritically and inflexibly held. It is probably quite impossible to avoid stereotypical thinking altogether. But plainly, stereotypes become dangerous when they are directed at persons or groups of persons.

Reflection ought to suggest that it is unreasonable to believe that persons are unworthy merely because of their color. But for the white racist, physical appearance is a mark for classifying persons who are, for him, inferior. Such a person may well hear arguments to the contrary. But they are not convincing because the way he thinks about such matters, including the way by which he assesses the evidence, leaves him precisely where he started. This is surprisingly easy to do. For example, he will produce the findings of Herrnstein and Murray, authors of the *Bell Curve*, and respond that their critics are merely fudging the data. He will argue that Africa is a catastrophe

despite the best efforts of whites “to bring them civilization,” rejecting the arguments that it was precisely colonization which created present problems.

It is fairly easy, I think, to explain racial prejudice. The combination of racist biological theories and imperialism were probably sufficient. Despite repeated refutation, the idea that there are “races” defined in biological terms, persists. A dominant group, Europeans after the Age of Exploration, could and did produce “evidence” that reinforces beliefs in their inherent superiority. As it happens racism, as I shall suggest, figured critically also in the case of Hansen’s disease.

We must begin with the Holy Bible which contains many negative references which, tragically, remain part of the Western mythology of the disease.<sup>2</sup> E.g., in Leviticus (13:45), we read:

The leper who has the disease shall wear torn clothes and let the hair of his head hang loose, and he shall cry ‘unclean, unclean.’ He shall remain unclean as long as he has the disease; he is unclean. He shall dwell alone in a habitation outside the camp.

And in Matthew (8: 2,3), we read:

...and behold, a leper came to him as knelt before him saying, “Lord, if you will, you can make me clean.” And he stretched out his hand and touched him, and said to him, “I will; be clean.” And immediately his leprosy was cleansed.

These texts display several of the features of the persisting prejudice. First, there is reference to “a leper.” Let me here share with you the thoughts on this matter of Ann Malo, wife of Makia Malo. She writes,

During one of Makia’s performances, a woman sat next to me and whispered, ‘I never knew your husband was a leper.’ ‘He is not,’ I said. ‘He is a person, a man, a Hawaiian; he’s a writer, composer, teacher, professional, speaker, poet and storyteller who has represented Hawaii in the United States, Europe, the South Pacific; he is a husband, a brother and an uncle. First and foremost he is a person who once had a disease that used to be called leprosy. The person he is has not been changed by a molecule nor has been transmuted.

First, as she points out, a person who had measles is not identified as “a measler.” A person with AIDS is not an “AIDSer.” Why is this? We think of these as conditions of a person, temporary in the case of measles, enduring, presently, in the case of AIDS, not as defining his identity and surely not his primary identity. Most of the terms which apply to Makia Malo: writer, composer, teacher, professional, poet and husband could not serve as his primary identity. He could be a person, or a man or a Hawaiian and be none of these.

Why is this not the case as regards Hansen’s disease? Part of the explanation resides in the fact that the disease often leaves physical marks. But this surely is not sufficient. Compare here ‘alcoholic’ or ‘homosexual.’ Alcoholism leaves no marks but like ‘leper’ it functions to label a

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<sup>2</sup> To our knowledge, Hansen’s disease victims have been stigmatized the world over, but there are considerable differences both in ways that communities have responded to them and in the mythologizing rationales. In India, e.g., which has the largest numbers of cases, Hansen’s disease is popularly thought of as “the illness of Untouchability,” but while victims are to avoided, they are not systematically isolated.

person in similar ways. Part of the reason for this, at least, is the “moral” burden which it carries, the other feature of “leper” in the biblical texts. “Lepers” are “unclean.” They are thus to be avoided. Moreover, like alcoholics, their condition is filled with significant moral meaning. Perhaps it is a consequence of their licentiousness or perhaps payment for sin—as the Book of Mormon says as regards the cursed heirs of Laman.

Thus, Nephi tells us: “as they were white, and exceedingly fair and delightsome, that they might not be enticing unto my people, the Lord God did cause a skin of blackness to come upon them” (2 Nephi 21). The text continues with God’s words: “I will cause that they shall be loathsome unto they people, save they shall repent of their iniquities” (2 Nephi 22). As with original sin, “cursed shall be the seed of him that mixeth with their seed.” In consequence of this curse, then, “they did become an idle people, full of mischief and subtlety...”

The text beautifully illustrates how difference becomes a full-blown prejudice, including here, as with reference to the “loathsome” character of these people, a visceral component.

The use of “leper” as a term defining one’s primary identity was powerfully promoted by racism in the nineteenth century and especially here in Hawai`i. As it happened, Hansen’s disease had all but disappeared in Europe in the 16<sup>th</sup> century, then reappeared in 19<sup>th</sup> century imperialism where it was found in regions being colonized by European powers. As Moblo writes, “the disease was thought to infect ‘inferior’ people, but it had the potential of once again contaminating the civilized Western world: germ theory reinforced preexisting race relations when whole populations were classified as ‘contaminants.’”<sup>3</sup> “Still associated with syphilis and thus with moral pollution, this was especially true in Hawai`i where haoles considered Hawaiians to be particularly licentious.<sup>4</sup> Indeed, it was not only Protestants and Mormons who thought of Hawaiians as “idle” and “full of mischief and subtlety.” Damien wrote that “the great majority, if not the total number of pure natives, have the syphilitic blood very well developed in their systems. This poisonous route has shot into different ramifications, and... in some instances, in the manner which we call leprosy...The Hawaiians in general...are reputed to be very licentious, and ...they often become diseased” (Quoted from De Veuster 1886, from Moblo, p. 713). Indeed, it was held that Damien had contracted the illness (called by the Hawaiians *ma`i pake*, the Chinese sickness) and then *ma`i hooka`awale*, the separating sickness) because he had adopted kanaka habits and had broken his vows of celibacy.

But in Hawai`i, historically available cultural materials were shaped by an especial urgency. The disease was thought to be a huge threat to the sugar industry. Sugar workers were all non-white and because of their historical isolation, Hawaiians were particularly vulnerable. Unless the Hawaiian government could strictly enforce segregation of the diseased, potentially contaminated

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<sup>3</sup> See Pennie Moblo, “Blessed Damien of Moloka`I: The Critical Analysis If Contemporary Myth,” *Ethnohistory*, Vol. 44, No. 34 (1997), p. 699. Moblo examines the mythological history of Father Damien through several stages of its retelling, and makes an effort at a more critical history. Her work is bound to offend many.

<sup>4</sup> As part of the mythology which gives moral meaning the Hansen’s disease, it is still widely believed that it is related to syphilis. It is not. *Mycobacterium leprae* is related to the tuberculosis bacteria. Following Susan Sontag, Moblo notes that in the popular mind “consumption” is “an artists’ disease whose victims were refined, interesting, genteel, delicate, and sensitive. It was a disease for snobs or for Robert Louis Stephenson, but not for primitives” (p. 702). It was “the white man’s plague” and its victims were “blameless.”

Hawaiian sugar could not be sold on world markets. Thus, just when European governments were quarantining in their homes those with the disease, the government of Hawai`i carried on a systematic effort to isolate victims at Kalaupapa. The advice of the Holy Bible to isolate those who are “unclean” was carried out with a vengeance. After the Bayonet Constitution (1887), “lepers,’ who had previously been left alone as long they did not present a menace to the public, were rounded up like criminals” (Moblo, p. 701). Indeed, assuming that Hawaiians would soon die out because they bore “the seeds of a deadly contagion, “disease became an expedient way to justify the usurpation of the Hawaiian political and economic autonomy” (ibid.).

These practices were powerfully reinforced by ignorance of the epidemiology of the disease. It was only in 1874, that Gerhard Hansen discovered the bacterium which causes the disease in humans. With this knowledge, it became possible, beginning in the 1940s, to effect full cures through the use of multidrug therapies. Prevailing ignorance of this fact contributes, obviously, to the perpetuation of the prejudice.

Indeed, contrary to the myth, Hansen’s disease is not a highly communicable disease. Thus, in families who have a person with the disease living with them, about five in one hundred contract the disease. One might try to excuse the practice of isolation on grounds that the relative risks were not known. That would be too kind. When one compares these rates to other communicable diseases, e.g., small pox or tuberculosis, which, historically, issued in the deaths of large numbers of people, one must conclude that the policy of isolation had little to do with might happen if patients were not isolated and, instead, were treated merely as persons who were ill. On the contrary, it was the prejudice which justified the practice, a practice which, of course, powerfully reinforced the prejudice.<sup>5</sup> Indeed, although it is not widely known, instead of adopting European practices, Public Health Service Practice in the United States followed the experience in Hawai`i. As Soviero writes: “A bureaucracy was established around the idea that victims of [Hansen’s disease] must be incarcerated for the good of the public,” a philosophy which, as many in this room appreciate, only with difficulty, was dislodged.<sup>6</sup>

We may assume that prejudice directed toward those who had Hansen’s disease is more tractable than racism in that at the psychological level, the dispelling of myth seems more tractable. Indeed, as Dan Boylan pointed out, with early diagnoses and cure available, we are in a transition period such that we have only the stereotype to deal with. In the future, people who contract Hansen’s will not be identifiable as having had the disease. Unfortunately, racism will persist as long as the features which allow us to distinguish races persist. Moreover, unlike the stigma attached to Hansen’s disease, has a profound structural and institutional ground which is too often unnoticed even as it reinforces racist attitudes and behavior.

While it may seem “political correct” to reject “leper” and “leprosy,” I hope that I have helped to shed some light on the causes of prejudice and have helped to convince you that words are weapons even when, or especially when, they are wielded by those who, otherwise, are “innocent.”

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<sup>5</sup> In Hawaii, in the year to date, there were 3 reported cases of Hansen’s disease. There were 24 cases of AIDS, 96 cases of Gonorrhea, 44 cases of Salmonellosis.

<sup>6</sup> See D.J. Soviero, “The Nationalization of a Disease: A Paradigm,” *Public Health Report*, Vol. 101 (1986).