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For Bourdieu in realist social science

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Abstract

This paper argues for the salience of the work of Pierre Bourdieu - social theorist, anthropologist, sociologist, philosopher and empirical researcher - for realist social science. I argue that although realism generally wins the philosophical battles with its main rivals; it is losing the social research war to positivism, social constructionism and postmodernism. This state of realism in social science is in marked contrast with the emphatic empirical grounding of the dazzling theoretical and philosophical insights that are the great strength of Bourdieu's impressive corpus of social research. Moreover, I suggest Bourdieu's work is best read as a variant of critical realism. This leads to an outline of Bourdieu's attempts to sublimate some of the classic dualism's of social research (*e.g.*, the objective-subjective, agency-structure, theory-research and idiographic-nomothetic antinomies). In particular, attention is paid to Bourdieu's analysis of the logic of practice, and his use of the concepts of capital, habitus, field, *illusio* and symbolic violence. This discussion draws on the recent spate of English translations of books by Bourdieu. The potential fruitfulness of this family of concepts is illustrated with some recent examples of the salience of Bourdieu's work for the sociology of health and illness (especially on health inequalities research). I conclude that Bourdieu successfully fuses philosophy, social theory and social research and so helps to overcome a major shortcoming of the neophyte programme of realist social research. We should therefore be: "*For Bourdieu in realist social science*".

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Introduction

Perhaps realist economists should quote Bourdieu (1998a: 51) in their methodology examination papers. For example, “economics is, with few exceptions, an abstract science based on the absolutely unjustifiable separation between the economic and the social”. Or on economists: “a profession in which few are concerned with social reality or indeed with any reality at all” (Bourdieu, 1998a: 81). Unfortunately, as realists know only too well “it takes time for something false to become self-evident (Bourdieu, 1998a: 30). My broad focus here is not economics, but the potential links between realist philosophy and Bourdieu’s vision of social research. “The goal of sociology is to uncover the most deeply buried structures of the different social worlds that make up the social universe, as well as the ‘mechanisms’ that tend to ensure their reproduction or transformation” (Bourdieu, 1996: 1). This strikes me as a realist research programme. Indeed, “it seems reasonable that philosophies which explicitly affirm the crucial role of “the social” {like realism!} should themselves take the actual study of society far more seriously; and Bourdieu’s amalgam of theory and concrete, comprehensive empirical research provides an excellent, enviable example (Shusterman, 1999: 21).

I begin this paper with a discussion of the realist critique of ‘conventional’ social research. I then introduce the work of Pierre Bourdieu. To be more specific, I discuss the way in which Bourdieu: transcends the dualisms that beset social research; argue that Bourdieu and realism are compatible; outline the key concepts that underwrite Bourdieu’s work; and argue for the salience of Bourdieu’s work for the sociology of health and illness. I then explore the field of health inequality research where I argue for a realist and Bourdieian ‘third way’. I conclude with a plea “*For Bourdieu in realist social science*”.

Realism in social research

Essentially, realism maintains that our beliefs answer to an independent world, and that we can, essentially, gain true beliefs about this world. “Realism in philosophy asserts the existence of some disputed entity; irrealism denies it” (Bhaskar, 1994: 257). Realism trades on the distinction between appearance and reality. Realism, therefore, has a fallibilist epistemology. Consequently, there is no (realist) ‘royal road to truth’ (Sayer, 2000).

Delanty (1997) provides a succinct outline of the six key principles that underlie realism. First, a belief in objective realities: whether of entities, theories, or values. Second, an anti-positivist view of both the natural and the social sciences. Third, an emphasis on causal explanations (rather than on descriptions). Moreover, these causal explanations are largely explicated via *qualitative research* that seeks to uncover the structures, mechanisms, and emergent properties of the social world. Fourth, a moderate constructivism of social reality (that is just the beginning - and not simply the end - of social research). Fifth, realists reject

the fact-value divide. Laying bare the ideological distortions of the social world (together with the reasons for the prevalence of such 'false consciousness') allows realists to offer an emancipatory critique. This is critical social science. Sixth, and finally, both structure and agency are given an 'equal' weighting.

All this is rather abstract so let me give you a concrete example of a realist research project: Sam Porter's (1993) "Racism in a medical setting". Porter examined "how racism affects occupational relationships between nurses and doctors, and how its effects are mediated by professional ideology" (p591). Drawing on Bhaskar (1979, 1986, 1998), Porter argues that human action is constrained and enabled by social structures, and that action reproduces and can transform these structures. Racism, as a relationship between individuals, is a structure. Porter found that although some nurses expressed deference to racial minority doctors when on the ward, these nurses sometimes made racist remarks about these doctors when 'backstage'. To explain why these attitudes were not more openly expressed Porter suggests that the structure of racism is constrained by that of professionalism. In other words, the doctors used their occupational advantage to counteract their racial disadvantage. Here the positivist constant conjunction view of causality is shown to be inadequate, as there is no one-to-one relationship between the structure of racism and its manifestation. Instead, racism is best viewed as a tendency that is realised in some contexts but not in others.

Let me just re-iterate the three key differences between Positivism & Realism (Keat & Urry, 1982). First, positivists limit scientific ontology to the observable (they commit the Epistemic Fallacy: Bhaskar 1998). Second, positivists operationalise theory: rules link theory with observation. Third, positivists equate regularities and prediction with causation and explanation. In contrast, Realists maintain that "scientific theories explain observable phenomena by describing the mechanisms and structures through which various, often unobservable entities possess the 'power' to generate these occurrences" (Keat & Urry, 1982: 232).

From a realist perspective social research is bedeviled with wrong-headed philosophical views. "A scientific practice that fails to question itself does not, properly speaking, know what it does" (Bourdieu & Wacquant, 1992: 236). I will begin with a brief outline of the problems of positivist research and then move on to a brief review of the philosophical problems of interpretivist research. In a nutshell, positivists confuse predictive success with both causation and explanation. "The Humean model of seeking constant conjunctions was both quintessentially non-explanatory, since it could only adduce associations and not the mechanisms accounting for them, and necessarily incomplete, because non-observable properties could never figure in it" (Archer, 1998: 69). In addition, the move to

instrumentalism - in terms of 'what predicts best' is flawed as "Practical utility necessarily generates theoretical inconsistency, for there is no guarantee of mutual coherence among multiple rules of thumb" (Archer, 1998: 70).

In contrast, constructivists argue that understanding is the key. Realists reply that this move simply replaces thin 'explanation' with thick description. The challenge is to provide deep explanations. One of the mantras of qualitative researchers is the claim that positivists are guilty of contextual stripping. Realists agree that this occurs at the micro level, but then add that constructivists themselves are guilty of contextual stripping - at the macro level. I will illustrate this through a brief outline of Ryan & Porter's (1996) "critical realist ethnography" of the use of the nursing process. Use of a 'nursing process assessment scale' (e.g., Brooking, 1986) would inevitably result in an impoverished account of the 'meaning' of the nursing process for these nurses (because of micro contextual stripping). However, by adopting a qualitative approach researchers run the risk of committing a different sin: that of *macro* contextual stripping. For "by reducing everything to the level of the individual, those forces in society that constrain and enable the actions of individuals are lost from sight" (p415). Although the nurses on the ward they studied had a good knowledge of the nursing process and tried to 'implement' it, they were often unsuccessful. Moreover, the reason for this gap between theory and practice lay not at an individual level; but was - instead - a result of the lack of resources (staff!) which - in turn - they suggests reflects the ubiquitous influence of the social structure of capitalism. Hence, "exclusive concentration on internal differences diverts attention from profound external constraints upon the operationalisation of effective nursing care" (p420). Thus, although realists begin with understanding, they then attempt to explicate 'theoretical' mechanisms within a broader social context. Explanation therefore trumps understanding. This last point is captured by Bourdieu when he writes: "the phenomenologists, who have made... primary experience explicit, and the ethnomethodologists, who have set out to describe it, *do not give themselves the means for accounting for it.*" (Bourdieu, 2000: 108, my italics). Understanding is transcended by explanation. Moreover, realists argue that interpretivism is flawed in (at least!) three ways. Namely: (1) the collapse of ontology into epistemology; (2) the tendency to slide into an anarchistic relativism; and (3) problems with generalisability.

First, the collapse of ontology into epistemology. "The term *constructivism* denotes an alternative paradigm whose breakaway assumption is the move from ontological realism to ontological relativism... Constructions are alterable as are their associated realities... The conventional distinction between ontology and epistemology disappears" (Guba & Lincoln, 1998: 203 & 206-207). Oh dear! "To say that [such multiple realities] are 'equally true' can only mean that their truth values are equally in abeyance" (Collin, 1997: 69). "The social

world... consists of more than the sum of people's beliefs, hopes and expectations" (Pawson & Tilley, 1997: 23). Roy Bhaskar (1979) argues that constructivism commits two fallacies - which he has labelled the "linguistic fallacy" and the "epistemic fallacy". The "linguistic fallacy" fails to recognise that there is more to reality than its expression in the language of social actors. Such constructions of reality are but *one* element of realist social science, not its only concern. Social constructions are not the end point of social science but they do offer an essential beginning to the process of social research. Constructivism also commits the "epistemic fallacy": "From the fact that interpretative processes are a significant part of what goes on in the social world, and that our access to the social world is necessarily via our understanding of these interpretative processes (Giddens's double hermeneutic), it does not follow that this is all that exists, or can be known to exist" (Outhwaite, 1987: 76).

Secondly, the slide into anarchistic relativism. Celebrating this 'postmodern turn' undermines the possibility of conducting credible social research. The view that there are multiple realities and that truth is paradigm dependent (*e.g.*, Guba, 1990) trivialises truth as "it's-true-for-me" arguments prohibit rational discourse. Relativism is self-defeating. "We live in exactly one world, not two or three or seventeen." (Searle, 1995: xi). The limited appeal of radical relativism is, perhaps, best brought home with a quote from Hacking (1999: 141): "It is said that there are no more stable values. Nonsense. Try speaking out in favour of child abuse.... Child abuse and illiteracy are absolute (bad) values. Our society is not nearly as relativistic as is made out."

Thirdly, "the interpretivist rejects generalisation as a goal" (Denzin, 1983: 132). Similarly, Guba & Lincoln (1989: 45) state: "Evaluation data derived from constructivist inquiry have neither special status nor legitimation; they represent simply another construction to be taken into account in the move towards consensus... Phenomena can be understood only within the context in which they are studied; findings from one context cannot be generalised to another; neither problems nor their solutions can be generalised from one setting to another". *Wrong again!* Let me respond with a quote from Pawson & Tilley (1997: 119-120): "The process of generalisation is essentially one of abstraction. We move from one case to another, not because *they* are descriptively similar, but because *we* have ideas that can encompass both... *What are transferable between cases are not lumps of data but sets of ideas.*" (my italics). For example, the 'closed awareness contexts' of Glaser & Strauss (1967). "Almost every classic interpretivist study.... wishes to persuade us that there is something to be learned from the situation that has a wider currency.... [interpretivists attitudes are] somewhat akin to that of the Victorian middle classes toward sex: *they do it, they know it goes on, but they never admit to either*" (Williams, 1998: 8, my italics).

I now want to move on to outline some of the key features of realist methodology. The central problem of realism is to answer the question of "how do the concepts of a theory acquire plausible trans-experiential empirical content" (Harré, 1979: 160). The realist solution to this problem is the use of a retroductive research strategy (Keat & Urry, 1975: 35). In other words, since structures and mechanisms are often unobservable, a model (drawing on a familiar source) is developed. This model is then tested by working out additional phenomena which should be a consequence of the model and which are open to empirical testing. If these tests are successful it lends support to the existence of the postulated structures and mechanisms. The whole process is then repeated in order to explain the mechanisms and structures that were discovered. Darwin's theory of natural selection, the discovery of viruses, and prion proteins as the cause of BSE are all examples of this approach to science. In addition, there are three key steps of a realist explanation. First, the postulated mechanism must be capable of explaining the phenomena. Second, there must be good reasons to believe its existence, and third, there should be no equally good alternatives. Realist research is therefore designed to facilitate the empirical testing of potential explanations (Harré, 1970; 1972; 1986) - as in the research on racism and professionalism that I discussed earlier (Porter, 1993). Consequently, the "human sciences can be sciences in *exactly the same sense*, though *not in exactly the same way*, as the natural ones" (Bhaskar, 1979: 203). The social sciences are not sciences in *exactly the same way* as they are underpinned by a subject to subject relation rather than the subject to object relation of the natural sciences.

However, it is often far easier to perpetuate "the mindless and sometimes sophisticated empiricism that frequently pass[es] for social research" (Blaikie, 1993: 1) than it is to translate the philosophy of realism into a particular research methodology. Critical realist ethnography (Porter, 1993; 1995) and realistic evaluation (Pawson & Tilley, 1997) has made 'doing' realist research in the social sciences much easier. On a philosophical level realism reaches the parts both constructivist and positivist approaches cannot reach. Unfortunately, there is a dearth of realist social research.

So: positivism, constructivism and realism are very different – but are they compatible? Guba & Lincoln (1989: 17, original italics) boldly state that: "we have argued that *no accommodation is possible* between positivist and constructivist belief systems". A synthesis on the 'middle-ground' is not an option as, "the basic beliefs of the paradigms are... essentially contradictory... constructivism and positivism/post-positivism cannot be accommodated anymore than, say, the ideas of flat versus round earth can be logically accommodated" (Guba & Lincoln, 1998: 217). Realists agree that a rapprochement between incompatible views is a logical impossibility. However, realists adopt a different approach

and argue that *the limited views of both constructivists and positivists can be transcended*. Let me quote from Pawson & Tilley (1997: xvi), yet again: “We have one camp aspiring to precise before-and-after measurement of program subjects in closely controlled conditions {the experimental evaluators} and another camp seeking empathetic understanding of program participants by sharing in their own natural settings {the constructivist evaluators}. *We spurn these as choices because what is under test in realist evaluation are theories of how programs work.*” (my italics). So, transcending dualisms is an important element in realist social research (and, as we shall see, an important theme in the work of Bourdieu).

Let me start to draw all this together. A variety of realism’s has been put forward to counter the radical philosophical views promulgated by some qualitative researchers. For example, “subtle realism (Hammersley, 1992), analytic realism (Altheide & Johnson, 1994)... and critical realism (Bhaskar, 1998 - which has been the focus here) are all markers of an approach to social research which accepts that, although we always perceive the world from a particular viewpoint, *the world acts back on us to constrain the points of view that are possible*” (Seale, 1999: 26, my italics). More recently, Bourdieu has argued that: “it is not sufficient to change language or theory to change reality... While it never does harm to point out that gender, nation, or ethnicity or race are social constructs, it is naive, even dangerous, to suppose that one only has to ‘deconstruct’ these social artefacts, in a purely performative performance of resistance, in order to destroy them... *One may... doubt the reality of a resistance which ignores the resistance of reality*” (Bourdieu, 2000: 108, my italics).

In conclusion, realists argue that both positivism and constructivism are seriously flawed as philosophies of social (and natural) science. Positivism produces descriptions of surface structures rather than explanations from deep structures; whilst constructivism often produces only a superficial explanation of individual action because it ignores constraining and enabling social structures and mechanisms. *In contrast, only realism and realistic evaluation provide “comprehensive, cumulative, theoretical, deep, explanations”*. *The implication here is that positivism, constructivism, and postmodernism ‘provides’ (merely) “partial, non-cumulative, a-theoretical, shallow, descriptions”!* So, let me sum up in a couple of short sentences. I’m not claiming that positivist/constructivist/postmodernist research is utterly fruitless (honestly)! However, I am claiming is that realism is a considerably more fruitful approach to social research.

Unfortunately, there are few exemplars of realist research. (A fairly typical list would probably cite Volume One of Marx’s *Capital* and Durkheim’s classic study of Suicide. More recent studies include Porter’s work on “critical realist ethnography” and Pawson & Tilley’s work on “Realistic Evaluation”). So what I want to do next is to suggest that the

huge and varied empirical research output of Bourdieu is, essentially, underpinned by an implicitly 'realist' view of the social world. Moreover, I argue that realists can draw upon Bourdieu's conceptual armoury to enable them to become more effective realist empirical researchers (and so counteract the hegemony of positivist and postmodernist (a)social research).

Introducing the work of Pierre Bourdieu

Pierre Bourdieu is widely recognised as one of the world's leading social thinkers. Robbins (2000; xxiv) writes of Bourdieu's "paradigmatic life of creative conceptualisation"! Yet his impact on research on the sociology of health and illness has been, at best, minimal. For example, books that seek to link social theory with medical sociology make almost no reference to Bourdieu (Scambler, 1987, Porter, 1996; Annandale, 1998, Bury, 1998, Scambler & Higgs, 1998, Albrecht et al, 2000). Perhaps this should not come as too much of a surprise as some of the standard texts on social theory also ignore Bourdieu's work (e.g., Skinner, 1985; Craib, 1994; Layder, 1994; Scott, 1995; Turner, 1996; and Delanty, 1997). Others devote only a short section (e.g., Seidman, 1998; Baert, 1998; and Callinicos, 1999) or at best a chapter (May, 1996) to Bourdieu. Similarly, the standard introductions to continental philosophy make no reference to Bourdieu (see, for example, Honderich, 1995, West, 1996, and Critchely, 1998). It is therefore possible to read a huge amount of philosophy, social theory and medical sociology and yet know little about Bourdieu, but quite a lot about some other leading late twentieth century social thinkers such as Foucault, Giddens and Habermas. However, perhaps the recent publication of a four volume hardbound 'boxed set' of critical commentaries on Bourdieu (Robbins, 1999) means that he has now joined this pantheon of great 'social philosophers'.

Bourdieu is the author of over 30 books and over 300 papers. The sheer breadth of Bourdieu's output has contributed to the 'marginalisation' of his work. That said, key works on Bourdieu have recognised the major contributions he has made to both anthropology and sociology (see Jenkins, 1992; Calhoun *et al*, 1993), education (Grenfell & James, 1998), philosophy (see Shusterman, 1999), and cultural studies (Robbins, 2000). Bourdieu can legitimately claim to have made seminal contributions to anthropology (Bourdieu: 1962; 1977), sociology (Bourdieu: 1988; 1990; 1992; 1997, Bourdieu et al, 1999), 'cultural studies' (Bourdieu: 1984; 1996; 1998) and philosophy (Bourdieu, 2000). In fact, attempting to categorise Bourdieu's work in this way borders on the futile. For while some sociologists at least seek to narrow the gaps between social theory, philosophy and empirical social research (e.g., May 1996, 1997; Williams & May 1996; & Layder, 1990; 1993; 1994; 1998), Bourdieu's project is far more ambitious than this. Essentially, Bourdieu uses empirical research as the means to ground and develop both theoretical insights and philosophical

perceptions. In short: Bourdieu melds theory, philosophy and empirical work into a single seamless whole.

Thus “his ongoing method is shaped by all three disciplines: philosophical; anthropological; sociological. Indeed, it might be best to understand Bourdieu’s mission to be that of a social anthropologist: explaining the processes of groups, cultures and systems within, primarily, French society” (Grenfell & James, 1998: 155). “At the base of this work, therefore, is both a philosophical perspective and practical methodology which have attempted to establish an alternative to the extremes of post-modernist subjectivity and positivist objectivity... Bourdieu’s ideas offer an epistemological and methodological third way” (Grenfell & James, 1998: 1-2). This chimes with attempts to articulate realism as a philosophical ‘third way’ to transcend the ‘positivist abstract empiricism’ and ‘constructionist descriptive narrativism’ that besets social research on health (Porter, 1993; 1996; Wainwright, 1997; 1999; 2000).

Bourdieu and realism

Realism is becoming an increasingly important philosophy both of social science in general (Archer, 1995; Bunge, 1996; Lawson, 1997; Pawson & Tilley, 1997; Bhaskar, 1998; Archer et al, 1998; Walby, 1999; Sayer, 2000) and of medical sociology in particular (Scambler, 1996, Higgs & Scambler, 1998; Scambler & Higgs, 1998; Jones & Curtis, 1998; Scambler & Higgs, 1999; Williams, 1999). “Bourdieu is a realist... As against positivists, realists accept that explanation may involve analysis in terms of unobserved entities... As against rationalists, realists claim that the unobserved and intransitive relations and objects are not unknowable. Rather... realist theories about unobserved entities depend on the generation and testing of hypotheses, within which there is always the possibility of mistakes” (Fowler, 1996: 7-8). This search for causal mechanisms is what gives realism its explanatory purchase. However, these mechanisms only fire if the context is right. Bourdieu echoes this realist view: “Capital produces specific effects only in specific conditions” (Bourdieu, 1990: 122). Moreover, “if one understands social mechanisms, one is not necessarily mastering them, but one does increase one’s chance of mastering them by however small an amount, particularly when the social mechanisms in question rest largely on misunderstanding.” (Bourdieu, 1999: 220). Realism therefore provides the philosophical foundations for critical social theories (Keat & Urry, 1982; Outhwaite, 1987, Sayer, 1992; Archer et al, 1998).

Bourdieu: transcending the dualism’s of social research

The intellectual scene in France in the late 1950’s was dominated by two contrasting views of the social world: the ‘objective’ structuralism of Levi-Strauss and the ‘subjective’ existentialism of Sartre. Bourdieu’s ethnographic study of ‘gift-exchange’ amongst the Kabyle tribesman of Algeria showed that both of these approaches gave, at best, a partial

view of the complexity of this pre-capitalist society (Bourdieu, 1962, 1977, 1990). Bourdieu therefore sought to transcend this sterile opposition through a “structuralist constructivism or constructivist structuralism” (Bourdieu & Wacquant, 1992: 11). In fact, the agency-structure, theory-research, objective-subjective, and idiographic-nomothetic antinomies are all sublated in Bourdieu’s schema.

The agency-structure dualism is perhaps the central feature of social theory (Archer, 1995). Bourdieu links agency (practice) with structure (via capital and field) through the process of habitus. “[Bourdieu] locates the role of objective structures in setting limits to agent’s choice of goals as well as blinkering their perceptions of reality” (Fowler, 1997: 17). Theory and research are not discrete activities for Bourdieu who “advocates the fusion of theoretical construction and practical research operations. He does not seek to connect theoretical and empirical work in a tighter manner but to cause them to interpenetrate each other entirely” (Bourdieu & Wacquant, 1992: 34-35). Thus, “Discourse on scientific practice is quite disastrous when it takes the place of scientific practice... One cannot think well except in and through theoretically constructed empirical cases” (Bourdieu & Wacquant, 1992: 159 & 160). Perhaps this is a slogan that realists should pin on their study walls?

The objective-subjective antinomy is transcended via “a science of dialectical relations between objective structures... and the subjective dispositions within which these structures are actualised and which tend to reproduce them.” (Bourdieu, 1977: 3) A dramatic and concrete example of this is the way “the submissiveness of Kabyle women is embodied in the curvature of their spines towards the ground” (Fowler, 1997: 17). Subjectivity is at best constrained and at worst stifled by the dominance of objective ‘structures’. “We can always say that individuals make choices, so long as we do not forget that they do not choose the principles of these choices.” (Bourdieu in Wacquant, 1989: 45).

The idiographic-nomothetic distinction is also erased in the Bourdieuan corpus. For example, “one can and must read *Homo Academicus* as a program of research on any academic field... One of the goals of the book is to show that the opposition between the universal and the unique, between nomothetic analysis and idiographic description, is a false antinomy... A particular case that is well constructed ceases to be particular” (Bourdieu & Wacquant, 1992: 75 & 77). This is a defining feature of the ‘sociological imagination’ for “the capacity to shuttle between levels of abstraction, with ease and with clarity, is a signal mark of an imaginative and systematic thinker” (Mills: 1959: 43).

Bourdieu: key concepts

In order to transcend these conventional dualism's of social research Bourdieu has developed a set of key concepts, which are linked together in a distinctive approach to social research, social theory and social philosophy. This approach is encapsulated in the 'formula': "[Habitus) (Capital)] + Field = Practice" (Bourdieu, 1984: 101). The rest of this section will unpack this terse summary of Bourdieu's research project.

Habitus is the copingstone of Bourdieu's conceptual system. Habitus "is the conceptual pivot of Bourdieu's theoretical synthesis" (Seidman, 1998: 154). Habitus is an "acquired system of generative dispositions" (Bourdieu, 1977: 95). To expand, "social reality exists, so to speak, twice, in things and in minds, in fields and in habitus, outside and inside social agents. And when habitus encounters a social world of which it is the product, it is like a "fish in water": it does not feel the weight of the water and it takes the world about itself for granted... It is because this world has produced me, because it has produced the categories of thought that I apply to it, that it appears to me as self-evident" (Bourdieu & Wacquant, 1992: 127 & 128). Habitus therefore "tends towards reproducing existing social structures" (Shilling, 1993: 129); it is "durable but not eternal" (Bourdieu & Wacquant, 1992: 133). Habitus is "a processing of structure" (Ball, 1998: 3). In other words, "Habitus may be read as a gun out of which the individual is shot, thereby determining their social trajectory" (May, 1996: 127). Consequently, "Bourdieu's concept of *habitus* is central in his analysis of various forms of reproduction of social inequality... the differences in *habitus* make for an unequal fight and hence for the reproduction of inequality. That inequality is both the medium and outcome of their practice" (Baert, 1998: 31-32).

The next question to ask is what are the factors that maintain (and perhaps even transform) someone's habitus. Here Bourdieu draws upon and expands upon the 'Marxist' notion of economic capital. Thus Bourdieu adds symbolic capital i.e., prestige, the recognition of economic or cultural capital. Cultural capital (basically legitimate knowledge). Social capital (namely, relations with 'significant others'), and physical capital (the body, although this is often subsumed under cultural capital). In addition, Williams (1998) has recently suggested emotional capital as a focus for research in medical sociology. "Bourdieu... consistently sees capital as a resource (that is, as a form of wealth) which yields power" (Calhoun, 1993: 69). However, if we are going to employ a variety of capitals then it follows that "capital does not exist and function except in relation to a field" (Bourdieu & Wacquant, 1992: 101).

A field is essentially a structured system of social positions. There are three steps in the analysis of a field (Bourdieu & Wacquant, 1992: 104-105). 1. Analyze the field in relation to

the field of power. 2. Map the objective structure of relations. 3. Analyze the habitus of agents. The notion of fields “offers us a coherent system of recurrent questions that saves us from the theoretical vacuum of positivist empiricism and the empirical void of theoreticist discourse” (Bourdieu & Wacquant, 1992: 100). “If habitus brings into focus the subjective end of the equation, *field* focuses on the objective” (Grenfell & James, 1998: 15). The classic study “Learning to Labour” (Willis, 1977) has been interpreted as implicitly realist (Williams & May, 1996) and implicitly Bourdieuan. For example, Willis “describes ethnographically the interpenetration of ‘habitus’ and ‘action’ that Bourdieu outlines so persuasively in theoretical terms” (Berger, 1989: 180).

It is the interaction of habitus, capital and field that produces the logic of practice. Practice (what people do) possesses a practical logic, or - to use one of Bourdieu’s favourite phrases - a “feel for the game” (Bourdieu, 1990: 61). This is exemplified in the field of sport when great sportsmen have the knack (or habitus) of being in the right place at the right time. “Most of us, most of the time, take our social world for granted; we do not think about what we do because, quite simply, we do not have to” (Williams, 1995: 582). Or, to be more abstract, “the logic of practice lies in being logical to the point at which being logical would cease being practical” (Bourdieu, 1990: 79). Thus ‘health related behavior’ is a largely routinised aspect of daily life which is guided by a practical logic (Calnan & Williams, 1992). Here we have a glimpse of the type of insight that Bourdieu’s conceptual arsenal can bring to research on health.

Finally, symbolic violence and *illusio* are two other, less well known, concepts that permeate Bourdieu’s work. *Illusio* is a fundamental belief in the interest of the game together with a commitment to the stakes which are an inherent part of being a member of the game – whether the game is scientific, philosophical or literary (Bourdieu, 1998b). *Illusio* is the belief that the game is ‘worth the candle’. “The heretic is remains a believer who preaches a return to a purer form of faith” (Bourdieu, 2000: 102).

“Symbolic violence is that particular form of constraint that can only be implemented with the active complicity – which does not mean that it is conscious or voluntary – of those who submit to it and are determined insofar as they deprive themselves of the possibility of freedom founded on the awakening of consciousness... In this predictable world, everything can be taken for granted because the immanent tendencies of the established order continuously appear in advance of expectations spontaneously inclined to anticipate them” (Bourdieu, 1997: 4). Education is the exemplar here (Bourdieu, 1984, 1997). Thus, “as the educational system now does, one universally imposes the same demands without any concern for universally distributing the means for satisfying them, thus helping to legitimate

the inequality that one merely records and ratifies, while additionally exercising (first of all in the educational system) the symbolic violence associated with the effects of real inequality within formal equality (Bourdieu, 2000: 76). Very few ‘bright children’ from poor families gain a place at Oxbridge (for a Bourdieuan perspective see Reay, 1998a)! “Without being, strictly speaking, rigged, the competition resembles a handicap race that has lasted for generations or games in which each player has the positive or negative score of all those who preceded him, that is the cumulated scores of all his ancestors... This tendential law of human behaviours, whereby the subjective hope of profit tends to be adjusted to the objective probability of profit, governs the propensity to invest (money, work, time, emotion etc.) in the various fields... One is always surprised to see how much people’s wills adjust to their possibilities” (Bourdieu, 2000: 215-216). Or, to put it more succinctly: “The logic of markets does not displace the logic of class but rather masks it behind a rhetoric of freedom of choice for all” (Reay, 1998c: 262).

The salience of Bourdieu’s work for the sociology of health and illness

Bourdieu has made far less impact on medical sociology than, say, Giddens, Habermas and (especially) Foucault. However, one area where Bourdieu has been discussed is in the burgeoning field of the sociology of the body. Over the last twenty years Bryan Turner has been (and is!) perhaps the leading figure in the development of: (i) a theoretically informed medical sociology (Turner, 1992; 1995) and, (ii) of the sociology of the body (Turner 1984; 1996b). Chris Shilling has suggested that “the depth and scope of Bourdieu’s work can be seen as offering one of the more promising bases for the sociology of the body to develop” (Shilling, 1993: 148). Thus, Habitus (which reflects class position) produces distinctive bodily forms that are accorded differential social, cultural and economic value (e.g., lay health beliefs). *“The true basis of the differences found in the area of consumption, and far beyond it, is the opposition between the tastes of luxury (or freedom) and the tastes of necessity... they have a taste for what they are anyway condemned to.”* (Bourdieu, 1984: 177-8, original italics) For example, the ‘middle class’ preoccupation with eating a ‘healthy diet,’ and their penchant for exercise (jogging) tends to be seen as an inappropriate lifestyle from the viewpoint of the ‘working class’ labourer whose habitus ‘demands’ filling high energy meals to prime a body for a day of hard labour at the end of which collapsing into an armchair is a more appropriate finale than the somewhat pretentious activity of ‘going for a run’.

Another example. Porter (1995: 134-139) employed the notion of habitus in his critical realist ethnography of the intersection between racism and professionalism in the attitudes of nurses and doctors towards each other in an intensive care unit. Porter argues that there is a difference between the lay and professional habitus of nurses. Thus Porter found no evidence

of racism when nurses were out on the unit but he did document racist remarks about doctors amongst nurses in the backstage area of the staff restroom. Moreover, Porter suggests the doctor's response to racism is constrained by the professional habitus they worked in.

Williams (1995) argues that Bourdieu can enlighten two important areas of research in medical sociology. First, Bourdieu's concept of the practical logic of everyday lifestyles (and so of many health-related behaviours) helps to explain the gulf between people's beliefs about health promotion and their (in) actions. Second, Bourdieu's stress on objective structural determinants is a useful corrective to much of the literature on health inequalities. "In drawing attention to the structural 'constraints' (physical, economic, social, and cultural) and social dynamics of lifestyle (re) construction, Bourdieu's provides an important counterweight to those more recent perspectives which see these issues simply in terms of personal choice and reflexive control." Williams (1995, 601). "The manner in which he manages to weave together both empirical data and theoretical insight is a lesson for all of us in the 'art' of doing sociological research... the intellectual fruits are there for the takers" (Williams, 1995: 581 & 601). In the next section I will suggest that a combined realist and Bourdieuan approach is a potentially extremely fruitful way of investigating social inequalities.

Inequalities in (education and) health

Empirical work on health inequalities is one of the most productive fields within social research (Blane *et al*, 1996; Wilkinson, 1996; Acheson, 1998; Bartley *et al*, 1998; Marmot & Wilkinson, 1999; Robert & House, 2000). This work has moved on from simply describing the extent and nature of health inequalities, to the development of theories that seek to explain why such inequalities exist and how they can be remedied. These theories are diverse and often discordant ranging from those which emphasize the importance of lay belief systems (Popay *et al*, 1998) to those which promote psycho-social constructs such as mutual trust and social cohesion (Kawachi *et al*, 1997; Wilkinson *et al*, 1998). It is of concern, however, that the philosophical basis of many of these theories is rarely discussed, either by the researchers themselves or by external commentators. While there is a great deal of philosophical discussion on the normative aspects of inequalities in health (Aday, 2000) there is a paucity of literature critiquing these positions from the perspective of the philosophy of social research. This is a significant omission, as it has been contended that an "empirical social science must start from a properly articulated philosophical base if it is to be successful" (Trigg, 1985: 189). Philosophical questions on the nature, scope and validity of knowledge are essential in understanding research strategy and method, and are the only means through which the resulting theory can be properly assessed and assimilated into the broader body of knowledge. Furthermore, the way in which such questions are resolved often

force the researcher to adopt a particular philosophical approach (often implicitly), an appreciation of which is again key in theoretical appraisal. Understanding the philosophical context of a given theory also opens the way to understanding the relationship of that theory to other important dimensions, for example the political dimension of health inequalities research (see Muntaner and Lynch, 1999).

The slogan “*never mind the concepts, look at the techniques*” (Sayer, 1992: 2, original italics) seems particularly apposite for the bulk of current health inequalities research. I therefore seek to redress these shortcomings by exploring the metaphysics (what there is) and the epistemology (how we think about ‘what there is’) of social research on health inequalities. I subject the dominant positivist and interpretivist orthodoxy to a broadly realist critique. I begin with a review of positivist research. This is then contrasted with an outline of interpretivist approaches. These examples of rather descriptive and pedestrian social research then give way to a delineation of a realist ‘third way’. The striking metaphysical and epistemological differences between these three positions is then illustrated with a brief review of their approach to class in inequality research. Finally, the discussion broadens the debate from health inequalities research to social research in general.

Positivist approaches to health inequalities

While the positivist tradition is perhaps one of the least appropriate approaches to the social world it is (paradoxically) one of the most commonly employed (Lawson, 1997). “In the sociology of health and illness, positivist ideas underpin most of the work in many key areas, such as measurement of health and illness and attempts to operationalise the effects of class, deprivation and social support on health” (Taylor and Tilley, 1998: 40). The continued popularity of positivism is in part explained by the failure of its critics to develop alternative approaches to empirical research. “Positivism having lost every single epistemological battle over the years seems to have won the war, certainly in terms of research effort and funding” (Pawson, 1989: 17). This is equally true within the field of health inequalities research where the positivist tradition remains predominant, as exemplified by those theorist who examine inequalities through the interpretation and manipulation of large scale survey data - often following the traditions of medical epidemiology (see Wilkinson, 1996; Marmot & Wilkinson, 1999).

As with most social research, it is not that these researchers set out following an overtly stated positivist approach, it is the way they view the world and in particular the methods they use to understand it which locates them within the positivist philosophical tradition. These researchers have made some very important contributions to this field, most notably the identification of the ‘relative’ nature of the health inequalities demonstrating that income

distribution - even in affluent societies - is positively correlated with negative health outcomes (Blane *et al*, 1997). More recently however, researchers from within this tradition have moved on from describing the world of health inequalities toward the development of more complex 'explanations' for it. A popular approach in fulfilling this ambition has been the integration of survey data with psychosocial theories (Kawachi *et al*, 1997; Wilkinson *et al*, 1998; Marmot & Wilkinson, 1999).

One of the main problems with this work is the source data from which it is derived - survey data - which is unable to capture social complexity, context or meaning (Bourdieu & Wacquant, 1992; Sayer, 1992; Hammersley, 1992; Hammersley & Atkinson, 1995) all of which are crucial properties of the social world. It is difficult to see how the survey data used in these studies (Kawachi *et al*, 1997; Wilkinson *et al*, 1998) links convincingly with social capital, which is a conceptually dense and at present ill-defined concept with competing definitions (Lomas, 1998; Wall *et al*, 1998). Whilst some theorists construe social capital as being about networks, connections and associations (Gilles, 1998); Bourdieu views social capital as being generated by significant relationships from social others (Bourdieu, 1984; 1988; 1997; 1998b). Therefore, reports of group membership and feelings of trust cannot be regarded as valid measures of social capital except perhaps at a very superficial level. Furthermore, these authors assume that surveys provide consensual or neutral accounts of social activity. Surveys, however, are as value bound as any other research instrument and the resulting data is as much determined by the values of those who originally posed the questions as it is by the respondents (Bourdieu & Wacquant, 1992). In particular, it has been established that many survey questions are biased toward the educated middle classes (Bourdieu, 1984, Bourdieu *et al*, 1999). A bias which is amplified by the poor response rate to national and government surveys from those in marginalised communities (Bourdieu, 1984; Graham, 1995; Bourdieu, 1998). Thus, the data used by these theorists may not be as representative or inclusive as they suppose.

The underlying assumption seems to be that with such huge amounts of data from very large samples there must be something more meaningful to be found which can explain the principal conundrum of health inequalities, i.e., the relationship between structural determinants (say, occupation and wealth) and human agency (say, smoking behaviour). Popay *et al*, (1998: 67) sum this up: "put crudely, social support, (*read also capital or cohesion*) becomes another covariant to enter into a regression model... This atomistic approach disconnects individuals from their social context, and destroys the structure of the social network within which they are embedded". It is not contended that there is no relationship between the survey variables examined, clearly there is a relationship; but that relationship exists in the mathematical world of survey statistics and not in the social world

which is determined not by numbers but by human relationships and power. Indeed, within all these models a lack of an analysis of power is particularly evident. The construction of class within these models provides a good illustration of this. The model of class adopted by these authors is predetermined by the construction of the variables within the survey data, such as wealth, occupation or educational attainment. This usually follows an ordered hierarchical system with the wealthiest, most educated and those in prestigious occupations at the top; with the poorest, least educated and those in less prestigious jobs at the bottom (Scott, 1996; Crompton, 1998). This ordinal approach is principally a functionalist analysis of class which - unlike a Marxist, Weberian or Bourdieuan analysis - reveals little of the dynamic relationships or the cultural factors which give class social meaning. In essence, these analyses are based on an assumed and unquestioned social order. The possibility that this order in itself may be a key determinant of health inequalities operating through processes such as alienation and exploitation is completely overlooked (Muntaner and Lynch, 1999). It is overlooked because within their metaphysical construction of the world it does not exist because it cannot be observed. Thus, if something as fundamental to inequalities as class conflict or inter- class power relations can not be accommodated then the resulting theories will be - at best - partial views of the world. This limitation illustrates the major epistemological limitations of the positivist approach which is geared toward description and not explanation, as positivists confuse predictive success (in this case the relationships between variables within the survey data) with both causation and explanation (Papineau, 1996; Lawson, 1997; Psillos, 1999).

Interpretivist approaches to health inequalities

The a-social character of positivist approaches has led many social researchers to opt for an interpretivist approach. Delanty (1997) lists the key attributes of this 'constructionist turn' as an emphasis on: 1. Interpretation of meanings (hermeneutics). 2. Anti-scientism: with a separation of the natural and social sciences (in both subject matter and method). 3. Value-freedom: tends to be descriptive rather than critical and tends toward an ethical-relativism. 4. Humanism: human nature makes interpretation possible. 5. Linguistic constructivism: language defines the social world (with a corresponding tendency toward epistemological relativism). 6. Intersubjectivity: the 'hermeneutic circle' i.e., the relationship between the researcher and researched (the subject-object relation of natural science is replaced with the subject-subject relation in social science). This move from positivism to interpretivism is neatly illustrated by Kelly & Charlton (1995: 83) who write: "unemployment causes ill health. Deprivation causes disease... The individual is relegated to being nothing more than a system outcome, not a thinking and acting human". The danger here is the slide into an 'existential' view of agency where "health is idealised as self-governed lifestyle choice" (Bunton & Burrows, 1995: 210). This 'over privileging of agency' can easily slide into an

epistemological relativism. For example, the view that “lay knowledge represents a ‘privileged’ form of expertise about inequalities in health which may pose a challenge to those who claim the status of either research or policy expertise in this field” (Popay *et al*, 1998: 60). Here the account of ‘the researched’ counts for more than that of ‘the researcher’.

Such radical social constructionist views “do not lead to a constructed reality, but to a failure to get any reality constructed” (Collin, 1997: 21). Indeed, extreme forms of interpretivism has led some authors to champion an anarchistic relativism of ‘anything goes’ (Wainwright, 1997). On this view choice between theories is little more than a matter of taste (‘the post-modern turn’: see Goldman, 1999). Bhaskar (1998) provides the seminal realist response when he argues that interpretivism commits two fallacies (see the earlier discussion of the ‘linguistic fallacy’ and the ‘epistemic fallacy’).

Interpretivist approaches suffer from a range of other limitations. For example, an over reliance on the participant’s viewpoint inevitably ignores the possibility of ‘false consciousness’ (Rosen, 1996). Empirical studies of lay-health beliefs by both Calnan (1987) and Blaxter (1993; 1997) have found that working class women tend to reject the (almost universally held sociological) view that poverty causes ill-health! A myopic emphasis on grounded theory means there is also a marked tendency to discount “speculative {grand} theory”. If we are to begin to unravel some of the complexities of the social world then we need to link grounded theory with both middle range theory and grand theory (Layder, 1990; 1993; 1998). Too often the obsession with ‘lived experience’ blinds interpretivist researchers to the broader social context in which those experiences are played out (Wainwright, 1997). Yet both Layder (1993) and Porter (1993; 1995) enrich their ‘micro’ research work by setting it in a ‘macro’ social context. “It is astonishingly easy to lose the whole picture while focusing on a single pixel” (Hacking, 1999: 36). What is required is a new approach to the study of health inequalities the central task of which is to map out the social junctions within the web of relations that detail the experience of health inequalities. Such a programme has been mooted by some medical sociologists (Williams, 1995; Macintyre, 1997) but not in an explicitly realist way. So let us now turn to this realist ‘third way’.

On the realist third way for health inequality research

We live in an age “where the complacency of some is bought at the cost of the misery of others” (May, 1999: xi). The current fragmentation between broadly positivist (Marmot & Wilkinson, 1999) and interpretivist (Popay *et al*, 1998) research on health inequalities is unable to capture the rich complexity of the social world (Higgs & Scambler, 1998; Archer *et al*, 1998; Sayer, 2000). The case for a realist ‘third way’ offers perhaps the most productive way of moving beyond this impasse (Keat & Urry, 1982; Greenwood, 1991; Greenwood,

1994; Archer, 1995; Wainwright, 1997; Pawson & Tilley, 1997; Scambler & Higgs, 1999; Williams, 1999; Wainwright, 2000).

Sadly, “most social science is description of the familiar social world with slightly differing contexts and particulars – like romance novels that rehearse standard plots in new settings” (Calhoun, 1995: 3). This view resonates with the positivist and interpretivist research on inequalities. However, “one of the enduring challenges for social science is to go beyond the affirmation and reconstitution of the familiar world to recognise other possibilities... Seizing such possibilities, however, means rejecting the notion that either we must accept nearly everything as it is or we must enter into a radical disorganisation of reality in which we can claim no bearings guide us” (Calhoun, 1996: 431). In other words, we don’t have to become postmodernists - for it is infinitely better to be a realist (Sayer, 2000). Equally, we don’t have to spend our lives refining our ‘measures’ in an (often) vain hope of getting slightly better correlation co-efficients between ‘variables’. In contrast, a realist would “focus on the underlying structures and relationships... the purpose of theory is to describe the fundamental processes that actually explain the observed regularities... to penetrate beneath the surface appearances described in statistical associations to the underlying socio-economic and historical context in which these associations are located” (Paterson: 1981: 27). For Bourdieu (1988: 4-5) “scientific explanation... should teach him [the researcher] where his liberties are really situated and resolutely to refuse the infinitesimal acts of cowardice and laxness which leave the power of social necessity intact, to fight in himself and in others the opportunist indifference or conformist ennui which allow the social milieu to impose the slippery slope of resigned compliance and submissive complicity”.

Class and Health Inequalities

Health inequalities research is beset by technical disputes about “the relative significance of this facet of inequality versus that, and about boundary lines in the hierarchy or hierarchies of inequality” (Westergaard, 1995: 148). There is a “tendency for theoretical debates to turn into debates on methodology” (Annandale, 1998: 103). Thus “the need for class measurement endures, even when class theory becomes unfashionable” (Crompton & Mann, 1994: xi). The statistician Tukey (1962: 1) makes the telling philosophical point that it is “far better to have an approximate answer to the right question than an exact answer to the wrong question”. Endless refinement of method does not improve research that suffers from fatal philosophical flaws.

For many social researchers class is an increasingly irrelevant feature of the social landscape. Such views range from the ‘strong thesis’ that “class is increasingly a redundant issue” (Holton & Turner, 1989; 194) to the ‘superstrong thesis’ that “class is dead” (Pakulski &

Waters, 1996). The leading text on the subject suggests such views are too simple as “classes may have changed, but they still count” (Crompton, 1998: 226). But for both positivist and interpretivist health inequalities researchers class most definitely does not count. The positivist response is to suggest that class is not observable (it is metaphysically absent), but that various ‘surrogate measures’ of class (e.g., car ownership) are measurable (epistemological necessary) and that these measures can be useful predictors of, say, mortality. In short, class only counts if it is instrumentally useful in improving statistical associations. The interpretivist response is even more radical. The radical social constructionist would argue that health inequalities are artifacts (or fabrications) of epidemiological techniques. If research on lay-health beliefs finds that no one believes class counts then that is the end of the matter. There’s not a jot of critical social science here! For the realist, all of this misses the (ontological) point. For “while people in their everyday lives may, indeed, now be less likely to identify themselves in ‘class’ terms, *this does not mean that class relations have disappeared*” (Scott, 1996: 2, our italics). To adopt a favourite realist example from the natural sciences, the ‘banded arrangement’ of iron filings is (super) strong evidence for the existence of magnetic fields. For realists it is the effects of class (in producing, say, inequalities in health) that demonstrates the metaphysical reality of class (Higgs & Scambler, 1998; Scambler & Higgs, 1999). Moreover, “the adequacy of the explanation is evident from the real effects that class location has on people’s bodies” (Nettleton, 1995: 29).

Bourdieu and Inequalities

One of the key concerns of a recent conference debate on health inequalities was the growing dominance of the ‘social capital’ approach and the neglect of a more critical ‘social exclusion’ approach to inequalities (Conrad & Bury, 1999). Bourdieu “has analysed the dominant culture that possesses the power to make itself ‘legitimate’ and he has analysed the ways in which lower classes are inclined to legitimate their own cultures by adopting the formalism of the dominant culture to which they aspire” (Robbins, 2000: 116). The suffering and misery of the increasing numbers of those excluded in modern western societies is an important focus for some of Bourdieu’s recent books (Bourdieu, 1998a; Bourdieu et al, 1999). Bourdieu is scathing on the “neo-liberal myths” - the cult of individualism - that is the common currency of almost all current political thought (Bourdieu, 1998a). On this dominant and dominating view of the world “failure in schools is interpreted as individual, not class based, and this contributes to sustaining class hierarchy” (Seidman, 1998: 158). While “middle class women are predominantly engaging in a process of replicating habitus while their working class counterparts are attempting a much harder task; that of transforming habitus” (Reay, 1998b: 70). It is no good “universalizing cultural exigencies without universalizing the conditions that make them attainable” (Bourdieu & Wacquant,

1992: 88). Thus, “constructivist structuralism suggests that the aim of social science is to enhance the constructivist power of social agency over social structures. Bourdieu’s structuralism thus involves the freeing of agency from oppressive social structures by raising to the level of reflexivity the degree to which existing forms of cultural production are limited by social structures” (Delanty, 1997: 115). Bourdieu shows an overt commitment to equality and social justice both in his academic writings (Bourdieu, 1984; 1988; 1997; 2000; Bourdieu et al, 1999) and in his political interventions (Bourdieu, 1998a). “What is problematic is the fact that the established order is *not* problematic” (Bourdieu, 1998b: 56, original italics). For Bourdieu neo-liberal politics are a consequence of the global dominance of the elevation of the ideology of individual freedom at the expense of collective welfare (see the polemic in *TCS* by Bourdieu & Wacquant, 1999).

Discussion

"A good part of the answer to the question 'why philosophy?' is that the alternative to philosophy is not *no* philosophy, but *bad* philosophy" (Collier, 1994: 16, original italics). In summary, realism overcomes the shortcomings of both positivism and constructivism. Thus, realism provides explanations of phenomena (contra positivism: Lawson, 1997). Realism encourages a search for truth and rational discourse (contra constructivism: Sayer, 2000). Realism values elements of both 'quantitative' and 'qualitative' research methods (Sayer, 1992). Realism allows progress through both theoretical and empirical accumulation of research (contra experimental and constructivist research: Pawson & Tilley, 1997). Realism provides a richer social theory as similar weighting is given to both agency and structure (contra individualism, structuralism, and structuration theory: Archer, 1995). Realism provides an ontology of both the natural and social world and hence a common framework for the pursuit of knowledge (Collier, 1994). Finally, critical realism is emancipatory enquiry (Archer *et al*, 1998). . Bourdieu’s aim is to “provide useful weapons to all those who are striving to resist the scourge of neo-liberalism” (Bourdieu, 1998a: vii). In sum, many of these characteristics of realism mirror important aspects of Bourdieu’s approach to understanding the social world

The striking difference here is that Bourdieu’s ‘theoretical concepts’ have been empirically forged in a wide range of empirical research projects. He offers us a powerful way of thinking about social world. The continuous spiral between theory, practice and theory combined with the open and adaptable nature of his key concepts means that Bourdieu has more to offer social research on health than any other social thinker does. “My main claim is that he [Bourdieu] has superseded various problems that have perennially plagued sociology as a critical social theory and that, at the present moment, this is the most original and cogent modeling of the social world that we have” (Fowler, 1997: 13). “There is no risk of

overestimating difficulty and dangers when it comes to thinking about the social world... The task is to produce, if not a 'new person', then at least a new gaze... and this cannot be done without a genuine conversion, a *metanoia*, a mental revolution, a transformation of one's whole vision of the social world" (Bourdieu & Wacquant, 1992: 251). Bourdieu's sociology is: "not only the best, but... the only game in town" (Lash, 1993: 193).

Moreover, "the best way to praise and appraise Bourdieu's work is also the most straightforward: use it" (Dyke, 1999: 192). Bourdieu's social theory is meant to be understood *as* habitus rather than as a theory *of* habitus (Brubaker, 1993; Bourdieu, 1999; 2000). "Bourdieu has mobilised his authority to speak to us, but we have the capacity to judge, not whether his concepts have abstract value but whether they are useful to us, apt to our situations" (Robbins, 2000: 134). Even Bourdieu's critics concede that he is "enormously good for thinking with" (Jenkins, 1992: 11).

Like many realists Bourdieu argues for a postdisciplinary approach to social science. “Everything I have done in sociology and anthropology I have done as much against what I was taught as thanks to it... The transgression of disciplinary boundaries is a prerequisite for scientific advance (Bourdieu & Wacquant: 204 & 149). We should, therefore, be *‘For Bourdieu in realist social science’*. As social researchers our aim should be “to make the mundane exotic and the exotic mundane” (Bourdieu & Wacquant, 1992: 68). But Bourdieu is a critical social researcher with a more ambitious aim. “My goal is to contribute to preventing people from being able to utter all kinds of nonsense about the social world” (Bourdieu, 1980: 18). This strikes me as a particularly apposite slogan for researchers committed to the development of a critical realist social science to rally around.

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