

To: Transport & Health Policy Makers, & Practitioners
From: Professor Adrian Davis
Date: 19th August 2024
Subject: Essential Evidence 4 Scotland No.89 Motonormativity

Top Line: Just as it was only through recognising shared unconscious prejudices that UK's Metropolitan Police began to address its problem with 'Institutional Racism', national-level institutions need to address the motonormativity or 'Institutional Car-ism' underpinning their own thinking.

A society's ability to tackle any public health or sustainability issue appropriately depends on people at all levels – from policy makers to medical practitioners to the general public – being able to judge the situation rationally and objectively. Overestimating or underestimating the seriousness of an issue can lead to panic or complacency respectively. In the context of individual motor transport, there is a cultural inability to think objectively and dispassionately about car use. This arises because of shared, largely unconscious assumptions about how travel is, and must continue to be, primarily a car-based activity. Researchers termed this phenomenon motonormativity.¹ The term is chosen to draw parallels with other problematic cultural expectations such as heteronormativity. In heteronormativity, majority heterosexual people automatically, but inappropriately, assume all other people fit their own categories and thereby fail to accommodate the needs of minority groups. In extreme cases, such normalities can lead to minority groups being obliged to live according to practices of the majority even when this is against their will.

Motonormativity, in a similar way, leads to such issues as town planning predicated on the assumption that access will be by car, and to the minority who choose not to use cars being forced to accept the harms arising from other people's motoring (e.g. deaths, injuries, physical inactivity) whether they like it or not. Critically, at the individual level, motonormativity leads people who are thinking about driving to systematically suspend the ethical and moral judgements that they would apply in other contexts. This sort of double-standard is at the core of the public health challenge raised in the researcher's study.

A YouGov survey asked whether respondents agreed or disagreed with six statements and then each with another which was the same bar a change of subject. For example, "It's okay for a delivery driver to bend a few health and safety rules in order to keep their business profitable" and "It's okay for a chef to bend a few health and safety rules in order to keep their business profitable" and similarly, "People shouldn't drive in highly populated areas where other people have to breathe in the car fumes", "People shouldn't smoke in highly populated areas where other people have to breathe in the cigarette fumes".

The survey showed that people can go from agreeing with a health or risk-related proposition to disagreeing with it simply depending on whether it is couched as a driving or non-driving issue. In the most dramatic case, survey respondents felt that obliging people to breathe toxic fumes went from being unacceptable to acceptable depending on whether the fumes came from cigarettes (17%) or motor vehicles (75%). It is, objectively, nonsensical that the ethical and public health issues involved in forcing non-consenting people to inhale air-borne toxins should be judged differently depending on their source.² The authors argue that their results arose because individuals have their views about motoring shaped over their whole lifespan by a multi-level series of external influences ranging from observing their parents' driving while growing up to mass-media discourses about how it is not only normal but even desirable to drive short distances in antisocial styles. The researchers called on government and medical professionals to A) begin auditing all decisions from the viewpoint of a person who does not drive B) incorporating the harms from motoring – particularly physical inactivity and pollution – into day-to-day practice.

¹ Walker, I., Tapp, A., Davis, A. 2023 Motonormativity: how social norms hide a major public health hazard. *International Journal of Environment and Health*, 11:1. Declaration that I, Adrian Davis, am a co-author.

² Question repeated in later study with similar results: Frost, S., Hobbs, 2024 Who gets a good deal? London: IPPR.