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*Retrospectives is committed to publishing original postgraduate historical research. We encourage submissions from postgraduates of all levels, from first year taught MA students to those who have recently completed their PhD. We aim to publish high quality material by maintaining high standards for author feedback, and are committed to providing full and detailed comments on every article sent to us. Retrospectives is not only a journal, it is a resource for postgraduate students. Alongside our constructive, collaborative review process, we encourage postgraduate students to submit creative and innovative pieces of writing.*

# Editorial

Andrew Burchell

As *Retrospectives* enters its fifth issue, its editorial team are proud to present three extremely worthy papers by young scholars.

Polly Galis, currently a PhD student at the University of Leeds, begins this volume by casting an interdisciplinary eye over the concept of memory and the relationship of individuals and groups to their collective pasts. A researcher in Francophone literary studies, Galis uses the work of the Franco-Canadian writer, Nancy Huston, to posit a model of literary memory which defies the singular directionality of chronology and instead embraces the complexities of individual biography and consciousness. Of interest to historians as much as literary scholars, her paper explores the ways in which Huston's varied and unique *oeuvre* engages with the recollection of twentieth-century trauma, war and genocide, across a variety of continents and national boundaries.

Memories of a different kind are to be found in Anastasia Schulze's article on the relationship between experts and the media at a time of rising alarm over the prescription of anti-depressants in the early 1980s. In a paper which deploys semiotic, visual analysis, alongside oral history and more traditional manuscript material, Schulze traces how audio-visual media came to use, translate and also challenge the concerns of different actors during the crisis. Her case studies of two investigative journalism programmes broadcast on ITV reveal that far from being a simplistic intermediary, the media was, in Marshall McLuhan's well-worn phrase, part of 'the message' it was attempting to convey. This approach should speak to media historians as much as to those in the history of medicine.

The last of our original-research pieces comes from Lorraine Grimes, examining the 'adoption trail' between Ireland the Britain in the early- and mid-twentieth century. Somewhat overshadowed by the more recent 'abortion trail', Grimes argues that attempts to

control and curtail the movement of expectant and unmarried mothers during this period are integral to the attempts by the newly-independent government of Éire to establish a new national identity, both forward-thinking and modern but also one that was committed to the older values of the family and Church. The shameful 'secret' of the unwed Irish mother thus becomes entwined with that of the new nation.

Closing the journal, Imogen Sackey offers a review and reassessment of Alexander Lee's 2003 work on Renaissance aesthetics.

Little remains for this short editorial foreword, other than to extend heartfelt thanks to the whole of the editorial team for all of their hard work and effort in preparing the accepted manuscripts and overseeing the review processes, in addition to, of course, the army of forever anonymous peer reviewers whose advice and constructive feedback – not to mention punctuality – has been integral to our being able to publish this journal in a timely manner. We hope that the process of commenting and offering suggestions on each other's work has been a fruitful and mutually-enriching activity for all concerned. Indeed, it is the very cornerstone of effective research and of academic life.

Andrew Burchell
*Retrospectives* Editor

# Transnational Memory in Nancy Huston's *Plainsong*, *Fault Lines* and *The Mark of the Angel*

Polly Galis

## Introduction

As a Canadian born author who has lived in Paris for the majority of her life, and who writes in English and French, Nancy Huston and her literature are defined by multiple national and linguistic spaces. These characteristics mark Huston out as a transnational subject and writer, herself and her literature existing between and across different national spaces. Huston's approach to literature, moreover, adds an alternative dimension to transnational theory; one which suggests a more nuanced way of making sense of transnational identity. For Huston, it is not enough to speak of transcending one's national roots, since national origins are key components of the transnational condition. While transnational subjects may feel an affinity with multiple local and national spaces, each of these spaces will be valuable in its own right, and the transnational subject will recognise each of those spaces as having contributed to their overall, transnational identity. Indeed, national memories set in one place and time can have a profound influence on later memories forged in a new space.

This paper will explore Huston's transnational take on memory specifically, looking at how national memory is both respected in its own right, and reconsidered in conjunction with memories set in other places and times. It will be suggested that, in *Plainsong*, *Fault Lines*, and *The Mark of the Angel*, the significance of national memory is shown to transcend the locality and time of the initial event.[1] Yet, as I will make clear, Huston does not negate the importance of preserving national difference. Indeed, Huston

[1] All citations from these studied texts were translated by myself from the original French versions.

explores how national binaries can be brought forward and read anew, through this international comparison. I will further examine how Huston rethinks national memory from the perspective of individuals within the nation, refuting a monolithic account of collective national History. In this way, we will seek to establish how far Huston's position is equally preoccupied with intranational as well as international dialogue. This paper will therefore attest to the idea that Huston's transnational approach to memory simultaneously transcends the national and preserves national difference, both inter- and intranationally. To support these arguments, I will turn to the concept of multi-directional memory as put forward by Michael Rothberg, and that of palimpsestic memory, a theory elaborated by Max Silverman. I will also discuss the concept of time, looking to Walter Benjamin's 'The Angel of History'.

**Multi-Directional Memory**

We must first establish what is meant by an alternative to unilateral memory, what Michael Rothberg termed *multi-directional memory*. Rothberg's theory negates a hermetic view of memory and goes against the idea that history belongs or ever belonged to one nation or community in particular. Rothberg states that:

> Memories are not owned by groups nor are groups 'owned' by memories. Rather, the borders of memory and identity are jagged; what looks at first like my own property often turns out to be a borrowing or adaptation from a history that initially might seem foreign or distant.[2]

Where a cultural memory may appear specific to one space, there is always a possibility of it being tied to the memory of another space, whether spatial ('foreign') or temporal ('distant'). Nancy Huston too critiques the singularity of memory in *Plainsong*, a novel which tells the story of Paddon, a white Canadian male, and that of his lover Miranda, a native Indian Canadian. In *Plainsong*, Huston illustrates how memory is not always unique to a single place and time but built on multiple factors that extend to multiple nation-states. Huston

[2] Michael Rothberg, *Multidirectional Memory: Remembering the Holocaust in the Age of Decolonization* (Stanford: Stanford University Press, 2009), p. 5.

portrays this through Paddon, and Miranda engaging in debates about history and its cultural specificity. The narrative voice states that 'One day, you read an article to her about the extermination of the Jews and she said That's not surprising, given the way Christians have always treated other people', to which Paddon replies 'Hitler wasn't Christian at all!'[3] Miranda, however, goes on to say that

> Maybe not [...] but he grew up in a Christian world surrounded by Christian thought, influenced by that Christian habit of pushing and shoving everybody else, claiming they're the best, and of stealing other people's land and destroying everything that comes across their path. (*Plainsong*, 142)

Despite the gaps between the memory of Christian orthodoxy, colonialism and the Holocaust, Miranda does not hesitate to draw parallels between them. In this way, Huston is shedding light on the possibilities that emerge out of multi-directional accounts of memory: the possibility, amongst others, of analysing other national histories from the perspective of our own, and paradoxically, of re-evaluating our own from the perspective of the other. This serves to show that Huston's representation of memory, in alignment with Rothberg's theory on multi-directional memory, allows for national memories to be read anew and for cross-connections to be built between them.

This initiative is fundamental to *Fault Lines* too, in which the Holocaust serves as the binding agent of all four narratives, Sol's, Randall's, Sadie's, and Erra's (also known as AGM). Each narrative focuses on different wars, and different instances and locations of trauma, beginning with the Iraq war told from Sol's perspective, and moving backwards in time to discuss the Palestine and Israel divide, the war in Libya, the Cuban missile crisis, and finally the Holocaust and other horrors of the Second World War, from which all the other narratives originate. It is thanks to this reverse chronological order and pluralised narrative structure that Huston is able to build bridges between what at first sight appear to be impervious national memories. When Randall and Sadie are living in Israel, for instance,

[3] Nancy Huston, *Cantique des Plaines* (Arles : Actes Sud, 1993), p. 142. All subsequent references, by page-number in parentheses, are in the body of the essay.

the narrative voice makes frequent references to Sadie's discoveries that she unearths through her academic research into Evil, or the Holocaust, such as the fact that her mother was spared by the Nazis because of her looks: "'And why did he choose to spare her, despite her flaw?'", "'Because she was so pretty, so perfectly Aryan.'"[4] There is a constant shifting between the memory of the Holocaust and the present time and space of Sadie in Israel, and thus a bringing together of two polarized moments in the temporality of Judaism. Indeed, even Randall's experience in Israel is affected by the memory of his grandmother Erra and the Holocaust, and Sadie's discoveries thereafter. When Randall innocently poses a question about the 'fountains of life', his language teacher refuses to teach him and later says to his father, "'I came here to teach a little Jewish boy, not some SS offspring.'" (*Fault Lines*, 198) Those national histories which appear independent of one another are in fact interconnected, and the reverberations of a cultural memory set in one place and time come to be felt in multiple localities and across several generations. Huston's representation of memory is thus transnational and transtemporal.

The thematic device of the Holocaust, specifically, as a comparative emblem against which to assess other memories of evil, is a recurring motif in Huston's novels and the founding premise for Rothberg's theory on multi-directional memory. What sets the Holocaust apart as the most evident example of multi-directional memory in the making is its conceptualisation as a *unique* and *absolute* moment in history. As Rothberg asserts:

> the Holocaust has come to be understood in the popular imagination [...] as a unique, *sui generis* event. In its extremity, it is sometimes even defined as only marginally connected to the course of human history.[5]

The issue of the Holocaust thus becomes more complex in so far as it cannot be understood, supposedly, by comparing it to any other national or local memory, nor to any other time, because of its

[4] Nancy Huston, *Lignes de Faille* (Montréal : Actes Sud, 2006), p. 226. All subsequent references, by page-number in parentheses, are in the body of the essay.
[5] Rothberg, *op. cit.*, pp. 7-8.

abstraction from the wider course of human history. As such, the use of the Holocaust as a key marker of multi-directional memory is essential, because this act negates *absolutely* the idea that a collective memory should be unique to a single place and time, and highlights *absolutely* how far multiple memories overlap with one another. The uniqueness of the Holocaust, moreover, sets it out as the primary piste of comparison against which to compare all other instances of horror and trauma, regardless of time and place, because of its unique and absolute status. In both cases, the rhetoric of uniqueness attached to the Holocaust sets it out as the most obvious example of the extent of memory's multi-directionality.

By overturning such a rhetoric of uniqueness, Huston evades a hierarchization of national memory, eschewing what Rothberg terms 'a struggle for recognition in which there can only be winners and losers' prevalent in modern articulations of memory.[6] Huston's literature more closely resembles Rothberg's own take on memory studies, which he describes in the following way:

> [...] the examples of multidirectional memory explored here are much too ambivalent and heterogeneous to reduce too quickly to questions of winning and losing - which is not to say that there is little at stake in articulations of collective memory, for quite the contrary is true.[7]

The examples of memory in Huston's literature are also too heterogeneous to 'reduce too quickly to questions of 'winning and losing'. Yet like Rothberg, Huston is not ignorant of what is 'at stake in articulations of collective memory'. Huston allows disparate collective memories equal attention and enables a dialogue between them without imposing a hierarchy of any sort. This is evident in *Plainsong*. The competition of memory is clear when Miranda ignores Paddon's reference to the Holocaust to talk about Western colonialism:

> Do you know what he did, the white man, when he first came here? she asked, and you let out a sigh. He drew a straight line, whoosh! right through the heart of blackfoot

[6] Ibid., p. 3.
[7] Ibid., p. 6.

> country, then he said There we go, as from today, this is called Canada, and that's the USA over there. You had nothing to say to that Paddon, you shrugged and tapped your feet, impatient to come back to the struggles of the European Jews. (*Plainsong*, 142-143)

The competition of memory is painfully palpable here, Miranda recounting the memory of colonialism and Paddon 'impatience'. This latter is emphasized by his sighing and the tapping of his foot, and it is clear from his sigh in particular that Miranda's tale is one of many, and that he is tired of hearing about her memories and the collective memory of her people. It is also clear that he disagrees with her decision to draw a parallel between the persecution of the Jews and of her people, saying 'not all Whites are like all other Whites' (*Plainsong*, 144). Miranda, however, tars all white people with the same brush, saying 'All I know is that [...] us lot never built any factories to kill people' (*Plainsong*, 145). Miranda creates a binary distinction between Indians and the whites, regardless of different collective and national histories. In this instance, the competition of memory that ensues from a multi-directional application of memory is evidently dangerous, silencing the history of the Jews so as to fill in the gaps of colonial history, and fusing incompatible histories together. From this standpoint, a discourse of winning-or-losing, combined with a multi-directional approach, can be dangerous to the original memory specific to particular nations. Huston's transnational approach to memory, then, is one which seeks to preserve different national memories.

This ties into what Rothberg defines as 'The dangers of the uniqueness discourse' which he claims 'potentially creates a hierarchy of suffering (which is morally offensive) and removes that suffering from the field of historical agency (which is both morally and intellectually suspect)'.[8] In both cases, Miranda's story fits this theory because she places the collective memory of her people above any other, thus creating a 'hierarchy of suffering', and sees the behaviour of the Nazis and that of the white colonialists as one and the same thing, thus extrapolating one collective memory to another nation and removing it from 'the field of historical agency'.

[8] Ibid., p. 9.

Notwithstanding this competition on Miranda's part, however, there is an indication that the memory of her people also needs re-evaluating and recognition, and that Paddon, on some level, allows his interest in the Holocaust to overshadow his empathy towards the native Indians. This corresponds with the belief in, as commented by Rothberg, 'the ever-increasing interest in the Nazi genocide [that] distracts from the consideration of other historical tragedies.'[9] The omniscient narrative voice in *Plainsong* is inviting us to acknowledge the enormity of another historical tragedy, against the backdrop of Holocaust memory. Yet this is not to say that the narrative undermines the Holocaust, given Paddon's reaction as discussed earlier on. The anachronistic repositioning of Holocaust memory does not detract from its significant place in history, but merely invites us to recognize a commonality of suffering across borders. As such, Huston not only transcends national memory in *Plainsong*, but gives a voice to different marginalized national memories, since the use of one national memory can allow for a rereading of others. To overturn a uniqueness discourse, then, is to exchange competition with comparison, a negative hierarchization with a positive reappropriation.

**Transtemporal Memory**

This merging of homogeneous, national memories is intimately connected to Huston's representation of time. This is particularly true for *The Mark of the Angel*, in which historical narratives are interspersed with allusions to the Holocaust, as a historical backdrop to the central narrative of Saffie, a German immigrant living in Paris. There is an obvious attempt to do away with the idea of teleological progress and of historical memory as a stagnant moment in time. The concluding passage aptly summarizes this concept:

> Germany and France are best friends; building Europe together and dreaming of sharing an army one day. The Berlin Wall collapsed – as well as, one after the other, all the communist regimes in central Europe [...]. As for Algeria, thirty years of socialist degeneration served to

[9] Ibid.

> awaken old fantasies of religious rigour in many of its citizens. (*Mark*, 323)

In this passage, Huston is once again blurring the boundaries between different national memories, drawing together seemingly disparate national histories into one narrative space. From a structural perspective, though, it is interesting that the narrative voice should close with, 'Is that the end? Oh no! I can assure you that it isn't. You simply need to open your eyes: everywhere, all around you, it's still going on' (*Mark*, 328). The juxtaposition between what seemed to be an end to the story and the reference to its continuation challenges the gap between past, present and future, and is starkly reminiscent of what Nietzsche termed the eternal recurrence of time.[10] The refusal to commit to an end negates the uniqueness of memory and the notion of teleological progress, and individual memory within one space and time is portrayed to be merely a part of a much grander narrative. Though the different national memories are cited individually, they are each a synecdoche of a wider transnational and transtemporal memory.

In this way, Huston's literature concords with Walter Benjamin's negation of a homogeneous and empty time, which he portrays in his essay 'On History'. Benjamin illustrates his concept of time through the metaphor of the 'Angel of History' which he describes in the following way: 'Where *we* see the appearance of a chain of events, *he* sees one single catastrophe, which unceasingly piles rubble on top of rubble and hurls it before his feet'.[11] That which is most important for our argument is the rebuttal of 'a chain of events'. Huston is inviting us, like Benjamin, to look at History as 'one single catastrophe', where national histories come to be seen as parts of a whole and where transtemporal memory takes on an ethical agenda as signified by the Angel. If national memories are part of a bigger picture, moreover, it logically follows suit that they are more likely to be seen as heterogeneous, because they are no longer seen as isolated histories but part of the same unit. In other

[10] Frederic Nietzsche, *Ainsi Parlait Zarathoustra,* trad. par Henri Albert, 49ieme ed. (Paris: Société du Mercure, 1903), p. 226.
[11] Walter Benjamin, 'On the Concept of History' in *Selected Writings*, trans. by Edmund Jephcott and others, ed. by Howard Eiland and Michael W. Jennings, 4 vols (Cambridge: The Belknap Press of Harvard University Press, 1938-1940) IV (1940), 389-397 (p. 392).

words, the act of bringing national memories together prevents national memories from being considered as monolithic entities; they will be re-evaluated as multi-faceted entities. In this way, a transtemporal representation of memory supports a transnational approach to memory.

For Huston, a 'chain of events' is an illusion forged by humans, in keeping with Benjamin's understanding of it as an 'appearance'. The narrative voice in *Plainsong* refers to a chain of events as 'that old trick to stop time that consists in forcing the days to look like each other, always performing the same number of restrained actions in the same order' (*Plainsong*, 292). It is also through the narrative voice of Miranda that Huston rejects an ordered temporality, implying that events and time do not make up identity and are thus not innately linked to the idea of progress. This is explained through the metaphor of a painting, through which Miranda can explain how she feels about her daughter's identity, and beyond that, human identity-formation:

> The canvas is full before I even start to paint, and Dawn's soul was complete the day she was born, and what we add to that should never clutter that plenitude nor confuse it, but merely rearrange what was already there. (*Plainsong*, 82)

This goes against the idea of a chronological accumulation of knowledge, and restructures our understanding of time by merging past, present, and future. From Miranda's perspective, any one moment in time is already encapsulated in another. Memory, in this instance, is dramatically revisited not as a moment in the past to return to, but as an active component of our everyday lives in the present.

This constitutes one of the key issues in Huston's literature: to renegotiate *what* it is important to remember and *how* much of it. As the narrative voice asks in *The Mark of the Angel*, 'How little is it necessary to remember in order to ensure the preservation of meaning?' (*Mark*, 147) This quotation demonstrates that for Huston, memory is not only essential to understanding the past, but to give our lives meaning in the present, and that there is a need to strike the

balance of remembrance. Too little remembrance is fatal, but too much can obscure memory in equal measure. As the narrative voice asks, 'How many times can things repeat themselves before we die from repeating the same phrase [...] until it loses its meaning countless times.' (*Mark*, 430) This fear of dying from memory or of memory losing its meaning through over repetition is reminiscent of palimpsestic memory, which we will turn to later in this paper. The constant rewriting of memory, far from securing its place in History, can obscure the original memory to put another in its place.

There is also a danger that focusing too much on the past can have negative repercussions on the present. In *Fault Lines* the narrative voice of Sadie believes the unearthing of her mother's past and collective memory to be essential to her own, and her family's, life in the present, saying to Randall that 'We cannot build a future together without knowing the truth about our past.' (*Fault Lines*, 157) Our argument here comes full circle, returning to the idea of individual and collective memory in oscillation, and to the concept of a transtemporal and transnational memory. The preservation of collective memory not only honours the memory of a collective group in a single time and place, but gives meaning to the lives of individuals in an entirely different temporal and geographical space. This being said, Huston demonstrates that to focus too much on a then-and-there time within a now-and-here time can be detrimental to living within the present. This is shown through an argument between Sadie and her husband in *Fault Lines*, when he says, '"You're so obsessed by the suffering of those children forty years ago that you can't even notice that of your own son by your side"' (*Fault Lines*, 158). He goes on to say later in the novel that '"I didn't marry your ancestors, I married *you*, and I'd like to see you from time to time"' (*Fault Lines*, 181). On some level, the narrative is suggesting that it is wrong to create such a dichotomy in the first place, between Sadie and her ancestors. After all, as we saw in *Plainsong*, Huston postulates the possibility of blurring temporal spaces, of rethinking our conception of linear time. Yet the fact that Sadie's obsession with the past is affecting her children's lives implies that this will be detrimental to their lives in the future. If all temporal spaces are on some level interconnected, moreover, one has to rethink how they influence one another, and a hierarchization of temporal spaces

proves to be just as dangerous as a hierarchization of national memories.

In actual fact, a hierarchization of national memory is directly affected by a hierarchization of time. In Saffie's case in *The Mark of the Angel*, for instance, her inability to move beyond her past makes her less aware of memories in-the-making. When András speaks of the Algerian war of Independence, Saffie replies with 'The war's finished', to which he retorts:

> The war's not finished! [...] Between 1940 and 1944 France lets herself be fucked by Germany, then she got all embarrassed so in 1946 she starts the war in Indochina. In 1954 she lost, the Viets fucked her, so three months later she starts a war with Algeria. D'you not know? (*Mark*, 166)

The grammatical errors draw our attention to the fact that this is a conversation between two foreigners, who are both bringing their past national memories to the fore within a single national space. In this quotation, moreover, there is a refusal to conceive of World War Two as the 'war to end all wars'; that is, as a war that has fully ended, as a war that constitutes the final war in the course of human History, and as a war that determines the impossibility of any future war. This quotation goes to show that, on the contrary, many wars ensued after World War Two. More obviously still, Saffie's obstinate claim that the war is finished highlights the danger that can transpire from laying too much emphasis on a past memory, so much so that collective memory in the making is ignored. This ignorance of current affairs on Saffie's part is in stark opposition to the content of the novel, which, 'Along with repeated references to the Algerian War and its impact in Paris at the time', as Kate Averis explains, 'makes reference to a vast range of other significant events in contemporary world history'.[12] And as Averis goes on to state, the narrative voice condemns Saffie for failing to take into account the enormity of wider global affairs in a present time, such as the Nobel Prize given to Albert Camus for literature in 1957: 'whilst the Nobel committee decided to award the literature prize to Albert Camus

[12] Kate Averis, 'Negotiating Nomadic Identities: The Tensions of Exile in Contemporary Women's Writing in French and Spanish' (unpublished doctoral thesis, University of King's College London, 2011), p. 130.

later that day, they in no way understood the political significance of that choice' (*Mark*, 81).[13] As seen in *Plainsong* earlier, there is an open invitation to be all our times, past, present and future, within the same instance. As the narrative voice neatly summarizes in *The Mark of the Angel*, we all have 'one foot in our little histories and one in the History of the century' (*Mark*, 291). And it is important to highlight that it is Saffie's obsession with her memories in Germany which makes her less inclined to engage with a present time in France. It is this relocation of memory to different temporal spaces that is key to understanding Huston's transnational approach to memory. It is because Huston rejects the positioning of memory within a singular time and place that allows her to present memory as transnational as well as transtemporal, and vice versa. This is in keeping with Rothberg's understanding of multi-directional memory as a transtemporal and transnational tool, based on 'Memory's anachronistic quality - its bringing of now and then, here and there'.[14] According to Rothberg, this 'anachronistic quality' allows for the reshaping of memory in different places and times, and for the creation of new memories out of the original. This process constitutes 'actually the source of its powerful creativity, its ability to build new worlds out of the materials of older ones.'[15] This is particularly evident in *Fault Lines* within the section about Sadie. The multi-directional memory takes a turn for the worse when the narrative voice describes a playground game taking place in the United States, where 'the boys chase the girls, their arms stretched out in front of them, shouting: "Jew! Jew!" and the girls pretend to be scared, screeching and running away while shouting "Nazi! Nazi!"' (*Fault Lines*, 351). This reinscription of Holocaust memory in Germany within an American school setting partially conceals the meaning of the initial memory, converting a memory of absolute evil into a childhood game for pleasure.[16] The creation of new cultural mythologies based on other national memories, this time set within a

[13] Ibid.
[14] Rothberg, *op. cit.*, p. 5.
[15] Ibid.
[16] It is also interesting that the reinscription of Holocaust memory, in this case, should be gendered; the victim-perpetrator dynamic of the Holocaust is substituted with the victim-perpetrator divide of the sexes of the late twentieth century Europe, an essential theme within much of Huston's works, fiction and non-fiction alike. Once again, a memory originating in one place and time comes to be geographically and temporally transplanted, and exploited to support another memory of oppression altogether.

transtemporal and transnational mould, is dangerous to the condition of the memory that it started out with.

**Palimpsestic Memory**

Max Silverman's theory of palimpsestic memory offers a useful insight into this area. Palimpsestic memory is more appropriate a term here than multi-directional memory, because the notion of a palimpsest necessitates a rewriting of memory, not just a relocation as with multi-directional memory; very much as Holocaust memory is reinscribed at the said moment in *Fault Lines*. In his introduction to *Palimpsestic Memory*, Silverman acknowledges that dangers can arise from reformulating memory within a palimpsetic framework, 'whereby one element is seen through and transformed by another'.[17] Silverman confirms that 'This version [of memory studies], like any other, is not without its dangers'.[18] And yet, he proposes that 'the aesthetic, political and ethical lessons that we can draw from this understanding of memory far outweigh the dangers.'[19] There is a need to put our faith in the ethical potential of palimpsestic memory, even with the risk of danger that it entails, and there is an equal need to consider the different forms that palimpsestic memory may take to decide which of those are dangerous and which of those can provide us with 'aesthetic, political and ethical lessons'.

There is henceforward a hierarchy at work between good fictions and bad fictions, in keeping with Giorgia Falceri's understanding of Nancy Huston's literature, whereby 'A bad fiction is, in Huston's opinion, potentially dangerous: believing that one's country, one's political opinion, one's religion, one's god are the only 'true' ones on earth'.[20] If a bad fiction is one which wrongly assumes the hegemonic uniqueness of one nation's value-systems, then a good fiction for Huston must be that which takes into consideration the relativity of one's national world-view. Following on from Giorgia Falceri's understanding of good fictions, Huston's ability to produce a

[17] Max Silverman, *Palimpsestic Memory: The Holocaust and Colonialism in French and Francophone Fiction and Film* (New York: Berghahn Books, 2013), p. 4.
[18] Ibid.
[19] Ibid.
[20]Giorgia Falceri, 'Self-Translation and Transnational Poetics', *Ticontre, Teoria, Testo, Traduzione*, 2 (2014) <http://www.ticontre.org/> [accessed 17 november 2014], 51-66 (p. 59).

transnational literature allows her to engage with a palimpsetic memory that is 'ethical' rather than dangerous, to borrow Silverman's terminology, because it allows her to rethink specific memories in a way that gives both sides of the story, and a version of events that takes into account the heterogeneity of memory. This concords with Max Silverman's view that 'In more recent decades [...] histories of extreme violence have tended to compartmentalize memory on ethno-cultural lines and, hence, blinker the attempt to see multiple connections across space and time.'[21] The very fact that Huston's literary representations of memory are transnational and transtemporal, allows for what Silverman names 'multiple connections across space and time', thereby evading a spatial and temporal compartmentalization of memory.

This evasion is fundamental to the creation of Huston's approach to transnational memory because, in avoiding a compartmentalization of memory, Huston escapes a mononational take on memory, opting instead for a transnational model. Just as Silverman defines his book as 'an intervention in the debate around cultural memory in a transnational age', so too can we understand Huston to be undertaking something similar in her own work.[22] Palimpsestic memory as it comes to be presented in literature, according to Silverman, 'gives us a way of perceiving history in a non-linear way and memory as a hybrid and dynamic process across individuals and communities.' [23] From this standpoint, multidirectional memory serves as a vehicle of conciliation between diverse cultures and groups of people, allowing for a transnational decentring of the local. Yet it should be noted that, though Huston opts for a memory model that transcends a monolocal and mononational viewpoint, she does so from within and without so as to rethink the national from a critical distance, not to do away with it altogether. In the same way that the term palimpsest invokes the prevailing memory beneath the new layers, so too does Huston remember the independence of national memories even while looking beyond them or in connection with other memories. The children's game in the USA cited earlier would not be as significant if the memory of the Holocaust had been entirely erased.

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[21] Silverman, *op. cit.*, p. 4.
[22] Ibid.
[23] Ibid., p. 5.

## The Interplay between Individual Memory and Collective History

To come back to Silverman for a moment, it is interesting to note that his use of the term 'individuals' sets his theory on palimpsestic memory apart from Rothberg's work on multi-directional memory, for Rothberg affirms that 'multidirectional memory functions at the level of the collective as screen memory does at the level of the individual'.[24] Silverman, on the other hand, builds his theory in such a way that the individual maintains as much importance as the collective.[25] The same is true for the work of Huston. It is precisely through individual narratives and memories that Huston is able to articulate her version of transnational memory so successfully. By illustrating the link between the individual and the national, Huston is able to build a bridge between palimpsestic memory and multi-directional memory. In all three of the novels under examination, Huston forges links between the memory of her key protagonists with that of their respective national contexts and others further away. Huston's transnational approach to memory, then, is not only international, but intranational. One passage stands out as memorable in this respect in *Plainsong*, when Paddon and his family are watching television:

> during the summer of 1969, to distract the world from the maddening and suffocating images of the jungle and napalm of Vietnam, the United States sent a man on the moon: we were together that night Paddon, watching the blurry cosmonauts floating and shimmering on the screen (*Plainsong*, 284).

The structural device of the television allows Huston to depict the interaction between individual narratives and collective memory. The references to monumental moments in history become diluted as secondary references within the central narrative that focuses on the lives of Paddon and his family. This scene exemplifies the literary technique throughout the novel which reinstates the importance of

[24] Rothberg, *op. cit.*, p. 14.
[25] Silverman, *op. cit.*, p. 5.

the individual subject within collective memory or, indeed, gives it precedence over the collective.

Averis refers to this interplay as it occurs in *The Mark of the Angel*, asserting that 'The narration draws links between History and individual histories, highlighting individuals' roles as both agents and victims of History.'[26] By giving History a capital we can assume that history is referred to in a global sense, wherein 'individual histories' are not only affected by this global History, but come to affect History too. Diana Holmes concurs with this view, arguing that, in the same text, 'the narrative succeeds in illustrating the imbrication of individual story with collective History'.[27] If this is clearly shown in *The Mark of the Angel*, moreover, as substantiated by Averis and Holmes, this is perhaps even more clearly demonstrated in *Fault Lines*. Randall, for instance, engages in strategic planning against Iraq, helping to invent '"The new warrior robot"' (*Fault Lines*, 92), because of his experience with an Arab girl in Israel during his childhood. The narrative voice of Sol informs us that 'It was also in Israel that he started to dislike Arabs because of a little girl that he fell for over there' (*Fault Lines*, 19). We later find out via the narrative voice of Randall that this girl was named Nouzha, and that she threw a curse upon him after an argument regarding the Palestine and Israel conflict. Nouzha begins by saying that 'The Jews are finished [...] all of you are guilty and will forever be my enemies. Nineteen members of my family lived in Chatila' (*Fault Lines*, 236). The narrative voice of Randall then goes on to explain how she chooses to avenge her family: 'Nouzha struck me with the daraba bil-'ayn eye – wishing a terrible misfortune upon me. It was her who caused my mother's accident, I'm sure of it' (*Fault Lines*, 248). As a child, Randall takes a childhood game as reality, and in doing so wrongly associates his mother's accident with Nouzha's curse. He then carries this hatred over to his adult life, where he makes weapons of mass destruction to participate in the war in Iraq. To borrow Falceri's term, he forges a 'bad fiction', and Randall's individual experiences come to affect collective History in the USA and Iraq

[26] Averis, *op. cit.*, p. 130.
[27] Diana Holmes, 'To write is a transitive verb: Nancy Huston and the ethics of the novel', *Contemporary French and Francophone Studies*, 14.1 (2010), 85-92 (p. 90).

This is all the more significant when his mother, Sadie, goes on to describe the robot of war set to attack citizens of Iraq as '"The perfect Nazi"' (*Fault Lines*, 94), transplanting the memory in Israel to yet another temporal and geographical space. Where the Israeli conflict, the Iraq war, and the Holocaust are geographically and temporally distant from a collective viewpoint, Randall's individual memory comes to influence his perspective on three seemingly separate collective histories.

Once again, moreover, this is an example of the dangers that occur through palimpsestic memory. By transforming a childhood memory into a world-view that, subsequently, brings him to contribute to the collective History of the USA and Iraq, the narrative voice of Randall attests to the dangers of rewriting memory. This passage thus demonstrates the extent to which History is not only a case of national binary oppositions working against each other, but of individuals investing national memory with their own personal experiences. It is important, however, to underline the words 'not only', because national binaries are still at work even within this relationship between individuals and History. After all, Randall's argument with Nouzha is owing to the Palestine and Israel conflict in the first place. As such, there is a constant interplay between individual memory, national memory, and global History which, in turn, supports a transnational representation of memory given the various geographical positionings of the protagonists whose individual memories come to affect national memory and global History too.

Diana Holmes even asserts that, in *The Mark of the Angel*, 'Characters are embedded in and shaped by political and social history'. [28] This concept is also evident in *Fault Lines*, where characters are not only shaped by history, but metonymic representations of national histories. This is plausible in the case of Sol, whose mole operation is a metaphor for the war in Iraq. The link between the war and his operation is clearly shown when the mother says 'Of course! We'll send in the antibiotic tanks' (*Fault Lines*, 78). In the same way that Sol should never have had the treatment in the

[28] Ibid., p. 90.

first place (as AGM believes (*Fault Lines*, 86)), the implication is that America should never have gone into Iraq. Neither medical operation nor military was necessary, and in both cases the operation caused more harm than good, or as far as this metaphor leads us to believe at any rate. Far from improving Sol's figure and livelihood, the operation turns awry and he has to undergo yet another operation which leads him to feel pain not only at the initial source, but 'pain everywhere' (*Fault Lines*, 80). In this passage, then, the narration of individual memory allows for the narration of collective memory too, through metaphor. Once again, moreover, an individual narrative set in one place and time comes to represent, symbolically and transnationally, the national memory set in another.

This is not to say that Huston conveys national and individual memory to be one and the same thing. On the contrary, Huston uses her novels to condemn the judgement of individuals based on their respective nationality. This is evident in *The Mark of the Angel* when Raphaël's mother is questioning his choice of bride, Saffie, on the basis that she is German. She is eager to find out more about her family's past, asking 'And do you know yet, what they did? Do you know whether they were complicit in that… monstrous regime?' (*Mark*, 57). The conversation continues thus, with Raphaël asking 'Surely you're not suggesting that guilt is hereditary? […] Or even that Saffie would have inherited some kind of…. I don't know… some kind of Teutonic flaw… that would predispose her to cruelty, to perversion…?' (*Mark*, 58). These rhetorical questions demand that we question the relationship between collective and individual memory. Although Huston creates a bridge between the two, she is careful to portray her protagonists as individuals in their own right, though they may be intimately determined by their collective History and national memories. In this way, Huston's transnational approach to memory allows us to acknowledge the plurality of national memory too, as well as its connection to other national ones.

It is for this reason that András and Saffie in *The Mark of the Angel* are able to experience such a dramatic *coup de foudre*, despite their antagonistic national histories. The peculiarity of their love story is emphasized when Saffie first learns about András' Jewish heritage: 'You're Jewish? You? she said, for the third time. And you love *me*?' (*Mark*, 174). They love each other in spite of their

respective collective histories. This is not without a little irony, however, given that, as the narrative voice explains, 'András, who couldn't bear to hear the German language, pushed on all the way to France' (*Mark*, 177). To avoid entering Germany, he undertakes a complicated trajectory to France necessitating that he travels through, 'Austria, Switzerland, France' (*Mark*, 177). Despite his strong aversion to Germany he does not question his love for Saffie based on her nationality. Quite the reverse, it is precisely their foreignness to each other which makes their love so strong to begin with.[29] Their love is situated on another plane to a national one, privileging the individual instead. And yet, it is because of these individual narratives that Huston is able to build a point of reconciliation between two antithetical national histories. In this way, Huston's transnational approach to memory, ironically, allows for the reconciliation of opposing national memories, which is itself born out of the meeting of two antithetically posed national identities.

## Conclusion

It is evident that Huston's focus on individual memory and its oscillation with national memory adds a new dimension to multi-directional and palimpsestic memory, fragmenting national memory to illustrate its plurality and, conversely, looking at how national memory affects individual citizens. Yet both said theories lend themselves well to Huston's transnational approach to literature. Multi-directional memory is well suited to Huston's transnational literary approach because it considers a memory's ability to exceed the limits of a single locality and event. Such a transplantation of national memory, as we have seen, also problematizes arguments of uniqueness and recognizes the potential competition and hierarchization that ensues from an inter- and intranational dialogue. As for palimpsestic memory, it also has the potential to transcend the national, in allowing for a re-inscription of an original memory. We have only to analyse originals as national, and rewritings as transnational. The term palimpsest itself, moreover, implies that even though a memory may be re-transcribed, the original memory

[29] 'When two lovers are both forced to use a foreign language when speaking to one another, it's…how to put it, it's…ah no, if you don't know I'm afraid I don't think I can explain it to you.' Huston, *L'Empreinte de l'Ange*, p. 230.

still exists beneath the new layers. Indeed, the continued existence of this original memory is essential to the meaning inherent to the re-inscriptions thereafter. In this way, both theories fit our understanding of Huston's approach to transnational memory, because they recognize how the significance of national memory can exceed a single national space and time, even while acknowledging just how important national binaries are, whether to individual citizens (Rothberg), or to the original national memory (Silverman). The same is true for Benjamin's theory on time that concords with Huston's *transtemporal* approach to memory. Huston then uses this technique in such a way so as to support her *transnational* approach to memory. But where Huston's transnational approach to memory differs from Benjamin's is that Huston still recognizes the need for the preservation of individual national memories within the wider collective. It is precisely through Huston's focus on the individual, moreover, the bridge between palimpsestic and multi-directional memory, which enables Huston to achieve this. Huston illustrates the extent to which national memory and global History are composed of individual memories, and vice versa, thereby attesting to the plurality of collective memory. In turn, this structural device allows Huston to rethink and conciliate opposing national memories. As a result, Huston's transnational representation of memory allows for an *internal re-evaluation of national memory* (by reflecting on national citizens' and national groups' accounts of national memory from within the nation-state itself) and for an *external evaluation of different national memories* (by drawing links between seemingly hermetic national memories). In both cases, Huston achieves this representation of memory by rethinking *national* memory from an *inter-* and *intranational* perspective; from what we can conclude to be Huston's *transnational* perspective.

# 'Under official and expert discussion': An examination of the social status of expert scientists in Britain through a study of media portrayals of the benzodiazepines crisis, 1960-1990

Anastasia Schulze

**Introduction**

This article examines the social standing of research scientists in late twentieth-century Britain through an analysis of the contributions of one "expert scientist", Professor Malcolm Lader, an eminent scholar of anxiety and addiction and one of the most important authorities on benzodiazepines, to two television programmes about tranquilliser dependence in the 1980s. The controversy surrounding tranquilliser addiction was a key issue in twentieth-century British medical history and, crucially, one of the major cases of the late-twentieth-century "challenge from below" in the form of patient self-help and pressure groups seen, for instance, in the AIDS movement. In this context, analysing the contributions of a traditional expert to media portrayals of tranquilliser addiction allows for a fruitful assessment of the status of medical expertise during the period while also illuminating the role of television in popular discourse about medicine in late-twentieth-century Britain.

There has been much debate by distinguished sociologists and media scholars about the importance of expertise in society in general, and the relationship between expert scientists and the media specifically. These debates will be examined in greater detail below, but most scholars argue either that lay regard for medical expertise

remains deeply entrenched in society or, conversely, that there has been a significant decline in respect for experts, including scientists, in Britain. Scholars studying the benzodiazepines controversy have also stressed the decline in patient confidence in general practitioners (GPs) that accompanied the unfolding crisis, concluding that lay regard for medical expertise was in serious jeopardy. This article aims to test such views with reference to Professor Lader's contributions to two previously unexamined episodes of a former ITV current affairs programme, *TV EYE*, in 1980. Jonathan Gabe and Michael Bury, two medical sociologists who have examined the benzodiazepines controversy in great detail, have argued that the media played a crucial role in fuelling concern about benzodiazepine addiction, and have noted the importance of expert contributions to television programmes on this particular issue. Thus, by focussing on expertise in the context of media portrayals of the benzodiazepines controversy, the article is able to draw on a rich source-base.

The article will proceed in two sections. After a brief overview of the emergence of the modern pharmaceutical industry, which will highlight the social significance of tranquilliser use and dependence, the first section will examine the benzodiazepines controversy and its portrayal in the media, drawing on the work of Gabe and Bury, to contextualise the following case study. The second section will then present a case study of Professor Malcolm Lader's contributions to two 1980 episodes of *TV EYE*, to date not examined in the mainstream scholarship, on the dangers of benzodiazepines with a view to assessing his role as the main medical expert in this crisis. Lader's involvement in the benzodiazepines controversy and the media will be outlined, drawing partly on an oral history interview with Professor Lader conducted by the author, which is a valuable addition to more conventional sources. The section will then present a two-fold analysis of Lader's role in the two episodes of *TV EYE* under consideration: firstly, a timeline of both programmes will be presented to contextualise his contributions and relate them to the messages conveyed in both episodes; and secondly, Lader's verbal and visual portrayal will be analysed with a view to assessing how his status as an expert scientist was conveyed by the programme's makers. The section shows that Lader's contributions were a crucial aspect of the programmes under consideration.

The article argues that, while there has been a clear change in the social standing of expert authority in the late twentieth century, as noted for instance by Anthony Giddens, the continuing importance and status of scientific experts is evident in Lader's contributions to media portrayals of the benzodiazepine controversy. The findings presented in section 2 highlight Lader's elevated social standing and the credibility his contributions conferred onto the programmes. The article adds to the literature by highlighting the need to distinguish between scientists as medical experts, i.e. university-based researchers with little or no patient interaction, and GPs and other health-care professionals in assessments of the social standing of medical expertise in society. As noted above, several scholars have presented arguments about the social standing of medical expertise, with Gabe and Bury focussing specifically on the benzodiazepines controversy. These writers have, however, generally either failed to distinguish between GPs and research-oriented scientists altogether, or tenuously linked a discussion of the latter with the former. In the context of this article, a conscious decision was made to focus on scientists who, by virtue of the research expertise, were perceived as experts on benzodiazepines, and the term "expert scientists" is used to distinguish these from "medical experts", a term generally used to refer to scientists as well as GPs.

Conflating scientists and GPs under this heading is inappropriate, particularly when examining the benzodiazepines crisis. Firstly because the earliest concerns about benzodiazepines in the 1970s focussed on over-prescription, and GPs were attacked for their role in bringing about the crisis in this sense almost consistently throughout the period. Thus, examining lay regard for medical professionals using this particular case study will naturally yield extremely negative and arguably atypical results concerning attitudes towards GPs. Secondly, the doctor-patient relationship is an extremely complex social institution that has generated vast amounts of scholarly debate. To name but one complicating factor, lay regard for doctors has traditionally been an extremely complex issue depending not only on general regard for medical expertise, but also interpersonal and micro-social factors, such as the likeability of a local doctor or the non-mainstream therapeutic beliefs held by a

particular patient.[1] In this sense, failing to distinguish between lay regard for medical expertise in general, as associated with research scientists, and lay attitudes towards – effectively – individual doctors and their therapeutic methods, is both inconvenient, as it complicates the topic unnecessarily, and inappropriate. The decision was thus made to define medical experts as scientists focussed on research with little or no patient interaction. In this way, the article provides a new perspective on an important aspect of both the tranquilliser controversy and the status of expertise in late-twentieth-century Britain.

## I. Media health reporting and the benzodiazepines controversy: an overview

The benzodiazepines controversy was an important medico-social problem in twentieth-century Britain, and certainly one of the most crucial cases of iatrogenic, i.e. medicine-induced, addiction in recent history, and is thus well-suited to an examination of the status of medical expertise in society. To appreciate its full significance, it is necessary to grasp the immense social significance of benzodiazepines even before the emergence of concerns. Valium in particular was, in the words of David Herzberg, 'the public face of psychopharmacology' and the emerging crisis meant that in the 1980s the cultural power of the discipline, which had grown immensely throughout the twentieth century, was seriously weakened. [2] Furthermore, the controversy surrounding benzodiazepine over-prescription and dependence was an issue on the fringes between legitimacy and illegitimacy. The relationship between societal attitudes towards recreational drug use and the benzodiazepines controversy are particular interesting because, as Herzberg notes, Valium was a 'quintessentially middle-class medicine' prescribed by reputable doctors to reputable patients.[3] This was further complicated by the fact that these pills were prescribed in a therapeutic context, causing much anxiety about the status of modern medicine.[4] Thus, tranquillisers allow an examination of 'the

[1] Edward Shorter, *Doctors and Their Patients. A Social History*, (New Brunswick and London, 1993).
[2] David Herzberg, *Happy Pills in America*, (Baltimore, 2009) p. 149.
[3] Herzberg, *Happy Pills in America*, p. 123.
[4] Jonathan Gabe and Michael Bury, 'Anxious Times: The Benzodiazepine Controversy and the Fracturing of Expert Authority', in Peter Davis (ed.),

complex interaction between medical innovation and [society].'[5] This section will begin with a brief overview of the history of the benzodiazepines, situated in the emergence of the modern pharmaceutical industry, before offering a summary of the portrayal of tranquilliser dependence in the media, drawing on Gabe and Bury's work, to contextualise the following analysis.

The changes that took place in European and American health-care after the late nineteenth century transformed it almost beyond recognition. In the early nineteenth-century, European and American doctors were not licensed and did not receive training in science as part of their education, and patients largely turned to patent medicines, whose ingredients were not regulated and which were peddled by salesmen from door to door.[6] David Healy notes that, until the last decade of the nineteenth century, the concept of a specific remedy for a specific illness was 'tantamount to quackery'.[7] This only changed with the rise of bacteriology and Louis Pasteur's discovery of an antitoxin for diphtheria, which had ravaged populations for centuries, giving rise to a radically transformed modern medicine.[8] This ability to identify the causes of diseases which, due to their deadly potential, were culturally extremely significant and the emergence of pharmacological cures for these led to a substantial rise in prestige for the medical profession during the early twentieth century.[9]

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*Contested Ground. Public Purpose and Private Interest in the Regulation of Prescription Drugs*, (New York and Oxford, 1996), p. 42; Michael Bury, '*Caveat venditor*: social dimensions of a medical controversy', in David Healy and Declan P. Doogan (eds.), *Psychotropic Drug Development. Social, economic and pharmacological aspects*, (Anstey, 1996), p. 41.

[5] Mickey C. Smith, *Small Comfort. A History of the Minor Tranquillisers*, (New York, 1985), p. 3.

[6] David Healy, *Pharmageddon*, (Berkeley, 2012), p. 22

[7] David Healy, *The Antidepressant Era*, (Cambridge, MA and London, 2003), p. 10.

[8] Allan M. Brandt and Martha Gardner, 'The Golden Age of Medicine?', in Roger Cooter and John Pickstone, *Companion to Medicine in the Twentieth Century*, (London and New York, 2003), p. 21; Healy, *Pharmageddon*, p. 25; David Healy, *Psychiatric Drugs Explained*, (5th edn, Edinburgh, 2009), p. 287.

[9] Brandt and Gardner, 'The Golden Age of Medicine?', p. 21; for cultural significance of disease see Susan Sontag, *Illness as Metaphor and AIDS and Its Metaphors*, (New York, 1989).

Furthermore, with the emergence of the organic chemical industry in the nineteenth century, which allowed the synthesis of increasingly complex molecules, the patent medicine industry declined and was replaced by a wide range of therapeutically efficient compounds, sold by increasingly profit-driven pharmaceutical companies.[10] Innovation gathered pace and the research expenditure necessary to profit from new drug discoveries and stay in business increased accordingly as progress became increasingly expensive, risky and difficult.[11] This led to a situation where the focus of pharmaceutical research increasingly shifted from the cure of diseases that actively threatened life towards chronic disease management. Healy argues that this has led to patients viewing their bodies as 'a series of behaviours to be managed by drug use' in a bio-secular environment where moods were increasingly thought of in terms of brain chemistry and neurotransmitters.[12] The advent of increasingly marketable sedatives further reinforced this notion and the tranquilliser market advanced quickly in the first half of the twentieth century, with the opiates of the nineteenth century being surpassed by bromides, barbiturates and finally Miltown (meprobamate) in the 1950s, which became the first blockbuster drug, paving the way for the enormous commercial success of the benzodiazepines.[13] The social significance of benzodiazepine tranquillisers should be seen in this context.

## The emergence of concerns surrounding the benzodiazepines

The first benzodiazepine, Librium (chlordiazepoxide), was released in 1960, followed by Valium (diazepam) in 1963. Both were accepted as safer and more effective alternatives of the barbiturates and meprobamate and received an enthusiastic welcome from the medical profession.[14] In the words of Gabe and Bury, 'scientific

[10] Malcolm Lader, 'The rise and fall of the benzodiazepines', in David Healy and Declan P. Doogan (eds.), *Psychotropic Drug Development. Social, economic and pharmacological aspects*, (Anstey, 1996), p. 59.
[11] Michael H. Cooper, *Prices and Profits in the Pharmaceutical Industry*, (Oxford, 1966), p. 6.
[12] Healy, *Pharmageddon*, p. 5.
[13] Healy, *Let Them Eat Prozac,* (Toronto, 2003), p. 26; Lader, 'The rise and fall of the benzodiazepines', p. 43; Healy, *Psychiatric Drugs Explained*, p. 149; Gabe and Bury, 'Anxious Times', p. 43.
[14] Jonathan Gabe and Paul Williams, 'Tranquilliser use: a historical perspective', in Jonathan Gabe and Paul Williams, *Tranquillisers. Social, Psychological, and*

breakthroughs and treatment regimens seemed to herald a new era for both doctors and patients.'[15] Prescribing increased rapidly; various scholars have noted that between 1965 and 1970 prescriptions for benzodiazepine tranquillisers rose by 110 per cent, compared with 145 for *all* non-barbiturate hypnotics and a mere 9 per cent for all psychotropic drugs.[16] In 1965, less than 5 million prescriptions for the three main benzodiazepines, Librium, Valium and the hypnotic Mogadon, were dispensed in English and Welsh retail pharmacies; this had increased to 12.5 million by 1970 before peaking at 31 million in 1979.[17] Thus, Librium and Valium became household names and, in the words of Healy, the 1960s were 'a world in which Librium and Valium were kings'.[18]

It was only during the 1970s that disquiet about the extremely widespread, long-term use of benzodiazepines emerged and their effectiveness, safety, dependence potential, and social implications were questioned by social scientists and psychiatrists.[19] Feminists argued that unhappy housewives should be liberated from their patriarchal shackles rather than tranquillised, and concerns about their use for non-medical disorders emerged in terms of their use as "chemical crutches".[20] Anxiety about the state of modern medicine also arose as tensions between the role played by doctors and the role they were trained for became apparent. Healy argues that, in the absence of other outlets, unhappy patients sought medical advice and comfort, and doctors, trained to treat illness in a predominantly physical way, prescribed tranquillisers with their apparently broad therapeutic remit.[21] Helen Roberts concurs, writing that the rapid rise in benzodiazepine prescription may be explained by doctors' considerable freedom to prescribe, the pressure they felt from

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*Clinical Perspectives*, (London and New York, 1986), p. 9; Lader, 'The rise and fall of the benzodiazepines', p. 60.

[15] Jonathan Gabe and Michael Bury, 'Tranquillisers and Health Care in Crisis', *Social Science & Medicine*, Vol. 32 (1991), p. 449.

[16] Ibid.; Helen Roberts, *The Patient Patients*, (London, 1985), p. 69.

[17] Gabe and Bury, 'Tranquillisers and Health Care in Crisis', p. 449; Bury, '*Caveat venditor*', p. 44.

[18] Healy, *Let Them Eat Prozac*, p. 28; Healy, *The Antidepressant Era*, p. 76.

[19] Lader, 'Benzodiazepines – The Opium of the Masses?', *Neuroscience*, Vol. 3 (1978), p. 163.

[20] Simon Williams, et al., 'The sociology of pharmaceuticals: progress and prospects', in Simon J. Williams, et al., *Pharmaceuticals and Society. Critical Discourses and Debates*, (Chichester, 2009), p. 3.

[21] Healy, *Let Them Eat Prozac*, p. 48.

patients and pharmaceutical companies and the fact that they were trained to expect an active role in the management of illness.[22] This gave rise to concerns about the suitability of tranquillisers for long-term treatment, which ultimately led to examinations of their dependence potential.

More importantly, the widespread and long-term use of benzodiazepines alarmed a core group of expert scientists, including Malcolm Lader, Peter Tyrer and Heather Ashton, and it was ultimately their work that brought this issue widespread attention.[23] Despite the fact that it had been recognised almost since their discovery that benzodiazepines had the potential to induce dependence, this was only beginning to be recognised as a significant issue in the early 1980s.[24] Tyrer and Lader both published articles in 1974 and 1978, respectively, considering that long-term tranquilliser use could indicate that demand was led by patients dependent on the drugs, and both published studies in 1981 suggesting that withdrawal could occur in therapeutic doses in about one-third of long-term users.[25] These studies established the existence of a "withdrawal syndrome", largely characterised by anxiety, tension, agitation and shakiness, as well as perceptual changes involving paranoia, hallucinations and intolerance of loud noise and bright lights.[26] Tyrer's studies suggested further that between 27 and 45 per cent of long-term users may be dependent, which amounted to around 1.2 million people in Britain.[27] Thus, the mainstream view of benzodiazepines changed from one of extreme safety to them being

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[22] Roberts, *The Patient Patients*, p. 69.
[23] Gabe and Bury, 'Anxious Times', p. 45; Healy, *The Creation of Psychopharmacology*, (Boston, MA, 2002); David Healy, *The Psychopharmacologists. Interviews by David Healy*, (2nd edn, London, 2002), p. 473.
[24] For earliest concern see L. E. Hollister et al., 'Withdrawal reactions from chlordiazepoxide ("Librium")', *Psychopharmacology*, Vol. 2 (1961), pp. 63-68; for examples of early warnings see: Peter Tyrer, et al., 'Gradual Withdrawal of Diazepam After Long-Term Therapy', *Lancet*, Vol. 321 (1983), pp. 1402-1406; Hannes Petursson and Malcolm Lader, 'Withdrawal from long-term benzodiazepine treatment', *BMJ*, Vol. 283 (1981), pp. 643-645.
[25] Lader, 'The rise and fall of the benzodiazepines', p. 63; Hannes Petursson and Malcolm Lader, 'Withdrawal from long-term benzodiazepine treatment', *BMJ*, Vol. 283 (1981), p. 643.
[26] Jonathan Gabe and Michael Bury, 'Tranquillisers as a social problem', *The Sociological Review*, Vol. 36 (1988), p. 328.
[27] Bury, '*Caveat venditor*', p. 46.

'one of the greatest menaces in peace time' and Lader suggested that there was 'an epidemic in the making'.[28]

## Benzodiazepines in the media

Finally, the portrayal of benzodiazepine dependence in the media will briefly be examined to contextualise the following primary source analysis. Gabe and Bury have presented a number of sophisticated models for the emergence of the controversy about tranquilliser use in their extensive work on the topic. They have noted, in particular, the importance of clear, scientific evidence of dependence, the status and strategies of claims-makers, and the role of the media in providing a platform for these claims to be aired.[29] They note that a few scientists became media personalities, particularly Malcolm Lader, who was established as 'the "resident expert"', and have provided an important component to news and current affairs programmes in particular.[30] In their view, expert contributions were one of three major components of the television programmes under consideration, complementing individual anecdotes of dependence, usually viewers' or listeners', and programme makers' own assessments of the problem.[31] In addition, drawing on the work of John Fiske, Gabe and Bury have argued that a crucial aspect of the media's contribution to the development of the controversy was its creation and structuring of meanings surrounding tranquilliser use into recognisable images and cultural narratives.[32] This work will be discussed further in the context of the case study in the next section. They argue that tranquilliser dependence exemplified many of the issues, such as the commodification of medicine and the chemical management of the body, at stake in British medicine at the time in complex ways, and that television thus played a key role as a socio-cultural mediator, imposing order and meaning onto this socially ambiguous problem.[33]

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[28] David Healy and Declan P. Doogan, 'Introduction', in David Healy and Declan P. Doogan, *Psychotropic Drug Development. Social, economic and pharmacological aspects*, (Anstey, 1996), p. xi.
[29] Jonathan Gabe and Michael Bury, '*Halcion* Nights: A Sociological Account of a Medical Controversy', *Sociology*, Vol. 30 (1996), p. 447; Gabe and Bury, 'Tranquillisers as a social problem', p. 325.
[30] Gabe and Bury, 'Tranquillisers as a social problem', p. 331-337.
[31] Ibid., p. 333.
[32] Bury, '*Caveat venditor*', p. 50.
[33] Ibid., p. 90.

## II. Case study of an expert scientist: Professor Malcolm Lader's contributions to *TV EYE*

At this stage, it is necessary to briefly situate the following case study in the major historical and sociological literature on medical expertise. As noted above, most writers have conflated public regard for scientific and medical expertise with attitudes towards individual doctors, and there have been various rather pessimistic accounts, stressing the monolithic status and power of medical professionals in Britain. Anne Karpf's predictions about medicine's continuing power to 'amaze and spellbind us' indicate a strong belief in the longevity of the appeal of medical expertise.[34] She has argued that medical experts retain 'enormous authority' vis-à-vis the media and criticises the widespread view that both groups are largely subjected to "trial by media", arguing that this perception is due to the inordinate respect commanded by this group.[35] In contrast, Gabe and Bury have argued that the controversy surrounding benzodiazepine dependence is symptomatic of 'a more general crisis of legitimacy in the efficacy of medical treatments and trust in medical authority.'[36] They argue further that divisions between hospital-based scientists and GPs are indicative of a process of expert knowledge becoming 'chronically contestable' and that the medical profession is no longer a 'protected species', particularly with regard to the media, reflecting a major shift in popular perceptions of medical authority.[37] Nonetheless, they recognise that medical experts – presumably the group referred to here as expert scientists – have played an important role in the development of the benzodiazepines controversy through their claims-making activities.[38] Finally, and perhaps most interestingly, Anthony Giddens has reflected on the changing status of expertise in what he has termed "high modernity". He has argued that the "disembedding" mechanisms of modernity, furthered by globalisation, have propelled social life away from the hold of pre-established practices and customs, and mediated

[34] Anne Karpf, *Doctoring the Media. The Reporting of Health and Medicine*, (London, 1988), p. 236.
[35] Anne Karpf, 'Medicine and the Media', *BMJ*, Vol. 296 (1988), p. 1389.
[36] Gabe and Bury, 'Anxious Times', p. 42; Gabe and Bury, '*Halcion* Nights', p. 448.
[37] Ibid., p. 464.
[38] Ibid., p. 53.

experience has further served to highlight the increasing pluralism of choice in terms of lifestyles and beliefs.[39] However, he argues further that the reflexivity of modernity does not create greater certainty, but instead greater doubt, and disembedding and globalisation have also given rise to new risks, for instance the global, profit-driven pharmaceutical industry, which has increased lay reliance on expert knowledge.[40] Kenneth Tucker notes that this process is cyclical, with doubt and man-made disasters necessitating ever-more specialised expertise.[41] Thus, despite the increase in lay dependence on expertise that Giddens argues for, expertise is less dependable, creating uncertainty and doubt in a world of multiple authorities.[42]

With reference to the media, Anne Karpf has argued that doctors and other medical professionals have retained more control over reporting than almost any other social group, and are accorded certain unique privileges, for instance the right to re-record interviews.[43] Despite recognising the enduring cultural authority of medical professionals, both vis-à-vis the media and in society in general, her account is simplistic and fails to take more critical media portrayals seen particularly during the 1980s into account. Indeed, an examination of media portrayals of medical issues and professionals in the second half of the twentieth century indicates a definite ambivalence towards these, if not a greater willingness to point out flaws. Clive Seale, for instance, has noted that non-fictional portrayals of scientific activity generally adopted a critical tone, stressing 'monstrous' creations like tampons and their alleged propensity to induce toxic shock syndrome.[44]

This trend is also evident in the imagery used and the latent meanings conveyed by news and current affairs programmes about benzodiazepines. As part of their analysis, Gabe and Bury make use

[39] Shorter, *Doctors and Their Patients*, p. 20.
[40] Anthony Giddens, *Modernity and Self-Identity. Self and Society in the Late Modern Age*, (Cambridge, 1991); Kenneth Tucker, *Anthony Giddens and Modern Social Theory*, (London, 1998), p. 145.
[41] Tucker, *Anthony Giddens and Modern Social Theory*, p. 146.
[42] Anthony Giddens and Christopher Pierson, *Conversations with Anthony Giddens: Making Sense of Modernity*, (Cambridge, 1998), p. 111; Tucker, *Anthony Giddens and Modern Social Theory*, p. 146.
[43] Karpf, 'Medicine and the Media', p. 1389.
[44] Ibid., p. 89.

of John Fiske's approach to "reading television", employing various stylistic and symbolic analytical tools to analyse television narratives and myths. They argue that the images, narratives, and myths under consideration appear to have played a significant role in further heightening concern. Specifically, they have examined the portrayal of patients and pills: while patients were generally portrayed as "ordinary people", usually women in distress, which was often directly attributed to individual GPs or pharmaceutical companies, the drugs themselves were portrayed as innocuous in appearance but clearly associated with addiction through the use of sequences describing or showing addiction or withdrawal.[45] *Brass Tacks*, for instance, opened with a view of a benzodiazepine addict filling a syringe with blue Ativan solution.[46] The portrayal of the blue, i.e. unnatural, solution being drawn into a syringe, a potent symbol of illicit drug use in the late twentieth century, clearly links benzodiazepine addiction with a more menacing narrative of drug use and addiction. Through the use of these images, they argue, the media were able to convey myths; for example, about the villainous pharmaceutical industry, about tranquilliser use, situated in accepted socio-cultural narratives.[47] This function of the media will be explored further in the context of the following case study.

Thus, contrary to Karpf's assertions, this case study indicates a weakening of medical power – both of GPs and scientists – over media agendas, which appeared increasingly concerned with the welfare of viewers. However, despite these developments, this section will also show that *individual* scientists still played an important role in legitimating concern about tranquilliser dependence and as sources of official information in television programmes on the topic, as noted by Gabe and Bury. Crucially, the article aims to show that tensions between expert scientists and GPs were not symptomatic of a decline in expert authority as these groups, and their social standing, differed in important ways. Thus, it is argued that, while sociological assessments of medical dominance need to take the more dynamic and pluralistic nature of the British health care market into

[45] Michael Bury and Jonathan Gabe, 'Hooked? Media Responses to Tranquilliser Dependence', in Abbott, Pamela and Geoff Payne, *New Directions in the Sociology of Health*, (London, 1990), p. 95.
[46] Bury and Gabe, 'Hooked?', p. 102.
[47] Ibid., p. 95.

account, expert scientists remained important sources of health information in the period.

**Malcolm Lader and *TV EYE*: a qualitative analysis**

As discussed, television has an important role in society in the mediation of social reality and the creation and discussion of cultural meanings. Fiske and Hartley write that it offers, for instance, an 'accurate symbolic representation of the esteem with which a society like ours regards such positions and the people who hold them.'[48] This section will analyse Professor Malcolm Lader's role as a scientific expert in two episodes of the weekly ITV current affairs programme *TV EYE*: 'What Price Tranquillity?' (21 February 1980) and 'Tranquillisers – The Second Warning' (27 March 1980). The analysis will proceed in two sections: first, through a timeline of both programmes, his contribution will be assessed with reference to the programmes' general messages and other actors; and second, Lader's visual and verbal portrayal will be analysed semiotically.

Gabe and Bury have noted that the programmes on tranquillisers they examined were largely structured around three main components: individual anecdotes of dependence, usually by viewers; statements by experts; and the programme makers' own assessments of the problem.[49] They argue that addiction cases are generally situated at the beginning of the episode to generate interest, and interspersed throughout the programme to stress the intensity of the problem.[50] Thus, individual addicts, usually female, are portrayed as victims of a menacing force beyond their control while tranquillisers are portrayed as unquestionably threatening, and GPs and pharmaceutical companies are cast as villains.[51] As noted above, these messages are reinforced by expert statements and the commentary of the programmes' presenters.

Indeed, 'What Price Tranquillity?' conforms to Gabe and Bury's model, operating in three broad sections. The programme begins and closes with the case of Barbara Gordon, a well-known US

[48] Fiske and Hartley, *Reading Television*, (London and New York, 2003), p. 11.
[49] Gabe and Bury, 'Tranquilliser use as a social problem', p. 333.
[50] Ibid., p. 334.
[51] Ibid., p. 335.

film producer, and her addiction to Valium and struggle with withdrawal. The clips of her emotional testimony are interspersed with images and audio from a 1979 investigation into tranquilliser use and dependence in America, outlining the status quo in the US. The programme then turns to the concerns voiced by British scientists, citing Dr Alan Richens' experiments on day-time drowsiness and the "hangover effect" as well as Lader's work on tranquilliser dependence. The views voiced by Lader, including his alarming comparison between tranquilliser and heroin addiction, are reinforced by a short segment featuring a recovering tranquilliser addict, "John", whose interview is interrupted when he experiences palpitations. His working-class accent suggests that his case is intended to supplement Gordon's dramatic account with the example of an "ordinary" British patient.

The final section assesses the culpability of GPs in the context of the crisis. After an interview with a Newcastle GP who makes an emphatic case for minimising tranquilliser prescription, five different passers-by in the streets of Newcastle are interviewed about their interactions with their GP. All present their doctors in a rather negative light, with one young woman stating that '(laughs) quite frankly, my doctor, as soon as I walked in the door before he'd even looked at me had asked me what my name was and written my name down on the prescription [...], which I didn't think was quite fair'. Similarly, a middle-aged woman stated emphatically that her doctors had never helped her in the withdrawal process, noting instead that 'I don't think they were particularly interested, they wanted me to go back on them. I was so adamant about coming off them that we had a bit of an argument actually because I wouldn't go on them. [...] It's so easy that they'll just say if you've got a problem we'll put you on Valium. Or Librium. They're not really interested.' This final segment is interspersed with commentary from Professor Lader, in which he calls on GPs to be 'more selective' in their prescription of medicines. The programme ends with an assessment of the issue by the commentator, Bryan Gould, and an update on Gordon's situation which ends on a more positive note.

In presenting these elements in the order they are in the episode conveys a number of messages. Most importantly, it establishes tranquilliser dependence and side-effects as a serious

issue. The situation is assessed thus: innocent patients have fallen victim to a severe pharmaceutical mishap; GPs are at least partly to blame due to their irresponsible prescribing habits; and British scientists are carrying out important work researching and raising awareness of this issue. As will be explored further below, the claims making of the two expert scientists featured played an important role in linking first-hand testimonies of addiction with the identification of GPs as a guilty party in the third part of the episode. This not only demonstrates the media's important role in exploring contentious social issues, like the widely accepted use of tranquillisers and the issues within the medical profession this raises, but also highlights that expert scientists and GPs were two distinct groups, with some scientists in fact blaming GPs for the crisis. This demonstrates further that analysing the status of both groups jointly as "medical experts" is inappropriate.

The second episode is structured rather differently, although Lader still plays a key role in legitimating the assessment of the situation advanced by *TV EYE*. 'The Second Warning' focusses largely on confronting the parties deemed culpable in the context of the publication of the CRM's first review on benzodiazepines in March 1980. In this context, *TV EYE* is presented more clearly than in the first episode as a heroic force, bringing the issues surrounding tranquilliser dependence to light and confronting GPs and the pharmaceutical industry directly. This message is conveyed in three sections. The programme begins with a summary of the concerns raised in the first episode, repeating Lader's comparison of tranquilliser withdrawal and heroin withdrawal, before presenting a case study of a middle-aged woman who, upon watching the first episode of *TV EYE*, contacted the programme makers, who put her in touch with Professor Lader so she could embark on her withdrawal journey. This section clearly establishes the first episode of *TV EYE* as a key factor in this patient's journey back to normality and clarifies the programme's mission to bring the guilty parties to justice in defence of patients.

The episode then proceeds to interrogate both culpable parties, first through a group interview with five London GPs and then through a panel discussion with two expert scientists and a representative of the pharmaceutical industry. In keeping with the

episode's format as a current affairs programme, the interview of GPs is measured but the questions asked clearly require the doctors to justify their own actions as well as those of their colleagues. Similarly, the panel debate with Lader, who is introduced as a member of the CSM, which was assessing the safety of benzodiazepines at the time, Professor Mike Rawlins, who studied benzodiazepine use in the elderly, and Dr Eric Snell, the Director of Scientific and Medical Affairs at the Association of British Pharmaceutical Industries is measured but the questions posed to Snell reveal a preoccupation with getting him to defend the pharmaceutical industry, which he is seen to represent. Both segments are framed with critical assessments of the response of Roche to the crisis, stressing their unwillingness to comment beyond denying dependence as a serious problem. Interestingly, however, despite his status and importance in both episodes, Lader is also criticised for the failure of scientific researchers to alert the public to the problem of dependence sooner. Thus, *TV EYE* is positioned as an unbiased mediator, ultimately concerned with helping patients. The episode ends with a repetition of the fact that the new CRM guidelines were due to be published the following day and a call on GPs to modify their prescribing behaviour in the context of the problems discussed in both episodes. Thus, 'Tranquillisers – The Second Warning' conveys the message that the programme, and the media more generally, is concerned first and foremost with the welfare of viewers and patients and, by exploring this important and timely issue, is providing a service to its viewers in an increasingly hazardous health care market.

**Lader's portrayal as an expert: verbal and visual**

The verbal representation of Lader, and scientific research in general, conveys the status associated with this social group. The first episode portrays Lader in a relatively typical way, which supports the assessments made in the literature so far. The segment on British research begins by stating that 'the medical literature does warn of some problems', noting, however, that 'there's little sign that doctors pass on these warnings'.[52] Researchers are thus presented in a positive light by virtue of their role in illuminating the dangers of

[52] *TV EYE*, 'What Price Tranquillity?', *ITV*, 21 February 1980, 08.18.

tranquillisers, and are, furthermore, presented as distinct from GPs, who are criticised. Then, Lader is introduced against the backdrop of an experimental setting, where a man is lying down with electrodes attached to his head. The commentator explains: 'More serious, the question of addiction. Professor Lader of the Institute of Psychiatry leads the British research.'[53] Thus, Lader is presented as the main authority in his field, leading research on the most threatening aspect of tranquilliser use and is thus portrayed as the most important and courageous scientist featured. In addition, unlike Dr Alan Richens, who was shown in the context of the "hangover effect", Lader is introduced by name and clearly associated with research on addiction. It is also noteworthy that, in the first programme, expert scientists and patients are the only two groups not overtly criticised by the presenter, casting him as the hero who, in conjunction with *TV EYE*, acts in patients' interests.

His portrayal in the second episode is rather more diverse. Lader is re-introduced early on during the summary of the previous episode. He is presented, again, by name and shown sitting at his desk – an image that will be examined below – stating that withdrawal from tranquillisers could, for some patients, be worse than withdrawal from heroin.[54] The second time he features is during the case study of the middle-aged tranquilliser addict from South London, Diane Hilton, who decided to withdraw after watching the first *TV EYE* episode. The presenter notes that Hilton contacted *TV EYE* in search for help and was redirected to Professor Lader, 'who is now helping her give up the drugs'.[55] Thus, he is not only helping patients through his research but also by taking over a duty allegedly often neglected by GPs: providing professional medical help during withdrawal. Finally, Lader is introduced again during the panel discussion with Professor Rawlins and Dr Snell. After surveying five GPs' viewpoints the presenter states 'and now that of the experts'.[56] This suggests that scientists are the real experts who, by virtue of their status, are qualified to comment on the failings of doctors. Furthermore, the questions asked indicate the level of esteem or culpability each party is seen to have. While Lader and Rawlins were

53 *TV EYE*, 'What Price Tranquillity?', 11.16.
54 *TV EYE*, 'Tranquillisers – The Second Warning', *ITV*, 27 March 1980, 01.36.
55 Ibid., 04.10.
56 Ibid., 14.35.

generally asked straightforward factual questions that allowed them to demonstrate their expert knowledge, the questions posed to Snell were more difficult, and he was frequently asked to defend the actions of the pharmaceutical industry, which he is seen to represent. The interviewer, Bob Southgate, begins by asking Lader what the most significant feature of the CRM's new guidelines is, then moving on to asking Rawlins about the problems he has identified in his work on benzodiazepine use in the elderly. Rawlins explains that tranquillisers are often poorly tolerated in the elderly, noting that this phenomenon was first recognised in 1972. Southgate then proceeds to ask Snell why, if such information has been available for a number of years, the pharmaceutical industry has not responded appropriately. Snell counters that such problems frequently emerge with effective drugs, but is pushed by Southgate to explain why the pharmaceutical industry appears to have been unaware of these findings. Snell retorts that pharmaceutical companies conduct research and notes that it is 'disgraceful' that the CRM's findings are discussed on *TV EYE* before being made available to pharmaceutical companies. Southgate then turns to Lader and asks Lader, apparently sarcastically, to comment on the 'two disgraceful things' raised by Snell. After Lader's response, the interviewer turns to Snell once more, asking him whether he thought drug companies had a responsibility to educate the public about the potential dangers of pills. Snell retorts once more by criticising the 'unbalanced, extremist, not to say *alarmist*' style of *TV EYE*'s presentation of the issue. This is dismissed by Southgate: 'Well, we're of course giving you the opportunity to redress the balance, if such redress were to be found to be necessary.' This kind of questioning indicates a clear, if unsurprising, agenda to bring the pharmaceutical industry to justice with the help of expert scientists. Interestingly, however, as noted above, Southgate also challenges Lader towards the interview, noting that 'It's taken you a lot of time to put [evidence of dependence] down on a piece of paper hasn't it?' This questioning of the scientific research it generally relies on so heavily indicates the programme's unequivocal support of patients, even vis-à-vis a trusted source of information.

Similarly, the visual portrayal of Lader conveys latent messages about his social status and role in the programme. Fiske and Hartley have explored the visual communication of meanings in

television programmes in some detail, suggesting semiotics, the "science of signs" developed by the Swiss linguist Ferdinand de Saussure, as an appropriate methodology for studying these. They argue that viewers are primed to recognise, or "read", the meaning of televisual images in a similar way to how individuals recognise their own name when flicking through a book.[57] Television uses images which are generally deeply familiar in structure and form, using codes which are usually closely related to the perception of reality itself.[58] Furthermore, Greg Philo has argued that news reporters favour striking, if exaggerated, images, citing the example of empty supermarket shelves during the Winter of Discontent in 1979, and noting that, ironically, reporters struggled to find such shelves in reality.[59] Similarly, Gabe and Bury have shown that images endowed with emotional and symbolic meaning were used to construct third-level narratives about responsibility and good and evil in the benzodiazepines crisis.[60] The myth of good and evil forces clashing, for instance, was invoked particularly clearly in *The Cook Report* during Cook's confrontation with the chairman of Wyeth, cited above.[61] Thus, it is necessary to isolate certain poignant images and analyse the meanings these convey to assess televisual messages. Semiotics combines two central concerns: the culturally determined relationship between a sign, such as a white medical coat, and its meaning, and the way such signs are combined into codes.[62] They note that signs operate on different levels of meaning, or orders of signification; while first order signs operate on a basic level of meaning where the sign refers plainly to what it signifies, second order signs imbue the signified with a range of separate cultural meanings, which cohere into comprehensive, cultural messages on the third level.[63] They note further that factual news programmes, including the one under consideration, draw on a limited number of elite people, recurring over various episodes, who are generally portrayed according to their cultural function rather than their individual attributes.[64] While Lader was one such elite expert, his

[57] Fiske and Hartley, *Reading Television*, p. 4 and 22.
[58] Ibid., p. 4.
[59] Greg Philo et al., *Really Bad News*, (London and New York, 1982), p. 8.
[60] Gabe and Bury, 'Tranquillisers and Health Care in Crisis', p. 452.
[61] Ibid., p. 452.
[62] Fiske and Hartley, *Reading Television*, p. 22.
[63] Ibid., p. 25.
[64] Ibid., p. 154.

appearances were limited to programmes about a specific topic, tranquillisers, but the same principles apply, as will be shown.

Specifically, three images of Lader will be discussed with a view to assessing how his status is conveyed. We are first introduced to Lader sitting in front of complex machinery (see Appendix A). The presenter is explaining the experiments Lader and his team have been carrying out relating to tranquilliser addiction, the main focus of the episode. Lader then proceeds to explain the particulars of the study, which involve measuring brain responses to clicks while patients are withdrawing from tranquillisers. On the first level of meaning we see a man in a suit sitting in front of a complex machine, whose purpose is not quite discernible, although the commentary suggests it is important. However, the denotative meanings of the image cohere with the factual information we are given about Lader and his work, forming a complex impression of his status and contribution to the programme in the viewer's mind. His suit and tie cohere with his status, which the presenter informs us of, to present an image of a respectable, trustworthy and knowledgeable professional. Furthermore, it is significant that our first visual impression of Lader shows him interacting with complex equipment. Portraying complex scientific experiments is a common theme in television reports, and indeed the first expert scientist shown in the episode, Dr Richens, is also introduced in the context of an experiment, which is shown in detail. However, rather than actively engaging in the experiment, the first time we see Richens he is sitting at his desk. Lader is later also shown at his desk, but it seems that the image in Appendix A portrays him as both a research leader *and* concerned enough, both in terms of his facial expression and his actions, to actively engage with his experiment and explain to the off-screen interviewer, and by extension the viewer, the important work he is doing.

The second image under consideration (Appendix B), taken from our second encounter with Lader, shows him sitting at his desk, answering the questions of an off-screen interviewer. The screenshot is replete with images that convey Lader's status, however, firstly, it must be noted that Lader's demeanour adds to his likeability and credibility as an expert. In the words of Anne Karpf, he has a

'smooth, white, middle-class, male voice with cultural authority'.[65] While this is not unique to Lader, and does not serve to distinguish him from any of the other experts on the programme, it does distinguish him from the patients shown, who were generally portrayed as "ordinary", and Lader is thus included in a group of elite, well-respected, and trustworthy experts. In addition, Fiske and Hartley note that the widespread portrayal of people of this class reflects their place in our culture's hierarchy.[66] Secondly, during this segment he is once again shown to be concerned about the welfare of viewers and patients, which is reinforced by the subtitle, reminding us of his professional status. Finally, there are various piles of papers and open books on his desk. This not only portrays him as knowledgeable and underlines his status as an intellectual professional but also further portrays him as concerned for the welfare of patients by suggesting that he has interrupted his work to give this important interview. Indeed, when I interviewed Professor Lader as part of his investigation, he explained the process by which he became involved in television programmes of this type. He states that he preferred being interviewed in a television studio because of the extensive process involved in setting up his office for interviews. 'First of all they put up things to stop the sunlight getting in and they move everything about and it takes you about a week to sort out what they've moved about, but, I mean, I don't mind that, but they prefer to do that: they like to see you in site [*sic*] rather like an ethnological study.'[67] This indicates that the meanings conveyed by these images are not accidental.

Finally, a third image will be analysed (Appendix C). It is taken from the end of the second episode and shows a panel discussion between, from left to right, Professor Rawlins, Professor Lader, the presenter Bob Southgate, and Dr Snell. It is no coincidence that Dr Snell, the representative of the pharmaceutical industry, is seated on the right, opposite the two scientists. This adversarial atmosphere is reinforced by the tendentious questioning discussed above. Furthermore, as noted above, these visual portrayals cohere into a third-order myth, i.e. on the highest, or ideological

[65] Karpf, *Doctoring the Media*, p. 106.
[66] Fiske and Hartley, *Reading Television*, p. 33.
[67] Interview with Professor Malcolm Lader, London, UK, 22 June 2015, 26.33-26.54.

level, that may be seen in terms of the struggle of good versus evil. Gabe and Bury have shown that tranquillisers themselves were portrayed as menacing while patients were portrayed as innocent victims. The portrayal of expert scientists as trustworthy, knowledgeable professionals, concerned with the welfare of patients and prepared to criticise the pharmaceutical industry thus coheres into a third-order myth of tranquilliser dependence where scientists are portrayed as a heroic group using their special skills in the discovery of knowledge to help patients; not shy to confront the pharmaceutical industry, the villain; and committed to the publication of their findings in association with the media, the facilitator, in the interest of helping patients, the innocent victims. This reflects, to some extent, myths about modern health care and society more generally, including a disillusionment with major institutions, like the pharmaceutical industry and its profit-driven nature, and respect for individual achievements, particularly knowledgeable, benevolent people like scientists, concerned with patients' wellbeing rather than profit.[68] This is situated in the "culture of fear", noted by Clive Seale, which emerged in the 1970s.[69] Medical disasters, and the institutions responsible for them – GPs and pharmaceutical companies – are an integral aspect of 'the continual drip-feeding of [...] frightening images or stories' which, Seale notes, creates 'a cumulative effect in which consciousness of safety issues has reached chronic levels.'[70] Media discussion of the tranquilliser crisis, and portrayals of scientists as heroes, should be seen in this context.

The findings presented above indicate that expert scientists played a highly significant role as sources of trustworthy knowledge during the benzodiazepines crisis, but also show the increasing importance of television as a central player in the dissemination of information to viewers and patients as consumers of health care. Furthermore, the case study has confirmed the important differences between attitudes towards the group referred to here as expert scientists and GPs, particularly in this context. It has shown that lay regard for scientists can be high while regard for GPs is low, demonstrating that attitudes towards GPs are affected by different

[68] Fiske and Hartley, *Reading Television*, p. 30.
[69] Clive Seale, *Media and Health*, (London, 2002), p. 68.
[70] Seale, *Media and Health*, p. 68.

factors, including prescribing behaviour and experiences with individual doctors. It is thus inappropriate to evaluate lay regard for "medical experts", particularly in the context of the benzodiazepines crisis, without differentiating between the two groups.

## Conclusion

This article has examined the social status of expert scientists in late twentieth-century Britain through an assessment of Professor Malcolm Lader's contributions to two previously unexamined episodes of *TV EYE* on benzodiazepine use and dependence. In doing so, the case study built on similar analyses presented by Gabe and Bury concerning the semiotic portrayal of meanings by television programmes, but focussed specifically on the portrayal of expert scientists to present a more nuanced approach to assessing the ramifications of the benzodiazepines controversy for the status of medical expertise in Britain. In the context of arguments presented by eminent sociologists about the importance of expertise in modern societies, particularly in the medical context, the above case study showed that expert scientists remained an important and respected source of information during the benzodiazepines controversy. This is evident particularly when comparing the portrayal of GPs and scientists, demonstrating the importance of differentiating between the two groups in discussions of the social standing of medical expertise. Thus, the article adds to the literature by highlighting the need to differentiate between scientists and GPs in assessments of the status of medical expertise in late twentieth-century Britain, suggesting that conflating these groups, as some scholars have done, is inappropriate and unnecessarily complicates the analysis.

The article also found, however, that, as noted above, the media emerged as an important alternative source of information for viewers as consumers of health care. Contemporary television programmes displayed a clear viewer- and patient-focussed agenda, committed to informing the public about socially contentious issues, and co-operated with emergent self-help groups to complement more traditional sources of health information and support. This goes against Karpf's argument about the power of medical experts vis-à-vis the media, which, as discussed above, failed to take these changes into account. Indeed, Gabe and Bury have argued that medical

dominance was increasingly questioned in the 1980s due to a rationalisation of expert knowledge and the rise of health-care consumers, educated and empowered by the media.[71] While they rightly recognise the importance of the rising perception of patients as consumers, the material presented here does not support their view of these changes as a 'crisis' in British health care and indicates, once again, that their argument is weakened by their failure to differentiate between media portrayals of GPs and scientists.

Finally, Anthony Giddens has argued that the disembedding mechanisms of high modernity have acted, one the one hand, to decrease doctors' monopoly over knowledge, making medical expertise "chronically contestable", and on the other hand, created dangers that have increased lay reliance on expert opinion.[72] The case study presented here indicates that, while the actions of certain medical groups, particularly GPs, were indeed increasingly contestable, Giddens may have underestimated the enduring reliance of lay people on expert knowledge, particularly in the context of the emergence of new threats, such as the increasingly profit-driven nature of the pharmaceutical industry. Furthermore, while the media emerged as an important new claims-making party, it was shown to depend significantly on claims made by experts, suggesting that the extent to which medical experts lost their monopoly over knowledge may be questionable. Thus, a picture emerges of British health care in the 1980s as increasingly diverse but still centrally dependent on the knowledge and status of research scientists, who remained culturally significant, respected authorities during the benzodiazepines crisis. This not only expands on existing scholarship on the importance of expertise in the late twentieth century and about the benzodiazepines crisis but also highlights a number of important changes in health care, including its diversification, the noticeably more public division between doctors and medical researchers, and the increasingly important role of television as a key social force for mediating controversial situations.

Naturally, the scope of the article constrained the analysis somewhat and a number of methodological issues merit brief discussion. Perhaps most importantly, it must be stressed that the

[71] Gabe and Bury, '*Halcion* Nights', p. 448.
[72] Giddens, *Modernity and Self-Identity*, p. 141.

evaluation of the status of expert scientists presented here was based on a rather limited examination of the benzodiazepines crisis. While this is a fascinating period in recent British medical history and highlights a number of important changes that took place in the late twentieth century, it is also a case with specific characteristics, for instance the clear role played by GPs in bringing about the crisis, which naturally affected attitudes towards the groups involved. Thus, the potential to extrapolate from the findings presented here is limited to an extent. To that end, future scholarship might consider a comparative study of the role of expert scientists and other medical professionals during different medical crises. Nonetheless, as noted above, the article offers interesting new insights into a key medical controversy in recent British history and the changing social relations explored above. Secondly, a conscious choice was made to focus on Malcolm Lader's contributions to television programmes at the expense of other media. Despite being a valuable source for an investigation of this type, the medium has a number of specific characteristics, being, for instance, more entertainment-centred than newspapers or current affairs periodicals. Thus, a comparative study of the contributions of expert scientists to a variety of media in the context of the benzodiazepines crisis may yield interesting insights concerning the differences between media, particularly their dependence on expert testimonies.

Nonetheless, this article has presented a reinterpretation of the major historical and sociological arguments surrounding the social status of expertise in late-twentieth century Britain, as well as the role of expert scientists during the benzodiazepines crisis. Both the argument that scientists and GPs should be recognised as distinct groups in evaluations of this type and the semiotic analysis of Professor Lader's contributions to two 1980 episodes of *TV EYE* are original additions to the existing literature and it is hoped that this work will enrich understandings of this episode in British medical history.

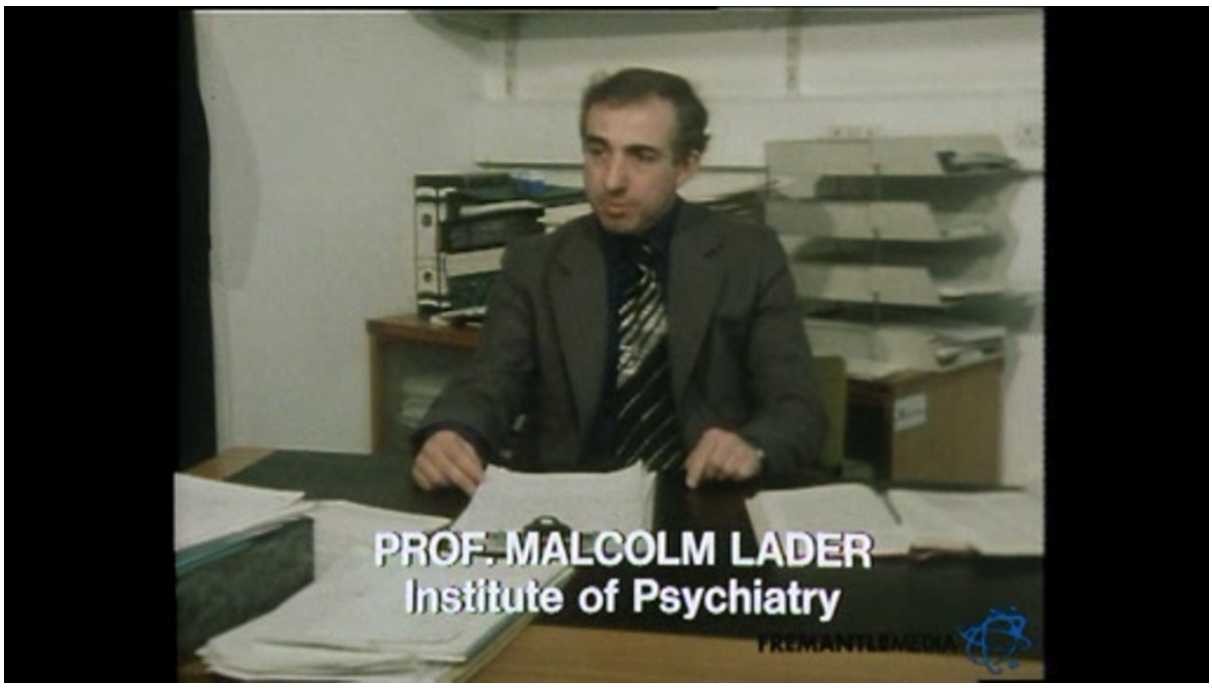
## Appendices

## Appendix A


Screenshot from *TV EYE*, 'Tranquillisers – The Second Warning', 21 February 1980[73]

[73] *TV EYE*, 'What Price Tranquillity', 11.47.

## Appendix B




Screenshot from *TV EYE*, 'Tranquillisers – The Second Warning', 21 February 1980[74]

[74] *TV EYE*, 'What Price Tranquillity', 12.22.

## Appendix C


Screenshot from *TV EYE*, 'Tranquillisers – The Second Warning', 27 March 1980[75]

[75] *TV EYE*, 'Tranquillisers – The Second Warning', 15.26.

# 'They go to England to preserve their Secret': The emigration and assistance of the Irish unmarried mother in Britain 1926-1952

Lorraine Grimes

> Hundreds of Irish Catholic unmarried mothers go to England every year where they have little difficulty in finding non-Catholic adopters for their babies. The temptation for them to accept this easy means of disposing of their babies is very great and many, unfortunately, succumb to it.[1]

Ireland during the period of 1926 to 1957 remained a country where contraceptives were illegal, adoption was illegal, abortion was illegal, there was no financial assistance for unmarried mothers, institutionalisation was the only form of social care, and guilt and shame were associated with sex outside marriage. Therefore many Irish unmarried mothers were left with little choice but to emigrate. With the legalisation of adoption in Britain in 1926, emigration to Britain provided an escape for the Irish pregnant girl, who could have her child adopted there and return home without anyone knowing the real reason for her departure. Many young women who found themselves pregnant attempted to escape the humiliation from their local community in Ireland. In an annual report from the Catholic Protection and Rescue Society of Ireland adoptive services which could be sought in England were described as an 'easy means of disposing'[2] of children of Irish unmarried mothers. Fr. Cecil Barrett wrote to Archbishop McQuaid stating that 'they [Irish

[1] Dublin, Dublin Diocesan Archive, John Charles McQuaid Papers, AB8/b/xxix/22/5/32, Catholic Social and Protection Society, Annual Report 1948.
[2] Ibid.

unmarried mothers] go to England to preserve their secret'.[3] This article will investigate philanthropic, religious and state organisations which assisted Irish unmarried mothers in Britain. Firstly, this article will examine the reaction of the Irish Catholic clergy to the emigration of these women, incorporating the attitudes of the Catholic Protection and Rescue Society of Ireland and the Catholic Social Welfare Bureau as well as the stigma associated with the mother and baby homes in Ireland. It will then investigate the assistance these unmarried mothers received in Britain focusing on Liverpool and the supports and accommodation available there. It will incorporate the reaction of British welfare organisations to these emigrants, particularly the National Council for the Unmarried Mother and her Child in London through critical analysis of personal cases dealt with by the Council. This article will incorporate letters from unmarried mothers to the National Council in London. These letters will give the reader an insight into the experiences of Irish unmarried mothers in Britain. This article argues that despite efforts to assist these women, repatriation was seen as the only solution to the problem of Irish unmarried mothers in Britain.

## Emigration and Moral Panic in Ireland

Jennifer Redmond has noted that 'sexual behaviour and its regulation became a national obsession in the post-independence era in an effort to prove decency, respectability and capability in governing Ireland as an independent nation.'[4] The early years of the Irish Free State experienced what historians are now referring to as 'a moral panic'.[5] Historians have researched Ireland's moral welfare as linked with the morality of the newly established Free State.[6]

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[3] John Charles McQuaid Papers, Adoption File, LII/A/40/2/1, Letter to Archbishop McQuaid from Fr. Cecil Barrett, 11 January 1960.

[4] Jennifer Redmond, "The Politics of Emigrant Bodies: Irish Women's Sexual Practise in Question", in *Sexual Politics in Modern Ireland* ed. By Jennifer Redmond and others (Sallins, Irish Academic Press, 2015) pp. 73-89 (p.73).

[5] Jennifer Redmond, "The Politics of Emigrant Bodies", in *Sexual Politics in Modern Ireland*, ed. By Redmond, pp. 73-89, Diarmaid Ferriter, Occasions of Sin: Sex and Society in Modern Ireland, (London, Profile Books, 2009).

[6] See Maria Luddy, 'Moral rescue and unmarried mothers in Ireland in the 1920s', *Women's Studies: An Interdisciplinary Journal,* 30, 6, 2001, pp. 797-817, Diarmaid Ferriter, *Occasions of Sin: Sex and Society in Modern Ireland*. London: Profile Books, 2009, Jennifer Redomnd, Sonja Tiernan, Sandra McAvoy and Mary McAuliffe, *Sexual Politics in Modern Irish History, Dublin, Irish Academic*

Emigration, and particularly female emigration, from Ireland to Britain rose significantly during the 1930s. Irish Catholic organisations were particularly concerned with the large number of young Irish females emigrating to Britain for employment. Sermons from the Irish Catholic church emphasised the Irish innocent girl who is an 'easy prey' and becomes victim of the 'smooth-tongued, well-dressed stranger' in large cities in Britain.[7] It was believed that high illegitimacy rates and high numbers of unmarried mothers would damage the image of Catholicism and respectability of the Irish Free State. The Catholic Church became concerned with the welfare of the large number of Irish emigrants and in 1942, "The Emigrants Section" of the Catholic Social Welfare Bureau was established to deal with problems affecting the welfare of Catholic emigrants in Britain.[8] This was controlled by the Archbishop, John Charles McQuaid, who corresponded frequently with societies assisting Irish emigrants in Britain. Clergy in London and Liverpool reported on the numbers of Irish immigrants in the parish, places of suitable accommodation and employment for them and reported on Irish centres in the locality. However the fear of young girls 'getting into difficulty' shortly after arriving in Britain became a great cause of concern for the Irish Catholic Church and also for social welfare societies in Britain.[9] The repeated emphasis on girls 'falling' or 'getting into difficulty' shortly after arriving in Britain reiterated this fear of immorality in Britain and encouraged young Irish women not to go abroad.

Another organisation which was particularly apprehensive about the emigration of Irish unmarried mothers to Britain was the Catholic Protection and Rescue Society of Ireland.[10] Founded in 1913, their duty was to 'save Catholic children's souls from the evils of proselytism'.[11] The society prioritised religious welfare over that of physical welfare. Catholic children were taken from Protestant

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*Press, 2015.* Louise Ryan, *Gender, Identity and the Irish Press, 1922-37: Embodying the Nation*, Mellen Press, New York, 2002, Maryann Valiulis, *Gender and Power in Irish History*, Dublin, Irish Academic Press, 2008.

[7]McQuaid papers, Letter from Henry Gray to Fr. Mangan, 30 March 1954.

[8]McQuaid Papers, Catholic Social Welfare Bureau Emigrants Section.

[9] This phrase was often used in reference to pregnancy in DDA files.

[10]The Catholic Protection and Rescue Society of Ireland will be abbreviated to the CPRSI for this article.

[11]CPRSI, Annual Report, 1949, McQuaid papers, DDA, p.31.

families and were placed in a Catholic institution or placed in Catholic foster care. The large Protestant population in Britain was of great concern to the CPRSI who believed that the soul of the Catholic child would be in great danger if the child was adopted by a Protestant family. The CPRSI stated that many Irish unmarried mothers who emigrated from Ireland wanted to place their children with English adoptive parents rather than putting them in institutionalised care.[12] The CPRSI aimed at avoiding adoption of Irish Catholic children in Britain to Protestant families and where possible, had them adopted by Catholic families or placed in a Catholic institution. Diarmiad Ferriter has stated the irony on the emphasis of the family under the Irish constitution while institutionalisation of children was endorsed over adoption.

> It was ironic that a society which placed such a premium on the family and the home environment was still prepared to incarnate children in institutions where childhood was all but non-existent, while legal adoption continued to be resisted on the grounds that it would threaten the religious welfare of children.[13]

Paul Michael Garrett has argued that the threat of incarceration in a mother and baby home where an illegitimate child could be adopted in America without consent of the mother was the main reason why hundreds of unmarried mothers emigrated to Britain.[14] On admission into an Irish mother and baby home, a two year period must be served before leaving, unless payment of £100 was given to the home. James Smith has argued that the institutionalisation of women in Irish mother and baby homes and Magdalene asylums was an 'architecture of containment' by the Catholic Church to contain all those considered 'unvirtuous' by the Church.[15] Maria Luddy states that women entered the homes voluntarily but once entered were subject to the strict and harsh discipline as well as limitations to their freedom. The idea of these homes was that through total self-

[12] CPRSI, Annual Report, 1949, McQuaid papers,DDA, p.31.
[13] Ferriter, Diarmaid, The Transformation of Ireland, (London, Profile Books, 2004) p. 392.
[14] Paul Michael Garrett, "Unmarried Mothers in the Republic of Ireland", *Journal Of Social Work,* 2016.
[15] James Smith, Ireland's Magdalen Laundries and the Nation's Architecture of Containment, (Manchester, Manchester University Press, 2007).

abnegation and the suppression of their [the inhabitants] own desires this would lead to these women's repentance.[16] The CPRSI stated that 'we have little doubt that many of the girls would never willingly go to England, or would willingly return, if the term to be spent in the Special Homes here was shortened.'[17] If mothers were free to leave whenever they wished, the numbers emigrating to Britain may not have been as high. In Britain each home was individually run and there were no length of stay restrictions. The majority of homes had a minimum six month stay after birth. Reverend Mother General of the Franciscan Missionary Sisters and Mother Margaret, Superiors, of Portiuncula Hospital, Ballinasloe, wrote to the Department of Local Government and Public Health suggesting that the time in the homes be shortened. She stated that:

> She disagreed with this period [of two years]. The Franciscan Missionary Sisters felt that it was much preferable to retain the mothers for only about three months after the birth of the baby. Their aim was to get these persons back to normal existence and a normal occupation as quickly as could be arranged.[18]

As the Mother Superior of a large maternity hospital in the west of Ireland and a member of the Franciscan Missionary Sisters, Sister Margaret appealed to the department to change the two year rule. However no efforts were implemented by the department to shorten the length of stay in the homes.

The media and the Church both outlined the dangers of travel. Louise Ryan has examined the emigration of Irish women to Britain during the 1930s and the reaction of the Irish media to this emigration. She argues that the Irish media focused on negative cases of Irish emigrants in Britain in order to encourage Irish women to stay at home. Although the newspapers gave voice to a range of opinions and perspectives on emigration these were frequently underpinned by issues of nation building, fears about depopulation,

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[16] Maria Luddy, Prostitution and Rescue Work in Nineteenth Century Ireland, in *Women Surviving*, ed. By Maria Luddy and others (Dublin, Poolbeg, 1990) p.75
[17]McQuaid Papers, CPSRI, Annual Report 1949, p. 2-3.
[18] Department of Health and Children, Repatriation Papers,A124/25/22 E25Discussion with Minister for Health, 31 January 1948.

and the need to maintain a unique national identity.[19] Ryan has also critically analysed the articles of Gertrude Gaffney entitled 'Irish Girl Emigrants' in the *Irish Independent* as partially hysterical and hyperbolic. Gaffney researched Irish emigrants in Britain in the 1930s and found that Irish emigrants were admitted in 'every shelter for the destitute, in every maternity hospital, in every home for unmarried mothers, or worse still in the common lodging houses in certain parts of the great cities'.[20] Gaffney appears to show genuine concern for the welfare of emigrants abroad and criticises conditions in Ireland. Jennifer Redmond has stated that these articles 'tend to examine the worst case scenarios of "sinful singleness."'[21] Ryan has depicted these female emigrants as symbols representing the new Free State in Britain. The National Council for the Unmarried Mother and Her Child was an organisation which assisted unmarried mothers in London and will be discussed in detail later in this article. This organisation outlined two different types of Irish unmarried mothers which they encountered:

> There are two classes of cases which present particular difficulty; one is the girl who runs away from Ireland to hide in England or Scotland, trusting that she may be able to return home without the child, and the other is the girl in employment here who gets into trouble either in the place of her employment or, as commonly happens, whilst on holiday in Ireland.[22]

Social welfare societies and religious organisations in Britain developed a negative image of Irish female emigrants and Irish unmarried mothers. One city in particular experienced a large amount of Irish female emigrants: Liverpool.

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[19] Ryan, Louise, Sexualising Emigration: Discourses of Irish Female Emigration in the 1930s, *Women's Studies International Forum*,25(2002) pp.51-65 p. 52.
[20] Gaffney, Gertrude, "Irish girl emigrants", *Irish Independent*, December 7, 1936, p. 5.
[21] Redmond, Jennifer, "'Sinful Singleness'? Exploring the Discourses on Irish Single Women's Emigration to England, 1922-1948", *Women's History Review*, 17 (2008) p. 467.
[22]London School of Economics, Women's Library, 5OPF/10/1 Box 110, National Council of the Unmarried Mother and Her Child, Annual Report 1926.

## The Irish Unmarried Mother in Liverpool

Fr. Henry Grey, the Honorary Secretary of the Catholic Social Protection and Rescue Society of Ireland, stated that:

> It is true and most disturbing, that girls of 16 or 17 years of age are going across to England with at most a few shillings in their pockets and neither employment nor relatives to whom to go... I would say that quite a few Irish girls who had reasonable home backgrounds in this country are to be found living in the most degraded conditions in Liverpool lodgings frequented by coloured seamen, etc. [23]

The Liverpool Vigilance Association was set up in 1908 to protect the interests of women, girls and children travelling through the port and city and gave counsel and advice to travellers in difficulty. It was set up as a branch of the National Vigilance Association founded in 1885 in London as an organisation to campaign against white slave traffic and the exploitation of women from 'moral dangers' such as prostitution, alcohol, drugs or unmarried motherhood. The minutes of the Irish Girls Sub-Committee of the British Vigilance Association stated that:

> The type of help given to the girls in addition to escorting or finding accommodation had been contacting employers, making telephone calls, changing money, finding luggage, directing to special addresses, monetary assistance in some cases information about the church and clubs.[24]

Their assistance was mainly administrative however their work was vital to the assistance of Irish female emigrants. Due to the large number of Irish emigrating to Liverpool, the societies in Liverpool forged closer links with other associations doing the same kind of work in Dublin. [25] Fr. Henry Grey of the CPRSI corresponded frequently with societies in Liverpool and stated that the Liverpool

[23]McQuaid papers, Letter from Henry Gray to Fr. Mangan, 30 March 1954.
[24]Liverpool Vigilance Association Papers, Merseyside Records Office, VIG4/1.
[25] Liverpool Vigilance Association Papers, Merseyside Records Office, 326/VIG/6, The Travellers Friend: Issue no. 11, January 1953.

Vigilance Association is the body 'which does most excellent work. It works in very close harmony with the local Catholic organisations in Liverpool and has a working arrangement with us [CPRSI] under which they sent us names and both Irish and English addresses of the girls they meet.'[26] In 1921, the Liverpool Vigilance Association became the Liverpool Society for the Prevention of International White Slave Traffic in Women and Children,[27] and came to include all persons, not just women and children. The association also extended its facilities to take an increasing concern over social welfare, with particular reference to child assault, unemployment and moral laxity. Between 1922 and 1927, of the 3,420 women the Liverpool Society helped at its ports, 2,292 were Irish.[28] From 1926 to 1930, the Liverpool Society met 1,947 Irish expectant mothers at the docks and at Lime Street Station, Liverpool,[29] over a period of four years nearly 2,000 Irish unmarried mothers emigrated and sought assistance in Liverpool. The Travellers Aid Society, established in Liverpool in 1898, was set up to aid female passengers arriving at ports and railway stations. Accredited station workers of the Society included representatives from the Girls' Friendly Society, the National Vigilance Association, The Reformatory and Refuge Union as well as individual members. In May 1938 the Travellers Aid Society had helped 1,189 women 1,125 of these were of Irish nationality.[30] The Secretary of the Liverpool Vigilance Association stated that a large amount of Irish girls arrived 'without money, without prospective work and without references. These girls had to be housed and kept at this State's expense until the girls found employment or some other means of obtaining money to return home.'[31] For example, the Liverpool Vigilance Association reported one Irish girl who arrived in Liverpool with a baby and possessed

[26]McQuaid papers, Letter from Henry Gray to Fr. Mangan, 30 March 1954.
[27] The Liverpool Society for the Prevention of International White Slave Traffic in Women and Children will be abbreviated to the Liverpool Society in this article.
[28]Dublin, Dublin Diocesan Archives, Archbishop Byrne Papers, Lay Organisation (2),LII/A Letter from Rev. Craven, Crusade of Rescue London to Mrs Crofts, Department of Local Government and Public Health, c.1929.
[29] Ibid, p.28.
[30]Liverpool, Merseyside Records Office, Liverpool Vigilance Association Papers, VIG/1/1, Travellers Aid Society: Minutes of 173rd Executive Committee Meeting, 9 May 1938.
[31] LVA papers, VIG 326/1/3(1) Report on the British Vigilance Association, March – April1953.

only five shillings.[32] The fact that this young girl possessed limited financial resources was not uncommon for many emigrants arriving in Liverpool at this time. Irish agencies were blamed for sending young Irish girls over to Britain with no money, providing them with only the price of a ticket and the details of the local charitable organisations once they landed in Britain. A number of homes and hostels were available for Irish female emigrants. The Liverpool House of Help and Hostel for Women and Girls, offered publically provided accommodation for women with no other alternative. St. Hilda's Hostel, was a hostel for unmarried mothers and was run by the Liverpool Diocesan Board of Moral Welfare. The hostel provided a home for the mother and baby until the child reached eighteen months old.[33] There was also St. Monica's Home which offered before and after care for pregnant girls and mothers. Paul Michael Garrett has described Ireland's largest mother and baby home as Britain and in particular, London.[34]

## The Irish Unmarried Mother in London

On 25 May 1939 Cardinal Hinsley, Archbishop of Westminster, London, wrote to the Tasoiseach, Éamonn de Valera, stating that:

> There are, alas, not a few who come to England with the deliberate intention of concealing from their families and friends the shame of an illegitimate pregnancy. It would appear that my secretary for Social work is annually made aware of the presence in Westminster (alone) of nearly 100 cases of single girls who have become pregnant in Eire and whose purpose is to give birth to their child in one of our public assistance hospitals, intending to leave the child in England as a charge upon the generosity of English Catholics.[35]

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[32] Liverpool Vigilance Association papers, The Travellers Friend: Issue No. 14, October 1953.
[33] London, London Metropolitan Archives, A/LWC/326.
[34] Paul Michael Garrett, "Unmarried Mothers in the Republic of Ireland", *Journal of Social Work,* 2016.
[35] Dublin, Department of Health and Children, Clandillion Papers, 22/4/F32, Letter from Archbishop of Westminster Cardinal Hinsley to Éamonn de Valera: Report prepared by Moral Welfare work for Irish women and Girls in Westminster, 25 May 1939.

Hinsley had also written to the Catholic Social Welfare Bureau noting that the Westminster Office for Social Work for Women and Girls had received 538 applications from unmarried mothers, 327 of which were Irish, 70 of which had admitted conception in Ireland and only 12 consented to return to Ireland.[36] The Cardinal pressed for the repatriation of Irish unmarried mothers and their children and pressed the Irish government to provide a weekly maintenance for each of the mothers who were presently in an English mother and baby home. The Crusade of Rescue was also based in London and funded by the Catholic clergy. It was reported in 1938 that 25 percent of the children in their care were Irish. There were 163 Irish illegitimate children in their care out of a total of 693. 32 of these mothers had admitted conception in Ireland. They reported that the total cost of these 163 children was £21,057.11.6[37]. There were a number of religious welfare organisations which assisted Irish unmarried mothers in London. Numbers of Irish mothers in English rescue homes were noted by the Cardinal and Irish societies were informed regularly of these numbers.

A governmental organisation, the National Council for the Unmarried Mother and Her Child[38] was founded in London in 1918. The aim of the Council was to 'help unmarried mothers to rebuild their own lives, and encourage the fathers of illegitimate children to face their responsibilities, to do this, many ask us to find suitable employment, and also decent accommodation in which to bring up their children.'[39] The Council dealt with women on a case by case basis and received many letters from both British and Irish women seeking assistance. The Council emphasised the problem of the Irish emigrant arriving in Britain and seeking accommodation and assistance. These women were encouraged by the Council to get in

[36] McQuaid Papers, Emigrants Welfare box 1, Report of the Crusade of Rescue, 1938.
[37] Ibid.
[38] The National Council for the Unmarried Mother and Her Child may be abbreviated to as the Council or the National Council for the remainder of this article.
[39] London, London School of Economics: Women's Library, 5OPF/10/A/1National Council for the Unmarried Mother and Her Child, 5OPF/10/A/1.

touch with agencies in Ireland. A letter from an Irish girl ran as follows:

> I am unmarried and the doctor has informed me I am pregnant. I wish to enlist your aid to see if you can assist me in my trouble... You will see the sad plight I am in, there is only my father and myself as my mother is dead, so I dare not let my father know my condition. You will please write to me privately and give me your advice. I enclose stamped addressed envelope for your reply as I am afraid of my father knowing. Could you please tell me of any home or institution in Liverpool which I could go to privately during my trouble?[40]

Secrecy was a common concern for many unmarried mothers, not only those from Ireland, unmarried mothers in Britain also wished to keep their pregnancy secret and have their child put up for adoption so they could continue with their employment as before. Tanya Evans and Pat Thane have examined the secrecy surrounding unmarried motherhood in Britain and suggest that the grandmother raising the grandchild as her own was quite common while the birth mother played the role of an older sister. In 1945 a study on 11 counties and 16 boroughs showed that 59 per cent of children with unmarried parents lived at home with their grandparents.[41] Although these mothers were urged to seek assistance in their own country, information was usually given on homes and institutions available if requested.

Another letter received by the National Council from an Irish girl revealed that her parents were unsupportive and therefore adoption or institutionalisation was unavoidable.

> I am writing to ask if you could help me as I am expecting my baby any time early this month of June and I am unable to keep it or take it home. My parents want me back home but I cannot take the baby, could you please help me. I will

[40]National Council of the Unmarried Mother and Her Child, 5OPF/10/1 Box 110, Annual Report 1926.
[41] Sheila Ferguson and Hilde Fitzgerald, Studies in the Social Services, (London, H.M. Stationary Office, 1954) p. 132-3.

> be willing to give it up and finish with it and leave it entirely with you. I am a Catholic and from Ireland.[42]

These children were not unwanted necessarily by their mother, but by extended family and society. In the first year of its introduction in Britain, the 1926 Adoption Act showed that 3,548 adoption orders had been made that year.[43] Financial difficulty affected the majority of unmarried mothers. Mothers who had their children adopted usually did so reluctantly because they were unable to support themselves and the child. If there had been some outdoor relief provided for unmarried mothers, the adoption figures may not have been as high. One case from an Irish girl, from county Kildare, confirmed:

> I am writing to know if you can help me. I am unmarried and about to become a mother in May. I wonder do you know of any maternity home that I can go to in London or any home that I can send my child to as I cannot afford to keep it.[44]

The National Council provided many Irish women with suitable accommodation as well as advice and information on affiliation orders, adoption rights, fostering and children's homes. However the Council's opinion of Irish mothers was a rather negative one:

> Irish mothers in England and those who write from Ireland begging for accommodation for their confinement over here, give work to the Individual Case Department and to many Roman Catholic Committees. Irish girls frequently contend in the office that other girls have come over for the birth of a baby and gone back leaving the child here...the Committee was recently consulted about a little boy aged 4 and a half years whose mother had returned to Ireland

[42] National Council of the Unmarried Mother and Her Child, Annual Report 1926.
[43] Pat Thane and Tanya Evans, Sinners? Scroungers? Saints?: Unmarried Motherhood in Twentieth Century England, (Oxford, Oxford University Press, 2012) p. 45,
[44] National Council of the Unmarried Mother and Her Child, Annual Report 1926.

> soon after his birth, leaving him in a Home: she had never seen him since and now refused to have him in Ireland.[45]

The aim of the National Council was to keep mother and child together and did not want to become an association where mothers could leave their children and have them adopted, fostered out or institutionalised. Each of these was regarded only as a last resort if all else failed. Efforts were made with the Irish government to reduce the numbers of Irish unmarried mothers emigrating to Britain and repatriation was enforced by the National Council.

> [Irish]Girls arrive in the latest stages of pregnancy and expect to find shelter and attention, as well as to be relieved of the child. It is a constant question as to where commonsense and justice to English taxpayers and subscribers begin...every step should be taken to send back to Ireland unmarried mothers who come over for the birth of an unexpected child, and to discourage their arrival in every possible way.[46]

Repatriation was enforced by the Council however it was the organisations of the Catholic Church who controlled the repatriation. In most repatriation cases the mothers returned home to Ireland without their child, leaving them in the hands of a social welfare organisation such as the National Council, or in the hands of a Catholic Church or Church of England welfare organisation. The majority of these children would have been adopted by British parents or would have remained in a Children's home in Britain.

**Repatriation of the Irish Unmarried Mother**

Paul Michael Garrett argues that the numbers of Irish women travelling to Britain in order to have their babies was not entirely displeasing to the Irish authorities as it kept the nation's illegitimacy rate at an artificial low and took the pressure from Irish authorities

[45] National Council of the Unmarried Mother and Her Child, Annual Report 1931.
[46] National Council of the Unmarried Mother and Her Child, Annual Report 1932.

to support these mothers.[47] In contrast, Lindsey Earner-Byrne has argued that the idea that Ireland's moral linen was washed in Britain was anathema to the aspirations of the new state.[48] Earner-Byrne believes that the state did not want the emigration of these women as it proved that the Free State was failing to provide for them with sufficient care at home. Diarmaid Ferriter has argued that there was a widely held belief that 'emigration would compromise the chastity and morality of the Irish by leading emigrants to immoral climates and environments that were the antithesis of what they had left behind'.[49] There was serious concern for the reputation of Irish unmarried mothers in Britain and opposition increased from Church and British social welfare organisations dealing with numerous Irish mothers in their care. Garrett has revealed that some Irish women were forced to return to Ireland, have their child adopted and pay for their stay in the Mother and Baby Home. One girl was charged 3 guineas a week.[50] However only pregnancies conceived in Ireland were recognised as Irish and therefore eligible for repatriation. Conception in Ireland was difficult to prove therefore the numbers being repatriated in the 1930s and 1940s were quite small. However, as numbers began to increase throughout the 1950s numbers rose to an average of 100 per year throughout the 1950s.[51] While the Irish State did not assist these emigrations they did operate a blind-eye policy. Joseph Walshe, the secretary of the Department of External Affairs, stated that, 'so far as the Irish state was concerned, the 'moral' problems posed by the migration of thousands of young women fell within the remit of the pastoral work of the Irish and British Catholic clergy and that consequently such matters were not the responsibility of the Irish State.'[52] The State's inability to deal with the problem allowed emigration and repatriation of these

[47] Paul Michael Garrett, Social Work and Irish People in Britain: Historical and contemporary responses to Irish children and families, (Bristol, Policy Press, 2004) p.34.
[48] Lindsey Earner Byrne, Mother and Child: Maternity and Child Welfare in Dublin 1922-1960, (Manchester, Manchester University Press, 2007) p. 192.
[49] DiarmaidFerriter, Occasions of Sin(London, Profile Books, 2009) p. 258.
[50] Paul Michael Garrett, Social Work and Irish People in Britain: Historical and Contemporary responses to Irish Children and Families, (Bristol, Policy Press, 2004) p. 42.
[51]McQuaid papers, CPRSI Annual Reports 1950-1959.
[52] Delaney, Enda, Demography, State and Society: Irish Migration to Britain, 1921-1971, (Liverpool, Liverpool University Press, 2000) p. 67.

women to continue into the 1960s. The repatriation of Irish unmarried mothers did not end until 1971.

In conclusion, with the legalisation of adoption in Britain in 1926, Irish unmarried mothers fled in their hundreds to London and Liverpool. The large scale emigration of Irish unmarried mothers to Britain caused moral panic for the Irish Catholic Church who kept in close correspondence with clergy in Britain. Societies in Liverpool and London assisted hundreds of Irish women by providing information, advice and accommodation. However, repatriation and emigration back to Ireland was seen as the only solution for social welfare organisations in Britain who were not eager to support the financial upkeep of these mothers. This article elaborates on our understanding of Irish unmarried motherhood in Britain during this period. It encompasses attitudes from those in Ireland on the emigration of these women including analysis from the Catholic Social Welfare Bureau and the Catholic Protection and Rescue Society of Ireland. This article gives an overview of the assistance offered by the Liverpool Vigilance Association and the Travellers Aid Society as well as noting the homes and hostels in Liverpool. The Archbishop of Westminister, Cardinal Hinsley, displayed a negative attitude towards Irish unmarried mothers in Britain. Examples of letters received by the National Council for the Unmarried Mother and Her Child outline the problems facing these mothers. The analysis of these letters illustrates the experiences of these women and gives the reader a better insight into the understanding of Irish unmarried mothers seeking assistance in Britain during the mid-twentieth century. The legalisation of adoption in 1952 did not bring an end to emigration. Instead Ireland witnessed a shift in the reasons for emigration in 1967 with the legislation of abortion in Britain. This abortion trail continues to this day. Irish women have been emigrating since 1926 from Ireland in order to obtain of better social assistance and sadly, this emigration continues to this day.

# Alexander Lee, *The Ugly Renaissance: Sex, Disease and Excess in an Age of Beauty* (London: Hutchinson, 2003), 608 pages. ISBN: 978-0091944346. RRP £25.00.

Imogen Sackey

A highly celebrated specialist in the field of the Italian Renaissance, Alexander Lee has produced a plethora of works on the well-trodden topic, focusing predominantly on the intricacies of political thought and authority. Lee's most recent publication - *The Ugly Renaissance: Sex, Disease and Excess in an Age of Beauty* - is a refreshingly candid account of everyday life during the Renaissance age. Unpacking the political, economic, social and cultural intricacies of this well studied phenomena of European history in a single volume is no easy task. Lee's latest attempt, however, captures the very essence of the Renaissance spirit. His work has been subject to criticism from those who postulate that Lee assumes the reader ignorant enough to believe that the Renaissance was little more than 'an age of beauty,' a movement centred on the genius and reputation of elite circles. No such presupposition can be detected in *The Ugly Renaissance*; this work is thoroughly engaging, certainly not patronising, and will capture the imagination of audiences beyond the somewhat narrowed confines of history and art history departments. Lee's imaginative descriptions of contemporary masterpieces - from Boccaccio's *Decameron* and *Journey of the Magi to Bethlehem* - touch on and replicate the fascination with the new philosophies and imagery epitomised by the Renaissance.

Thematic divisions separate the book's three parts and allow the author to steer clear from the more common chronological exploration of the period. Though Lee's methodology is one that has, perhaps, been invited by an examination of artistic progression, it has been overdone somewhat, making the narrative at times difficult to follow. Lee investigates the experiences of various individuals to let personal and collective experiences shape his understanding of key processes in Renaissance life. Rather than foreground his analysis on the rise of the artist, he takes the reader through the everyday hardships of artists and patrons through a comprehensive examination of their everyday journeys.

*The Ugly Renaissance* focuses primarily on life in Florence. One appeal of the Renaissance as a period for historical enquiry is its awe-inspiring, novel sense of drama and romanticism and this is exactly what Lee gives to the reader. Lee's thematic sections dissect the complexities and duplicities of Renaissance Europe with an enthusiasm and light-heartedness that make his work suitable for those approaching the subject for the first time or the more experienced scholar. The sexual intrigue and debauchery that pervaded aspects of Renaissance life, often beneath the surface of accepted etiquette and cultural norms, are no secret. Indeed, present day assumptions of Renaissance life are often grounded on vagaries and the statements of scheming banker and ambitious young courtiers, which continue to blur the lines between popularised suppositions and everyday experience. Lee teases out the negative connotations that have since been attributed to key Renaissance figures, including Michelangelo, the Medici family and Fillippo Lippi, to explore the everyday emotions and ways of life that ran counter to the strict regulatory structures of Renaissance society. In coming to the end of Lee's work, it becomes clear that it is to these emotional tensions that we owe some of history's greatest masterpieces.

In sum, Lee's highly accessible work is a welcome contribution to the field of Renaissance studies. His unpretentious analysis sheds an otherwise misdirected light on the everyday lives of artists, creative circles, and patrons, who have too readily been defined by their popular works, rather than their lived experiences. If this reviewer may posit one small criticism it is that Lee's historical overview is, perhaps, not as expansive as the title of this volume

implies, largely focusing on fifteenth-century Florence, rather than adopting a truly transnational perspective. Despite this, Lee has produced a history that has done much to transcend the restrictive top-down parameters within which Renaissance history has been traditionally defined.

# About the Authors

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