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“Testing the limits of the ‘hard man’ in film: masculinity and male health behaviour in
Scotland’s public health films 1934-2000”

by

Alex Steven Chandler

Ba hons, MRes

Submitted in fulfilment of the requirements for the Degree of PhD

School of Culture and Creative Arts

College of Film and Television Studies

University of Glasgow

In collaboration with

the Centre for the Social History of Health and Health Care at the University of Strathclyde

and

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Abstract

Often adapted from long standing hegemonies of masculine bravery and strength, and visible in a wide range of Scottish popular art, literature, and film, not to mention certain Hollywood adaptations, the Scottish hard-man character has infiltrated many aspects of the country's history and culture¹. Most recently, a particular form of this character – a stubborn, strong-willed version, wary of official health intervention and reckless with his own health behaviours – has emerged within both popular and academic attempts to explain some of Scotland's public health problems and their often-disproportionate effects on Scottish men². But who is the Scottish hard man, what does he look like, what does he say, how does he behave and what is his relationship to the country's public health problems?

In order to answer some of these questions, this thesis turns to the texts in which the visual images of the hard-man are most closely linked to his health behaviours – public health film. Three years of archive research has uncovered a wealth of film and accompanying public health materials that variously attempt to challenge or control men's public health behaviours. From state sponsored public health films to locally organised campaigns, these texts are filled with visual representations of Scottish masculinity as well as the bodies, the medicines, the tools, the doctors, the patients and the spaces of 20th century public health language. Tracing the steps of the Scottish hard-man character through these texts, I aim to discover how this figure has been constructed and utilised in public health film and what this can tell us about the cultural connections between gender, the media and health in the 20th century and beyond.

¹ See Colin McArthur's, *Scotch Reels: Scotland in Cinema and Television* (McArthur, 1982), Maureen Martin's, *The Mighty Scott* (Martin, 2009), Ian Brown's *From tartan to tartanry: Scottish culture, history and myth* (Brown, 2010), and Murray Pittock's 'Plaiding the Invention of Scotland' (Pittock, 2010).

² See for instance, Arthur McIvor & Ronnie Johnson's, *Dangerous Work, Hard Men and Broken Bodies: Masculinity in the Clydeside Heavy Industries, c1930-1970s*, (McIvor & Johnson, 2004), D., Walsh, M., Taulbut, & P., Hanlon's, 'The aftershock of deindustrialization--trends in mortality in Scotland and other parts of post-industrial Europe', (Walsh, Taulbut & Hanlon, 2010), and, G., McCartney, et al's, 'Has Scotland always been the 'sick man' of Europe? An observational study from 1855 to 2006.', (McCartney et al, 2011). And, for a more general view, *Men's Health and Illness: Gender, Power, and the Body*, edited by Donald Sabo and David F. Gordon, 183-204, in *Research on Men and Masculinities Series* (Sabo & Gordon, eds, 1995), and Andrea Cornwall's, *Masculinities Under Neoliberalism* (Cornwall, eds 2016).

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For Damian, Crod, Michael, Andrew and Paul, young men and friends all gone too soon.

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Introduction

Through forty years of neoliberalism, we've been taught not to see problems as shared, but as personal, that they should be solved not together through democracy, but individually, through the market, personal behaviour change and atomised responsibility, through gendered ideas of 'bucking up' or 'calming down'. And so, when people fail, we are taught not to question our rulers or their system which trips us all up, sometimes, but the individuals who have fallen today

Adam Ramsay, 2020³

Masculinities

According to Gary Barker 'in much of the world, young men die earlier than young women.... largely because they are trying to live up to certain models of manhood [or] they are dying to prove that they are 'real men'' (Barker, 2005, p. 2). Whether this is through excessive smoking, drinking, and drug misuse (Dolan, 2011, p. 597; Lemle & Mishkind, 1989; Lye & Waldron, 1998), physical aggression and sexual performance (Miller et al., 2014; Tomson, 1997; Wells, Tremblay, & Graham, 2013), reputation and gender performance (Enria, 2016; Ronnie Johnson, 2004; Slutskaya et al, 2016), gang involvement and activities (Davies, 1998; Newburn & Stanko, 1994) or simply the dangers associated with homosocial male bonding (Clayton & Harris, 2008; Poulton, 2008) many critics have identified masculinity, and especially the performance of hyper-masculine gender roles, as a particularly dangerous habit.

This concept of damaging masculinity has often been expressed through the image of the 'hard-man', a particular form of gender performance that has been most recently expressed through readings of toxic masculinity. A range of popular literature has recently introduced this concept into common discourse, including, Grayson Perry's *The Descent of Man* (Perry, 2016), Robert Webb's *How Not to be a Boy* (Webb, 2017), Cordelia Fine's *Testosterone Rex: Unmaking the Myths of our Gendered Minds* (Fine, 2017) and Clementine Ford's *Boys Will Be Boys* (Ford, 2019). The general popularity of these books, which suggest variously that stereotypes traditionally linked to masculinity, such as bravery or strength, can affect the everyday behaviours of men from a young age, points to an increasing recognition of the dangers of toxic masculinity.

³ See Adam Ramsay, 'Stop blaming ordinary people for the UK's pandemic failures' <https://www.opendemocracy.net/en/opendemocracyuk/stop-blaming-ordinary-people-for-the-uks-pandemic-failures/> 28/03/2020, (Accessed on 27/08/20).

Focused on the hegemonic power of patriarchal discourse as well as dominant or traditional cultural concepts of manhood, popular commentators suggest that toxic masculinity must be considered in any contemporary attempt to understand the poor record of men's physical and mental health. Here, gender performance is said to be rooted within popular cultural representations of manhood and masculinity rather than, or more precisely as well as, any predisposed biological, natural or psychological determinants⁴.

Much of this popular literature borrows, either directly or more loosely, from Judith Butler's seminal text on gender and performance, *Gender trouble: feminism and the subversion of identity* (Butler, 1999). In the book, and in subsequent works, Butler questions the traditional and binary nature of gender discourse arguing that gender is not an innate or natural fact about our identity but rather is something that is taught and subsequently performed. Butler argues that these lessons can create a performativity that is constructed through a set of acts but also heavily related to particular societal norms and therefore constantly manipulated and reinforced through the repetition of these norms. As Butler suggests, 'gender proves to be performance – that is, constituting the identity it is purported to be. In this sense, gender is always a doing, though not a doing by a subject who might be said to pre-exist the deed' (Ibid, p. 25). Here, as opposed to the individual being in charge of, or responsible for, producing the performance, the performance instead works to produce the individual.

Butler's theories have become increasingly important in media studies, with the role that the media plays in the framing and the policing of gendered behaviours often assessed through Butler's framework⁵. In terms of masculinity, this suggests that certain myths surrounding masculinity, representing variously the actions of bravery, stoicism, strength, determination, leadership, authority, aggression and violence, amongst others, which are continually displayed through the media, can potentially lead to a performance of gender that is damaging to men's health. Linking stereotypes of hyper-masculinity to dangerous

⁴ See Judith Butler, *Gender Trouble* (Butler, 1999) and Cordelia Fine, *Testosterone Rex* (Fine, 2017) and, *Delusions of Gender: The Real Science Behind Sex Differences* (Fine, 2005).

⁵ See David Gauntlett's, *Media, gender and identity: an introduction* (Gauntlett & Dawson, 2008), Mary Celeste Kearney's, *The Gender and Media Reader* (Kearney, 2012) and Niall Richardson & Sadie Wearing's, *Gender in the Media* (Richardson & Wearing, 2014).

health practices, other academics have borrowed from Butler, suggesting that the ways in which gender performativity and health behaviours connect can be powerful and complex⁶. Central to many of these approaches and theories is also the idea of an ideal masculine character and/or a certain type of hegemonic masculinity. Here, Raewyn Connell's work, including, *Masculinities* (R. Connell, 1995), *The Men and the Boys* (R. Connell, 2000), and *Hegemonic Masculinity: Rethinking the Concept* (R. W. Connell & Messerschmidt, 2005) provide perhaps the most complete model for understanding hegemonic masculinity and its importance in discussions of gender role performativity and health behaviours.

Citing the earlier and influential works of writers such as Andrew Tolson (Tolson, 1977), Paul Willis (Willis, 1977) and Gilbert H. Herdt (Herdt, 1982), as well as contemporary academics, such as Michael A. Messner (M. A. Messner, 1994; Michael A. Messner & Sabo, 1990) and Cynthia Cockburn (Cockburn, 1991), Connell works to describe, understand and critique a broad range of literature within masculinity studies. This analysis helps to form the basis of Connell's discussions in which she argues that gender is a, 'social practice that constantly refers to the bodies and what bodies do', but that it is not a, 'social practice reduced to the body' (R. Connell, 2005, p. 71. Emphasis added.). Connell sets up this position by suggesting that,

Rather than attempting to define masculinity as an object (a natural character, a behavioural average, a norm), we need to focus on the processes and relationships through which men and women conduct gendered lives. 'Masculinity', to the extent the term can be briefly defined at all, is simultaneously a place in gender relations, the practices through which men and women engage that place in gender, and the effects of these practices in bodily experience, personality and culture (Ibid).

Connell therefore suggests that 'however we look at it, a compromise between biological determination and social determination will not do as the basis for an account of gender', but rather, a 'stronger theoretical position, where bodies are seen as sharing in social agency, [and] in generating and shaping courses of social conduct', is needed (Ibid, pp. 52-60). This theoretical position is underpinned by Connell's construction of the term, 'body-

⁶ For broad discussion see Gary T. Barker, *Dying to be men: youth, masculinity and social exclusion* (Barker, 2005), Richard. O. De Visser, Jonathan. A. Smith & Elizabeth. J. McDonnell's, 'That's not masculine' Masculine Capital and Health-related Behaviour' (R. O. De Visser, Smith, & McDonnell, 2009) and Lee H. Bowker's *Masculinities and Violence* (Bowker, 1998).

reflexive practices', and the need to, 'assert the activity, literally the *agency*, of bodies in social processes' (Ibid, p. 60. Emphasis in original).

Connell notes how the 'constitution of masculinity through bodily performance means that gender is vulnerable when the performance cannot be sustained – for instance as a result of physical disability' (R. Connell, 2005, p. 54). Applying this logic, Connell quotes a small but influential study designed to investigate men's experience of debilitating physical accidents or illness. Here, Connell notes three possible responses to the loss of masculinity felt following this physical and emotional distress. Firstly, participants might redouble on efforts 'to meet the hegemonic standards, overcoming the physical difficulty', potentially overcompensating for one loss through the assertion of another. Secondly, some might work to 'reformulate the definition of masculinity, bringing it closer to what is now possible'. Whilst finally, some men might choose to 'reject hegemonic masculinity as a package – criticizing the physical stereotypes and moving towards a counter-sexist politics' (Ibid, p.55)⁷. Connell goes on to discuss the potential damage of adhering to, but also challenging hegemonic masculinity through the concepts of gendered performance and protest, before recognising the difficulty in proposing one single understanding of the term, suggesting instead that, 'there is gender politics within masculinity' (Ibid, p. 37)⁸.

Importantly then, Connell argues, 'we must recognize the *relations* between the different kinds of masculinity: relations of alliance, dominance and subordination', and understand that, 'these relationships are constructed through practices that exclude and include, that intimidate, exploit and so on' (Ibid). These *relations* will help to guide the textual analysis of this thesis, as investigation of the masculinities constructed in Scottish public health film hopes to uncover further ways in which masculinity has been framed. This analysis will involve a development of Connell's framework aiming to understand both the interrelationships of alliance, dominance and subordination and the spaces and times where Scottish hard man masculinity has been excluded and included, intimidated and exploited. More simply, this asks what kind of masculinities arise within the landscape of Scottish public health filmmaking, how these relate to the hard man character and other forms of

⁷ Connell cites Thomas J. Girschick & Adam Stephen Miller's, 'Coming to terms: masculinity and physical disability' in *Men's Health and Illness: Gender, Power, and the Body*, edited by Donald Sabo and David F. Gordon, 183-204, Research on Men and Masculinities Series (Sabo & Gordon; Eds, 1995).

⁸ For 'Protest Masculinities' see Connell's, *Masculinities* (R. Connell, 1995, p. 114).

masculinity and how might these interact with wider practices of gender performance and health behaviour?

The body itself is key to both Connell and Butler's descriptions of masculinity and gender performativity – with the interconnected relationships between hegemonic masculinities and the body helping to explain some men's recurrent negative health choices. Likewise, Alan Dolan argues that the performance of masculinity can often involve 'excessive smoking and drinking, as well as drug use and other potentially dangerous activities such as high-speed and reckless driving' (Dolan, 2011, p. 597). Here alcohol, cigarettes and drugs can stand in as props for the self-promotion of men's masculine status or even the self-medication of men's physical and/or psychological discomfort⁹. It is suggested, therefore, that traditions of masculinity related to danger and recklessness can at times work to encourage men's negative health choices. Anne Cleary's 2012 study reveals a somewhat more alarming connection between traditional stereotypes of masculinity and male health behaviours, suggesting that,

Dominant or hegemonic masculinity norms discouraged disclosure of emotional vulnerability, and participants used alcohol and drugs to cope – which exacerbated and prolonged their distress. Over time this led to a situation where they felt their options had narrowed, and suicidal action represented a way out of their difficulties (Cleary, 2012, p. 38).

Associated health risks ranging from a reluctance to express pain or emotion to excessive violence, either acted upon oneself, through heavy-drinking, drug abuse or suicide, or onto others, via bullying, domestic abuse, and fighting, have all been variously highlighted and studied in relationship to hegemonic masculinities¹⁰. The range and variety of these studies both recognise and confirm Connell's description of hegemonic masculinity as a fluid and shifting concept, gaining 'relative stability in some social contexts and fluidity in others' (Cited in Cleary, 2012). This fluidity means that not all men at all times will form the same relationship with hegemonic masculinity, as Will Courtenay explains

⁹ See David. F. Peck & Mathew. A. Plant's, 'Unemployment and illegal drug use: concordant evidence from a prospective study and national trends' (Peck & Plant, 1986), Stephen Tomson's, 'A top night: social protest, masculinity and the culture of drinking violence' (Tomson, 1997) and Richard O. de Visser & Jonathan A. Smith's, 'Alcohol consumption and masculine identity among young men' (Richard O. de Visser & Smith, 2007).

¹⁰ See Christopher Mullins, *Holding your square: masculinities, streetlife, and violence* (Mullins, 2006) and Anne Cleary's, 'Suicidal action, emotional expression, and the performance of masculinities' (Cleary, 2012).

Most men necessarily demonstrate alternative masculinities in relation to hegemonic masculinity that variously aspire to, conspire with or attempt to resist, diminish or otherwise undermine hegemonic masculinity. They do this not only in relation to other men perceived to embody hegemonic ideals, but also in relation to institutionalised, hegemonic social structures including the government and media, the judicial system, corporate and technological industries and academia (Courtenay, 2000, pp. 1392-1393).

As suggested then, simply ignoring or avoiding the dominant concepts of hegemonic masculinity is often neither practically possible nor indeed necessarily any safer than adhering to them. For instance, in cases when protest against the masculine hegemony does occur, visible in some queer cultures, other forms of physical or psychological punishment may also lead to poor health outcomes. This suggests that whilst living up to the ideals of a certain kind of toxic masculinity can have damaging effects on men's health in and of itself, attempts to oppose, protest or compensate against these ideals, can be just as, if not more, damaging. Even more complex is the interrelationship *between* particular dominant forms of masculinity, where the performance of one gendered trait, such as violence, can lead to the loss of one or more other gendered traits – for example, when violence leads to physical harm, incapacity and/or loss of work or freedom – a duality that has been described as gender role conflict and offers one sociological explanation for the difficulties in controlling men's health behaviours¹¹.

Applying Connell's understanding of masculinity requires the recognition of the 'politics within masculinity', a willingness to discuss the possibility of multiple readings from the same text, and as suggested, an awareness of 'the practices through which men and women engage that place in gender, and the effects of these practices in bodily experience, personality and culture' (R. Connell, 2005, p. 71). In this sense, toxic masculinity can be understood as *the politics, the practices and the performance* of certain gender ideals within the wider performance of gender more generally. Or, to put it more poetically, toxic masculinity might be seen as one branch of the larger tree of hegemonic masculinity, an outcome, or a symptom of the particularly dominant, and at times dangerous, growth of patriarchy and masculine gender ideals over the last 1000 years or more.

¹¹ See Brian P. Cole, Michael Baglieri, Scott Ploharz et al's, 'What's Right With Men? Gender Role Socialization and Men's Positive Functioning' (Cole et al., 2018).

In terms of reading the masculinities produced within public health filmmaking and the wider public health landscape of Scotland, this means understanding that one character or narrative has the potential to be read, and reacted to separately, by different men, in different spaces and at different times. In order to understand these specificities more clearly it is useful to look at this concept of hegemonic masculinity through the lenses of Scottish histories and culture more widely.

Scottish Masculinities

In her book, *The Mighty Scot: nation, gender, and the nineteenth-century mystique of Scottish masculinity* (Martin, 2009), Maureen Martin investigates an array of classical Scottish texts from Walter Scott, Robert Louis Stevenson and James Hogg, amongst others, arguing that,

Writers of the national tale, regardless of conscientious attempts to be objective or truthful, cannot help but participate in a conflict between models of masculinity in which they are implicated. The myth of rugged Highland virility was, after all, largely constructed by Scottish writers (Ibid, p. 109).

Continuing, Martin suggests that, 'Scott created such a powerful mystique of Scottish masculinity that Scotsmen.... find themselves measuring their own masculinity against a literary standard they cannot meet (Ibid). Martin identifies the dominating presence of masculine characters in these works, also recognising, quite paradoxically, that this supremacy would leave little room for any deeper or more complex investigation of Scottish Masculinity. As she suggests, '[m]en are everywhere in the narrative of Scotland's past, but at the same time they are nowhere, or at least their gendered selves, roles and practices are less frequently interrogated than women's' (Ibid, p. 2). That is, although the literary, and indeed oral and artistic history of Scotland's past is full of male characters, their appearance, agency and function have remained relatively stable whilst their characteristics, as men, are rarely critiqued.

Evidenced through both the recurrence of familiar male characters, as well as repetitive styles of plot, action, and genre, Martin sees this dominance, not as a progressive exploration of contemporary masculinities, but, rather, the reliance on, or even the manipulation of, a traditional type of storytelling and characterisation. Here '[t]he identification of true Scottishness with Highland culture mystifies and displaces historic

Scottish nationhood, shifting it from history and politics to the safer realm of myth and romance' (Ibid, p. 9). Be they kilted, sword wielding, rugged Highlanders or baronial, entrepreneurial Lowlanders, Scottish male characters during this period, for Martin, become increasingly one-dimensional and often weakly caricatured. Martin goes on to explain how this mythology can be both a form of projection – arising either from a minority of Scottish writers or from outside of Scotland – or self-identification – a way of retaining Scottish identity in the face of English rule¹². Indeed, Martin identifies potential motivations for the continued presentation of a particularly fierce or hard Scottish masculinity, suggesting that,

Although Scotland virilises never-masculine-enough England, it necessarily threatens it too – a threat that the incorporation of Scotland into English identity cannot extinguish. Indeed, Scotland's mythic primal masculinity cannot be extinguished, for that is precisely what makes union with the Scottish wild so ideologically attractive (Ibid, p. 35).

The appeal of creating, and continuing the presentation of, a certain kind of hard Scottish masculine character is made clear by Martin's analysis, as are the effects of this continued characterisation on the Scottish cultural imagination and history. Indeed, as early historian Thomas Babington Macaulay has argued, whatever the realities of this original Scottish hard man, any authentic reflection of his, and indeed Scotland's past, has become irrevocably clouded by the fog of history, where upon,

[T]he old Gaelic institutions and manners have never been exhibited in the simple light of truth. Up to the middle of the last century, they were seen through one false medium: they have since been seen through another. Once they loomed dimly through an obscuring and distorting haze of prejudice; and no sooner had that fog dispersed than they appeared bright with all the richest tints of poetry. The time when a perfectly fair picture could have been painted has now passed away. The original has long disappeared: no authentic effigy exists; and all that is possible is to produce an imperfect likeness by the help of two portraits, of which one is a coarse caricature and the other a masterpiece of flattery (Macaulay, 1906, p. 285).

More recently, Lynn Abrams and Elizabeth Ewan's edited collection, *Nine Centuries of Man: Manhood and Masculinity in Scottish History* (Abrams & Ewan, 2017), offers a comprehensive collection of works dedicated to the history of Scottish masculinity. Providing a *longue durée* perspective, c. 1100 - c. 2000, essays in the collection range from,

¹² Martin traces the historical nature of this relationship throughout her work, borrowing from Hugh MacDiarmid's 'The Caledonian Antisyzygy and the Gaelic Idea' (published in two parts in *The Modern Scot* [1931–32] (MacDiarmid & Glen, 1969).

Janay Nugent's, 'Reformed Masculinity: Minister, Fathers and Male Heads of Households, 1560-1660' (Nugent, 2017), to Jeffrey Meek's, 'That Class of Men': Effeminacy, Sodomy and Failed Masculinities in Inter- and post-War Scotland' (Meek, 2017). Overall, the book includes a range of sources and methodologies including historical archive, printed and visual media, political and legal manuscript, oral history, anthropology, media studies, social science and cultural studies. According to Abrams, 'taken together, the contributions.... demonstrate the many different masculinities that shaped the experiences and actions of men (and women) in the Scottish past' (Abrams & Ewan, 2017, p. 6). Much like Connell and Butler, Abrams is cautious of claiming definitive categorisation for gender, suggesting instead that,

these masculinities do not exist in a vacuum; rather they intersect with and were influenced by many other factors. As many of the chapters demonstrate, individuals are always in a stage of becoming, and their values and ideals and thus their practices change and evolve over time (Ibid).

For Abrams, the book 'examines the relationship between masculinity and power, arguing that while patriarchy has benefited men, especially in respect to women, it has also disadvantaged men in various ways' (Ibid).

Perhaps the clearest example of this disadvantage, as well as being the most relevant essay to this thesis, found within the collection, is Angela Bartie and Alistair Fraser's paper, 'Speaking to the 'Hard Men': Masculinities, Violence and Youth Gangs in Glasgow, c. 1965-75' (A. Bartie & Fraser, 2017). The pair apply the theory of 'moral panic' to argue that, 'although gangs have a long lineage [in Glasgow], the issue has only become the subject of popular outrage and political attention at particular historical moments, with certain periods producing more interest and publicity than others' (Ibid, pp. 590-60)¹³. Bartie and Fraser focus on the development of the Easterhouse housing estate during the years 1965-

¹³ For the pairs' application of 'Moral Panic' see Bartie's, 'Moral Panics and Glasgow Gangs: Exploring 'the New Wave of Glasgow Hooliganism', 1965-1970' (Angela Bartie, 2010), Stuart Hall's, 'The Treatment of 'Football Hooliganism' in the Press' (Hall, 1978) and Stanley Cohen's, *Images of Deviance* (Cohen, 1971).

1975, which they see as ‘particularly formative’, in the consolidation of the popular image of the ‘hard-man’ in Glasgow¹⁴.

Through analysis of existing oral history material alongside contemporary interviews, the work investigates the connection between gangs and masculinities in Glasgow and aims to illuminate understandings of ‘the contingent relationships between history, culture and geography in the patterning of Scottish masculinities’ (Ibid, pp. 258-259). Applying Pierre Bourdieu’s concept of ‘habitus’, and arguments from Andrew Davies’ work – ‘Youth Gangs, Masculinity and Violence in Late Victorian Manchester and Salford’ (A. Davies, 1998) – the pair argue that ‘masculinity is stitched into the habitus’, and that, ‘being in a gang was a way in which young men strived to embody the working-class ideal of the hard man that suffused their local culture and society’ (A. Bartie & Fraser, 2017, p. 263).

The performance of these hard man characteristics within this space, including mainly heavy drinking, drug misuse, violence, criminality, and recklessness – towards both one’s own and others well-being – alongside an anti-authoritarianism attitude, was seen to have beneficial outcomes in relation to young men’s localised sense of reputation and pride, if not so much their health. Reading the seminal text *No Mean City* (H. Kingsley Long & Alexander McArthur, 1935), and later popular works such as *A Sense of Freedom* (Jimmy Boyle, 1977) and *Trainspotting* (Irvine Welsh, 1993), authors recognise the geographical contingency of the hard man character as well as his social appeal within certain spaces. The Scottish, or more precisely the Glasgow and Easterhouse hard-man therefore, for Bartie and Fraser, is indelibly linked to history and myth, as detailed by Martin, Craig and others, and sociologically speaking also to his environment.

Scottish Masculinities and Health

In July of 2019, mortality statistics emerged placing Scotland’s drug related death figures at the top of a rather unenviable league table, leading the press to declare the country the

¹⁴ Easterhouse is a suburb roughly six miles east of Glasgow city centre, built during the late 1950s, with a high density of social housing. See G. Noble, ‘In Defence of Easterhouse’ and P. T. Quinn, ‘Easterhouse 2004: an ethnographic account of men’s experience, use and refusal of violence’ (Noble, 1970; Quinn, 2004) for more detailed exploration and analysis of the Easterhouse estate.

drug death capital of Europe – 72% of those who died were men¹⁵. These most recent health statistics follow a long history of unwanted top spots and largely unhelpful monikers such as, “the sick man of Europe” and “the Glasgow Effect”, in which the country and the specifically Glasgow has fared relatively poorly in figures of population health¹⁶. Often these statistics have highlighted the disproportionate effect of these health issues upon men.

Historically, a number of reports have emerged analysing a variety of these trends, offering hypothesis for their potential causes, and policies for effective treatments. Both the government’s 1995 and 1998 *Scottish Health Survey’s*, the *Equally Well* report, and *Equally Well Implementation Plan* 2008, the subsequent *Equally Well Review* 2010, and the 2013 *Report on the Ministerial Task Force on Health Inequalities*, have most recently looked at the gender disparities of health outcomes and stand out in this regard¹⁷. The 2008 report, for example, lists ‘priorities where action is most needed’, as, ‘Drug and alcohol problems [and] links to violence that affect younger men in particular and [places] where inequalities are widening’ (*Equally Well*, 2008, p. 2).

A more recent meta-analysis produced by Audit Scotland in 2012 (*Health inequalities in Scotland*, 2012), assessed data from both *Equally Well* reports and other works such as the NHS Director of Public Health annual reports, reports by Glasgow Centre for Population Health, and reports by NHS Health Scotland, amongst others. The study identified alcohol abuse as one of the major issues disproportionately effecting men in Scotland, stating that ‘[i]n 2011, there were 432 female alcohol-related deaths compared to 815 male deaths’, with alcohol related problems, ‘twice as high among men than among women’ (*Health inequalities in Scotland*, 2012, p. 12). Similarly, Bruce Whyte and Tomi Ajetunmobi’s report of the same year, noted how,

the suicide rate among Scottish men is 50% higher than in 1968; and rates of mortality from chronic liver disease (including cirrhosis) among men and women,

¹⁵ See NA, “Drug-related Deaths in Scotland in 2018”, <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/drug-related-deaths-in-scotland/2018> 16/07/2019, (Accessed on 08/10/2019).

¹⁶ Some newspaper reports, such as (Leask, 2006; McCann, 2001), had helped to spread the popularity of this term, although this has more recently been reviewed (G. McCartney, Walsh, Whyte, & Collins, 2012) and shown signs of change (Levin, 2012).

¹⁷ See “Scottish Health Survey 1995”, Edited by Wei Dong and Bob Erins, Vol 1&2, <https://www.sehd.scot.nhs.uk/publications/sh5/sh5-00.htm>, ND, (Accessed on 15/01/2018) and, “The Scottish Health Survey 1998”, Edited by Andrew Shaw, Anne McMunn and Julia Field, <https://www.sehd.scot.nhs.uk/scottishhealthsurvey/sh8-00.html>, Nov, 2000, (Accessed on 15/01/2018).

despite reductions in recent years, remain at historically high levels and are among the highest in Western Europe (Whyte & Ajetunmobi, 2012).

Studies attempting to understand the realities, causes and effects of these disparities have been numerous, with Gerry McCartney et al's later meta-analysis of the trend, citing at least 17 different hypotheses focused on the subject (Gerry McCartney, Walsh, Whyte, & Collins, 2011, p. 756). These have included attempts to explain the phenomenon from epidemiologists, social scientists, media analysts, historians, and anthropologists, amongst others. Studies have pointed to a variety of factors responsible, ranging from, the redevelopment of social housing schemes (Bull, 1981; Livingston & Lee, 2014), alcohol licensing, availability and culture (Hughes et al., 2014; Li et al., 2017; Nicholls, 2012), inner-city gang culture (Angela Bartie, 2010; Fraser, 2013), drug abuse (King, Bird, Overstall, Hay, & Hutchinson, 2013; Plant, Ritson, & Robertson, 1992) and localised labour practices (McIvor & Johnson, 2004).

One of the most recent, and arguably convincing analyses of Scotland's history as the sick man of Europe and the so called "Glasgow Effect" is McCartney et al's article, *Has Scotland always been the 'sick man' of Europe? An observational study from 1855 to 2006* (Gerry McCartney et al., 2011). The study reviews a prolonged period of data concerning Scottish mortality, arguing that the rapid adoption of neoliberalism in the 1980s shows a 'moderate association' with 'a slower improvement in life expectancy from 1980 to 2006' (Ibid, p. 759). Tied into this analysis is the understanding of deindustrialisation and its negative effects on significant elements of masculine identity, in relation to work, such as autonomy, authority, pride and purchasing power. Here, workers in traditionally common Scottish industries such as metal work and ship building, unemployed via the forces of neoliberalism, are said to have found themselves having to negotiate their masculine status within a the previously feminised landscapes of hospitality and consumer culture. Working in a shopping centre did not have quite the same kudos as working in the shipyards. Unable to reconcile their lost masculine status within these new environments, men turned to the most readily and at times only other available masculine status symbols of alcohol, drugs, and violence, in order to maintain both their internal and their external sense of masculine pride¹⁸.

¹⁸ See also John MacInnes', 'The Deindustrialisation of Glasgow' (MacInnes, 1995), Tim Strangleman's, 'Deindustrialisation and the Historical Sociological Imagination: Making Sense of Work and Industrial Change' (Strangleman, 2017), D. Walsh, M. Taulbut & P. Hanlon's, 'The aftershock of deindustrialization--trends in

The links between masculinity and health remain highly complex and ever shifting, yet the effects of hegemonic masculinity on the compensatory practices of hyper-masculine health behaviours is widely acknowledged. The level to which this can take effect is again complicated and can differ according to a number of factors as highlighted above. Aiming to understand these relationships more closely, this thesis examines, to what extent this character is present within Scottish discourses surrounding men's health, *and*, how filmmakers have designed, reproduced and used this character in narratives of public health.

Scottish Masculinities on Film

From *Braveheart* to *Begbie*, the hard man has never been far away from popular representations of Scottish masculinity, be they based on fantasy or fact, constructed from within, or without, the national culture¹⁹. These constructions of Scottish masculinity, first developed through the distorting lenses of history and the arts, would eventually, at the beginning of the 20th century, merge with developments in film to create a particular visual and narrative film style.

Colin McArthur explores this shift, describing a period in which popular literary representations of Scottish masculinity would begin to appear on the big-screen, and traditions such as 'Tartanry and Kailyard' would surface into the visual imagery of film. Here, the masculinities expressed within Tartanry and Kailyard, which included both the traditional tough, virile and warrior-like masculinity of the Highlands as well as the picturesque and somewhat parochial versions of an inward, emotionally inarticulate or absent masculinity of rural Scottish life, would find new expressions through the developments of moving image²⁰.

mortality in Scotland and other parts of post-industrial Europe' (Walsh, Taulbut, & Hanlon, 2010) and for a more general reflection on the effects of deindustrialisation upon male health performance see, Nicola Rehling's, "'It's About Belonging": Masculinity, Collectivity, and Community in British Hooligan Films' (Rehling, 2011).

¹⁹ Francis "Franco" Begbie is one of the main antagonists in Irvine Welsh's *Trainspotting* franchise. Played by Robert Carlyle in the subsequent film version of the 1993 novel "Begbie" performs an extremely violent role within the film.

²⁰ More complete histories of both Tartanry and Kailyard are available in Ian Brown's, *From tartan to tartanry: Scottish culture, history and myth* (Brown, 2010), Murray Pittock's, 'Plaiding the Invention of Scotland' (Pittock, 2010), Richard Butt's, 'Looking at Tartan in Film: History, Identity and Spectacle' (Butt, 2010) and Andrew Nash's, *Kailyard and Scottish literature* (Nash, 2007).

In his work, McArthur aims to, 'demonstrate that the melange of images, characters and motifs constituting Tartanry and Kailyard is not only the framework within which Scots largely construct themselves but is also the grid within which other cultures construct the Scots' (McArthur, 1982b, p. 41). McArthur uses analysis of early filmic representations of Scotland and 'Scottish-ness', such as *Bonnie Prince Charlie* (Charles Calvert, 1923); *The Young Lochinvar* (W. P. Kellino, 1923) and *Beside the Bonnie Brier Bush* (Donald Crisp, 1921), as well as later post-war films, including; *Bonnie Prince Charlie* (A. Kimmins & A. Korda, 1948); *Rob Roy: The Highland Rogue* (1953); *Greyfriars Bobby* (Harold French, 1961) and *Seven Guns for the MacGregor's* (Franco Giraldi, 1965), to help make his case. For McArthur, it is the 'popular sentimental literature of the late 19th and early 20th century.... Which the cinema has consistently fed on and, in return, has nourished' (McArthur, 1982b, p. 41). Therefore,

Since there were simply no alternative traditions of representation with comparable power, the tendency was for any film dealing with Scotland, or having a Scot as a character, to be pulled strongly towards the armature of images, characters and stories making up Tartanry and Kailyard (Ibid, p 45).

Recognising a number of repetitive motifs within the films of his study, McArthur identifies examples of, excessive religiosity, quarrelsome families, warlike heroes, wan maidens, wise white-haired patriarchs, whisky, thriftiness and, of course, kilts, bonnets and tartan. Many of these films for McArthur, 'articulated into cinema the discourses of Tartanry and Kailyard', and 'from these roots the discourses entered various forms and artefacts.... [including] poems, novels, operas, paintings, prints, photographs, postcards, shortbread tins and soft furnishings as well as films and, later, television programmes' (Ibid pp. 44-45).

If the traditions of Tartanry and Kailyard can be tied to the long historic past of Scotland's landscape, literature and the arts, a more modern, if perhaps just as mythic, version of Scottish masculinity has emerged in recent decades identified here as Clydesideism. Etymologically the term takes its reference from the Clydeside area of Glasgow and especially its heavy industries and those workers or communities associated to these spaces. For Angus Calder, this included 'the nostalgic idealization of the working class in heavy industries now on the verge of extinction and the associated all-male culture in which class bitterness was combined with football' (Calder, 1994, p. 230). However, according to Douglas Bicket, the term has now, 'taken on a darker connotation.... following the actual

collapse of most of these heavy industries and the resulting unemployment and social dislocation' (Bicket, 1999, p. 6)²¹.

In film studies, the term has become even more widely used as a tool to review contemporary Scottish film and television productions focused on Scottish characters and set more often within and around the large urban cities of Scotland, such as Glasgow and Edinburgh. Gritty crime dramas such as *Taggart* (STV Productions, ITV, 1983 – 2010) and *Rebus* (STV Productions, ITV, 2000 – 2007), colloquial dark comedies like *Shallow Grave* (Boyle, 1994) and *Orphans* (Mullen, 1998), and social realist films such as *The Big Man* (Leland, 1990), *Small Faces* (MacKinnon, 1996) and perhaps most famously *Trainspotting* (Boyle, 1996) have all been considered within this landscape²².

For Peter Meech and Richard Kilborn, one aspect of Clydesideism is specifically tied to space, with the pair arguing that 'the other stereotype that has come to the fore in the last two decades has been that of the "dark and dangerous city" (frequently Glasgow) where urban squalor, religious strife and social breakdown provide fast moving thrillers or social realism pieces' (Meech & Kilborn, 1992, p. 254). In terms of characterisation, Clydesideism has been recognised to represent an often-working-class masculinity that embodies stoic, headstrong, recalcitrant, troubled and rebellious characters – highlighted most often through an emphasis on the lack of self-preservation through behaviours of addiction and violence²³. Here, given its contemporary articulation, its relationship to the city and its representations of a particularly hard type of working-class masculinity, Clydesideism provides a useful framework for understanding representations of the hard man character and his potential appearance in public health filmmaking.

Therefore, despite, or indeed because of, some of the differences, between both Kailyard, Tartanry and Clydesideism, all three can be considered, borrowing from Colin McArthur's term, as part of the 'Scottish discursive unconscious' (McArthur, 1982a). Here they may be

²¹ See Angus Calder's, *Revolving culture: notes from the Scottish republic* (Calder, 1994).

²² See Duncan Petrie's works including, *Screening Scotland* (D. J. Petrie, 2000), *Contemporary Scottish fictions: film, television and the novel* (D. J. Petrie, 2004) and 'Scottish Cinema' (D. Petrie, 2005). As well as Jonathan Murray, Fidelma Farley & Rod Stoneman's, *Scottish Cinema Now* (Murray, Farley, & Stoneman, 2009) and David Martin-Jones', *Scotland, global cinema: genres, modes and identities* (Martin-Jones, 2009).

²³ See Douglas Bicket's, 'Fictional Scotland: A "Realm of the Imagination" in Film Drama and Literature' (Bicket, 1999), B. Nowlan and Z. Finch's, *Directory of World Cinema: SCOTLAND* (Nowlan & Finch, 2015) as well as Petrie's, 'Part 1.1, Down among the Big Boys' (pp. 17-39), and 'Part 2.1 A Walk on the Dark Side' (pp. 115-39) in (D. J. Petrie, 2004).

read in sociological terms as ideological monoliths, constantly working to frame and re-frame Scottish identity through the processes of representation. In terms of health, all three expressions relate to particular types of Scottish masculinity, be they hard-wearing, warrior-like, determined, backward, rough, insular, or rebellious, where all have, at some point or another, been indicted in the relationship between men's gender performativity and his subsequent negative health choices and behaviours.

Understanding the representation, reconstruction and narrative use of these characters within the histories of moving image is vital to the task of tracing his steps through into the world of public health filmmaking. Yet before this can be established the tricky question of what constitutes a public health film must be tackled.

What is a public health film?

"There are many histories of the moving image, only some of which belong to the movies."
(Thomas Elsaesser, 2004, p. 12)

As Elsaesser's comments suggest, the moving image comes in a multitude of forms, from the earliest trips to the moon, to the most up-to-date 4K voyages to space, and everything on earth and in between. For over one hundred years the moving image has been used to capture our everyday lives, to reproduce our day-dreams or nightmares, to spark our imaginations, and at other times, in attempts to control our health behaviours. For film historians and scholars, categorizing these texts has been a constant and ever-evolving task, fiction, non-fiction, documentary, primitive, classical, revisionist, action, adventure, comedy, horror, the list goes on, and on, and on, and on. Moreover, many of these historical and generic categories can of course cross-over, mix and blend until eventually new ways of making and watching film require new ways of reading and writing about film.

Placing public health filmmaking within these various academic, historiological, and generic canons remains likewise, an ongoing task. Yet, aiming to clarify this somewhat muddled position and borrowing from previous and ongoing academic work on the subject, this section will examine terms such as useful cinema, the industrial film, the working film, the process film, the orphan film, the municipal film, and the message film, that have all, at some time or another, been involved within this scholarship. Here a better understanding of these terms and their relevance to public health media will help to shed light upon the many

methodological criteria that can and have been set in the selection of films and other materials under investigation within this thesis.

Identifying the enormous range of films that have been commissioned, designed and produced to variously educate, train, advertise or indeed control behaviour, in spaces such as factories, schools, libraries, museums, and other public and private industries and offices, recent scholars have framed these functional, often industrial, films under the broader term ‘useful cinema’²⁴. These films, that do not sit comfortably within traditional studio, authorship or nationality driven film studies scholarship, have generated academic interest from a range of disciplines through science, culture, history, anthropology, and medicine, amongst others, yet seemingly less so from their ostensibly more applicable place within the film studies department. Those who have attempted to identify, categorise and often simply raise interest in this group of films, such as Vinzenz Hediger and Patrick Vonderau, suggest for example that ‘[i]n terms of output, industrial and commissioned films are definitely among the most prolific formats or genres in film history’. Yet, ‘[s]till, little scholarship has been devoted to this corpus of films’ (Hediger, V., Vonderau, 2009, p. 10). Addressing such issues, the pair compile a strong collection of essays, as well as an analytical bibliography, that look variously at the work of archivists, film collections, museums and factories and the films produced within, for or by these institutions for a range of purposes.

Here the terms and work associated with useful cinema, such as the industrial film, commissioned film and the working film can help us both to form a methodological framework through which to both identify and view the public health films of this thesis, for instance, suggesting firstly that ‘[f]ar from constituting self-sufficient entities for aesthetic analysis, industrial and utility films have to be understood in terms of their specific, usually organizational, purpose, and in the very context of power and organizational practice in which they appear’ (Ibid). And secondly, and under further scrutiny, that

As found in the archive, the films constitute traces of the forms of social and industrial organization which they once served, and, more often than not, their intelligibility depends on the degree to which a reconstruction of these frames of organization is possible. Of necessity, then, as objects of knowledge, industrial films transcend the boundaries of the material object of film found in the archive and

²⁴ See Charles R. Acland & Haidee Wasson, *Useful cinema* (2011) and Kit Hughes, ‘Disposable: Useful cinema on early television’ (2017).

refer to a *dispositif*, a complex constellation of media, technology, forms of knowledge, discourse, and social organization (Ibid, p. 11).

Just like the industrial film then, or even arguably more so due to its relationship to public behaviour and health, the public health film holds a complex constellation of related media and histories, ranging from the commissioning, the sponsorship, the design, the production and the display, all of which further interconnect with local and national trends, histories and cultures. Therefore, the public health film does not stand alone as an aesthetic medium but must be considered in terms of its own context of power and organizational environment. In order to achieve this, this thesis looks beyond the film texts, considering local and national government structures, specific cultural histories of Scotland, and wider national and gender stereotypes more generally.

The term Orphan Film emerged in the 1990s as film historians, film scholars, and film archivists began to use it to describe texts that had been neglected either physically, commercially, culturally and or historically²⁵. As Dan Streible suggests, modern uses of the term have come to include, 'sponsored films, silent shorts, home movies, scientific and experimental works, ethnographic footage, newsreel outtakes, training and educational films, medical studies, experimental and uncompleted works, and other ephemeral motion pictures' (Streible, 2013, Introduction).

These so-called orphan films have gathered attention both from professionals, whose role it is to catalogue and preserve the broad category of films, and, later, media scholars and historians, whose recognition of these difficulties would influence academic work on the subject. Archivists and curators would predominantly be forced to focus on legal issues concerning the lack of ownership, copyright and authorship, as well as the technological processes of preservation, which have and continue to create logistical and financial problems for the related industries²⁶. Academics on the other hand, would be more likely to

²⁵ See Dan Streible's, 'Orphan films' (Streible, 2013) and Timothy Corrigan and Patricia White's, *The Film Experience: An Introduction* (Corrigan & White, 2004, pp. 391-398).

²⁶ See Brian Real's, 'From Colorization to Orphans: The Evolution of American Public Policy on Film Preservation' (Real, 2013) and Eric J. Schwartz, 'In Focus: Film and Fair Use: Access to Orphan Works: Copyright Law, Preservation, and Politics' (Schwartz, 2007).

consider the semantic and ethical concepts of film genre and preservation as well as the value of the texts as cultural and historical artefacts²⁷.

As Streible's list suggests, many films have been described and studied through the discourses of orphan films and the term continues to be used widely in both professional and academic circles to discuss a variety of texts. Consequently, although public health film can, and often is correctly described within this category, the complicated nature of sponsorship, production and authorship, involved with public health filmmaking, means that this definition alone remains insufficient.

Elizabeth Lebas in her work *Forgotten Future: British Municipal Cinema 1920-1980* (Lebas, 2011), borrows from the existing literature on the orphan film to develop the term 'municipal cinema'. In the book, Lebas investigates a range of films produced *by* and *for* a number of local councils, or municipalities, including the Glasgow Corporation and the London Bermondsey council, amongst others. The range of this analysis, which includes films made on topics including dental health, personal hygiene, childcare, public parks, and disease, is ultimately guided by an overall focus on the localised, often council led, sponsorship, production, screening and content of the films. Lebas links official requests for the introduction of film education, from organisations such as the Scottish Education Department and the Advisory Committee for Juvenile Employment, to early Scottish traditions of education and even authoritarianism developed during the Reformation²⁸.

As others have done, Lebas cites the work of Grierson and the Documentary Movement as central to the style and ethos of many of these early municipal health films²⁹. The municipal film term offers a framework from which to study a set of films that otherwise can differ greatly in aesthetics and content. However, as with orphan films, the municipal film does not wholly capture the range of films that might be classed within the public health genre.

²⁷ See (Streible, 2013) and Caroline Frick's, 'Beyond Hollywood: Enhancing Heritage with the 'Orphan' Film' (Frick, 2008).

²⁸ According to Lebas, Scottish authorities, were not only concerned about children's contemporary consumption of film, which, 'involved more than non-attendance at school and included issues of children working in picture houses, child molestation and child soliciting' (Lebas, 2011, p. 123), but were also calling for new initiatives that would include 'the use of cinematograph films in giving boys and girls knowledge of industries available for future employment [and] possible developments in cinematograph apparatus and the production of films suitable for schools' (Ibid).

²⁹ Links examined further below. See also, Alex Southern's, *The Ministry of Education Film Experiment: From Post-War Visual Education to 21st Century Literacy* (Southern, 2016).

Those films produced outside of the municipal authority, for instance, by the state, by private or self-funded organisation and by charities, must also be considered. None the less, Lebas' focus on the characters and bodies in control of sponsorship and production remains highly useful, as does her commitment to understanding these municipal films both formally and aesthetically, as well as through their own political and historical contexts, as records of their time.

The most recent and complete work to approach the definition of public health film is the edited collection of works, *Health Education Films in the Twentieth Century* (Bonah, Cantor, & Laukötter, 2018). Bonah et al propose the terms 'Utility' or 'Message' films to help describe their interchangeable use of terms such as '*health film*, *public health film*, and *public health education film*' (Ibid, p. 1). For the authors, this definition must include those films 'produced with the intention of reforming or reinforcing public health beliefs and practices' and must be 'understood in terms of specific instrumental purposes – including the varied and sometimes conflicting purposes of the organizations and individuals that sponsored, created, collected, distributed, or exhibited them' (Ibid, pp. 1-2). For Elsaesser, this notion of intent can be examined further using his application of the three A's, which he suggests 'need to be applied to a non-fiction film when trying to classify it, but also when attempting to read and interpret it' (Elsaesser, 2009, p. 23). These A's constituting a set of three questions are in Elsaesser's terms, "*wer war der Auftraggeber*" (who commissioned the film), "*was war der Anlass*" (what was the occasion for which it was made), and "*was war die Anwendung oder der Adressat*" (to what use was it put or to whom was it addressed) (Ibid).

These works, with their focus on the concepts of commission and intent help to eliminate from this thesis the large range of fiction-films and television dramas, such as soap opera, that have contained overt health subjects, and which have, in other cases, been studied within a public health framework³⁰. This is not to suggest that these studies or indeed these texts cannot be understood within the realms of public health, as clearly, they do play some role in the public's understandings of health issues, but simply that the intent of the

³⁰ See Helen Bird's, 'Can TV Soaps Save Lives?' (Bird, 2018), Michael Shaw's, 'Health promotion and the media: The soap opera' (Shaw, 1986), Piepe et al's, 'Smoke opera? A content analysis of the presentation of smoking in TV soap' (Piepe, Charlton, Morey, White, & Yerrell, 1986) and Stephen Platt's, 'The aftermath of Angie's overdose: is soap (opera) damaging to your health?' (Platt, 1987).

filmmaker – to alter public health behaviours – can be one measure through which these texts can be usefully separated.

This notion of intent also intersects, although less clearly, with the production of messages of health in popular news media and public issue broadcasting. Critics studying the press, both in its printed and televisual forms, have for instance discussed the potential role that the medium plays in popular understandings and performances of population health³¹. Here critics identify the use of news bulletins and report programmes for the delivery of medical and health information to the wider population, for instance, informing people about the spread of new diseases, and ways in which to avoid them. However, critics also reveal high levels of authorship, framing and control, in relation to what is newsworthy, and observe that the visual imagery employed by the media may often be strongly influenced by the political and commercial interests of both public and private media companies³². As such, both the content *and the intention* of many public health focused news programmes can be problematized from a number of perspectives. Again, whilst this does not disqualify news reports completely from the genre of public health film, some caution is necessary when evaluating these texts within this landscape.

Both Elsasser, Bonah et al and Lebas' terms and methodologies are useful for both defining and helping to explain the often complicated and interconnecting styles, genres, intentions and production methods involved in the making and displaying of public health films. Where appropriate, this thesis borrows from the terminology and the understandings developed from works on the useful, the working, the orphan, the municipal, the utility, and the message film. This works from the understanding that, rather than one simple definition, the public health film can be understood through the application of any one, or more, of these terms at various points in their own particular histories of design, development, display and preservation. In order to better define this position, the following section offers

³¹ See Sarah. E. Gollust, Erika Franklin Fowler, & Jeff Niederdeppe's, 'Television News Coverage of Public Health Issues and Implications for Public Health Policy and Practice' (Gollust, Fowler, & Niederdeppe, 2019), C. Harding's, 'A comparison of the coverage of immunisation by Britain's quality and popular press' (Harding, 1985) and Best et al's, 'Health, the Mass Media and the National Health Service' (G. Best et al, 1977).

³² See Andrew P. Read and Kenneth Pease's, 'How the press sees the Pill' (Read & Pease, 1971), Christina M. Harding's, 'A comparison of the coverage of immunisation by Britain's quality and popular press' (Harding, 1985), and for broader discussion on moral panics see Stuart Hall's, 'The Treatment of 'Football Hooliganism' in the Press' (Hall, 1978) and Simon Watney's, 'AIDS, moral panic theory and homophobia' (Watney, 1988).

some examples of Scottish works and details some of the most important histories and developments in public health filmmaking from around the United Kingdom.

Public Health Film: A brief history of the moving image and health in the UK

In 1929, following a campaign run by the British Institute of Adult Education (BIAE), which would encourage the use of film in schools, the Commission on Educational and Cultural Films (CECF) was formed. Just a few years later, the CECF would produce an influential report; *The Commission on Educational and Cultural Films 1932*³³. According to Alex Southern, the 'Commission's Report marked a change of opinion regarding film and education', and 'made it clear that they [the CECF] saw a future and valued place for film within the education system and in wider society' (Southern, 2016, p. 36). With recommendations for the establishment of a film institute, which would emerge a year later in the form of the British Film Institute (BFI), the report, according to Southern, 'made a number of radical recommendations with the aim of recognising and acting on the social and cultural impact of film and ensuring its place within education' (Ibid). With government funding beginning to filter into the film industry and the appointment of board members from the Board of Education (BoE) to the BFI's Advisory board, this period saw the medium of film become increasingly vital to both curricular and extra-curricular educational methods.

The BFI would take on a number of roles and responsibilities, including, but not limited to, the production of surveys involving teachers, education boards, filmmakers and producers and written reports, the organisation of seminars and conferences, and the categorisation and logging of locally and nationally owned films and equipment³⁴. Many improvements in the accessibility and use of projectors in schools and the promotion of film as an educational tool were made during this early period. However, the style and type of film that was deemed appropriate for teaching was still under scrutiny, meaning that the production,

³³ See Alex Southern's, *The Ministry of Education Film Experiment: From Post-War Visual Education to 21st Century Literacy* (Southern, 2016).

³⁴ See Geoffrey Nowell-Smith and Christophe Dupin's, *The British Film Institute, the government and film culture, 1933-2000* (Nowell-Smith & Dupin, 2012) and Dupin's, 'The postwar transformation of the British Film Institute and its impact on the development of a national film culture in Britain' (Dupin, 2006).

content and dissemination of 'teaching films', as the BFI tended to label them, remained somewhat sporadic and unsystematic³⁵.

One of the crucial moments in the consolidation of educational filmmaking happened in 1939 with the establishment of the Ministry of Information (MoI), who would go on to create massive amounts of content and policy during its relatively short seven-year existence. Key to the MoI's development was the contemporary and progressive work of the pioneering Documentary Movement, most famously remembered through the work of John Grierson and the GPO Film Unit – later the Crown Film Unit. Critics have demonstrated how both the form and the governance of the MoI was linked to and influenced by the British Documentary Movement, as, 'many of the Documentary Movement production companies and filmmakers were brought into the service of the Ministry' (Southern, 2016, p. 45)³⁶. Logistically the Documentary Movement had developed strong and independent networks of distribution and display that the Ministry would begin to utilise for its own public health aims³⁷. Whilst stylistically, the Movement had established a strong visual and narrative style, or what Grierson had identified as, 'the creative treatment of actuality', linked also to the practices of Direct Cinema, Cinéma Vérité and Observational Cinema, and tied to philosophies of social purpose and public service, all of which have later been identified in the MoI's work³⁸. However, despite these strong links, the outbreak and continued pressures of the Second World War, would eventually affect the remit, and subsequently the overall creative style and leading ideologies of the MoI as it would begin to shift from a simple documentary impulse toward a propagandistic approach. Here, according to Southern,

The MoI recognised that the public would not respond to orders from the government, even during a time of war, and decided the best way to convey information to the public regarding civic duties and responsibilities was to explain to

³⁵ See Chapter 3, 'Film and Pedagogy', of Southern's, *The Ministry of Education Film Experiment: From Post-War Visual Education to 21st Century Literacy* (Southern, 2016) and, Christophe Dupin's, 'The postwar transformation of the British Film Institute and its impact on the development of a national film culture in Britain' (Dupin, 2006).

³⁶ See Alex Southern's, *The Ministry of Education Film Experiment: From Post-War Visual Education to 21st Century Literacy* (Southern, 2016).

³⁷ Arguably formed in response to the commercially restricted cinemas of the period, these networks allowed both the Movement, and subsequently the Ministry, to function more independently in terms of both aesthetics and logistics. See Paul Swann's, *The British documentary film movement, 1926-1946* (Swann, 1989).

³⁸ See Ian Aitken's, *Film and reform: John Grierson and the documentary film movement* (Aitken, 1990), and Jack C. Ellis and Betsy A. McLane's, *A New History of Documentary Film* (Ellis & McLane, 2005).

people why their cooperation was required and the significance of their role within the community (Southern, 2016, p. 45).

Films that had previously promoted good health, exercise and sociability as benefits to the local and national community were now looking beyond their own borders to the world around them, and increasingly, as we shall see, at the dangers outwith. Propaganda films, educational films, training films and public health films that had all increased in production during the war had begun to tear at the seemingly clear lines between documentary and fiction filmmaking that had previously existed, if arguably not in any concrete manner. Observational styles that had captured the day-to-day experiences of a variety of lifestyles, industries, spaces and cultures, were being mixed with more modern and emergent film styles that would complicate the relationship between the camera and concepts of authorship or more simply interference. Who made documentary films, what were they, to what purpose were they employed and what distinctions between them and other modes of filmmaking can be drawn? Here scholarly works on documentary such as David Nichols, *Introduction to Documentary* (Nichols 2017) and more precisely Patrick Russell and James Piers Taylor's edited collection of essays, *Shadows of Progress: Documentary Film in Post-War Britain* (Russell & Taylor, 2010), set to answer these and other related questions, and remain useful, if not strict, guides to the methodological and analytical approach of this thesis. That is to say, whilst Nichols' work does not, for instance, engage with educational nor public health filmmaking per se, his taxonomy and understanding of the wider documentary environment does help to place these films within, or indeed at times outside of these specific canons.

In order to help establish this approach, the following analysis looks at the output of Scottish filmmaker, Stanley Russell, whose work straddles this important period of film production, aiming to explain, via textual analysis, some of the technological, visual and narrative shifts explained by Nichols, Lebas, Taylor, and Bonah et al within the contexts of Scottish public health filmmaking more precisely.

Scotland's War on Health: Stanley Russell

A lawyer by profession, Stanley Russell had collaborated with a number of high-profile Scottish documentary filmmakers, producers and actors, before going on to establish his own film production company, Russell Productions, in the 1940s (later known as Thames

and Clyde Films³⁹). In his earlier films, Russell reveals a passion for the observational documentary style as well as a desire to explore and promote the particularities of Scottish life and culture. In films such as *World of Steel* (Russell, 1938), *Sport in Scotland* (Russell, 1938) and *Scotland for Fitness* (Russell, 1938), all produced for the 1938 Empire Exhibition, Russell uses the mythic masculinity of Scotland's past, explained in part by Martin and others above, to generate narratives on the country's health and its contemporary position within the competitive global economies of industry and sport respectively.

In *World of Steel*, for example, Russell captures in picturesque detail the everyday working of the iron and steel industries in Lanarkshire, with image and narration both praising its strong, hardworking employees as well as its market efficiency and global superiority. Likewise, in *Sport in Scotland*, Russell pays tribute to the array of facilities available to the Scottish public by detailing the worlds of swimming, football, golf and the Highland games. Stylistically, Russell edits the modern with the traditional – brand-new swimming pools with caber tossing – painting a picture of Scottish sport drenched in tradition yet open and competitive within the current, and increasingly globalised, sporting environment. Finally, in *Scotland for Fitness*, the health of the nation is enthusiastically encouraged as traditional pastimes, such as hiking, and local community fitness clubs are all presented. Eulogising the grand, majestic and mighty countryside that sits within the reach of many of the country's large industrial cities, and the health benefits that lie therein, the film is an ode to Scotland's landscape as well as its industrial standing. Speaking at the beginning of the film, Sir Ian Colquhoun, Chairman of The National Fitness Council for Scotland, suggests that the council, "has been set the task of improving our Scottish physique, and of awakening in the minds of Scotsmen and women, a pride in their bodily activity and an idea of perfect physical condition". Moreover, Colquhoun goes on to point out that, "We have no compulsory powers, and we don't want them. There are no set programmes no rigid ideas, we just want everyone to take the type of healthy physical exercise which most appeals to them". The proceeding scenes of the film using scenic imagery and poetic language all work to detail the

³⁹ Russell is noted for his collaborations with Malcolm Irvine and James McKechnie – who narrated many of Russell's films including *Good Health*. See also Ross Ferguson, "Biography of 'RUSSELL, Stanley Livingstone'", ND, <https://movingimage.nls.uk/biography/10030> (Accessed on 22/09/2019).

availability of options open to the Scottish populace in a style that at times feels more like a tourism promotion film than a public health one.

All three films highlight Russell's commitment to capturing the visual beauty of Scotland through contemporary and influential documentary filmmaking techniques. Whilst images of the country's working men, its municipal bodies, local communities and professional experts further promote the industrial and global prowess of the nation. Produced as they were as part of a collection of seven films made for the 1938 Empire Exhibition (under direction from The Films of Scotland Committee and the supervision John Grierson) the films act in some way as promotional pieces, promoting not only internal health benefits for its citizens but also the country itself to the wider world⁴⁰. What stands out in this collection of films is the celebratory aspect to both the visual design and the overall narratives. Scotland is shown as a prosperous country, a country of outstanding beauty, of hills and lochs, of progressive welfare systems, of cutting-edge healthcare and of world leading industrial production, all good enough reasons, the films suggest, to take pride in your country and to more importantly look after your health. Here, personal health would be tied into social obligation and national pride and with the Second World War on the horizon, these narratives surrounding health, responsibility, nationality and pride would all go through significant changes.

Russell's later film, *Fighting Fields* (Russell, 1941), remains a clear example of the war's effect on narratives of community responsibility, public health, and national pride. Propaganda takes on a more obvious role in the film as wartime food production is promoted using a language of social obligation, community camaraderie and wartime necessity in a shift toward the promotion of cooperation via community responsibility noted by Southern. The purposefully emotive title of the film works alongside an imagery produced using location filming, non-actors, and a non-fiction narrative to promote commitment to wartime causes and ideal behaviours including, honour, nationalism, hard work, obedience, and self-control.

⁴⁰ See, Jo Sherington's, "To speak its pride": the work of the Films of Scotland Committee 1938-1982 : a Scottish film monograph (Sherington, 1996), and NA, "Biography of 'Films of Scotland Committee'", https://movingimage.nls.uk/search?personality=10037&from_row=101, ND, (Accessed on 09/05/2019).

Russell was a passionate evangelist of the Documentary film style, Scottish filmmaking and Scottish Identity and culture more generally. This passion is relatively unobstructed, if never truly apolitical, in his early films, *World of Steel*, *Sport in Scotland*, and *Scotland for Fitness* which visually and narratively celebrate the success and progression for both Scottish industry and Scottish culture. However, as the needs of the war effort become more central to Russell's work, as in *Fighting Fields*, the observational documentary film style and approach of Russell's work slips, almost seamlessly, into a public information approach with a strongly ideological and instructional rhetoric.

By the time Russell makes *Good Health to Scotland* in 1944 these ideologies and styles come together in an 18-minute-long film that focuses on a variety of social, cultural and health issues in Scotland during wartime. The film opens on shots of a remote Highland location, illustrating the problems of delivering health care in such isolated and extreme conditions, before shifting to focus on the dangers of smoke-filled urban streets and unsafe housing and living conditions. Opening images include expansive and scenic shots of seaside towns, small cottages, lochs, a lighthouse, rowing boats, and the story of one patient's transportation to a mainland hospital via a small airplane. These shots portray an almost idyllic, albeit tough and problematic, image of Highland and rural life and the importance of the health services provided in these places.

Next, in a move that is clearly designed to contrast these scenic images, the following shots pan across the smoking chimneystacks of an industrial city before focusing in upon its inhabitants. The film shows various health services and interventions including the work of an antenatal clinic, school medical inspections, nursery children washing their hands and drinking milk, workers at a munition's factory receiving advice from a doctor, and ship workers helped by a visiting doctor. Here the message is not simply celebratory, as before, but also ideological as the fitness of the characters is linked explicitly to the needs of the country during wartime and keeping those tied up in war work, or their children, occupied, fit and healthy.

Stylistically, both *Good Health* and *Fighting Fields* remain relatively similar to the three pre-war films analysed above, yet ideologically one major difference emerges. Whilst all the films, to varying degrees, utilise a documentary aesthetic and work to celebrate the hard work, the visual beauty, and the innovation of Scotland, its industries and its people, the

latter films cannot help being tied up in the rhetoric of the war effort and its connected political and cultural ideologies – us vs them. Whether this arises as a practical result of the war and the discourse created generally by being *at war*, or from other shifts in society, filmmaking, and 20th century culture more widely, there is no doubt that the celebratory nature of the pre-war public health films like *Sport in Scotland*, and *Scotland for Fitness* is now mixed in with the propaganda of the war effort. Films that had previously promoted the health of the Scottish people for Scotland's sake, now promoted the health of the Scottish people not only for Scotland's sake but importantly also for Germany's downfall. Put simply, the dangerous Other had taken up its role as a prominent character in the stories we would tell about public health.

It Began on the Clyde (Ken Annakin, 1946), being one of the last films to be sponsored by the MoI for the Dept. of Health for Scotland, is a useful further example of this trend. The film celebrates the work of an experimental programme of Emergency Medical Service Hospitals, set up in 1941 for war workers, where men affected by fatigue and stress could be treated before their condition potentially became more serious. As such, the film praises the work of the programme and ultimately promotes the idea of its continuation after the war. Documentary footage and location shooting mixes with set scenes in which the main character complains about body pains, visits his local doctor and is put through the EMS Hospital before duly returning to work. More closely, the film uses an image of masculinity that is explicitly linked to notions of hard work, fortitude, strength, and determination tied up in the area of Clydeside and its heavy industries as well as within narratives surrounding the war effort. Narration at the beginning of the film, notes for example how, "In the difficult times of 1941 thousands of workers in the industrial areas of Scotland had to stand up to the strain of harder work, longer hours and more difficult conditions than ever before. Even the strongest became tired". Retaining these masculinities becomes the overriding aim of the film with the country's economic necessity hidden behind a rhetoric of male pride, fatherhood, the breadwinner role, and male war time responsibilities.

The war had major impacts on both the discourses of masculinity and the use of public health film as the simple promotion of healthy bodies and gender stereotypes became tied into the needs of the war effort. Here, a particular version of the healthy body is prized and the responsibility of the citizen to remain fit and healthy emerges as an overriding narrative

incentive. The above films stand out as just some examples of the complicated relationship between filmmakers and public health bodies during the war and the war's impact on the look and more precisely the approach of public health films more generally. But with the war coming to an end what would the new public health landscape look like, and how would these trends develop within a post-war environment?

Post-war public health and the non-communicable disease

From the middle of the Second World War The DoE would begin communications with the MoI as well as the BFI, sparking a series of conversations and recommendations that would include calls for the establishment of a central film library, regional libraries, and the supply of projectors to primary schools, secondary schools and colleges⁴¹. However, complications with funding and availability, mainly due to the war, would mean that not all of the BFI's recommendations, nor the Boards' subsequent appeals for equipment, could be met. Further disruptions to classroom sizes and the movement of children and teachers, again due to the war, caused more difficulties and the Board would more or less be restricted in its development of educational filmmaking and distribution during this period⁴².

At the end of the war, in 1946, the MoI was replaced by the Central Office of Information (COI), who would go on to produce an extensive range of campaigns designed to inform the public on issues that might affect their daily lives, such as health, welfare, government policy, housing and education. In announcing that the wartime MoI would be closed down, Prime Minister at the time, Clement Attlee, declared that official information services still had, 'an important and permanent part in the machinery of government' and that 'the public should be adequately informed about the many matters in which Government action directly impinges on their daily lives' (Quoted from National Archives, 2006). The same year, the MoE established The National Committee for Visual Aids in Education (NCVAE), in response, according to Southern, 'to calls from teachers and Local Education Authorities for the government to take responsibility for coordinating the production of films for education' (Southern, 2016, p. 53).

⁴¹ See Dupin & Nowell-Smith's, *The British Film Institute, the government and film culture, 1933-2000* (Nowell-Smith & Dupin, 2012) and (Dupin, 2006).

⁴² See Chapter 3, 'Film and Pedagogy', of Southern's *The Ministry of Education Film Experiment: From Post-War Visual Education to 21st Century Literacy* (Southern, 2016, pp. 35-61).

Both the Mol and the COI were responsible for producing and distributing films on a wide variety of topics and issues, including but not limited to; promotion of the war efforts; careers information; food safety; government and departmental changes; industrial or public training; civic information and advice; and public information more generally⁴³. Inevitably, the content of many of these films would include topics related to health.

Mol Films such as *Health at War* (Jackson, 1940), *Westward Ho!* (Dickinson, 1940) and *Good Health to Scotland* (Russell, 1944), dealt with the restructuring of the health service, the evacuation of children and physical cleanliness and health, respectively, and could all, in some way, be related to public health. The proceeding works of the COI continued many of the stylistic, production and distribution practices of the Mol, as the establishment of the NHS and post-war population health became important political and cultural issues. This could include explicit connections to health, as in films such as, *Coughs and Sneezes* (Massingham, 1945), *Don't Spread Germs* (Krish, 1948), *Your Very Good Health* (Halas & Batchelor, 1948) and the *Modern Guide to Good Health* (Halas & Batchelor, 1947), or, more overt connections as in, *Pedestrian Crossing* (Law, 1948), *Charley Junior's School Days* (Halas & Batchelor, 1949) and *Your Children's Teeth* (Massy, 1946).

By the end of the war then, the idea that film *could*, and, just as importantly, *should*, be used as an educational tool, had been firmly established, with government policy, educational bodies and professional boards, all in different ways, developing the various strands of production, content and delivery. Films on public health remain highly varied, and as the above analysis suggests, difficult to strictly qualify, yet major shifts in the way that people died in the UK at this time would have a profound impact on both the type and the approach of public health films to come. Here, the infectious communicable diseases, such as TB, diphtheria and Cholera, that had plagued the previous decades, would begin to subside, as a range of other, non-communicable diseases such as cardiovascular disease, diabetes, respiratory diseases and cancers would begin to rise⁴⁴. More simply, as Virginia

⁴³ See David Welch's, *Protecting the People: The Central Office of Information and the Reshaping of Post-War Britain* (Welch, 2019) and C.J. Ellis and B. A. McLane's 2005, *A New History of Documentary Film* (Ellis & McLane, 2005) and NA, 'About Public Information Films' <https://www.nationalarchives.gov.uk/films/aboutfilms.htm>, ND, Accessed on 10/10/2020, which all provide a useful lists and analysis of many of these films.

⁴⁴ See Klim McPherson and David Coleman, 'Health', in A. H. Halsey (ed) *British social trends since 1900: a guide to the changing social structure of Britain*, 2nd edn (Basingstoke: Macmillan, 1988), 398 – 461. (Halsey,

Berridge suggests, 'as the population lived longer, so non-infectious causes of death such as, heart disease, strokes, and cancer grew in importance' (Berridge, 2007, p.28)⁴⁵.

Considering these interconnected histories, this thesis takes its cue from the emergence of so called non-communicable public health issues within the context of gender performativity, as described above. Focusing on issues typically associated with individual habits such as smoking, drinking, drug misuse and sexual health and beginning at the start of the 1960s this aims to trace these developments as personal identity, including gender, and responsibility become more tightly aligned with the public health environment.

Sources and materials: Methodologies and Archive research

In order to first uncover and subsequently analyse the materials of this thesis I have applied a combination of theories and methods from within film studies, gender studies and public health history, all based within the wider socio-cultural history of Scotland, its filmmaking and its public health landscape. Here the work of previous academics within the field of health media, such as Elsaesser, Berridge, Bonah, Hediger, Cantor, Laukötter and Lebas, as mentioned above, were all considered, as a framework for the most relevant and useful films was formed. This approach works, in Elsaesser's terms to set out a kind of *Medienverbund*, or 'a network of competing, but also mutually interdependent and complementary media or media practices, focused on a specific location, a professional association, or even a national or state initiative' (Elsaesser, 2004, p. 22). For Elsaesser, this *Medienverbund*, could include at different times, and depending on the project, the city of Frankfurt, the Bauhaus, or the German Propaganda Ministry, where film can be seen in the wider contexts of place, artistic movement or state apparatus, and vice-versa. Here Scotland, its state formed public health institutions such as the NHS, the MoI, and the COI, smaller municipal bodies, such as The Scottish Health Education Group (SHEG), The Health Education Board Scotland (HEBS) and the Lothian Health Board (LHB), as well as independent charities involved in public health all become part of the process of

1988); A. Gray, 'The Decline of Infectious Diseases: The Case of England', in A. Gray (ed.), *World Health and Disease*, Health and Disease series, Book 3 (Milton Keynes: Open University Press, 1993), 75 (A. Gray, Payne, Open University, & Open, 1993).

⁴⁵ Although a Typhoid outbreak around Aberdeen in 1964, later linked to a can of corned beef, would reignite the need for communicable and infectious disease awareness and protection, leading to the set-up of The Scottish Communicable Disease Unit and arguably the later Food Standards Agency. See Lesley Diack, (L. Diack, 2001).

understanding the production of public health filmmaking in Scotland during the 20th century. This approach also adopts Hediger and Vonderau's concept of complex constellations, understanding that any analysis of the film texts themselves must be placed within the wider understanding and evaluation of connected 'media, technology, forms of knowledge, discourse, and social organization' (Hediger, V., Vonderau, 2009, p. 11). More simply, this is a methodology that suggests, as others have done, that the history of public health filmmaking cannot be separated from the arts, the industry, nor the politics of the country and the multimedia texts in which it is produced. And, moreover, that applying this awareness requires an approach that looks not only at the films themselves, but also their related texts, such as posters, flyers, health reports, government debate and public discussion, all of which can be found within this thesis.

In terms of film studies, textual analysis was used as a tool for the close reading of *mise-en-scène*, narrative, editing and sound, whilst narrative content, including, scripted and non-scripted dialogue, on and off-screen narration, and on-screen text, as well as other associated narrative materials such as scripts, storyboards, magazines, posters, design notes and focus group reports were all considered under the scrutiny of a critical discourse analysis and where relevant New Cinema Histories⁴⁶. Here paper materials, all retrieved from a variety of archives, and related to the design, production, and display of Scottish public health filmmaking, helps to provide a broader lens into the world of public health film production and at times reception.

The representation of gender and gendered behaviours, highlighted through this close textual and discourse analysis, was considered through the lenses of popular gender theorists and media scholars such as Judith Butler and Reawyn Connell, amongst others. This analysis considered variously and throughout, the role of gender norms, same-sex preferred behaviours, stereotype, and gender performativity, all within the contexts of media studies, socialization and Scottish culture and history.

⁴⁶ See David Bordwell, *Narration in the fiction film* (Bordwell, 1985) and *Making meaning: inference and rhetoric in the interpretation of cinema* (Bordwell, 1989), Barbara Johnstone, *Discourse analysis* (Johnstone, 2018), Ruth Wodak, 'Critical Discourse Analysis at the End of the 20th Century' (Wodak, 1999) and Daniel Biltereyst, Richard Maltby & Phillipe Meers, *The Routledge companion to new cinema history* (Biltereyst, Maltby, Meers, 2019).

The hard-man character was investigated in relation to both Scottish mythology and folklore, as mentioned above, as well as contemporary political and cultural debates surrounding his emergence and continued appeal. This considered arguments from the social, physical and psychological sciences focused on masculinity and health behaviours, cultural capital, performativity, violence, castration anxiety, compensation, and more. In terms of the Scottish hard-man, this was examined via those works which have looked at the various ways in which the concept of masculinity has been linked to particular health behaviours within the country and the industrial histories associated with those trends, such as deindustrialisation and the so-called feminisation of the workforce.

This formal and interpretive film studies approach with its focus on gender was finally placed within the wider social histories of Scottish health and gender. A focus on the shifting public health environment of Scotland and its potential relationship to filmmaking and gender stereotypes allowed for these three separate, but interconnected, worlds of film studies, gender studies and public health to be considered alongside one another for perhaps the first time.

Despite the difficult categorization of public health film some strict parameters can be set which have helped to define the boundaries of films selected within this thesis. Firstly, borrowing from both Bonah et al's definitions and Elsaesser's three A's approach, films are chosen based on a combination of their intention and their content as public health texts. More simply, films must have been produced with the intention of informing and reforming public health knowledge and behaviours and contain the imagery and language of public health more generally. Secondly, the focus on gender, and particularly hard-masculinity, highlighted above, means that films with a specific focus on men's health have taken priority – although some analysis of films focused on femininity remains useful. Thirdly, given the geographic specificity of this thesis, the corpus is limited to films that are either produced in Scotland, by Scottish production companies, sponsored by Scottish health boards, made by Scottish filmmakers, with Scottish actors, in Scotland, or indeed a combination of some or all of the above. And, finally, the increased importance of NCD's, and their link to individual health behaviours, such as smoking, drinking and drug misuse directs the focus on films in which these behaviours are most prominent. Where NCD's are not prominent, as in the analysis of the HIV/AIDS crisis and the public health reaction to this clearly communicable

pandemic found in chapter three, the relationship between an NCD language of blame and communicable disease can be formed.

Both the collaborative nature of the design and funding provided for this thesis was highly useful in developing strong links with the National Library of Scotland (NLS) and its Moving Image Archive (MIA), situated in Kelvin Hall, Glasgow. Placement within the library allowed for unparalleled access to the library's extensive website, stores, back catalogues, paper and film archives. Whilst collaboration and supervision with staff at the MIA also meant that newly arriving, undocumented, miss-catalogued or simply misplaced materials were consistently recommended and/or retrieved wherever possible.

When necessary, archival research was taken beyond the MIA's catalogues with the NHS Knowledge Services providing further valuable resource. This access followed a succession of emails with staff at the Knowledge Services, before permission to visit and search the archives held at the depository was granted. Prior to my two visits to the collection, information was exchanged on the details of the research and the various stakeholders, such as health boards, filmmakers and sponsors, already identified. This allowed staff to prepare some materials in advance as well as offer direction for potential searches. Both trips produced a wealth of primary sources, including films and papers that further helped to guide the research. This process remained organic in the sense that information from the Knowledge Service was both directed by and then helped to direct, archive research at the MIA and other resources.

Beyond these two important collections, many online sources were vital to gaining a broad as possible view into the world of Scottish public health filmmaking and the connected world of cinema, TV and public health. Searches were made of the extensive Wellcome Library's moving image and sound collection and the British Film Institutes' website as well as both institutions' associated You Tube channels. Other important resources included the Lothian Health Services Archive, where much of the *Take Care* materials were located, and the NHS Health Scotland website.

All archive work was carried out within the regulations of each individual institution with any stills or re-printed paper archives abiding to those institutions copywrite and legal terms.

Archive Methodology

As suggested above, public health film can fall into a broad category of styles and subject. As such, initial database and archive searches for films remained broad with categories such as Training, Education, Orphan, Working, Industrial, Government, Municipal and Advertising films all searched. Likewise, the broad nature of the theme of public health meant that initial searches would have to include topics such as; Health, Illness, Medicine, Public Health, National Health Service, Health Promotion, Hospital, Doctor, Surgery etc. all of which were used to varying degrees and with mixed results.

After a period of time and collaboration with supervisors, a mixed chronological and thematic approach was chosen, with four main decades and themes arising; Smoking in the 1960s; Alcohol in the 1970s; Drug misuse in the 1980s; and Sexual Health in the 1990s. Firstly, it was agreed that the apparent non-communicable nature of these four themes revealed a strong relationship to personal identity, choice, responsibility and health, that would be useful for investigating public health language and the processes of gendered health behaviours. Whilst secondly, it was proposed that the chronological structure would also help to trace the technological and stylistic developments in filmmaking throughout the decades whilst also being aware of spikes in the public awareness and concern over particular health issues at particular times.

Once these themes had been decided, more detailed searches were made possible as colloquial and metaphoric language and customs associated with these themes could be checked. For instance, searches on smoking for Chapter One, now included terms like lung disease, cancer, coughing, fire, cigarette and fag, whilst searches for Chapter Three on drug misuse would include terms such as smack, crack, dope, weed, overdose, high etc. Additionally, as specific production companies, sponsors, filmmakers, actors, health boards, and so on were uncovered, more detailed searches for each of these connected elements was re-entered within each category. Finally, once an extensive knowledge of these various stakeholders was produced, other primary sources, such as scripts, storyboards, production notes, film stills, focus group reports and relevant correspondence could all be checked for association and relevance. Occasionally, this practice worked in reverse as paper archives revealed information about films, filmmakers, sponsors etc that could then be used to help locate the associated films and other vital information about their development.

Secondary research consisted mainly of contextual reading on the medical histories specific to each chapter and the wider history of Scottish culture, filmmaking, healthcare and politics. Hansard was used as an online resource for political data, with transcripts of Commons and Lords debates analysed for content. Parliamentary discussions on alcohol legislation, drug misuse and the AIDS epidemic were all found useful from this resource. Finally, some discussion with former employees within the public health and research environment of Scotland was made possible after the relevant people had been traced and contacted. Here, discussion was conducted both informally, via email, or at times in person, utilising the guidance and training of the University of Strathclyde's Oral History department and relevant oral history ethical practices.

Chapter Synopsis

Chapter one: Smoking and the 1960s; Smoking and You.

The first chapter of this thesis opens at the beginning of the 1960s detailing developments in television ownership and viewing habits, alongside innovations in filmmaking, and public health filmmaking's apparent adoption and adaptation of these new technologies. Applying work from Virginia Berridge, the chapter's focus on smoking acknowledges important developments in the causes of mortality in the global West during this time-period. Or what Berridge has described as a shift from communicable causes of death – as in from environmental diseases such as TB, diphtheria and cholera – to non-communicable causes of death – such as cardiovascular disease, diabetes, respiratory diseases and cancers. Here, as developments in sanitation, housing and pharmacy began to improve some areas of population health, alternative health issues caused by smoking, drinking, overeating, and drug misuse would begin to rise.

With a focus on smoking, the chapter looks at The Royal College of Physicians Report, *Smoking and Health*, launched in 1962, as a significant period in which pressure begins to rise on governments to take control of both the smoking industry itself and people's personal smoking habits. The chapter argues that within this environment of communicable and non-communicable disease, individual responsibility becomes inextricably linked with health outcomes and public health films begin to increasingly employ medico-moral

strategies that focus on individualised health behaviours and an information led directive approach.

Two case study films, from the early half of the decade, *Smoking and You* (Derek Knight, 1963) and *Smoking Machine* (Sarah Erulkar, 1964), detail the use of medical language and imagery in the representation of smoking's effects on the physical body. In the first film, these dangers are explicitly linked to the corporeal capabilities of the characters and their responsibilities, as good citizens, or good men, to remain fit and healthy. The chapter examines the role that these narratives have played in the presentation of men's post-war responsibilities and the use of stereotypes related to men's health. Analysis of the second film, which is centred on children's attitudes to smoking, aims to understand the focus on youth from both a health perspective, as a genuine concern for young smokers, and from a cultural perspective, as young children's bodies and health behaviours become increasingly re-framed and policed.

This analysis is set within an emerging trend for social realism in British film and television, epitomised by a group of films produced for BBC1 and the Wednesday Play series during the same period. The chapter suggests that public health film begins to adapt, or indeed influence, some of the narrative and stylistic formalities of this public issue broadcasting, therefore blurring the boundaries between public service television and drama, News and documentary, and fiction and non-fiction styles. Overall, the chapter works to reveal both technological and narrative developments in public health filmmaking styles, the promotion of gender appropriate health behaviours, and changes within the processes of public health strategy and delivery more generally.

Chapter 2: Alcohol and the 1970s; Stand on Your Own Two Feet

Beginning at the start of the 1970s, the second chapter focuses on films concerned with issues of over drinking and alcohol misuse. The opening section takes three films – *Dying of Thirst* (Erulkar, 1975) *Just a Habit* (Erulkar, 1975) and *Getting Drunk* (Erulkar, 1975) – all made by filmmaker Sarah Erulkar for the newly established Scottish Health Education Unit (SHEU) and designed to be shown as conversation starters for young adults.

Borrowing from Emma Fossey's 'three behavioural change models: the knowledge/attitudes model; the values/decision making model; and the social competency model (Fossey, 1994,

p. 56), the section describes ways in which the films construct their own narrative and public health approach. Historical understanding of Scotland's 1973 Departmental Committee on Scottish Licensing Law report, and the subsequent 1976 Licencing Act, alongside analysis of Hansard records, helps to clarify political and institutional approaches to alcohol during this period and their potential influences on public health film commissioning and design. Here, narratives of control rather than complete abstinence – as witnessed in smoking narratives – alongside styles of presentation, characterisation, narration, and editing and contemporary developments in filmmaking and political and cultural attitudes towards alcohol in Scotland are examined.

The second section of this chapter looks at ways in which the relationship between masculinity and alcohol have been displayed in Scottish public health film, with a particular focus on the 'breadwinner' stereotype and working-class masculinities. This scrutinises ways in which the breadwinner narrative has been utilised as a motivating trigger in public health films and how more widely this stereotype has been damaging, especially to men, caught up in its hegemonic power. Focused on two films, *Pool* (NA, 1978) and *Saturday Night* (NA, 1978), both produced by Graphos Films Ltd for the SHEU, the chapter looks at ways in which Scottish masculinity has been tied to heavy drinking through narratives of masculinity concerned with tolerance, pride, and machismo.

Analysis of these films exposes storylines in which men who over-drink are ridiculed through a number of narrative and stylistic cues, as their masculine gender performance, through over-drinking, is shown to be damaging to both their social and their sexual relationships. The chapter suggests that the films reflect further shifts towards narratives of responsibility and individual control, as social punishments are shown to be more threatening to men than simple physical damage. Accordingly, the chapter argues that, whilst these public health films aim to discourage over drinking by exposing these negative characteristics and outcomes through their characters and settings, they may also, or otherwise, confirm existing negative and dangerous stereotypes about masculinity and alcohol.

Chapter 3: Drug Misuse and the 1980s; Be all you can be

Focused on the 1980s, the third chapter places thematic emphasis on drug misuse and later its connection to HIV and the AIDS virus. Initially setting out a framework in which to

understand the cultural and visual construction of a contemporary youth culture, the chapter addresses the relationships between identity and health – traced through the previous identification within public health narratives of the increasing focus on individual health behaviours.

Focused upon two interconnected campaigns run by the Scottish Health Education Group (SHEG, previously SHEU), *Be All You Can Be*, and *Choose Life Not Drugs*, the chapter notes a move away from information based, authoritarian or directive public health narratives, as identified in previous chapters, toward a positive, holistic health promotion approach. Textual analysis considers popular contemporary music television programmes such as *The TUBE* (Ch4) and its representation and use of counter cultural styles centred on fashion, hairstyles, language, comedy and satire. Placed within this analysis of youth styles, as well as an emerging neoliberal consumer environment, the chapter links styles of health promotion both visually and narratively to contemporary gendered concerns about identity, image and consumer capabilities.

Additionally, analysis reveals how concepts of peer pressure and ‘making the right choice’ become controlling narratives in an increasingly individualised and personalised landscape of drug misuse. It is argued that this highlights a troubling trend toward blame within the discourses of drug misuse, leaving limited space for understanding the complex mechanisms involved in young people’s health choices, not to mention almost no space for criticism of the structural forces involved in drug taking. It is suggested then that explicit and implicit blame-based narratives found within the design of public health filmmaking work to alienate an already vulnerable demographic of young men whose masculine capital has been eroded by the neoliberal processes of deindustrialisation and commodity fetishism rampant during the 1980s.

Assessing the gendered reaction to these developments the chapter investigates both the New Man and the New Lad through his appearance in contemporary public health and wider cultural texts such as advertising, television, literature and film. Linking the *Choose Life Not Drugs* materials to Irvin Welsh’s *Trainspotting* novel and the New Lad’s counter cultural style the chapter places public health literature into contemporary imaginings of masculinity and male health behaviours.

The final section of the chapter focuses on the rising transmissible epidemic of HIV and AIDS in the UK with a comparative analysis of two public health campaigns and an analysis of the continuities or otherwise between the previously examined NCD's and this modern late 20th century communicable pandemic. Borrowing from Kirsten Ostherr's work on the post-war public health environment and filmic reactions to contagious disease, the chapter suggests that an existing imagery and language surrounding NCD's, as detailed in previous chapters, and focused on concepts of identity, responsibility and blame, can be found in modern representations of new communicable disease such as HIV/AIDS.

The section compares films, and other materials, from one relatively small municipal campaign, *Take Care*, localised to specific areas of Scotland, against, perhaps the most infamous national UK health campaign, *Don't die of ignorance*. Borrowing from critics who have identified wider social anxieties tied up within the narratives surrounding the AIDS epidemic, this places both campaigns within the contexts of traditional and emerging New Right discourses in which the promotion of 'family values' has been used to frame both appropriate and inappropriate sexual behaviours. In this context, analysis reveals a public health approach, infused with imagery and language, which implicitly and at times explicitly condemns homosexuality (as well as other alternative sexual practices) and the associated practices of drug misuse.

Read within the context of Clause 28, and other populist descriptions of the AIDS virus as the 'Gay Plague', the chapter suggests that social anxieties surrounding the loss of family values or traditional models of the family, as well as ethnocentric fears about nationhood and healthy populations, can be seen filtering into warnings about the AIDS virus. The chapter argues then that healthy, or indeed appropriate and correct, forms of masculinity are framed within strict and traditional heteronormative boundaries, meaning that those who cross these boundaries, for whatever reason, have the potential to be left out, or disenfranchised from, public health approaches that might have otherwise been helpful, or indeed lifesaving to them.

Chapter 4: Sexual health and the 1990s; Your Story

The fourth and final chapter, situated in the closing decade of the 20th century, follows on from themes of safe sex and AIDS explored in the previous chapter with a broader focus on

issues surrounding sexual health and gender more generally. The early 1990s would witness major institutional changes for Scottish public health filmmaking as the Health Education Board Scotland (HEBS) replaced the Scottish Health Education Group. Although many of the staff from SHEG would move over to work at HEBS, a number of changes, including the introduction of a board, would create a new environment in which the design, production and approach of Scottish public health filmmaking is observably altered. Aiming to understand the changes during this important period, the chapter analyses four case study films produced by HEBS alongside relevant paper archives and historical materials recovered by the author from the NHS Knowledge Service archive.

With the help of Connell's explanations of adolescent gender performativity, complex and often-nuanced filmmaking styles are analysed via HEBS renewed approach to prevention and interest in a youth audience. Aiming to understand how HEBS speaks to young people about sex, textual analysis reveals a favouring of visual imagery and narrative editing techniques over explicit dialogue or directive voice-over. Placed within postmodern readings of the MTV aesthetic, popular youth television and visual marketing methods, these emerging techniques of storytelling are shown to require less and less exposition, relying instead, on visual metaphor, explicit imagery, and narrative editing to relate often taboo themes to an increasingly media literate audience.

Analysis of the films highlights how traditional methods of information heavy, medically authoritative, and even threatening public health approaches, come to be replaced with narratives that at once both expose and exploit the social and peer pressures placed upon young adults and their sexual behaviours. That is, rather than simply telling young people what to do, the films point out what might happen if the audience performs in certain ways. However, although this may be considered progressive in some ways, the chapter argues that this is an approach that still relies heavily upon a number of historically gendered narratives surrounding sexuality, including male dominance or conquest, and female prudishness or frigidity. Therefore, sexual health is promoted not through narratives about the damaging physical side effects of sexually transmitted disease, but through the damaging social side effects of a traditional, and often heteronormative, Scottish 20th century society.

Recognising that not all men, at all times, and in all places will face or accept the same hegemonic masculine character, in the same way, and at the same level, this thesis aims to understand the specificities of the Scottish hard man character and his use in public health film. Borrowing from Connell and Butler's work on hegemonic masculinities and description of body-reflexive practices, and Martin and McArthur's historical analysis of Scottish masculinities, this places Scottish public health filmmaking within the discourses of hegemonic masculinities, gender performativity and gender role conflict.

Through in-depth study of a collection of previously unseen or generally ignored public health materials the thesis aims to provide a better understanding of the relationship between hegemonic masculinities and male health behaviours in Scotland and within the UK and abroad more generally. By highlighting how these texts have been visually constructed, and the technological practices that have been prevalent in this development, the work further aims to explain some of the ways in which gender norms have seeped into our media culture and the potentially damaging effects that this has had on our health behaviours.

The historic lenses of film and television studies, gender studies and public health illuminate this analysis helping to place the films within their own historical and cultural milieu. This historical analysis begins early in the 1960s which, as the following chapter will explain, was a time in which television was booming and public health medicine was dealing with a whole new era of non-communicable diseases.

Chapter one

Part 1, Smoking

This chapter focuses upon an early and significant period in the development of anti-smoking public health film across the UK. Beginning in the 1960s, this period saw both, the position of the television within UK households, and attitudes towards smoking more generally, undergo significant changes. Firstly, by the early 1960s television ownership had increased dramatically in the UK with nearly three quarters of the UK population owning a television set by 1960 – a dramatic increase on previous decades. Secondly, smoking itself, including the health dangers of the habit and the somewhat questionable practices of the smoking industry, were becoming increasingly criticised as health and media experts began to raise issues with both. The Royal College of Physicians' (RCP) report, *Smoking and Health*, launched in 1962, was particularly concerned about the practice of the industry and the effect of tobacco on population health and health behaviours⁴⁷. Alarmed not only with the potentially fatal health impacts of the habit itself, the report also highlighted concerns about the rapidly increasing marketing budgets of the cigarette industry which had seen an eleven-fold increase, up to \$4.5 mil, between the years 1956 - 60⁴⁸. In contrast, the report claims, as little as £5000 was spent by the Central Council for Health Education and local authorities on anti-smoking education between the same period⁴⁹.

Berridge argues that the RCP's report was 'a key catalyst of the new modernized and mediatized medicine and public health' (Berridge, 2007, p. 52), noting how,

The traditional focus of public health had been the outbreak or the epidemic: public health practitioners looked back to the great days of environmentalism and the fight against cholera and typhoid in the mid-nineteenth century. But this pattern of

⁴⁷ Earlier connections had been made between smoking and cancers, including, perhaps most famously, Sir Richard Doll and Sir Austin Bradford Hill's 1954 review on the mortality of doctors in relation to their smoking habits (Doll & Hill, 2004), yet as Berridge explains, public health action, especially in the form of media intervention, was somewhat slow to appear.

⁴⁸ See The Royal College of Physicians Report; *Smoking and Health* (*Smoking and Health* 1962, p. 6) By 1960 advertising revenue for cigarettes had reached approximately £4.5 million (accounting for almost half of the overall £11 million spent on smoking promotion for that year – which included other areas such as the press, cinema, sports, posters, signs and billboards).

⁴⁹ See (*Smoking and Health* 1962, p. 8).

disease and disease-related mortality began to change in the middle of the twentieth century (Berridge, 2007, p. 28).

The late 1950s and early 1960s then would see a necessary shift in public health focus and approach away from the 'environmental' infectious diseases such as TB, diphtheria and cholera toward the increasingly prevalent non-communicable diseases (NCDs) such as cardiovascular disease, diabetes, respiratory diseases and cancers⁵⁰.

This combination of shifts meant that television, along with its developing filmmaking formalities, styles and narratives, would become the new battleground in a changing climate of public health and public health filmmaking. How then, did contemporary public health filmmakers adapt their filmmaking practices in order to fit in with these new visual formats and an increasingly television literate audience? And what impact did the emerging non communicable health issues, such as smoking, have on the design, production and approach to public health filmmaking?

With a focus on this formative period, this chapter will discuss two films from the early part of the 1960s, *Smoking and You* (Knight, 1963) and *Smoking Machine* (Erulkar, 1964).

Although produced for use beyond a household television audience, and for wider audiences than those limited to Scotland, both films have indelible links to the Scottish public health environment and the general public health filmmaking landscape⁵¹. As such, the films help to form an understanding of the landscape of public health filmmaking during this significant period and the routes through which Scottish health boards and filmmakers would first tread.

Produced by the Central Office of Information (COI) for the Ministry of Health, the Ministry of Education and the Scottish Home and Health and Education Departments, the films were made for a nation-wide audience and include a diversity of mixed media methods, modes of address, film styles and public health approaches. These styles can be analysed within the

⁵⁰ See Klim McPherson and David Coleman's, 'Health', in A. H. Halsey (ed) *British social trends since 1900: a guide to the changing social structure of Britain*, 2nd edn (Basingstoke: Macmillan, 1988), 398 – 461. (Halsey, 1988) and A. Gray, 'The Decline of Infectious Diseases: The Case of England', in A. Gray (ed.), *World Health and Disease*, Health and Disease series, Book 3 (Milton Keynes: Open University Press, 1993), 75 (A. Gray et al., 1993).

⁵¹ Sarah Erulkar would go on to make a large number of films for the Scottish Health Education Group (SHEG) with predominantly Scottish casts. Her early work for the COI standing out here as a formative precursor to those works which are analysed later in this thesis.

contexts of a shifting public health culture which would see an information heavy, often celebratory and clearly documentary filmic style, popular in the 1940s and 50s, slowly make way for a recognisably different and particularly televisual style of public health film developed during the 1960s. This shift, it is suggested, arises not only out of the requirements of a new television production landscape, hungry for more concise, more dramatically framed and less authoritative public health narratives, but also from a political ideology of responsibility and choice within the health landscape and the wider political culture of the UK, that would emerge and gather pace in the latter half of the 20th century and beyond.

Analysis of the two films reveals ways in which public health filmmaking was adopting, and potentially helping to adapt, new visual styles and narrative formats within the television landscape. Borrowing from a mixture of established film studies approaches, such as analyses on television news broadcasting (Cushion, 2012), television documentary (Aitken, 1990; J. Chapman, 2015; MacMurrough-Kavanagh, 1997) and public affairs or public issue broadcasting (Maartens, 2016; Paget, 1999), the chapter aims to develop a stronger understanding of the early developments in the production of anti-smoking public health filmmaking within the UK.

Finally, the chapter argues that, traditional, and easily coded gender stereotypes are utilised in both films, which might itself be a consequence of the specific technological and ideological requirements for short morally coded styles and narratives. That is, gender becomes one of the ways in which stories about health, both positive and negative, can be told simply and quickly to a mass audience via the television screen, be that in the home, the school or some other public space. Therefore, the chapter suggests that the evolving nature of televisual broadcasting has allowed for, even encouraged, a repetition of gender stereotypes, that in itself can be highly damaging to people's health.

The Films: *Smoking and you* (1963)

Scripted, produced and directed by Derek Knight, *Smoking and You*, was produced in the immediate wake of medical research which had made connections between lung disease and smoking, highlighted most in the 1962 RCP's report. Using a mix of voice-over, direct address, animation, stop-motion, and documentary styles and techniques, the film reflects

this contemporary medical research with a focus on the human body and the effects of smoking upon it. Likewise, the film, aimed at discouraging 11-16-year olds from starting to smoke, also reflects the RCP's report suggestions that a focus on young people's smoking habits was vital⁵².

The film opens on exterior shots of a football game and the surrounding crowd. With English accent, perfect pronunciation and deep authoritative tone, the narrator (Gerald Anderson), declares that, "Wherever you are you'll see people smoking cigarettes. You won't even notice it unless it is pointed out to you" (00:21 – 00:29). This documentary aesthetic continues as an establishing shot begins a montage of street scenes in which people are seen smoking amongst the bustle of busy city life. (Fourteen people are shown smoking in this sequence (00:27 - 01:15) out of which eleven are male, three female and only two seemingly within the range of the films intended audience of 11-16 year olds (1 male 00:43 – 00:45 and 1 female 01:13 – 01:15)). As the camera focuses in on one character, standing centrally and lighting a cigarette, the title of the film fades in over the image and the narrator suggests that, "the habit of smoking is just a part of everyday life" (00:35 – 00:38). Designed with this conventional documentary mode the scene attempts to confirm the narrator's claims about the ubiquitous and inconspicuous culture of smoking, by borrowing from the trustworthiness and transparency associated with an observational documentary style (See Figs. 1.1 & 1.2).



Figure 1.1, *Smoking and You*.

⁵² See (*Smoking and Health* 1962, pp. 50-52).



Figure 1.2, Smoking and You.

Adding to the live and authentic feel created through this imagery, is a soundscape designed to include the diegetic sound of football fans, traffic and the general bustle of people in the street. However, almost one minute in, other sound effects and music begin to play an important role in the film, as a light jazz style soundtrack begins to play over the images of smokers in an act that disrupts the sense of documentary verisimilitude. The timbre of this music, which includes the slow whine of a saxophone, bristling keys and rhythmic bass, generates an atmosphere of the classic jazz era or more precisely the associated café culture. The motivation for this change in sound design becomes clear as the film cuts to a much more staged image of a man, shot in close-up, set against a black background, rather deliberately taking in a long drag from a cigarette. As the sound bridges across the visual cut, the shift introduces an audio joke as the sophisticated music of the previous scene scratches to a sputtering halt and the male character chokes on his cigarette before removing it and disgustingly rubbing his mouth. This scene, as well as later ones which will be analysed, are explicitly designed to highlight the disjuncture between the popular 'cool' image of smoking, exemplified by the bohemian café culture style soundtrack, and the actual process of smoking, which is shown to be decidedly less stylish.

The change in scenery and sound delivered by this audio-visual joke also allows the documentary style of the opening scenes to merge almost seamlessly into a more formally constructed educational style of dramatic presentation. At this point, the narrative becomes educational rather than simply observational, as a series of extreme close-ups of the man smoking are played and the narrator describes how, "a cigarette is a tube of paper filled with loosely packed chopped up tobacco, which burns slowly given the proper draft" (01:29 01:35). Although the actual narrator stays the same, the narrative style has clearly changed

from what was established as an objective ‘voice of God’ point of audio in the opening shots, merely describing the events shown, to an information based educational narrative, content and tone. By utilising the generic conventions of a televisual news style, the film first aims to establish both the narrator and the film as trustworthy sources, before going on to introduce a much more ideologically based content and formalist film style.

This shift from a realist style to a more formalist aesthetic is exemplified in the following shot. Here the director plays with visual images, sound, and narrative to deliver a dramatic metaphor in a match-cut that utilises all the style of classical montage editing. As the man continues to smoke, the camera cuts to an extreme close-up of the smoker’s mouth and cigarette. The cigarette comes to dominate the shot, taking up the majority of space, held horizontally across the screen. Declaring that, “in many ways it [the cigarette] can be compared with a chimney” (01:35 – 01:40), the image cuts to a horizontal shot of a large industrial chimney stack, matching the on-screen position of the cigarette, as the camera angle begins to rotate until the chimney is seen vertical in its natural position (See Figs,3, 4 & 5).



Figure 1.3, Smoking and You.

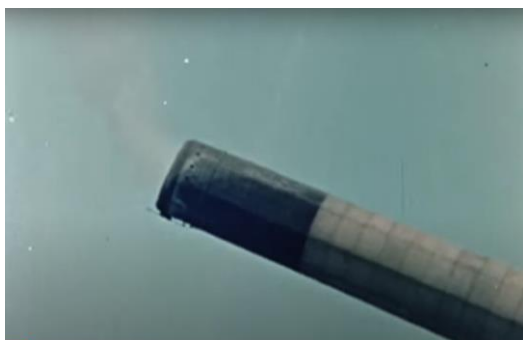


Figure 1.4, Smoking and You.



Figure 1.5, *Smoking and You*.

The visual match between the cigarette, the chimney and the smoke in both shots is further enhanced by the narration which describes in graphic detail how the burning chemicals within this chimney produce gases, soot, dirt and steam that “no one would think of deliberately inhaling”, and that “would soon choke one to death” (01:46 – 01:51). To finish the metaphor, the film cuts back to an image of a different man smoking in the street (a live location shot), as the narrator suggests that, “a cigarette is also a chimney and the pleasure it seems to give people hides a very real danger it holds for the lungs” (01:56 - 02:16). The conflict of scale created with this editing technique, between the handheld cigarette and the giant chimney, encourages the viewer to make shocking connections between the relatively small cigarette in the first image and the billowing chimney in the second.

Importantly, the language of this scene also alters from descriptive to advisory with the hierarchy of the initial mode of address relinquishing to a more personal and intimate style. This change in the mode of address sees the narrator begin to discuss personal health behaviours – “deliberately inhaling” – alongside individual health choices – “no one would think of” – and finally, potential outcomes – “choke to death”. This introduces an educational and a primary intervention technique of public health, favouring a model of ‘reasonable behaviour’, in which, having been given this important and quite frightening new information, the films audience would, or reasonably should, avoid smoking altogether or certainly reconsider their smoking habits⁵³.

⁵³ For a broader discussion on this approach within the media see Berridge’s, *Marketing health: smoking and the discourse of public health in Britain, 1945-2000* (Berridge, 2007), and Carol Cox’, “‘Good for You TV’ Using Storyboarding for Health-Related Television Public Service Announcements to Analyze Messages and Influence Positive Health Choices’ (Cox, 2008).

Representing the medical: *Instruments.*

One of the ways in which the film aims to explain the effects of smoking upon the body is through the filming of what the narrator describes as a “smoking machine”. This instrument, said to have been “specially invented to imitate the way a person smokes”, is formed from a series of pipes and bellows including six test tubes – representing the lungs – and six glass pipes – representing the throat – into which cigarettes can be placed and inhaled. To explore the machine the camera uses slow panning shots and relatively long extreme close-ups, resulting in an almost fetishistic obsession with the machines workings (Figs, 1.6 & 1.7).

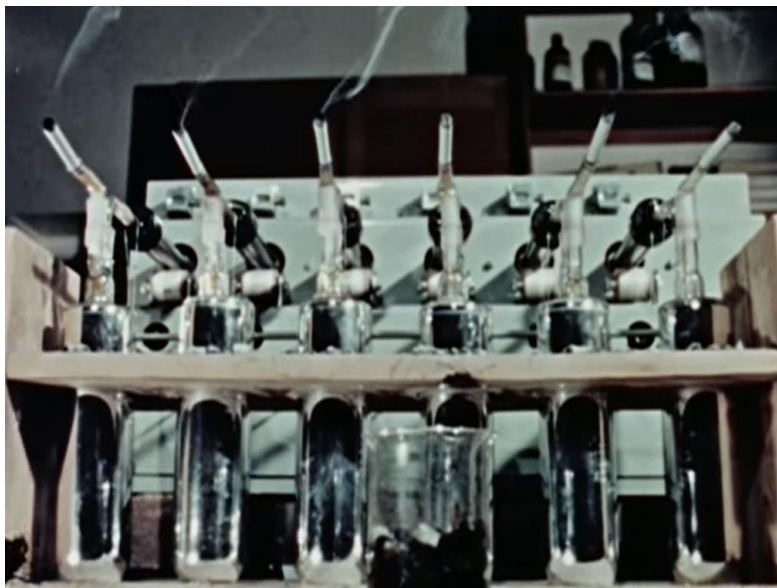


Figure 1.6, Smoking and You.

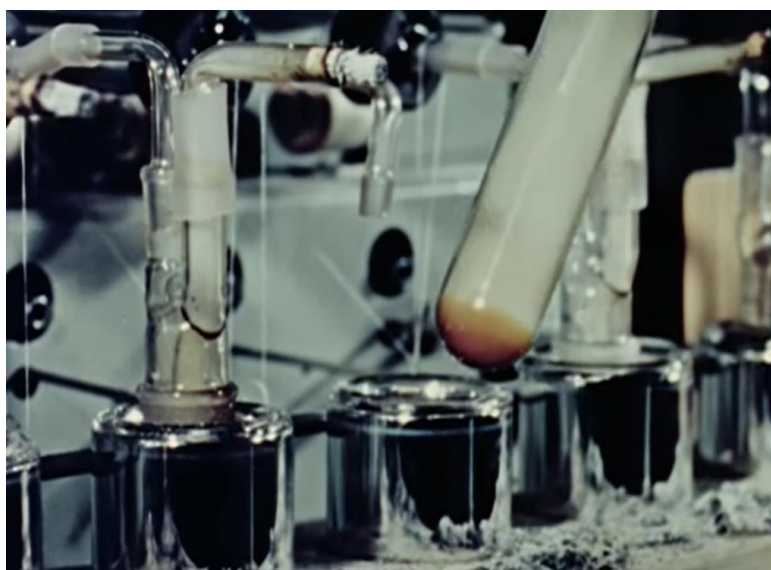


Figure 1.7, Smoking and You.

Although clearly designed for medical and research purposes, the machines highly visual aesthetic is used here by the filmmakers to dramatically represent the effects of cigarette smoke on the body in a scientific and authoritative manner. The scene makes use of a *mise-en-scène* littered with scientific instruments and apparatus, alongside a man in a white coat, to emphasise the scientific rigour of the language and imagery.

The description of the machine is also purposefully anthropomorphic, linking areas of the machine explicitly to the human body. For example, as a scientist is shown removing the burnt cigarette ends from the machine, the narrator explains how, “After being given a packet of only ten each, their throats are stained with tar” (05:27-05:32, authors own emphasis). Added to this anthropomorphic language is a soundtrack which uses the slow repetitive panting of the bellows to emphasise heavy difficult breathing. These techniques simultaneously promote the scientific authority of the machine itself, whilst also drawing parallels between the machine and the physical human body and habits.

Representing the medical: Animation

In order to symbolise some of the more biologically complicated issues associated with smoking and the human body the filmmakers make use of animation in a number of creative ways. In these sections the film introduces simplified diagrams, drawings of organs and disease, animations that simulate flight through the otherwise impenetrable walls of the body and drawings of microscopic detail – emphasised with a black circle around the image creating the effect of a microscope lens (02:06 – 03:45) (Figs 1.8 & 1.9)⁵⁴.

⁵⁴ For more detail on the history of the use of animation in medical filmmaking see Christian Bonah and Anna Laukotter's, 'Moving Pictures and Medicine in the First Half of the 20th Century: Some Notes on International Historical Developments and the Potential of Medical Film Research' (Bonah & Laukotter, 2009) and Kirsten Osterr's, 'Operative Bodies: Live Action and Animation in Medical Films of the 1920s' (Osterr, 2012). For a history of the use of medical animation and imagery see Mike Sappol's, *Dream Anatomy* (Sappol, 2006).

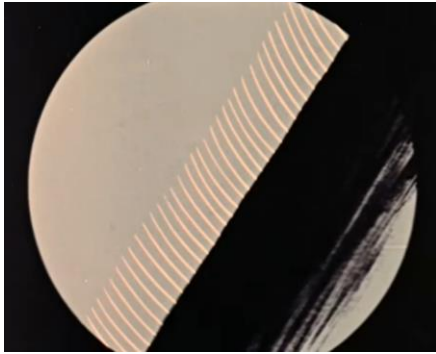


Figure 1.8, Smoking and You.

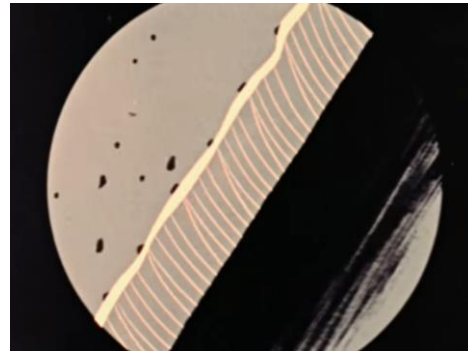


Figure 1.9, Smoking and You.

These sections are heavily scientific in tone and content, yet the narration remains simple, for instance, bronchia become “little tubes” and Cilia are described as “very small hairs, which are like eyelashes” (03:03 – 03:26). In the first of these animated sections the narrator describes the effect of inhaling smoke on the throat and lungs, the destruction of cilia, and the build-up of mucus leading to damaging coughs where, “if much of this is done, the damage done can become really dangerous, and the victim becomes permanently breathless and then ill” (03:34 – 03:45). Here, animation is utilised as a narrative tool to deliver the film’s most complex content as well as some of its main health messages. Helped via the use of scientific language, authoritative voice-over, graphic description, and expressive sound – such as heavy coughing – these animated images hold an overtly medical as well as educational and dramatic content and style.

Whilst cartoon animation has been utilised to show the inner workings of the body, the filmmakers adopt stop-motion techniques when it comes to presenting more numerical, if slightly ambiguous, statistical information. In the first of these scenes, glass jars of increasing size are filled with a black tar-like substance, which is said to represent the amount of tar that could be filling the lungs of a twenty-a-day smoker over the periods of a week, a month, a year, five years and finally twenty years, respectively (Figs. 1.10 & 1.11). The stop-motion editing allows the increasing size of the overflowing jars to automatically, and somewhat eerily, fill the screen with an imagery that seems purposefully confrontational and disgusting. The rapid way in which the jars increase from just one week to twenty years allows the filmmaker to reveal the cumulative effects of smoking over a large period in just a few on-screen seconds.



Figure 1.10, Smoking and You.



Figure 1.11, Smoking and You.

In another example of this expressive editing technique, orange wooden blocks are stacked up to visualise the increasing number of cigarettes smoked from 1910 to 1960, before a set of black blocks, with skulls painted on, are stacked alongside to represent the corresponding “number of deaths from lung cancer” for each decade (Figs. 1.12 & 1.13). In a similar manner to the jars, the graph like imagery of the blocks works to explain complex figures and relationships in a highly visual and easily interpreted manner.

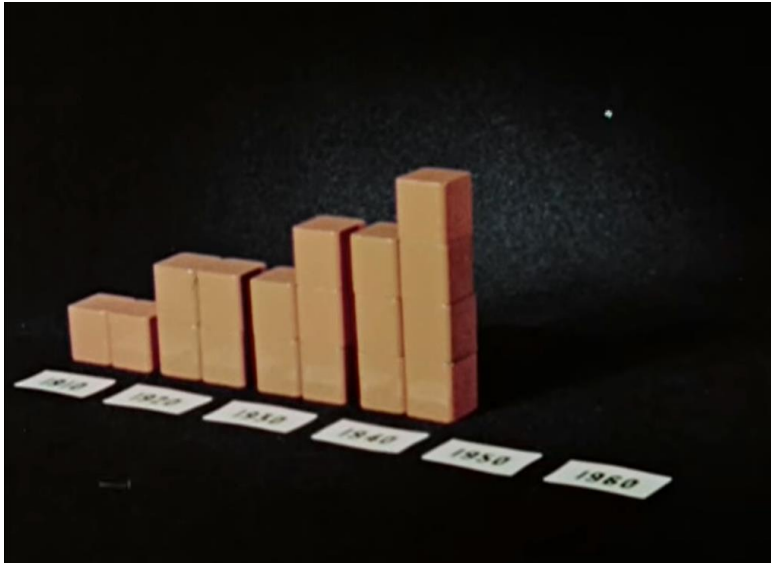


Figure 1.12, *Smoking and You*.

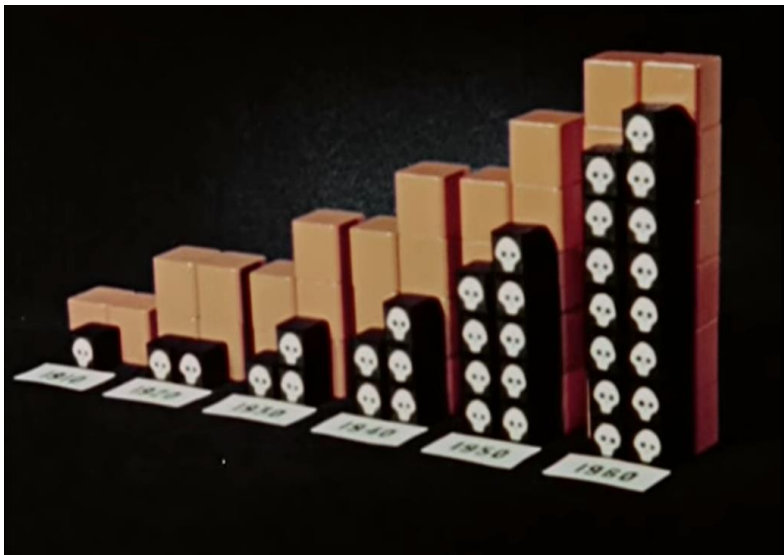


Figure 1.13, *Smoking and You*.

Both of these stop-motion scenes use expressive sound to accentuate their already morbid imagery, where upon each visual cut, the sound effect of a loud drum matches the rhythm of the rising props. The foreboding nature of this drumbeat and its rhythm and synchronicity with the rising of the props communicates a particularly melodramatic and fateful atmosphere, humanising the otherwise potentially dry and anonymous statistics.

Representing the medical: *The physical body*

With the workings of the internal body explained via medical instruments and animation, other scenes work to emphasise this biological information on a more relatable scale through the focus on victims of smoking related disease. In one of these scenes, two

patients who are suffering from smoking related lung conditions, are seen struggling physically and being aided by hospital staff. At the beginning of the scene, images switch from the animation of the effects of smoking on the lungs, to a cross-cut section of a real preserved lung, and finally to an image of a man who is currently suffering the effects just highlighted. In visual editing terms we travel from the inside to the outside of the body in three neat shots that utilise animation, microscopic cameras and eventually observational documentary filming to explain in detail the effects of smoking upon the body (Figs. 1.14, 1.15 & 1.16).

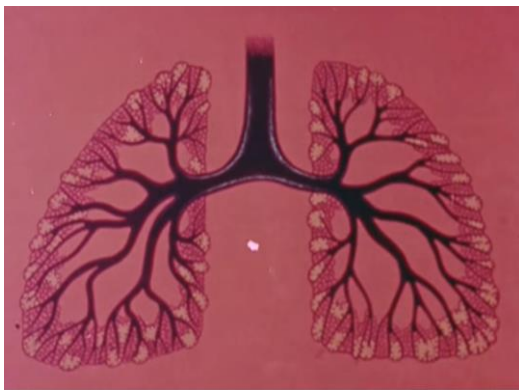


Figure 1.14, Smoking and You, Animation.

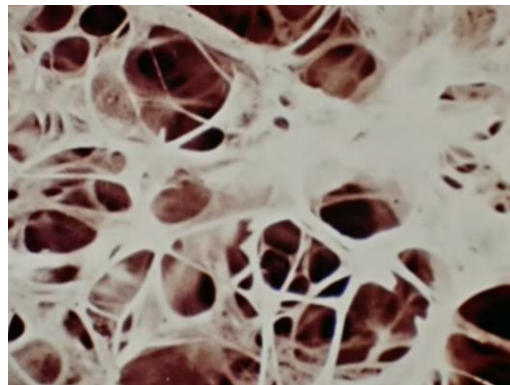


Figure 1.15, Smoking and You, Microscopic detail.



Figure 1.16, Smoking and You, The human cost.

As the image cuts from the extreme close-up of a damaged lung to an elderly man sitting propped up in a hospital bed, panting heavily, the narrator declares how, “a man with a lung like this is permanently breathless and often too ill to get about at all” (03:55 – 04:00). The physical effects, previously highlighted through animation, are here dramatically brought home as the narrator explains how “this man used to be a heavy smoker, now he’s a helpless invalid” (04:03 – 04:10). Playing even more heavily on the physical expectations of masculinity, and fatherhood, the narrator explains how “two years ago this man could swim

with his teenage son, but now he can't", and therefore, "no one has to tell *his* son not to smoke" (4:10 – 04:44)⁵⁵.

These dramatic 'live' images are used to emphasise the dry information of the animation as the cuts work to bridge the visual and narrative gap between the inner workings of the body and the visible human cost of smoking. In a blending of forms, the ability of animation to represent the inner workings of the body, and the documentary film style's ability to capture the everyday, work together to create a strong level of detail, veracity, empathy and connection. This style borrows from and shares much in common with traditional Documentary Movement styles and experimental animation, epitomised in the work of Len Lye and Norman McLaren, as well as the medical films produced by the likes of Peter de Normanville and the London Shell Film Unit⁵⁶.

These sections turn to multi-media techniques to express both the potential short and long-term dangers of smoking in dramatic ways that are specific to the medium of film. The swelling sizes of the tar filled jars and the skull painted blocks grow visually in a manner that is only achievable through the recording and editing techniques of animated film and sound. In this way, the film utilises the economy of time and visual editing techniques of animation in order to tackle recommendations from the RCP's report that suggest it is, "necessary that any campaign to increase public information concerning the hazards of smoking must be reinforced by some evidence" (RCP, 1962, p. 52). However, the specific figures that link smoking and poor health are left lacking from these visual representations, and the narrative is upheld with an overtly dramatic, and increasingly individually, or blame, focused ideology and drama-documentary style. The following section details the construction of the individual through visual and narrative language used within the film and considers this within the wider implications for public health filmmaking.

One of the by-products, or indeed intended consequences, of focusing on the body, telling human stories and portraying statistical data is an emphasis on the personal health

⁵⁵ This focus on male smokers may be reflective of a period in which nearly 75% of men compared to 50% of women smoked regularly, and where, "there are many more heavy smokers and fewer lighter smokers among men than among women" (Smoking and Health, RCP report, 1962, p. 4. See figure 1).

⁵⁶ See Nicola Dobson's, *Norman McLaren: between the frames* (Dobson, 2017), Valliere T. Richard's, *Norman McLaren, manipulator of movement: the National Film Board years, 1947-1967* (1982), Smythe's 'Len Lye: The Vital Body of Cinema' (2013) and Ian Aitken's ed, *Encyclopaedia of the Documentary Film 3-Volume Set* (2013).

behaviour or choice of the individual subject. This becomes evident, later in the film as smoking behaviours are linked to individual health choices, decision-making and social interaction. Spoken over the end of the stop-motion block sequence, which itself points to the number of people “deciding” to smoke, the narrator declares that “lung cancer is an increasing menace. Why? Because people are encouraging it by smoking” (06:52 – 07:30).

Next, the film cuts to a scene in which a smartly dressed, but unnamed, doctor describes the cancer that had attacked and damaged the lung of a man which he now presents preserved in a specimen case. Shot in a lab, the scene is adorned with medical paraphernalia, including the preserved lung alongside other glass jars and vessels giving the scene a certain level of medical authenticity and authority. Adding to this medical authenticity is the presence of the smartly dressed professional, who, shot in close-up and talking directly to the viewer, through the fourth-wall, gains a high level of screen power, as he suggests that, “if this man had known what cigarettes were going to do to his lung he wouldn’t have smoked”, before confirming the intention of the piece by exclaiming, “*you do know*” (07:39 – 07:54)⁵⁷.

The style of this address returns to the documentary, or more precisely, public issue news style aesthetic, mentioned earlier, with the presenter explicitly addressing the viewer and suggesting that given the hindsight of this new medical knowledge the viewer’s only sensible choice would be to quit. Representing the specific historical shift from environmentally related infectious diseases toward NCDs, this personal mode of address and information-dense style exposes the primary intervention thesis of the film that assumes that the level of information held personally, or lack thereof, remains one of the most significant barriers to the health of the population⁵⁸. Ultimately, these narratives shift attention away from the environmental and structural barriers, such as age, geography, gender and class, which have otherwise been shown, as in the RCP report, to be major contributing factors to the smoking habits of the population. These contemporary public health messages thus promote an ideology that dilutes the complex factors involved in

⁵⁷ A further expression of the now prolific public health and documentary form pioneered in *Enough to Eat* (1936) in which a medical expert (or somebody dressed as one) narrates directly to the viewer.

⁵⁸ See Roger Detels encyclopaedic collection, *Oxford textbook of public health* (Detels, 2009) and *Oxford Textbook of Public Health: Methods of public health* (Holland, Detels, & Knox, 1991).

smoking behaviours into personal and easily identifiable individual “choice” based narratives.

This move to representing the individual over the environment is further present as the film, for the first time, specifically addresses the concept of teenage smoking. Here the motivations that are suggested for not starting smoking are all related to personal and individual benefits. For instance, as the film returns to the observational documentary style, with clips of young boys in the street sharing a cigarette and a young girl at a dressing table practising smoking, the narrator asserts that “These boys or girls may think it seems clever or grown up to be seen with a cigarette. But they don’t realise that for every day they smoke they could actually be shortening their own lives” (08:08 – 08:18). Finally, driving home the benefits of quitting, the narrator goes on to explain how quitting smoking, or not starting in the first place will, “save you hundreds of wasted pounds, and you’ll stay fit” (09:20 - 09:31) – a fact that is displayed through the images of two athletic young men swimming and playing underwater in a pool. The film’s overall focus on the self, the individual body, choice and responsibility reflects, or arguably may have contributed towards, what Berridge has described as, “a considerable focus on the role of the individual and what individuals could do to avoid the onset of ‘self’ as opposed to ‘environmentally’ induced disease” (Berridge, 2007, p. 29). For Ostherr, these roots go even further back to the contemporaneous development of both medicine and cinema at the end of the 19th century were,

While the medium of film would seem perfectly suited to providing empirical evidence of the existence of invisible germs (and indeed, film is a privileged medium of representation for institutions of public health), the impossibility of "documenting" the spread of contagious disease inevitably leads to the displacement of contamination onto visibly identifiable racial and sexual differences and to the "capturing" of nonprofilmic, animated images of contagion whose "authenticity" is affirmed by the equally artificial technique of voice-over (Ostherr, 2002).

Here the medical visualisation of disease, as seen in the animation, the close-up and the voice-over analysed above, are restricted by the technological and arguably the imaginative barriers of contemporary filmmaking equipment and filmmakers, where they ultimately become restricted and tied up in hegemonic stereotypes surrounding gender, race, age and class.

A closer look at *Smoking and You's* handling of the teenage subject places the film directly within this approach to the 'self' whilst also revealing, within the language and *mise-en-scène*, an adherence to traditional gender stereotypes and gendered identities. Firstly, a medium, open-framed shot pictures two young boys, around 11 – 13, one sitting down the other leaning to light a cigarette, on the outside steps of a building next to some railings. The shot has a documentary aesthetic with the naturalness of the outdoor setting, open-framing and performance of the boys highlighting their comfortableness with both their surrounding and the act of smoking (Fig. 1.17).



Figure 1.17, *Smoking and You*.

In a stylistic and narrative contrast, the film cuts to an older teenage girl who is shot tentatively holding a cigarette in her hand and to her mouth, as if practicing the routine. Sat at a dressing table, complete with photos of a pony, a male heartthrob clipped to the mirror, and make-up scattered upon the desk, the scene is decidedly more constructed than the previous shots of the boys (Fig. 1.18).



Figure 1.18, *Smoking and You*.

The formally constructed nature of the shot as well as the girls' performance is a stark contrast to the documentary verisimilitude of the previous scene. The overall effect, which includes the multiplication of the girl in the three panes of the mirror, exaggerates the girls' awkwardness, whilst her 'acting out' in front of the mirror also suggests a conscious preoccupation with identity and the social visibility of her smoking⁵⁹. The props of the perfume, make-up and photo of a male heartthrob further suggest that this preoccupation is determined by her desire to look attractive or desirable within the traditions of female gender roles.

Two similarly contrasted shots follow as we see a young boy out in public smoking freely, looking relaxed, before a more staged scene, set on a train, shows two older girls putting on make-up and trying on jewellery. As the camera focuses on one young woman applying powder to her face, and in a language that creates connotations between the recklessness of smoking and unglamorous, or even sexually provocative and slutty behaviour, the narrator states that "Smoking in public may seem daring, but it is hardly glamorous" (08:27 – 08:32). In a contrast to the loss of physical strength, which was displayed earlier in the film as an incentive for young males to stop smoking, the incentive for young women, in both these scenes, is connected to the loss of social status and sexual attractiveness or an increase in shame. Finally, as the film cuts to a shot of an older, middle-aged woman,

⁵⁹ With a similar focus on concepts of identity, stereotype and gender, Erulkar's later film, *Male And Female* (1980), uses similar stylistic techniques. And whilst this film sits outside of the specific public health setting, it remains a useful text for understanding Erulkar's stylistic and narrative development throughout the decade, not to mention a valuable text in terms of gender ideals within Scotland at the time.

pushing a pram through a street, this connection is made clear as the blandness of the woman's clothing and her worn-out appearance are clearly intended to express a sense of unattractiveness, a point exemplified by the narrator's comment that "this side of smoking is never shown in advertising" (08:33 – 08:39, Fig. 1.19).



Figure 1.19, *Smoking and You*.

Both the settings and the props used with the female characters display the female smoker in traditionally feminine settings working to create a disjuncture between glamour and smoking that plays on the traditional female position as a sexual object. Although overtly attacking the use of glamour and physical attractiveness in advertising, the film's threat of potentially looking unattractive via smoking, repeats the established norm that females should at least want to be attractive in the first place. With the same process of threat evident in the film's portrayal of weak "invalid" men, and those connotations on physical masculine performance, there is an overall adherence in the narrative and the *mise-en-scène* to traditional gender roles and stereotypes – male equals physically strong, capable, authoritative – female equals beauty and glamour obsessed sexual object.

Having delivered the medical knowledge deemed necessary to changing people's smoking habits, the film finally turns to the dramatic specificities of multi-media, or montage editing, in order to exaggerate meaning and ultimately shock the viewer. Firstly, and immediately following from the realist location shots of the woman in the street, the film uses a montage sequence to expose what it has already described as the "never shown in advertising" side of cigarette smoking. These images, which include the close-up of a cigarette being stubbed out on the left-overs of a dinner plate, a cigarette butt laying in an empty coffee cup soaking

up the residues of the drink, and an old man in the park smoking roll-ups, all visually invoke a sense of disgust without the need for narrative confirmation (Figs. 1.20 & 1.21).



Figure 1.20, Smoking and You.



Figure 1.21, Smoking and You.

In the film's final scenes, a montage of previously used images including the damaged lungs, the panting invalid men, the elderly smokers coughing and the cigarette stubs, is rapidly cut and matched to the sound of the same drums that worked so effectively during the stop-motion animation scenes. The highly formalised use of this editing is specific to the film medium, as the speed and audio synchronicity of this sequence adopts all the melodramatic tension of montage editing to propose connotations between smoking and the negative images displayed.

These attempts to reveal a more honest depiction of smoking, however, rely on creating a stigma around the habits of smoking based often on traditionally formed and contemporarily held ideologies of individual responsibility, choice, and gender roles. Therefore, although the film takes a slight aim at advertising methods, the smoking industry, and the social contexts of smoking, it ultimately fails to address the strong structural factors involved in smoking. In this sense, the non-communicable nature of smoking, as an individual habit, is highlighted to the point where individual choice and responsibility come to overshadow the potentially communicable nature of smoking afforded via massive market power, heavily financed lobbyists, medical obfuscation and subsequent social pressure. A fact no more prominent than in the title of the film – Smoking and YOU.



Figure 1.22, *Smoking and You*.

Part 2: Smoking Machine

With a cast of young children investigating the habits of older smokers and the social appeal of smoking, *Smoking Machine* designs an adventurous and dramatic narrative with a particular appeal to a young audience. In contrast to the diverse technical and visual structure of *Smoking and You*, this style retains a singular method of presentation, characterisation, and mode of address throughout.

The film opens by introducing Jim, a teenage boy, who is shown trying to encourage five young children (three boys and two girls approximately 8 – 12yo) to take up smoking. In a shot that typically denotes narrative power, Jim is positioned standing above the children on the right of the screen, costumed in a “cool” black leather jacket, denim jeans and slick black hair, as he attempts to reassure the young children by saying, “Have a fag, c’mon its easy once you know how, go on try it, it won’t hurt you” (00:15 – 00:30., Fig. 1.23).



Figure 1.23, *Smoking Machine*.

Having accepted a cigarette, one of the children asks, “Well why do people smoke anyway Jim?”, and Jim’s power is immediately stripped away as he stutters toward an answer exclaiming, “what d’you mean why do people smoke? It’s obvious, people smoke because eh, well I smoke because eh, anyway I’m grown up” (00:35 – 00:52). Unable to answer the children’s follow up question on, “what’s so grown up about smoking anyway?” Jim turns to leave, throwing the children a packet of cigarettes and some matches, as the sound of his coughing echoes on the sound-track after he has left the shot. As the children begin to pass the cigarette around, a paused close-up shot of each child shows them coughing or generally showing discomfort and disgust at the taste of the cigarette (Figs, 1.24 & 1.25). Driven by this discovery of disgust in comparison to the apparent social popularity of smoking, the children endeavour to “find out for themselves”, why people smoke.



Figure 1.24, *Smoking Machine*.



Figure 1.25, *Smoking Machine*.

In this opening scene, Jim’s position in the group is mocked through his try-hard costume, dialogue and performance, as his stuttered response, his inability to answer the question

properly and his quick escape are all played out in the scene for almost comic effect. Conversely, the children's friendly huddled grouping, plain but brightly coloured costume and inquisitive nature are portrayed with an innocence that contrasts to Jim's not so effortlessly cool performance. The scene works to immediately question the cultural position of smoking as a cool habit as well as the peer pressure associated with the culture of teenage smoking.

Unlike the documentary style analysed in *Smoking and You*, *Smoking Machine* creates a character driven dramatic narrative and action reminiscent, in both style and content, of the traditions of childhood detective fiction film and television drama⁶⁰. However, whilst clear differences exist between the films, a number of similar film techniques and public health strategies are observable. For example, repeating the primary intervention model so prevalent in *Smoking and You*, *Smoking Machine* also uses voice-over narrative, again of a well-spoken adult male, to convey the most serious messages of the film regarding health and the dangers of smoking. And, whilst peer pressure was acknowledged from the outset of the film, with Jim encouraging the children to smoke, moral responsibility and individual defects, as witnessed in *Smoking and You*, become the go-to motivations designed to encourage engagement throughout the rest of the film.

In the following scene, Jim's lack of credibility and coolness is confounded, as he is shown walking sheepishly across screen and the narrator declares that "the funny thing is that Jim does know why he smokes, but he is scared of admitting, even to himself, that it's because he is a sucker. He's going to avoid awkward questions at all costs" (02:14 – 02:27). As well as setting up the chase that will occur between the children and Jim, the almost off-the-cuff use of the term "sucker", alters the tone of the man's voice-over becoming more conversational and even humorous rather than strictly authoritative⁶¹. Given the lack of a direct address and the absence of an on-screen professional doctor or medical expert, the almost humorous tone of the voice-over works to encourage a relaxed, rather than overly formal, interaction with the viewer. Added to the adventurous set-up in the narrative, the colourful and character driven *mise-en-scène*, and the use of child actors, this informal,

⁶⁰ More specifically the scene evokes the style of both Enid Blyton's *Famous Five* series of books and Edith Nesbit's *The Railway Children* (1906) with later TV adaptations of these and other works no doubt influential.

⁶¹ A similar ploy is used in the 1967 COI animated film *Dying for a Smoke* (John Halas, 1967) in which the main protagonist is called Sam Sucker.

friendly narration, forms part of the film's clear design to appeal to a younger audience. Historically this aligns with the contemporary recommendations of the RCP report which argued that,

Whatever may be the attitude of the present smokers in balancing their enjoyment and dependence on the habit against the risks involved, there is no doubt of our responsibility to protect the coming generation from developing the same dependence. The problem of prevention is thus primarily one of education and social action directed to children, adolescents and young adults who have not yet formed fixed smoking habits (RCP, p.50).

It is clear that the RCP report had a major effect on the output of contemporary public health narratives and approaches, with the education of children and the primary intervention methods proposed by the report observable throughout *Smoking and You* and *Smoking Machine*, as well as other films from the same period such as *Dying for a Smoke* (Halas, 1967). The following scenes see the children interact with three members of the public who struggle with stress, fatigue, desperation and even anger due to their smoking habits. These include the children watching a man banned from smoking on a bus, a man too preoccupied with smoking to properly fly a kite with his young son, and a woman losing her temper as she fails to find a place to buy cigarettes (before eventually taking an old half smoked cigarette butt out of her bag).

Each of these scenes use a sharp non-diegetic music and sound effect to emphasise the difficulties of each character, with the child actors encouraged to look disgusted and affected by the social failings and apparent discomfort or embarrassment of each adult smoker. The children's faces are often shot in extreme close-up, frozen with a pause and matched to the dramatic music, all to exaggerated effect. These scenes rely heavily on the fear of social rejection, such as ostracization, parental failure and disgust, to portray a negative message to the observant children – both literally on screen and within the audience.

In comparison to the information heavy and medical visual style detailed in *Smoking and You*, *Smoking Machine*, neither visually nor narratively, displays the effects of smoking upon the body or the recently highlighted statistical figures linking smoking with poor health. Instead, the dramatic narrative avoids the formal health information method in favour of a focus upon social responsibility and social disgust. This works by contrasting the outwardly

ridiculous habits of the adults in the film, highlighted via a number of mocking gags and editing techniques, against the innocent and inquisitive children's behaviours and attitudes.

Having failed to elicit an adequate response from either of these characters, although they have clearly played a strong role in the film's message, the children return to the task of finding the elusive Jim. Using the diegetic sound of Jim's loud coughing and fleeting glimpses of smoke, the children hunt Jim around town through various spaces including the cinema and a cafe. Here, the realism and verisimilitude of the opening scenes, despite their obvious fictional nature, become ever more ambiguous as the film takes on a strongly exaggerated and increasingly formalist technique and style. These scenes of the children pursuing Jim are alternately speeded-up and slowed-down creating a dramatic rhythm, which alongside the non-diegetic pacey music, generates both a comic and an overtly entertaining style, no doubt designed to pique the attention of a young audience (06:26 – 06:50).

Part of the way in which both films attempt to achieve narrative authenticity and a sense of realism is via the use of location filming. As described above, in *Smoking and You*, a documentary aesthetic is upheld through the use of unscripted acting and location filming, with everyday scenes and behaviours captured on location before the main narrative returns to the studio set-up. Conversely, in *Smoking Machine*, the streets, cafes, houses and gardens, of the outside world are used to ground the otherwise heavily scripted and performed sequences and narrative within the everyday experiences of young children and their health choices. Chapman notes how,

The studio-based drama documentary was a historically specific form that would be rendered obsolete in the 1960s when technological developments – including lightweight film cameras and portable sound recording – allowed television documentarists to move out of the studio and onto location (J. Chapman, 2015, p. 180).

No longer restricted by technological limitations, the content and film style of both *Smoking and You* and *Smoking Machine* represent early examples of the ways in which public issue broadcasting would blend the forms of documentary film and television drama⁶². This particular shift can be highlighted through both films' contrasting use of the smoking

⁶² See Peter Goddard, John Corner & Kay Richardson's, *Public issue television: World in action, 1963-98* (Goddard, Corner, & Richardson, 2007) and Annette Hill and John Corner's, 'Value, Form and Viewing in Current Affairs Television: Tonight with Trevor McDonald' (Hill & Corner, 2007).

machine. For example, whereas the machine in *Smoking and You* is filmed from within the confines of a set-piece laboratory (Fig. 1.26), *Smoking Machine* leaves the comfort of the set, placing the machine within the rubble of a derelict backstreet (Fig. 1.27). This highlights a directive choice in which the dramatic narrative of *Smoking Machine* is upheld by the verisimilitude of location filming, a technique that would come to epitomise the social realist drama-documentary of the mid to late 1960s.

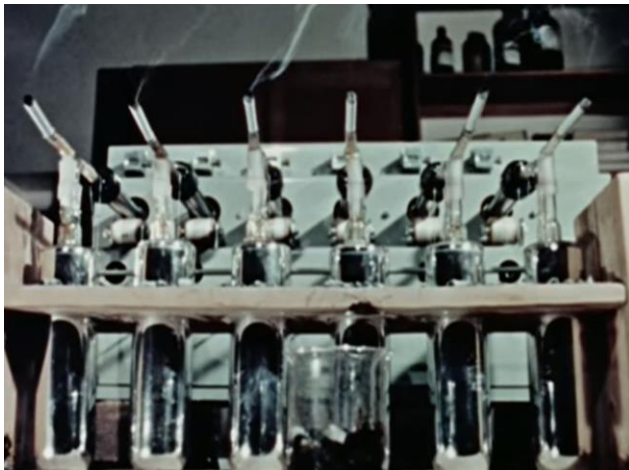


Figure 1.26, *Smoking and You*. The smoking machine on-set.



Figure 1.27, *Smoking Machine*. Location filming.

Having been led down the street by the coughing sound effect, the children find the smoking machine as they approach what they presume to be Jim hiding behind a wall. Having stumbled upon the machine, the children begin to take it to pieces, investigating the “muck and stuff” found within its pipes and bottles. Adding context to the scene, one child declares that he has read about cancer in the newspaper and that “it can kill you”. Provoked by this information, and in a line that echoes the reasonable behaviour approach found in

Smoking and You, one child suggests that “That’s silly, if people know that can happen why do people continue smoking?” (07:51 – 07:56). Two answers, given via the children’s observations of their own parent’s behaviour, where, one suggests that her mum smokes to lose weight and another that his father smokes to calm his nerves, are quickly, and rather cruelly, rebuked. “Very stupid” declares the narrator, “Especially as Brenda’s Mother is as fat as ever and Henry’s Father is still a bundle of nerves” (08:01 – 08:10). As well as linking the habit to personal behaviour, this rather brutal attack on Brenda’s Mother and Henry’s Father, also utilises the gendered norms and social pressure in which women would care about losing weight and men about losing their nerve.

Both machines used in the films are somewhat similar in that they involve a combination of glass, plastic, and various medical tubes, bellows and funnels. However, placed in the street, with its singular mouthpiece and supported on a base of four long metal legs, the machine in *Smoking Machine* is observably more anthropomorphic than the more sterile and medicalised machine in *Smoking and You*. In a way that works as a metaphor for Jim’s, and others, robotic and unthinking acts of smoking, the machine physically replaces Jim on-screen at various points throughout the rest of the narrative.

In the most explicit of these scenes, following a final chase up a flight of stairs, the children finally catch up with the elusive, and now out of breath, Jim. In a reversal of the opening shots, where Jim is given screen power through his position above the children, this final scene places the children above Jim as each one in turn dominates the screen and refuses Jim’s offer of a cigarette (Figs. 1.28 & 1.29). As the children triumphantly leave, Jim is left panting in the stairwell and is visually transformed into the smoking machine via a dissolve that fades Jim out and the smoking machine in (Fig. 1.30).



Figure 1.28, Smoking Machine.



Figure 1.29, Smoking Machine.



Figure 1.30, Smoking Machine. Jim's transformation.

The children's journey through the film works to show how through the course of their investigation the children have learnt the facts about smoking, the social mores that surround the habit and the health dangers it presents, leading them to denounce the habit

and now refuse the final offer of a cigarette. With a focus on the learned behavioural practices of the children, rather than the medical information known about smoking, the narrative relies heavily on a responsible behaviour public health approach. Both Jim and the other grownups the children have encountered are narratively and physically defeated by the children whose inquisitive and responsible behaviour contrasts with the petulant, impulsive and careless behaviour of these adults. Essentially the narrative arc represents the public health intent of the filmmakers.

Documentary Styles; From film to television, social realism and the Wednesday Play

The following section places the two films of this chapter within a wider analysis of contemporary developments in the documentary form, aiming to discover public health film's position within this landscape. This reveals stylistic changes in both films and highlighting a shift away from the Documentary Movement style toward a more dramatic and morally coded format⁶³.

For James Chapman, 'television documentary would take shape in a different institutional context than documentary film.... Which, in turn gave rise to the emergence of new documentary forms and styles shaped by the specific technological and aesthetic contexts of the medium' (Chapman, 2015, p. 173). Here, 'the 'liveness' of early television.... was particularly suited to the adoption of verité techniques', with new documentary modes such as 'the current-affairs documentary and the observational or 'fly-on-the-wall' documentary' emerging out of this environment' (Ibid). Early shows such as *War on Crime* (1950), *The Course of Justice* (1950–1951) and *I Made News* (1951), which would use real-life situations and events to create dramatized scripts and programmes, exemplify for Chapman, early attempts 'to develop a formula for combining the public service ideology of television (documentary) with popular appeal (drama)' (Ibid, p. 179). These early television documentaries, for Chapman, 'were a hybrid form between the live studio drama (the 'single play' that holds particular critical currency in television history) and documentary

⁶³ See James Chapman's, *A new history of British documentary*, (Chapman, 2015) and Paul Swann's, *The British documentary film movement, 1926-1946* (J. Chapman, 2015; Swann, 1989).

(maintaining a sense of distance from the drama by, for example, not listing the actors' names in the Radio Times)' (Ibid)⁶⁴.

For Madeleine MacMurrough-Kavanagh, this televisual stage of the drama documentary form saw two major periods of development. Firstly, during the 1950s, 'film was only used sporadically to link interior shots, shoot exteriors, or cover short exchanges before the whole was spliced into the bulk of the work which had been taped at frantic speed in the studio' (MacMurrough-Kavanagh, 1997, p. 249). Whilst the 'second phase', in contrast, said to begin around the middle of the 1960s, was characterized by 'shooting on location and in a 'filmic' style as opposed to the more televisual style (live, studio-based) of the 'first phase'(Ibid).

These phases arguably follow the general development of social realism and wider documentary filmmaking practices in Britain at the time and the progression of The Free Cinema Movement in the 1950s toward the British New Wave of 1960s⁶⁵. Stella Hockenhull's analysis of this period suggests that The Free Cinema Movement, 'left a legacy in its commitment to the representation of the commonplace in British society, rejecting what was considered a stereotypical and inaccurate portrayal of the British working classes witnessed in the Ealing comedies of the 1950s' (Hockenhull, 2017, p. 19). Here, filmmakers such as Karel Reisz, Lindsay Anderson and Tony Richardson, 'believed in personal expression and a commitment to a true depiction of social status. Filming took place on location.... and the use of natural light enabled a new visual approach' (Ibid). Moreover, as Hockenhull explains,

British New Wave focused on the working classes, but not in a superficial or misleading way. Instead, it addressed issues of masculinity, particularly masculinity in crisis in films such as *Saturday Night and Sunday Morning* (Reisz 1960), *The Loneliness of the Long Distance Runner* (Richardson 1962) and *A Kind of Loving* (Schlesinger 1962). [And] While not particularly shocking by contemporary standards, these films gave voice to working-class people and explicitly discussed thorny issues such as teenage pregnancy, adultery, class disparities and upward mobility (Ibid, pp. 19-20).

⁶⁴ For a particularly focused analysis on the development of the single play drama, and Scotland's relationship to this environment see John R. Cook's, 'A View from North of the Border': Scotland's 'Forgotten' Contribution to the History of the Prime-Time BBC1 Contemporary Single TV Play Slot' (Cook, 2017).

⁶⁵ See Scott MacKenzie's, *Film manifestos and global cinema cultures: a critical anthology* (MacKenzie, 2014) and David Forrest's *Social realism: art, nationhood and politics* (Forrest, 2013).

Based arguably in Britain's rich tradition of social realist filmmaking and developed within the specificity of Chapman's televisual drama-documentary and MacMurrough-Kavanagh's 'filmic' second phase, this television drama-documentary style, is typified in the series of films produced for the BBC 1 television series, 'The Wednesday Play', during the 1960s. Here, Chapman analyses *Cathy Come Home* (Loach, 1966) to explain how the confines of television documentary were broken down by a collaboration of institutional practices and individual passions and talents. The film details the difficult family life of Cathy (Carol White), her struggles with homelessness and her interactions with variously callous or often indifferent state institutions and levels of officialdom. Shot largely on location and using a first-person narration, the film blends the form and aesthetics of television drama and documentary realism, creating a complicated, and as we shall see, somewhat criticized, mix between journalism, documentary, Cinema vérité and Direct Cinema.

Watched by over 12 million members of the British public, *Cathy Come Home* (1966) received wide plaudits for its hard-hitting documentary style and its attack on the failings of the state. Indeed, the Wednesday Play's had been purposely positioned within the television schedule as to encourage maximum audience engagement and media participation. As Stephen Lacey notes, 'The BBC decided to follow transmission with an edition of the current affairs series Late Night Line Up, in which the issues raised in the film were debated' (Lacey, 2007, p. 49). The film sparked a range of responses including speeches in the houses of parliament, newspapers articles, TV show discussions, and subsequent re-runs of the film. And, whilst the film has often falsely been credited as the progenitor of the homeless charity Shelter, (which coincidentally began operations just a few days after the first showing of the film), the film still no doubt helped the charities formation by generating wide public engagement with issues of homelessness and the welfare sector.

Whilst many contributors to these debates called for immediate action and solutions to the ongoing problem of homelessness, others were more concerned with the films blurring of form and manipulation of dramatic narrative. Lacey, who analysed some of the responses to the film in his biography of producer Tony Garnett, notes how prominent TV producer Grace Wyndham Goldie, writing in the Sunday Telegraph at the time, 'argued that documentaries produced by News and Current Affairs were subject to the strict controls that governed

broadcast journalism, including a commitment to factual veracity and 'balance', whereas television drama, produced by the Drama group, suffered no such limitations' (Lacey, 2007, p. 58). For MacMurrough-Kavanagh, 'the play blurred the boundaries between forms and drew 'drama' into the territories of current affairs and 'real life'', with the film becoming, 'typical of the way in which 'The Wednesday Play', under the producerships of MacTaggart and Garnett, became 'news' and simultaneously redefined the precepts of both 'news' and 'drama'' (MacMurrough-Kavanagh, 1997, p. 251).

The public health film is neither strictly news, documentary, nor drama, yet it adapts and adopts all three televisual styles and approaches to varying degrees. Often sitting between the two forms of both film and television, *and* news and drama, public health programmes produced within this context can be seen to display fragments of and often inconspicuously blend the dramatic narrative structure of the 'single play' with the realism of a current affairs and news report style. *Smoking and You*, for instance, with its combination of cinema vérité location shots, and studio set scenes, fits visually into Chapman's hybrid category and MacMurrough-Kavanagh's first phase of televisual documentary development. *Smoking Machine*, conversely, made only a year later, has more or less espoused the studio single play set-up, in favour of a drama-documentary or even action-adventure style. In one way this reflects a symbiosis with contemporary filmmaking styles such as the drama-documentary, The Free Cinema Movement and the British New Wave. However, whilst these films share some of the critical freedom of the Wednesday Play style films, as seen in attacks on advertising and social pressure, their ultimate focus on personal choice defers this criticism on to the individual rather than the state.

Conclusion

Prior to the late 1950s and early 1960s the cigarette industry in the UK had benefitted from a moderately privileged position in society: relatively unchecked, unregulated and highly promoted through heavy advertising. According to Berridge, the general cultural acceptability of smoking and the lack of scientific scrutiny of the smoking industry was due in part to a period of 'denial and delay', as lobbyist, and other stakeholders, would develop a programme of misinformation, propaganda and even cover-up, in order to retain market

power (Berridge, 2007, p. 82)⁶⁶. Yet by the early 1960s the industry was finding it more and more difficult to disguise the effects of smoking on the body in the face of continued pressure from scientists able to link smoking with a number of poor health outcomes including fatal cancers. During this period a twofold shift in the relationship between public health and the media would begin where, on the one hand, mass media campaigns became ‘central to public health’, and on the other, ‘control and even prohibition of advertising deemed detrimental to health was to become an important public health strategy’ (Berridge, 2007, p. 52)⁶⁷.

Since this period, anti-smoking public health films have appeared in the array of visual and narrative styles, including, but of course not limited to; Cartoon animation, seen in films such as *Dying for a Smoke* (John Halas, 1967), *Superman: Never say yes to a cigarette* (Eric Goldberg, 1982) and *Blue Stix* (ND, 1998); Melodrama and Fiction, found in films such as *Anti-Smoking Christmas* (ND, 1973) and *Child Abuse* (Ramaa Mosley 2007); Parody and comedy, both seen in *Stub for Men* (1981) and *Ashtre* (ND, 1981); and, a variety of Documentary forms, as seen in *Smoking and You* (Knight, 1963) and *Going Home* (ND, 1978), to name a few⁶⁸. Later in the century, improving health figures related to smoking were highlighted as a successful outcome of these campaigns and restrictions, yet the specific media content of these campaigns, their visual style, narrative approach and film language, was relatively unstudied and unrecognised. This chapter has analysed the visual construction and content of just two of these campaigns in an attempt to better place the technological and ideological construction of public health filmmaking from within this period. This has shown links to wider filmmaking trends and practices as well as to ideological tendencies of personal responsibility in regard to health increasingly common during the period and beyond.

⁶⁶ For a closer look at these particular tactics, although from an American, if still useful, perspective, see Allen M. Brandt’s, *The cigarette century: the rise, fall, and deadly persistence of the product that defined America* (Allan M. Brandt, 2007) and, ‘Inventing Conflicts of Interest: A History of Tobacco Industry Tactics’ (A. M. Brandt, 2012).

⁶⁷ Although early anti-smoking groups and campaigns did exist, such as the British Anti-Tobacco Society, the Anti-Tobacco Legion and the British Lads Anti-Smoking Union (BLASU), the popular narratives of these groups were more often driven by fears of anti-social behaviour and delinquency as opposed to those of physical health.

⁶⁸ See also Berridge, *Marketing health: smoking and the discourse of public health in Britain, 1945-2000* (Berridge, 2007).

Location shots in both films highlight the use, to differing extents, of the modern technical capabilities and documentary film sensibilities, borrowed from, and arguably influential to, an emerging television documentary-drama style and themes common to the British New Wave. However, both the primary educational approach of the films, which has been shown to be directed toward individual choice or behaviour change, *and*, the focus on the “self”, are all reflective of ways in which the films’ focus on, “the role of the individual and what individuals can do to avoid the onset of ‘self’ as opposed to ‘environmentally’ induced disease” (Berridge, 2007, p. 29). Despite stylistic differences, the films overall educational content, focus on the child and individualised public health approach are clearly determined by both the findings and recommendations of the RCPs report, as well as the broader change in the approach to public health thinking – caused, in part, by the actualities of changes in the pattern of communicable to non-communicable disease – found particularly in the middle of the twentieth century within the United Kingdom.

These major changes to the landscapes of both public health and television during the 1960s, including the increased levels of NCDs, new mass TV audiences, increased advertising, and innovative styles of filmmaking, would have major impacts on the public health filmmaking environment. Placed within this environment, filmmakers and gatekeepers of public information such as the COI, would be forced to develop both new public health approaches to new diseases as well as innovative and novel film styles appropriate for contemporary audiences and suitable for the stylistic and market restrictions of television production, scheduling and advertisement. Produced by the COI, both *Smoking and You* and *Smoking Machine* highlight a trend of public health filmmaking that would continue to reduce complex narratives on health into a focus upon the individual and their own health choices. This can be seen in a number of stylistic and narrative shifts as doctors are replaced with actors, health figures are replaced with moral narratives and authoritarian public health approaches are hidden within the language and the film styles of documentary-drama social realism and dramatic fiction.

These films might not explicitly tell you what to do, or even what smoking might do to you, but they will show you a person who is doing all the wrong things, a person who, ultimately, you should try and avoid acting like yourself. Rather than highlighting the good work, the good health and the good people of the country, as in *Good Health Scotland* and *It Began on*

the Clyde, these films begin to focus on the bad health and perhaps more dangerously the bad people of the country and what they have done wrong. Initially this language remains relatively ambiguous, with films designed to appeal to mass audiences across the UK. Yet as the ideology of individualism creeps in, and health problems become increasingly tied to personal choice and therefore identity, stereotypes of gender and age-appropriate behaviours become gradually more noticeable. Concepts of masculinity that had existed before but had likewise almost certainly gained momentum during the second World War, such as bravery, stoicism, leadership, fortitude and strength, were now the leading hegemony through which young men would traverse. Whether as a form of protest, a recklessness to one's own health, a show of consumer capability, or most likely as an outcome of the tobacco industry's own gender infected advertising, think the Marlboro Man, these leading concepts of masculinity would become indelibly entangled within the act of smoking itself.

In *Smoking Machine*, Jim's performance of these apparently masculine traits is critiqued as it highlights the absurdity of his performing and the peer pressure that he ultimately fails to enforce. Here Jim aims to live up to the hard-man character, a young man obsessed with his image, performing the codes of masculinity as he sees them with his leather jacket, slick back hair style, his quasi-nonchalant language and behaviours, and above all, his smoking. Therefore, Jim is both a victim and a perpetrator of the hegemonic masculinity that he both performs and attempts to recycle. The children's exposure to this masculine performance becomes the message of the film, yet Jim's place within this cycle is not fully explored. The hard man's role in society had changed, yet the idolisation of the war, amongst other factors, had generated few ways through which young men could now explore and express their own sense of self and ideas about masculinity.

This chapter has tied these shifts to both the technical and stylistic restrictions and developments of the medium of film and television and the political ideologies of the 20th century. And, whilst it is acknowledged that these shifts do not constitute strict barriers, a general trend, that will be traced throughout this thesis, does become clear.

In 1968 the Journal of the Institute of Health Education published a short paper describing the 'Formation of Scottish Health Education Unit' (See Below)

SCOTTISH HEALTH EDUCATION UNIT

The Report "Health Education", of a Joint Committee of the Central and Scottish Health Services Councils under the Chairmanship of Lord Cohen of Birkenhead, recommended that increased effort was needed in health education and that for this purpose a new and stronger organisation was required. This recommendation is being implemented in Scotland by the establishment of a new Health Education Unit within the Scottish Home and Health Department, to be responsible for stimulating health education, for developing the most effective methods and techniques, and for evaluating the results of particular campaigns or programmes. The new Unit will work in close association with the Scottish Council for Health Education, which has agreed that in future its main role will be to provide training for local authority staff engaged in health education.

The principal functions of the Unit will be:-

- (a) to consider which health education subjects should have attention at national level and the priority and weight which should be accorded to each subject
- (b) to draw up programmes of health education for promotion at the national level with support from outside interested bodies;
- (c) to provide local health authorities and education authorities with help in health education projects of their own. This will include, in due course, the production and distribution of publicity material;
- (d) to promote and conduct research and to evaluate health education activities;
- (e) to promote greater concern for health education in the training of doctors, dentists, teachers, health visitors, nurses and others concerned with the promoting of health.

The address of the new Unit is Health Education Centre 21, Lansdowne Crescent, Edinburgh, 12, Scotland - - - Telephone No. 031-337 2351

Figure 1.31. 1968, Formation of Scottish Health Education Unit, *Journal of the Institute of Health Education*.

With a raft of new principal functions and a position within the Scottish Home and Health Department the formation of the SHEU marks a significant period in the organisational structure of public health and the production of public health materials in Scotland. The following chapter assesses the impact of the SHEU through the analysis of seven alcohol awareness public health films produced by the Unit and aimed specifically at a Scottish audience. Tracing the work of Sarah Erulkar, who, after making *Smoking Machine* for the COI, would go to make a number of films for the SHEU and for a Scottish audience more generally, the chapter aims to develop the understandings, laid out in this chapter, on the technical and ideological shifts found within public health filmmaking. Here Erulkar's work offers a snapshot of these developments within the wider public health filmmaking landscape from a particularly Scottish perspective.

Chapter Two

Introduction

Throughout the twentieth century the male body has often been in the spotlight, with the idealised male physique the tool through which late capitalism and the heteronormative social hierarchy, acting in the name of democracy and freedom, maintained their iron grip on power and influence.

Alona Pardo (2020)

This chapter looks at seven Scottish public health films from the 1970s all focused in some way on issues surrounding alcohol. With a specific focus on the representation of gender, the chapter aims to understand some of the ways in which the Scottish drinker has been represented on screen and the role which gender norms might have played in these constructions. Additionally, close textual analysis aims to add to the limited literature within public health and film studies that looks specifically at the design, construction and overall film grammar of public health filmmaking.

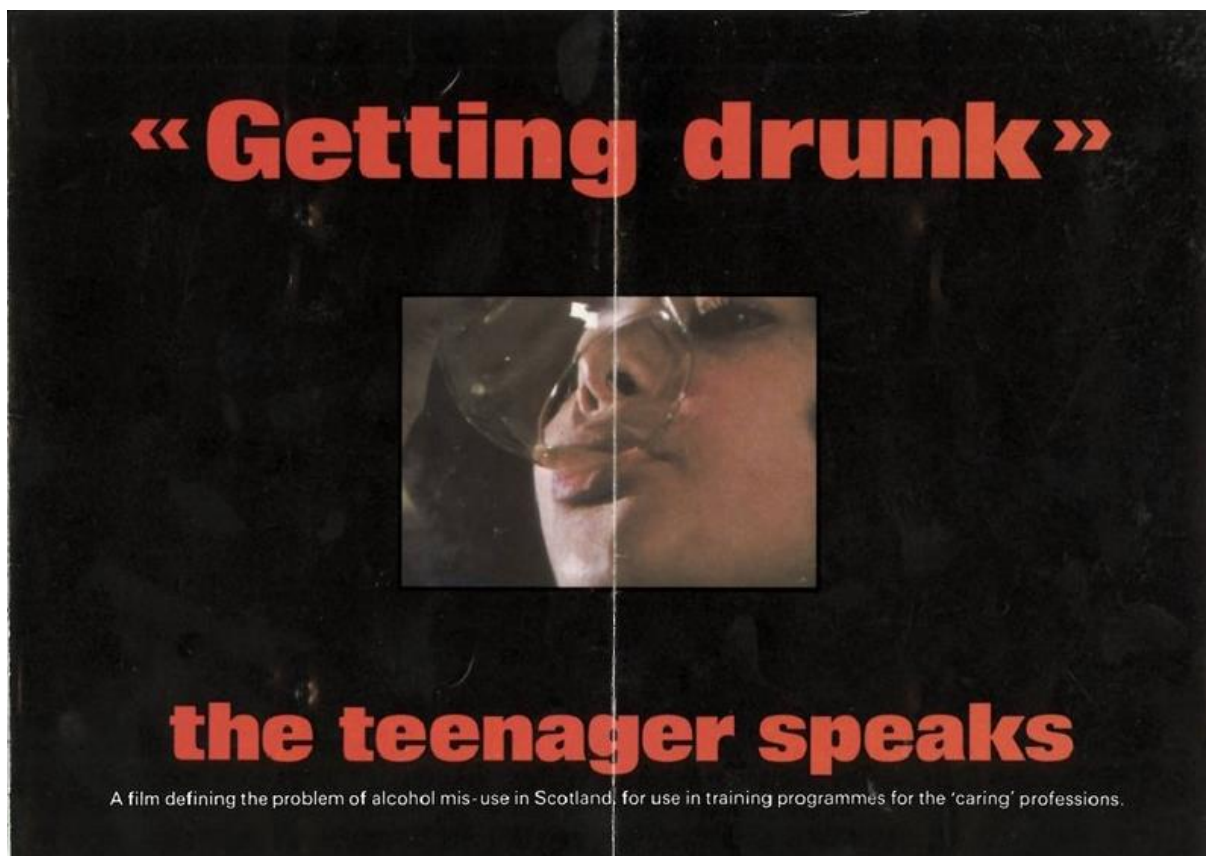
Part one analyses two films, *Pool* (ND, 1978) and *Saturday Night* (ND, 1978), both produced in 1978 by Graphos Films Ltd for The Scottish Health Education Unit (SHEU). Revealing strong links between masculine identity and drinking cultures, both films share the tagline, “*Drink doesn’t make a man of you. Stand on your own two feet*”. This section looks at the social construction of a particular kind of manhood and its links to heavy drinking as well as the dangers associated with attempts to live up to this powerful and potentially dangerous masculine mystique⁶⁹.

Part two further explores the relationship between masculinity and alcohol with a focus on two films, *Davie* (ND, 1975) and *Neil* (ND, 1978c), both produced by again the SHEU now under the broader title, *The Dangers of Alcoholism*. This segment looks at the punishments associated with over-drinking and the ways in which public health texts have utilised the social conventions of gender in attempts to alter drinking behaviours. Exploring the often-contradictory ideals of manhood that can surround drinking cultures and the ways in which these have been manipulated through public health texts, this section points to an overall

⁶⁹ See Marilyn French’s, ‘The masculine mystique’ (French, 1992) and (R. Connell, 2005; Coontz, 2011).

conflict within the masculine gender myth and the subsequent dangers in its persistent use as a public health narrative.

Having detailed the use of masculine ideals in the previous four films, parts three and four look at public health constructions of the female drinker and the teenage subject through a selection of three films, all directed by Sara Erulkar for the SHEU. Two of these films, *Just a Habit* (1975) and *Dying of Thirst* (1975), are both aimed specifically at the problem of teenage drinking, whilst a third film, *Getting Drunk: The Teenager Speaks* (1975), follows contemporary Glasgow based developmental research by Jahoda (Jahoda et al., 1972), and Stacey & Davies (J. B. Davies & Stacey, 1972)⁷⁰, and, as highlighted in its promotional flyer, was 'intended primarily as a tool in the training of the care professions – 'health service, education, social work, police, and with senior secondary pupils and students as a discussion topic' (Fig 2.1.)⁷¹



⁷⁰ Both commissioned by the Health Education Unit and the Scottish Home and Health Department.

⁷¹ Similar Flyer/order forms were produced for all three of Erulkar's alcohol related films, with related support materials and potential questions also highlighted.

«Getting drunk»

Alcohol misuse in Scotland is widespread. The result is violence, road accidents, family break-up and a high level of alcoholism. This is the example society sets and promotes to the adults of tomorrow. 'Getting drunk—the teenager speaks' is a film in which young people say what they think about drinking. They have strong impressions and opinions. They can recognise the health and social risks to which they are exposed.

The Film

The film is intended primarily as a tool in the training of the 'caring' professions—health service, education, social work, police, and with senior secondary pupils and students as a discussion topic. Directed by award-winning Sarah Erulkar, it is completely undramatic. It consists of a cool presentation of the considered thoughts and opinions of a wide variety of people, of whom the majority are teenagers. Police, social workers and teachers also have a say. The topics explored include under-age drinking, violence, licensing and social amenities, alcoholism and related areas about which young people have strong feelings.

Quotes from the Film

'Our pubs are predominantly places that sell alcohol.'
'I drink in my home. My dad gives me all the drink I want—to keep me from going into bars.'
'There aren't many places to go for people between 16 and 18.'

'If you get married at 16 you couldn't get a drink at your own wedding.'

'It's the thought of being taken for 18 and getting away with it time and again.'

'I've seen too many girls making an exhibition of themselves—and they've more to lose than boys.'

'Oh—it helps wi' their confidence an' that.'

'It's all the more worrying because girls turn first to spirits.'

'Alcohol misuse' is a broad term which embraces many difficult problems. There is a great need for education about alcohol, to check the unthinking acceptance presently encouraged. Those in direct contact with young people, parents, teachers, social workers and police, should themselves be better educated. But no less urgent is the education of those indirectly involved—local politicians, town planners and the opinion leaders in our society.

No glib, easy solution to problems is presented. Obviously change can only be evolutionary and argument and discussion must continue. 'Getting drunk—the teenager speaks' is a positive contribution to the discussion.

Order form

The film follows the Jahoda/Stacey and Davies research* in Glasgow, into the development of concepts and attitudes relating to alcohol among children and adolescents. These studies suggested how health education might help influence young people towards a lifestyle reflecting knowledge of the possible benefits and dangers of alcohol use. 'Getting drunk—the teenager speaks' is intended to help fulfil the health education role.
* 'Children and Alcohol', and 'Teenagers and Alcohol', price £1.20 and £2.10 respectively, published by HMSO.

Technical Details

Running time/28 minutes.
16 mm, optical sound.

Support Material

The following support material is available from the Scottish Health Education Group, Woodburn House, Canaan Lane, Edinburgh EH10 4SG.
Telephone: 031 447 8044

"Advice and Help on Alcoholism — some useful addresses"

"Drinking and Young People"

"Is Drinking Becoming a Problem?"

"Drinking and Alcohol Problems in Scotland"

Ordering

Ensure your opportunity for viewing by completing the attached order form and returning it to the Scottish Central Film Library, Dowanhill, 74 Victoria Crescent Road, Glasgow G12 9JN.
Copies may be purchased from Jan Curry, VISCOM LTD, Unit B11, Dulwich, London SE21.

To Scottish Central Film Library (041 334 9314)

Please supply the film 'Getting drunk — the teenager speaks' from

(date) to (date)

State alternative dates for showing

(date) to (date)

Send films to:

Name

Address

Organisation

I certify that the projector to be used is in good condition, and that no charge for admission will be made to the show/shows in question. I agree to abide by the rules and regulations of the Scottish Central Film Library.

Signature

Date

Figure 2.1.

All three films have significantly longer running times than the previous films studied within this thesis and are designed more specifically as discussion starters and/or training tools in their own right. Part three examines the evolution of Erulkar's filmmaking using a textual analysis to explore their construction and design and to offer a perspective into the contemporary worlds of both public health film styles and the wider cultural attitudes toward alcohol and drinking in Scotland at this time.

Finally, borrowing from work on ideal gender behaviours (Brinson, 1992) and the Rape Myth Acceptance (Burt, 1980), Part Four further aims to detail how these contemporary attitudes towards alcohol and gender are tied up in, and can both work *from* or indeed possibly help to perpetuate traditional cultural myths surrounding drinking, gender and sexual assault.

By analysing these contemporary films and the ways in which they represent, re-present and dramatize these gender ideals, in the name of public health, the chapter aims to firstly better understand the construction and design of Scottish public health film, and secondly, the ways in which these films interact and intersect with wider socio-cultural gender norms and stereotypes. Lastly, by comparing the masculine and the feminine narratives and mores expressed within these films – and therefore it is suggested in wider culture – the chapter also suggests that any further study of this particular hard-man masculinity might benefit from the comparative analysis of its connected and often competing soft-femininity.

Alcohol a Brief History: Scotland and the 1970s

Although alcohol had for many years been understood to carry certain, very real, physical health risks, early public health approaches to alcoholism had tended to centre around the effect of alcohol on social behaviour and alcohol's relationship to public disorder⁷².

Consequently, alcoholism has often been presented, and so perceived, as a personal, volitional and even internally based mental addiction rather than a bodily, physical or sociologically constructed disease⁷³. This common image of the irresponsible, weak-willed,

⁷² Early Temperance narratives and films, such as *Buy Your Own Cherries* (ND, 1904) which highlights the material benefits for the whole family of one man's temperance, and *a Rise in Wages* (D. Moore, 1937) which promotes the community's responsibility in helping a local man to quit drink and save enough money to buy his children new 'Sunday best' clothes, are early examples of this trend.

⁷³ A point recognised as early as 1946, as Joseph Hirsh of the Research Council on Problems of Alcohol in the United States would argue that 'Many still regard alcoholism... as a moral ethical or religious problem', moreover, 'a personal and volitional problem'. Yet as Hirsh suggests, this is an unfair and incorrect view of the

and obsessive drunk, represents a failure, or lack of desire, to demonize the substance of alcohol itself, in favour of focusing on the individual and choice. Li et al describe part of this phenomenon as attribution theory, which, 'argues that there are inherent human biases whereby individuals may view others in poor health as responsible for their ill health because of individual choices instead of external social, structural and environmental factors' (Li et al., 2017). A number of political and legislative decisions and debates within Scotland at the time highlight an environment in which this attribution theory gained power as a general shift toward a focus upon the individual and their personal health behaviours was taking place. As we shall see later, the footprints of these debates and legislations are found throughout the public health films studied here, meaning that an understanding of their developmental steps becomes useful.

In 1976, the Licensing Scotland Act – Chaired by Dr Christopher Clayson – was introduced, largely recognised as being influenced by the earlier, 1973, Departmental Committee on Scottish Licensing Law report – chaired by Lord Erroll (Nicholls, 2012). The act, generally speaking, initiated a liberal approach to alcohol legislation within Scotland, with Nicholls suggesting that, 'because Clayson argued that restrictions such as early closing exacerbated harmful patterns of consumption, his report led to the introduction of a more liberal policy framework' (Nicholls, 2012, p. 1401). For John C. Duffy 'of these changes, undoubtedly the most controversial were Sunday opening of public houses and the possibility of regular extensions to permitted hours' (Duffy, 1992, p. 91).

During a commons sitting held on 27th July, 1976, the House of Commons discussed the Clayson report alongside the possibility that 'restaurants in public houses may have permitted hours on Sundays in certain cases' (HC., Deb 27, July 1976, vol 916, cc399-483). The issue of Sunday opening was strongly debated with the current Secretary of State for Scotland, Mr Bruce Milan – who served from 8th April 1976 to the 4th May 1979 under the Labour Prime minister James Callaghan – saying, 'If I were to put my view on this in a sentence, I would say that Scotland has a drink problem and that Sunday opening will make that problem worse' (Ibid, p. 405). Elaborating on his stance Milan went on to declare that,

alcoholic and indeed, 'when people begin to realise that with our present knowledge the alcoholic... can no more prevent himself from drinking than he can prevent the development of cancer, then and only then shall we achieve the kind of support necessary for effective control and treatment' (Hirsh, 1946, p. 426).

While one can defend the liberalisation in the Bill of evening drinking, once one adds Sunday opening to that, the balance shifts and one takes a risk with the health of the people of Scotland. As the Minister responsible, I am not willing to take that risk (Ibid, pp. 408-409).

Although much of the debate was focused on the issue of Sunday opening hours, practically all members of the house agreed on the amendment to extend opening hours during the week. This drew accusations of contradiction from the supporters of Sunday opening, most notably by Mr. John P. Mackintosh (Berwick and East Lothian), who diluted the argument into a simple dichotomy, stating that,

The prohibitionist argument is that if it is made as difficult as possible to get drink and if the circumstances are made as nasty as possible, there will be less drinking.... That was the logic of the whole prohibitionist case. Let us be clear—it has failed totally, for alcoholism is on the increase in Scotland and the present laws must be to blame, because it has happened despite the present laws (Ibid, p. 436).

Mackintosh continued his attack on prohibition with a defence of the Clayson report and its more liberal approach, declaring that,

The opposite logic is that adopted by the Clayson Committee and the Guest Committee and by others who have made reports on this subject. It is that if we liberalise the laws and change the atmosphere, there will be an increase in consumption, but there will in time—and this is where the hon. Member for Cathcart had a point, because it will not happen at once—be a change in the approach to drinking so that it will be treated as a family matter and as a social matter and will become socialised (Ibid).

This idea of instigating social change to drinking habits was backed by a Mr. Mick Buchanan-Smith (North Angus and Mearns), who was worried about the potential risks of a more restrictive alcohol culture, arguing that,

For my own part, while I respect the arguments put forward by those who oppose Sunday opening, I think there is a certain measure of illogicality in them, and if they are followed to their conclusion that will lead to greater restriction. I believe that it is worth taking the risk—and I admit that there is a risk—of going for a greater degree of liberalisation in order to get civilised attitudes and to improve the situation (Ibid, p. 479).

Buchanan-Smith's arguments for liberalisation would focus upon the shifting of attitudes towards drink and in doing so changing the culture of drinking in Scotland. Summarising his case Buchanan-Smith argued

When the balance is taken away from that report—and that is what the Government did in their original proposals—a major item in the attempt to liberalise attitudes towards alcohol is also taken away. We run the risk of upsetting the balance of the whole approach of the Clayson Committee (Ibid, p. 479).

What both Mackintosh and Buchanan-Smith had recognised from the report, and argued for in the House, was not merely legislative reform, but a model promoting individual responsibility and socialisation that would rely on a ‘change of atmosphere’ and ‘attitude’ towards drinking. From a social policy perspective this approach could be identified loosely as a social competency model which ‘considers the individual within the social context of alcohol use’ (Moskowitz, 1989), and as has been noted a shift toward an attribution theory stance.

Overall, the political attitude in terms of alcohol emerging from the mid to late 1970s in Scotland was generally liberal, leading to a change in alcohol licensing regulations and laws and subsequently wider debates and narratives. Some of the intentions of these laws, expressed via those either scientifically or politically engaged in promoting them included; developing a changing ‘attitude’ towards drink; the adoption of a more controlled continental model; discouragement of the ‘late night swill’⁷⁴; and dealing with alcohol related public order problems. In short, and in contrast to an increasingly strict public health approach to smoking – as highlighted above – legislation on alcohol was relaxing, pubs were now open for longer and soon also on Sundays.

This liberalisation was expressed culturally, as Emma Fossey has noted, in a new wave of approaches to public health information delivery, where,

Historically, the philosophy underlying information approaches has shifted in emphasis from that of, abstinence and the reliance on authoritarian statements, one-sided presentation of information and fear appeals (Blane 1977), to the advocacy of ‘responsible use’ of alcohol through the dissemination of facts about alcohol and alcohol use (Fossey, 1994, p. 57).

According to Phil Hanlon, this period also represents a development following on from the provision of structural health services, such as the NHS, social housing and universal education – which exemplified the community based Third Wave of public health interventions in the 1940s -1960s – and a move into the Fourth Wave – which would begin

⁷⁴ A term used for the rush to the bar for extra drinks at last orders and the subsequent drunkenness and public disorder as punters were all evicted out into the streets at the same time.

during the 1960s and continuing into the 2000s, and focus on the regulation and legislation of harmful substances, and the effective health interventions challenging individual, or personal, health behaviours and or lifestyle (Hanlon, 2012). With a focus on this particular cultural and reformatory history, the following analyses aim to uncover the presence, both formally and narratively, of this social competency model and the progression of the so-called Fourth Wave of public health that is said to exemplify the period and its public health approach. By doing so, the chapter aims to discover the effects of these changes on public health filmmaking styles seeking to understand more deeply how traditional gender roles, idealised and demonised, have been constructed and used within this environment.

Part 1: Stand on Your Own Two Feet

Saturday Night is a short 30 second film about one man's attitude toward drinking, his insistence on continuing to drink despite protestations from his girlfriend and friends, and his eventual poor state due to over drinking.

In the opening shots of the film, the lead protagonist Tam (unnamed actor), is immediately set apart from the rest of the group – three women and two men – as he sits on a stool facing all five. The construction is reminiscent of a comedian facing an audience, with all eyes, including those of the camera, focused on Tam – a theme further evoked by the fact that Tam is just finishing a joke to which the group all laugh. This characterisation, in both narrative and set position, seems initially positive, with Tam holding centre stage and displaying a cheerful, popular charisma (Fig. 2.2). However, almost immediately, Tam's performance becomes more dominant, even aggressive, as standing above the group, who all remain seated, he insists upon buying another round of drinks (Fig. 2.3). Claiming that "it [the drink] puts hairs on your chest" (00:00:23) Tam ignores the group's rejection of the offer, heading instead to the bar for more drinks. The physical positioning of Tam on screen as a dominating presence, unwilling to listen to his friends' requests, changes what could have initially been seen as an altruistic friendly gesture into an overbearing, even forceful event. Furthermore, by declaring that "it [the drink] puts hairs on your chest" (00:00:23) Tam confirms his belief in a particular stereotype that links masculinity with heavy drinking. This physical and narrative construction of Tam's character highlights an intention to display his behaviour as both a personal characteristic and a wider form of gender performance –

where his character shows a belief in the cultural connections linking heavy drinking and masculinity.



Figure 2.2, *Saturday Night*.



Figure 2.3, *Saturday Night*.

The following scene shows Tam's interaction with the female bartender and further marks out his negative characteristics, as he becomes misogynistic, inappropriate and overtly sexual. As he approaches the bar, Tam first points at and then shouts, "Right then darling." (00:00:33) at the female bartender, before going onto order three pints, three rum and cokes and four shots of whisky⁷⁵. As the bartender prepares the drinks she sarcastically asks if Tam is watching his figure to which Tam leans over the bar, clearly leering at the young woman, saying "aye I'm watching *your* figure alright" (Fig. 2.4, 00:00:46).

Here, the camera does not follow Tam's gaze to frame the body of the female bartender at which he is looking but instead remains almost solely upon Tam – emphasising the expressive acting on his face, his leering eyes, slurring voice, and cocky sexual confidence. From this camera position, Tam becomes the 'spectacle' who is 'to-be-looked-at', the shot reverses Mulvey's 'ideal ego' position, so that rather than the spectator identifying with the main male protagonist, 'projecting his look on to that of his like' (Mulvey, 1975), Tam loses the power of the gaze, as it is reverted back onto himself. The viewer, in this sense, rather

⁷⁵ Presumably, although this is not made clear, after downing one shot immediately at the bar, the remaining three are for himself and the other two men.

than claiming a sense of identification or sexual gratification along with Tam, gains instead a position of power and judgement over him through the look⁷⁶.



Figure 2.4, *Saturday Night*.



Figure 2.5, *Saturday Night*.

The spectacle of Tam's drinking continues as his characterisation comes to signify the film's message on the relationship between masculinity and male drinking habits. On returning from the bar with the tray full of drinks, annoyed that Tam has ignored their requests, one of the group questions Tam's state of mind suggesting that, "the man's off his head", to which Tam retorts, "d'you think I'm bevved?" (00:01:09). For Tam, being "off his head" is a challenge to his masculinity, one which overtly refers to the links between masculinity and heavy drinking previously mentioned. Tam's response is to challenge the group saying, "I'll bet anybody a fiver I can get it down in ten seconds, c'mon any takers?". Finally, with the group unwilling and his girlfriend urging him sit down, Tam accusingly snarls, "aye chickens, not a man among youse" (00:01:21), before downing his pint in just a few seconds (Fig. 2.6). Tam's accusations that there isn't "a man among youse" can be seen as an attempt to both confirm his own masculinity, whilst specifically questioning that of his male peers⁷⁷.

This set up again constructs Tam's character as a man obsessed with the traditional connotations of manhood and heavy drinking. His character is clearly driven by the hegemonic notion of traditional masculinity that links the ability to consume large amounts

⁷⁶ A reversal, or more precisely perhaps a satiric use, of Laura Mulvey's ideas on the "male gaze" where 'In their traditional exhibitionist role women are simultaneously looked at and displayed, with their appearance coded for strong visual and erotic impact so that they can be said to connote to-be-looked-at-ness' (Mulvey, 1975, p. 12).

⁷⁷ This form of feminising attack has been recognised in other displays of hyper-masculine performance, specifically football hooliganism, where often homosexual or infantilising insults are designed to both question the masculinity of the intended target whilst also confirming the strong masculinity of the abuser (Poulton, 2008).

of alcohol, and remain relatively sober, with traditionally positive masculine traits such as competitiveness, bravery and strength. Yet this belief is questioned and shown to be ultimately more damaging as his defensive reaction to claims of drunkenness result in his drinking only more heavily, which leads to his eventual embarrassment.

Ultimately, the combination of Tam's unwillingness to listen to advice and his forceful performance of masculinity ends with him immediately after downing the drink, stumbling towards the toilet where he can be heard vomiting. The following scene completes Tam's downfall as he has to be carried out of the bar by his friends who encourage the ladies to "go on to the disco", as they plan to drop Tam off at home before returning to meet them later (Fig. 2.7). Continuing the style and narrative from within the pub where his girlfriend is shown to be frustrated by his behaviour and also physically separated from him in set position – a contrast to the other two couples who sit together – Tam's girlfriend now leaves separately with her friends who complain, "another Saturday night ruined, I don't know why you bother with him, I wouldn't" (00:02:03). The implication is that continued behaviour of this kind could result in Tam's girlfriend heeding her friend's advice and leaving him. The suggestion is that she should look for a person who is less likely to drink as much, or more insidiously not lose control in a similar manner and ruin another 'Saturday night'. As the two men carry Tam tentatively down the stairs outside the pub the male voice-over declares, "Drink doesn't make a man of you. Stand on your own two feet".



Figure 2.6, *Saturday Night*.



Figure 2.7, *Saturday Night*, *Stand on your own two feet*.

Narratively then, not only will Tam miss the rest of the evening and the disco, where his friends who have made sensible drinking decisions will go, but it is also implied that he could lose his relationship with his girlfriend. Simply put, being drunk is represented as

unattractive, impacting negatively on his sexual prospects and damaging to his masculine status. Conversely, being sober is masculine and attractive. The implicit assumption is that if drink doesn't make a man of you having a girlfriend certainly will.

Throughout the film, Tam quickly deteriorates from being the life of the party, smartly dressed and telling jokes, to a stumbling drunk, with his stained shirt hanging loosely out as he is carried by his friends. The beginnings of this decline are shown to arise from Tam's failure to listen to advice and to continue, in a variety of ways and specifically through his performance of dominant masculine stereotypes, to ignore his friends and partner. This is further exasperated by Tam's performance and his attempts to keep up certain kinds of masculine identity, reputation and status. Utilising this moral portrayal of an uncontrollable, often offensive and potentially soon-to-be single, male drinker is the film's main tool to discourage other men from acting in a similar way. Singled out by his excessive actions, especially when read in contrast to the rest of the group's 'sensible' drinking behaviours, this cautionary and ultimately pejorative portrayal, exemplifies a liberal approach, in line with the historical context of the emerging attitudes to alcohol during the period – that is, promoting sensible control over complete abstinence. Rather than suggesting that no alcohol should be consumed, or that over-drinking is likely to damage your physical health, the film argues only for a certain sensible level of drinking, and points to the social rather than the physical dangers of over-drinking.

Reputation, Masculinity and Pride

There are a number of studies that have argued that many forms of hyper-masculine performance, such as heavy drinking and subsequent barroom aggression, are not simply acts of irresponsible behaviour or lack of control but can often be influenced by sexual competition and the perceived protection of masculine reputation⁷⁸. Graham et al, for instance, who, 'analysed 844 narrative descriptions of aggressive incidents observed in large late-night drinking venues', suggested that some of men's barroom aggression was, 'likely to be motivated by social identity concerns and excitement', and that, '[a]ggressive acts that

⁷⁸ See for instance, K. Graham et al's, 'Harm, intent, and the nature of aggressive behavior: Measuring naturally occurring aggression in barroom settings' (Graham et al., 2006), S. Wells et al, 'Apparent motives for aggression in the social context of the bar' (Wells et al, 2013) and, P. Miller et al's, 'Alcohol, masculinity, honour and male barroom aggression in an Australian sample' (Miller et al., 2014).

escalated tended to be motivated by identity or grievance, with identity motivation especially associated with more severe aggression' (Graham et al., 2013). This identity motivation was further linked to ideas concerning the reputation of masculinity especially when related to men's concerns surrounding a loss of respect through male heterosexual competition. More plainly, men often fight over women, or indeed their perceived ideas about women and their own masculine status in relationship to other women.

In a study conducted by Samantha Wells et al which saw focus group interviewees 'given a description of a typical incident of aggression between men in bars and asked to discuss why the incident happened', reveal a list of possible catalysts for the aggression, with, 'sexual competition and male rivalry', followed by, 'heightened concerns with image and social pressure to fight', at the top (S. Wells, Graham, & Tremblay, 2009). Ultimately, what these studies reveal are patterns of drinking and aggressive male behaviour bound up with attitudes toward masculinity, pride, honour, sexuality and reputation. Much of this complexity is lost in the characterisation, narrative and approach of many public health films as they not only often ignore these causes but at times attack these behaviours as simple character flaws.

It is suggested therefore then, that by using sexual failure as a threat, the films connote sexual success with masculine accomplishment. In doing so they potentially posit the opposite belief that sexual failure equals masculine failure. This legitimates the belief that successful masculinity requires a man to have a sexual partner. Yet, it is this desire or belief that – ironically – encourages the practice of heavy-drinking and other forms of dangerous hyper-masculine performance and behaviour⁷⁹.

Pool (1978); peer pressure and the masculine apprenticeship

Pool focuses on four men; two middle-aged engineers, Bill (Gregor Fisher) and Sam, and two younger, unnamed, male engineering apprentices, as they meet in a pub for a game of pool. A number of clues at the beginning of the film establish Bill as the main protagonist and

⁷⁹ This is especially prevalent in literature on the phenomenon of Involuntary Celibacy, or InCel, which has linked acts of misogyny, bullying, aggression and even murder and rape to feelings of emasculation and resentments to gender-scripts. See L. Carpenter's, 'Gendered Sexuality Over the Life Course: A Conceptual Framework' (Carpenter, 2010) and D. Ging, 'Alphas, Betas, and Incels: Theorizing the Masculinities of the Manosphere' (Ging, 2019).

distinguish his behaviour from that of his colleague *and* the two apprentice characters. Firstly, in the opening shot, Bill is positioned alone at the bar as the other three arrive together. Immediately jumping up out of his chair, Bill is eager to see the group, berating them for taking their time – an indication of his keenness to arrive at the bar and begin drinking. In an indirect response, Sam mentions that he’s been getting his tea, and whilst he doesn’t mention a family, his decision to eat at home rather than arriving early and drinking more beer is a clear positioning of his more responsible attitude and behaviour.

This juxtaposition plays out throughout the film with Bill’s almost exaggerated drunkenness placed in opposition to Sam’s sensible controlled adult character⁸⁰. The apprentices also play an important role in determining the message of the film. For instance, in an early scene, one of the young men acts almost impressed by Bill’s capability to drink, exclaiming in astonishment, “Hell of a man that, must have hollow legs”, to which Sam quickly rebukes, “aye, a hollow head more like” (00:00:46). The scene works to show how the traditional stereotypes of masculinity and drinking can be played out, but more importantly how they should not be encouraged. More subtly, the film also implies that Bill is stupid or even suffering from some kind of personal psychological defect or “hollow head”, and works again towards an individualised, social competence and attribution model.

The film continues with Sam increasingly playing the role of mediator between Bill and the two young apprentices. In a scene almost identical to *Saturday Night*, Bill offers to buy the group a drink, and although his offer is refused, he returns from the bar with a tray full of drinks⁸¹. During the scene Bill argues with Sam, suggesting that, “It’s up to us to bring em up in the right way, OK. You make engineers of em, and I’ll make men of em”, to which Sam’s replies, “you’ll make them into bloody eejits like your’sel, more like” (00:01:09). Again, the responsibility of a masculine peer is presented and questioned, as drink is associated with the coming of age of the apprentices. Yet it is Bill who is explicitly denounced for his attempts to “make men of em” as his outdated attitudes towards masculinity are problematised. This framing sets out the role of each character, with each of the

⁸⁰ A role that may well have played a part in gaining Gregor Fisher the role of Glaswegian drunk *Rab C. Nesbitt* in the later, 1988, popular television series of the same name.

⁸¹ Interestingly in a distinction that may be attributed specifically to the Scottish context in both scenes the men buy pints *and* whisky chasers.

apprentices acting as a stand in for the viewer, Bill acting as a warning character and Sam as the responsible narrator.



Figure 2.8, *Pool*.



Figure 2.9, *Pool*.

Bill clearly expresses many of the same links between masculinity and alcohol that Tam portrays in *Saturday Night* – as is most obvious when Bill hands over a pint of beer to one of the young apprentices saying, “go on, get that down you, make a man of you” (00:01:24). However, whilst Tam’s behaviour in *Saturday Night* comes from an intention to prove his own masculinity to a group of peers, Bill’s characterisation and language suggest more attention on the man as provider stereotype. Often expressed in terms of the ‘Breadwinner’, this position of provider demands not simply ‘bread’ in the sense of food, but also the economic ability, and social responsibility, to provide things such as information, authority, control, protection, and leadership, amongst other things⁸². Clearly tied to this sense of responsibility, Bill projects his own masculine identity and beliefs about alcohol onto the young apprentices. Thus, although Bill’s intentions are shown to be more than simply self-motivated – as in Tam’s attempts to prove only his *own* masculinity – Bill’s beliefs in the same macho links between masculinity and heavy drinking expose his advice as at best simply miss-guided and at worst dangerously effective – highlighted as the apprentice although reluctant accepts Bill’s drink.

⁸² See A. Cornwall, *Masculinities Under Neoliberalism* (Cornwall, eds, 2016), H. Young, ‘Being a Man: Everyday Masculinities’, (Young, 2010), M. Martin, *The Mighty Scot* (Martin, 2009) and for a more cinema specific outlook, C. Geraghty, *British Cinema in the Fifties: Gender, Genre and the 'New Look'* (Geraghty, 2000).



Figure 2.10, Pool, Masculine Pressure.

The process of peer, or masculinised, pressure is most clearly expressed in the scene mentioned above where after suggesting that the beer will “make a man of you”, Bill shakes his clenched fist and slurs once again, “make a big man of you” (00:01:24). Clearly expressing his desire to not take the drink, the apprentice replies “ah come off it”, before acquiescing to Bill’s peer pressure. The sequence highlights two masculine myths: firstly, it highlights associated links between heavy drinking and masculinity, by showing Bill’s character who clearly holds those beliefs – “make a man of you”. Secondly, the film depicts how, older men, assuming their role as ‘provider/teacher’, and having internalised this ideology, can influence younger men’s drinking behaviours. More simply, the scene highlights the pressure put upon young men as they navigate the world of early manhood and its cultural connections with alcohol.

Later in the clip, as Bill drunkenly plays a shot at the pool table, the phone in the bar rings, and, as the bartender brings it over to the group, he sarcastically mocks Bill by calling him ‘Hurricane Higgins’ – a reference to famous snooker player and heavy drinker Alex “hurricane” Higgins. As Bill takes the handset from the bartender, the phone is immediately hung up, prompting Bill to ask the bartender who it was, to which he replies, “I don’t know it sounded like your bird. She wasnae pleased. You wannna get a grip” (00:02:10). Both the sarcastic remark and the more serious advice to “get a grip” come from the bartender who clearly knows Bill well enough to feel that he can make such jokes and comments about his personal life. His familiarity with Bill tells the viewer that not only is Bill a regular drinker in the pub but also shows how even the bartender, perhaps the person most likely to

encourage Bill to have a drink, is tired of, and maybe even worried about Bill's drinking habits. Given the bartender's position in the scene as well as the fact that he is the only person not drinking, these words carry a particularly severe gravitas. Overall, the scene questions Bill's ability to provide responsible stewardship for the young men as both his social status within the bar and his relationship with his girlfriend are questioned.

Confirming Bill's downfall, the following scene sees Bill standing at the end of the pool table swaying and unsure on his legs. Watching this, Sam sits next to one of the apprentices as they both cast an embarrassed look towards Bill, before Sam, in a final act of responsible stewardship, taps one young man on the shoulder, and encourages them both to get up and leave. At this point, in the final scene, Bill is shown alone in the bar as he spills a drink over the pool table and mumbles to himself, "a man's got to stand on his own two feet" (Figs. 2.11 & 2.12, 00:02:53). Finally, the screen fades to black as a male voiceover declares, "Drink doesn't make a man of you. Stand on your own two feet".



Figure 2.11, Pool. Drunk.



Figure 2.12, Pool. Game Over.

Bill's attempts to prove that he can stand on his own two feet, and his insistence on teaching this skill to the two younger characters, have seen him insulted for his mental and physical capabilities⁸³, mocked by the bartender, rejected by his girlfriend and challenged by Sam for his attitudes and behaviours. And, whilst the narrative of the film clearly shows Bill in a negative light, as he attempts to live up to these masculine ideals, the final tagline of the film returns to one stereotype to apparently discount another. That is, whilst denouncing the traditional myth that drink can make you more 'manly', the film upholds other dangerous stereotypes about the provider role such as responsibility, physical capability and stamina. As shown in the previous chapter, these stereotypes can also have their own damaging effects on men's drinking habits and health behaviours. Additionally, the decree to 'stand on your own two feet', relies on the social responsibility model that has seen a shift toward narratives of individual responsibility, choice and moral behaviour and away from any deeper examination of the social structures that enable alcoholism.

The particular link between heavy alcohol consumption and ideas of hyper-masculinity that have been shown in these films, has been studied from a Scottish perspective by Dolan in his work *"You can't ask for a Dubonnet and lemonade!": working class masculinity and men's health practices* (Dolan, 2011). During group interviews, Dolan encouraged various groups of men, from differing class backgrounds across Scotland, to discuss their own thoughts and experiences of masculinity. Dolan designed his focus groups, quite purposefully, with a style that avoided explicit questions about masculinity, yet would encourage general conversation on topics associated with masculine health behaviours such as drinking, violence, sex and general recklessness. Within his analysis, Dolan makes a number of observations regarding the connection between, 'excessive smoking and drinking, as well as drug use and other potentially dangerous activities such as high-speed and reckless driving', and images of strong male identity in Scotland (Ibid, p. 597). To give an example, one participant in Dolan's study argued that,

"I suppose some of the attraction is a bit ... macho ... A macho element of who can drink the most ... You're considered a 'Nancy' if you can't hold your drink ... And you

⁸³ Similar to the physical insult directed toward Tam by the bartender in *Saturday Night* Sam points to Bill's figure, saying to one of the apprentices "look at the belly on him" (00:01:46). In both films this is the only mention of the physical effects of alcohol on the body and yet both are clearly tied more to fears about attractiveness than physical health.

can't drink certain drinks ... I mean you can't ask for a Dubonnet and Lemonade!" (Lee 34, less deprived area) (Ibid, 583).

Dolan's overall analysis of his study then leads him to suggest that,

the norms of masculinity, which encourage emotional and physical strength and reject weakness or vulnerability, may cause men to define certain risky behaviours as essentially masculine attributes. In other words, masculinity has increasingly been conceptualised as a health risk for men (Ibid, pp. 586-587).

Dolan goes on to recognise the paradox in the way that some dangerous health behaviours, such as heavy drinking, may hold various other reputational and cultural values, and that these will vary over time and place. Finally, Dolan suggests that, 'the means by which men achieve release were also the means by which men demonstrate aspects of hegemonic (i.e. situationally dominant) working class masculinity' (Ibid, p.597).

In both films of this section, it is the performance of masculine bravado that partly leads to the character's narrative downfall: whether this is leaving Bill alone, stumbling and knocking his pint onto the pool table, or Tam, throwing up in the toilet and being carried out by his friends, with each potentially losing their respective sexual partners. The obvious way in which the films demonise characters who express this type of bravado clearly demonstrates an awareness and an attempt to show how damaging these stereotypes can be. In this way, the films recognise, at least to some extent, the health risks associated with attempts to live up to masculine stereotypes in relation to alcohol. However, the consequent punishment of characters, that places emphasis on personal responsibility and individual behaviour, also ignores some of the wider structural factors involved in men's drinking habits. More plainly, there is a lack of sympathy within these narratives for the variety of factors that might be involved in different men's drinking habits and wider health behaviours.

Additionally, by showing the men's ultimate failure as an inability to control their intake, or more overtly, to get too drunk, to stumble around, spill drinks or vomit, the narrative ultimately criticises its characters' capacity to drink and remain sober. Indeed, the closing tagline of both films openly relate masculinity to the physical and social stereotypes implied by the phrase, 'stand on your own two feet'. In both film's we see a variety of men, Tam's friends, the young apprentices, Bill's colleague Sam and the male bartender who scolds Bill for his behaviour. These men act as counterpoints to both Tam and Bill's hard man performance, denouncing their behaviour through their own less-hard language and

performance (“the man’s off his head” “ah come off it”). These are the men the viewer is expected to relate to and ultimately to behave like, yet these men too are constructed within strict gender norms. Tam’s friends both have female partners, Sam is a successful steelworker and mentor, and the apprentices are both heading into in the world of heavy industry where the hard man has so long been associated with. The way that masculinity is framed then, is highly policed, and whilst in many senses these men are reflections of reality, there were certainly many like them, there is also a sense that their position within the narrative of these films aims to uphold strict, and still hyper masculine, gender norms or ideal behaviours.

Overall, by suggesting that it is *our* personal problem, not a product of established and well understood societal structures (Fossey, 1994; Mullen, 1993; Plant et al., 1992), hegemonic gender norms (Craig, 1992; Geraghty, 2000; Ross, 2009), indoctrinating rhetoric, and/or the normalisation of consumption (Ahn, Wu, Kelly, & Haley, 2011; Cox, 2008), these messages could divert us from certain realities that have been shown to play a stronger role in gender performance and related health behaviours. Overall, this approach retains, and even relies upon for its messaging, the damaging masculine stereotypes surrounding men and drinking cultures.

Seen within the broader cultural landscape of alcohol at the time, these films adopt the liberal approach to alcohol of contemporary politics and promote control over prohibition. In this setting, it is the man who is able to control his drinking, or able to drink and remain relatively sober, that becomes highlighted as the ideal, a message that undoubtedly contributes to the hegemonic dominance of the dangerous associations between alcohol and masculinity. Given such understandings, and the analysis uncovered here, it is suggested that these simple narratives have the potential to alienate those members of society who might be more strongly affected, and less able to actively avoid, the effects of a hyper-masculinised alcohol industry and culture, who are, as highlighted by Dolan, working-class men. Therefore, in areas where behaviours of dangerous hyper-masculinity, including heavy drinking, might hold more cultural capital than others, public health narratives which rely on denouncing these behaviours might be more readily questioned, simply ignored, and/or ultimately least effective. If true, the cycle of heavy-drinking in some working-class cultures might be explained, at least partly, by the continued use of gender orientated

blame narratives within public health texts, and a failure, of these narratives, to recognise, or more precisely to discuss more clearly, the strong cultural power of idealised and hegemonic gender stereotypes.

The following section looks at two further films to see how additional gendered stereotypes have been used to tell public health stories and control public health approaches.

Part 2: Neil and Davie

Sponsored by the SHEU under the broader title *The Dangers of Alcoholism*, both *Neil* (1978c) and *Davie* (1975), are short one-minute films designed for television that share the closing tagline, “*If drink is becoming the most important thing in your life. Think again*”. Stylistically both films are very similar; shot in colour, on 16mm film, with a natural diegetic sound, linear narrative and contemporary costume and setting. Narratively, the films are cautionary, focused upon the young male drinker and the dangers of over drinking. Identifying a focus on the social rather than the physical dangers of over drinking, this section continues arguments from above, suggesting that the films simultaneously criticise and perpetuate certain stereotypes about Scottish masculinity and heavy drinking.

Neil opens with a shot of the lead protagonist checking himself and adjusting his smart suit and tie in the mirror as he prepares for a night out drinking with friends. Just before he leaves, Neil has an altercation with his dad who asks Neil not to drink too much this evening, warning him that this will be his fourth night out this week and importantly that he has missed work already due to his hangovers (Fig. 2.13). This dialogue offers the viewer a relatable, and possibly recognisable, intergenerational confrontation as two opposing attitudes towards drinking are revealed. Here, old age is shown as stifling, yet wise and genuinely caring, and youth as spontaneous and fun - yet potentially reckless and dangerous. These representations of masculinity – one paternalistic and authoritative and one young and irresponsible – set the tone for the narrative of the film as well as the relationship between the public health message and the viewer. That is, the film becomes the parent and the viewer the teenager.



Figure 2.13, *Neil, A Father's advice*.

The narrative expression of this relationship is summed up when Neil's father warns him of the danger of missing work again, implying that any further drinking may result in Neil losing his job. Here, the threat to Neil's job, can be seen within the discourses of late 20th century language surrounding labour markets, gender, deindustrialisation, the feminisation of the workplace and fears around job security. Stanley Cohen, in his analysis of the links between hard industrial labour and ideologies of masculinity, suggests that,

Masculinity (embodying a stress on toughness, stamina and autonomy) derives from the experience of industrial work. The good worker, during early industrialization, could not afford to miss a day or go on strike.... Thus, the good worker had to develop a masculine orientation towards his work. To the point of ignoring illness, personal problems or boredom – in order to ensure his weekly pay (Cohen, 1971, p. 142).

However, as deindustrialisation took hold across a number of places during the mid to late 20th century, including and especially Glasgow, the simple associations between work and masculinity would be problematized. Given this reading, critics have suggested that some men, locked within this environment, would be forced to re-evaluate and redefine their own ideas surrounding masculinity and work⁸⁴. For some, these new environments led to damaging self-esteem, a lack of self-worth and more generally what has been labelled a crisis of masculinity. As Gary Whannel suggests,

⁸⁴ See Dolan, 'That's just the cesspool where they dump all the trash': Exploring working class men's perceptions and experiences of social capital and health' (Dolan, 2007), and (Ronnie Johnson, 2004).

The crisis is, variously, linked to work, education and the family, the media and feminism. For some, the decline of the old manufacturing base, the rise of the service sector, the growth of casualization, part time, and flexitime working, have all contributed to both male unemployment and a 'feminization' of work, whilst, for men in work, greater pressures have exacerbated work-family conflicts (Whannel, 1999, p. 371).

Here labour, and especially hard physical labour, found in industries such as mining, steel-work, ship building, and other manufacturing sectors, was intrinsically linked with wider stereotypes of hard and often culturally valuable and respectable masculinity. Arguably then, in places such as Glasgow, where industrial labour was more common, the decline in these industries and the associated loss of status would be harder felt⁸⁵. R. O'Brien, K. Hunt and J. Hart, analyse this phenomenon from a particularly Scottish perspective, suggesting that,

Many of the younger men who identified themselves as 'working class' felt that the decline in heavy industries in Glasgow presented them with fewer opportunities to engage in practices that enabled them to enact a masculine toughness they perceived to be desirable in Glasgow. Some (particularly the younger men) suggested that by engaging in certain health-related behaviours, such as excessive drinking or being seen to flagrantly flout dietary guidelines, men could continue to construct and demonstrate masculinities that many felt were exalted in the social world they inhabited (R. O'Brien, K. Hunt and J. Hart, 2009, p. 255).

And, whilst this simplified explanation of the relationship between industrial work and masculinity fails to explore some of the complexities of masculine identity, social class structures, industrial exploitation and hegemonic gender constructs, it is useful in highlighting the counter productive and often damaging effect that particular masculine stereotypes can have on some men's health behaviours⁸⁶. Threats to work, read within the context of the contemporary labour market and its subsequent effect on masculinity, can be seen as a direct attempt to appeal to the viewer's sense of manliness. Over drinking will lead

⁸⁵ See John MacInnes, 'The Deindustrialisation of Glasgow' and W. F. Lever's, 'Deindustrialisation and the Reality of the Post-industrial City' (Lever, 1991) for a precise focus on the decline of Glasgow's industrial history.

⁸⁶ As Dolan has proposed 'work provided these men with status, self-esteem and financial authority but was also an environment where working class men risk exposure to a variety of potentially health damaging hazards. In these terms, certain 'masculine practices' cannot be divorced from the social context in which it occurs. These men's position in the social structure clearly restricted the range of employment opportunities open to them and constrained their ability to speak out or protect themselves when faced with harmful working environments. In this way, their narratives help make transparent how social structures 'beneath the surface', i.e. class driven exploitation, can account for events 'on the surface', i.e. detrimental working practices among working class men (Dolan, 2011, p. 594).

to unemployment, which in turn, given the connections between work and gender, will lead to emasculation. The films' attempted appeal to the audience, via the threat of unemployment, might exaggerate the otherwise often damaging and manipulated relationship between masculinity and work.

In *Davie*, the lead protagonist, already drunk, sells his ticket for the football game to a man in the pub for £5 only to be told that it is now last orders and he will not be served any more alcohol. Davie is consequently left alone in an empty pub whilst his friends go off to watch the football. Highlighting the social rather than the physical side effects of his alcohol consumption, Davie's punishment for his lack of control is the exclusion from his friendship group and the football game.

Similarly, in *Neil*, the main protagonist also finds himself striking a lonely figure as his attempts to dance with a girl are rejected. Here, after initially refusing to leave the pub with his friends, who insist that Neil is "all booze and nae action" (00:00:21), Neil is shown in the nightclub, clearly drunk, sweating, stained and scruffy, as he approaches a girl. Rebuffing Neil's clumsy attempts to dance with her, the girl shouts at him, "You must be joking? No, not in that state" (00:00:31, Fig. 2.14). Although Neil's punishment is more figurative than the literal loneliness suffered by Davie, his attempts to dance with the girl leave him embarrassed and abandoned on the dance floor. Furthermore, the "state" that Neil is in refers not only to his drunkenness but also his clothing and general inability to remain smart, capable and sober. Like Davie, Neil is socially chastised for his lack of control, or more plainly his inability to remain sober. Each of these characters are punished for their excessive drinking, Davie misses the football game and Neil fails to attract a girl.

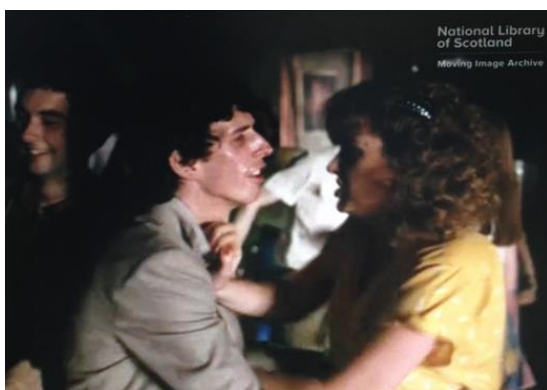


Figure 2.14, *Neil*.



Figure 2.15, *Neil*.

Both films end with the voice over and on-screen text, “If drink is becoming the most important thing in your life. Think again.” (Fig. 2.15). By showing two characters who have seemingly let drink become the most important thing in *their lives*, in that it controls their behaviour to detrimental effects, the film’s use a ‘responsible behaviour’ public health approach. Neil and Davie act as examples to the audience, just as Tam and Bill do, representing how not to behave. Additionally, and perhaps more insidiously, all four of these characters’ actions are individualised visually, as they are positioned against their relatively sober friends, and narratively as they are told to stand on their own two feet or to think again⁸⁷. The individual drunk stands out within these narratives then as an exception rather than an example of the rule in male drinking cultures. For this character to work he must be positioned against a form of masculinity that is arguably just as exaggerated in his calm sobriety and his awareness and rejection of hegemonic masculinity and male drinking cultures. Sitting at the extreme ends of both the drinking and the hegemonic masculinity spectrum it is possible that these men may not represent and arguably reach the majority of men sitting somewhere in the middle ground of these connected worlds.

In terms of gender, both men fail at being men, represented not only through their lack of control but also in their failure to remain sober and in Neil’s case to attract a partner. Thus, manliness is represented, both visually and narratively, as the ability to remain sober, well presented, socially popular and in possession of the skills and ability to chat-up and implicitly, sleep with women. By portraying the inability to control or handle heavy drinking as, if not overtly feminine, at least damaging to masculine identity, the film paradoxically confirms the opposite point of view. That is, if failing to handle one’s drink is effeminate, then *being* able to handle it could be seen as, by comparison, masculine⁸⁸. Working much like the masculine status value added to anti-authoritarian, reckless and the un-healthy behaviours and habits as mentioned above, this type of punitive moral narrative could help to shape similar counter cultural status building behaviours, especially in environments of

⁸⁷ The development of this individualised and responsible, or thinking, narrative is looked at in further detail throughout, and especially in chapters three and four and their analysis of the *Choose Life Not Drugs* and the *Think About It* campaigns.

⁸⁸ O’Brien et al have suggested similar patterns of behaviour where ‘The data presented.... support findings reported elsewhere which suggest that the adoption of particular health-related behaviours, for example ‘competitive drinking’.... may be understood as a way of ‘doing gender’. (R. O’Brien, K. Hunt & G. Hart, 2009, p. 374).

declining traditional masculine identity. In places such as Glasgow and other large industrial cities, where the loss of traditional masculine status symbols such as hard labour has been felt the hardest, other anti-authoritarian ways of doing-gender, regardless of their damaging health outcomes, might be one way in which young men control their eroding sense of masculinity. Therefore, when public health texts support an authoritarian or moral, personal responsibility stance, a backlash to these narratives might be more valuable in certain places to certain men at certain times, leading perhaps to a stronger adoption of damaging health behaviours⁸⁹.

Another way in which this dual paradox emerges is in the representation of the loss of sexual attractiveness and failure of sexual achievement. As mentioned, Neil's attempts to dance with a girl are dramatically, and publicly rebuked. This type of gender challenge is often positioned from the male perspective in which women are objects of desire or the bearers of punishment and embarrassment⁹⁰. Here, in terms of gender, over drinking and drunkenness, are shown as dangers to a man's virility and his ability to perform well with the opposite sex. Using potential sexual achievement in this way, similar to ways in which the ability to consume large amounts of alcohol has been assessed, can promote the confirmation or appeal of oppositional stereotypes. For example, placing sexual success within the realm of masculine accomplishment can position the opposite as masculine failure. Essentially, one narrative confirms masculinity as heterosexual success but works by establishing a norm that limits the boundaries of masculinity to certain behaviours and heteronormative ideals. A man who doesn't sleep with women, and often lots of them, isn't really a man.

Whilst women do play a role within the films, they are mostly involved as prohibitive, punitive or emasculating figures within the masculine world of heavy drinking. Therefore, although the films attempt to be cautionary with their content they ultimately support and maintain many traditional stereotypes or myths about drinking and masculinity and gender in general. According to these narratives, the best men in our society can control their drink

⁸⁹ The phenomenon of this backlash effect is investigated below in chapter three as issues surrounding drug-misuse and prohibition are discussed.

⁹⁰ One example in which this narrative is slightly switched is the film *'Going Home'* (ND, 1978), which has the tagline 'A pretty girl, pretty drunk isn't very pretty', the protagonist being punished for her lack of attractiveness following drink.

and have sex with pretty women, whilst the worst men can't and don't. Acting as a type of castration anxiety this threat works as both a narrative tool – generating conflict and linear plot progression – and a moral warning to the viewer. However, as has been suggested, there are also gender representations and messages within the films that seem to confirm the idea that the ability to consume large amounts of alcohol, and attract women, are characteristically masculine traits. The cultural value of these behaviours then is manipulated, and arguably controlled, through these narratives of masculinity, drinking and public health. Finally, as O'Brien, Hunt and Hart have suggested,

Further research might provide a more detailed examination of the social circumstances and characteristics of those men who appear able to embrace the idea that a concern with men's health is 'manly'. However, there is a need to explore the inequalities between men that currently mean that only some are free to embrace 'new' ways of articulating their masculinity which bring health benefits while others feel pressured to continue engaging in practices of masculinity that are likely to be harmful to their health (O'Brien, Hunt and Hart, p. 376).

For men caught up in the restricted market of hard-man masculine identity, mentioned above, these films not only confirm the valuable masculine status of heavy drinking but also offer no alternative ways in which hard masculine identity might be maintained or established. Toxic masculinity works within this environment to suggest that with no job, no money, no girlfriend, and no respect, your only route to respected masculine identity is tied up in cultures of heavy drinking. O'Brien, Hunt and Hart's analysis of Glasgow men highlight this effect in action and aims to uncover some of the restricted narratives in which masculine identity and health behaviours play out. The identification of the hard-man character and his use in public health filmmaking found throughout this thesis aims to add to this discussion.

One of the ways in which this reliance on gender stereotypes can be further examined is by looking at the different ways in which female characters and the female drinker have been constructed in similar films. The following section aims to uncover the ways in which this occurs and understand how this connects with the male drinking character.

Part 3: Sara Erulkar and the Educational Public Health Film

In 1975 the SHEU commissioned Sara Erulkar to make three films designed to tackle issues with drinking in Scotland. Two films, *Just a Habit* (Erulkar, 1975) and *Dying of Thirst* (Erulkar,

1975), were aimed specifically at the problem of teenage drinking, whilst the third film, *Getting Drunk: The Teenager Speaks* (Erulkar, 1975), was intended primarily as a tool in the training of the care professions (or more precisely, as the accompanying flyer would promote, 'with the health service, education, social work, police, and with senior secondary pupils and students').

Ranging from the observational documentary mode to a more formally constructed, even dramatic fictional style of production, and from eleven to thirty minutes long, the films represent a diverse style of public health filmmaking, different to the films previously explored within this chapter. Given such variance and considering the three film's explicit presentations of Scottish drinking habits and attitudes towards alcohol, the films offer a window into the formal style of public health filmmaking, and the socio-cultural attitudes towards alcohol in Scotland at the same time. Analysing these formal and narrative differences will help to build a better image of the world of public health filmmaking in Scotland at the time and the nuances of public health approach and film styles.

***Getting Drunk: The Teenager Speaks* (Erulkar, 1975)**

According to a flyer that accompanied *Getting Drunk*, 'alcohol misuse in Scotland is widespread. The result is violence, road accidents, family break-up and a high level of alcoholism', and, 'this is the example that society sets and promotes to the adults of tomorrow'. Focused upon teenagers and figures from the health service, education, social work, police, and senior secondary pupils, the film, as well as being, 'intended primarily as a tool in the training of the 'care professions' (ibid), was also designed as a possible discussion starter on a number of issues regarding teenagers and drinking.

The style of *Getting Drunk* is noted on its flyer as, 'completely undramatic'. However, as is the case with the wider categorisation of public health film and documentary studies more generally, these claims to the films' 'undramatic' style or appearing simply observational nature can be questioned. The following section will analyse the construction of *Getting Drunk* in the relation to wider documentary forms and the relationship between public health and narratives surrounding teenagers and drinking in Scotland.

The opening shots in the film replicate the observational documentary and location news-report style, as groups of children are shown leaving school accompanied by a confessional

voice-over of different teenagers' personal recollections of their own drinking habits and experiences. The images are highly documentary in style as the children notice the camera, react to it, and are shown in everyday outside locations and contemporary fashions (Fig. 2.16)⁹¹. Following these establishing shots the film goes on to include interviews with; Chief Inspector Albert Ridgeway, Edinburgh City police; Miss Morag Faulds, Director of Social Work Inverness; Dr Bruce Ritson, Consultant Psychiatrist Royal Hospital Edinburgh (also heard in *Just a Habit* as a VO); Superintendent John MacDougall of the City of Glasgow Police; Mr Bob Hamilton, Director of Simpson House (Edinburgh based alcohol charity); Mr William Morrison, Rector of Graeme High School, Falkirk, and various teenagers – some of whom are also seen in the other two films of this chapter (Fig. 2.17).



Figure 2.16, *Getting Drunk*, Observational Styles.



Figure 2.17, *Getting Drunk*.

In the shots, adults are framed from one angle, often seated behind a desk, and although they are certainly prompted with questions, they tend to deliver statements rather than answers. This formality is exaggerated by the location as some are shot at wider angles taking in the natural surroundings of the office – desk, books, inks, papers, filing cabinets, etc. whilst other shots remain tighter to the figure on screen. Although some variety exists in these adult interviews, for example, in the location and the contents of these office spaces, cinematography is limited to the occasional close-up of the speaker from the same

⁹¹ See, Cushion's, *Television journalism* (Cushion, 2012) and both of Nichols' works, *Introduction to documentary*, and, *Representing reality: issues and concepts in documentary* (Nichols, 2017, 1992) both of which help to explain the development of these styles in both news and television media.

angle, with the occasional extreme close-up in on the hands, or a simple close-up of the face.

In a clear contrast to this more formal style, the teenage participants are not named or introduced through subtitles and they are filmed with a much more relaxed framing style and in a wider array of locations. Often filmed in groups, the teenagers are shown sitting together talking amongst friends in relaxed open spaces such as the library, the school laboratory, the dinner hall or the common room. The different ways in which these characters are introduced – with or without official names and titles – and the variety in the location of the shots – in an office or open space – suggest a hierarchy of narrative position, although the time and narrative freedom given to the teenage participants does not appear to be undermined in any other more obvious way. In fact, the range of debates and discussions that teenagers are engaged in highlights a strong relationship between filmmaker and participants, indicating a willingness, as the title might suggest, to allow the teenager to speak.

The film, with no lead narrator, cuts between the professional statements of the adults and the personal experience and confessions of the teenagers in order to develop its theme of open discussion on a number of subjects related to alcohol and teenage drinking. The opening narrative of the film tackles the question of legal age limits on drinking. Here, a combination of teenage and adult voices are presented and include thoughts on lowering the age limit, increasing it, or scrapping it completely. Both groups discuss the potential appeal of illegal activities and the thrill of, “getting served underage”, as well as the general effect that age limits can have on consumption patterns and behaviours. The range of opinions given exemplifies the film’s intention to define ‘the problem of alcohol misuse in Scotland’ and its design as a discussion starter. Throughout the film discussions focus variously upon; the availability of alcohol, or lack of non-drinking pastimes for teenagers; attitudes to alcohol; issues with both conservative and liberal parental intervention; teenage loneliness; social exclusion; and the differences in drinking between genders.

In contrast to the shorter public health adverts examined above, broader questions surrounding alcohol and underage drinking are raised throughout the film from teenagers, health experts and other professionals. For instance, in discussing the legal age limits placed on alcohol, Dr Ritson suggests that, there is a problem in the message when we say, “don’t

drink”, before a certain point and then, “you’re on your own”, after that. Arguing for more guidance for teenagers, Dr Ritson here points to some of the social and structural mores and barriers that can play a role in young people’s health choices and behaviours. This narrative density is no doubt helped by the film’s relatively long running time of 30 minutes, which allows space for more time to discuss the complex nature of drinking cultures. A freedom that also arguably extends to the public health approach of the film which remains open rather than directive or authoritarian, throughout.

Sitting somewhere between Bill Nichols’ observational and participatory documentary forms, this undramatic interview style holds much of the fidelity afforded to documentary and news reporting styles more generally⁹². However, as the film progresses, certain editing choices and techniques, that move away from the simple documentary format that Nichol’s work would address, do begin to expose a level of authorship and hierarchy within the text. Here Nichol’s analysis of documentary formats and styles can help us to distinguish the points at which these public health texts either conform, blend or divert completely away from other similar traditional documentary modes.

Firstly, as mentioned, whilst the teenagers remain unnamed, the adults are all introduced with both their name and job title or role, in a formal style that works to cement their social position and add to their authenticity. Additionally, in a style of language that creates further divisions the teenagers speak openly and freely about their *own* personal experiences whilst the adults simply offer advice. Given the aesthetic difference already raised about the characters’ presentations on-screen, this narrative difference creates a further disconnect between the two intergenerational groups. Therefore, whilst the teenager is indeed able to speak, it is the adults, with their formal screen position and authoritative statements, rather than confessions, that are ultimately given narrative and visual power.

***Dying of Thirst* (Erulkar, 1975)**

Dying of Thirst, as the title hints toward, is immediately more dramatic, even hyperbolic, in its representation of drinking culture than the rather formal *Getting Drunk*. The film opens with observational documentary images, and diegetic sounds, of a busy pub environment as

⁹² See Bill Nichols, *Introduction to documentary*, chapter 6, pp. 99 – 138 (Nichols, 2017).

a variety of female and male voice-overs describe the benefits and pleasures of social drinking, with one voice suggesting, “I don’t think it does any harm at all” (Fig. 2.17). These relaxed attitudes toward drink are immediately put into question as a fictional reconstruction of a car accident shows graphic images of a smashed vehicle in which the driver lays almost motionless, moaning and covered in blood. A young male voice-over begins to describe the incident and the driver involved, as he says, “He needed to get drunk as if his life depended on it. He needed a drink; it was like a man dying of thirst”. This dramatic re-enactment juxtaposes the opening imagery and language of a carefree, harmless drinking culture with the graphic visual imagery of death caused by drink-driving (Fig. 2.19). Here the filmmaker, in order to heighten the drama of the narrative, completely eschews the documentary mode in favour of a more formally constructed and dramatic film style.



Figure 2.18, *Dying of Thirst*, Observational style.



Figure 2.19, *Dying of Thirst*, Dramatic reconstruction.

Despite this intense opening parable, as well as some later fictionalised scenes that remain somewhat sensationalist in nature, the film does retain a generally open discussion on the place of alcohol in a modern society – much like *Getting Drunk*. This is partly achieved once again through the open filming and presentation of teenagers’ views on subjects ranging from the legal age limit to the lack of social spaces and the predominance of social celebrations that all involve drink, i.e. Burns Night, Birthdays, Christmas and Hogmanay. Interposed between these fictional narratives, such as the car crash and others – highlighted below – these idiomatic conversations bring a sense of reality and veracity to the otherwise dramatic reconstructions and plot. Moreover, as these fictional images and narratives are often overtly related to, and narrated directly through, teenagers’ own recollections of

personal experience, the film works to create a synchronization between image and narrative plot that disguises the otherwise obvious filmic difference.

The second fictionalised scene in the film is similar in content to the scene in *Getting Drunk* which discussed the age limits placed on alcohol. Prior to the scene, teenagers are filmed discussing the subject with one young man arguing that age limits should be scrapped completely in order to foster a more continental model of drinking – not unlike some of the recommendations highlighted in the Clayson Report. The fictionalised scene which accompanies these reflections begins in bar as a group of young men sit around a table drinking before a character acting as an undercover police officer comes in to check their ID. Upon assessing the age of the young men and ignoring their protests that they are, “not drunk or stabbing anyone”, the officer tells them to leave and that he will later be attending their homes to explain the incident to their parents. Stylistically the scene is filmed within a working busy pub environment and includes shots of other non-actors and general public house paraphernalia. This blurs the lines between documentary and drama by taking the observational style and visual verisimilitude of the earlier pub scenes and using them to add authenticity to the later dramatized set pieces (Fig. 2.20).



Figure 2.20, *Dying of Thirst, Documentary or Drama?*

Whilst this scene, much like the earlier car crash one, could be seen as a literal deterrent in itself, the ensuing discussions and commentary explain how there might also be a number of other motivations, such as having, “nowhere else to go”, or being, “seen as an outcast”, that might outweigh such deterrents, and keep teenagers engaged in illegal underage drinking. Therefore, whilst the scene is clearly intended to highlight the consequences of

getting caught drinking in a pub underage, it is not simply condemning of the perpetrators and aims to ask more complex questions about the motivations for teenagers who might pursue this illegal behaviour. This approach fits with the film's overall non-judgemental stance, an approach further highlighted in the film's accompanying flyer. Issued by SHEG, with details of how to order and use the film as an educational tool, the flyer suggests that the film is 'sufficiently open-ended to permit discussion after viewing' (Fig. 2.21).

«Dying of thirst»



Alcoholism is a serious problem in Scotland. There is an overwhelming need to prevent the condition and public opinion demands action to help young people cope with drink. «Dying of thirst», a new film by award winning director Sarah Erulkar, sets out to provide teachers and health educators with material which is both idiomatic and non-judgemental. Vigorous, sometimes violent, thoughtful—all are epithets which accurately describe this film. For youngsters aged 13-16 years faced with decisions about drinking «Dying of thirst» is a vital starting point.

«Dying of thirst»

The film

The film opens on a teenage disco followed by rapid intercutting to a car crash. There is a cacophony of sound and as the din subsides a voice explains gently that the driver of the vehicle was under the influence of drink, a man «Dying of thirst».

As the theme develops, people are seen drinking in public houses, clubs, at parties and even in the street. Factors which significantly affect patterns of attitude and behaviour which are peculiar to Scotland are identified—the role of parents, psycho-social pressures such as anticipation of adulthood, toughness rather than weakness, sociability and confusion in adult values.

The film explores fully the effects of law enforcement on the problem: a young man is questioned in a pub by a plain clothes policeman who suspects he is under-age and uniformed officers look on as patrons of a club disperse at closing time.

The effects of over-indulgence are dramatically portrayed in scenes of youthful high spirits at a party, a girl consuming drink under pressure to conform and of «skid row» types in a lodging house.

Children talking

Throughout, the narrative is sustained by the voices of young people talking about drink.

For some, the concept of alcohol dependence is so remote as to be unreal. Others talk freely of early drinking experiences, of values they initially rejected but came ultimately to accept and of decisions made by themselves and their peers about starting to drink.

They describe the behaviour which they consider acceptable and the ways in which they perceive themselves and the world around them.

«Dying of thirst» is not a moral film. There is no attempt to issue warnings about the dangers of strong drink, although the consequences of over-drinking are plainly shown. The other side of the coin—that sensible drinking can do no harm—is one of the many inferences to be drawn and the film is sufficiently open-ended to permit discussion after viewing.

Questions

Among questions posed by the film are:

- 1 Is alcohol inherently good or bad?
- 2 Do you think the film gives a true picture of life in Scotland today?
- 3 Does alcohol enjoy too prominent a place in Scottish society?
- 4 Why is the problem of alcoholism in Scotland greater than in other areas of the United Kingdom?

5

6

Figure 2.21

Both of these sections of film highlight a style that shifts from the observational documentary form to the performative, a mode in which Nichols explains how ‘the free combination of actual and the imagined is a common feature’ (Nichols, 2001, p. 131). Here, according to Nichols, ‘Performative films give added emphasis to the subjective qualities of experience and memory that depart from factual recounting’ (Ibid). In this way, the first hand, often anecdotal, quality of the teenage narratives, work to legitimize the veracity of the otherwise fictionalised scenes, whilst the fictionalised scenes work to emphasise the power of the otherwise anecdotal narrative.

The following scene, in which three young girls describe their experiences and ideas about the behaviour of young men and drinking, continues this mixing of forms as well as the films generally open discussion on social pressures and gendered drinking habits. With a strong emphasis on boys needing more “guts” or “acting tough” the scene is a mixture of voice-off narration linked with documentary images of related content. As the girls are introduced, sitting together discussing the issue, the film cuts to documentary images of a pub in which a large group of young men are seen drinking. As the observational images continue, the girl’s discussion seems to be describing the events that are presented on-screen. Some of the men in these shots are clearly drunk, downing pints, holding each other up, singing, and almost performing to camera at points. As the girls’ unimpressed attitudes are heard – “it just makes them make fools of themselves”, “I wouldn’t go with someone like that” – images are used that reflect the language of the speakers in a way that works to emphasise their opinions. Unlike the individual, and arguably exaggerated, male characters found in *Saturday Night* and *Pool*, these documentary images show the communal, and perhaps more realistic, aspect of male drinking cultures, not to mention girl’s reactions to these. In this way the observational documentary style allows for perhaps a fairer, or more representative, depiction of male drinking cultures, and although these are still condemned, they may enable a greater level of engagement from an audience familiar with the scenes and narratives.

In a reversal of the gender narrative, but in a recreation of style, the film goes on to use male narratives to describe female drinking behaviours, as images of drinking, and drunk, women are now shown on-screen. With language such as, “I think it looks just disgusting really”, “I don’t like lassies being drunk”, and “they can’t hold themselves up”, these

narratives again remain observational in style yet more subjective in narrative tone⁹³. This style of filmmaking, in which narrative voice-off discussions are accompanied, and even enhanced, with documentary images, is a stark contrast to the style of *Getting Drunk* which has no dramatic cuts or editing, few documentary shots, and no fictionalised scenes⁹⁴.

Having gathered some of the young people's opinions on the opposite sex, the film then works to detail, in some quite graphic ways, the dangers associated with drinking for both its female and male viewers. In the first of these scenes a young woman is filmed sitting in a pub being handed shot after shot of alcohol by an almost unseen, older male character (Fig. 2.22). Again, the context to the image is given meaning via a voice-over narration of a young woman who recollects a personal story about a young woman she knew who was manipulated into having sex with a man, through alcohol, and became pregnant following this "one mistake". This story is particularly vivid, and, alongside the image of an increasingly drunk young woman being fed alcohol by a stranger, acts as a moral tale that seems to question the film's apparent amoral and 'non-judgmental' approach. Here the young girl's behaviours – accepting the shots, getting drunk and going home with a stranger – are highlighted above the older adult male's obvious manipulation, coercion and potentially even rape. In this scenario it is the young woman rather than the older man who is placed on trial, her responsibility is questioned, and her punishment even legitimised.

Two subsequent reconstructions in which one girl walks home alone, only to be followed by a masked motorcyclist, and two other girls, also walking home, accept a lift from an apparent stranger (Fig. 2.22), add further to this responsibility model, placing an emphasis of responsibility and even blame upon the potential victims rather than the perpetrators of sexual offence⁹⁵.

⁹³ The content of these gendered remarks are further discussed in part four of this chapter.

⁹⁴ Whilst revealing a much more heavily constructed and narratively complex film style this approach also raises some ethical questions about the role of dramatic fiction in public health narratives as discussed in Chapter One of this thesis.

⁹⁵ A process examined later in the thesis under the analysis of Rape Myth Acceptance and the Virgin and the Whore tropes.



Figure 2.22, *Dying of Thirst*, *Women in danger*.



Figure 2.23, *Dying of Thirst*, *Women in danger*.

Conversely, in the comparative scenes in which young *men* are shown drinking to excess, the threat of sexual violence is absent, replaced with the threat of physical violence, general disorder, and/or social embarrassment⁹⁶. In one of these scenes, a young man is followed running through the town, his hand bleeding, as a young male voice-over tells the tale of a, “very strong” young man, who would “need a lot of drink to make him drunk”, and who had punched the window through at school, whilst drunk. This, as well as another scene which sees some young men smashing up a broken car, show the young drunk male as destructive, aggressive and out of control (Figs. 2.24 & 2.25).



Figure 2.24, *Dying of Thirst*, *Men as danger*.



Figure 2.25, *Dying of Thirst*, *Men as danger*.

Whatever the realities of these personal tales, they both sit well within traditional gender roles and ‘same-sex preferred behaviour’ expectations. That is, female narratives are discussed within the boundaries of social expectations and group friendships, or, alternatively, shown as potential victims, and even irresponsible initiators, of sexual assault.

⁹⁶ Punishments that themselves in other contexts might carry certain valuable masculine appeals. For instance, when the act of fighting or getting arrested will have reputational benefits.

In contrast, young men are shown as strong, violent, irresponsible, reckless and sexually driven when drunk. In effect, the films suggest that the young women are *in* danger whilst the young men *are* the danger.

The film ends with a voice over summary of some of the main ideas and arguments from the film as a collection of documentary style scenes of people drunk in the street are shown. These images are some of the most vivid in the film and include drunk people falling over, bleeding, eating chips, singing, arguing or simply sitting on the floor – a particularly graphic example is a scene in which a lady falls over hitting her face on the concrete, before being helped up to reveal a bleeding nose. Shot late at night and on location, these shots are overtly observational, yet at times it is clear to see some level of direction as well as the influence that the camera crew has had on the performance of those involved. The mixed style, and indistinct set-up of these shots sees them fall firmly into Chapman’s and MacMurrough-Kavanagh’s analysis of the televisual drama documentary mentioned in the previous chapter. Here the ambiguous, even manipulative, mixing of film blurs the boundaries between documentary realism and dramatic fiction (Figs. 2.26 & 2.27).

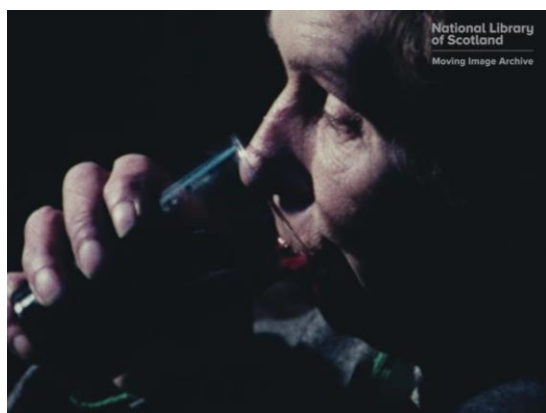


Figure 2.26, *Dying of Thirst*, Dramatic realism.

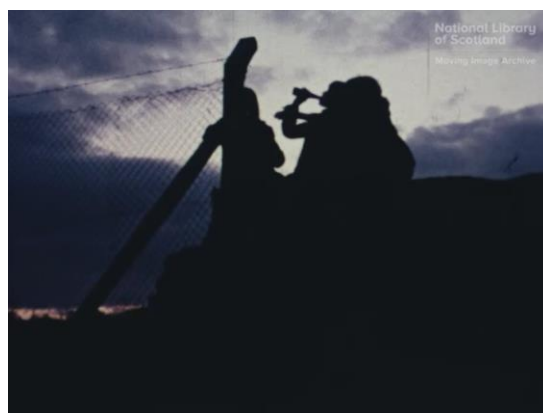


Figure 2.27, *Dying of Thirst*, Documentary?

As the film draws to an end, similar shots continue and the role of the parent in teenagers’ drinking behaviours is discussed – “parents should introduce them to drink”, “parents let them off too much”. Again, the narrative is generally flexible, non-judgmental and focused on genuine interrogation and debate rather than being particularly fearful, condemning or punitive, yet the images carry significant visual warnings.

The final narrative of the film comes from an old gentleman who, as an ex-alcoholic and despite admitting that he was not capable himself of such control, discusses the idea of

“sensible” and “social drinking”, suggesting that he sees, “no harm in drinking as long as people can control their drink”. Again, whilst the narrative here is generally liberal in tone, as has been noted on various occasions, the subsequent images of heavily drunk, destitute, shirtless, bleeding and sick alcoholics, show no such restraint (Figs. 2.28 & 2.29).



Figure 2.28, *Dying of Thirst*, Warnings of what's to come?



Figure 2.29, *Dying of Thirst*, Consequences.

Advertising materials made to encourage organisations to borrow copies of the film suggest that, ‘Dying of Thirst is not a moral film’, and that rather than, ‘attempt to issue warnings about the dangers of strong drink’, it plainly highlights, some of the, ‘consequences of over-drinking’. This neutral position, however, can be questioned as the film has been shown to hold a much more complicated relationship between image and text than this advertising suggests. Certainly, there is an attempt to create an open-ended narrative, yet we do hear judgemental attitudes – “it looks disgusting really” – moral guidance – “I wouldn’t go with someone like that” – and warnings about the dangers of strong drink based specifically on gender. Moreover, the predominant images of the film are of people over-drinking, heavily drinking, disrupting social order, and performing or receiving some sort of dramatic punishment, all of which can be seen as attempts to warn people about the dangers of over drinking and alter the viewer’s opinions and health behaviours. Overall, both the style, which creatively merges observational documentary and dramatic fiction techniques, and the narrative, which despite quite bravely challenging many assumptions about drinking cultures, also focuses heavily on the dangers of alcohol, problematize the sponsors’ claims to openness, neutrality and impartiality.

Just a Habit (Erulkar, 1975)

Just a Habit borrows some of its material directly from the previous two Erulkar films studied here, yet it has the most varied film style of the three. The film includes; head shot interviews, in the same style and on occasion taken directly from *Getting Drunk*; location documentary footage, taken directly from *Dying of Thirst*; fictionalised and performed set pieces; a narrative lead voice-over; carefully constructed *mise-en-scène* and dramatic editing techniques. In this sense, the film employs all of Erulkar's public health filmmaking styles, initially seen in *Smoking Machine*, and can be seen as a microcosm of the stylistic developments within this environment as well as within filmmaking more widely.

The film opens on a combination of shots, some observational and some performative in style, ranging from children throwing stones at empty glass bottles (one of which is an alcohol bottle) in the shadow of an abandoned and run-down tenement building, to groups of teenagers leaving school and subsequent socialising (Figs. 2.30 & 2.31). Played alongside the recorded voice-over from a number of Scottish teenagers, the authenticity of these images is further enhanced by diegetic sound – smashing glass, footsteps, traffic, and laughter –, open framing and continuity editing, as well as the natural behaviour of the characters (although some do acknowledge the presence of the camera). These contemporary observational 'real-life' documentary images serve to cement the setting of the film within the recognisable imagery of every-day life and place of the intended audience, Scottish teenagers aged 14-16– a technique that is further enhanced by the colloquial dialogue of the initial voice overs. Spoken by Scottish teenagers, these accounts are delivered in a confessional or public-opinion style, describing the dangers of alcohol and include phrases such as;

"Once you get into the habit it could be fatal, you could die of it or something like that."

"It's much, much, easier to get into the habit than it is to get out of it."

"It's just a habit, and once yer in it, you can't get out of it, this habit."

Although the speaker behind these voice-overs is not overtly acknowledged the voices are matched, in gender and age, to the images of teenagers mentioned above, implying that they relate, if not personally, more generally to the images and characters presented on

screen. Apart from merely setting up the title of the film – which subsequently appears in titles on screen – these voice-overs create a sense of reality and locale forcing a connection between what is being said and what is being shown. The freedom of the camera's movement around these non-studio locations highlights both the contemporary technological capabilities of filmmaking as well as influences from earlier documentary movements and modern television or documentary styles⁹⁷.



Figure 2.30, *Just a Habit*.



Figure 2.31, *Just a Habit*.

Personal accounts of the drinking habits of two teenage girls follow these establishing shots, taking over the lead male voice over, and working to open the main narrative of the film. The scene employs extreme low lighting, and black backgrounds, which leave the silhouetted faces of the two girls almost impossible to identify. These virtually anonymous, obscured faces replicate the aesthetic of the unidentified 'confession' of victims, or the perpetrators of criminal activity seen in the television production of shows such as the true-crime confessional, and the dramatic crime reconstruction (Fig. 2.32). Despite this rather theatrical presentation, the girls 'confessions' amount to little more than the relatively mature tales and commentary on the habits of teenage light-drinking, such as, "having a few drinks to relax", general socialising, such as, going out to dance at the disco, and cautionary advice on drinking to excess.

⁹⁷ A processed reviewed in chapter one. See also B. Nichols, *Introduction to Documentary* (Nichols, 2001).



Figure 2.32, *Just a Habit*.

Obscured in this way, the otherwise open and considered discussions take on a somewhat sinister tone. If, for example, the film ‘seeks to help young people make an informed and balanced judgement about alcohol’, as its promotional material suggests, the fact that these teenage characters are denied a screen presence, seems, at best, over-cautious, and at worst, aesthetically and narratively manipulative. Whilst the intentions of Erulkar cannot be confirmed, this aesthetic choice clearly effects the way the messages are delivered and likely received.

The following scenes switch again between an observational documentary and a highly formalistic approach, as images of a lively pub are interspersed with clearly constructed and performed set-pieces. Shot in a working pub, hand-held camera shots display the sociability of people dancing, talking and sharing drinks, close-ups of drinks being poured, handed about, and drunk. The natural setting, diegetic sound, and action of these images lend the shots a clear documentary feel, as the narrator goes on to suggest that, “drinking is enjoyable, it’s part of social life. A quiet drink at the end of the day with family and friends is something to look forward to”. Yet once again, behaviour beyond these social boundaries is questioned, as the film goes on to discuss and display the potential consequences of over-drinking.

Alcohol and Violence

As in *Dying of Thirst* alcohol related violence in *Just a Habit* is detailed through a range of anonymous confessions, voice-over narratives, and performed set-pieces throughout. These

sections are linked through a mixture of documentary forms that utilise continuity editing and sound bridging in order to connect their narratives. As accounts of violent encounters and events are described through the film's voice-over, dramatic reconstructions of parallel events are played out on screen.

One example of this occurs as a young man, his face covered by heavy contrast lighting, describes an incident in which he and his friend were involved in a fight after they had been drinking alcohol. Opening on an extreme close-up of the boy's mouth, silhouetted against a white background, the boy describes how he and his friend became involved in a fight, leaving his friend needing stitches. The film cuts from this image, halfway through the boys' narrative, to a staged point-of-view shot of two young drinkers. The image is initially distorted as the ripples of a heavy pint glass cover the lens of the camera before slowly tilting to reveal a young drunk male sat opposite who determinedly finishes his pint before wiping his mouth slowly with his sleeve. The two young men in the scene are clearly acting drunk and have been filmed in such a way, i.e. at Dutch angles and with distorted lenses, that emphasise their apparently inebriated state. Here the original narrative, describing two young men drinking, which we assume is the recalling of a real-life event, is dramatized through a heavily constructed set and performance, which matches the content of the voice-off with the images on screen.

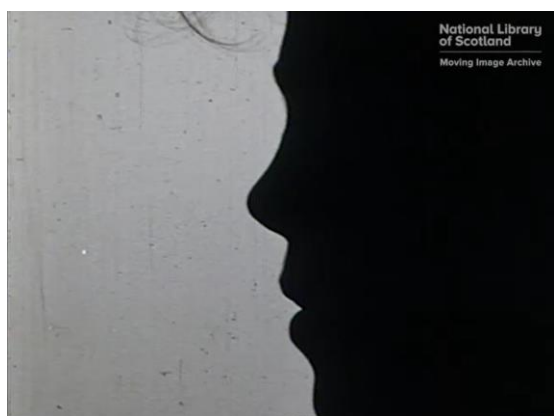


Figure 2.33, *Just a Habit*, Confessions of a fight.



Figure 2.34, *Just a Habit*, Artistic reconstruction.

As the boys' narrative continues, more documentary style, location images, showing a group of young men tussling, rather than actually fighting, further complicate the relationship between narrative and image fidelity. These images are shot at night-time, in the street,

with a hand-held camera, low lighting, and at a distance that gives the immediate impression of being filmed on-the-spot in a documentary fashion.

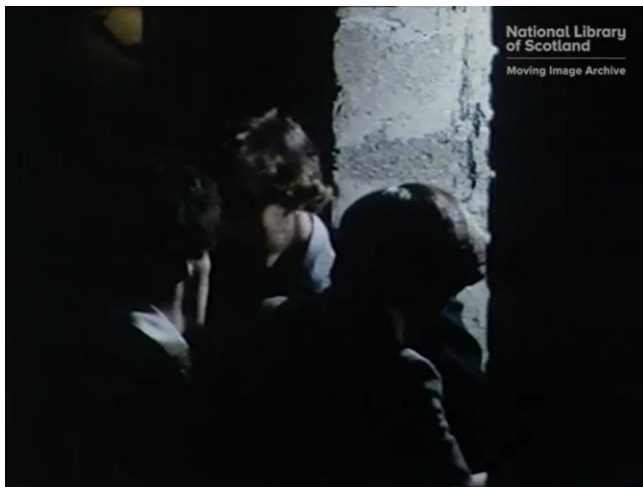


Figure 2.35, *Just a Habit*, Street footage.

Breaking this progression down, the scene first presents the viewer with a confessional dialogue of a seemingly true event through a disguised delivery (blacked-out face, Fig. 2.33), before moving to a carefully constructed set and performance (the scene of two young male actors drinking, Fig. 2.34) and finally to documentary images (location street footage, of a similar event from a different time and space, Fig. 2.35). The film therefore, uses dramatic *mise-en-scène* and editing techniques to create an engaging image and narrative yet borrows from the documentary aesthetic in order to gain a certain visual and narrative authenticity – a form similar to both the drama documentary and the performative documentary style of the British New Wave and other social realist styles discussed within this thesis.

Similar documentary style shots of young people hanging around outside a bar, and in a well-lit take-away eating chips, link the narrative to a discussion on boredom and a general lack of facilities in which teenagers can go to socialise without the pressure to drink. As these images play, we hear arguments from the teenagers on how, “all there is to do is go to the dance”, and, “there’s not much to do at night, you either stay in, or else ye have a game of football, or else you stand on a corner”.

Adding a level of authority to these teenage confessions, an adult male voice-over then comes in to suggest that, “Boredom is one of the main causes of over drinking. It’s like measles, once infected you pass it on to others”. Peer pressure is the next topic on the

agenda as one teenager recalls how, “no one wants to be different from the rest of the crowd”. Again, a sense of control is added via adult exposition as a second male voice-over asks, “What messages are they getting from the adult world? That drinking is an important part of social life.... A message that is enforced daily in advertising, films and television”⁹⁸.

According to both of these accounts there are a number of structural and socio-cultural factors that can affect teenage health behaviours and the desire to drink before the legal limit. These range from gender performance and lack of non-drinking spaces to peer pressure and mass market advertising forces. However, with the film going on to argue that it would be “just insane to drink alcohol if you don’t want to”, the power of these social forces are ultimately undermined.

In one particularly formalised part of the film this paradoxical message plays out. The scene begins with a young man, his image distorted by stretches in the film and a mobile, open-framing which moves his body in and out of frame. The young man, clearly acting drunk, stands, waving his fist to the camera as he rather theatrically declares, “I am the greatest. Among all men that lived there’s me the strongest, the biggest, the most powerful” (Fig. 2.36). The histrionic acting and distorted framing of the scene clearly parodies the actions and language of the character, whilst at the same time seemingly acknowledging the power of a dangerous hegemonic masculinity and forms of ‘doing gender’ (R. O'Brien, 2009, p. 374).

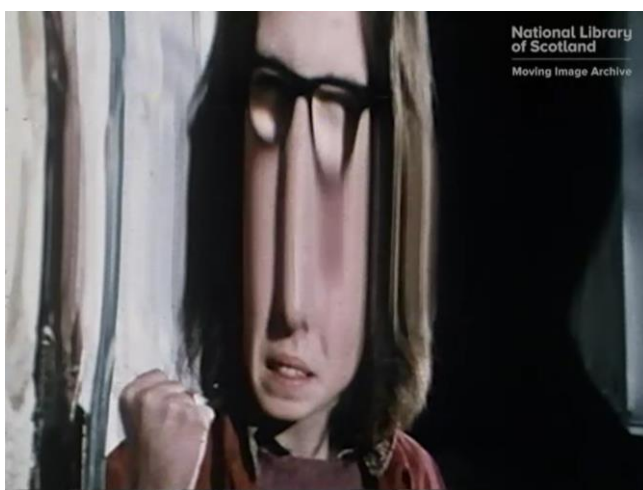


Figure 2.36, *Just a Habit*, *Doing-gender*.

⁹⁸ Recognisable as Dr Bruce Ritson, consultant psychiatrist from Royal Hospital Edinburgh, who was also interviewed in *Getting Drunk*.

The following shot returns to the documentary images and diegetic sounds of the pub environment, showing the very action of doing gender taking place, before returning to a screen which begins again to distort the image of a young man stumbling around finishing a pint of beer. The narrator now describes how, “in some areas of Scotland, you’re not looked upon as a man even, unless you get drunk. Stupid!”.

The film therefore seems at once to articulate, investigate and even mock the power of this gender myth before going on to denounce both it and any acceptance or performance of its symptoms. Criticising such attitudes as, “just insane” “weird” and “stupid”, seems to dismiss the very structuralist arguments that the film has previously raised – such as the effects of cultural and peer pressures and an alcohol dominated social culture as well as the lack of available spaces for teenage socialising. In this way, the film’s narrative supports the ideas of Hanlon (Hanlon, 2012), Bonah (Bonah, et al, 2018) and Berridge (Berridge, 2007) which have all suggested a mid-century shift away from the focus on structural and cultural public health interventions – i.e. hospitals, schools, sanitation, training and housing, toward an individual, personal, non-communicable and even moral health intervention narrative. That is, whilst on the one hand, the films explain a number of social contexts in which the teenager may reasonably seek to engage with alcohol, they then go on to offer solutions to these processes which dismiss these very factors in favour of a personalised intervention strategy. As suggested in the previous chapter, ignoring these strong structural factors could potentially encourage a rejection, not least from young and already marginalised working class men, who might gain value from an anti-authoritarian stance, or even overt backlash to the ideology, and thus the public health intention, of the film.

The following section of the film involves a relatively long, fictionalised set piece as a young man is filmed kicking an empty can through the grounds of a derelict building, before bumping into another young man with whom he begins to argue before getting involved in a fight (Fig. 2.37, the character is the same actor who was previously seen drinking with a friend inside a bar alongside the narrative of a young man being chased and getting involved in a fight).



Figure 2.37, *Just a Habit*.



Figure 2.38, *Just a Habit*.

Following this fight, the film shows two young men attacking another young man as he is throwing-up in the darkness of a tunnel – potentially mugging him (Fig. 2.38) – and then finally a young woman being held-up in the arms of a young man, before falling to the ground. The voice-over narrator, with his commanding authority, explains during these images how, “drink can make you so incapable that you are well set up for trouble, a punch up, money stolen from you, and with girls it can end in assault and rape”. Here the threats within the film are not those linked to ill health and death but to the violence associated with alcohol, and more specifically in this instance performed by other parties upon oneself i.e. violence, mugging and rape⁹⁹.

In one of the final scenes of the film the narrator argues that, “The popular image of an alcoholic is someone you can see grubbing around the skid row area. Dirty, unshaven men. But the number of these is small compared to school-teachers, doctors, suburban housewives”. These people are described as the ‘anonymous alcoholics’, whose social position, “In the middle classes”, the narrator declares, means that they tend to avoid the usual stereotypical representations of alcoholism. This section initiates the final part of the film in which these stereotypes as well as the wider cultural position of alcohol in Scotland are discussed. Firstly, using football as an example, the narrator suggests that, “in Scotland, only football is equal in importance to alcohol”, whilst scenes of people drinking before, during and after, watching a game of football, help the film to raise the question, “are we hooked on liquor?”.

⁹⁹ A scene considered in further detail below.

Images used throughout this section reflect, as well as seem restricted by, this very issue of representation. Alcoholic men, mainly old-aged, wearing old and torn clothes, unshaven, and heavily drunk, are filmed in a half-way-house in a group of uncompromising images that depict the exact concept of the “popular image of an alcoholic” described (Fig. 2.39). The “anonymous alcoholics” on the other hand remain unseen – shots of expensive cars and apartments seen only from the street are the only access points the viewer is granted (Fig. 2.40). Whether intentional or forced by the filmmaker’s own lack of access (although this seems unlikely), the restricted view works to both highlight the disparity of stigmatisation but also reflects the general trend, during this period, to avoid the wider issues of off-sales, home drinking and the so-called anonymous alcoholics¹⁰⁰.



Figure 2.39, *Just a Habit*, the popular image.



Figure 2.40, *Just a Habit*, The anonymous alcoholic.

In terms of film studies, various critics have addressed the popular representations of alcohol and alcoholism and the dangers that misrepresentation or stereotype can cause (R. Denzin, 1991; O'Brien, 2009). A broad explanation of this work uncovers the use of a socialization theory in which the predominant images of alcoholics on-screen can affect an audience’s understandings, stigmas and prejudices related to alcohol and alcoholic behaviours and people¹⁰¹. And, although the film does attempt to raise discussion on these other less-visible drinking cultures, the actual images of any middle-class drinking cultures,

¹⁰⁰ No provision is made in the Clayson report, for instance, in relation to off-sales legislation. As Nicholls suggests “This desire to deregulate off-sales reflected a trend that characterized licensing debates across the United Kingdom for most of the 20th century: one in which licensing, because its primary concern was the maintenance of public order, saw the on-trade (where public order issues are most visible) as its fundamental object of interest” (Nicholls, 2012, p. 107).

¹⁰¹ As Norman Denzin, in his work, *Hollywood Shot by Shot: alcoholism in American cinema*, suggests when he argues that film ‘is a meaning-making institution (dealing in) the creation, definition and production of alcoholism and the alcoholic subject’ (Denzin, 1991).

and the dangers of home drinking, are almost completely absent from the actual images within the film.

This focus, or lack thereof, fits with the contemporary Clayson report which, despite claiming that ‘little, if any, of the drink involved directly in grossly excessive drinking is...consumed on licensed premises’ (Clayson, 1973), shows a similar ambivalence towards the off-sales market and the very real dangers of home drinking. Whilst the report did highlight the growth of the off-trade sales and concerns about increased home drinking, it also recommended that off-sale premises ‘should be exempt from the local authority certification procedure’, meaning that ‘the potential risks associated with home drinking were not considered and the role of licensing was seen primarily as one of social order, rather than health protection’ (Cited in Nicholls, 2012, p. 1400). In a repetition of this stance, *Just a Habit* identifies a number of structural, societal, and cultural factors that may play a role in alcohol consumption (such as off-sales and home drinking) but also stops short of any real reflection or criticism of these markets and their detrimental effects on public health. In this way the films reflect their contemporary political climate as well as the most current public health writing and advice from the decade.

In a similar manner, the film allows for a relatively open and frank conversational style, with teenagers recalling a number of personal experiences and expressing a variety of opinions in relation to alcohol. However, just as attempts to discuss the anonymous alcoholics and off-sales drinking seemed only to further exasperate, or at least remain entangled within existing meaning-making narratives and prejudices, these teenage experiences remain strongly tied to a range of traditional, and potentially damaging, gender myths. The effects, on public health, of using, or at least allowing these stereotypes and prejudicial attitudes to remain, and at times even drive the main narrative of these public health films, is at once almost impossible to measure, yet obvious to understand. Other research which has highlighted the damaging effects of toxic masculinity (although toxic gender might be a better term) are useful, and indeed arguably applicable in this task and would no doubt be useful to consider in any future public health efforts.

Part 4: Critical discourse analysis; A gender approach

The following section applies a critical discourse analysis to all three of Erulkar's alcohol awareness films, from above, with a particular focus on the gendered language of the participants. Addressing Connell's position that, '[t]here is no such thing as 'the hegemonic masculinity thesis', and that instead, "Hegemonic masculinity' is a concept which may function in a number of ways' (Connell, 2002, p. 93), this section places toxic masculinity within a reading of the ways in which female drinking habits, behaviours and the female body have been constructed, discussed, and portrayed within public health filmmaking.

Addressing historical understandings of the feminine mystique (Friedan, 1963), this highlights the presence of particular feminine activities and behaviours, or ideals, that have been connected to alcohol and that seem to conform to wider traditional gender myths. This borrows from Martha Burt's definition of the rape myth, as, 'prejudicial, stereotyped, or false beliefs about rape, rape victims and rapists' (Burt, 1980, p. 217), and from other contemporary feminist literature on gender to investigate the ways in which these constructions interact within the discourses of alcohol awareness, public health and gender more generally. It is suggested therefore that, by investigating the presence of specific ideas about 'ideal', or 'proper' feminine behaviours, within these public health films, we can better understand the construction and propagation of the related and often oppositional masculine ideals¹⁰².

Therefore, by working on Genevieve Creighton and John L. Oliffe's recommendations that, 'improving men's health and well-being rests, not only on prompting men to embrace healthy practices, but by unsettling structures that maintain hegemonic masculinity itself' (Creighton, Oliffe, 2010, p. 412), this situates the language of public health and alcohol awareness within the meaning making structures of hegemonic and its related strand of toxic masculinity.

¹⁰² For example, when narratives of female sexual passivity, maternal and domestic desires, emotional expression, responsible drinking and care of the self are set in opposition to masculine narratives of sexual aggression, violence, heavy drinking, un-sociability and lack of self-care. See (Coontz, 2011, 2013; Connell, 2002).

The Language of Gendered Drinking

All three of Erulkar's films include discussion with Scottish people on alcohol and alcohol related cultures or behaviours via a mixed form of conversations, confessions, interviews and reconstructions. For the purposes of this analysis this language can be broken down into three distinct categories; what female characters say about male drinking; what female characters say about female drinking; and, finally, what male characters say about female drinking. Other differences such as age, social status, narrative position and style of representation may also be considered within this framework. Here a comparative analysis will be applied to the different ways in which the female characters display their ideas about male drinking habits in contrast to their own, and finally how male characters' further construct ideals surrounding female behaviours. It is suggested that, via a critical discourse analysis and a qualitative approach, that this language can reveal both the overtly externalised, as well as the less clearly expressed or internalised, differences in the contemporary attitudes towards gender and drinking in Scotland at the time.

Girls Talking About Boys

Many of the conversations in which we hear female participants discussing male drinking habits, revolve around the idea of masculine gender performance and contain words and allusions to bravery, toughness, and physical violence. In two of the clearest examples of this, both from *Dying of Thirst*, two young female participants suggest that boys, "*think it's a sign of being tough, and brave and all this. They think it does make them like this, but it just makes them make fools of themselves really*", and, "*they think all the girls will go for them if they drink and smoke, but I wouldn't go for somebody like that*". Although the girls denounce the behaviours, they do show an understanding of the traits associated with drinking for young men – "*tough and brave and all this*" – and the potential or perceived benefits that those traits might lead to – "*girls will go for them*". Wittingly or not, the girls confirm, at least the existence of as well as their general belief in, the stereotypes that they denounce.

Other narratives acknowledge the pressure put on young men as one young woman, again in *Dying of Thirst*, suggests that, "*they probably think it makes them big to drink cos these older men are drinking*", whilst in *Getting Drunk* another maintains that they think, "*boys go*

out to get drunk just to show off in front of their girlfriends, so that they admire them more". These confessions reveal a dual understanding as they discuss the male performance but also the structural and peer pressures that might also motivate these behaviours. Moreover, they reveal that girls, even at this young age, are aware of and to some extent accept traditional gender roles associated with the consumption of alcohol. One participant shows an acute understanding of the pressure upon young men to drink when she explains how she thinks, *"the boys have to, you know, have more guts than girls, and if they don't have it in them, they have to have something else, like drink"*. Highlighting an understanding of the complexities of gender and drinking, the statement also shows an awareness of the role that alcohol can sometimes take up when a young man has to *"have more guts"*.

On one level, these statements reveal, simply, how some young women see the behaviours of young men in relation to alcohol, whilst on another level they expose the presence of wider traditional gender norms that might work to affect and control those differences. The performance of a masculine strength related to alcohol is clear and although often denounced, pervades the discourses of the female narratives on the subject.

Girls Talking About Girls

In comparison to this, when we look at how female characters have described their own relationship with, and behaviours surrounding, alcohol use, there are some clear differences. Here the examples of females talking about themselves or other females and their drinking habits, are mainly presented through narratives of recollection or anecdote. For instance, one teenage girl in *Just a Habit* Says that she thinks, *"the social aspect should be the most important thing. That's why I go, so you can, sort of sit and relax, cos you have a drink and it relaxes you, and you can sit, and you can talk to people"*. Other similarly revealing statements emphasise the focus on emotional and social aspect of female drinking. For instance, in *Dying of Thirst* a young female voice over says, *"you know, a party and that, it wouldn't be the same without a drink"*, and that, *"it's just a good laugh"*, whilst in *Getting Drunk* a young woman describes how she might go out, *"social drinking in a pub, with a boyfriend maybe"*.

With other general conversations, within this discourse category, revolving around school discos, dancing, and going out with friends to bars, or quite often the lack of other facilities

in which teenagers can socialise, female motivations for drinking are most often focused upon the idea of social drinking.

Instances of over drinking, that might, "*ruin the night*", were often described in terms of a loss of this social aspect or through the effects of over-drinking on the physical body. As one female voice-off in *Dying of Thirst* suggests "*I started to dance, and my body would move one way, totally different to how mentally I was wanting to move*". On-screen, blurred images, split screens and shaky hand-held camera movements of people inside a busy pub and on a dance floor visually represent and emphasise these physical affects. In contrast to how male drunkenness is often related to aggression, violence and sexual bravado, there is no mention in any of the three films of female aggression, public disorder, or sexual desire when drunk. Instead, the female drinker is heard, and shown visually, to lose bodily control in a completely different manner and with completely different consequences to the male.

Most notably, this occurs in *Getting Drunk* when Chief inspector Albert Ridgeway of Edinburgh City police, comments that, "*the young lads going along to the party, like a few drinks to boost their courage before they face the young girls*", but, "*young girls want to have a drink because it's the done thing*". Again, traditional gender roles are confirmed as sexually driven courageous males "*face the young girls*" and socially aware/pressured females are simply doing "*the done thing*". In terms of gendered behaviours, we see evidence within these statements of the subtle ways in which gender can take on specific roles within a drinking culture that reflects wider cultural and societal gender norms. For example, adopting Stephanie Coontz terminology of the 'masculine mystique'— where '[t]he masculine mystique promises men success, power and admiration from others if they embrace their supposedly natural competitive drives and reject all forms of dependence' (Coontz, 2013) — we see how discourses surrounding the male drinker can reject the simple emotional benefits of social drinking in favour of a drinking culture that rewards competitiveness and aggression. Therefore, 'Just as the feminine mystique made women ashamed when they harboured feelings or desires that were supposedly "masculine", the masculine mystique makes men ashamed to admit to any feelings or desires that are thought to be "feminine"' (Coontz, 2013), which in terms of drinking might include male homosocial bonding and emotional support.

Moreover, Coontz argues that for girls, 'the feminine mystique was not rigorously enforced until puberty', whilst 'trying to live up to the precepts of the masculine mystique has always exacted a heavy price on males, especially in childhood' (ibid). In this sense 'the masculine mystique demands an early and complete rejection of all activities and values traditionally associated with females [because] boys who cross gender boundaries are derided as wusses, sissies, metrosexuals, called "wet" or written off as "mummy's boys"' (ibid). Therefore, when the emotional benefits of socializing are so heavily restricted to ideal feminine behaviours, as has been noted, male drinking cultures become framed within a discourse that denies, or at least masks, any sense of homosocial desire¹⁰³. In this scenario, young men are denied, and even self-reject, the very real benefits of same-sex socialising, as the communal aspect of light social drinking is feminized and so heavily linked with ideal female behaviour. The public house then loses its position, at least in the male psyche, as a site for likeminded social interaction and expression, and is left instead with the simple function of a place in which to drink. It is suggested that this can lead to a male drinking culture that openly resists the lighter, controlled social drinking, that is often promoted as a reasonable, even beneficial, way to use alcohol, in favour of a masculinised, competitive, even introspective, and recognisably damaging way of using alcohol and alcohol related spaces ¹⁰⁴.

Boys Talking About Girls

These beliefs, as well as other differences between gendered drinking stereotypes, are exemplified, as we begin to hear young men talking about young women and their drinking behaviours. For some, the very sight of a drunk female, "*looks disgusting*" (*Dying of Thirst*), and, when they do get drunk, "*they're a state, cos they cannae hold their drink as much as, ken, boys and that can*" (*Dying of Thirst*). Some of these critical narratives are accompanied by documentary footage of groups of young, and old, women dancing, singing, and playfully

¹⁰³ A brief section in *Just a Habit* which describes the popularity of football in Scotland alludes to one of the ways in which this repressed homosocial desire might be manifest. See also Nicola Rehling's 'It's About Belonging': Masculinity, Collectivity, and Community in British Hooligan Films' (Rehling, 2011) for a brief description of this homo-social theory in this context.

¹⁰⁴ See Craig Heron's 'The Boys and Their Booze: Masculinities and Public Drinking in Working-class Hamilton, 1890-1946' (Heron, 2005), Barbara Gleiss' *Women in Public Houses* (Gleiss, 2009) and Anthony Cooke's *A history of drinking: the Scottish pub since 1700* (Cooke, 2015) for more detail on the public house as a developing site of masculine homo-social relationships.

stumbling through the street. Whilst the images are relatively cheerful in spirit, surrounded with these harsh narratives, they take on a more serious and even accusatory role. Similar to the two constructed scenes, analysed above, in which two young girls accept a lift from a stranger and one girl is followed home by an ominous figure on a motorbike, this creates a critical narrative in which the drinking habits of young women are condemned.

Overall, we hear narratives, and are given images, that relate female intoxication to a lack of mental and bodily control, not in an aggressive way like the males, but in a manner reflecting their responsibility to remain sober, determined only by their apparent social and not sexual desires – to hang out with friends or be part of “*the done thing*”. Paradoxically, this works to uphold the idealised feminine position of both the virgin *and* the whore. In this narrative the virgin is not interested in the opposite sex or socialising with men, yet she is blamed, as the whore, for her promiscuity and lack of bodily control when drunk. Mullen identified these attitudes in his critical discourse, proposing that

Although most respondents said that they did not object to women drinking and that women had as much right to drink as men, under the surface most respondents also voiced more traditional views about the dislike they had in seeing a drunk woman (Mullen, 1993, p. 109).

Furthermore, Mullen goes on to suggest that, ‘when probed by further questioning this feeling was found to stem from their beliefs that a woman’s place was still in the home and that their responsibilities should be first and foremost to their families’ (ibid). Attitudes expressed within the films, such as, “*It’s worse for girls*”, “*A girl should know when to stop*”, and, “*they cannae hold their drink*”, confirm Mullen’s conclusion that a stigma still strongly exists between women and alcohol. The presence of this binary same-sex preferred behaviour is expressed through an emphasis on both a socially active, physically responsible and sexually passive femininity and, an aggressive, emotionally limited and sexually driven masculinity, both highlighted within this discourse.

Gendered Punishment and the Rape Myth Acceptance

Here over-drinking and loss of bodily control is shown to have more serious consequences for females than males where the potential for rape and unwanted pregnancy can be added to peer embarrassment or loss of social status. One male narrator, for instance, claims that, “*drink can make you so incapable that you are well set up for trouble, a punch up, money*

stolen from you, and with girls it can end in assault and rape” (Just a Habit). Here, the threat of rape, which is aimed specifically at girls, is situated in terms of personal responsibility, to remain sober, and places ultimate blame on the female victims. In contemporary literature this can be described within understandings of what has been called the rape myth acceptance (RMA). Here, when a woman does not conform to cultural expectations, in this case to drink sensibly and only for sociable reasons, the rape myth justifies her victimization.

Studies have shown that differing forms of the RMA can lead directly to a variety of subsequent prejudiced and dangerous behaviours including rape. In one study, Süssenbach et al looked at the influence of RMA and participants' attention toward the potential victim versus perpetrator in rape cases. Amongst other findings, the work showed that those with a ‘higher RMA predicted stronger anti-victim and pro-defendant judgments’ (Süssenbach et al, 2017, p.360). This work, along with other similar research supports the assumption that RMA guides participants' attention, ‘leading to a focus on the alleged rape victim and away from the alleged perpetrator’ (Ibid).

In all three films there is a focus on the alleged rape victim – always female – as the male character is not told not to rape but the female to avoid it via her own actions. This RMA, and its associated focus on the victim, is most evident as other male attitudes towards female drinking habits are expressed. For example, one young man in *Getting Drunk* suggests that, *“Too many girls make an absolute exhibition of themselves. They’ve more to lose when they do get drunk as well, than boys”*. And although what more exactly it is that a girl might have to lose is not mentioned, the general tone and language of the statement would suggest that this refers to the previously mentioned potential for sexual assault.

Likewise, Dr Bruce Ritson, also in *Getting Drunk*, suggests that *“for some girls.... Drinking heavily has often been a prelude to a sexual experience and has enabled them to cope with boyfriends and so forth. Often in a way they have regretted the next morning”*. This statement not only suggests that the female holds no sexual desire of her own and simply puts up with her boyfriend’s sexual attention but also that she would, for no reason given, regret it the following morning.

The language in these examples is clearly sexualised and seems to reveal a wide acceptance in the rape myth, which according to Susan Brinson, allows ‘our culture to rationalize the

prevalence of rape by offering explanations for its occurrence' (Brinson, 1992, p. 359). Brinson, whose work looks at rape mythology within the media, argues that, 'evidence suggests, that the nature of the rape myth is, in part, interwoven, with cultural stereotypes of "ideal" behaviour for women and men' (Ibid, p. 361). This ideal behaviour value is intrinsically linked to alcohol and can be seen to be at work even in alcohol awareness narratives as seen here. One girl neatly sums up this idea of a cultural rationalisation for the pervasiveness of rape as she suggests that, *"If boys are seeing girls carrying on like that, they realise that they can probably take advantage of these girls. A girl should know how far she can go, control herself, know when to stop drinking"*. Again, the male role in sexual assault is justified, as the girls drinking is argued to act as an invitation for rape.

Reviewing research literature examining the effects of key factors that influence individual's attitudes towards victims of rape, Amy Grubb and Emily Turner have highlighted how the myth of the fallen woman was embedded within the discourse of alcohol related sexual assault, and that 'women who consume alcohol prior to their attack are attributed higher levels of blame than those who are not intoxicated' (Grubb & Turner, 2012). This attitude is clearly present within many of the statements found within these films as blame is placed upon the female characters and their potential as victims of sexual assault – *"well set-up.... for assault and rape"*, *"This for them can lead to very serious trouble"*, *"Girls have more to lose"*, *"A girl should know how far she can go"*. According to Brinson's analysis, this power is justified under patriarchy, as 'the inferiority of women is accepted and embedded in the unconscious' and as rape myths become 'grounded in patriarchal values and attitudes' (Brinson, 1992, p. 360). A recent revival of the "Reclaim the Night" campaign, which Initially arose in the aftermath of victim blaming narratives during the Yorkshire Ripper murders in the 1970s and has been sparked mainly by the recent (03/03/2021) disappearance of a young woman, Sarah Everard, in London, highlights the abysmal lack of progression in this area. With police in both cases warning women about the dangers of walking home alone at night, this most recent case of clear victim blaming, and obvious RMA has triggered widespread discussion and a general condemnation of both these police and media narratives¹⁰⁵. In wider culture, where these debates have taken shape on numerous social

¹⁰⁵ See Jess Grieson-Smith's, 'Yorkshire Ripper guidance echoed in Sarah Everard case as women say 'nothing has changed'', [Yorkshire Ripper guidance echoed in Sarah Everard case as women say 'nothing has changed' - YorkshireLive \(examinerlive.co.uk\)](https://www.examinerlive.co.uk/news/11032021/yorkshire-ripper-guidance-echoed-in-sarah-everard-case-as-women-say-nothing-has-changed/), 11/03/2021, accessed on 12/03/2021. and Laura Bates, why do the police

media platforms, the recognition of victim blaming and a certain kind of prejudice laden gendered language has exposed just one part of the toxic masculinity, or more precisely toxic gender norms, that have helped to shape this long history of damaging stereotype.

The RMA, which has been clearly expressed within the narratives of these films, neatly places the woman within the cultural boundaries of either the virgin or the whore. That is, you are either sensible and remain sober, with no desire for sex, or you are irresponsible, drunk, and inviting sexual advances or even rape. Tied to work which has noted the presence of ‘messages of purity culture, which mandates that women either remain virgins or be considered whores’, this rhetoric pervades a rape culture which supports sexual violence and ‘invokes consequences for women who deviate from socially proscribed gendered norms’ (Ibid).

It has been shown how the films’ characters, both female and male, express same-sex preferred behaviours in relation to their own and others drinking habits and actions. These tend to conform to traditional gender stereotypes and include ideas surrounding male aggression, and stoicism, and female socializing, sexual passivity and victimisation. In all three films, both female and male characters are heard expressing RMA as well as ideal-behaviour beliefs of both the sexually passive ‘virgin’ and the sexually active ‘whore’ tropes. Not only do the male characters express a strong belief in the rape myth¹⁰⁶ – by espousing a ‘blame’ narrative – female characters also reveal their own beliefs in a ‘responsibility’ to remain sober and avoid sexual assault.

Read within a gender and social constructionism model, it has been suggested that it may become beneficial for some men and some women in a variety of settings and times to conform to certain gender ideals. In terms of alcohol related behaviours Richard De Visser and Johnathan Smith have suggested that ‘young men’s binge drinking is an example of men aligning with masculine ideals’ (De Visser & Smith, 2007, p. 55). Yet as Creighton and Oliffe have pointed out, ‘[b]eing drunk can negatively impact both men’s and women’s health through linked practices including aggression, violence, predatory heterosexuality, motor

still tell women that they should avoid getting raped?, [Why do the police still tell women that they should avoid getting raped? | Rape and sexual assault | The Guardian](#), 15/11/2015, accessed on 12/03/2021.

¹⁰⁶ Indeed, Burt’s research, which remains relatively contemporary to the films production, revealed that men were more likely to believe the rape myth than women (Burt 1980).

vehicle accidents and sexual assault' (Creighton & Oliffe, 2010, p. 411). The paradox of this position is linked to ideas of toxic masculinity and the gendered performance of masculine behaviours, where otherwise damaging health acts may work to reinforce other positive and socially encouraged masculine traits.

For Brinson, these myths of masculinity, especially in a neoliberal patriarchal society, become so 'deeply buried in the societies and the individual's psyche' that they become 'institutionalised in laws, myths, and cultural attitudes and values' (Brinson, 1992, p. 370). Exposing an aspect of this institutionalisation within public health language, the critical discourse analysis of this section has highlighted the presence of, 'prejudicial, stereotyped, or false beliefs about rape, rape victims and rapists' (Burt, 1980, p. 217). Moreover, the films' focus on female drinking habits and the female victims of rape, reveals a coherence to traditional and contemporary gender roles and values within Scotland (Mullen, 1993), as well as wider 21st century Western gender ideals (Friedan, 1963; Connell & Messerschmidt, 2005).

Finally, it has been argued, through lenses of both the feminine and the masculine mystique, that distinctly different male and female drinking behaviours can be found within the narratives and the imagery of these public health films. Applying a gendered socialization theory (Connell 2005; Coontz, 2013) this suggests that motivations to adhere to these powerful hegemonic gendered drinking cultures may shape and even promote other linked damaging health behaviours. Therefore, although the films may work to create a genuine space for a variety of discussions on alcohol behaviours, their presentation of and adherence to certain gender norms, may well have worked to also reinforce these damaging cultural attitudes and behaviours.

Dangers associated with drinking are not represented through the physical effects of alcohol on the body itself, but the social repercussions of over-drinking, and the violence associated with that event. Returning to the contemporary Commons' debates surrounding the legislation and use of alcohol in Scotland at the time we can see how alcohol, for a number of apparent reasons, was frequently framed within the social, and often economic, rather than the physical bodily context. Secretary of State for Scotland at the time Mr Bruce Millan suggested for instance that,

Alcoholism is a major health problem in Scotland at the minute, but it is more than that. It is a social problem as well. The problems of excessive drinking and alcoholism cause a tremendous number of social problems which come the way of the social work departments in many areas and are a considerable social burden on the community. They are also related to the incidence of crime in Scotland at every level from minor to major crimes (HC., Deb 27, July 1976, vol 916, cc399-483).

Mr Millan goes on to mention the number of drink-driving incidences in Scotland – ‘a worse problem in Scotland than in any other part of the United Kingdom’ (Ibid), and the heavy weight on public services that drinking related behaviours can demand, noting that,

The figures are indeed striking. The total cost to Scotland of alcoholism is now reckoned to be about £35 million a year through absenteeism, loss of training, accidents and reduced output in industry, quite apart from the tremendous social cost (ibid).

The language here shifts seamlessly from the potential health impacts of drinking, although they are barely mentioned, to the potential financial impacts – or from health to wealth. Social issues too are connected to the economic cost on services dealing with those incidents, be that on the NHS, police, councils, employment, or psychiatric and mental health services.

In the films discussed in this chapter, constant images from the pub, rather than private homes, in *Saturday Night*, *Pool*, *Neil*, *Davie*, *Dying of Thirst* and *Just a Habit*, expert opinions from *Getting Drunk* and *Just a Habit*, and a narrative focus on public disorder, rather than the physical effects of alcohol on the body, all express a connectivity to the contemporary alcohol awareness environment – that is a focus on public order rather than physical health and on on-licence as opposed to off-licence drinking cultures. Just as smoking legislation such as pricing and bans on advertising were seen to be reflected within the anti-smoking public health films addressed in chapter one, these educational films, although clearly different in approach, still reflect a coherence to government policy, attitudes towards alcohol and, as has been noted, hegemonic gender ideals and alcohol related behaviours.

The films stop at delivering a truly critical image of the societal structures controlling teenage life and revert instead, to the knowledge/attitudes model (Fossey, 1994) which is based on the premise that an increased knowledge – here the social dangers of over-drinking – will lead to behavioural health changes. This shift represents, ‘the advocacy of “responsible use” of alcohol through the dissemination of facts about alcohol and alcohol

use'. However, despite recognising some of the structural and cultural factors related to alcohol consumption, the films, in the end, avoid exploring these concepts in more detail and revert instead to individualised narratives.

Conclusion

The films of this chapter are ripe with cultural messages surrounding appropriate behaviour, gender, age and class and play a major role in the way that stories around health are told and understood. Part one and two of this chapter looked at the creation and use of a certain type of manhood within public health films and how this has been linked with cultures of heavy drinking. This suggested a complex web of masculine identities surrounding pride, reputation, strength, and heterosexual competitiveness or success, that can all be linked to alcohol consumption and further damaging health behaviours and outcomes. Both the need for young men to quickly acquire, and for older men to teach, these attributes were also investigated, as narratives of apprenticeships, training and the breadwinner role were uncovered. Whilst these films generally worked to condemn any attempts to live up to these particular types of manhood, it was suggested that the repeated use of this cult figure could add to his powerful and continuing cultural position.

Ultimately, these narratives were shown to rely on a particular set of traditional masculine stereotypes in a way that might not only exaggerate this character's abilities but also, potentially, increase, in certain spaces, his cultural value – a value that may shift between time and place, in both micro and macro contexts. Attempts to live-up to this masculine character, therefore, may be seen, not only as simply self-destructive, but also as a positive and often valuable way of constructing new, and arguably more and more necessary forms of masculine identity in the 20th century – an effect arguably felt more strongly in large post-industrial cities such as Glasgow. Here, masculinity is understood to exist within a marketplace, where acquiring one type of masculine characteristic might require the abdication or rejection of another – a trade of sorts. Men engaged within these markets, to differing extents, must balance the pros and cons of each masculine trait in a constant negotiation between gender identity and health. However, much like the financial market, the distribution of masculinity is not equal, and many men, in different places and at different times, must risk more than others in order to retain their sense of masculine status. Drinking, in this sense, becomes a way in which some men can control or re-assert

their own sense of masculine identity in an environment where the consumption of alcohol is highly gendered.

In attempts to further understand this marketplace in relation to the female participant, parts three and four looked at the construction of the female body through public health narratives on alcohol. Here, ideals surrounding proper feminine behaviour emerged much like those of their masculine counterparts. Additionally, discourse analysis uncovered a general retention of feminine ideals, rape myth acceptance (RMA) and a culture of victim blaming entrenched within traditional concepts of the virgin and whore stereotypes¹⁰⁷. Often running counter to the ideals surrounding men's drinking behaviours, these same-sex preferred behaviours were argued to be linked by this very comparison. That is, if by these gender norms men would be expected to drink large amounts of alcohol, women would, and should, be expected to drink less. Trapped within this web of gender norms the films are unable to translate the dangers of over drinking in a way that does not end up in some kind of tautological gender-norm cycle. Picking up on recent high-profile male-on-female violence in the UK and subsequent discussions surrounding victim blaming and rape culture, Raman Mundair suggests that here, 'the narrative is always set up to present the need for women to keep safe. That it's women's responsibility to avoid rape and not men's responsibility to not rape' (Mundair, 2021). We find examples of this policing language as one narrator in *Just a Habit* suggest that 'drink can make you so incapable that you are well set up for trouble, a punch up, money stolen from you, and with girls it can end in assault and rape'. Yet as Mundair makes clear,

Considering rape culture and our part in it illuminates how ideas around birth control (again a woman's responsibility – rarely the man) connects with how we live, participate in and support cultures where we raise girls to internalise shame and police their own behaviour in order to avoid being raped and murdered, rather than take on the necessary and vital work to parent and teach boys and men not to violate and rape (Ibid).

It has become more than clear that warning young girls to avoid over-drinking should never be linked to their potential as victims of sexual assault. However subtle, this kind of messaging almost undoubtedly contributes firstly to people's opinions and understanding of

¹⁰⁷ See also Klement and Sagarin, 'Nobody Wants to Date a Whore: Rape-Supportive Messages in Women-Directed Christian Dating Books' (Klement & Sagarin, 2017).

sexual assault, and subsequently, the wider cycle of male-on-female violence still shockingly present in contemporary society. Public health language, and as has been detailed here filmmaking, has been complicit in this cycle of victim blaming as it has taken an increasingly behavioural rather than a structural approach.

Part of this cycle is enhanced as gender ideals were focused on the social rather than the overtly physical effects of alcohol on the body. For instance, in comparison to the smoking films that were examined in chapter one, there is no use whatsoever of the biological imagery, medical animation, or statistical charts that have historically been utilised to express the dangers of smoking on the body. They shift from the body to behaviour.

Ultimately, this approach considers and is perhaps restricted by the contemporary political debate and legislation on alcohol consumption in Scotland at the time alongside a general acceptability of alcohol's powerful cultural position – a point writ large in narratives with a focus on the individual and personal choice.

This individualised blame laced language and generally liberal approach fits with Mullen's (Mullen, 1993) and others (Berridge, 2013) explanations of the attitudinal shift in public health from the structuralist and communal toward the individual and the personal. This change is often explained by the shift from communicable and unavoidable, to the non-communicable or apparently 'optional', diseases from the beginning to the middle of the 20th century. Yet, it is suggested that this categorisation does not reflect the true actual communicability of these culturally entrenched and clearly structural modern health issues.

Whether this individualised framing is intentionally produced in order to increase profits, as in the processes of denial and delay explored by Berridge, or simply the by-product of an increasingly individualised neoliberal 20th century society, it becomes an important tool within the public health narratives surrounding alcohol in Scotland during the 1970s and arguably beyond.

Mullen's interviews with Glaswegian men help to confirm the pervasiveness of this ideology in the Scottish context as he argues, 'no matter what the treatment agency.... respondents believed that the most important element of a solution to individual's drink problems was his/her own wish to be cured' (Mullen, 1993, pp. 104-105). The films' overall ambivalence, reflected in their open discussion approach and lack of critical medical imagery, statistics

and language – such as those seen in the anti-smoking films studied above – reflects a general shift in alcohol discourse that has been identified in both contemporary individual attitudes (S. E. Dight, 1976; R. Stivers, 1979; Mullen, 1993) and wider social debate (Nicholls, 2012; Berridge, 2013).

To make a more critical statement, whilst some attempts to discuss structural and socialization issues can clearly be seen in some of the films of this chapter, it is argued that there is a general failure, not to *recognise*, but to truly *criticise* the strong social forces and cultural position of alcohol and its effects on drinking habits and the population's health in general. Moreover, the films' display many traditional gender behaviours and stereotypes linked to alcohol consumption. These can include male sexual aggressiveness, physical violence and limited emotional expression, and/or female social maturity, sexual passivity and victimhood. And, whilst some of these narratives do raise, parody and even condemn those very norms, they more so rely on traditional gender boundaries to ascribe responsibility, blame and public health motivations.

This individualised language, a shift that has otherwise been attributed simply to the changing public health environment of the 20th century – i.e. from communicable to non-communicable – it is suggested, might also be aligned to the rise of Neo-conservative politics and the political management of inequalities throughout the mid to late 20th century. For Kathleen LeBesco, a similar phenomenon is present in the 'obesogenic' market forces and the policing of body weight seen recently in the United States of America (LeBesco, 2011). Here LeBesco describes a modern 'society that sells us unhealthy fast food with gastroporn imagery at the same time that it polices those who appear to indulge regularly in such decadence' (Ibid, p. 153). As well as working toward the maintenance of a healthy and compliant working population, this neatly avoids criticising the structures, or the markets, that create the spaces where particular health issues remain highest and most damaging – that is, most often, in economically disadvantaged spaces and peoples¹⁰⁸. In terms of alcohol, this seemingly schizophrenic state position, in which alcohol is a culturally embedded, legal, and highly advertised product, but where the alcoholic is a social pariah, remains a convenient position for both those who directly benefit from the economic

¹⁰⁸ See M. Howard and J. E. King's, *The rise of neoliberalism in advanced capitalist economies: a materialist analysis*, (Howard, 2008), and A. S. Vitale's, *The End of Policing*, (Vitale, 2017).

success of alcohol and those who have failed at controlling its negative health effects on the population.

This visual and narrative shift therefore, which sees the medical and bodily focus of previous public health campaigns replaced with a focus on individual behaviour and responsibility, might be considered as an outcome of both the technological, the political and the cultural changes in Britain at the time. Perhaps unsurprisingly, this sees the public health landscape adopt and adapt to contemporary film styles, political ideologies and cultural attitudes to alcohol and drinking habits. In terms of its implied messaging, the shift is from health to wealth and from a focus on the biological body to social or individual behaviour (or the personal control of that body). The following chapter takes this analysis into the 1980s and a period in which these processes would flourish under the new and increasingly neoliberal Conservative government. Focused on issues of drug misuse and, as before, the teenager, the chapter places the previous analyses on film style and masculinity within the contexts of new and emerging labour and consumer driven markets.

Chapter Three

The 1980s: The drugs problem, public health narratives and postmodernism.

For Scotland, much like the rest of the UK, the 1980s would witness the damaging effects of consecutive Conservative government's policies of privatisation, deregulation, monetarism and free-market Capitalism. Jane Parkinson et al suggest that, 'It seems likely that alcohol-related deaths, DRDs [drug related deaths] and suicide outcomes that contribute to Scotland's 'excess' mortality could share a common causal pathway stemming from the changing social and economic policies of the 1980s' (Parkinson et al, 2018). Here changes to employment, following the closure of many industrial spaces of production alongside an increasingly media led consumer culture, meant that some traditional concepts of masculinity were being shifted and replaced¹⁰⁹.

Spaces, such as shipyards, mines, construction sites, or other labour-intensive workplaces, where traditional masculine stereotypes of toughness, stoicism, bravery, and 'breadwinning' were previously upheld by the physical labour of production, steady wages, healthy pensions and Union strength, were in decline. Men previously employed within these spaces, as well as those simply surrounded by the history, cultural mythology and hegemonic masculinity of such spaces, were forced to renegotiate their masculine status through hitherto feminized work and leisure consumer environments¹¹⁰. Contemporary critics here identified characters such as the new-man and later the new-lad as defining signifiers of a reinvention and renegotiation of masculinity in the face of this perceived feminisation of previously masculine environments¹¹¹. Placed within this socio-political landscape, the opening section of this chapter concentrates on two separate but ultimately

¹⁰⁹ For a closer look at masculinity in this context see Arthur Mclvor and Ronnie Johnson's 'Dangerous Work, Hard Men and Broken Bodies Masculinity in the Clydeside Heavy Industries, c1930-1970s' (Mclvor & Johnson, 2004) or alternatively, Walsh et al's, 'The Aftershock of Deindustrialisation Trends in mortality in Scotland and other parts of post-industrial Europe' (Walsh et al, "010) and Parkinson et al, 'Drug-related deaths in Scotland 1979-2013: evidence of a vulnerable cohort of young men living in deprived areas' (Parkinson et al, 2018) for a more complex understanding of this process.

¹¹⁰ See W. F. Lever, 'Deindustrialisation and the Reality of the Post-industrial City' (Lever, 1991) Natasha Slutskaya, Ruth Simpson, Jason Hughes, Alexander Simpson & Selçuk Uygur, 'Masculinity and Class in the Context of Dirty Work' (Slutskaya et al, 2016) and (Mclvor & Johnson, 2004).

¹¹¹ See Barker, *Dying to be men: youth, masculinity and social exclusion* (Barker, 2005), Cornwall's, *Masculinities Under Neoliberalism*, (Cornwall, eds, 2016) and Sean Nixon's, 'Resignifying Masculinity: From 'New Man' to 'New Lad'', (Nixon, 2001).

connected Scottish public health campaigns from the 1980s; *'Be All You Can Be'* and *'Choose Life Not Drugs'*.

Applying David Bordwell's theories of postmodernism and the mass media as an increasingly important 'meaning-making tool' (Bordwell, 1989) and Stuart Hall's descriptions of 'regimes of representation' (Hall, 1997), the chapter places both of these campaigns historically, culturally, and aesthetically within the realms of contemporary postmodern media based theories and practices. Here, according to Dominic Strinati the transnational economic processes of postmodernism, during the 1980s, had begun to 'erode the significance of local and national industries and, thereby, the occupational, communal, and familial identities they could once sustain' (Strinati, 1995, p. 238). Whilst for Ann Kaplan, the televisual styles of postmodernism, would support the 'fostering of an ego ideal for the spectator which encourages narcissism, inversion and gender stereotyping' (Kaplan, 1987 p. 60). Placed within this postmodern setting, new styles and modes of production would emerge in film and television with a focus on individualism, identity, spectacle, self-awareness and pastiche¹¹². Through textual analysis, this chapter works to place the development of Scottish public health filmmaking within this culturally specific environment.

Analysis, in both part one and two, traces the evolution of these two campaigns through the history of the SHEG, with a focus upon their attempts, or potential, to manipulate, create and control gender identities and health behaviours, through public health narratives of fitness, consumerism, leisure and community. Reflecting on the wider cultural discourse of Scottish masculinity, and social class, during the 1980s and early 1990s via an analysis of Irvine Welsh's *Trainspotting* (Welsh, 1993) novel and subsequent film adaptation (Boyle, 1996), the chapter makes links between the new-man, the new-lad and what has been labelled 'heroin chic' – or more precisely a counter-cultural, anti-authoritarian and/or risk taking masculine style of 'heroin chic' associated with drug taking and wider criminality. Following on from the analysis of documentary filmmaking, British social realism, and the British New Wave in previous chapters, this traces the stylistic and narrative development of film styles and the evolving representations of working-class masculinity.

¹¹² For further analysis of these trends within the media see R. Campbell and R. Freed's article, 'We Know it When We See it, Postmodernism and Television' (Campbell & Freed, 1993).

Finally, part three considers the arrival and development of the HIV and AIDs epidemic in Scotland and its specific relationship with Scottish public health narratives surrounding AIDS and drug misuse. This looks at the unique relationship to drug misuse that the disease would develop in Scotland and the specific effect this would have on the spread, or fear of the spread, of AIDS throughout the country and subsequently its public health approach. Looking specifically at the United Kingdom's government sponsored film and leafleting campaign, '*Don't aid AIDS*', and the Lothian Health Boards, '*Take Care*', campaign, this section aims to understand the ways in which Scotland worked to control and promote, at least to some extent, its own contemporary and generally liberal and holistic approach to public health, in the face of wider shaming, fearful or simply homophobic AIDS narratives and campaigns.

Part 1

The Carrot Rather than the Stick: *Be All You Can Be* and the pre-drug public health approach.

Be All You Can Be (BAYCB) was developed by SHEG in 1984 and used as an umbrella campaign up to the late 1980s on a number of public health topics including, weight loss, health and fitness, smoking, drinking and eventually drug misuse. According to contemporary reports, the concept was specifically designed and aimed to produce, 'mass media material that is both positive about health and that presents the 'whole person' or lifestyle messages rather than narrower topic-based ones' (Hastings & Leathar, May, 1984, p. 2). Describing the BAYCB strategy, Martin Raymond, employed for over ten years by SHEG (and later HEBS), recalls how,

"You had to kind of shift people in a very broad way to considering how they could build health choices into all these parts of their lives because up till then it had all been very fragmented and it was very focused on particular aims.... It [BAYCB] was holistic and integrated and focused on lifestyle stages rather than individual health behaviours as such" (Raymond, M. 2016. Interview with A. Chandler. 27th June, Stirling. 07:56 - 08:25).

Reports from initial concept tests for the slogan argued that the BAYCB concept, 'suggested positive action, rather than threatening or forcing negative action', and that it, 'used the carrot rather than the stick' (Hastings & Leathar, May, 1984, p. 2).

This section traces the development of the BAYCB campaign utilising an array of primary sources including film description, synopses, focus group test reports, and film scripts as well as other materials such as magazine inserts, posters and flyers, all containing the BAYCB slogan, language and imagery. Borrowing from traditional paper archive methodologies and Jason Jacobs' approach to 'lost film' research and writing, these primary materials reveal much about the filmmaking process, from concept to execution, through to design and reception¹¹³. And, whilst many film texts themselves remain elusive, analysis of these sources works to highlight the promotion of traditional gender stereotypes through ideologies of physical fitness, consumption, leisure, fashion and pop culture within the filmmaking processes of the contemporary Scottish public health landscape.

Be All You Can Be; The early years.

The screening of three test films; *Sparkling*, *Basement* and *Heartbeat*, by the Advertising Research Unit (ARU) in 1984, yielded a report delivered to SHEG in May the same year. Feedback suggested that whilst previous '[h]ealth education had a reputation for playing the guilt feelings', test films were seen as being 'refreshingly positive', in that, '[t]hey did not, as most traditional health education material did, tell people what not to do, but suggested positive alternatives to present behaviour.' (Hastings & Leathar, May, 1984, p. 5. Authors' own emphasis). Images from the films, the authors suggest, 'clearly implied a fitness/exercise message', and included, 'a range of levels, from high fitness, more specialized sports such as rugby to 'low fitness', everyday activities such as walking' (Ibid, p. 9). Dialogue from the films focus heavily on physical fitness, getting in shape, and living a better life;

'If you want to feel better, look better, live better,

Be All You Can Be,

Take it in your stride, make a splash, take a ride,

Be All You Can Be,

Be All You Can Be....'

'If you want to get in shape, have some fun, lose some weight,

¹¹³ See Sian Barber's *Using film as a source* (Barber, 2016) and Jason Jacobs *The intimate screen: early British television drama* (Jacobs, 1971).

*Be All You Can Be,
Don't just sit and think about it,
Have a go 'cos you can do it,
Be All You Can Be.'* (Sparkling, Concept film, 1984)

*'Don't just sit and think about it,
start right now (right now),
you'll feel better, and look better,
Treat your body like somebody, get in shape,
Be All You Can Be,
Be All You Can Be,
Be All You Can Be.'* (Basement, Concept film, 1984)

*'So look to your diet, improve yourself,
Remember above all to value your health,
Be All You Can Be,
Be All You Can Be,
Be All You Can Be.'* (Heartbeat, Concept film, 1984).

A total of 21 out of the 52 lines of the lyrics which make up the three films include the phrase BAYCB, with the final three lines of each film having the slogan repeated. Words like 'fitter', 'better' and 'in shape', as well as phrases encouraging the audience to 'improve' and 'live your life' all work to promote the health and fitness aims of the campaign. Overall, authors report positive responses to the films, although during analysis of the film *Heartbeat* – which showed images of anti-smoking, anti-drinking and diet topics – authors suggest that these traditional and somewhat negative health messages could potentially, 'undermine one of the basic strengths of the concept', that is, 'positivity' (Hastings & Leathar, May, 1984, p. 9). As such, the main conclusions of the report underlined the importance of the subsidiary phrases, and the need to keep the BAYCB concept positive. The 'inclusion of negative messages', such as anti-smoking or drinking, authors suggest, 'would

probably be counter-productive, at least at the introductory stage of any campaign to establish *Be All You Can Be*' (Ibid, p. 11).

Be All You Can Be; the Magazine

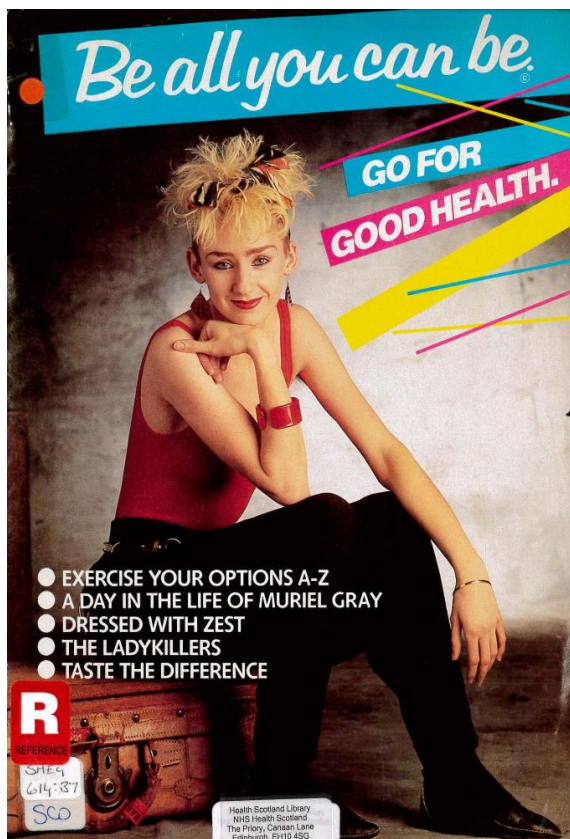


Figure 3.1, Front Cover, Magazine A.



Figure 3.2, Front Cover, Magazine B.

Two short magazines, produced just after the report, stand out as examples of how the initial BAYCB concept was promoted and what recommendations, from the ARU, SHEG would choose to include, or simply ignore. Firstly, the overall content of both magazines, which include sections entitled, 'Exercise - the choice is yours', 'taste the difference', 'the Ladykillers', 'Dressed with Zest', and 'A day in the life', are all observably designed solely for a target audience of young Scottish women. Whilst secondly, both the design, language and imagery found throughout both magazines are tied into a contemporary postmodern culture of popular 'magazine' television shows, fitness fashions, and an alternative 'teenage' culture. This focus on age and gender reveals, as with the alcohol narratives in the previous chapter, the use of motivational tactics that rely on an idealised same-sex-preferred behaviour in regard to health. As with previous chapters, unravelling these narratives aims

to show how these can work to develop strong cultural ideals and gender-norms surrounding health behaviours, for both young women and young men.

Both magazines use the subtitle, '*Go for Good Health*', alongside the main campaign heading, *Be All You Can Be*. The significance of choosing the correct language and phrasing of this subtle but important subtitle are detailed in an earlier concept report which suggested that the phrase was vital in clarifying a, 'broader health and fitness theme' (Hastings & Leather, May, 1984, p. 10). Here the *Go for Good Health* phrasing and its broader health and fitness theme were chosen over two similar test phrases which were said to represent, a 'pure fitness theme' and an "improve yourself" theme' (Ibid, p. 10). However, whilst this choice helps the magazines to maintain a broad fitness theme throughout, they do, despite warnings about undermining positivity highlighted in the concept tests above, include some negative messaging designed to discourage smoking and drinking – most notably the Lady Killers section.



Figure 3.3, Magazine B.

Postmodern Magazine Aesthetics

Images throughout the magazines are purposely tilted, cut and framed alongside colourful, vivid backgrounds, text and animations that highlight a cool, youthful, and expressive aesthetic. Additionally, in a move that replicates this visual DIY aesthetic within the written text, language used throughout both magazines constantly reminds its readers of their 'cool', lively and individual capabilities, as well as the importance of making your own choices. At times, this language uses a counter-cultural rhetoric, and humour to further promote the material to an alternative youth audience. To offer one example, the opening lines of magazine A suggest that, 'Being young and attractive has much more to do with health, energy and fitness than with camouflage', before arguing that, '[e]xperimenting with cosmetics can be fun but your most precious asset – health – depends on care'. At first, the language overtly expresses connections between 'attractiveness', healthy lifestyles, youth and femininity, before going on to playfully question the conventional notions of make-up or 'camouflage', with a satiric sense of non-conformity.



Figure 3.4, magazine B.

Traditional forms of exercise and eating are also subtly condemned as more contemporary activities such as 'disco dancing, hula-hoop, and yoga', and low-salt, high-fibre, and nutritional foods are promoted over outdated exercise and unhealthy, or untrendy, fried or fatty foods. Parody adverts for 'Ashtré', a hairspray for smokers, on the opening inside pages of both magazines exemplify this self-reflexive, satirical, and noticeably postmodern aesthetic.

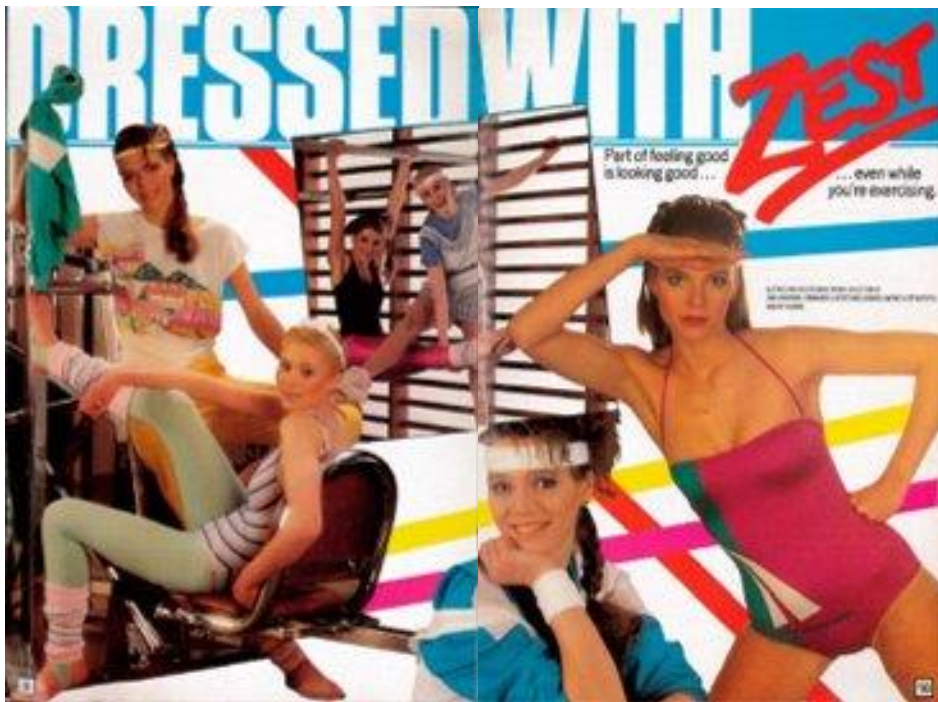


Figure 3.5, Magazine A.

In television this magazine aesthetic would work to disrupt purist forms of media by playfully mixing form and content, breaking down barriers between author and audience, and interrogating the notion of high and low art¹¹⁴. Examples from this early period of 'magazine' television include the music programmes *The Tube* (Channel 4, 1982 – 1987), *Network 7* (Channel 4, 1987-1988), *The O-Zone* (BBC ONE, 1989-2000) and *Top of the Pops* (BBC, 1964-2006) and comedy shows such as *A Kick Up the Eighties* (BBC 2, 1981-1984), and

¹¹⁴ See Kaplan, *Rocking around the clock: music television, postmodernism, and consumer culture* (Kaplan, 1987).

Naked Video (BBC Scotland, 1986-1991)¹¹⁵. Here production techniques would focus on spectacle and include; live location filming and staged sets – with presenters often sporadically moving between the two; a self-conscious set-design including exposed camera and filming equipment – bringing attention to the ‘liveness’ of the shows; edgy, provocative and often improvised presenting styles¹¹⁶; and interactions with an often teenage audience – which included involving them in interviews, stunts, pranks, or simply a bands live performance¹¹⁷. In terms of content shows would use counter or sub-cultural topics to purposely frame the content toward a teenage audience seeking independence from stale and/or authoritative television styles. Topics would include new and upcoming musical trends and styles, tips on fashion and make-up, dance lessons, reference to taboo subjects such as drink and sex, and a self-deprecating and often comedic sense of satire and pastiche.

SHEG and Drug misuse

Prior to the mid-1980s SHEG’s approach to drug misuse was aimed mostly at professionals working in the drug misuse and drug abuse sectors. Films such as *Working with Drug Users*, *Illusions*, and *Solvent Abuse*, were advertised for target audiences that included, ‘professionals in social services, education, health, police, probation services, doctors, teachers, and community workers’ (SHEG catalogue, p. 8). Additionally, advertisements for the films often included warnings such as, ‘UNDER NO CIRCUMSTANCE SHOULD THE PROGRAMME....BE SHOWN TO CHILDREN OR YOUNG PEOPLE’, or, ‘due to the nature of the subject careful previewing is necessary’ (Ibid). Often running at over thirty minutes long, or more, many of these films are best described as training films and were available free to ‘field workers in Scotland’ through SHEG via the Scottish Central Film and Video Library (SCFVL). Consequently, these films would be seen either only by such professionals, or by

¹¹⁵ Later light entertainment show’s such as *Don’t Forget Your Toothbrush* (Ch. 4, 1994-95), and *The Big Breakfast* (Ch. 1992-2002), continue much of this tradition and are investigated by Karen Lury in her book *British youth television: cynicism and enchantment* (Lury, 2001).

¹¹⁶ See Karen Lury’s, *British youth television: cynicism and enchantment* chapter 5 ‘The ‘Television Presenter’: The Post-Modern Performer’ (Lury, 2001, pp.69-82). And, whilst Jools Holland’s live swearing on the show in 1987 has been cited as a reason for the shows end in the same year, it is more widely understood that a combination of the loss of viewing-figures, significant resignations, production costs, and changes in the format of music television more widely i.e. the increasing use of the music video, were more likely responsible.

¹¹⁷ See R. Campbell and R. Freed’s, ‘We Know it when we see it, *Postmodernism and Television*’ (Campbell & Freed, 1993, pp. 111-125) and R. Boyne and A. Rattansi’s, *Postmodernism and society* (Boyne & Rattansi, 1990).

teenagers, when appropriate, via teachers, youth workers, etc. in a space where screening was available. Ultimately this limited the viewing capacity for such films, either by plain gate keeping or simply access and availability.

By 1984, however, the acceleration of the HIV and AIDS epidemic, alongside a rise in the use of illegal drugs, especially amongst young people in Scotland, would signal a radical shift in SHEG's approach¹¹⁸. Following feedback from early test screenings authors concluded that mass media material is firstly, not 'likely to create much impact among drug takers and experimenters', and secondly, that, 'promoting the positive image of non-drug taking to non-users has much greater potential' (Hastings & Leathar, December, 1984, p. 19). These recommendations came from work with eight focus group discussions – six with young people aged 16-20, and two with parents of 16-20-year olds, none of whom, it must be said, had experience of heavy drug taking. Whatever the gaps of the research it is clear that from this point on SHEG radically shifted away from the production of materials aimed simply at professionals, although this did continue to some extent, toward prevention over cure approach and a focus on lifestyle and a teenage audience. This shift represents an important decision made in the early 1980s that would influence drug education filmmaking in Scotland for at least the next five years and arguably much longer. As previous analysis has argued, these texts do not exist in a vacuum and cannot escape contemporary popular narratives or production techniques and media styles. It becomes clear that rather than simple reactions to a particular public health problem – such as increased drug use amongst teenagers – public health materials began to follow trends that some cultural theorists had identified in relation to new and emerging consumer audiences and modern styles of postmodern television production and advertising¹¹⁹.

According to the ARU's later report, 'the escalation of drug abuse in Scotland, and in particular the increasing illegal use of heroin', was a contributing factor that had 'led SHEG to realign its approach and expand its efforts in this area' (MacAskill, Scott & Hastings, April, 1989, p. 17). Accordingly, from early 1985 onwards, mass media material produced for

¹¹⁸ See Neil McKeganey, 'Drug Misuse in Scotland: Policy, Prevalence, and Public Health' (1998).

¹¹⁹ See Lynne Joyrich's 'Television and the Female Consumer: All That Television Allows: TV melodrama, Postmodernism and Consumer Culture' (Joyrich, 1988), Mike Featherstone's *Consumer culture and postmodernism* (Featherstone, 1991, pp. 320-329) and Campbell and Freed's, 'We Know it When We See it, Postmodernism and Television' (Campbell & Freed, 1993).

SHEG's drug misuse campaigns was, 'aimed consistently at non-drug users and potential/casual experimenters and not at established users' (Ibid). Designed primarily for teenagers, aims of the campaign set out in the report were to:

- Develop an awareness among young people of the social skills and attitudes which would help them resist peer pressure to take drugs.
- Encourage feelings of independence and the development of decision-making skills among young people in relation to drugs.
- Remind young people of the possible negative consequences of drug misuse.
- Reinforce existing resolve among non-users to reject drug-taking.
- Highlight the attractiveness of a positive health lifestyle.

(MacAskill, Scott & Hastings, April, 1989, p. 19).

Two changes become immediately clear during this period. Firstly, there is a clear shift in target audience as SHEG begins to develop work aimed at non-drug using and potential drug using teenagers rather than heavy drug users or the professionals or experts working in drug misuse areas. Secondly, in a related shift, there is a transfer away from the information based, medical or fearful narratives of previous drug awareness and safety films, mentioned above, with narratives instead focusing on alternative lifestyle behaviours and/or leisure activities¹²⁰.

A collection of concept tests, screenings, evaluation and summary reports, sponsored by SHEG throughout this period, offer an invaluable historical record of the use of mass media in negotiating this shift¹²¹. These papers include scripts, synopses, screen shots, posters and screening responses, and reveal the design, production, and circulation, of the combined poster and television campaigns ran from 1985 to 1988. These materials, with a focus on the individual, fashion, stardom, and identity are epitomised by the overriding ideologies of consumerism, choice and individualism, prominent in the contemporary socio-political environment.

¹²⁰ Whilst many earlier public health films and campaigns have used similar positive health messages and body focused approaches, for instance *Good Health to Scotland* (Russell, 1944) and *Fitness for Women* (Campbell Harper Films, 1953), these have tended not to deal with the issue of drug misuse. Here SHEGs move away from fear-based narratives at the beginning of the 1980s represents a new, if borrowed, approach to the issue of drug misuse.

¹²¹ These include the 'Evaluations of SHEGs 1985,1986 and 1988 Drug Education Campaigns' (Anon., April, 1987; MacAskill, Scott & Hastings, April, 1989); 'Vox Pop' Anti-Drugs Commercial Pretest' (D. R. Eadie, October, 1987) and the 'Anti-Drug Abuse Campaign Stage IV Poster & Television Commercial Final Pretest' (D. R. Eadie, A. C. Scott, January, 1988).

Description of three test films; '*Imagination*', '*Rebels with a cause*', and '*Heroes*' (Below, Figs. 3.6, 3.7 & 3.8), from a concept report produced in December of 1984, offer evidence of how new public health media material was being designed following these two important shifts.

20

APPENDIXTitle: ImaginationLength: 30 secsAUDIO

YVO: "Young people who get into drugs because "there's nothing else to do", can't be looking very far.

There are millions of things going on that are a lot cheaper and a lot more individual.

You never know, you could be the next pop superstar . . . with a bit of practice.

Or mastermind a victory in the local Cup Final. And if you make your own clothes, stand out a mile from everyone else.

Maybe you just like going dancing or, maybe you're into something a bit more advanced, it doesn't really matter.

The point is, you can be all you can be. Without drugs.

Because drugs are no match for your imagination

VIDEO

OPEN ON MODERN HAIRDRESSING SALON OR TWO GIRLS DOING EACH OTHER'S HAIR.

ECU ON CRAZY HAIRSTYLE.

CUT TO YOUNG GUYS REHEARSING IN BEDROOM.

CUT TO YOUNG GUY PLAYING FOOTBALL AND USING HIS IMAGINATION AND SKILL TO SCORE.

CUT TO STREET 'INTERVIEW' WITH TWO OR THREE GIRLS SHOWING OFF THEIR CLOTHES.

CUT TO 'BODY POPPING' SEQUENCE IN DISCO. HI-ENERGY.

MIX TO DANCERS NON-FEATURED AS COMPUTERISED FIGURES ON VDU.

CUT TO YOUNG GUYS AT COMPUTER.

CUT TO LOGO AND STRAPLINE IN COLOURFUL GRAPHICS.

Figure 3.6, Script appendix from Hastings & Leather, December, 1984

Title: Rebels with a CauseLength: 30 secsAUDIO

If you're young and you think
 no-one listens to you now -
 don't take drugs for an answer.
 Show them you know better.
 You can't walk past people like
 us without a second glance.
 We use our hair, our clothes
 and our make-up to make sure
 nobody forgets about us. And
 whether you think it's weird
 or great, at least you think
 about it.
 Which is more than anyone would
 do if we were "just another
 bunch of drug-taking kids".
 Real rebels don't let anyone
 push them into anything. And
 if you've got a mind of your own,
 be all you can be. Drugs are no
 match for your own imagination.

VIDEO

OPEN ON BLACK AND WHITE SHOTS OF
 YOUNGSTERS SUPERIMPOSED ON COLOUR
 SUBURBAN LANDSCAPES TO EMPHASISE
 THEIR ALIENATION.

MIX TO FAST ACTION - SEQUENCES
 ILLUSTRATING ALL THAT'S NEW AND
 EXCITING ON THE FASHION AND MUSIC
 SCENE, FROM HAIRSTYLES TO CLOTHES
 TO MAKE-UP: ALL CONTRIBUTORY
 FACTORS TO HOW KIDS EXPRESS THEMSELVES.

THE IMAGES AND TREATMENT ARE FAMILIAR
 POSITIVES.

SUPER LOGO AND STRAPLINE.

Figure 3.7, Script appendix from Hastings & Leathar, December, 1984.

Title: Heroes

Length: 30 secs

AUDIO

YVO: "All these people have got something in common. Well . . . it's certainly not fashion . . . or hair styles. Some of them like a kick about at football. Some don't. Some are into dancing, others like going to films, others listening to music. And as you've probably guessed, it's not the same kind of music.

So, what have they got in common? Well, for one thing they're all Scottish, not all that different from you and me. And for another, they all feel the same about drugs.

Whatever you're into, you don't have to be high to be a hero. Just be all you can be. Well without drugs."

VIDEO

OPEN ON ECU OF GROUP OF SCOTTISH MUSICIANS WELL KNOWN IN THEIR DIFFERENT FIELDS OF MUSIC. SLOW PAN BACK REVEALING WHOLE GROUP.

ECU ON FEMALE MEMBER. CONTINUE SLOW ZOOM BACK.

PULL BACK AND HOLD ON FULL GROUP. EACH ONE GIVES THE THUMBS DOWN SIGN.

SUPER LOGO AND STRAPLINE.

Figure 3.8, Script appendix from Hastings & Leathar, December, 1984.

The shift of focus toward a teenage non-drug-using audience is clearly represented through the choice of either young or popular 'popstar' protagonists, teenage voice-over, and expressive editing style, as well as through the absence of any strong, directive anti-drug

messages. All three test films incorporate the BAYCB slogan as well as generally promoting the alternative healthy lifestyles that had been associated with earlier BAYCB campaigns. By consciously omitting any overt messaging on specific drug use, drug taking behaviours or any of the health dangers associated with drug misuse, the films instead attempt to promote individuality and self-expression through alternative lifestyle options such as hairstyles, fashion, 'body popping', football and pop music. As with the BAYCB magazines these messages work to uphold only the most culturally accepted forms of gender behaviour, leisure and consumerism under the cover of meritocracy, imagination, and personal choice.

As highlighted, a similar counter-cultural style is clear in early BAYCB material where an alternative DIY aesthetic would work to promote the material to a youth audience wary of official or directive health messages. The satirical adverts for Ashtré, mentioned above, remain a stark example of this approach as a young woman staring seductively to camera, surrounded in a cloud of smoke and the tagline – 'For the girl who is on her own and likely to stay that way: Kiss a non-smoker and taste the difference' (Fig. 3.9) – openly parodies French beauty products and even the beauty industry more generally.

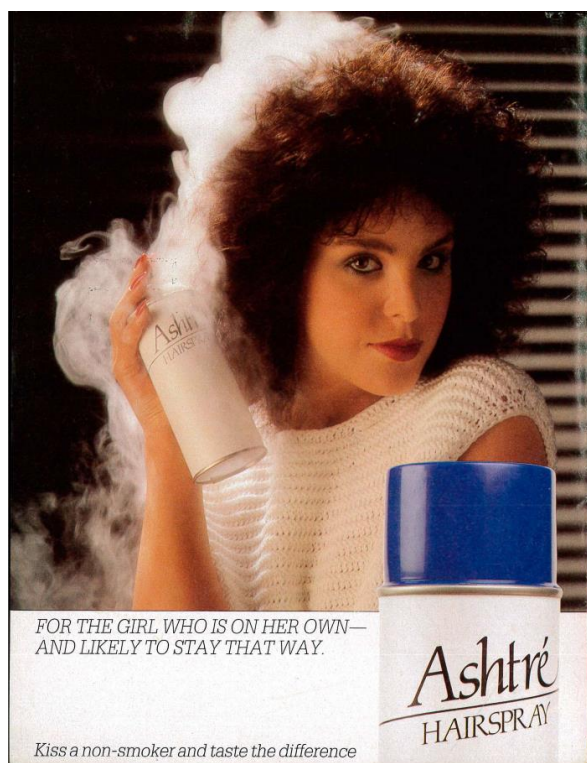


Figure 3.9, Ashtré.

In other examples of this critical counter-cultural style one magazine suggests that, 'our society certainly does not make changing our ways easy', and that, '[p]ersuading people to smoke and drink more, to overeat and to buy consumer goods which they don't need and can't afford is all big business' (BAYCB Magazine A, p. 8). Later, 'problems like housing and working conditions', which, 'may be very difficult to change', and 'may make it impossible for some people to make changes on their own' (Ibid), are also critiqued. These overtly political statements, especially those that question the role and responsibility of the state, again work to place the magazine outside, or even against, official state narratives. Where previously public health narratives have relied on direct medical messaging including, facts, figures, and graphs from particular state professionals and/or specific state departments, BAYCB openly questions the processes of capitalism, and more importantly the state's failure to deal with this, perhaps in a ploy to generate a level of trust from its readers and or viewers.

Clues to the genesis of this tactic can be traced back to development reports, carried out by the ARU, which suggested that key strengths of the BAYCB concept were that it was, 'non-directive', and, 'non-authoritarian', is, 'a good trademark', a, 'positive slogan', and has a, 'wide targeting appeal and avoids middle-class bias' (McNeill & Eadie, 1987, p. 1). The 1987 paper, in a summary of the findings of an earlier pre-test report, also argues that, 'to be comprehensible and effective, any advertising of *Be All You Can Be* must find a balance between communicating a meaningful message and not being too directive or didactic' (Ibid). Rather than aligning themselves to the state through a combination of institutional figures, spaces, and messages, such as doctors, police, teachers, schools and hospitals, SHEG positions itself both visually and narratively within contemporary counter-cultural youth spaces by openly questioning the state's position in relation to public health. SHEG begins to develop a style then that reduces or simply excludes directive medical language, medical imagery, and medical facts and figures, as well as the fearful, threatening and morally conscious messages that had made up a bulk of Scotland's public health films up to this period¹²².

¹²² See for instance *Smoking Machine* (1967), *Smoking and You* (1966), *Saturday Night* (1985), *Going Home* (1978) and *Laughing Matter* (1978).

These narratives attempt to redefine barriers between state and subject by aligning their material with the postmodern, self-aware and even counter-cultural, contemporary teenage audience and ideology. However, given SHEG's ultimate connection to government and their public health aims, they stop at any real revolutionary form or content. As the tagline for Ashtré confirms (*'For the girl who is on her own and likely to stay that way: Kiss a non-smoker and taste the difference'*), these narratives stick strictly to traditional notions of physically attractive femininity and heterosexual monogamy. In the clearest example of this paradox, or quasi anti-authoritarian stance, tall slim models, with an undoubted conformity to hegemonic beauty, fitness and health standards, are framed and paraded on the page just above a paragraph that, with no irony, suggests that, '[m]any women are over-conscious about their shape and easily feel dissatisfied with themselves because they do not look like the models so widely presented in the media'.

Leisure and Choice

The concept of choice, prevalent during the 1980s and promoted within Conservative ideologies of meritocracy, is used to position the BAYCB narrative in an apparent environment of fairness and opportunity – 'Exercise – the choice is yours', opens page 4 in magazine A, before suggesting that a 'choice that you can exercise right away – today! – is to be more active' (Mag, A, p. 4). Yet as David Rowe suggests, '[l]eisure is caught up in the continuing and ever-changing contestation between the state and media organisations over which leisure products and activities can be promoted, and in what ways' (Rowe, 2006, p. 329). Sitting alongside the contemporary 'fitness boom', which would use television, magazines, press and advertising to encourage consumption through a wide range of apparent fitness products including sports clothing, healthy foods, aerobic training videos and home-gym equipment, the BAYCB slogan and here its related magazines, target a highly limited demographic of the young, and economically active, female Scottish audience.

Mary McElroy, and others, have questioned the real impact of the fitness boom suggesting that it was instead, 'in large part imaginary' (McElroy, 2002), and, more of a consumer led 'media concoction' (Kelly & Warnick, 1999) in that it did not reflect any actual rise in the public's participation in health, fitness and exercise. Under such scrutiny the 'fitness boom' has also been criticised for being particularly restrictive based heavily on limited gender, and

social class representations¹²³. Thus, whilst with its postmodern aesthetic and language BAYCB seems to offer choice and even a critique of consumerism, social conditions, and the media, it only ever really upholds and supports the most culturally accepted forms of leisure and consumption of the period alongside their inherent gender and class bias.

Therefore, whilst on the surface, the design, and evolution of the BAYCB campaign and its related materials exemplify a shift away from the focused campaigns of smoking and alcohol toward a more holistic approach, magazine sections like, “The ‘LadyKillers’” – which focuses solely on the effects on smoking on women – and posters like ‘You can do more than drink’ highlight how the BAYCB slogan never truly manages to shake off earlier moralistic tones. Later, the advent of two separate but ultimately connected public health issues – drug misuse and AIDS – in the early to mid-1980s would mean that the SHEG would arguably never fully establish its aims to create a truly broad and holistic public health stance nor one that focused on the wider social inequalities that underpin many health issues.

Part 2

i) Choose Life Not Drugs

Following SHEG’s targeted shift in 1984, the group would continue its focus on the non-drug taking teen audience whilst adapting their BAYCB campaign to fit with new anti-drug/health promotion materials. This section traces the evolution of SHEG’s ‘*Choose Life Not Drugs*’ campaigns, from concept to implementation, and its eventual replacement of the BAYCB slogan. This replacement represents a slight narrative shift from SHEG as alternatives to drug taking would begin to also include judgements upon drug takers and drug taking behaviours. Whilst this is often implied rather than explicit and happens relatively slowly – from 1985 through to 1989 – it represents a wider cultural shift that would simplify the drug issue into individual narratives relating to personal choices and promote the general demonization of drugs and drug users. In turn, these public health narratives develop a binary stance that in some cases would become problematized by contemporary academics and social critics. In the clearest example of this backlash, SHEG’s ‘*Choose Life Not Drugs*’ slogan is adjusted to the point of biting satire in Irvin Welsh’s novel *Trainspotting* (Welsh,

¹²³ See J. Kelly and R. Warnick, *Recreation Trends and Markets: The 21st Century* (Kelly & Warnick, 1999).

1993) and, perhaps more famously, in its later film adaptation of the same name (*Trainspotting*, Boyle, 1996). Aiming to discover this process of transition from public health text into wider cultural discourse, this section analyses the '*Choose Life Not Drugs*' campaign within this historical and political landscape.

Beginning in 1985 there is a clear crossover between the first apparent use of *Choose Life* and the *Be All You Can Be* concept. The first television advert from 1985 which was, 'aimed at 13-16 year-olds and was concerned with encouraging identification with options that were more exciting and satisfying than those offered by drugs' (Evaluation of Scottish Health Education 1985-1986 Drug Education Campaign, ARU, 1987, p. 17), has the strapline, '*Leave Drugs Out*' (Figure 3.10), whilst a second advertisement from the same year, intended for an older audience of 17-20 year-olds, uses the '*Choose Life Not Drugs*' as well as the BAYCB statements (Fig. 3.11). This second advert which 'promoted the idea that a better life could be had with greater self-fulfilment being achieved through making the most of oneself without involvement in drugs' (Ibid, p. 18) seems to be the turning point at which SHEG implemented the *Choose Life* slogan more prominently.



Figure 3.10, *Leave Drugs Out* poster.



Figure 3.11, *Choose Life Not Drugs* poster.

By 1986 the '*Choose Life*' narrative had found its way into a third commercial – intended to initially complement but then replace the previous two – as well as four poster's which were closely linked to the television commercial. Finally, by 1988, whilst BAYCB is still used in the television advert it is less dominant than the *Choose Life* imagery and message and even missing completely from two posters designed that year.

Much like the previously examined counter-culturally styled BAYCB materials, '*Choose Life*' creates a strong 'alternative' teen aesthetic through postmodern design and an emphasis on the individual. The four posters produced in 1986 have a distinctly homemade, DIY and

postmodern magazine aesthetic. Torn images of young men and women are collaged on the page alongside mixed sizes and fonts. Each poster has a different tagline in the top half of the page and the '*Choose Life Not Drugs*' slogan positioned at the bottom – with the word drugs crossed out. Under the image, at the very bottom right-hand corner of the page, the '*Be All You Can Be*' slogan appears in small font with the SHEG logo even smaller underneath. These four taglines, which are identified as key phrases taken from the television advert are; *You've got the mind* (Fig. 3.12); *You've got the power*; *You've got the choice* (Fig. 3.13); and *You've got the voice*. Here, the BAYCB slogan has been relegated to the peripheral edges of the page, not to mention the messaging, as the '*Choose Life*' wording is dominant and integral to the posters meaning.

Similarly, the accompanying television advert to these posters uses the repetition of, '*You've got the*', and '*Choose Life*', and clearly promotes the ideologies of choice, personal responsibility and self-empowerment. The advert, which includes clips of the same young people from the poster, ends with the musical tagline;

'You've got the power,
You've got the voice,
You've got the mind to make the choice.
Choose Life Not Drugs.'

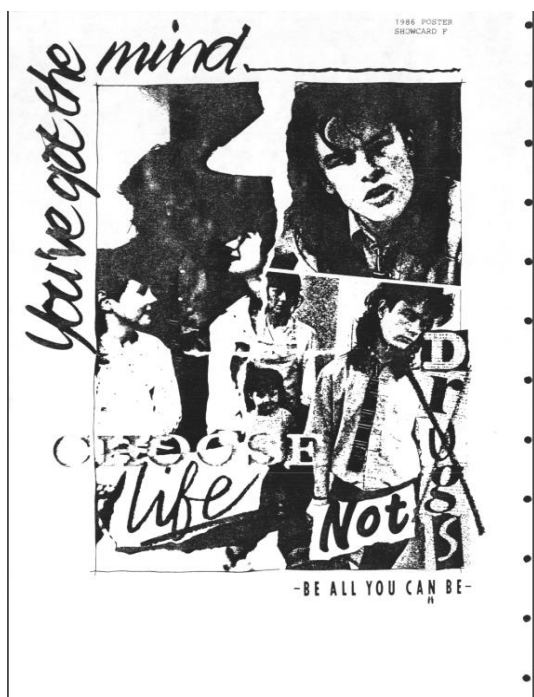


Figure 3.12.

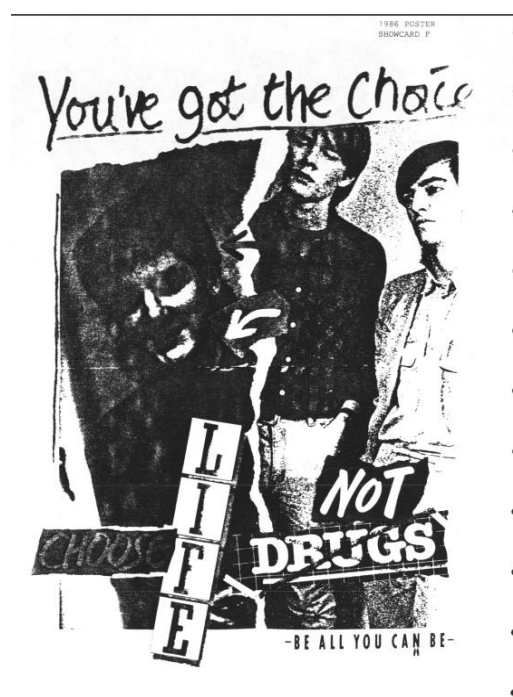


Figure 3.13.

Characters in both the posters and film are young, hip and clearly fashion conscious, expressing their individuality through costume, hairstyles, sociability and body posture. Here masculinity is framed as trendy, informal and relaxed, as the actors wear fashionable clothing, and pose in urban landscapes staring poignantly off screen or authoritatively straight to camera (Fig. 3.12). This body posture, location, and style works to create an apparently cool, unconventional, almost nonchalant masculine style, that simultaneously questions and promotes alternatives to traditional masculine styles such as the rough-handed, oily factory worker, and the clean-cut, suit wearing, business driven yuppie¹²⁴. Framed against these conventional stereotypes of masculinity, the images place this contemporary masculinity within the emerging concept of the consumer capable, fashion conscious, and image aware character of the new-man¹²⁵.

¹²⁴ See R. Chapman and J. Rutherford's, *Male order: unwrapping masculinity* (Chapman & Rutherford, 1988), A. Spicer's, *Typical Men: The Representation of Masculinity* (Spicer, 2003) and John Beynon, *Masculinities and culture* pages 105-107 (Beynon, 2002) for a more complete breakdown of these masculine styles.

¹²⁵ More analysis on the concept and presence of the 'New Man' within this context added below.

Masculine Status, 'Street Habitus' and Belonging

By 1988 two *Choose Life* posters (Fig. 3.14 & 3.15) and one film, alter slightly again, as design reports note how they aim specifically to, 'remind young people of the possible negative consequences of drug misuse', and have an, 'emphasis on encouraging feelings of independence and the development of skills enabling the individual to resist peer pressure to take drugs' (MacAskill, Scott & Hastings, April, 1989 p. 18). Posters utilise a mugshot style, with close-up head-shots of two animals – a mouse and a sheep – facing straight to camera, dressed in human clothing cut off just below the shoulders (Figs. 3.14 & 3.15). At the top of the page are the quotations; Sheep – “*My friends were taking drugs so I followed them*”; Mouse – “*My friends said drugs would make a man of me*”. Whilst at the bottom of the page the words *Choose Life Not Drugs* stand in bold lettering against a plain background. Here the two words *Choose Life* take on an increasingly prominent role as the word *Choose* is boldly underlined and set in large capital font alongside the smaller and lower case ‘*Not Drugs*’.

The idea of choice has therefore become integral to the campaign, with the ‘*Choose Life*’ slogan overshadowing and eventually replacing SHEG’s BAYCB slogan and eventually its own original qualifying statement, *not drugs*.

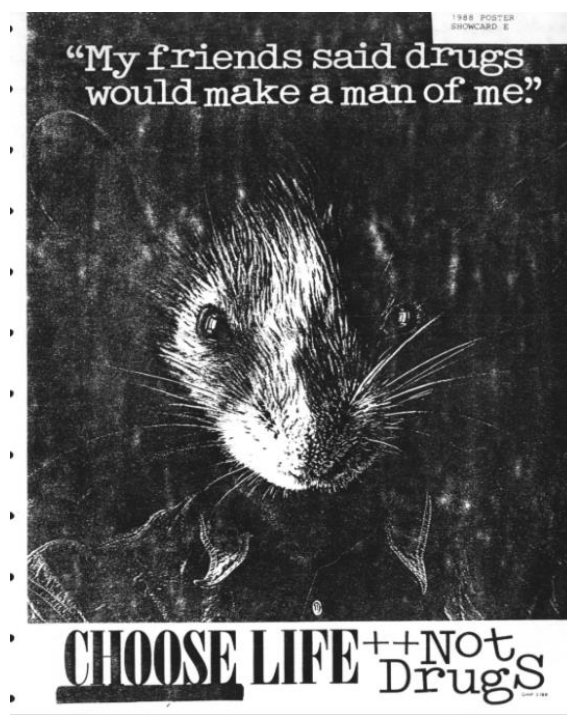


Figure 3.14.

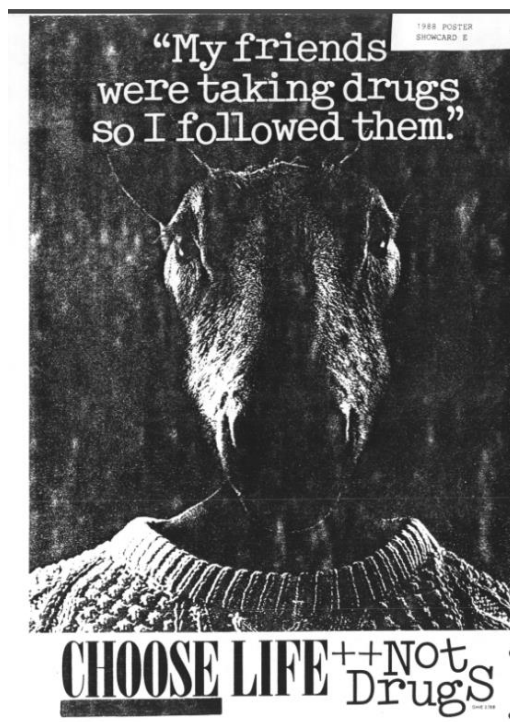


Figure 3.15.

The use of these specific animals works to label those who do take drugs as weak – mouse like –, or ignorant – sheep – with the opposite traits of strong will and independence inferred upon those who do resist peer pressure to take drugs. And, whilst the anthropomorphic images help to disguise any gender bias, the language plays on notions of masculinity as it caricatures the stereotype that drugs taking is a manly habit – “My Friends said drugs would make a man of me”. This language mocks the potential strength and effectiveness that traditional masculine stereotypes can have on young men’s health choices and behaviours. Again, as with alcohol, this rhetoric fails to acknowledge the disproportionate cultural value that certain dangerous or even criminal activities might hold for particular men according to a variety of spatial, economic, social, and political effects¹²⁶. As Saula Ioannou suggests, ‘[w]hat young people consume, and their representations of what they consume, are not only about health consciousness, but also about self-image, socialization and an active stylization of life’ (Ioannou, 2003).

Borrowing from Bourdieu’s Habitus theory, Alistair Fraser, describes an aspect of this process as, ‘street habitus’, where the benefits of ‘belonging, communitas, and group solidarity’ can outweigh, or at least negate, any negative aspects of criminality and gang activity (Fraser, 2013, p. 974). In terms of health outcomes, the effects of this street habitus might be seen in Parkinson et al’s research which notes the disproportionate mortality rates in Scotland’s young men and ‘particularly the working class living in the deindustrialising regions’ (Parkinson et al., 2018, p. 2). Arguments like this suggest that in some environments, especially where certain representations of masculine identity are being eroded – such as those post-industrial spaces previously mentioned – the misuse and even selling of drugs may be a compensatory performative measure in which masculine gender identity is enhanced by the reputational benefits of otherwise dangerous and unhealthy activities¹²⁷.

¹²⁶ See Alistair Fraser’s, ‘Street habitus: gangs, territorialism and social change in Glasgow’ (Fraser, 2013) and Victor L. Shammass and Sveinung Sandberg’s, ‘Habitus, capital, and conflict: Bringing Bourdieusian field theory to criminology’ (Shammass & Sandberg, 2015).

¹²⁷ From a Scottish perspective much work has been done on the reputational benefits of crime and gang culture. See, for instance, Bartie and Fraser, ‘Speaking to the ‘Hard-Men’: Masculinities, Violence and Youth Gangs in Glasgow, c. 1965-75’ (Bartie & Fraser, 2017), Fraser, ‘Street habitus: gangs, territorialism and social change in Glasgow’ (Fraser, 2013) and H. Sweeting and P. West, ‘Young People’s Leisure and Risk-Taking Behaviours: Changes in Gender Patterning in the West of Scotland during the 1990s’ (Sweeting & West, 2003).

It is suggested therefore, that a failure to understand, or portray, these conflicting benefits and disadvantages, within this context, may at best, narrow the potential efficacy of public health narratives, and at worst, create an environment where hostile responses to official public health narratives might become reputationally beneficial to certain cohorts of already vulnerable members of society¹²⁸.

Vox Pop: the original 'Choose Life' film

Both the overall language and public health approach of the above posters deviate from earlier BAYCB materials that would simply work to promote alternative healthy non-drug-taking behaviours, by openly condemning both drug takers and drug taking behaviours. This shift continues into a later 1988 television advert *Vox Pop* which includes implied moral judgments and several explicit condemnations of drug taking and its associated behaviours and characteristics. The script, (describing a conversation between two young men as one attempts to encourage another to take drugs), and description of the *Vox Pop* advert, appearing here in a later 1989 report (MacAskill, Scott & Hastings, April, 1989) highlights the continuation of this shift. With aims to, 'develop an awareness among young people of the social skills and attitudes which would help them resist peer pressure to take drugs' (Ibid). The script reads as follows.

1. **Boy 1:** *Look it's brilliant, everyone's into it.*
2. **Boy 2:** *You don't need to be brilliant to ken that's stupid*
3. **B1:** *Look, you don't know what you're missing.*
4. **B2:** *You've got to have something missing to try that*
5. **B1:** *I'll tell everyone you're scared.*
6. **B2:** *I'm not scared, I'm just not interested.*
7. **B1:** *It's just a laugh. Muck'n about, right?*
8. **B2:** *My friend's brother took it as a joke, but he found out the hard way.*

¹²⁸ An idea developed later in the chapter as the analysis considers counter cultural texts in the form of fictional writing and cinema.

9. B1: *Please yourself, but I thought we were friends.*

10. B2: *Friends or no friends, I'm no gonnae be pushed into anything.*

11. B1: *Dinnae tell me you never get bored.*

12. B2: *Aye, I get bored but never that bored.*

13. B1: *Hey look, forget it.*

14. B2: *No, you forget it Stevie. Now come on.*

Caption: *Choose Life Not Drugs.*

Be All You Can Be.

(D. R. Eadie, A. C. Scott, January 1988).

The advert highlights a process where attempts to appeal to concepts such as independence and individuality end up becoming entangled in notions of individualism, responsibility and choice. The fictionalised conversation raises and immediately rebukes or mocks a number of social pressures such as; popularity – ‘*everyone’s into it*’; fear – ‘*you’re scared*’; and boredom – ‘*never that bored*’. This shift that occurs toward the end of the 1980s, draws a line between drug users – who with ‘something missing’ are shown as pushy, weak willed mice and/or ignorant sheep (‘it’s just a laugh’) – and non-drug users – who explicitly and implicitly show determination, intelligence and authority.

This concept of choice is seen throughout both the BAYCB and the ‘*Choose Life*’ campaigns and works to bring the moral ideology of meritocracy further into the realms of public health. Whether it is via the exercise you do, the things you eat or the fashions you wear, the choice, we are told, is ours. In this scenario, failure to make the right choice or to follow the advice of the campaign then becomes a personal flaw as opposed to a wider societal issue. However, given the rigidity of options promoted, it is highly possible that the misleading concept of choice may also create, a dualistic position, leaving the message redundant or even offensive to those who do not, or cannot, for one reason or another, ‘choose’ to conform to this vision of health, fitness and consumerism. As David Rowe suggests this notion of choice is often tied into concepts of leisure where,

It is common, especially among the more populist forms of TV, radio and the press, to 'blame the victim' and/or to stigmatize some leisure practices and practitioners in a moralizing manner that neither accepts sociocultural diversity nor entertains structural explanations for leisure behaviour (Rowe, 2006, p. 329).

In this space, choice is limited or simply illusory to those who do not fit or cannot afford to access the contemporary regimes of health and fitness – especially as they are now so closely associated with expensive forms of leisure, fashion and consumerism. Those unable or unwilling to conform to these standards face stigmatization and contempt, as the concept of choice determines their failure as nonconformity, and an individual lack of commitment, rather than the result of any wider social structures.

It is suggested, therefore, that BAYCB's focus on bodily health, physical fitness, and attractiveness, and *Choose Life's* strict dichotomy between drugs OR life, both create narratives that end up failing to recognise the specifics of age, race, and social class, in Scotland's drug problem. By narrowing the focus of these campaigns, for instance by excluding hard drug takers, recreational drug takers, and other related issues, such as homelessness, unemployment, mental health, poverty, education and addiction, the texts become over-simplified to the point of restriction and vulnerable to potential backlash from those left out. As suggested in the introduction to this section, one of the most noticeable examples of this iconoclastic backlash is observable in the novel *Trainspotting* and its subsequent film adaptation, both of which can be read within the histories of the new-man and the new-lad both prominent in the late 1980s and at the beginning of the 1990s.

Part 3

New Men and New Lads; Public health films and masculine regimes of representation.

Prioritising a clean-cut, healthy eating and drinking, emotionally open, and consumer aware lifestyle, the new-man, according to Nixon, 'worked to circumvent the previous problem of British men being labelled outlandish or homosexual if they were concerned about the cut of their clothes or the gloss of their skin' (Nixon, 2001, p. 375). For some critics then, the model of the new-man would take shape in the spaces of work, leisure and consumerism that had been ostensibly feminised to varying degrees during the early 1980s¹²⁹. Others,

¹²⁹ See Sean Nixon's article 'Resignifying Masculinity: From 'New Man' to 'New Lad'' in which a detailed examination of the new man develops this idea (Nixon, 2001) and Tim Strangleman's *Deindustrialisation and*

such as Tim Edwards for instance, offer a more complex reading, suggesting that the new-man's genesis and persistence may be seen, not simply as a production of the media, or a reaction to second wave feminism, but also through, 'the crystallization of consequences in economics, marketing, political ideology, demography and, most widely, consumer society in the 1980s' (Edwards, 1997, pp. 39—40).

For commercial advertisers, the new-man would offer a figure through which the previously feminised environments of beauty, fashion, and a more general consumerism could be re-masculinised and sold to new audiences. Similarly, in public health, the new-man could also be seen as a helpful character, where his rejection of traditional masculine traits and a focus on self-care, physical fitness and well-groomed good looks could all be useful. Visually this can be seen in the postmodern aesthetics and the images of well-groomed and fashionable young men of the BAYCB magazines. Whilst narratively, both BAYCB and *Choose Life* satirical self-aware campaigns, with an emphasis on spectacle and stardom, draw on the ideologies of choice, fitness, fashion, and bodily health that are all tied up in contemporary notions of individualism and meritocracy rampant within the 1980s post-industrial British consumer environment.

However, as time passed and the new-man was increasingly tied to both ideologies of neo-liberal capitalism and official public health narratives, the character's ability to represent the increasingly precarious masculinity of post-industrial Britain waned¹³⁰. Here, the new-lad would emerge with an iconoclastic swagger, a beer in one hand, a lads-mag in the other and a vocabulary of misogynistic insults and jokes, to dethrone the new-man and reclaim, for many men, their eroding sense of hyper-masculinity. Here, the new-lad would emerge as a more masculinised representational figure whose success relied on rejecting the feminised version of masculinity embodied by the new-man as well as the ideological connections associated with leisure, fitness and consumer cultures more generally.

the Historical Sociological Imagination: Making Sense of Work and Industrial Change for an analysis of the role of the workplace in masculine identity (Strangleman, 2017).

¹³⁰ Arthur McIvor and Ronnie Johnson discuss the familial, communal and cultural importance of physical labour and its history in their article, 'Dangerous Work, Hard Men and Broken Bodies Masculinity in the Clydeside Heavy Industries, c1930-1970s' (McIvor & Johnson, 2004). Whilst John MacInnes in, 'The Deindustrialisation of Glasgow' and W. F. Lever's in, 'Deindustrialisation and the Reality of the Post-industrial City' (Lever, 1991) offer a Glasgow specific history. Also see Sean Nixon's article, 'Resignifying Masculinity: From 'New Man' to 'New Lad'' (Nixon, 2001) for a more gendered analysis.

Encapsulating what Edwards describes as 'pre-feminist' ideals, the new-lad was epitomised by anti-intellectualism, misogyny, a purposeful lack of sensitivity and a promotion of excess, in sport, alcohol, and sex. Apparent evidence of the new-lad appears throughout the late 80s and early 90s in a number of texts, with critics turning toward analysis of popular magazines such as FHM and Loaded, the music and culture of 'Britpop'¹³¹, and other popular television and films such as *Bottom* (BBC2, 1991-95), *Men Behaving Badly* (ITV, 1992), *Fever Pitch* (Evans, 1997) and *Lock Stock and Two Smoking Barrels* (Ritchie, 1998) to name just a few¹³².

For Irvine Welsh in his novel *Trainspotting*, and later Danny Boyle, in his film adaptation of the same name, the subversive swagger of the new-lad would be used to criticise the Scottish governments public health attempts at dealing with the drug issue in Scotland. An attack on the concept of choice, so heavily promoted by SHEG in both their BAYCB and 'Choose Life' campaigns, appears in the themes of both the book and the film. Renton the male protagonist of Welsh's novel, for instance, argues that,

Society invents a spurious convoluted logic tae absorb and change people whae's behaviour is outside its mainstream. Suppose that ah ken aw the pros and cons, know that ah'm gaunnae huv a short life, am ah sound mind, ectetera, ectetera, but still want tae use smack? They won't let ye dae it, because it's seen as a sign ay thir ain failure. The fact that ye jist simply choose tae reject whut they huv tae offer (Welsh, 2013, p. 123).

Later, the target of the attack becomes ever clearer as Welsh uses the repetition of the words 'Choose' to emphasise his character's sarcastic rejection of consumer products and the ideology of modern capitalism.

Choose us. Choose life. Choose mortgage payments; choose washing machines; choose cars; choose sitting oan a couch watching mind-numbing and spirit-crushing game shows, stuffing fuckin junk food intae yir mooth. Choose rotting away, pishing and shiteing yersel in a home, a total fuckin embarrassment tae the selfish, fucked-up brats ye've produced. Choose life. Well, ah choose no tae choose life (Ibid).

¹³¹ For a deeper examination of the Britpop culture see B. Navarro, 'Creative industries and Britpop: the marketisation of culture, politics and national identity' (Navarro, 2016) and Andy Bennet's 'Village greens and terraced streets': Britpop and representations of 'Britishness' (Bennett, 1997).

¹³² For a closer look at what have been termed 'Lad Flicks' see D. Hansen-Miller and R. Gill, (2011) "'Lad flicks': Discursive Reconstructions of masculinity in film' in H. Radner, and R. Stringer (eds.) *Feminism at the Movies*. (Radner, 2011).

By the time these words reach the cinema, accompanied by the pounding beat of Iggy Pop's punk anthem *Lust for Life*, and Ewan McGregor's strong Scottish dialect, there would be no doubt, at least for those aware of SHEG's campaigns, about the dialogue's influences and its biting reactionary satire. Moreover, with the added advice to, "Choose good health, low cholesterol, and dental insurance", the film's re-working of the book's dialogue, seems even more focused on attacking the state's approach to public health.

Choose Life. Choose a job. Choose a career. Choose a family. Choose a fucking big television, choose washing machines, cars, compact disc players and electrical tin openers. Choose good health, low cholesterol, and dental insurance. Choose fixed interest mortgage repayments. Choose a starter home. Choose your friends. Choose leisurewear and matching luggage. Choose a three-piece suite on hire purchase in a range of fucking fabrics. Choose DIY and wondering who the fuck you are on Sunday morning. Choose sitting on that couch watching mind-numbing, spirit-crushing game shows, stuffing fucking junk food into your mouth. Choose rotting away at the end of it all, pissing your last in a miserable home, nothing more than an embarrassment to the selfish, fucked up brats you spawned to replace yourselves. Choose your future. Choose life... But why would I want to do a thing like that? I chose not to choose life. I chose somethin' else. And the reasons? There are no reasons. Who needs reasons when you've got heroin? (*Trainspotting*, Boyle, 1996).

Whilst some critics argued that the novel and later film had potentially glamorized drug taking, those involved in bringing the novel to screen – director Danny Boyle, writer John Hodge and producer Andrew Macdonald – have all variously denied such accusations¹³³. Hodge, for instance, emphasises the need to remain realistic and critical about the nature and position of both legal and illegal drugs in Scotland during the time, suggesting that,

We didn't do any censoring on the grounds of what some people might call "taste and decency". We wanted to represent what was in the novel and capture the very striking tone of the book. However, I didn't want to glamorize or attract people to drug use, but I hoped that the screen play would be honest in the same way that the book is honest about the euphoric effects of taking heroin (Radner & Stringer, 2011, p. 176).

Stylistically, Boyle suggested that he wanted to, 'steer away from', standard, 'realist', television practices and avoid the usual '*Christine F.* elements, which, '[n]obody will go see'

¹³³ See John Leland's, "Track stars: in the grimly funny Scottish film 'Trainspotting,' a new generation of dead-end kids taps an alarming vein of heroin chic." *Newsweek*, 15 July 1996, p. 52. Accessed 18 July 2018, and N/A, "SACRED COWS: Reputations reassessed: the heroin chic of *Trainspotting*'s far from first-class entertainment", *The Reaper. Uncut* (Archive: 1997-2000); London Iss. 15, (Aug 1, 1998).

(Ibid, p. 178)¹³⁴. To help achieve their aims both Hodge and Boyle, through a combination of writing, directing and editing, inject a dialogue, style, and soundtrack that sutures the anti-establishment and rebellious ethics of previous punk movements into a modern anti-capitalist, post-industrial, new-lad, and what has been labelled 'heroin-chic', aesthetic and culture.

Critics of heroin-chic, similar and related to critics of Britpop and Ladism more generally, argued that images of thin, emaciated models, on the catwalks and in the media, and the erudite, socially conscious, hipster drug-users on-screen, would encourage a surge in drug use amongst an impressionable young population¹³⁵. However, what was often missed in the clamour to attack *Trainspotting*, was, as Willy Slavin's analysis of the film suggests, how 'the film accurately places illegal drug use in its proper context which is as a small though lively stream in the sea of drugs generously licensed and heavily taxed by Her Majesty's Government' (Slavin, 1997, p. 172). Slavin notes indeed how the majority of the violence in the film is in fact provided, 'by the hard man who is fired up on drink while the terrified junkies look on aghast' (Ibid)¹³⁶. In this sense, Slavin argues that rather than glamourize the realities of drugs and drug taking the film manages to problematize the government's rather paradoxical position between legal drugs like alcohol and tobacco, and illegal drugs like ecstasy, cocaine and heroin.

Much like earlier incarnations of working-class masculinity, such as the 'Angry Young Man', the new-lad then was not simply a reflection or product, but also a critic, of his contemporary socio-political environment¹³⁷. Welsh's direct attack on Scottish public health narratives, encapsulates a wider cultural reaction to Thatcher and her claims, in 1987, that "there is no such thing as society", producing a space instead where, 'artists imagine a 1990s

¹³⁴ A biographical film about a teenage drug addict in Berlin shot in an uncompromising social realist style and tone (Edel, 1981).

¹³⁵ Bryan E. Denham, in his content analysis of reporting on the AIDS virus, for example, reveals 'increases in references to popular culture during the middle 1990s, with officials citing dramatic exemplars as evidence of a "new scourge" and of "an old enemy making a dangerous comeback.... Whilst actual evidence suggests that heroin use did not appear to increase during 16 years of analysis (Denham, 2008).

¹³⁶ Slavin also acknowledges that even the obscure title of the film came from 'an episode in the book where it [trainspotting] is a polite expression for relieving oneself in a disused railway station after imbibing to excess' (Slavin, 1997, p. 172).

¹³⁷ See L. A. Paul, *Angry young man* (Paul, 1951), A. Spicer, *Typical Men: The Representation of Masculinity in Popular British Cinema* (Spicer, 2003) and I Haywood, *Working-class fiction: from Chartism to Trainspotting* (Haywood, 1997).

Britain in which any notion of a classless society is merely a fantasy promoted by politicians' (McCombe, 2014, p. 170). In other literature, imaginings of the new-lad would question the simplified and stereotyped narratives of a drug taking underclass, instead pointing to the social, communal and cultural damage created by traditional gender stereotypes (predominantly related to men) and neo-liberal ideologies of individualism and consumerism¹³⁸.

Finally, if there were any doubt about the catalyst of Welsh's dialogue, and its direct attack on the public health interventions of the state, the 2017 sequel to *Trainspotting*, *T2* (Boyle, 2017), would clarify the position once and for all. Directed once again by Boyle and including much of the same cast, the film transports the *Choose Life* narrative into the 21st century, reminding viewers not only of its source but also its ability to transcend barriers and capture the zeitgeist. In one scene Veronika (Anjela Nedyalkova) asks Renton (Ewan McGregor), "What's "choose life?", prompting Renton to explain,

Renton: "Choose life". "Choose life" was a well meaning slogan from a 1980's anti-drug campaign and we used to add things to it, so I might say for example, choose... designer lingerie, in the vain hope of kicking some life back into a dead relationship. Choose handbags, choose high-heeled shoes, cashmere and silk, to make yourself feel what passes for happy. Choose an iPhone made in China by a woman who jumped out of a window and stick it in the pocket of your jacket fresh from a South-Asian Firetrap. Choose Facebook, Twitter, Snapchat, Instagram and a thousand other ways to spew your bile across people you've never met. Choose updating your profile, tell the world what you had for breakfast and hope that someone, somewhere cares. Choose looking up old flames, desperate to believe that you don't look as bad as they do. Choose live-blogging from your first wank to your last breath, human interaction reduced to nothing more than data. Choose ten things you never knew about celebrities who've had surgery. Choose screaming about abortion. Choose rape jokes, slut-shaming, revenge porn and an endless tide of depressing misogyny. Choose 9/11 never happened, and if it did, it was the Jews. Choose a zero-hour contract and a two-hour journey to work. And choose the same for your kids, only worse, and maybe tell yourself that it's better that they never happened. And then sit back and smother the pain with an unknown dose of an unknown drug made in somebody's fucking kitchen. Choose unfulfilled promise and wishing you'd done it all differently. Choose never learning from your own mistakes. Choose watching history repeat itself. Choose the slow reconciliation towards what you can get rather than what you always hoped for. Settle for less and keep a brave face on it. Choose

¹³⁸ Other more critical contemporary Scottish fictions include Jeff Torrington's, *Swing hammer swing!* (Torrington, 1993), James Kelman's *How late it was, how late* (Kelman, 1994) and Alan Warner's, *Morvern Callar*, (Warner, 1996).

disappointment and choose losing the ones you love, and as they fall from view, a piece of you dies with them until you can see that one day in the future, piece by piece, they will all be gone and there'll be nothing left of you to call alive or dead. Choose your future, Veronika. Choose life (T2, Boyle, 2017).

Choose a Conclusion!

The failure to recognise gender and class differences, especially those related to health and drug misuse, in the public health narratives of the 1980s, emerges here as a potential catalyst for the angry reaction of the new-lad. If the new-man materialises at the beginning of the 1980s and is seen, at least for some public health practitioners as a helpful figure with the potential of bridging the difficult gap between certain masculine identities and a feminized health promotion, the new-lad becomes a problematic character whose anti-authoritarian positioning leads to the potential rejection of official state narratives regarding health.

However, as Edwards suggests, both 'the New Man and the New Lad are niches in the market more than anything else', and are representations of masculinity that are both 'intensely media-driven', and dependant on, and constructed around, 'a series of commodity signifiers and consumerist practices' (Edwards, 1997). Indeed, for many, the new-lad was a lie, a tourist, predominantly performative, or as McCombe has argued, 'typically a middle-class role player.... adopting behaviors ostensibly associated with the working classes' (John McCombe, 2014, p. 166) – most usually via the culturally accepted, if criticised, consumption of lad-mags, designer sportswear, relatively moderate drinking, inappropriate jokes, and sexist bravado. If the new-man had built a space where a level of masculine consumerism was allowed, even encouraged, the new-lad had hidden this behind a reimagined macho misogyny based on traditional masculine stereotypes yet still highly policed via the contemporary consumer culture.

For most young men then the performance of lad culture was relatively risk-free, offering a character who would reaffirm traditional hegemonic masculinities in the face of perceived feminisation of both work and leisure spaces. For others meanwhile, the combined effects of deindustrialisation, social decline, unemployment, poverty and the added pressures of localised hard hegemonic masculine ideals, the adoption of these characteristics could have

more negative health consequences¹³⁹. Here, drug taking behaviours, as well as the practices surrounding them including drug dealing, violence, and a general criminality, have all been identified as one manifestation of these pressures in which an increasingly ostracised, disenfranchised, and potentially now emasculated young working-class male population might find opportunities for a renewed, and locally respected, hard masculine performance¹⁴⁰.

The concept of health through participation in leisure and consumerism, although not completely new, emerges during the 1980s with renewed vigour and an increasing focus on individualism and increasingly disparaging, blameful narratives. Initially avoiding the mention of drugs altogether and focused on the simple promotion of positive health behaviours - albeit for a limited demographic - later narratives become entangled in the political ideologies of neo-liberalism and conservative moralism in which the demonization of illegal drugs and drug users becomes a central element. As with other non-communicable diseases of the 20th century, such as smoking and drinking already examined in this thesis, the individual emerges as the sole producer and supervisor of bodily health. These narratives exemplify a decade, and indeed much of a century, that has been epitomised by the myth of meritocracy in which the processes of deindustrialisation, unemployment, and here drug taking, are limited to stories of individual failure rather than by-products of a failing state. Backlash to the ideologies of an individualist consumer culture and the actual destruction of communal, often working-class masculine identities, have been identified here as reactions to, and criticisms of, the directive health campaigns of BAYCB and *Choose Life*. Whilst on the one hand this confirms the tremendous cultural reach of the campaigns, the very popularity of Welsh's novel, and later Boyle's films, might also point to a wider critical acknowledgement and adverse reaction to their simplified narratives.

The carrot then, for many people, was in some ways still a stick. The world of health and fitness that was promoted as an alternative to drug misuse was restricted both

¹³⁹ See John Beynon *Masculinities and culture* pages 105-107 (Beynon, 2002), Bartie and Fraser, 'Speaking to the 'Hard-Men': Masculinities, Violence and Youth Gangs in Glasgow, c. 1965-75' (Bartie & Fraser, 2017) and Fraser, 'Street habitus: gangs, territorialism and social change in Glasgow' (Fraser, 2013).

¹⁴⁰ See, for instance, Mike Brake's *The Sociology of Youth Culture and Youth Subcultures* (Brake, 1980), Sean Nixon's, *Resignifying Masculinity: From 'New Man' to 'New Lad'* (Nixon, 2001), Stuart Hall's, 'Visceral Cultures and Criminal Practices' (Hall, 1997) and Stephen Ross, *Youth culture and the post-war British novel: from Teddy Boys to Trainspotting* (Ross, 2019).

economically, geographically and socially, with its promotion simply reiterating for many people their distance from these potential alternatives. Not only could working-class young men not afford many of the consumer products tied into the contemporary leisure environment, participation within this environment was also likely to risk their increasingly fragile and important sense of masculine identity. Toxic masculinity must be seen within this environment as a dual force, with traditional stereotypes of masculinity encouraging reckless, and contemporary stereotypes restricting positive, health habits and behaviours.

Part 4

AIDS as interruption: Scotland's public health reaction to the HIV and AIDS epidemic

Offering a brief history of the HIV and AIDS outbreak in Scotland and the immediate response to its spread, the following section details a number of local and national approaches to the epidemic, before going on to address the gendered ways in which these have been constructed within public health filmmaking.

The spread of HIV and AIDS during the early period of the epidemic in the UK was limited, on the whole, to mainly homosexual men, drug users and prostitutes. Association to these subgroups would lead many religious leaders, media spokespersons, and members of parliament at the time to suggest that AIDS was somehow the 'consequences of a dissipated lifestyle', 'the wages of sin', or even, the wrath of God (Miller, 1998, p. 3). Miss Flora Fraser, Lady Saltoun of Abernethy, during a sitting in the House of Lords, in 1986, for instance, would go as far as to say,

I think it is fairly safe to assume that homosexuality, and very often promiscuity, are against the natural order of things, and therefore if persevered in may bring trouble, often on innocent and guilty alike.... I believe that fear of dire consequences will be the Government's best ally in combating the AIDS epidemic with which we are threatened. I hope that the Government will stand firm and harness that fear (HL Deb 10 December 1986 vol 482 cc1192-229).

Representing a strongly conservative moralist viewpoint, ideas like this were not uncommon in parliament as well as other influential sections of society and would undoubtedly frame conversations surrounding AIDS in the United Kingdom at this time¹⁴¹. In Scotland, the story

¹⁴¹ Margaret Thatcher, then Prime minister of the UK made clear her distaste for some of the sexual content to which some AIDS information materials had turned. See John Burgess', 'The development of risk politics in the

of the AIDS crisis was emerging within a slightly different context. The first suspected cases of AIDS in Scotland were reported around 1983, and by the following year, medical experts were beginning to link the transmission of HIV to the transfer of blood and more specifically the use of intravenous needles amongst drug users¹⁴².

A few years later, as the virus had become more widespread across the United Kingdom and elsewhere, of those chosen to be tested for HIV infection in Scotland, more than 50 per cent were intravenous drug misusers, compared to only 7 per cent for the UK as a whole¹⁴³.

Therefore, whilst in other parts of the United Kingdom the AIDS epidemic had manifested itself in smaller so-called risk-groups and activities, Scotland's AIDS crisis was more heavily linked to drug taking and specifically the intravenous use of heroin.

Historically, issues such as the import of cheap heroin into the UK market via the east coast of Scotland, the relative concentration of drug users to the large urban areas of the country, such as Dundee, Glasgow, Edinburgh and the Lothians, and strict policing policies leading to the limited availability of softer drugs such as cannabis and the confiscation of clean needles from drug users, have all been attributed to Scotland's issue with drug misuse and the subsequent spread of the AIDS virus¹⁴⁴. Within this context, high levels of heterosexual drug users, and their relationships with the heterosexual community – either via legitimate sexual partners, or as a result of paid sex work – had led to the increased spread, or just as importantly, the fear of the increased spread, of AIDS in Scotland, to the heterosexual population¹⁴⁵. With Berridge's analysis of the period suggesting that, '[g]overnment intervention against AIDS, apart from action in relation to blood products, came only when it was feared that the heterosexual population was in danger' (Berridge, 1996, p. 6), this

UK: Thatcher's 'Remarkable' but forgotten 'Don't Die of Ignorance' AIDS campaign' (Burgess, 2017) and Miller et al's *The circuit of mass communication: media strategies, representation and audience reception in the AIDS crisis* for a fuller explanation of this period (David Miller, 1998).

¹⁴² Dr John Peutherer, virologist and member of the newly established Lothian AIDS Advisory Group for instance discovered that high rates of HTLV-III antibodies – HIV, amongst drug users in the Lothian area. See NA, 'Historical Context', <http://hiv-aids-resources.is.ed.ac.uk/historical-context/>, ND, (Accessed on 03/11/2019).

¹⁴³ Contemporary debates in parliament highlight a discourse focused on the differences between Scotland and the rest of the UK. See; Hansard, 31 March, 1988, vol 130, cc1298-1299.

¹⁴⁴ See Goldberg et al, 'Monitoring the spread of HIV and AIDS in Scotland 1983-1993' (Goldberg et al., 1996) and *AIDS in the UK: the making of a policy, 1981-1994* (Berridge, 1996).

¹⁴⁵ A point well emphasised by contemporary political debate in which the Under-Secretary of State for Scotland Mr. Michael Forsyth discussed his fears of the spread of AIDS "through sexual contact, to a wider population" (Hansard., March 31st, 1988, vol., 130 cc 1294-300).

variance would mean that Scotland's public health teams would face a quite different task to the rest of the UK in their attempt to tackle the impending AIDS crisis.

In order to fight this oncoming epidemic both England and Scotland would turn to public health education and especially the use of mass multi-media campaigns. Indeed, according to Norman Fowler, then Secretary of State for Health, 'public education', was, 'the only vaccine we have' (Cited in David Miller, 1998 Introduction). Whilst in Scotland, The McClelland Report recommended that, 'It should be a high priority for the Scottish Education Department to ensure that information about AIDS and the transmission of HIV by needle sharing and by sexual contact should be built into health education' (McClelland, 1986). Contemporary academics, politicians, and public commentators then, had all identified the media as a major tool in the fight against the approaching AIDS crisis¹⁴⁶.

A nationwide campaign was launched by the British government in 1986, which would include newspaper adverts, posters, ad shells, and the two television adverts – *Iceberg* and *Monolith* – which were themselves precursors to a nationwide leaflet drop. Whilst at the same time, Scotland, under SHEG, would develop its own AIDS awareness campaigns whilst continuing to promote both the BAYCB slogan as well as the *Choose Life Not Drugs* campaigns.

Accordingly, the first part of this section focuses on a comparison between the Department of Health and Social Security's (DHSS) 'Don't aid AIDS' campaign (1986) – often remembered as the *Don't Die of Ignorance* campaign – and the Lothian Health Board's (LHB) *Take Care* (1989) campaign. Here, local and municipal campaigns, such as *Take Care*, are seen as ways in which the narrative of the AIDS virus was controlled from a particularly Scottish perspective, in the face of larger global and UK wide AIDS narratives and public health approaches.

¹⁴⁶ More recently, this period has been investigated from a number of perspectives. With Miller et al's, '*The circuit of mass communication: media strategies, representation and audience reception in the AIDS crisis*' (David Miller, 1998), perhaps the most comprehensive work as far as media intervention goes. With other notable examples including Berridge's, '*AIDS in the UK: the making of a policy, 1981-1994*' (Berridge & Oxford University, 1996) and Noar et al's, '*A 10-Year Systematic Review of HIV/AIDS Mass Communication Campaigns: Have We Made Progress?*' (Noar, Palmgreen, Chabot, Dobransky, & Zimmerman, 2009). Alternatively, for a broader look at the use of media in relation to the AIDS virus see G. Griffin, '*Representations of HIV and AIDS: visibility blue/s*' (Griffin, 2000).

Applying Miller et al's four broad positions or, 'key divisions in the AIDS debate' – 'The conservative moralist view; the libertarian view; the liberal/medical orthodoxy' and 'the critical view' (David Miller, 1998, pp. 2-7) – this approach considers the moral conservatism surrounding the debates around the AIDS virus from both an English and a Scottish historical perspective. Within this context, the campaign adverts designed to address the threat of AIDS within the heterosexual population will be assessed using Miller et al's 'liberal/medical orthodox' definition, with the aim of highlighting how they rule out, 'strong moral messages', posit an, 'information giving approach', and, concentrate on the possibility that, 'everyone is at risk' (Ibid, p. 5).

This analysis suggests that, despite calls, from both sides of the border, for such harsh measures as the quarantine of gay men or even the re-criminalisation of homosexuality, concerns about the spread of the AIDS virus to the heterosexual population – especially in Scotland – would lead to a less individually targeted, and more generally liberalised approach to public information on AIDS. That is, whilst earlier campaigns focused on the gay community tended to contain conservatively moralist, often overtly homophobic and blameful language and narratives, a more liberal approach was considered when tackling the spread of the disease amongst the wider population. More simply, if gay people or drug addicts were going to contract AIDS it was their own fault, but if heterosexual, or more precisely non-drug using straight middle class and respectable, people were in danger, public health interventions tended to consider a somewhat more subtle approach. One rule for one, another for the rest of us, it seems.

The second part of this section looks at two proposed AIDS prevention films designed for the DHSS, *Why me?* (1987) and *Wax Doll* (1987) and sits alongside analysis of SHEG's *Vox Pop* (1988) film and their general approach to drug misuse in both the BAYCB (1983-89c) and *Choose Life Not Drugs* (1985-90c) campaigns. Utilising transcripts from screening reports on all three films, this section aims to understand the prominence of themes highlighted in respondents' feedback focusing upon stylistic differences within the films. As before, issues surrounding the representation of gender, gender norms, and drug misuse are investigated although more precisely within the context of the AIDS virus. Borrowing from earlier analysis that stated a reliance on idealised gender norms and stereotypes as motivating public health tools, and the potential dangers in their use, this section traces the transition

of these gender-norms from earlier public health incarnations in smoking and drinking films through into public health narratives on drug-misuse and AIDS.

The films: A national comparison

Iceberg and Monolith

The two television adverts, *Iceberg* and *Monolith*, designed by marketer Sammy Harari for the advertising agency TBWA, for some critics helped to bring public health advertising into the world of cutting-edge corporate advertising and have been remembered variously for their shocking, cinematic and doom-full content¹⁴⁷. Undoubtedly designed to provoke shock and fear, Malcolm Gaskin, designer at time for the TBWA, noted in an interview with the Guardian newspaper in 2017, how,

The death part was important – and knowledge was really the only thing we had at the time to defend ourselves against it. With the TV advert we knew we had about 40 seconds to get people's attention. That's not enough time to explain anything complex – we just needed viewers to make sure they read the leaflets that would be arriving through their door. Scaring people was deliberate (Tim Jonze, 'It was a life-and-death situation. Wards were full of young men dying': How we made the Don't Die of Ignorance Aids campaign', <https://www.theguardian.com/culture/2017/sep/04/how-we-made-dont-die-of-ignorance-aids-campaign>, 04/09/2017, Accessed on 22/03/2019).

If scaring people was deliberate, then so was the general ambiguity of the language and imagery. Dialogue in both films remains particularly neutral and avoids mentioning gender, age, sexual orientation, or drug misuse,

Iceberg *There is now a deadly virus which anyone can catch from sex with an infected person. But you can't always tell if someone is infected. And, unless we are all a lot more careful, the people who've died so far, will be just the tip of the iceberg. So, protect yourself, it's safer if you use a condom, and remember the more sexual partners the greater the risk (Roeg, Iceberg, 1986).*

Monolith *There is now a danger that is a threat to us all. It is a deadly disease and there is no known cure. The virus can be passed during sexual intercourse with an infected person. Anyone can get it man or woman. So far, it's been confined to small groups, but it's spreading. So, protect yourself and read this leaflet when it arrives. If you ignore AIDS, it could be the death of you. So, don't die of ignorance (Roeg, Monolith, 1986).*

¹⁴⁷ See, A. Burgess, 'The development of risk politics in the UK: Thatcher's 'Remarkable' but forgotten 'Don't Die of Ignorance' AIDS campaign.' (Burgess, 2017).

Imagery too, is particularly ambiguous, unobtrusive and inoffensive, with no recognisable characters or environments that might associate the disease with any particular social class, sexuality, style or personal characteristic. Instead, studio set-pieces of crashing icebergs, exploding volcanoes, and tombstones adorned with white lilies, alongside an atmospheric soundtrack, act as non-targeted metaphors for the impending tragedy of the AIDS virus¹⁴⁸. However, as Miller et al go on to suggest, ‘this did not mean that conservative moralist messages were absent from the campaigns’ (Miller, 1998, p. 50).

As suggested earlier, production of the films faced a number of barriers, from conservative politicians, religious leaders, moral campaigners, gay rights activists, and even the then Prime Minister Margaret Thatcher¹⁴⁹. Perhaps, due in part to these pressures, some conservative moral messages and contemporary political ideologies can be seen in both films, highlighted by the very phrase, “Don’t die of Ignorance”, and later, “You know the risks, the choice is yours”. Here, ideologies of intelligence, choice and individual responsibility, something that had been promoted throughout the political climate of the 1980s, remain visible in both texts and their subsequent ephemera. Additionally, elements of sexual restraint, prudence, and heterosexual monogamy also linger throughout the campaign as competing practices i.e. sexual independence, homosexuality and polygamy, seem to be subtly condemned – “*unless we are **all** a lot more careful*”, “*and remember the more sexual partners the greater the risk*”.

However, despite these conservative tones, the films remain relatively liberal and medically orthodox, fitting with Miller’s definition that suggests an emphasis on the idea that ‘everyone is at risk’ (Ibid, p. 5). Overall, the films try to avoid an overtly targeted, moralistic or directive approach, with metaphoric, characterless and unidentified spaces filling in for the very real-world dangers of the disease.

Take Care: A local approach.

As suggested, AIDS was a major issue in Scotland during the mid-1980s but was particularly prevalent amongst heavy drug users. A combination of easy supply routes and a

¹⁴⁸ Both directed by Nicolas Roeg now renowned for his mainstream science fiction filmmaking.

¹⁴⁹ Miller et al have discussed the complicated relationship between health board, advertising agency and state helping to further detail this effect (David Miller, 1998).

concentration of poverty, amongst other factors, meant that drug use, and subsequently AIDs, would often be concentrated, or at least most rampant, in the large urban areas of the country. In 1988, cases of HIV and AIDs in Edinburgh and the Lothians, for example, were calculated at nearly seven times the national average¹⁵⁰. Given the greater potential for spread to the heterosexual community, via drug users, the region was at the forefront of the AIDs epidemic as well as being under strong pressure to react. According to the producers of the *Take Care* campaign

Due to the great potential for heterosexual spread it was felt necessary to organise an intensive local campaign directed at the general population and designed to encourage people to: Take care of themselves and encourage others to take care (Jackie Aim, 'There are Four Aims to the Take Care Campaign', <http://hiv-aids-resources.is.ed.ac.uk/social-studies/soc2-05/>, 30/04/2015, Accessed on 26/06/2019).

Working on the principles that the gay community, 'was already relatively well informed', and in recognition of the difficulties that promoting behaviour change 'in the other main risk activity group, injecting drug users', might pose, the *Take Care* slogan was developed as a broad, non-targeted, yet specifically Scottish campaign. The aims - according to the campaigns website - included the promotion of the term "Take Care" and any associated logos; the support and creation 'of educational opportunities'; and the development and creation of 'an environment in which individuals can live out Taking Care and encourage others to Take Care' (Ibid). Educational resources including, posters, postcards, leaflets, badges (Figs. 3.16 & 3.17), magazines, T shirts, condom wallets, radio and television adverts, and even one fully painted double decker bus (Fig. 3.18), were all designed at some level to reduce stigma surrounding the AIDS virus and included slogans such as 'AIDS concerns us all', 'it's time to take care', and, 'Take care of the one you love'¹⁵¹.

¹⁵⁰ See 'Monitoring the spread of HIV and AIDS in Scotland 1983-1993' (Goldberg et al., 1996), also N/A, <http://hiv-aids-resources.is.ed.ac.uk/historical-context/> ND, (Accessed on 03/11/2019).

¹⁵¹ See Lothian Health Services Archive HIV/AIDS online resources for Teachers, N/A, <http://hiv-aids-resources.is.ed.ac.uk/expressive-arts/> ND, (Accessed on 03/11/2019).



Figure 3.16.



Figure 3.17.



Figure 3.18.

In this sense, the *Take Care* campaign can be seen as one way in which Scotland distinguished itself on the issue of AIDS whilst at the same time remaining loyal to the wider UK government campaigns and narratives. This follows earlier practice, identified by, Elizabeth Lebas, where municipal films were ‘a means whereby (a) local council could distinguish itself from national policy while concurrently sharing an unassailable consensus with the central state’ (Bonah, Cantor, & Laukötter, 2018). Two short television adverts, ‘*Take Care*’ (1989, referred to from here as “It’s Time to” to avoid confusion with the general use of Take Care) and ‘*Use a Rubber*’ (1989), designed as part of the *Take Care* campaign can be compared to the previously detailed *Don’t Die of Ignorance* films. It is suggested that the specific history of the AIDS virus and its arrival in Scotland – here

Edinburgh and the Lothians – compared to England, may be one explanation for differences explored.

It's Time to opens on a black screen as the circular logo of the *Take Care* campaign, in bright blue and pink colouring, emerges to form the round face of a watch, along with its strap. In the top left of the screen the words 'it's time to...' emerge as the words TAKE CARE appear in the face of the watch, completing the sentence. Almost immediately, to the right-hand side of the watch, the words, 'What does TAKING CARE WITH SEX mean for you?', appear, as a Scottish male voice over repeats the question aloud. Four questions are then further posed, both on screen and in audio, as examples of what taking care with sex might mean.

- Choosing not to have a sexual relationship?
- Choosing not to have intercourse?
- Using condoms to reduce the risk if you have intercourse?
- Being faithful to a faithful partner?

Finally, as the screen fades again to black, the logos of the Lothian Health Board, and the slogans 'it's time to...Take Care', and 'AIDS CONCERNS US ALL' appear on screen. The general ethos of the *Take Care* campaign is emphasised as a relaxed soundtrack and informal question-based style keep the tone of the advert non-directive and untargeted throughout. An important feature, according to the summary report on the campaign, was 'the avoidance of an exclusive association with stigmatised groups or behaviours' (Reid, 1990). As with the *Don't Die of Ignorance* films, there are no characters or spaces either alluded to or shown in the film that might influence a particular bias or negative connotation. However, in contrast to the doom-laden imagery and soundtrack of the earlier campaigns, *It's Time to*, manages to remain positive and upbeat whilst offering relatively similar conservative and orthodox information and advice.

The second advert, *Use a Rubber*, is similar, and more playful in its approach. Running for only 20-seconds the advert starts with the word AIDS written in large lettering on a piece of paper before they are rubbed out with an eraser, and replaced by the words, 'USE A RUBBER'. The message is simple, light-hearted and effective. Only the Lothian Health Board logo appears in small font at the end of the advert with no mention of AIDS or even the *Take Care* slogan. However, when read as part of the larger campaign, which would include a number of playful slogans and images, including 'Do you come here often' (Fig. 3.19) and 'Bring Your Own Condom' (Fig. 3.20) the advert recognisably sits within the overall themes and style of the campaign as a whole.

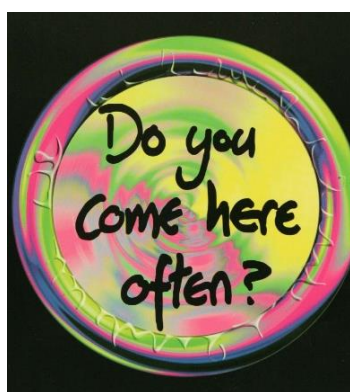


Figure 3.19.

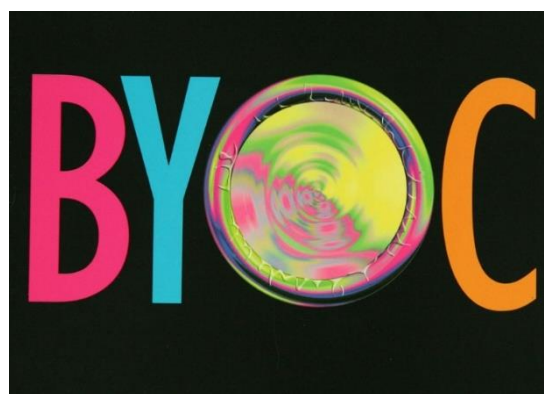


Figure 3.20.

Both the *Don't Die of Ignorance* and the *Take Care* campaigns remain relatively medically and morally orthodox, emphasising the threat of AIDS to the wider heterosexual population and using a generally ambiguous and non-identifiable character, language and *mise-en-scène*. In general, the films offer advice on relationships, sexual activities, and condom use, and omit any mention of drug taking, needle sharing, or homosexuality. However, despite these similarities, a number of differences may also be considered.

In England, for instance, where the AIDS crisis was still heavily linked, both medically and socially, to more limited sub-groups, pressure from a number of sources meant that any campaign had to find a balance between the realisation of the threat to the heterosexual, supposedly 'normative' population, and the social and moral values of a Conservative government. The fearful, almost post-apocalyptic and threatening style of the *Don't Die of Ignorance* campaigns, embody this balance by recognising the potential danger to all whilst at the same time creating an atmosphere of blame and individual responsibility. In contrast, the specificities of the virus in Scotland would bring the issue of AIDS closer, both medically

and socially, to the wider heterosexual population. In Edinburgh and the Lothians, where this combination was perhaps most pronounced, the *Take Care* campaign emerges as a genuinely positive response to the very visible, and perhaps more relatable, AIDS crisis.

In Scotland, this was an approach that had been developed, although arguably never fully realised, in SHEG's earlier and generally positive BAYCB campaigns. The AIDS crisis arrived into this environment at a time when Scottish public health was transitioning its drug misuse materials from the holistic health promotion of BAYCB to the more focused, and observably blameful, campaigns of *Choose Life Not Drugs*. Analysed in this way, *Take Care* represents a transitional case study of Scotland's earlier attempts at creating a genuinely holistic and community based public health environment. As such it can be seen as one of the final attempts to promote this public health approach against wider cultural and governmental pressures to individualise and demonize both the issues of drug misuse and later AIDS¹⁵².

This at times targeted and overall 'responsibility' approach to the AIDS pandemic sees the blameful, prejudice and often simply racist, sexist, and classist language that had characterised many public health approaches to non-communicable health issues transferred into the discourse of modern communicable public health. Here we see how the individualised and often highly loaded language and cultures surrounding smoking, drinking and drug misuse, can be tied into what is essentially an invisible communicable contagion. The unseen can now be seen through its visual connection to certain groups of people, certain places and certain behaviours as one of the deadliest late 20th century communicable pandemics is brought to life on screen. Kirsten Ostherr traces the roots of this visualisation to early cinema and most notably the post-war cinematic reaction to venereal disease in her work *Contagion and the boundaries of the visible: the cinema of world health* (Ostherr, 2002). Ostherr notes, 'a cultural obsession with contagious disease'

¹⁵² Some recent public health approaches to AIDS have borrowed strongly from *Take Care*'s liberal style, acknowledging the dangers of stigmatising potential viewers. Louie Moses, for example, responsible for Arizona's recent Department of Health Services, 2015, 'Awareness is the Answer', HIV campaigns, suggests that, "We kind of learned from the past we didn't want to shock and scare and judge the group of people we were talking to..... Since then [1980s], the research says that shocking and embarrassing and shaking your finger at the potential consumer does the exact opposite. It just makes them hide". See, Martha C. White, 'H.I.V. Education That Aims to Empower, Not Shame', <https://www.nytimes.com/2015/12/28/business/media/hiv-education-that-aims-to-empower-not-shame.html> Recovered on 18/04/2020., 27/12/2015 (Accessed on 18/04/2020).

within contemporary US film and television, 'both as a biological threat and as a rhetorical trope describing the spread of any number of insidious, malevolent forces across the globe' (Ostherr, 2002). At the core of this formation, Ostherr suggests, 'lies a preoccupation with the boundaries of visibility- a concern that links the invisibility of contagion to other potentially invisible aspects of identity, particularly race and sexuality, in an effort to pin the elusive contaminant to a concrete embodiment of "otherness." (Ibid). As we have witnessed, the need to both visualise and narrativize the HIV/AIDS virus was ultimately tied up in existing and often hegemonic stereotypes surrounding gender, sex, sexuality and the family unit, as the moving image played a pivotal role in bringing these stories to life through a variety of fiction and non-fiction films and an array of editing, narrative and visual techniques, tricks and styles. Therefore, as Ostherr suggests, and as we can see not only here but also in the most recent discourse on the Covid 19 pandemic, whilst '[t]he breakthrough of microbiology certainly transformed the possibilities for preventing and curing diseases.... it did not dislodge the discourse of contagion that would continue to locate disease at the borders of the normative (white, literate, propertied, male) national body' (Ibid)¹⁵³. Indeed, as Ostherr's most recent research has suggested, not only do the 'techniques for visualizing the invisible produce a narrative logic of causality in COVID-19 that reinforces racist and xenophobic discourses of containment and control with direct and deadly consequences' (Ostherr, 2020). But moreover, '[m]itigation of this pandemic and future pandemics will require not only medical but also representational interventions (Ibid). More and more likely to arrive via some form of moving image these representational interventions need careful consideration and would do well to avoid the mistakes highlighted here and those like it.

¹⁵³ See Daniel Rosney, 'Coronavirus: Young people breaking rules risk 'second wave'' <https://www.bbc.co.uk/news/newsbeat-54056771> 07/09/2020, Accessed on 08/09/20, Adam Ramsay, 'Stop blaming ordinary people for the UK's pandemic failures' <https://www.opendemocracy.net/en/opendemocracyuk/stop-blaming-ordinary-people-for-the-uks-pandemic-failures/> 28/03/2020, Accessed on 27/08/20, and, Chloe Maughan, 'The government stripped young people of hope – then blamed them for the second wave' <https://www.independent.co.uk/voices/coronavirus-second-wave-uk-young-people-parties-france-matt-hancock-b414718.html> , 08/09/2020, Accessed on 09/09/20.

Wax Doll

Produced by D. R. Eadie and G. B. Hastings for the ARU, the 'DHSS 1987 Anti-drugs/Aids campaign concept test', aimed to explore the, 'conceptual strengths and weaknesses', of the Department of Health and Social Security's (DHSS) 1987 anti-drug abuse campaign (Eadie & Hastings, 1987). The report details focus group responses to a number of concept films and materials including the DHSS films *Wax Doll* and *Why Me?*, as well as SHEG's previously investigated *Vox Pop* film. According to the authors, '[m]any felt that the DHSS and the SHEG material were from two different health related sources and represented two different national identities – i.e. English and Scottish respectively' (Eadie & Hastings, 1987, p. 14). Aiming to better understand these various responses, the following section looks at these films within the wider analysis of gender and public health identified throughout this thesis.

The script for *Wax Doll* details the events of a teenage girl's night out at a house party as she is offered heroin to smoke from a group of friends. Initially showing resistance, declaring, "I'm not into smack", the girl is reassured that, "it's only a smoke", and eventually gives in to the group's peer pressure. Having accepted the drugs, the girl begins to feel the effects and is seen rushing into the toilet as a female voice-over warns, "The first smoke of heroin can make a lot of people throw up. Yet some of them still go back for more". The whole film is intercut with images of a small wax doll, dressed in the same clothing as the girl, as a hand forcefully jabs needles into its torso and eventually its heart. Both the doll and the needles in the film are used to draw links between drug taking, needle use, and eventually, at the end of the film, the deadly threat of the AIDS virus.

Before the threat of death arrives as the ultimate punishment for drug misuse at the end of the film, less extreme dangers are highlighted, and, as before, are strongly related to traditional gender stereotypes. In one particularly telling scene, the young woman is seen putting make-up on at a dressing table mirror, as the female voice over declares that, "If you get into the habit of smoking it, your looks'll start to go". Visual directions included in the script, further highlight an emphasis on appearance and ways in which the advert purposefully aimed to use costume, narrative and *mise-en-scène* to promote traditional concepts of feminine beauty as a deterrent to drug misuse. Firstly, the girl is described as looking "tired and rather ill", with, "lank and lifeless" hair, as she attempts to, "disguise

herself with make-up”, before finally, “her appearance is dishevelled and she looks perceptively worse than when we saw her last” (Eadie & Hastings, 1987). This focus on the superficial physical effects of a drug rather than say the actual physical health effects – something most often preserved for the male characters¹⁵⁴ – is a style that has been identified in previous smoking and alcohol public health narratives¹⁵⁵. This relies on a focus upon traditional feminine monikers of beauty such as the face, the eyes, the skin and the hair, and works to reinforce women’s, or here teenage girl’s, social responsibility to take care of themselves and to look outwardly beautiful.

Again, as elsewhere, notions of intelligence, good judgement and decision-making, in the face of ignorance and peer pressure, remain prominent throughout the film. In the scene in which the protagonist is offered drugs, for instance, the group promote the smoking of heroin as a softer, or safer option over injecting – emphasised as one young man rolls up his sleeves to declare “look, no marks” (Eadie & Hastings, 1987, App 4). Yet, as the film goes on to detail, even smoking the drug may be damaging and could eventually lead to other deadly consequences. Added to the throwing-up and the loss of looks, AIDS appears at the end of the film as the ultimate consequence of ignorance, and bad decision-making. Where, as heroin, “takes control of you”, the narrator suggests, “you might be tempted to share a needle”, and, “if the needle you share is infected with AIDS”, she asks, “where does that leave you?” (Ibid). The concluding images of the film neatly answer this question for the viewer as the doll is stabbed through the heart and end titles read, “Smack isn’t worth it”.

By highlighting the potential consequences of making the wrong choice, ideologies of individualism, choice and meritocracy, control the public health approach of the film, whilst gender norms also play a large narrative role. These ideologies and approaches, particularly prevalent during the 1980s period, have also been identified and examined in the public health narratives of *Don’t Die of Ignorance*, BAYCB and *Choose Life*.

¹⁵⁴ A point highlighted in earlier examinations of both smoking and drinking materials and further highlighted in analysis of the *Why Me* film later in this chapter.

¹⁵⁵ There is an almost identical scene in *Smoking and You* (1968) as a young girl sits facing a dressing table mirror contemplating her looks. See also *Going Home* (1978c) which has the tagline “A Pretty girl, pretty drunk, isn’t very pretty”, and *The Smoking Club* (1998), which highlights the ageing effects of smoking.

Why Me?

Focused on a male protagonist who receives the news that he is HIV positive, *Why Me?* concentrates on some of the physical effects of the AIDS virus upon the male body. In a contrast to the female characteristics detailed above, any symptoms of AIDS in the film are shown to affect the character's physical capabilities as opposed to his looks. It is suggested therefore that this continued focus on feminine looks and male physical strength, or lack thereof, highlights the persistent presence of gender bias across a variety of public health issues – from smoking to AIDS – and over a relatively long period of time – from the early 1960s up to the late 1980s.

The film, shot from the point of view of an outwardly fit young man of about 20 years old, first shows him struggling to wake-up and make his way to the hospital for an appointment. Initially lying in bed, coughing, and visibly struggling to get out of bed, the young man walks unsteadily to his bathroom, splashes water on his face, before slowly making his way down the stairs, clutching onto the handrail. Visual details given in transcripts of the script explain how these images are designed to create a claustrophobic, vertiginous and disorientating effect, all emphasising physical and mental failure and distress (Eadie & Hastings, 1987).

A flashback scene, occurring as the man covers his eyes with his hands, neatly details the events that presumably led to his recent diagnosis. Vivid imagery shows blood trickling down the forearm of one man and even a needle piercing the skin of another, as the two share a used syringe. Next the male voice over declares that, 'the AIDS virus can live on dirty needles and equipment. So, don't share. Because just one fix with an infected needle.... Will really get you out of it' (Ibid). Finally, the words 'don't inject' appear bold on the screen as the word AIDS appears underneath, with the 'I' of the word shaped in the form of a syringe.

Whilst both the script and the shot direction for *Wax Doll* detail the looks of the female character, similar papers for *Why Me?* contain no mention of the young man's aesthetic look nor his social concern or responsibility to maintain these to any particular standard. Instead, the character's masculinity is questioned via images of physical weakness and frailty. And, whilst this may represent the realities of the effects of the disease, the emphasis on looks for the female sufferer and physical strength for the male highlight an obvious gender bias that has seeped into both films.

In comparison to the *Vox Pop* film, which as detailed, was targeted toward non-drug users and aimed at equipping young people with the skills to combat peer pressure, the DHSS adverts were accused, by respondents in the screenings, of being too removed from people's everyday experiences (Eadie & Hastings, 1987). According to authors of the report, '[t]he images and characters in the films simply confirmed how perceptually distanced people were from drug addiction', meaning that 'there is a great risk that drug addiction as depicted in the films will continue to be something that happens 'to others' rather than 'to me' – with one participant noting how, "That advert would get them scared and stop them sharing." (Eadie & Hastings, 1987. P. 9. Authors' own emphasis). Moreover, respondents, authors suggest, 'already had extreme images of addicts, mainly as a result of the media, and in particular television's treatment of the drugs issue through soap operas, films and documentaries' (Ibid, p. 14). Therefore, the '[b]asic message is not new' and, the 'material simply confirmed these perceptions – "it reminds you about a fear that is already there."' (Ibid).

Conversely, *Vox Pop*, detailed above, does not show any images of drug misuse or its negative effects on either female or male drug users. Instead, rather than images of what might happen to you if you do make the wrong choice, *Vox Pop* represents the positive image of what making the right choices can look like. According to the authors of the report, this meant that 'one offers the reassurance that drugs are not 'my' problem', whilst 'the other forces people to acknowledge that they might be' (Ibid, p. 15). More simply, *Wax Doll* and *Why Me?* show you what will happen if you do take drugs, whilst *Vox Pop* shows you how to say no to drugs when put under social pressure to take them. Finally, if they were both promoted, authors of the report felt, 'the reassurance message [that drugs were not their problem, seen in *Wax Doll* and *Why Me?*] would be more attractive and would undermine SHEG's material [*Vox Pop*] by providing a plausible means for people to avoid considering their own response to drugs' (Ibid).

A personal connection to the materials was felt to play a major role in how audiences would identify with the messages of the films. For instance, the young actors in *Vox Pop* are clearly more representative of a non-drug taking target audience than the extreme images of addicts found in *Wax Doll* and *Why Me?*. Likewise, the local dialect, fashions and setting, all offer a recognisably Scottish perspective for a young Scottish audience. This 'Scottish

emphasis was preferred', according to reports, 'because people could identify with it on both a personal level (it brings it closer to home), and at a national level (it's nice to see Scotland has control over something)' (Eadie & Hastings, 1987, p. 14).

These conflicting approaches to drug misuse and AIDS highlight a continuing battle as Scotland would attempt to develop its own unique approach to both crises, whilst simultaneously having to work within, and negotiate, the public health and political agendas of the wider UK government. Whilst on the one hand this generated a sense of localised control and national identity, the mixture of public health approaches and film styles, as feedback suggested, had the potential to lead to confusion, distraction and eventual dismissal of official public health narratives. Reassuring messages, which suggested that drugs might not be 'your' problem, gave many test-viewers one route to dismissal, whilst the use of traditional gender stereotypes, suggesting that young women care about their looks and young men their strength and pride, might have also restricted engagement. More simply, if you did not ascribe to these stereotypes or were restricted from them via a complex web of barriers based on age, race, gender or class, then it might be possible, or indeed necessary, for you to reject such narratives.

Conclusion

This chapter has detailed just some of the public health approaches to drug misuse in Scotland and the wider UK throughout the 1980s. Early campaigns in Scotland such as BAYCB, produced under the leadership of the SHEG, have been shown, through a focus on fitness, physical activity, leisure, and fashion to promote healthy alternatives to drug use via a number of materials including, magazine articles, posters, stickers, badges and films. Stylistically, these materials borrowed from the DIY aesthetic of scrapbooks or zines, often employing erratic and purposely distorted text and imagery. Predominantly aimed at a young, cool and consumer aware teenage non-drug using audience, these materials are replete with a post-modern aesthetic and satiric language, arguably implemented in order to both appeal to young counter cultural audiences, and to help disguise the officialdom of these state led public health texts. The 1980s then, for SHEG at least, represents a period which sees a shift away from previous public health approaches which would attempt to

police public health, and social order, with information heavy, medicalised, directive and/or authoritative public health messages and film styles, towards a more liberal approach.

However, increasingly tied, or unable to escape, the progressively consumer focused environment of the 1980s, the initial holistic health messaging and leisure activities promoted by the BAYCB campaign would, arguably, become more and more inaccessible to large parts of the population, especially men – who saw the feminised worlds of leisure, fashion and self-care as damaging to their sense of masculine identity. For some public health bodies, the character of new-man would circumvent this issue, offering a clean-living healthy alternative to traditional masculine stereotypes of bravery, stoicism and toughness, which had driven some poor health outcomes for men as well as a stubbornness to report or even treat ill health. Yet the image of the new-man too would increasingly speak for less and less of the population as he was similarly embedded into narratives of consumerism through designer fashions, home gym equipment, expensive grooming products and extravagant accessories such as watches, motorbikes and cars. Unable to continually rely on the new-man as a character for health promotion, public health texts would become increasingly focused instead upon the drug user and their personal negative characteristics or perhaps more importantly their individual health decisions or choices.

Initially produced concurrently and in collaboration with the BAYCB campaign, the *Choose Life Not Drugs* campaign arose in the middle of the decade as a subject specific arm of SHEG's overall holistic messaging. However, as the decade wore on and an industry of production was steadily replaced with one of consumption and a subsequent culture of individualism, narcissism, competitiveness and meritocracy, the initial liberalism of BAYCB was replaced with narratives of condemnation and blame, especially where drugs were involved. Here, a return to traditionally authoritative public health narratives would emerge, as personal responsibility became the main factor in young people's health choices, whilst the potential effects of any wider structural and cultural factors involved were largely ignored. Peer pressure became an important factor in the fight against drug misuse with drug users ridiculed through accusations of close-mindedness and ignorance in the face of the intelligent, mature and responsible non-drug-taking teenager.

Yet the very binary positioning of the *Choose Life Not Drugs* slogan was obviously offensive for many young, and indeed older cultural critics, who could more reliably place the issue of

drug misuse within the wider contexts of legal substance abuse and its unarguably more negative health outcomes. Here, young people's first-hand experience of recreational drug use, either through their own use or via its presence in many sections of society, did not fit with the demonising rhetoric of official public health messaging. Those suffering first-hand, or simply witnessing the destructive effects of legal drugs such as smoking and drinking, were no doubt critical of this paradoxical state positioning and likely suspicious of further advice. For Patton, this reaction is clearest in her analysis of historic AIDS materials where, quoting widely, she suggests that,

Because the information model assumed that most people would respond in the desired way upon being informed, those who failed to respond – the recalcitrant or compulsive – were declared “hard to reach”.... instead of accepting the limitations of information campaigns, they [these types of information campaigns] blamed individuals' failure to change on stereotypical traits associated with the group. Despite its value in raising awareness and opening up access to care and support systems, the traditional information model, by denying the role of the community norms in producing behaviour change, led directly to punitive actions against the very people that the model failed (Patton, 1996, pp. 102-103).

Children were told, “*You’ve got the power, You’ve got the voice, You’ve got the mind to make the choice*”, but in the reality of 1980s Scotland, with increased industrial decline and a progressively consumer-led neo-liberal culture – delivered, it is worth saying, by a moralist Conservative government all the way down in Westminster – many young people simply didn't have the power, many of them didn't have the voice and in some cases, many of them didn't really have much of a choice. As Hall suggests,

Power it seems, has to be understood here, not only in terms of economic exploitation and physical coercion, but also in broader cultural or symbolic terms, including the power to represent someone or something in a certain way – ‘with a certain regime of representation’ (Hall, 1997, p. 259).

Not only are contemporary Scottish teenagers subject to the poor health effects of illegal drug markets, violent crime, and drug misuse caused by poverty, deindustrialisation, neoliberal capitalist markets and social decline, their identity is restricted by a regime of representation that places blame on them for not avoiding the very effects of these issues. One of the responses to these cultural factors, and arguably here the hypocrisy of *Choose Life*, was identified in academic readings of the emergence of the new-lad. With his iconoclastic attitude and reckless health performance the new-lad was seen as a rebellious

outlet to the conformity and the emasculation of characters like the new-man and the wider perceived feminisation of culture.

In spaces where this Ladism was accessible through the consumption of re-masculinised artefacts such as lad-mags, designer sportswear, and homosocial or recreational drinking and drug taking cultures, this rebellion remained relatively harmless. Yet, those restricted from the performative consumerism of the new-lad, be that economically, geographically or sexually – for instance within homosexual cultures – would instead be forced to renegotiate their masculinity through the more hazardous practices of, illicit sex, drug use, drug dealing and/or an anti-authoritarian or subversive and dangerous gang-culture more generally. Texts like *Trainspotting* would capture the zeitgeist of this period, highlighting both the hypocrisy of the government's stance on drug misuse as well as the difficulties that some men would face in controlling their sense of masculinity during this so-called masculinity crisis.

For some recent commentators the term '*Trainspotting* Generation' has been used to describe an ageing cohort - predominantly men - who have tended to make up a large percentage of people who have died from drug related issues in Scotland over the last few decades¹⁵⁶. Here, men in their 30s to 40s, who had accounted for the largest cohort of drug related deaths around the period from the mid-2000s to 2015, were recognised as having started their drug use during the mid to late 1980s¹⁵⁷. When later results in 2016 saw the same men, now over 40 years old, still accounting for the highest cohort of drug related deaths, the idea of a lost generation emerging out of the 1980s was for many confirmed. However, whilst the term *Trainspotting* Generation might help to neatly capture a certain period of Scottish culture, it also fails to acknowledge the text's overtly critical assessment of SHEGs *Choose Life* campaign and the government's wider hypocritical position on drug

¹⁵⁶ See Aida Edemariam and Kirsty Scott, 'What happened to the Trainspotting generation?', <https://www.theguardian.com/society/2009/aug/15/scotland-trainspotting-generation-dying-fact> 15/08/2009, Accessed on 13/04/2020, and Haroon Siddique and Frances Perraudin, 'Trainspotting generation' most likely to die from drug use', <https://www.theguardian.com/society/2017/aug/02/trainspotting-generation-most-likely-to-die-from-drug-misuse> 02/08/2017 Accessed on 30/04/2020.

¹⁵⁷ See NA, 'Deaths related to drug poisoning in England and Wales: 2016 registrations' <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deaths-related-to-drug-poisoning-in-england-and-wales/2016registrations#people-aged-40-to-49-years-have-the-highest-rate-of-drug-misuse-deaths>, 02/08/2017, Accessed on 01/05/2020.

misuse. Indeed, recent reports from the National Records of Scotland have identified Scotland as the drug death capital of the European Union, with people now in their 30s and 40s not so easily placed within the earlier *Trainspotting* Generation¹⁵⁸. The laziness of terms like ‘*Trainspotting* Generation’, ‘Lost Generation’ or even as suggested in earlier chapters, ‘the Glasgow effect’, water down the complexities of issues surrounding drug misuse into palatable and often prejudice-laden explanations and caricatures. If any term ought to be used, I would suggest perhaps the ‘Choose Life Generation’, which would encapsulate not only Welsh’s and Boyle’s texts but also the government’s failed attempts at controlling Scotland’s drug problem.

The issue of AIDS, as elsewhere, would arrive in Scotland under a cloud of much fear and arguably hyperbolic and often prejudicial rhetoric. Drug misuse materials would inevitably be tied into responses against the AIDS virus as the intravenous use of heroin was identified for its role in the transmission of the disease. These connections emboldened an already strongly Conservative government and media to label the issue in moral terms, allowing them to frame both homosexual men and drug users in increasingly disparaging ways.

Yet, as the threat to the heterosexual population was thought to increase, more liberal narratives and public health texts would emerge. In England, this liberalism begins in the faceless, and doom-laden, nationwide *Don’t Aid Aid’s* campaign and *Don’t Die of Ignorance* television adverts. These materials aim to target a broad audience with ambiguous messaging and imagery, yet remain highly moralistic and sexually conservative, controlled no doubt by the contemporary Conservative government. Conversely, in Scotland, where the heterosexual population were seen to be at more risk than in other parts of the UK, *Take Care* stands out as a genuinely positive, relatively liberal and stigma free response to HIV and AIDS. Arguably moulded in the traditions generated at SHEG and its attempts to create pro-health positive messaging, as well as attempts to secure a Scotland specific response to the crisis, *Take Care* creates a cooperative message in the face of historically individualised and blameful public health reactions to the AIDS crisis and other contagious disease. More recently this national approach has played out in the varying responses to the

¹⁵⁸ See NA, ‘Trainspotting generation ‘cannot be used to explain all drug deaths’ <http://www.sdf.org.uk/trainspotting-generation-cannot-be-used-to-explain-all-drug-deaths/>, ND, Accessed on 01/05/2020.

Covid 19 pandemic which have come to share many of the narrative characteristics of the likewise communicable, but ultimately different, AIDS virus. National slogans urging citizens to avoid contact and “stay safe” share an eerie likeness to many AIDS materials, just as punishment for those seen to transgress this advice leans heavily on the marginalised and already disadvantaged, such as the elderly, the invalid and most recently the young¹⁵⁹. Here, as Ostherr has noted before, individual behaviors are blamed for the failures of the state, as responsibility and blame become leading narratives in the government’s response to the threat of invasion from an invisible communicable disease. Future analysis may well point to difference between Scotland’s and England’s public health programmes and approach, whilst some contemporary sources have already criticised the often misleading, conflicting and blameful narratives that have so far sprung up¹⁶⁰.

Imagery of sex and drug misuse were either more subtly approached or simply absent from both of these campaigns as sexual intercourse, anal sex, drug use, drug paraphernalia, and drug users were all excluded in favour of metaphoric imagery and language. When sex was mentioned, it was more often in terms of restraint, faithfulness and culturally accepted forms of heterosexual monogamy. This too, however, would create a space in which people were able to remove themselves from the dangers of AIDS through the creation of an unfaithful, promiscuous and irresponsible ‘other’. Here monogamy and faithfulness were promoted as panaceas to the threat of the AIDS virus, leading those who either were, or believed they were, in such relationships to practice dangerous and un-safe sex. For Moore this means that ‘[p]eople don't view even serial monogamy as a risky activity because they've absorbed health education which talks about 'not sleeping around' (Moore, 1993).

Finally, it was suggested that many of the traditional gender norms and ideals, highlighted in previous chapters, had made their way into some public health narratives surrounding drug misuse and AIDS. Both *Wax Doll* and *Why Me*, for instance, balanced on the border between drug-misuse and AIDS, highlight how some of these stereotypes, and gendered public health

¹⁵⁹ See Daniel Rosney, ‘Coronavirus: Young people breaking rules risk ‘second wave’
<https://www.bbc.co.uk/news/newsbeat-54056771> 07/09/2020, Accessed on 08/09/20.

¹⁶⁰ See Ostherr (2020), Adam Ramsay, ‘Stop blaming ordinary people for the UK’s pandemic failures’
<https://www.opendemocracy.net/en/opendemocracyuk/stop-blaming-ordinary-people-for-the-uks-pandemic-failures/> 28/03/2020, Accessed on 27/08/20, and, Chloe Maughan, ‘The government stripped young people of hope – then blamed them for the second wave’ <https://www.independent.co.uk/voices/coronavirus-second-wave-uk-young-people-parties-france-matt-hancock-b414718.html> , 08/09/2020, Accessed on 09/09/20.

techniques had crossed over from earlier public health narratives and between the two related public health issues. Gendered behaviours were promoted in these films as female viewers were warned about the potential damage to their looks and males to their physical strength. Both examples highlight the cultural power of gender bias and the continued appearance of gender stereotypes and gender preferred behaviours in public health narratives aimed at controlling health activities. At the end of the 1980s major changes would occur in Scottish public health as SHEG was replaced by HEBS and a new structure of public health was developed. The following chapter looks at the issue of sexual health within this climate of change by first examining AIDS within this context.

Chapter Four

Part 1: Sexual Health – The 1990s

Of all the major public health concerns of the 20th century none sit so close to the private body and the private domain as sexual health. Public health texts focused on sexual health have historically been tied into language surrounding the family, sexuality, age, and gender and whether texts have been focused on a particular sexual health disease or sexual health more widely this has almost always raised concerns over the influence and interruption of the state into the private life of the population.

Following the previous chapter's examination of the AIDS crisis in Scotland, the first section of this chapter identifies the point at which a division between the homosexual and the heterosexual community was created and later contributed to narratives surrounding public health and sex. Analysing research on the virus, film scripts, and screening test reports, all produced either for, or by SHEG, the section aims to discover what effects, if any, the AIDS crisis in Scotland had on traditional concepts of masculinity and how these concepts might have been integrated into films designed to deal with AIDS and sexual health specifically. Here it is suggested that, whilst the AIDS crisis did promote some reworking of gender stereotypes, traditional concepts of gender and responsibility, identified throughout this thesis, can be traced through into the sexual health filmmaking styles and approaches of both SHEG and later HEBS.

Secondly, by building on these understandings, a focus on Scottish sexual health films of the 1990s aims to further track the continued use of these narratives and styles of filmmaking, within the changing landscape of Scottish public health – as SHEG was replaced by HEBS in 1991. This considers the continued focus on the teenage subject within an emerging MTV aesthetic and the developments of film and television during this period more widely. Aiming to further understand the production, and representation of gender and its potential effects on hyper-masculine health behaviours within this context, the overall objective remains the historical underpinning of both the cultural, logistical, and technical changes of sexual health filmmaking, during an important period in Scotland's public health history.

Issues surrounding sexual health have been a major concern to the public and governments alike for centuries, as Sarah Hawkes suggests, '[s]ocieties have long tried to control the sexual behaviors of their populations, not only for reasons of social control, but also with the objective of controlling the spread of disease' (Hawkes, 2008). Sexually Transmitted Diseases (STDs) such as Syphilis and Gonorrhoea for instance, have, since the end of the fifteenth century, caused countless deaths as well as a number of other related health issues around the globe¹⁶¹. The control of STDs had been difficult for several medical, social and political reasons and, up until the latter part of the 19th century, diagnoses of a variety of STDs was common and often fatal¹⁶².

By the early part of the 20th century, however, advances in medical treatments, such as salvarsan and penicillin, plus some developments in contraceptives, had helped to either eradicate or reduce the potency, spread and/or damaging physical side-effects of such deadly infections¹⁶³. Later, despite many of these advancements, the landscape of sexual health would alter once again after the breakout of two globalised World Wars. Increased potential for the spread of STDs due to the war – following the mass movement of peoples both nationally and internationally, the concentration of soldiers engaging in prostitution and/or homosexual sex, the lack of effective contraception and the reduced numbers of potential sexual partners on the home fronts – as well as the state's increased requirements for a fit and healthy population, would see major changes and growths in the use of public health messaging as a tool for the control of sexual health¹⁶⁴.

The emergence of more mobile, affordable, lightweight and reliable media production and viewing equipment, mainly during the second of these wars, including improvements in cameras, sound, colour, animation, projection and film, meant that the state was

¹⁶¹ See Claude Quételet, *History of Syphilis* (Quételet, 1990) and Davidson and Hall, *Sex, Sin and Suffering: Venereal Disease and European Society since 1870* (R. Davidson & Hall, 2003).

¹⁶² See Mohammed et al's '100 years of STIs in the UK: a review of national surveillance data' (Mohammed et al., 2018).

¹⁶³ See A. Gelpi and J. D. Tucker's 'A cure at last? Penicillin's unintended consequences on syphilis control, 1944-1964' (Gelpi & Tucker, 2015) as well as Bruce Rothschild's and Richard Barnett's, 'History of Syphilis' (Rothschild, 2005) and 'syphilis' (Barnett, 2018) for further exploration of this history.

¹⁶⁴ See Matthew Smallman-Raynor's, *War epidemics: an historical geography of infectious diseases in military conflict and civil strife, 1850-2000* (Smallman-Raynor, 2004), Dennis G. Shanks', 'How World War 1 changed global attitudes to war and infectious diseases' (Shanks, 2014) and for a more complete understanding of the effects of war on public health, B. S. Victor, W. Levy and A. Sidel's, extensive book, *War and public health* (Victor, Levy & Sidel, 2008).

increasingly making use of moving image media in a number of propaganda and sex education roles¹⁶⁵. Here, governments would utilise new and emerging propaganda and marketing techniques of both production and dissemination to fight the spread of STDs not simply medically, but also narratively. And, although moralist or traditionally gendered narratives were not particularly new to the language of sexual health, or contemporary film, new forms of media production and display offered fresh ways of approaching this increasingly important public health issue.

Sexual Health, War and Masculinities.

Robert Eberwein has suggested that, the ‘venereal disease films produced during World War II present a signifying practice involving male anatomy that.... invites a reassessment of our views of the forces shaping postwar conceptions of masculinity’ (Eberwein, 1999, p. 11). ‘Representations of the male body at risk’, he continues, ‘may have contributed to the encouragement of a hyper-masculinized behaviour that has had significant implications for our culture’ (Ibid). According to Emma Newlands, it was anxieties generated *through* the Second World War about venereal disease and its ‘effects on manpower’, that would lead authorities to respond to the problem with, ‘a mix of traditional disciplinary methods and a new pragmatic approach’ (Newlands, 2015, p. 185). This new approach, according to Newlands, ‘reflected older notions about morality, masculinity and soldiering, as well as more modern conceptions of nationhood, citizenship and the simple recognition that not all men would abstain’ (Ibid).

Other critics, likewise, focused on the war period, have pointed out how concepts related to the body, the family unit, sex and gender were all, to some extent, reintroduced, manipulated and/or policed in a variety of ways, and to varying effects, during this period¹⁶⁶. Broadly, these arguments suggest that boundaries between the private and public sphere, as well as attitudes to sexual habits, sexual behaviours and the public’s relationship with sex education (who made it, who watched it, what it said, what it did not say) would all be

¹⁶⁵ See Robert Eberwein’s, *Sex ed: film, video, and the framework of desire* (Eberwein, 1999); and James Chapman’s, *The British at war: cinema, state and propaganda, 1939-1945*, and, *Film and History* (Chapman, 1998, 2013).

¹⁶⁶ See Robert Eberwein’s, *Sex ed: film, video, and the framework of desire* (Eberwein, 1999); Marilyn Hegarty’s, *Victory girls, khaki-wackies, and patriotutes: the regulation of female sexuality during World War II* (Hegarty, 2008); Daniel Clayton’s, ‘Whitewashing WWII Sexual Memory’ (Clayton, 2015) and Corrina Peniston-Bird et al, *Gender and the Second World War: lessons of war* (Peniston-Bird, Vickers & Askews, 2017).

redefined. Consequently, the literal policing of the physical body, by the state, which would initially emerge as part of the governments' apparent wartime responsibilities, would, over time, mature into a more general public health approach to sexual health infused with traditional concepts of gender, the family, age, health and masculinity.

Concepts of masculinity, for instance, promoted during the war period, which demanded physical strength, bravery, resilience, obedience, stoicism, and a selfless devotion to the needs of the state, would seep into an already established vision of strong masculine hegemony. George L. Mosse suggests of the period that, 'the construction of masculinity had fashioned a stereotype that in its "quiet grandeur" and self-control reflected the view society liked to have of itself' (Mosse, 1998, p. 56). To be manly was to be healthy, and, rather than reveal the traumatic effects of modern warfare on the physical body and the mind, the war's toll on the population, had instead, helped to perpetuate an idealised form of strong, indestructible, and above all healthy masculinity.

For Mosse, 'this ideal of masculinity, indeed modern society as a whole, needed an image against which it could define itself', and, those who, 'stood outside or were marginalized by society provided a countertype that reflected, as in a convex mirror, the reverse of the social norm' (Ibid). Although the image of what Mosse has described as the 'countertype' would shift historically, having included, but not been limited to, Jews, gypsies, homosexuals, people of colour, vagrants, habitual criminals, women and the insane, their role as the Other, that they so often played within this context, would remain almost the same¹⁶⁷. Additionally, whilst these caricatures shifted and changed, the model of masculinity that they would be used to uphold would remain relatively stable. If physical strength, self-control, and a healthy mind and body, were all vital to these images of the ideal man – as he stood in as the symbol of a strong and healthy nation at war – the opposing conditions of illness, disease and even femininity were thus condemned. 'Health and sickness' as Mosse underlines, 'became conditions that distinguished insider from outsider' (Ibid, p. 62).

As early as the First World War, age too, had become an important factor within the emerging networks of public health. Here, as the importance of physical health amongst

¹⁶⁷ See Mosse, *The Image of Man: The creation of modern masculinity*, Chapter four, 'the Countertype', (Mosse, 1998, pp. 56-77).

young recruits into the army was exacerbated by the war efforts, the image of the fit young man would become increasingly visible, promoted and manipulated. Amelia Brice has noted, for instance, how during the First World War, '[t]he poor health of many recruits shocked the nation to finally take action and mass publication of advertisements stressed the importance of healthy children – you had to be fit-to-fight in order to be fit-to-win after all (Brice, 2014, p. 239).

Early films such as *Where There's Soap There's Life* (D. M. Connan & H. W. Bush, 1933), *Enough to Eat? : The Nutrition Film* (Anstey, 1936) and *Eyes Right* (ND, 1937), plus later films such as *Good Health to Scotland* (Russell, 1944), the Col's collection; *Your Children's Teeth* (Massey, 1945); *Your Children's Eyes* (Strasser, 1945); and *Your Children's Ears* (Pearl, 1945), and the Mol's *Your Children and You* (Smith, 1946), all exemplify a move toward campaigns focused variously on the most appropriate kind of foods, exercise, schooling and behaviours for, and about, young children. Here critics such as Brice, and Harry Hendrick, who makes links to contemporary psychoanalysis, identify a period in which the image of the child as an individual, conscious and separate from the family unit, would emerge¹⁶⁸.

According to Brice, '[t]his focus on the health of the child is still echoed and relevant in today's public health' (Brice, 2014, p. 239), whilst for Davidson and Davis, 'in post-war Scotland, the incidence and impact of VD (officially redesignated as sexually transmitted diseases (STDs) after 1972) continued to underpin debate over shifts in sexual mores and their implications for public order, public health and public morality (Davidson & Davis, 2012, p. 159)¹⁶⁹. That is, '[c]oncerns over VD/STDs continued to provide a peg upon which to hang broader social anxieties.' (Ibid). Quoting widely, the pair suggest that,

The social politics surrounding VD/STDs in Scotland between the Second World War and the onset of HIV/AIDS continued to be shaped by a powerful set of moral fears, assumptions and stereotypes. Gradually there was, as in other countries, a shift in emphasis from diseased 'types' to patterns of individual sexual behaviour and their associated risk, but it was only a partial shift. Traditional patterns of scapegoating

¹⁶⁸ For a broader discussion on this construct of the child see Michal Shapira's, *The war inside: psychoanalysis, total war and the making of the democratic self in postwar Britain* (Shapira, 2013) and Harry Hendrick's, *Child welfare: England, 1872-1989* (Hendrick, 1994) which reveals the way in which children have been viewed both as victims of and threats to the society in which they lived.

¹⁶⁹ See also, Eberwein, *Sex ed: film, video, and the framework of desire* (Eberwein, 1999); Berridge, *Marketing health: smoking and the discourse of public health in Britain, 1945-2000* (Berridge, 2007); and Bonah et al's *Health Education Films in the Twentieth Century* (Bonah, Cantor, & Laukötter, 2018).

persisted within contemporary sociological analyses of public health and the 'permissive society', and in some areas of Scotland, long-entrenched church attitudes and admonitions on sexual issues remained highly influential (Ibid p. 165).

The quite necessary increases in sexual health messaging instigated in part by the war, and arguably, in part via the increasingly accessible media production system, had therefore created, albeit from existing narratives, a modern idealised version of the family unit, the child and masculinity as well as their dangerous Others. In the proceeding decades, the characteristics popularised by these ideals would continue to flourish in British culture, and, as previous chapters have noted, their footprints can still be found throughout the contemporary media landscape, including public health filmmaking.

The onset of AIDS in the mid to late 1980s, as suggested, would partly disrupt many of the hetero and gender normative foundations of contemporary culture. Yet, for all the benefits that this visibility would bring, the AIDS crisis, much like both World Wars, had also inspired, or indeed was used to help cement long entrenched, and often exclusionary, ideas about gender, sex and sexual health. Through analysis of film scripts, and relevant communications and reports, the following section looks at ways in which the AIDS crisis would shape contemporary attitudes towards sex and gender and how these might have seeped into subsequent approaches to sexual health filmmaking in Scotland and the wider UK.

Early AIDS materials, as highlighted in the previous chapter, would focus heavily on the particular sub-cultures that had been hit hardest by the disease. In terms of the homosexual threat this had helped to create not only confusion on the potential spread of the virus but also a simplified and often-homophobic discourse surrounding the disease¹⁷⁰. Dennis Altman's timely book, *AIDS and the new puritanism* (Altman, 1986), warned relatively early on about the potential implications of this rhetoric, suggesting that, 'the link between aids and homosexuality has the potential for unleashing panic and persecution in almost every society' (Altman, 1986, p. 187). Here, as Watney later suggests, gay men were, 'made to stand outside the 'general public', inevitably appearing as threats to its internal cohesion' (Watney, 1997, p. 129). A cohesion, Watney continues, which 'is not 'natural', but the result

¹⁷⁰ See Cindy Patton's, *Inventing AIDS* (1990) and *Fatal advice: how safe-sex education went wrong* (Patton, 1996).

of the media industries modes of address – targeting an imaginary family unit which is both white and heterosexual’ (ibid).

One of the most obvious consequences of this ideological protection of the family unit and the often-homophobic discourse that surrounded the AIDS crisis, was the introduction in the UK of what has become colloquially known as Section, or Clause, 28. Enacted in May of 1988, section 28 of the Local Government Act stated that a local authority, ‘shall not intentionally promote homosexuality or publish material with the intention of promoting homosexuality’, or, ‘promote the teaching in any maintained school of the acceptability of homosexuality as a pretended family relationship’¹⁷¹. For Joe Moran, Section 28 was passed, ‘in the aftermath of the new public awareness of AIDS [and] a homophobic climate in which gay people were linked explicitly with amorality and disease’ (Moran, 2001, p. 82). Here, as Patton suggests, ‘when researchers and the media spoke about non-gay, sexually active people who might be at risk of contracting HIV, they replaced “public” or “mainstream” with the phrase “heterosexual community”’ (Patton, 1996, p. 21).

This asymmetrical language according to Patton, ‘initially depended on a consensus about who was “abnormal”’, with, ‘the vague heterosexual, white, middle-class, nonaddicted, etc., bodies that had once simply been “everyone else” in relation to the deviations and minorities’, now, ‘more clearly marked as the citizen’ (Ibid). Thus, the heterosexual community was represented as the compassionate citizen in a narrative that would work to reinforce and stabilise several stereotypes through which the epidemic was, and is now still, arguably, understood. Put simply, early AIDS materials had helped to create a rhetoric through which, as Patton suggests, ‘gay equals not straight, citizen equals not at risk, not at risk equals compassionate, not compassionate equals potential sex monster’ (Ibid, p. 21). For Watney, this meant that,

We are not, in fact, living through a distinct, coherent and progressing ‘moral panic’ about Aids. Rather, we are witnessing the latest variation in the spectacle of the defensive ideological rearguard action which has been mounted on behalf of the ‘the family’ for more than a century (Watney, 1997, p. 130).

¹⁷¹ See NA, Local Government Act 1988, UK Public General Acts 1988 c. 9 Part IV Miscellaneous Section 28, <https://www.legislation.gov.uk/ukpga/1988/9/section/28/enacted>, ND, Accessed on 06/10/2020.

Whether initiated as a response to Clause 28, a sincere way to avoid homophobic language, or as a genuine response to the perceived threat of infection to the heterosexual population, materials were increasingly designed to make the population aware of this “heterosexual threat”. This binary shift in focus, similar to the earlier narratives, had both a positive but also negative and potentially dangerous, double effect. From one perspective, the perceived danger to the heterosexual population would increase the resources made available for the fight against the deadly disease, yet at the same time this had the potential to overshadow, or de-gay, what was statistically still a predominantly homosexual disease. As David Miller suggests,

From 1990 onwards, as gay men were excluded from the policy community, the alliance with the liberal/medical approach gave way to increasing scepticism about the priorities of the AIDS campaign. The key criticism was that by far the largest number of people in Britain with both HIV and AIDS were gay men and yet the vast bulk of AIDS prevention work was aimed indiscriminately at the ‘general population’ (Miller, 1998, p. 9).

On one hand then, the AIDS crisis had raised the profile of gay issues, helping to create a broader dialogue between the gay community, campaigners, policy makers, health providers and the wider public. Yet, on the other hand, the narrative creation of binary groups and idealised or normative sexual behaviours, had further alienated the population, splitting them into the heterosexual and the homosexual, or the insider and the outsider community. Rather than creating a modern, more nuanced understanding of gay culture, gay men, gender, sexual habits, and the AIDS virus, many narratives would instead revert to an approach that relied on old binary strategies of blame, or even shame, and traditional stereotypes surrounding gender, the family and appropriate sexual behaviours. Part of this arguably quite innocent, if eventually divisive development, is visible in the design and testing of films produced specifically for this newly imagined heterosexual population.

‘Research on AIDS’.

In July 1986, SHEG and the ARU received a report from ‘System Three Scotland’ titled simply, ‘*Research on AIDS*’ (System Three Scotland, 1986). According to the report, ‘research was requested to investigate the extent of awareness and perceptions of the disease, AIDS, as a problem facing Scotland today’ (Ibid, p. 1). The report remains a detailed example of the data and communication networks utilised by SHEG at the time and their attempts to

understand, and subsequently combat, the impact of the AIDS virus in Scotland. For the report, a sample of 988 adults aged fifteen and over were interviewed in 39 sampling points throughout Scotland over the period 26th June to the 1st July 1986. Respondents were shown a prompt card, 'listing a number of issues', before being asked, 'which of these they thought to be serious problems in Scotland today' (Ibid, p. 3). Results were reported as follows,

	(%)
Unemployment	91
Drug abuse	85
Heart disease	71
Glue sniffing	68
Crime	65
Drinking alcohol	63
Violence	57
Housing	55
Football hooliganism	50
Unhealthy eating	48
AIDS	48
Smoking	47

Figure 4.1, Research on AIDS, System Three Scotland, 1986.

As we can see, although AIDS was thought to be a serious problem by almost half of the sample, it appeared quite well down the list in terms of priorities, on a par with football hooliganism, unhealthy eating and smoking and well below issues of drug misuse and unemployment. Further interview techniques would probe respondents' knowledge of the disease through open-ended questioning, with again the main points reported as;

	(%)
Mainly found among homosexuals	28
Caused/transmitted by homosexuals	19
Any mention, homosexuals	46
Sexually transmitted (no details)	19
Any mentions, sex related	61
Any mentions, drugs-related	28
Passed on through blood/transfusions	20
No cure	20

Figure 4.2, Research on AIDS, System Three Scotland, 1986.

Despite the proportionately high number of drug users testing positive for AIDS in Scotland at the time, as highlighted in the previous chapter, these results reveal a much stronger

association between AIDS and sexual activity, 61% compared to 28%. For the authors, this was evidence that the disease was still, 'widely associated with sexual contact' (Ibid, p. 4). Moreover, it is clear from the results that connections between AIDS and homosexuality also remained high in comparison to drug misuse, 46% to 28%. In attempts to understand these associations more deeply, researchers presented participants with a number of statements regarding AIDS, before asking them to indicate the strength of their response according to a five-point rating scale; from Agree Strongly (+2) to Disagree Strongly (-2).

		Agree <u>strongly/slightly</u>	Disagree <u>strongly/slightly</u>	Mean <u>Score</u>
		(%)	(%)	
i)	I would like to know more about AIDS	65	24	+0.67
ii)	AIDS could spread very easily among the general public	53	30	+0.40
iii)	People in general are not really concerned about AIDS	43	44	-0.07
iv)	The Government should do more about AIDS	82	8	+1.27
v)	Everyone who gets AIDS dies	42	33	+0.20
vi)	I find the whole idea of AIDS very frightening	75	17	+1.02
vii)	Only certain groups of people get AIDS	44	42	0.00

Figure 4.3, *Research on AIDS, System Three Scotland, 1986.*

'The overall picture' then, authors argued, 'would appear to suggest a considerable measure of both uncertainty and unease about AIDS, and as a result of this, a desire for some action either to improve or at least clarify the situation' (Ibid, p. 5). Public information concerning AIDS and sexual health, including the potential for transmission to the heterosexual population, was in short supply, yet increasingly strong demand.

As before, film would become a vital tool in tackling contemporary concerns surrounding sexual health, yet as ever, these issues were never far away from wider cultural ideologies involving the family, appropriate sexual behaviours and gender. Two films, *Disco* (1988) and

Flat (1988), produced by the newly established Health Education Authority (HEA)¹⁷², in March 1988 – 18 months on from the Research on AIDS report – were tested by the ARU through focus group sessions based on the screening of both films (A. C. Scott & G. B. Hastings, 1988). Scripts from the films, below, plus analysis of these focus group sessions, provide insight into contemporary approaches to AIDS and sexual health as well as the development of new communication networks between the HEA, the ARU and SHEG during this vital period.

¹⁷² Established in 1987 as a special health authority to encourage health education and health promotion, and largely funded by the UK government's Department of Health. See also, N/A, <https://www.oxfordreference.com/view/10.1093/oi/authority.20110803095926713> N/D, Accessed on 25/02/21.

APPENDIX 2

D I S C O

- 1) GIRL: That's a nice badge!
- 2) BOY: Yeah, you like it?
- 3) GIRL: Yeah, it's nice.
- 4) BOY: You were here last week weren't you?
- 5) GIRL: That's right.
- 6) BOY: Yeah, I saw you ...
- a) AIDS IS STILL ON THE INCREASE
- 7) BOY: ... saw you on the dance floor, I thought, ooh she's very nice.
- b) THERE IS NO CURE FOR AIDS
- 8) BOY: Do you want to go and sit down, I'm a bit hot.
- 9) GIRL: Yeah, alright.
- 10) BOY: Yeah? Fancy a drink?
- 11) BOY: Hello Tania, you alright?
- c) YOU CAN'T TELL WHO IS INFECTED JUST BY LOOKING
- d) SLEEPING AROUND INCREASES THE RISKS
- e) A CONDOM CAN HELP TO PROTECT YOU
- 12) BOY: Do you fancy coming back to my place?
- f) AIDS. YOU KNOW THE RISKS. THE DECISION IS YOURS

Figure 4.4, A. C. Scott & G. B. Hastings, 1988.

APPENDIX 3

F L A T

- 1) GIRL: I'll get the coffee.
- a) AIDS IS STILL ON THE INCREASE
- 2) GIRL: Do you like the flat?
- 3) BOY: Yeah, it's lovely.
- 4) GIRL: You live quite close, don't you?
- 5) BOY: Just round the corner.
- b) THERE IS NO CURE FOR AIDS
- 6) GIRL: I really like your tie.
- 7) BOY: Thanks.
- 8) GIRL: There you are.
- c) YOU CAN'T TELL WHO IS INFECTED JUST BY LOOKING
- 9) GIRL: Do you want more milk?
- 10) BOY: Yes please.
- d) SLEEPING AROUND INCREASES THE RISKS
- 11) BOY: Thank you.
- e) A CONDOM CAN HELP TO PROTECT YOU
- 12) GIRL: It's quite late. Will you stay?
- f) AIDS. YOU KNOW THE RISKS. THE DECISION IS YOURS

Figure 4.5, A. C. Scott & G. B. Hastings, 1988.

As the scripts highlight, both the common and conservative language of responsibility and blame are immediately identified as both films end with the phrase, 'AIDS. you know the risks. The decision is yours'. For those at the ARU, a number of issues arose from their testing of the films. In order to further understand these issues and participant's responses to the films, contributors were asked to reflect upon their engagement and memories of previous media coverage on AIDS from TV, Press, posters and leaflets. Of these materials, Scott and Hastings noted how TV programmes and advertisements were mentioned the most with four main points emerging,

1. Initially coverage raised awareness of AIDS, particularly the risk to heterosexuals
2. Communicated the basic facts, eg.
 - Syndrome not disease
 - Carriers v. sufferers
 - No cure
 - Means of transmission
 - An awareness of protection offered by condoms
3. Lately a concentration on high risk groups and relative silence about AIDS has tended to make it more distant from respondents' lives.
4. There has been a lack of emphasis and detail on preventative strategies.

(A. C. Scott & G. B. Hastings, 1988, p. 2).

Finally, the group would test the two films on five points which were said to be, 'the objectives of the two commercials' (ibid, p. 4), (although whether these were the ARUs or the HEAs designated objectives remains unclear). The five objectives of the films were to,

1. remind the population of the heterosexual risk of AIDS.
2. give information to help them make appropriate decisions.
3. present decision making situations encouraging identification.
4. acknowledge/pro sexual activity, and
5. avoid making value judgments.

(ibid, p. 4).

Tested on each objective individually, the report highlights both strengths and weaknesses in all categories, with an overall summary arguing that, '[m]ore fundamentally the major problem of not knowing what to do in such a situation remains unresolved. (The commercials offer little positive help). In effect, they end where they should begin' (ibid). In order to combat some of these issues, authors suggested that any 'future information should;

- Keep information up-to-date
- reinforce/confirm existing knowledge
- bring the issue closer to home by presenting AIDS in the context of everyday life
- acknowledge the dilemma this presents when dealing with specific situations such as discussing previous sexual partners and using condoms
- and, most importantly, provide guidance on how to deal with these dilemmas

(Ibid, p. 3).

Other recommendations would insist that, 'execution is critical', and that, 'it is essential that help in resolving AIDS related problems is offered' (Ibid, p. 7). 'Warnings in isolation', authors stressed, 'will not help as they simply reiterate a threat of which they are already aware but unable to resolve and therefore tend to avoid confronting' (Ibid).

Both the Research on AIDS and the film test-screening reports highlight just some of the challenges facing Scotland's public health system during the global AIDS crisis. Research with the Scottish public had highlighted relatively high levels of uncertainty and unease about the virus and a desire for clarification. Moreover, despite Scotland's unique difficulties with drug misuse, many people still connected the virus more strongly with sexual intercourse, and homosexuality specifically, than with drug misuse.

Film test-screenings had later highlighted some of the subtleties of health information approaches and the media's role in producing public health language. Here, films with traditionally conservative approaches, focused on personal responsibility – "The decision is yours" – were seen to leave viewers feeling detached from important public health information. Under this scrutiny films were critiqued for their general lack of helpful information and preventative strategies.

Initially focused on drug misuse, homosexuality and to a lesser extent prostitution, early narratives enabled a language of insider and outsider, or, normal and abnormal to emerge. Later, as the threat to the heterosexual population was highlighted, a more liberal, generalised and essentially less accusatory approach to sexual health would be applied. Therefore, as Patton's extensive analysis suggests, '[t]he national pedagogy finally enabled the sociological "norm" to take up a place in the late twentieth century's most extensive discourse on the body' (Patton, 1996 p. 21).

The AIDS crisis had had a profound impact on the public health landscape in the UK and indeed across the globe. Governments responded in a variety of ways, yet broadly speaking, concerted efforts were made to report the threat of the disease via modern networks of television and film. Film, or more precisely television advertising, was extensively made use of, with expensive nationwide television adverts designed by marketing experts and extensively scheduled on TV. If the Vietnam War was the first televised war, then the AIDS crisis, I would suggest, can fairly be described as the first televised pandemic¹⁷³. That is, whilst the use of film was not particularly new in public health terms, the contemporary style and distribution methods of modern television, and advertising, were vital to the scope of these nationwide campaigns.

Not since the war had the nation been instructed in such a broad and all-encompassing way, only this time, television was seen as the most effective story-telling tool. Additionally, just as the Second World War had instigated a major reworking of the boundaries between the private-body and the state-body, the AIDS crisis had redefined, in a new way and with new tools, how, when and what the state would say about sex, sexual health, sexual behaviours and gender more widely.

By the end of the decade, the scale of the AIDS crisis was beginning to wane, yet just as the ending of the war had prompted a reworking of the institutional formations of public health – as the Mol transformed into the Col – the ferocity and global scale of the AIDS crisis would likewise influence changes to the contemporary public health landscape¹⁷⁴.

The changing Landscape; SHEG & HEBS

Up to the middle of the 1980s SHEGs film output on AIDS, and indeed many other topics, was delivered via its collaboration with the Scottish Central Film and Video Library (SCFVL). SHEG offered a vast amount of film content free of charge to field workers in Scotland during this period, with much of the material coming from afar afield as Australia and quite often the USA. SHEG's 1988 catalogue 'Health Education Films and Videos', which includes

¹⁷³ See Daniel C Hallin's, *The "uncensored war": the media and Vietnam* (Hallin, 1986) and Andrew Hoskins, *Televising war: from Vietnam to Iraq* (Hoskins, 2004).

¹⁷⁴ See Berridge, *Marketing health: smoking and the discourse of public health in Britain, 1945-2000* (Berridge, 2007); Bonah et al, *Health Education Films in the Twentieth Century* (Bonah, Cantor, & Laukötter, 2018), and Patton, *Fatal advice: how safe-sex education went wrong* (Patton, 1996).

over 300 films on topics ranging from health and safety to nutrition, details many of these available films. Often labelled alongside resource packs that contain additional information and conversation materials such as fact sheets, exercise cards, evaluation sheets, scripts, and ideas for using the materials in a variety of settings, many of the films would be best described as training films. In terms of AIDS, a similar abundance of training films are present as ten films on AIDS and seven more broadly on STDs, are all said to be designed for a range of professionals, volunteers, or youth workers working within the AIDS community and beyond. One example, the six-part series of films, *Nursing and AIDS*, which was designed, to enable nurses, midwives and health visitors to gain an understanding of the needs of a person with the AIDS virus or who is HIV positive. Stands out as just one example of this type of training film. Additionally, the number of sexual health materials offered by SHEG at this time is lower than the output on for instance; Nutrition, 31; personal hygiene and personal relationships 39; Smoking 29; Alcohol, 27; Child Development and Care 43; and the Elderly, which had the highest at 51. Although extremely comprehensive, many of these training style films were designed for limited audiences and not to be shown on terrestrial television.

However, the rapid evolution of the AIDS crisis and its subsequent spread had called for new programmes, capable of speaking to the whole population, or at least to some newly reimagined sectors of it, and suitable for television and its temporal, censorship and economic restraints. For Martin Raymond, an employee at SHEG during this period,

We had, I think, two key kinds of public health issues, in the, kind of, the mid to early 1980s, which was an epidemic of drug misuse and HIV and AIDS, and both these things were, erm, quite, erm, PAUSE, erm very significant in terms of what might happen to this little tiny organisation of thirty people [SHEG] (Raymond, M. 2016. Interview with A. Chandler. 27th June, Stirling).

Indeed, significant changes were on the horizon as SHEG would be replaced by HEBS, a Special Health Board established on the 1st April 1991 following a review of health education in Scotland and the publication by The Scottish Office of, 'Health Education in Scotland: a National Policy Statement'¹⁷⁵. On the surface, the transition from SHEG to HEBS might have seemed minimal, with many of the staff of the former, including Mr Raymond,

¹⁷⁵ The Scottish Office Home and Health Department (1991). Health education in Scotland: a national policy Statement. HMSO, Edinburgh.

retained at the latter¹⁷⁶. Yet, as contemporary legislation explains, several organisational, legal and logistical changes would come out of the change.

EXPLANATORY NOTE
(This note is not part of the Order)

This Order constitutes, under article 3, a Special Health Board for the whole of Scotland to be known as the Health Education Board for Scotland. In accordance with article 1 the Order comes into force on 18th January 1991 for appointment and remuneration of Board Members and staff and for certain other purposes and on 1st April 1991 for all other purposes.

Article 4 of the Order confers on the new Board the function of providing health education in Scotland and it shall exercise powers of the Secretary of State under section 42 of the National Health Service (Scotland) Act 1978 (c. 29) in so doing. This article also enables the Board to exercise, in connection with its function of providing health education, certain functions of the Secretary of State such as the giving of assistance to voluntary organisations and in connection with the acquisition, management and disposal of property.

Michael B. Forsyth
Minister of State, Scottish Office

St Andrew's House,
Edinburgh
20th December 1990

(<http://www.legislation.gov.uk/ukSI/1990/2639/note/made>).

One of the most significant changes to occur during this evolution was the establishment of a new working Board. Made up of academics and professionals from a broad range of disciplines, including at times, Ernie Walker (secretary of the Scottish Football Association) and Jimmy Reid (a prominent Trade Union Activist, Politician and journalist), the Board, according to Raymond, became, “the key reference point”, as,

We took advice from the government, from the Scottish office, from the civil servants, we took advice from public health physicians and experts, and we took advice mainly from our board (Raymond, M. 2016. Interview with A. Chandler. 27th June, Stirling, 16:47 – 17:47).

Supporting Raymond's experience is the report, ‘*HEBS the First Six Years*’, produced by HEBS in 1997 ((*HEBS the First Six Years, 1997*) - recovered from the NHS Knowledge services) and

¹⁷⁶ A process explained in regulations 2, 3 & 4 of, NA, <http://www.legislation.gov.uk/ukSI/1991/345/note/made> , ND, Accessed on 19/03/2019.

designed as a general explanation and evaluation of HEBS initial establishment and its subsequent six years of work. The report includes eight sections spread over a 20-page pamphlet style paper designed for any potentially interested reader. With a wide range of content, the sections include; organisational development; communication and collaboration with other agencies; programmes and communications; education and training; health information; research and evaluation; international work; and influencing policy and strategy. According to the report,

The establishment of a dedicated Board with a range of relevant expertise and backgrounds has proved to be very important in terms of policy and strategy formulation and overseeing the work of the organisation (Ibid, p. 2).

In terms of daily working processes, the report details several logistical and organisational shifts which the new Board would implement. For example,

A vital question for HEBS at the outset was how to translate the national priorities (topics such as coronary heart disease and smoking) into effective and efficient programmes of action. Rather than simply having a programme for each topic an approach was adopted whereby programmes are primarily centred on six 'arenas': general public (using mass media), community, health service, schools, voluntary sector, workplace. A seventh programme—special projects—has given us flexibility to respond to rapidly emergent opportunities and challenges and to participate in national and international special initiatives (such as No Smoking Day, World AIDS Day) (Ibid, p. 4).

Moreover,

The new organisational structure was designed to reflect the key functions of HEBS. Six divisions were created, each headed by a director: Programmes, Communications, Education & Training, Health Information, Development & Evaluation (subsequently renamed Research & Evaluation), and Finance & Support Services. This structural separation of functions was set in a spirit of cross-divisional and corporate teamwork at all levels. In 1995 the Programmes and Communications Divisions were merged. The resultant integration of programmes, press & public relations and publishing functions has raised the profile of health education and of HEBS, and has enhanced strategic and operational effectiveness and efficiency. The current organisational structure has been shown to be robust but flexible at a time of considerable change in the Scottish Health Service and beyond, as indeed did the Strategy Plan 1992 to 1997 (Ibid, p. 2).

And finally,

The arena-based approach has proved successful and been influential both within Scotland and internationally. It has promoted: coordination across topics; recognition of the broad nature of health, including physical, mental and social well-

being; coordination between national and more local levels; and development of health promoting policies, strategies, infrastructures and competencies in settings and sectors in Scotland. Crucially the approach has enabled HEBS to encourage and support the advancement of health promotion, the latter including health protection policies and a range of health-enhancing facilities as well as health education (Ibid, pp. 5-6).

Just as SHEG had promoted exercise through the BAYCB campaign, and the Lothian Health Board had asked people to *Take Care*, HEBS, was keen to encourage health change through a focus on positive, rather than negative, health behaviours. HEBS produced several memorable films during this period, on topics ranging from smoking, drug misuse, alcohol, and physical health, yet as comprehensive as HEBS self-evaluation remains, detailed analysis of their work on film remains sparse. In general, this encouraging public health approach involved pointing out the positive health behaviours such as exercise, socialising, and other hobbies, that might prevent the uptake, or combat some of the negative side-effects, of these particular non-communicable habits – as previous chapters have discussed.

But what is the positive alternative to sex, a habit which in itself does not have the negative health consequences of the non-communicable health issues such as those labelled above? And moreover, how might you deal with taboo subjects such as sex in films designed for a young audience as well as the time and censorship restrictions of pre-watershed television? Aiming to answer these questions, the following section looks at four films designed and produced by HEBS during the mid to late 1990s all focused on issues of sexual health. Considered within this paper's wider thesis, this will focus on both the technological and organisational design aspects of the films alongside their use of gender-norms, gendered language and representation of Scottish masculinities.

Case Studies: *Her Story* (1998) and *His Story* (1998)

Her Story and *His Story* are a pair of films that aim to make young people aware, and potentially more able to cope with, social and peer pressures surrounding sex. The films detail the same event, sex between two young characters at a teenage house party, from the separate perspectives of both the female (Carrie – *Her Story*) and the male (Michael – *His Story*) protagonists. Employing a mixture of internal first-person voice over, hand-held point of view shots, and expressive editing, the subjective, inner thoughts of both characters

are expressed as the films work to challenge traditional myths and gender stereotypes related to the cultural and social pressures surrounding teenage sex.

Applying both textual and discourse analysis this first section aims to reveal how film styles and narration can work to generate both an observational aesthetic, a subjective character position, and a reliable narrative position, all of which work to promote the material to a young media-literate audience. Additionally, given the film's dualistic representation of gender, both stylistically and narratively, this aims to reveal the use, and reliance upon, several socio-cultural stereotypes and expectations regarding gender norms and sexual behaviours.

Finally, the analysis of all four films considers HEBS' own claims that a hallmark of their programme's activity, 'has been an emphasis on helping the public to have the 'know-how' to adopt and maintain healthful behaviour' (HEBS, 1997, pp. 5-6). Linking this know-how approach with HEBS *Think About It* campaigns, this aims to understand the continued use of 'choice' narratives and the media techniques and specificities required for such public health messaging.

Her Story opens with a complex montage of four shots which work to immediately establish both setting and narrative. In terms of basic *mise-en-scène*, both costume and sound have a high verisimilitude consistent with the setting of a teenage house party. Creating the literal space of the setting, the opening shot is a medium close-up, taken from the back wall of a kitchen as eleven young teenage characters mingle in the foreground of the kitchen and the background of the living room. One character remains centred throughout the shot, stood in the middle distance, and remains the only character who is directly facing the camera (Fig. 4.6).

Following a jump cut to a close-up of the same boy's face, Michael, it becomes clear that he is the main focus of the camera's, or Carrie's, gaze. Confirming this point-of-view the camera performs an eye-line matching shot, moving simultaneously, without cutting, from one point of action to another – from the conversation with a friend to the now approaching Michael¹⁷⁷. (Figs. 4.6, 4.7, 4.8 & 4.9)

¹⁷⁷ See Don Fairservice, *Film editing: history, theory and practice: looking at the invisible* (Fairservice, 2001) Especially Chapters 7 and 9 pp 105- 157.

Figure 4.6, *Her Story*.Figure 4.7, *Her Story*.Figure 4.8, *Her Story*.Figure 4.9, *Her Story*.

In contrast, *His Story* uses less complex editing, but equally subjective camera position and movement. Set in the same party, the film starts on an immediate mid-shot of Carrie, centred on screen and costumed in a brightly coloured red top she is unmistakably the focus of the shot. The camera moves forward in a hand-held position as Michael approaches Carrie, his gaze remaining solely focused on her, with no cuts or eye-line matching edits.

Therefore, whereas Carrie was seen talking with friends, nervously glancing to spot Michael, Michael's gaze is singular, undistracted – even unmoved by a friend who says hello as he passes (Figs. 4.10 & 4.11) – and at one point slowed down to an almost erotic degree.

Figure 4.10, *His Story*.Figure 4.11, *His Story*.Figure 4.12, *His Story*.

Although subtle, these choices – the slow-motion hair flick and glance, the camera's singular focus and the fact that Michael is the one who physically approaches – all highlight ways in which the films differ stylistically according to the gender of their protagonist. These

differences reveal how specific filmmaking techniques are used to display female and male gender differently on-screen and further highlight how implicit gender biases are both influential and reproduced throughout specific mediums, styles and texts, in this case public health.

Connecting with the viewer

From a stylistic perspective, point-of-view shots and eye-line glances, like those described, are important for creating narrative space and time as well as building subjective connections between character and viewer. As Edward Branigan suggests, 'a glance bristles with implications about space, time, and causality' (Branigan & Dawson, 1992, p. 53). As such the above shots are clearly designed to help place the character, and to some extent the viewer, not only in the literal time and space of the house party and the kitchen, but also the subjective time and space of either Carrie's or Michael's perspective respectively. Using these techniques, the viewer is placed in the character's subjective world, allowed to see what they see, and/or even know what they know. Some film scholars have suggested that placing the viewer in this position can work to create empathy and understanding through a certain vicarious understanding¹⁷⁸. As Branigan suggests, 'a character's glance is an important measure of the acquisition of knowledge by character and spectator', as the on-screen character's, 'act of perceiving seems to justify, and may even direct, the spectator's act of perceiving' (ibid, pp. 50-53). In contrast to the informational or medically orthodox approach of other public health texts then, which position the viewer as an observer outside of the film world, this subjective approach helps to create a space where the viewer can place themselves within the narrative of the story world.

Both films quickly create this story-world via an observational documentary style that establishes a large amount of information into just a few seconds of screen time; the setting, characters, time, space, and even place – via the Scottish dialect – of the film. More simply, the shots create a continuity that economises the storytelling process, where the very techniques of filmmaking allow public health bodies to generate a sense of subjectivity that other less expressive forms of public health intervention, such as posters, flyers, or to a lesser extent radio, might be able to achieve. Arguably, this process becomes vital to public

¹⁷⁸ See, Sarah Kozloff, *Invisible storytellers: voice-over narration in American fiction film* (Kozloff, 1988).

health texts that are designed for use on television and may be seen as both a product of the contemporary public health trends toward individualism and choice *and* the developing technological form and style of television production.

Whilst these techniques of cinematography and editing work to develop an overall narrative thread and character/subject position, as mentioned above, it is the film's narration that delivers the exposition and the overall public health approach of both films. Both films are narrated by their respective protagonists, with diegetic and non-diegetic narration recounted after the event in a first-person subjective style. Here each character's memories of the night's events are read out non-diegetically as the actual events play out on screen. The discrepancies between these recollections and the actions on-screen work to highlight the power of peer pressure as the characters both express internal apprehension and fears before still proceeding with the sex anyhow.

Scripts read as follows,

Her Story

Carrie: *"I knew him a bit from school, a lot of the girls fancied him, I couldn't believe it when he came over."*

Michael: *"Hi you're Carrie, aren't you?"*

C: *"I was really nervous and talked non-stop."*

C: *"He was really cool on the dancefloor. I went right over the top trying to impress him."*

C: *"I knew my mates were dead jealous, then we snogged. He said"*

M: *"So do you want to er, go upstairs?"*

C: *"I wanted to say no but I didn't want him to think I was boring."*

C: *"Afterwards he didn't speak to me at all, I've never felt so bad."*

His Story

Michael: *"I knew her a bit from school, I'd always fancied her. I got the courage to go over, she was really friendly."*

Carrie: *"Hello its Michael isn't it? I didn't know you knew James."*

M: *"She was a real laugh, I felt a bit boring, she seemed to like me though."*

C: *"I'm really glad you're here too."*

M: *"We snogged, it was brilliant. My mates were all egging me on."*

M: *"She seemed really keen. I didn't really want to do it but I didn't want her to think I was a wimp."*

M: *"Afterwards she seemed really upset, I think I've blown it with her."*

Narrative approach; Advertising and reading positioning.

Narration is used in both scripts to highlight the subjective fears and anxieties of both characters and works to expose the contradictions between internal thought and external action. As Sarah Kozloff suggests, 'identical story events can seem radically different depending on the narrator's power, remoteness, objectivity, or reliability' (Kozloff, 1988, p. 85). For example, whilst Carrie suggests she was feeling nervous, Michael explains how he thought she was conversely, "really friendly". And, likewise, although Michael admits to feeling slightly self-conscious and "boring" Carrie does not seem to pick up on this, explaining instead how she thought he was, "really cool".

In this sense, narration, in both films, is shown to be both authentic yet potentially unreliable. That is, whilst there is no reason to mistrust either narrator, the contradictions between their recollection of events highlights to the audience the inconsistency of their statements and the potentially damaging result of peer pressure – "I didn't want him to *think* I was boring", "I didn't want her to *think* I was a wimp". More clearly, the viewer sees the process of how internal reservations can be overwhelmed by social expectations and is therefore hoped, via the established vicarious viewer position, to be better prepared for similar situations in their own life. According to Feng and Wignell, character voice manipulates the viewer in three ways.

First, by assuming a certain identity (or actually having a certain identity, as in the case of celebrities, or a real doctor), the character activates our stereotypical knowledge and attitude towards him or her and the group that he or she belongs to; that is, the character functions as a token embodying values. For example, our stereotypical knowledge about doctors is that they are experts and credible.

Second, by playing certain roles, the character reproduces life-like situations with which viewers may identify. As mentioned in the section on character voice, the characters and life-like situations in advertisements invite viewers to enter into a fictional world and identify with certain characters.

And,

Third, by playing certain roles, the characters also enter into symbolic relations with the viewer. Every role has its counterparts, a teacher has students, a doctor has patients, a lawyer has clients, etc. So the role of the characters assigns viewers a corresponding one, thus endowing them (or forcing them into) a reading position (Fowler, 1991). The reading position is not casually assigned, but carefully designed for best persuasive effect. Among role relations, the most unwelcome is the seller–buyer relation and this is avoided by advertisements wherever possible (Feng & Wignell, 2011, pp. 583-584).

Adopting Feng and Wignell’s analysis, we can see how by assuming the identity of a young Scottish teenager, the characters’ of both *Her* and *His Story* work to activate any stereotypical knowledge or attitude that a viewer might already possess about Scottish teenagers and the situation more broadly. From a peer perspective this allows other teenage viewers to quickly understand the setting and the behaviours of the characters. Additionally, and perhaps most importantly, by avoiding the exposition of the authoritative, directive and information heavy narration of other public health messaging, the character driven dramatized approach of both films, helps to create a reader position that avoids the seller-buyer, or more succinctly the teller-listener role relation. In this way, the focalized and heterodiegetic nature of both Carrie’s and Michael’s narration is designed to create a vicarious role relation in order to maximise the power of the narrative, elude to themes, and exposes the films’ public health message.

Gendered storytelling

In terms of themes, Carrie’s line, “*a lot of the girls fancied him*”, shows how she is acutely aware of Michael’s cultural capital, whilst the fact that she mentions that other girls also fancy him reveals to the audience her awareness of the social context of the encounter. Michael is popular and therefore desirable, so much so that she, “*couldn’t believe it when he came over*”. In contrast, Michael “fancied” Carrie, he was physically drawn to her, a point that the slow-motion shots, colourful costume and camera’s singular focus all exemplify. Fitting with the gender norms in which girls are said to be more focused on social standing

and boys on looks or physical sexuality, the two characters are shown to be pre-occupied with different motivations for perusing the encounter – one social one physical¹⁷⁹.

This disparity continues as the couple leave the initial meeting in the kitchen to go dance in the living room. Again, we get the hand-held point of view shots although the movement is more frenetic and the lighting much more colourful than in the previous scenes, adding to the verisimilitude of the party setting.



Figure 4.13, *Her Story*, Jealousy.

After dancing the pair take a seat against the wall in the living room, as Carrie, in *Her Story*, says, “*I knew my mates were dead jealous*” – a statement visually confirmed as a girl walks past and gives her a dirty look (Fig. 4.13) – and Michael in *His Story* is encouraged by a group of male friends who are seen making various sexualised gestures in the background



Figure 4.14, *His Story*, male peer pressure.

– including fist pumps, thrusts, nodding heads and even the imitation of holding a pair of breasts (Fig. 4.14). Both characters are therefore shown again to be encouraged by outside social and gender appropriate factors – Carrie by Michael’s popularity with other girls and their obvious jealousy, and Michael by Carrie’s physical sexuality, or even her apparent sexual confidence given her exuberant performance on the dance floor, and his friends’ masculine peer pressure. These outside social pressures are presented, and no doubt expected to be read, as significant factors in the motivation for the pair eventually taking things further than they both later claim that they had wanted to.

¹⁷⁹ A biological determination approach perhaps most famously manipulated in John Gray’s, *Men Are from Mars, Women Are from Venus: Practical Guide for Improving Communication and Getting What You Want in Your Relationships* (Gray, 1993). A stance since more academically problematized by Cordelia Fine’s *Delusions of Gender* (Fine, 2010) and *Testosterone Rex* (Fine, 2017).

In story telling terms, borrowing from Seymour Chatman's terminology, where not all story events are of equal importance, these events are *satellites* to the narrative's main *kernel* of Michael asking Carrie if she wants to go upstairs, and of course the subsequent sex. Here, as Chatman explains, the satellites function, 'is that of filling in, elaborating, completing the kernel; they form the flesh of the skeleton' (Chatman, 1980, p. 53). The presence of so many, often incredibly short and often innocuous satellites leave clues for the observant viewer about how seemingly innocuous and even innocent factors like this can often impact on a person's behaviours and the decision-making process. However, in order for these miniature split-second satellites to work, they manipulate and arguably rely on easily accessible gender stereotypes and behaviour norms.

Boring girls and wimpy boys

As suggested, having access to the character's subjective thoughts enables the viewer to see how each character's behaviour is determined via different, and often gendered, social motivations. Again, there is a clear difference in the way that each character's motivations are represented; Carrie does not want Michael to think she is *boring*, and Michael does not want Carrie to think he is a *wimp*.

In terms of gender, being considered boring is not simply the opposite of being thought of as a wimp, and vice-versa. Each holds different connotations and is connected to particular themes and roles, especially when associated with gender, age and sexual behaviour. For Carrie, not wanting to appear boring, in the context of choosing whether to have sex, plays on cultural expectations of women to appear exciting, interesting and sexually aware/mature. For Michael, not wanting to look like a wimp, similarly comes from masculine pressures to appear brave and adventurous, also highlighted by him taking the lead in initiating the encounter. These representations of gender conform to the gender bias which places emphasis on men to initiate sexual encounters and creates a power imbalance in the performance of sexual mores. That is, once asked if she wants to go upstairs, the only available option for Carrie to avoid the intercourse is to say no, a restricted position which could lead to negative social stigmas surrounding sexual awareness, sexual activeness and accusations of frigidity. Hostage to the expectations of these gender stereotypes, both the characters, and arguably the filmmakers, stick rigidly to them.

The fears highlighted in these moments of complicity and self-doubt fit with the representation of gendered social expectations in the film's so far, and as has been suggested, seem consciously constructed as a tool to emphasise the cultural power of peer pressure connected to these very gendered expectations on display. Importantly, the characters express fears, not of *being* boring or a wimp, but of *looking* boring or like a wimp to the other person, or indeed their wider peer group. Rather than saying "I didn't want to be boring" or "I didn't want to act like a wimp", which could potentially cloud the film's stance, concerns are expressed with a focus on social pressures rather than more personal failings. This small yet important difference in controlling the film's public health message works to problematize the social constructs and peer pressures involved in gendered stereotyping whilst remaining un-directive and allowing for at least some level of narrative freedom.

Finally, as the couple walk upstairs it is clear that neither has the correct social skills to be able to truly express their apprehensions and will continue regardless. An ellipsis, which begins with a fade to black and opens on a bedroom setting, neatly cuts out any sexual activity whilst alerting even the most unobservant of viewers to the fact that some sexual activity has taken place.

In *Her Story*, we get an omnipotent camera view from the corner of the room as Michael lays rather nonchalantly on the bed, arms up behind his head legs stretched out, and Carrie perches on the edge of the bed, both in silence¹⁸⁰. Emphasised by this silence, as well as Carrie's hasty redressing and rapid exit, the atmosphere is tense and Carrie is clearly upset as she notes that, "*Afterwards he didn't speak to me at all, I've never felt so bad*". Similarly, there is tension in *His Story*, as we are now given Michael's point-of-view of the same scenario, and we hear him say, "*Afterwards she seemed really upset, I think I've blown it with her*". With Carrie having, "*never felt so bad*", and Michael worried he has, "*blown it*", the overriding messages of the films' narrative and their public health approach are exposed. Recognising the strong cultural factors and pressures that can often play a role in

¹⁸⁰ Set in the bedroom at the house party, littered with male possessions, posters and ephemera, the room is neither Carrie's or Michael's and presumably belongs to James - the patron of the party. Whilst seemingly inconsequential the masculine space suffocates Carrie's position in the room as she stands up to leave and Michael remains.

the sexual behaviours of young people the films highlight the negative consequence that can arise from succumbing to said pressures.

Both characters have clearly had a negative experience and express sadness at the end of the film although importantly these fears do not relate to apprehensions traditionally used in public health narratives surrounding sex. For instance, at no point during the films are the threat of sexual infection, warnings about unwanted pregnancy or the potential of rape discussed. Additionally, there are no pleas for safe-sex, the use of condoms or other contraceptives. The motivations for avoiding sex therefore do not rely on threatening or fearful information advice or language, in the traditional sense, but on social fears and the idea of not giving in to social pressures.

Their Story – Conclusion

Stylistically, the naturalistic setting, colloquial dialogue, continuity and verisimilitude used in both film's, all work with the narration to create a familiar visual style and narrative content for a young Scottish audience. And, although only 40 seconds of screen-time has passed it is likely that a young Scottish audience watching the films would be familiar with the setting, the storyline and the characters found in both. Narration adds a further level of familiarity as the focalized narration remains within the story-world whilst working to expose the films main themes surrounding peer pressure, emotional responsibility and sexual expression.

Stereotypes that highlight the desire not to want to seem boring or weak play on gendered accusations of prudishness, or frigidity, historically aimed at a female audience and expectations of masculine bravery, courage and recklessness focused on men¹⁸¹. No doubt, recognisable to the young audience, the use of these stereotypes is exaggerated through cinematic techniques and visual narrative story telling. However, whilst on the one hand the films do address a number of issues regarding teenage sexuality, they also promote only the most culturally acceptable and traditional concepts of sex, love and relationships, tacitly condemning behaviours outside these norms.

Just as Davidson and Davis have argued, 'Despite the growing influence of sexologists and medical sociologists, in accordance with the views of the Scottish churches, sexual activity

¹⁸¹ Fitting with the feminine virgin and whore, and the masculine adventurer tropes, highlighted in earlier chapters.

continued to be validated narrowly within the context of heterosexual relationships, marriage and reproduction' (Davidson & Davis, 2012, p. 298). Therefore, whilst the films do not criticise the act of sex specifically, they are clearly designed as an attempt to control the sexual behaviours of a young target audience, utilising gender normative behaviours, as a motivational device. Overall, the films both acknowledge but also conform to and potentially perpetuate the existence and power of the very traditional gender biases, power relations and social pressures and expectations, that they seem to attack.

Sexual Health and HEBS.

Animals (1999)

Animals is a short 40 second advert that uses footage of mating animals to make comments on sexual promiscuity and sexual health. Sponsored by HEBS the film uses the board's 'Think About It' tagline, displaying a largely ambivalent message, with no overt advice on precise issues such as safe sex and the use of condoms, nor on the risks of unprotected sex, such as sexually transmitted disease or unwanted pregnancy. Instead, the film employs a moral narrative that draws distinctions between the sexual behaviour of animals – which is discussed in mainly derogatory terms – and the expected and more virtuous and controlled habits of its audience who are described as "different". According to contemporary reports, the film aimed to focus on both the emotional and the physical health impact of first-time sex for young Scottish teenagers. Here, the campaign had 'been launched to persuade teenagers in Scotland to be more aware of the emotional dangers of having first sex at too early an age', and, hoped to help them, 'realise the problems which can be caused later in life through anguish and regret'. Revealing that 'the number of young people contracting sexually transmitted infections is on the increase', the article also suggesting that, 'Doctors are also pushing the safe sex message' ¹⁸². Taking into account this dual, mind/body, approach, this section looks at the film in an effort to understand the design processes and filmmaking techniques involved in creating public health language surrounding sex and young adults.

¹⁸² NA, 'Teenagers warned of sex trauma', <http://news.bbc.co.uk/1/hi/health/359167.stm>, 02/06/1999, Accessed on 13/10/2020.

The film opens on the image of two tortoises having sex and continues with four further short scenes of various animals mating. Each scene cuts at an even pace, seven seconds per scene, as a male narrator, with distinct Scottish accent, makes a number of statements relating to each set of animals. The statements each begin with the words “They don’t” and match the image cuts at a steady repetitive tone and pace. Opening on an image of two tortoises the narrator declares, “They don’t love each other”, before the next pair, two dragonflies, “don’t form relationships”, a large writhing group of snakes, “don’t care how many partners they have”, rhinoceros, “don’t express their emotions”, and the final couple, two fish, “don’t take precautions”. Finally, as the blue of the sea dissolves into the background colour of the ‘*Think About It*’ strapline and the HEBS logos, the narrator declares “But *You’re Different*”, creating a narrative that forces comparisons between animal and human sexual behaviours - with the expectation that we, the audience, are ‘different’ and should know better.

Despite the lack of medical information, direction, language or imagery, the film expresses a number of messages regarding sexual health. Broadly speaking the statements tend to work either by promoting one behaviour over another, or via the overt criticism of more culturally taboo sexual behaviours. “They don’t fall in love” and, “They don’t form relationships”, for instance, lament a lack of thought, self-control and patience. Whilst “They don’t care how many partners they have” and “They don’t take precautions”, clearly refer more to the physical act of sex, monogamy and the use of contraception.

Some of these message’s work to encourage the film’s overall advocacy of forming responsible, long-term, and expressive loving relationships, implicitly asking the viewer to take more time, to be patient, and to potentially fall in love before embarking in a sexual relationship. In brief, the messages portray a concern with the social and emotional, rather than the physical health implications of relatively safe sexual encounters. Mirroring HEBS’ concern with safe-sex and the increased number of sexually transmitted diseases amongst young adults, highlighted above, other messages in the film are more cautionary, and allude to specific sex acts rather than the general mindfulness of forming a relationship. The first of these more didactic and even condemning scenes cuts to the slithering mass of snakes, apparently engaged in some kind of mass mating, who, “don’t care how many partners they have”. Here, the idea is that you, again being different, *should* care about how many

partners you have, and, given the previous language on the lack of love and relationship, should be more driven to long-term, read here as safe, sexual relationships. Taken alongside the fish who, “don’t take precautions”, and who in the most graphic of the encounters we see ejaculating, these two statements hold a slightly more reproving content warning viewers about the dangers of promiscuity and unprotected sex (although what these dangers are is not specified).

The most severe comments and condemnations here are placed alongside the most extreme and most culturally criticized sex acts – unprotected ejaculation and polygamous sex. According to Davidson and Davis, ‘[e]ven into the 1970’s ‘The concept of ‘safe sex’ as articulated in official posters and literature remained firmly associated with concepts of courtship and marriage and sexual fidelity rather than with the use of ‘precautions’ (Davidson & Davis, 2012, p. 176). The film’s emphasis on building strong relationships, caring about how many partners you have and falling in love, continues this trend, even if in a more subtle way, as it suggests only the most loving, long-term and faithful of relationships can avoid sexual health problems.

Whatever the romantically expressive abilities of tortoise or rhinoceros, and, disregarding the science that might explain the benefits of either monogamous, polygamous or non-social sexual relationships in any of the species featured, the main message of the film is that we, as humans, should act in a different way. Within these messages, there is a balance between what can be interpreted as more promotional messages – encouraging love and care – and those of a didactic or cautionary standpoint – denouncing sexual promiscuity and unprotected sex. With no on-screen human presence, setting, or sexual ephemera, such as condoms, contraceptive pills, dating scenes, bedrooms, or human physical intimacy, the film relies on this didactic narrative and derogatory comparisons to express its main public health message. In this sense, the film avoids the information approach, in favour of a metaphorically ideological and moral one based on cultural and social norms connected to traditionally concepts of romance, relationships and the family.

Reception to Animals

In a post-test report produced for HEBS, in November 1999, after the film had aired on Scottish television, numerous conclusions were drawn. Interestingly the report highlights some of the gendered differences that stood out in participants' interpretation of the film's main messages. For instance, whilst authors claimed that the overall message understood from the line, "they don't care how many partners they have", was, 'don't sleep around', female participants were said to be worried they might, 'get a reputation', whilst the boys were more concerned about 'disease' (Reid, 1999, p. 18).

Response to *Animals* - interpretation of message

- ♦ Several individual messages came across but with a couple of 'overall', main messages:
 - think about having sex before you do it and make sure it is right for you/it is your choice. (Females, both virgins and non-virgins.)
 - ...take precautions. (Males, and some females especially non-virgins).
- ♦ Individual messages that were communicated:
- ♦ 'they don't take precautions'
 - we should be using contraception, usually condoms (understood by everyone).
- ♦ 'they don't care how many partners they have'
 - don't sleep around - or you'll get a reputation (girls), disease (boys)
 - don't have sex with just anyone.
- ♦ 'they don't form relationships'
 - sex is better in a relationship - all girls agree with this, non-virgin boys tend to agree and a few virgin boys think it might be.
- ♦ The most important point about being in a relationship is that you can **trust** one another - particularly the girl of the boy, since she seems to have more to lose.

Figure 4.15, Response to *Animals*.



Response to *Animals* - interpretation of message

- ◇ 'they don't love each other'
 - some agreement from girls that sex would be better within love but trust is a better description of the relationship this age group (of girls in particular) wants and understands than love.
- ◇ 'they don't show their emotions'
 - least discussed part of *Animals*; not surprising given extreme reticence to discuss feelings/sex/relationships with partners and also perhaps because unsure about what are appropriate emotions.

Figure 4.16, Response to *Animals* Paper.

The report made efforts to understand contemporary ways in which young people learned and spoke about their own sexual or pre-sexual relationships. Again, gender differences were highlighted, with teen magazines and strong social and emotional networks recognised for their role in offering advice and support to the young females, but much less so the young males. Authors suggest then that, 'sex education support from other sources seems inadequate particularly for males', and that, 'both males and females do also (desperately) need advice on the emotional aspects of sexual health' (Ibid, p. 24). In what is a relatively honest and culturally aware conclusion then, the report would argue that, 'there is no obvious right or wrong to choose from to suit everyone with regards to all aspects of sex', and, finally, that, 'an advertisement in this area seems more than usually a drop in the ocean in terms of education' (Ibid).

Notes on Characterisation.

In what he describes as the, ‘political carnivalesque’, Paul Wells argues that artists have long used animals to both challenge, ‘parameters, boundaries, and social orthodoxies’ and engage with issues that have been historically problematic because of cultural, political, or social taboos (Wells, 2009, p. 175)¹⁸³. Here animals can stand in as avatars for otherwise taboo, or sensitive subjects, such as sexual health, enabling both a comfortable distancing from reality but also the creation of an identifiable narrative, not to mention some amount of humour. In terms of sexual health these animals are also relatively free from the cultural trappings of gender and can therefore bypass or avoid many of the problems faced with representing gender and sex on screen. Therefore, as we have seen, the use of animals can work to portray the actual act of sex in an acceptable and culturally comfortable manner.

Finally, whilst the use of animal footage is not without its own issues – for instance possibly being too detached from real life experiences or the seriousness of the subject¹⁸⁴. Qualities such as; the analogous anthropomorphic narrative; the potential for humour; non-gendered representation; and general economy of both time and money, the format represents a potentially useful tool for relating messages on sexual health, especially to a young audience, who might otherwise suffer from embarrassment watching such films with parents or peers.

Spoiled

Spoiled is a sexual health advert, from the late 1990s, warning about the rising cases of sexually transmitted infections in Scotland. The film focuses on one young white male protagonist, approximately 17 to 20, who we see in various states of distress. Using a complex mix of flashbacks, ellipses, and montage, to generate both plot and public health message, the film limits its level of information, direction or exposition, in favour of visual story-telling techniques.

The film is rare in its portrayal of male vulnerability and its emphasis on the emotional, rather than just the physical, impact of STDs on men, breaking with the stereotypes of

¹⁸³ See also Derek Bousé, ‘Are wildlife films really “nature documentaries”?’ (Bousé, 1998) and Monica Flegel’s ‘Everything I Wanted to Know about Sex I Learned from My Cat’ (Flegel, 2016).

¹⁸⁴ Issues discussed in the post-test report (Reid, 1999).

strong masculinity and the practice of punishing men that might wander outside of this strict gender boundary. However, whilst the film differs in this regard, from previous public health texts, other issues surrounding the content, or lack thereof, of the film and its use of vague, medico-moral language, do arise. The following analysis details the textual design of the film as well as its narrative approach in order to better understand its construction and its public health approach within the contexts of this thesis' main aims.

The film opens on a slow pan, revealing, in close-up, the protagonist as he sits, knees tucked to his chest in an almost foetal position, naked in the bathtub. The shower above him pours running water down over his body and face as the camera cuts into an extreme close-up on the contemplative eye of the character staring blankly into the



Figure 4.17, *Spoiled*.

distance. This bland, yet dramatic opening shot works to introduce the protagonist and alludes instantly to his troubled state of mind (Fig. 4.17) ¹⁸⁵. Next a jump cut from the character's thoughtful eye to a darkly lit image of him during a sexual encounter with a woman, and back again, clearly reveals what thoughts are troubling him. This flashback style of story-telling and editing continues throughout the film as the young man is shown in several scenarios – waiting for a bus, sitting an exam and having lunch in a café with friends – all of which are intercut with images of the same sexual encounter. In all these scenes, the young man is positioned staring into space, with a solemn expression on his face, acting distant from his environment, his friends and his peers.

Throughout the film there are several cinematic and editing techniques used that manipulate the narrative time, suggest what is literally on the protagonist's mind, and, work to create a readable and even sympathetic plot. The first instance of this occurs almost immediately as the viewer is presented with a flashback sequence – the cut from the

¹⁸⁵ The image is reminiscent of other fictionalised representations of sexual assault, where a character will attempt to cleanse the traumatic event physically from their bodies with water, often sitting under a running shower, whilst it remains painfully present in their mind. And although the trauma here is not quite the same, the visual impact of the imagery is equally effective.

character's eye, to sex scene, and back again – which neatly alludes to the character's subjective memory or thought¹⁸⁶ (Figs. 4.18, 4.19 & 4.20).



Figure 4.18, Spoiled.



Figure 4.19, spoiled.



Figure 4.20, Spoiled.

These kinds of transitions manipulate the temporal narrative in a tradition common, and indeed almost exclusive, to montage storytelling and filmmaking¹⁸⁷. For example, whilst the duration of the film appears to take place over one morning, we are also aware – via flashbacks – that there have been previous encounters and circumstances that have led to the character's current mood and state of mind¹⁸⁸. These simple, yet effective, editing transitions allow for the overall narrative of the film – the man has had unprotected sex and caught a sexually transmitted infection – to be interpreted simply and almost immediately. These types of narrative shortcuts and manipulations are vital in an advertising market where story economy is one way of coping with increasingly expensive and short advertising slots¹⁸⁹.

Subtle visual cues are employed throughout the film, which work to elaborate on the character's state of mind, or more precisely, what he is feeling as opposed to simply thinking about. Firstly, we get the rather unsettling bathroom scene, already discussed, whilst next we see the young man sitting at a bus stop, before a bus pulls in and then away again as the character remains unmoved – seemingly so distracted or distressed that he does not get on. In the following scene, during an exam, the character is shown playing with a pen in his hand, unfocused and not doing any work. And, in the final scene, he sits at the

¹⁸⁶ See Michael Frierson, *Film and Video Editing Theory: How Editing Creates Meaning* (Frierson, 2018).

¹⁸⁷ See David Bordwell and Kristen Thompson, *Film art: an introduction* (Bordwell & Thompson, 2017).

¹⁸⁸ In classical film theory terms, we see a screen duration of 41 seconds, a Fabula duration of at least a few days - taking time for the intercourse and diagnosis to occur, and a Syuzhet duration from the morning shower through to the lunch with friends.

¹⁸⁹ See J. W. Carey, *Media, myths, and narratives: television and the press* (Carey, 1988).

end of a table, staring away from his friends, who are all spiritedly jostling and laughing together (Fig. 4.21).



Figure 4.21, *Spoiled, Distracted*.

His physical closeness yet mental absence to the group serves to highlight his suffering and is exemplified at the end of the clip as he slowly closes his eyes in a final moment of contemplation. Just at this point the on-screen text, 'Sexually transmitted infections are on the increase. Protect yourself.', fades in clearly outlining the nature of his worry, with the HEBS 'Think About It' panel emphasising the message and placing the viewer themselves into the subjective experience of the character. All of these small visual clues help to build up a picture of a young man who is worried, distracted, unhappy or even melancholic and in the final scene unable to express any of these feelings outwardly to his friends.

The overall picture is bleak, as the film relies on its imagery to convey warning and encourage its audience to "protect" itself, although, with no mention of contraception, safe sex, emotional care, polygamy or sexual restraint, exactly how the audience is expected to protect itself is not made clear. Indeed, in contrast to the cold blue and grey colours of the daytime scenarios, the sex scenes are shot with softly lit warm orange and red palette as close-up shots of bare skin and the couple tenderly kissing portray a gentle, loving encounter. Although clearly the catalyst for the young man's troubles, these relatively calm shots work to avoid the implication that any forced sexual encounter has taken place, helping to place the film's narrative more closely to messages surrounding sexual health rather than sexual assault¹⁹⁰. However, this also has the potential to seem highly conservative, suggesting that the film's message is that even relatively safe, consensual and exciting sexual encounters, such as the ones shown in the film, should be avoided.

¹⁹⁰ A point perhaps further enhanced by the protagonist being male rather than female.

Seemingly in a ploy to prevent such readings and any negative repercussions from viewers the film's final message employs HEBS', '*Think About It*' strapline, which in a film with almost no narrative exposition, becomes a vital conveyor of message.

Part 2: 'Think About It'

HEBS' '*Think About It*' campaign ran for almost ten years, working as a strapline on a number of films and for a variety of issues. For Martin Raymond, the campaign was born out of, "a communal approach, partly workable due to the small size of Scotland, but also relying on a message of community responsibility, [and] personal health choices as opposed to health punishment" (Raymond, M. 2016. Interview with A. Chandler. 27th June, Stirling). Explaining this approach, Raymond suggests that,

One of the things that kept dragging through was, and it didn't matter if you were talking about healthy eating, whether you were talking about sexually transmitted infection or diseases, about drugs, or alcohol, or smoking, or anything else, people would express a variation on the theme of "what's for you won't get past you", yeah you might shorten your odds, but on the end of the day it's just luck (Ibid. 26:35).

With this in mind, Raymond explains the development of the '*Think About It*' wording and its aim to, "challenge that, but to challenge it at a kind of population, global level, so you weren't saying to individuals, 'it's all your fault'" (Ibid). This approach relies heavily on the open-ended recommendation to literally think about it – essentially a message that empowers the viewer and could apply to the whole nation rather than to distinct individuals¹⁹¹. Yet as Raymond recalls, initial debates surrounding the strapline had almost led to a rewording of the message – from 'Think About It', to, 'Don't Even Think About It'.

Here Raymond explains how having initially agreed the '*Think About It*' concept with the Board at HEBS, the group then encountered some opposition from the civil service who raised issues with use of the term in an advert designed to deal with drug misuse – specifically the *Split Screen* film. According to Raymond the response from the sector of the civil service responsible for authorising the project was along the lines of, "you cannot put a piece of advertising out to the people of Scotland, and we're saying, well here's heroin, and your saying well think about it" (Ibid, 01:13:09). Raymond recollects how initially one group

¹⁹¹ Earlier research from the ARU had highlighted viewers ability to disengage from narratives that they did not feel applied to themselves (Reid, 1999).

involved went away and worked on the alternative strap line, “Don’t Even Think About It”, which was subsequently re-proposed and, this time, enthusiastically endorsed by the Scottish government.

However, believing strongly in the important difference between the two, Raymond describes how himself and others at HEBS made efforts to keep the original language of the campaign. In order to make this argument and defend the original language, HEBS ran a number of focus groups with young people, showing the same film with the two different straplines. As suspected, the overall response to the second, ‘Don’t Even Think About It’, was negative in that it, “becomes, here we are, let us tell you what you should do, that’s how you should behave”, whereas, “if you put Think About It.... You’re encouraging people to think about the detail.... the choices made become more of a choice”. So, Raymond concludes, “we took this research back to the Scottish government, took it back to the board.... And they went OK” (Ibid, 01:10:00). This subtle but ultimately conscious and well researched decision may represent a landmark in the shift away from didactic and often restrictive messaging of slogans such as, ‘Choose Life Not Drugs’ and ‘The choice is yours’, toward a truly open ended and more supportive Scottish public health approach.

As mentioned, the ‘*Think About It*’ strapline was utilised on a number of projects, from posters for the Smokeline campaign to films dealing with drug misuse. Helped in no doubt, by the retention of the flexibility in the original statement, the wording remained crucial to maintaining HEBS’ health promotion and ‘Know-how’ approach. In *Animals*, the statement adds an extra level of autonomy to the calls that we, “are different”, encouraging viewers to think about their sexual habits and behaviours without warning or instructing them directly. In *Spoiled* the ‘*Think About It*’ wording is one of only two on-screen texts, both of which make up the only language expressed during the whole film. Here the term seems more prescient than ever as the character’s whole depiction during the film sees him literally *thinking about it*.

The ‘*Think About It*’ slogan, however, does not, nor indeed was it designed to, deliver specific public health information on its own. The language instead, often used as an endnote or strapline to wider film narratives, encourages viewers to engage, or even empathise with, the specific public health issue, the characters and/or the overall narrative

of the film in question. One of the tools that props up the '*Think About It*' strapline whilst also helping HEBS to reach its young target audience and continue its liberal, health promotion approach, is a film style that uses increasingly expressionistic montage editing techniques and metaphoric visual narrative. Grounded in early Soviet Montage and later Classical Hollywood Continuity Editing the rapid editing and expressive production style of all of the above films is perhaps best understood through the contemporary developments in television and advertising or what has also been described as the MTV Aesthetic¹⁹².

Visual styles of public health and the MTV Aesthetic

First aired on American cable television in the August of 1981, the aesthetic of MTV's music channel, was, as early as 1983, being applied as a critical tool for film analysis. Here films such as *Flashdance* (Lyne, 1983) and *Staying Alive* (Stallone, 1983) would receive criticisms that made comparisons between MTV music video and Hollywood filmmaking styles. Roger Ebert, an early critic of what was also labelled 'MTV-editing' or 'post-MTV filmmaking' (Calavita, 2007, p. 15), in his one-star review of *Staying Alive*, bemoaned the general aesthetic of the film, suggesting that it, 'is a slick, commercial cinematic jukebox, a series of self-contained song-and-dance sequences that could be cut apart and played forever on MTV -- which is probably what will happen.... it's a Walkman for the eyes' (Ebert, 1983).

Criticisms levelled at the MTV aesthetic, which would continue throughout the 80s and 90s and onto films such as *Top Gun* (Scott, 1986) and *Rocky IV* (Stallone, 1985) included; the almost spontaneous use of music – often an over indulgent use of pop-music; rapid cuts and editing techniques; a shifting away from the one-shot or long take narrative styles of classical Hollywood editing; and a general privileging of a 'showy' production design – especially a cinematography and editing style that was intended to be noticed¹⁹³.

In his analysis of British music television including shows such as *Top of the Pops*, Fryer similarly points to a shift away from performance, together with a live audience, to the more common practice of screening official music videos where. According to Fryer, '[t]he

¹⁹² See Bordwell et al's *The classical Hollywood cinema: film style & mode of production to 1960* (Bordwell, Staiger & Thompson, 1988), David Bordwell's, *The idea of montage in Soviet art and film* (Bordwell, 1972) and Andrew Goodwin, *Dancing in the distraction factory: music television and popular culture*, Chapter 6 pp.131-155, (Goodwin, 1992).

¹⁹³ See Andrew Goodwin, *Dancing in the distraction factory: music television and popular culture* (Goodwin, 1992).

video had, by the later 1980s, come to dominate a program [TOTP] that had been founded on lip-synching and miming.’ (Fryer, 1997, p. 156)¹⁹⁴. The short, stylish, and expressive mode of contemporary music videos had then, for some critics, come to dominate, or at least infect, the contemporary worlds of both cinema and television. Whether this was via the various and emerging cable music channels, popular American cinema, a progressively accessible VHS market, or the changes in the aesthetics to British music television itself, contemporary audiences were becoming increasingly aware and used to this style of filmmaking.

As with the early adoption, and adaptation, of Documentary Movement styles and later social realism, into public health filmmaking, it becomes possible to trace this MTV, and wider advertising aesthetic, into the world of public health filmmaking. Beginning perhaps with campaigns, such as Don’t Aid AIDS, which had been praised for its use of contemporary and ground-breaking advertising techniques and styles – bringing the world of public health into the modern television era – the above films continue to utilise ever more complex advertising techniques of editing, role relation and character narrative¹⁹⁵. Here we can see how the public health films designed specifically for use on television differ from the training, or conversation starter, public health films discussed earlier in this thesis. And, whilst these differences might also shift according to the intent of each film and the particular issue to which it might be focused, it is also possible to suggest that this has just as equally been shaped by contemporary forms and styles within the filmmaking landscape.

Forced to compete within the world of contemporary advertising and television scheduling, these films must utilise all the technological and narrative complexities of the filmmaking environment in which they compete. On the one hand, this allows public health filmmakers to deliver complex messages in new and innovative styles, reaching mass audiences within increasingly shorter spaces of time. Yet arguably, on the other hand, this simplifies public health messages into easily readable signs and imagery, metaphor and at times dangerous stereotype.

¹⁹⁴ For a broader understanding of this genre see Stan Hawkins, *Settling the pop score: pop texts and identity politics* (Hawkins, 2002) and, for a particularly Scottish perspective, Brian Hogg’s, *The history of Scottish rock and pop: all that ever mattered* (Hogg, 1993).

¹⁹⁵ See previous chapter and specifically, A. Burgess, ‘The development of risk politics in the UK: Thatcher’s ‘Remarkable’ but forgotten ‘Don’t Die of Ignorance’ AIDS campaign’ (Burgess, 2017).

Sexual health has long been on the public health agenda, yet, just as other health issues, its significance has peaked and waned through different periods. Important developments in sexual health medicine and contraception at the beginning of the century had helped to slow down the violent rate of some of the most-deadly sexually transmitted diseases, yet the outbreak of war across Europe, much as it had done to many other walks of life, would disrupt some of these progressions.

Here both World Wars have been identified as important times at which the boundaries between the state and the private body would be reimagined, creating new and idealised versions of gender and the family, built to stand in as avatars for a nation at war. At the same time, it was suggested that technological developments in the film industry, had, by the start of the Second World War, made it one of the leading, if not *the* leading, state propaganda tool.

According to Davidson and Davis, the public health trends developed during wartime, based on traditional models of gender and sexuality, would continue to effect sexual health language and policy long after the war had ended. Indeed, the pair suggest that,

Despite the socially disruptive effects of the Second World War, the wide-ranging review by the Wolfenden Committee of the relationship of the law to sexual behaviour, and the cultural impact of the so-called 'permissive sixties', policy continued to be shaped by a traditional medico-moral sexology that focused on the control of the sexual instinct, on the conflation of sexuality and pollution, and on a hierarchy of normality and deviance (Davidson & Davis, 2012, p. 294).

A relative lull in the visibility of sexual health followed the Second World War, and whilst never off the public health agenda altogether, it was not until the AIDS crisis at the beginning of the 1980s that the topic would rise to the heights it had experienced during the war. Once again, boundaries between the bedroom and the state would be revised, only this time, the enemy of the ideal family would be closer to home, represented as the newly imagined homosexual community, split now, from the heterosexual community and the compassionate citizen through early divisive media approaches. As O'Sullivan and Jewkes would later suggest, '[r]epresentations of homosexuality have traditionally only appeared in the media in densely coded forms... [making] the portrayal of an illness predominantly suffered by gay men doubly difficult for the media' (O'Sullivan & Jewkes, 1997, p. 7). A

media which, the pair suggest, would end up ‘falling back on heavily moralistic discourses which presuppose common notions of ‘human nature’, ‘normality’ and ‘decency’” (Ibid).

The outbreak of the AIDS virus had demanded a rapid response, with the media at the forefront of the narrative. As the virus spread and the threat to the heterosexual population increased, organisations would need new public health approaches, new narratives and new films, all capable of reaching a range of demographics across a nationwide audience.

Research on AIDS, supplied to SHEG at this time, suggested that information on the potential for transmission to the heterosexual population was in short supply, yet increasingly strong demand¹⁹⁶. Campaigns such as Don’t Aid AIDS, and Take Care, alongside films such as *Disco* and *Flat*, were all produced to help deal with this demand, yet as ever, these texts too would often provide the peg on which to hang wider cultural concerns involving the family, age, sex and sexual behaviours¹⁹⁷. Safe sex still meant straight sex, and masculinity was still heavily tied into narratives of strength, bravery, the family, and increasingly, as highlighted in the previous chapter, consumer capability.

Both the wars and the AIDS crises highlight how at times of national emergency the public health landscape has adapted to specific public health problems. At times this has encouraged the adoption of new filmmaking technologies and visual styles into the public health environment, as well as some reworking of traditional gender norms and stereotypes. However, despite some of these reworkings, public health language surrounding sexual health has, since the war, remained overall relatively conservative, highly moralistic and traditionally strict.

Major organisational changes to Scotland’s public health system would bring about a whole new arena based public health approach. Here, rather than simply having a programme for each topic, HEBS would adopt an approach where programmes would be primarily centred on six ‘arenas’: general public (using mass media), community, health service, schools, voluntary sector, and workplace. Additionally, as the HEBS 1997 report highlights, part of

¹⁹⁶ (Research on AIDS, 1986).

¹⁹⁷ See (Roger Davidson & Davis, 2012, p. 159) and Patton’s *Inventing AIDS* (Patton, 1990), *Fatal advice: how safe-sex education went wrong* (Patton, 1996) and *Globalizing AIDS* (Patton, 2002).

this new programme strategy would see two tracks develop, ‘geared respectively towards the needs of adults and young people’ (HEBS *The First Six Years*, 1997, p. 7). Here,

The adult track innovatively and efficiently pulls together two of the three topics identified as top priorities for the Scottish Health Service in recent times—cardiovascular disease (including coronary heart disease and stroke) and cancer. It reflects and indeed capitalises on the extensive overlap in behavioural risk factors and protective factors for Scotland's Big 3 killers (CHD, cancer and stroke, with related behavioural topics smoking, healthy eating, physical activity and alcohol misuse). The young people track will in a similar way draw together a number of priority behavioural topics (smoking, drug misuse, alcohol misuse, HIV/AIDS/sexual health) and the other Scottish Health Service top priority, mental health (*HEBS The First Six Years*, 1997, pp. 7-8).

As we can see, the issue of sexual health is exclusively linked at HEBS to young people, a fact exemplified by all four of the films analysed in this chapter. But speaking to young people about sex was not a simple process of giving them warnings or medico/biological information about sex – an approach not only in conflict with HEBS positive health promotion approach but one that might also face restrictions from conservative sources such as the government the church or simply concerned parents. Instead, it was felt that more subtle narratives concerning the sexual behaviour of young people would be needed, especially ones that neatly avoided overt sexual reference or a didactic or authoritarian approach. Here the increasingly complex advertising landscape as well as the subtle difference between, ‘Don’t Even Think About It’, and ‘Think About It’, enables HEBS to retain both its positive approach and its focus upon the young people track whilst tackling sexual health.

The films of this chapter reflect how some early ‘medico-moral’ approaches, gender normative behaviours and stereotypes, and a focus on young people exists from the early War period and long into the 1990s. That is, public health films based on sexual health continue to produce narratives which, purposefully or otherwise, work by demanding the control of sexual instinct of almost exclusively young adults or teenagers. At no point is there an attempt to recognise the pleasurable, loving or intimate appeal of sexual intercourse nor the social and cultural appeal, or benefit, that can be involved in such mutual, if brief, encounters. Indeed, when consensual, even romantic sex, *is* discussed,

however obliquely, for instance in *Spoiled*, *Her Story* and *His Story*, this causes immense anguish for the characters involved.

As with previous public health approaches then, highlighted in smoking, drinking, and more overtly drug-misuse films, the pleasurable, hedonistic and socio-cultural benefits of these behaviours, be they simply physical or more social, are almost completely ignored in favour of simple denunciation or rejection. As emphasised in the test responses to drug misuse materials such as the *Dove* advert and the *Choose Life Not Drugs* campaign, this simplification can often lead to a distancing from the messaging as people feel unrepresented by the often hyperbolic, or even hypocritical, official public health approach¹⁹⁸. Until we are able to recognise and have a grown-up conversation about the physical, social and mental benefits of smoking, drinking, drug use and sex, then public health films are only really going to be useful for controlling people rather than helping them.

¹⁹⁸ See Eadie & Hastings, 1987. P. 9, and Reid, 1999. P. 18.

Conclusion

Public health films exist within an increasingly complex web of stories and images surrounding health and human behaviour. Focused on Scotland and on issues surrounding gender, this thesis has aimed to both draw from, as well as draw attention to, this rich collection of materials. Scotland therefore forms the boundary to these texts, often literally, helping to place the films within the history of the country and its wider relationship to the world of public health filmmaking and Western politics and culture more generally.

Scotland's specific political and cultural history along with its distinct health issues has further guided the analysis, with political debate, legislative changes, health reports and popular literature and film all forming the scaffold on which this thesis has been built.

What then do these Scottish public health films tell us about the histories of gender and health within the country throughout the 20th century? On one level, the films contain the literal images of men and women from throughout the period, their fashions, the way they dress, the way they walk, the way they talk, the way they interact with each other and the way they act within a range of different environments, from the hospital to the pub. Here we can follow both the popular and often the unpopular images of men's and women's fashions, behaviours and gender rules as they are set out in the health language and imagery of a broad scope of official, private and third-party organisations. As straightforward documents of these places, these people, and these times, the films stand out perhaps no more than any other Scottish documentary film, yet this remains only one part of their story. As a New Cinema Histories approach has revealed, materials related to these films, such as screening tests, scripts, meeting minutes and storyboards can all help to shed light on developments within the evolving filmmaking industry in Scotland and the history of public health institutions, from the Documentary Movement to postmodern MTV aesthetics or from the formation of the MoI to the COI and from SHEG to HEBS. Add to this an understanding of the social role of these films, brought together through analysis of contemporary medical reports, government debate, and staff testimony, then both the wider political approaches to public health in the country and the complexities of public health language and public health filmmaking can all be assessed.

From a film studies perspective we have seen how many of these public health films have been shown to follow, adapt and at times innovate, a variety of contemporary styles of filmmaking, television programming and at times advertising. This, it has been suggested, was due in part to both technological and ideological tastes, as well as the input of individual filmmakers, cinematographers, writers, editors, actors, as well as civil servants and marketeers. In some cases, these professionals could hone their skills or impose their developing styles within the world of public health filmmaking, where many were given the necessary financial and artistic freedom to flourish. Derrick Knight for example, having set up his own production company in 1957, would produce *Smoking and You* in the same year that he made his now widely recognised and arguably ground-breaking, direct cinema film, *A Time to Heal* (1963)¹⁹⁹. Both films share visual and narrative similarities, despite many differences. Their subject matter of invalid men exposes and questions the everyday struggles of those afflicted by either the ravages of tobacco or the precarity of work in the coal mines. So, on the one hand, we can see Knight refining his filmmaking style in *Smoking and You* and the privately funded work for the COI (whom he openly declares he “did not get on with”) whilst, on the other hand we can see this style now more in line with his own personal politics, in the less restricted (and less well funded) *A Time to Heal* project for the Miners Union of Wales²⁰⁰.

Sarah Erulkar would also create films that played with the traditional observational documentary styles, blending forms of documentary, current affairs, news media and drama. Erulkar’s films dealt with complex topics surrounding smoking, drinking, and teenage sex, often giving those most closely related to these subjects an on-screen presence and a voice at a time when they had perhaps not typically enjoyed one before. On top of stylistic innovations, the anti-smoking films made by both Knight and Erulkar would also begin to openly attack the tobacco industry at a time when medical experts were beginning to understand the relationships between smoking and poor health and others were

¹⁹⁹ The film being part of a recent collection of three of Knight’s films chosen for the BFI’s boxset and accompanying book edited by Patrick Russell and James Piers Taylor, *Shadows of Progress: Documentary Film in Post-War Britain* (Russell & Taylor, 2010).

²⁰⁰ Quoted from an interview with Lucian Robinson for The New Statesman, “The Film Interview: Derrick Knight A conversation with the veteran British documentary maker”, 09/12/2010, <https://www.newstatesman.com/blogs/cultural-capital/2010/12/documentary-film-cinema-heal> Accessed on 03/08/2020.

questioning the cultural power of the industry and its tactics. Using an array of modern and often innovative film styles and technologies such as microscopic filming, expressive editing and animation, public health filmmakers were motivated to expose the mechanics of the human body and smoking's effect upon its inner workings – what does a diseased lung look like, what does smoke do to the oesophagus, the capillaries and the heart, what does an ill person look like and, in contrast, what does a healthy person look like? Here visual representations of diseased lungs, tar filled test tubes, burst capillaries and panting invalid men would all work to simultaneously help the public understand the harm involved in smoking and at times hold the tobacco industry to account.

Narratively too these films would condemn the advertising and general promotion of smoking within society, mirroring many of the previous social campaign films such as *Enough to Eat* (Anstey, 1936), *Child Welfare* (ND, 1938), *Fair Rent* (Beales, 1946) and *A Start in Life* (Smith, 1946) which would call for improvements to nutrition, welfare, renting rights and the establishment of the NHS respectively. All ultimately rallying in defence of the individual civilian against market powers and state failure. Yet just as the advertising industry was being attacked in such films, ideas about gender stereotypes and peer pressure would also emerge with mixed messages. Why did so many young boys smoke, what did girls think about smoking? Attempts to answer these questions, and those like them, would ultimately create a public health landscape in which these stereotypes and cultural norms would be reproduced and perpetuated. Indeed, despite the general denunciation of the smoking industry and its insidious tactics, the individual citizen would begin to emerge as someone with individual 'responsibility' within these films as a result of new landscape of non-communicable health issues, individualism, and medico-moral discourse, promoting personal responsibility and health choices over state duty and industry accountability.

Smoking was after all, it seemed, a personal choice, and not one of the major communicable, or seemingly more indiscriminate, health problems such as smallpox, the Spanish Flu, or cholera that had characterised the health landscape of the previous century. Ideas about responsibility, choice, behaviour, habit, addiction and blame would all inevitably gain traction within the public health discourses surrounding smoking, yet it was arguably the determination of early public health filmmakers to visualise the affects of smoking upon the human body that would eventually lead to many of the legislative changes that have

since altered the culture of smoking within the UK. In this sense, these public health films, and others like them, would become powerful political and social tools, taking complex medical issues and statistics before decoding them into readable imagery, which could then be used to both explain and expose the health issues caused through smoking. Unable to escape the overwhelming medical evidence and this influx of increasingly negative representations on-screen, the smoking industry has since been forced to lessen its presence in a variety of cultural spaces from our televisions to our public spaces. Given the history of denial and delay in the tobacco industries, it is difficult to imagine how these restrictions, such as advertising and public space bans, would have gained public momentum and consent without the work of filmmakers such as Knight and Erulkar and the visual power of the public health filmmaking environment more widely.



Figure 5.1, *Disgusting visuals, Smoking and You.*

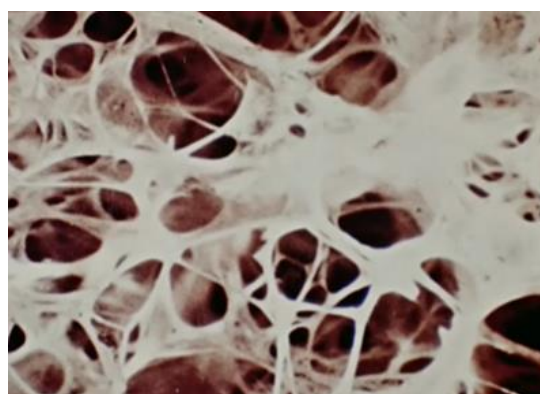


Figure 5.2, *visualising the inner body, Smoking and You.*

If smoking, and the affects of smoking upon the body had been writ large in the public health films of the 1960s and beyond, then what of other contemporary NCDs such as alcohol and drug misuse? As we have seen, the approach to alcohol misuse in the public health films addressed for this thesis focuses less on what alcohol can do to your body and more on what you can do to yourself, or more precisely your social status, through drinking to excess. Here the medical language and imagery of anti-smoking films is almost completely dismissed in favour of sociocultural narratives pertaining to appropriate behaviours and social mores. The social embarrassment that comes from breaking these codes is now used as a bigger deterrent to the viewer than any of the often-fatal medical effects of alcohol upon the physical body²⁰¹.

²⁰¹ Even today many anti-smoking films retain the graphic image of tobaccos effect on the body. See for instance Inga Korolkovaite, '132 Of The Most Powerful Anti-Smoking Ads Ever Created',

As with smoking, although seemingly to a much greater extent, gender becomes central to promoting this behavioural approach. What kind of men drink too much and why? What are the consequences of this over drinking? How should women act when drinking? Ideals of same sex preferred behaviours are quickly drawn out within this discourse as we are told, “Drink doesn’t make a man of you, stand on your own two feet”, so that the stereotype of the hard-man is simultaneously condemned and promoted. With early temperance films applying a similar social, as opposed to a medical approach, there is no doubt that alcohol’s effect upon behaviour plays a significant role in organising the public health approach. Once entangled within traditional stereotypes of gender performance and drunkenness, these narratives find it difficult to escape the tautological process of prejudice and oppression that can be linked to these hegemonic gender ideals. Overall, it is clear that the alcohol industry has benefitted from a less medicalised, less visual and overall, less graphic approach to public health than that of its NCD neighbour the smoking industry – a fact that might well be reflected in the increasingly different legislative restrictions and social status of the two habits today.

Drug misuse seems to sit somewhere in the middle of this visual map. In some cases, the affects of drug misuse *are* highlighted in graphic ways with representations of dirty needles, blood infections, and the general toll of drug misuse upon the body found throughout public health and popular filmmaking. Yet from a more moral standpoint some public health campaigns have chosen to attack the individual drug user, painting them as weak-willed, selfish, ignorant and/or impulsive individuals. Here medical warnings are often mixed with sociocultural ones, as both the importance of staying healthy and out of certain social circles, or even prison, are both often highlighted for public health purposes – paradoxically creating a link to criminality that can often work as an attraction for those young men aiming for the reputational benefits of a hard-man status. Here the illegal status of many drugs within the United Kingdom has long halted any progressive approach, with personal criticism and blame perhaps more easily sponsored and politically supported than any other nuanced structural, legislative, or institutional drug misuse discussions.

If moral guidelines and gender stereotypes had infiltrated and arguably at times dominated the public health filmmaking approach to issues such as smoking, drinking and drug misuse, then the world of sex and sexual health would stand little to no chance of evading such language. Tied so closely into concepts surrounding the family, gender performance and the public and the private sphere, public health filmmaking focused on sexual health has a long history of policing the boundaries of acceptable and unacceptable behaviours. During the AIDs crisis this led to the binary, and often prejudice laden, creation of ideas as to who was and who was not a compassionate citizen and exactly what kinds of sexual activity this compassionate citizen would and would not engage in. Consciously or not, the heterosexual sexual population was born, distinctly different, more careful, more compassionate, and less deserving of infection than the apparently separated, morally corrupt and sexually provocative, homosexual population.

In Scotland, the *Take Care* campaign would emerge out of an environment of positive holistic public health approaches initiated – arguably – at SHEG but rooted further back in the celebratory films of film-makers such as Erulkar and Russell and the social campaign films of the Mol and the COI. Breaking away from the bleak, fearful and much broader approach of the UK government, and its *Don't Aid Aids* campaign, *Take Care* saw Scotland adopt a localised and often colloquial public health approach at a point when it had been hit particularly hard by the AIDs virus and a specific targeted approach seemed increasingly necessary. Scotland needed a Scottish approach to the AIDS crisis and the community engagement and health promotion of groups like the Lothian Health Board would employ just such a strategy. Just as the early films of Russell had promoted a sense of community spirit and national pride through triumphant narratives and imagery, the work of SHEG and later HEBS, were able to build a localised brand identity that engaged completely with a Scottish audience and aimed to tackle often uniquely Scottish problems. Films like *Just a Habit*, *Saturday Night*, *Her Story*, and *Blue Stix*, whatever their complicated relationship with gender stereotypes, spoke to a Scottish audience, from a Scottish perspective and more often than not in a strong Scottish accent.

This capacity for Scotland to approach its own uniquely different health issues with its own public health language and approach remains ever more vital today, highlighted in both the response to the current Covid pandemic and, perhaps most acutely, in the recent

resurgence of drug related deaths in the country and the unwanted moniker as the drug death capital of Europe²⁰². With the so-called 'War on Drugs' failing miserably across Scotland, and indeed the globe, the country has seen major calls to break its legislative Westminster straitjacket through the implementation of initiatives including safe injection facilities, decriminalisation and mental health care programmes²⁰³. Here borrowing from similar and successful programmes in countries such as Portugal, Canada and the United States, Scotland aims to approach its own unique issues with drugs via a public health rather than a public order route. Highlighting previous examples where a similar level of legislative autonomy has produced encouraging results on issues such as the AIDs crisis, alcoholism and knife crime, Scottish authorities have been long hopeful and keen to try a number of these progressive and well researched strategies²⁰⁴. However, a recent refusal by the Home Office to allow such an approach has been a major disappointment to many of the professionals invested in solving these issues²⁰⁵. Blocked then at every turn by a Westminster government entrenched in moral sloganism and antiquated drug laws, such as the 1971 Misuse of Drugs Act, Scotland's drug problem may not in fact be rooted simply in its own cities' 'hard-man' stereotype but rather a different kind of toxic masculinity currently dictating policy in the English parliament.

The films of this thesis can be classed with little doubt as Scottish public health films, yet the categorisation remains open to interpretation and is at times necessarily fluid. What public

²⁰² For drug related death statistics see Scottish Government. ND. *Drug Related Deaths in Scotland*. Retrieved from <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/drug-related-deaths-in-scotland> Accessed on 16/09/2020.

²⁰³ A recent report published by the Scottish Affairs Committee recommends a number of these initiatives. See, UK Parliament. (07/09/2020). *Problem drug use in Scotland: Government response published*. Retrieved from <https://committees.parliament.uk/committee/136/scottish-affairs-committee/news/117326/problem-drug-use-in-scotland-government-response-published/> Accessed on 21/09/2020. Also, the work of the recently assembled Drug Death Task Force shares a number of such objectives. See, Scottish Government. ND. *Drug Deaths Task Force*. Retrieved from <https://www.gov.scot/groups/drug-deaths-task-force/> Accessed on 21/09/20.

²⁰⁴ Recent positive results of the Minimum Unit Pricing and a widely recognised success in the fight against knife crime remain good examples. See Matthews-King, A. (19/06/2019). *Alcohol sales in Scotland hit 25 year low after minimum unit pricing introduced*. Retrieved from <https://www.independent.co.uk/news/health/alcohol-scotland-deaths-buckfast-minimum-unit-price-record-low-england-wales-a8964011.html>, Accessed on 19/01/2020, and, O'Hare, P. (04/03/2019). *How Scotland stemmed the tide of knife crime*. Retrieved from <https://www.bbc.co.uk/news/uk-scotland-45572691>, Accessed on 02/05/2019.

²⁰⁵ My own three-year work as a volunteer Director at the Glasgow Council on Alcohol and Drug misuse has introduced me first-hand to much of this work. See also, NA. (15/04/2019). *Home Office criticised for refusing drug consumption room in Glasgow*. Retrieved from <https://www.scotsman.com/news/crime/home-office-criticised-refusing-drug-consumption-room-glasgow-1419762>, Accessed on 16/09/2020.

health films were made in Scotland, what did they say, how did they look, and what, if any, specificities might be observed within this output? The map to these questions has been pencilled out, if not yet fully filled in. There are of course further avenues and paths that one could take, a rich source of films and other paper materials produced by and for HEBS unfortunately did not make the final cut of this thesis: they might facilitate a whole PhD project in their own right. However, attempts have been made to at least note the majority of the vast range of materials here, offering those interested in such a project and public health filmmaking more generally, a corpus of films and filmmakers from around Scotland whose work deserves deeper research and analysis. Once again, the approach to other issues has been purposefully broad, and I have provided reflections on gender performance, hegemony, street habitus and same sex preferred behaviours that might guide further research into the way that gender often intersects with public health filmmaking, public health language and health behaviours more widely.

The world of public health filmmaking does not sit comfortably within the many categories that have been used to describe or analyse it. Indeed, it is always possible to see these texts through two lenses, as both mirror and window, reflecting first to a contemporary audience how it is expected to behave, and today, offering modern researchers a view of how different countries, governments, and other health bodies have dealt with the constantly changing public health landscape and its complicated connections to wider culture. In this way these films can have two public health lives, standing out as deeply complex and fruitful texts that require not only a framework built on the foundations of New Cinema Histories, film studies and textual analysis but also one that draws on cultural studies, social science, health histories and behavioural science.

Given the current events of the Covid 19 pandemic, such a framework has perhaps never been more valuable as the interrogation of public health filmmaking becomes increasingly relevant. Here we must ask questions on how the move toward individualised blame in public health language, that seemed simply to coincide with both the technological the economic and the temporal constraints of television and the cultural increase in NCDs, can now be understood within the contexts of the neoliberal narrative and one of the most deadly communicable pandemics of the 21st century. To answer this we need to look not only at the public health filmmaking environment of today but also of yesterday in order to

understand in Raymond Williams' terms, the 'structures of feeling' that have been promoted through the history of public health filmmaking throughout the 20th and 21st centuries. Here the history of AIDS and sexual health media more widely may be particularly useful, as the language of communicable disease once again emerges. For instance, if we consider the way that the communicable AIDS pandemic was both insidiously and perhaps at times more unwittingly absorbed into the late 20th centuries obsession with individualism, we can perhaps avoid the mistakes of the past and envision new ways in which to tackle similar pandemics. These must be evidence based, clear and above all free from prejudice and political ideologies.

Likewise, if smoking and drinking are your own choice, then so it seems is catching Covid 19, you Covidiot! Caught up in the current moment, without the benefit of hindsight, it seems as if terms like this rather cheap portmanteau – Covidiot – and headlines pointing fingers at the actions of a small minority of society have gained particular momentum both in government statements, the popular press and online²⁰⁶. Purposefully or not, this has driven a noticeable rhetoric that suggests it is the people with the least power in society, rather than the most, who are to blame for - at the at time of writing – over 100 thousand deaths in the UK. Of the no doubt numerous research papers that will spring out of the aftermath of the Covid 19 pandemic, and the UK government's quite frankly appalling handling of it, research into the media and how it has been used will be vital.

So, finally what of the hard-man? Can he be found in Scotland's public health filmmaking output of the 20th century? Of that there can be no doubt. He is here, just as he is almost everywhere else in the history of Scotland and indeed much of the Western world. Indeed, we live in a culture still heavily dominated by gender stereotypes and gender rules. These rules are set out to us even before birth, in gender reveal parties, baby showers, coloured clothing, and a mass of highly gendered gifts, balloons, and cards. They orchestrate many aspects of our lives. The clothes we wear, the books we read, the sports we play, the jobs we want, the jobs we get, the friends, or enemies, we make, the people we love, the people

²⁰⁶ See, NA. (25/03/2020). *Watch: Police scold sunbathers for flouting coronavirus lockdown*. Retrieved from, <https://www.telegraph.co.uk/news/2020/03/25/watch-police-scold-sunbathers-flouting-coronavirus-lockdown/> Accessed 22/09/2020, and, NA. (23/03/2020). *How coronavirus advice from Boris Johnson has changed*. Retrieved from, <https://www.theguardian.com/world/2020/mar/23/how-coronavirus-advice-from-boris-johnson-has-changed> Accessed 21/09/2020.

we fight, or at times the people we kill, including ourselves. They therefore play out on both micro and macro levels – “What a big strong boy he is”, “she’s beautiful”, “man-up”, “She was asking for it” – to the point where it is difficult to overestimate the affect that these often-binary gender rules play in our everyday lives and behaviours.

Many of these rules have long histories, they sit deep within our culture, in the stories we tell, the statues we carve, the pictures we paint, the books we print and the films we make. Many survive today, shape-shifting through time and medium, from stone to celluloid, as gender is moulded into iconic and symbolic semiotic sign, before evolving into oven-ready explanations for character, identity and behaviour. Historically film is both heavily reliant and involved in the perpetuation of these gender signs, simultaneously reproducing and rewriting the boundaries of acceptable and unacceptable gendered or same-sex preferred behaviours.

The world of public health filmmaking cannot escape these long-established mythologies of gender nor the history of film more widely, in which these mythologies have been manipulated and reworked. Indeed, it is arguable that public health film holds a particularly close relationship to both. Gender is indelibly linked to health, as hegemonic concepts of gender have determined exactly what kind of gender holds the highest, or most ideal, position within the health landscape. In early films such as *World of Steel* (1938) and *Good Health to Scotland* (1944) the healthy body is defined through concepts of manhood associated with classed labour practices such as physical strength, determination, fortitude, resilience, stoicism and bravery that bear little to no outright or biological link to men themselves but simply to masculine stereotypes. Indeed, as women turned to the factories and farms in their droves during the war, many of these stereotypes would need to be subtly reframed, at least until the men came back²⁰⁷.

Forged in the fires of these heavy industries, the hard masculine figure that had taken shape at the beginning of the 20th century, especially in the manufacturing towns and cities such as Glasgow, would be once again remoulded for the necessary efforts of a country at war. Here the effect of the Second World War on gender identity and the language of public health is

²⁰⁷ See for instance, Andriana Bellou & Emanuela Cardia, ‘Occupations after WWII: The legacy of Rosie the riveter’ (2016).

clear, if difficult to define, as many of the earliest public health films were developed within a climate of propaganda, patriotism and hegemonic 'warrior-like' masculinity. Public health filmmakers would be amongst the first to be tasked with producing the contemporary image of the healthy male body on-screen, where, under the sway of both the technological and ideological constraints of the period, the healthy male soldier would become the newest in a long line of hegemonic masculine characters used to maintain the political and cultural hierarchy of a Western patriarchal society.

Not only does this allow a particular image of the male body to dominate discourses on health and ideal masculinity, it also automatically removes any different, oppositional or marginal images of masculinity from these narratives. Women, BAME, homosexuals, trans people and disabled people, not to mention whole sections of the so-called 'underclass', that do not fit this rigid story of health are simply excluded, or worse still, overtly targeted as undeserving within this idealised and hegemonic gendered health landscape.

In one sense masculinities have changed dramatically from those of the pre- and post-World War Two era. The sexual liberation of the 1960s and 70s, Second and Third-Wave Feminist movements, gay rights activism, deindustrialisation, neoliberalism and the media have all played major roles in these reworkings. Yet the hard-man remains, his original courage and strength now twisted by marketers, online incels and political demagogues²⁰⁸. This contemporary hyper-new-Ladism harks back to an imagined, or worse still, very real masculinity of the past in which men were men and their dominance was not restricted by the cries of supposedly hysterical feminists or any sensible discussion surrounding their two preferred gender ideals. In reality, some of the biggest threats to men's health are born within this discourse, in the heavy drinking, the recklessness and the violence coveted by this toxic masculinity. As a young man I fell prey to much of this thinking, keenly recreating the violence of my father, my uncles and my brothers, until I too followed their footsteps into the English prison system and quickly learnt its hyper masculine rules. Gender performance is key to prison life, the daily exercise, the tuck-shop trading, the walking, the bullying and the violence. However, these institutions – Northallerton Young Offenders

²⁰⁸ A relatively new term, incel, is a portmanteau of the word's involuntary celibate, defined as a member of an online community of young men who consider themselves unable to attract women sexually, typically associated with views that are hostile towards women and men who are sexually active.

Institute and HMP Hull – were simply condensed versions of the gendered world that had taught me to hide my emotions, puff up my chest, and punch first and ask questions later. And, despite the many social benefits of reputation, fear, autonomy and protection that this hyper-masculine stab-vest had afforded me growing up on a North Yorkshire council estate it would not be thick enough alone to survive the four walls of my cell²⁰⁹. I feel like I was lucky to spend a relatively short period of my young life in prison, compared to other friends and family it would be a ‘time’ barely worthy of mention, and indeed not unusual or even unexpected given my circumstance, but it has no doubt shaped much of my continued interest in the crime and punishment systems, social class and concepts of gender and gender performance. When somebody pulls a knife on you, hegemonic masculinity, gender stereotypes, street habitus and cycles of oppression don’t spring to mind, yet I have long suspected that they may well all play their part, even as I lacked the language to express it. As the name suggests, toxic masculinity is poisonous, dangerous to both women and men, from those cowering at the end of it, to those aiming to achieve it. Men today need a varied and robust taxonomy of masculinities that they can draw from, not these heavy-handed anachronistic models that only harm the very people that they claim to protect. My hope is that, like those other monsters of old, if we drag the hard-man out into the light his strength will wilt. This project forms part of that light.

²⁰⁹ A point well made by the calls for reform in the prison system and its long history of self-harm, suicides and mental health failings. See Yvonne Jewkes, Ben Crewe and Jamie Bennett’s edited collection, *Handbook on prisons*, 2nd ed, (Jewkes, Crewe & Bennett, 2016), Todd R. Clear’s, *Imprisoning communities: how mass incarceration makes disadvantaged neighborhoods worse*, (Clear, 2007) and for statistics on such issues see, Her Majesty’s Prison and Probation Service. (15/05/2019). *Suicide & self-harm Prevention in Prison*. Retrieved from <https://www.gov.uk/guidance/suicide-self-harm-prevention-in-prison> Accessed on 22/09/2020.

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Gordon, G. (2001–2010) Wilson, M. (2010) (Producers) (1983 – 2010). *Taggart* [Television Series]. Scotland: STV Productions.

HEBS, ND. (1998). *Blue Stix*. Scotland: HEBS.

Higson, P. (Producer) Mullen, P. (Director) (1998). *Orphans* [Motion picture]. Scotland: Ardmore.

Holmes, J. B. (Producer), Erulkar, S. (1964). *Smoking Machine*. UK: Realist Film Unit.

Keene, R. (Producer), Annakin, K. (Director) (1946). *It Began on the Clyde*. Scotland: Greenpark Productions.

Kellino, W. P. (Director) (1923). *The young Lochinvar* [Motion picture]. UK: Stoll Pictures.

Kimmins, A. & Korda, A. (Director's) (1948). *Bonnie Prince Charlie* [Motion picture]. UK: London Film Productions.

Knight, D. (Producer) & Knight, D. (1963). *Smoking and You*. UK: Derek Knight & Partners Ltd.

Krish, J. (Director) (1945). *Don't Spread Germs*. UK: Public Relationship Films.

Law, M. (Director) (1948). *Pedestrian Crossing*. UK: Public Relationship Films.

Macdonald, A. (producer) Boyle, D. (1996). *Trainspotting* [Motion Picture]. UK: Channel Four Films, Figment Films & Noel Gay Motion Picture Company.

Macdonald, A. (producer) Boyle, D. (Director) (1994). *Shallow Grave* [Motion picture]. Scotland: Channel 4 Films.

MacKinnon, B. (producer) MacKinnon, G. (Director) (1996). *Small Faces*. [Motion picture]. Scotland: BBC Films & Skyline.

MacPherson, D. (producer) Leland, D. (Director) (1990). *The Big Man* [Motion picture]. Scotland: Miramax Films.

Massey, S. (Director) (1946). *Your Children's Teeth*. UK: Realist Film Unit.

Massingham, R. (Producer) & Massingham, R. (Director) (1945). *Coughs and Sneezes*. UK: Public Relationship Films.

Moore, D. (Director) (1937). *A Rise in Wages*. UK: German Sims Woodhead Memorial Trust.

Mosley R. (2007). *Child Abuse*. USA: Triofilms.com for American Lung Association.

Paul, R. W., ND. (1904). *Buy Your Own Cherries*. UK: NS (Possibly made for the Grand Lodge of England).

Posey, A. (Producer) Evans, D. (Director) (1997). *Fever Pitch* [Motion Picture]. UK: Channel 4 Films.

Russell, S. (Director) (1944). *Good Health to Scotland*. UK: Scottish Films Ltd.

Russell, S. (Producer), & Russell, S. (Director) (1938). *Scotland for Fitness*. Scotland: GB Instructional.

Russell, S. (Director) (1938). *World of Steel*. Scotland: Scottish Film Productions.

Scottish Health Education Unit, ND. (1978). *Going Home*. Scotland: SHEU.

Shaw, A & Taylor, J (producer) Smith, B. (Director) (1946). *Your Children and You*. UK: Realist Film Unit.

Simpson, D. & Bruckheimer, J. (Producers) Lyne, A. (Director) (1983). *Flashdance* [Motion picture]. USA:

Paramount Pictures.

Simpson, D. & Bruckheimer, J. (Producers), Scott, T. (Director) (1986). *Top Gun* [Motion picture]. USA: Paramount Pictures.

Smith, B. (Director) (1946). *A Start in Life*. UK: Realist Film Unit.

Stigwood, R. & Stallone, S. (producers) Stallone, S. (Director) (1983). *Staying Alive* [Motion picture]. USA: RSO Records & Paramount Pictures.

Taylor, J. (Producer), Strasser, A. (Director) (1945). *Your Children's Eyes*. UK: Realist Film Unit.

ND. (1992-2002). *The Big Breakfast* [Television Series]. UK: S4C.

Thomson, M. (Producer), Pearl, A. (Director) (1945). *Your Children's Ears*. UK: Realist Film Unit.

Thomson, M. (Producer), Massy, J. (Director). *Your Children's Teeth*. UK: Realist Film Unit.

Vaughn, M. (Producer) Richie, G. (Director) (1998). *Lock Stock and Two Smoking Barrels* [Motion Picture]. UK: Polygram Filmed Entertainment.

Vertue, B. (Producer) Dennis, M. (Director) (1992-98). *Men Behaving Badly* [Television Series]. UK: Freemantle, BBC Studios.

Wands, A. J. & Ferguson, M. (Producers) (2000 – 2007). *Rebus* [Television Series]. Scotland: STV Productions, ITV.

Watt, H. (Producer), Jackson, P. (Director) (1940). *Health in War*. UK: General Post Office Film Unit.

Winkler, I. & Chartoff, R. (Producers) Stallone, S. (Director) (1985). *Rocky IV* [Motion picture]. USA: MGM/UA Entertainment Company.

Wright, B. (Producer), Russell, S. (Director) (1938). *Sport in Scotland*. Scotland: Scottish Film Productions.

Younger, G. (Producer), Erulkar, S. (Director) (1975). *Dying of Thirst*. Scotland: SHEU & Viscom Scotland, in association with Smith Schorstein Associates Ltd.

Younger, G. (Producer), Erulkar, S. (Director) (1975). *Getting Drunk*. Scotland: SHEU.

Younger, G. (Producer), Erulkar, S. (Director) (1975). *Just a Habit*. Scotland: SHEU.