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Stigmatised Health Conditions
in Post-Devolution Scottish Fiction and the Press

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Abstract

This thesis examines stigmatised health issues in post-devolutionary Scottish literature and the press (1997-present). It centres around the ‘Glasgow effect’, a public health term describing the phenomenon of poor health and high mortality in Scotland, even after accounting for socioeconomic factors. I focus on mental distress, alcoholism and to some extent fatness or obesity, the stigmatised health issues associated with the ‘Glasgow effect’. The Introduction outlines Scottish studies and the medical humanities and illustrates the benefits of bringing these fields together. Chapter One discusses the terms ‘Glasgow effect’ and ‘Scottish effect’. It explores how the press, academics and art projects mobilised the term ‘Glasgow effect’ to serve various agendas, often discussing Scottish nationhood and culture as much as public health. I argue that the ‘Glasgow effect’, the myth of a culture uniquely sick and uniquely artistic, emphasises Scottish exceptionalism and became popular amidst renewed optimism and anxiety about the country’s future post-devolution. Chapter Two examines (postnatal) depression, intergenerational trauma and anorexia. I discuss attachment theory, childrearing ideology and symbolic politics in Sarah Moss’s *Night Waking*, and celebrity culture and Scots-Italian historical trauma in Andrew O’Hagan’s *Personality*. Chapter Three, on alcoholism, explores neoliberalism, national pathology and postmodernism in Ewan Morrison’s *Distance*, and analyses A.L. Kennedy’s idiosyncratic approach to religion and suffering in *Paradise*. In the extended Conclusion, I reflect on the relevant absence of Scottish novels on fatness. I further theorise on the ‘Glasgow effect’ to account for the term’s unusual endurance and appeal. My novels offer nuanced portrayals of illness, engaging with a broad range of discourses not typically present in discussions of Scottish public health. This disconnection highlights debates or tensions in post-devolution Scottish culture over public health and the politics of health. The ‘Glasgow effect’ does not provide a useful category of literary analysis and may in fact obscure the richness and diversity of contemporary Scottish fiction.

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Introduction

Shuggie Bain: A Vignette

In November 2020, Douglas Stuart's debut novel, *Shuggie Bain* (2020), won the coveted Booker Prize. This made Stuart only the second Scottish winner, after James Kelman's controversial win in 1994. The novel, spanning 1981 to 1992, is a coming-of-age family drama, as effeminate youngest child Shuggie navigates homophobic bullying, Glasgow poverty and his mother Agnes's alcoholism. Stuart describes the win as 'a great thing for Scottish voices, for queer voices, for working-class voices' (Allardice 2020: para 3 of 18). This may be true. Yet *Shuggie Bain* also seems to safely confirm what a reader might think they know about Glasgow and Scottish public health. It could be understood as, self-consciously, a 'Glasgow effect' novel.

The 'Glasgow effect' is a public health term which was introduced in the press by the Glasgow Centre for Population Health (GCPH) in 2004 *Herald* article (Puttick 2004). It then took on a colourful life of its own in the press, policy and academia. The term describes the 'poor health status of Glasgow *over and above* that attributable to the city's high levels of socio-economic deprivation' [original emphasis] (GCPH 2010: 4). When GCPH compared Glasgow to Liverpool and Manchester, post-industrial English cities with almost identical deprivation profiles, they found that Glasgow deaths were 15% higher in comparison, with premature deaths 30% higher. GCPH concluded that 'while deprivation is a fundamental determinant of health', it alone cannot explain Glasgow's higher levels of mortality (8). The term 'Glasgow effect' was coined as a placeholder, gesturing towards the unknown factors behind this excess mortality until these could be identified. GCPH's 2010 report outlines varied hypotheses, from societal or family breakdown and genetic factors, to the effects of migration and differences in spatial patterning of deprivation (47). A follow-up report in 2016 identified the previously unknown factors. It emphasises that much of Glasgow and Scotland's poor public health is indeed explained by deindustrialisation,

deprivation and poverty, the root causes of poor health in many modern societies (GCPH 2016: 7). Since the late 1970s, social and economic policies produced widening socioeconomic and health inequalities across the UK. Glasgow was simply more vulnerable to these ‘socioeconomic and political exposures’, resulting in the city’s excess mortality (8). There are a variety of reasons for this vulnerability, such as high levels of deprivation historically, the prioritisation of gentrification and commercial development by Glasgow’s local government, and the socially selective New Town programme, which redirected industry, investment and young, skilled workers away from Glasgow and towards newly-built towns outside of the city (8-9). GCPH publicly retired the term ‘Glasgow effect’ in 2016: GCPH’s public health programme manager David Walsh criticised its often inaccurate usage in the press and argued that it was now redundant as this excess mortality was no longer unexplained (Walsh 2016: para 9 of 13). Yet the term ‘Glasgow effect’ continues to circulate in the press and beyond, including literary culture.

In February 2020 Douglas Stuart published an article on the website *Literary Hub* titled ‘Poverty, Anxiety, and Gender in Scottish Working-Class Literature’, with the subtitle ‘Douglas Stuart Offers a Reading List in Response to “The Glasgow Effect”’. Stuart begins by describing his Glasgow upbringing living in a ‘house without books’ where the local men ‘bent steel’, ‘built fine ships’ or ‘hack[ed] away at coalfaces’, and boys kicked ‘footballs’ and then ‘each other’ (2020a: para 1 of 32). Men were ‘proud’ and ‘useful’ (para 1 of 32) before ‘Margaret Thatcher decimated the working man’: with the closure of many industries, these men were ‘emasculated and sent by a woman (no less) to rot away their lives into rented settees’ (para 2 of 32). This ‘ushered in decades of drink and drug abuse that saw life expectancy drop to some of the lowest levels in Western Europe’. Stuart then claims that the ‘Glasgow effect’ ‘describes the invisible factors that reduces a man’s life expectancy based on the housing scheme he lives on’ (para 3 of 32). This definition is incorrect. The ‘Glasgow effect’ refers to health inequalities across all genders (not just men), all ages (except children) and, crucially, in deprived and non-deprived neighbourhoods (GCPH 2010: 8). Stuart’s misinterpretation is common but also telling. As I show in Chapter One, the term ‘Glasgow effect’ is extremely flexible, often redefined or misapplied to suit

various agendas and contexts. In defining the term to fit his own (masculinist and working-class) vision, Stuart is in good company. He then suggests that, if there is a 'silver lining' to this context, it may be that 'these conditions laid the fertile ground that would germinate some absolute masterpieces of the written word' (2020: para 4 of 32). There are lots of familiar faces in Stuart's 'Glasgow effect' reading list: James Kelman, Irvine Welsh, Janice Galloway, Agnes Owens, Alexander Trocchi and Alan Warner, as well as more recent authors Graeme Macrae Burnet and Kerry Hudson. Stuart's own novel, *Shuggie Bain*, is promoted at the bottom of the article, suggesting its own self-conscious place on the 'Glasgow effect' reading list.

Shuggie Bain covers much of working-class Glasgow: the narrative moves from the crowded high-rise towerblocks of Sighthill and the isolated and desolate (fictional) mining community Pithead, to an old East End flat and finally a South Side bedsit. The families in the forgotten Pithead live a precarious life on government benefits. Agnes routinely buys alcohol before food for her family. Children with unbrushed hair and dirty clothes roam the streets, playing with abandoned appliances or in industrial grounds. Many minor characters, such as neighbour Bridie, are heavy drinkers or self-confessed alcoholics. Glasgow is described in consistently bleak terms. Sectarianism is rife. Rain is the 'natural state', keeping 'the people pale and bronchial'. Driving into the city is 'like a descent into the heart of the Victorian darkness' as the 'real Glasgow open[s] up', including 'blacked-out windowless pubs where old men and women sat on sunny days in a sweaty, pungent purgatory'. The city is 'changing', 'losing its purpose' under Thatcher's process of deindustrialisation, meaning that 'Men [are] losing their very masculinity' (2020b: '1981 Sighthill', Chapter Three [n.p.]). This is a familiar image of Glasgow. It is likely still the image of the city in many minds, despite the fact, with *Shuggie Bain* set in the 1980s, it refers to a context forty years in the past. Ali Muriel in *The Guardian* depicts Glasgow in a similar way in an otherwise nuanced discussion of the 'Glasgow effect': 'Pale men cluster outside windowless pubs puffing on cigarettes. A frail couple, three crutches between them, totter out of an off-licence [...] An obese man with a withered leg limps down Tollcross Road, eating pizza from a cardboard box' (2012: para 5 of 17).

Stuart and Muriel are engaged with the same cultural imaginary of what the ‘Glasgow effect’ might look like.

Stuart has been received as an authentic voice of Scotland, at least of working-class Glasgow. Although Stuart insists that *Shuggie Bain* is not intended as a ‘poverty safari’, many reviews and interviews focus on Stuart’s impoverished childhood with his alcoholic mother. A *Times* article titled ‘Why Douglas Stuart’s *Shuggie Bain* deserves to win the Booker prize’ spends only four of twenty-five paragraphs discussing the novel. The rest details Stuart’s own life. Indeed, the article opens: ‘Bloody hell, if I’d had his childhood, I would have just curled into a ball and given up’ (Millen 2020: para 1 of 25). The novel itself is discussed so briefly that it is unclear why it is a deserving winner. Stuart’s biography seems to be reason enough. Stuart resembles *Trainspotting* author Irvine Welsh: both trade on perceived authenticity and the ability to speak directly for (working-class) Scotland, despite spending much of their adult lives living abroad. Stuart has spent the last twenty years in New York as a successful fashion designer with brands like Calvin Klein and Jack Spade (Jamieson 2020: para 7 of 54). Stuart (and Welsh) resemble the figure of the black public intellectual. Adolph Reed critiques these self-elected spokespersons for black Americans: they position themselves ‘metaphorically at the boundary of the black experience’ but facing in, with ‘enough distance to get a broad perspective’ and engage in ‘group self-examination’ (2000: 83). Yet their claims are often ‘airily abstract’ or ‘cozily compatible’ with commonsense because ‘prominence of author counts more than weight of utterance’ (82). Born in 1976, Stuart was three when Thatcher was elected Prime Minister. If Stuart is received as an authority on Thatcher-era Scotland because of his lived experience, it is worth remembering he was in primary school at the time. Given his long, successful career in New York, he cannot be said to directly represent the experiences of working-class people in Scotland today. Nevertheless, *Shuggie Bain* is read as testimony, affirming the ‘Glasgow effect’ imaginary.

Stuart was only the second Scottish novelist to win the Booker prize, a fact literary journalists discussed at length. Kelman’s win for *How Late It Was, How*

Late (1994) is famous for its controversy. Prize judge Rabbi Julia Neuberger was publicly disparaging (Jordison 2011: 6 para of 11) and columnist Simon Jenkins called the awarding of the prize to Kelman ‘literary vandalism’, likening Kelman to an ‘illiterate savage’ (1 para of 11). Kelman’s novel is much more challenging and less conventional than Stuart’s coming-of-age family drama. It is written as a stream of consciousness in working-class Glaswegian Scots with frequent profanities. It follows Sammy, suddenly blinded after being beaten by police, as he tries to navigate a hostile, confusing world. Kelman is now a key figure in Scottish fiction. He is prominent in Stuart’s own ‘Glasgow effect’ canon. Indeed, Stuart cites *How Late* as a key influence, emphasising the importance of finally finding ‘my people, my dialect, on the page’ (Flood 2020: para 2 of 19). *Shuggie Bain* is arguably more accessible to an international audience: it is written in standard English with standard typography; the dialogue is frequently but not exclusively in Glaswegian Scots. Praise of the novel has been near universal, no more so than from the Booker panel. As a BBC article reports, ‘Chair of judges Margaret Busby said the judges’ decision was unanimous and they only “took an hour to decide”’ (2020: para 2 of 25). Many of the most famous and influential Scottish novels of the last few decades deal with poverty and disenfranchisement, are written in urban working-class Scots, and centre around working-class or unemployed characters, usually men. While the queer, effeminate Shuggie adds a fresh perspective, *Shuggie Bain* otherwise fits comfortably with this trend. Ali Smith, one of Scotland’s most accomplished and respected writers, does not conform to this trend and would not be recognised as part of Stuart’s ‘Glasgow effect’ canon. Smith has received four Booker nominations but is yet to win. Instead, *Shuggie Bain*, the novel that confirms expectations about Scottish literature and indeed Scottish public health and politics, receives the Booker stamp of approval. At the start of this project, I did not seek or expect to find novelists self-consciously using the ‘Glasgow effect’ term or explicitly positioning their work in relation to it. Yet Stuart’s article suggests that the ‘Glasgow effect’ is now being used reflexively as a category by fiction writers. It may be possible to say that authors are beginning to write within the parameters of the ‘Glasgow effect’ myth. Perhaps readers (and book prize judges) are also reading within these parameters.

In this thesis I examine how the ‘Glasgow effect’ concept has been adopted and adapted in the press and culture, and how Scottish fiction responds. This thesis examines how post-devolutionary Scottish fiction (1997-present) represents the stigmatised health conditions associated with the ‘Scottish effect’ or ‘Glasgow effect’. My research focuses on mental ill health/madness, alcohol use/alcoholism, and obesity/fatness, as these are commonly associated with Scottish public health, and indeed Scottishness itself, in the press and popular culture. I question to what extent contemporary Scottish novels challenge dominant health discourses around responsibility and morality and how they resist or reinforce stigmatisation. The research also considers press coverage of the terms ‘Scottish effect’ and ‘Glasgow effect’, allowing for a richer understanding of fiction’s relationship with its context. The terms were used by public health researchers but gained considerable traction in the press, often as a means to reflect on Scottish nationhood and culture. Questions about nation, identity and voice have tended to dominate Scottish literary studies, sometimes stubbornly so, even with texts that do little to invite such a reading. Other methodologies, such as a medical humanities approach, have been under-utilised, even though themes of madness and alcoholism in particular are common in Scottish fiction. I seek to refresh debates around these topics by taking a medical humanities informed approach to reach a fuller account of the discourses around health and illness. My project aims to enlarge both the medical humanities and Scottish cultural studies by bringing them into dialogue. It also contributes to Scottish literary studies by examining texts which so far have received little critical attention. In this chapter, I first discuss the idea of cultural pathology which is prevalent in Scottish studies. I then survey the fields of Scottish literary studies and the medical humanities, providing an overview of illness narrative theories. Following this, I discuss my text selection principles before outlining the structure of the rest of the thesis.

Scottish Cultural Pathology

Studying health in a Scottish context offers rich material. Health is important in constituting Scottish national identity, whether in the country’s public health

reputation as the ‘sick man of Europe’, or as justification for increased political autonomy. As Gill Haddow et al. highlight, ‘one of the main arguments for devolution circulated around issues of being more responsive to the unique Scottish health situation’ (2014: 4) and health was one area over which the new Scottish Parliament was given significant power (3). With devolution came the introduction of a new ‘narrative’ of Scotland as a ‘living lab’ (17). Scotland’s negative public health reputation has been reframed by media policymakers and medical professionals as a ‘clinical research opportunity’ (7) because of the country’s population stability and existing infrastructures, such as disease registers, that support longitudinal studies (4). Scotland’s poor public health, then, holds an intriguing role. The concept of the ‘sick man of Europe’ or the ‘Glasgow effect’ suggests that Scotland is especially unhealthy, requiring urgent intervention. Yet poor public health justified increased devolved powers and, through the ‘living lab’ concept, provides the country with an internationally attractive asset. The resonance of the term ‘Glasgow effect’ in the press, explored in detail in Chapter One, shows that the negative narrative of Scottish public health has not been displaced by the ‘living lab’ concept.

Separate from sociological fact, there is a longstanding intellectual association between Scottishness and psychological splitting or pathology. Indeed, the idea of cultural pathology is, I would argue, a key myth of Scotland. Sociologist David McCrone explains that a myth is ‘a truth held to be self-evident’. The American Dream, for example, is an ‘identity myth’, a story which ‘helps to define Americans to themselves and others’ (2001: 79). Myth is not simply a story: it can be an ‘active force’ legitimising ‘belief and action’ (91). McCrone discusses the myth of Scotland’s ‘inherent egalitarianism’ (91). Literary scholar Gerard Carruthers outlines several others: the fighting Scot, the freedom-loving Scot, the primitive Scot, the puritanical Scot and the civilised Scot (2009: 2). I would add the pathological Scot, or the myth of Scottish pathology: the split Scottish psyche, malformation, maladjustment, and psychological and intellectual deficiency. In *Scottish Literature, Character & Influence* (1919), literary critic G. Gregory Smith coins the term Caledonian antisyzygy to describe the ‘zigzag of contradictions’ that supposedly characterise Scottish literature and national character (1919: 4).

Realism and the fantastical are the ‘polar twins’ of ‘the Scottish Muse’ (20). Smith envisions Scotland in exceptionalist terms. Exceptionalism is perhaps most commonly associated with the United States. Elizabeth Duquette suggests it is an ‘organizing myth for American culture’ and defines it as ‘a set of loosely related propositions that collectively assert the unique nature of the United States, its exemption from the historical forces that buffet the rest of the world’ (2013: 473). Smith similarly emphasises a unique nature: ‘Does any other man [the Scot] combine so strangely the severe and tender in his character[?]’ (1919: 20). He asks whether ‘literature anywhere’ shows ‘such a mixture of contraries’ in ‘outlook, subject, and method’, combining ‘real life and romance, everyday fact and the supernatural’ (20). Carruthers places Smith within the Treaty of Versailles Zeitgeist, with its ‘encouragement of the national and cultural independence of smaller nations’ (2009: 11) although he highlights that Smith’s (over)emphasis of Scottish distinctiveness risks separating Scotland from ‘Western or world cultural history’ (13). Nevertheless, Smith’s ‘quasi-racial musings set Scottish criticism off on the path of mass psychology’, leading critics to pessimistic conclusions about ‘the viability of Scottish culture and literature’ (13).

While Smith celebrates contradictions, other critics imagine Scottish culture as unviable precisely because of splits and divisions. In *Scott and Scotland* (1936), Edwin Muir claims that ‘Scotsmen feel in one language [Scots] and think in another [standard English]’. This is ‘proof that the Scottish consciousness is divided’ (1936: 21). He argues that the ‘curse of Scottish literature is the lack of a whole language, which finally means the lack of a whole mind’ (22). Muir’s novel *Poor Tom* (1932), set in pre-war Glasgow slums, is something of a precursor ‘Glasgow effect’ novel, with Tom’s heavy drinking contributing to his premature death. Influential political theorist Tom Nairn continues Muir’s pessimism. In *The Break-up of Britain: Crisis and Neo-nationalism* ([1977] 2015), Nairn claims that Scotland has ‘traditionally and rightly’ been described as ‘[c]ramped, stagnant, backward-looking, parochial’ (2015: 106). He characterises Scotland using a colourful range of pathologising metaphors: the Union was for Scotland ‘political castration’ (106), the separation of nation and state creating a ‘split personality’ (135), as well as ‘developmental oddities’ or ‘malformations’ compared to ‘nationalist norms

elsewhere' (140). Scottish national identity is defined by pathology yet, for Nairn, this at least provides a 'strong, institutionally guaranteed identity' (106). Kenneth Simpson's monograph, tellingly titled *The Protean Scot: The Crisis of Identity in Eighteenth Century Scottish Literature* (1988), continues to endorse a Scottish split personality. Discussing authors such as Tobias Smollett, James Macpherson and Robert Burns, Simpson suggests that eighteenth-century Scottish writers 'seem to have been particularly prone to adopt[ing] personae and project[ing] self-images', which may 'reflect a crisis of Scottish identity in the century after the Union' (1988: ix).

This negativity about Scottish culture has however been challenged. Literary critic Cairns Craig emphasises the continuity of tradition in *The Modern Scottish Novel: Narrative and the National Imagination* (1999), situating the Scottish novel 'within an intellectual environment' and identifying 'distinctive elements that constitute a tradition' and traditions which maintain a 'specifically national imagination' (1999: 35). Connecting contemporary writers like Alasdair Gray, Janice Galloway and A.L. Kennedy to early-twentieth-century precedents like Nan Shepherd and Lewis Grassie Gibbon, Craig traces five enduring traits: fear and fearfulness, the use of dialect, an engagement with history and myth, typographical experiments, and a Calvinist-influenced recognition, even suspicion, of the power of imagination. Like Smith, Craig seeks a distinctive Scottish literary tradition, refuting the impossibility of Scottish culture or pessimistic notions of stagnation and fracture. Craig Beveridge and Ronald Turnbull meanwhile interrogate this cultural pessimism itself in *The Eclipse of Scottish Culture* (1989), applying Frantz Fanon's concept of inferiorisation to a Scottish context. Inferiorisation is the process in which natives internalise that their local customs are inferior to the coloniser's culture (1989: 1) through 'sustained belittling' (5). Beveridge and Turnbull see a similar process between Scotland and England: Scotland is defined as 'dark', 'backward', 'unruly' and 'parochial', while England is 'enlightened', 'sophisticated', 'orderly' and 'cosmopolitan' (7). By applying this postcolonial analysis, Beveridge and Turnbull aim to debunk the intelligentsia's myth of Scottish inadequacy. Yet the diagnosis that inferiorism is a cultural

pathology endemic in the Scottish intelligentsia, leading to defective cultural analysis, is itself a form of pathologisation.

However, pessimistic accounts of Scottish culture continue to circulate. Carol Craig's *The Scots' Crisis of Confidence* ([2003] 2011) resembles Nairn's pessimism more than Beveridge and Turnbull's critique. Craig identifies a Scottish trend of negativity and lack of confidence, hyperbolically claiming 'every single person living and working in Scotland will be aware that the Scots find it much easier to be critical than appreciative; negative rather than positive' (2011: 63). For Craig, this is culturally determined; she blames 'a particularly *Scottish* way of looking at the world' rather than 'our political state' or 'the English' [original italics] (60). Craig has drawn fierce criticism. Anthropologist A.P. Cohen describes the book as a 'parade of familiar and clichéd stereotypes' and a 'concoction of simplistic generalisations' (2004: 160). Iain Ferguson criticises her approach as 'highly selective', largely relying on 'unsubstantiated assertion and anecdote' (2010: 301). Yet Craig's work and her Centre for Confidence and Well-being have been influential. Ferguson explains that it has received 'considerable financial and other support' since its inception, from the former Scottish Executive as well as 'key sections of Scottish business and industry' (297). The idea that Scotland is psychologically deficient remains attractive or culturally resonant.

I argue that the pathological Scot, or the myth of Scottish pathology, is a key myth of Scotland. This myth describes a split Scottish psyche, psychological malformation, and intellectual deficiency. Vaguely clinical psychological language has become prevalent in discourse of the national. The existence of Scottish psychopathology is a customary form of argument on both sides of the independence debate. Critics like Nairn use pathologising language to describe Scotland within the Union, yet similar language is used in pro-Union arguments. Scottish author Ewan Morrison, writing in *The Guardian*, diagnoses Scotland with borderline personality disorder (BPD) and argues against independence: 'If Scotland has BPD, then its therapist would argue that breaking from a relationship and dreaming of a perfect new future' would be 'very bad for the patient' (2013: para 17 of 19). Occupational psychologist Jock Encombe, whom Morrison quotes,

makes a similar argument on Unionist website *Wake Up Scotland*. Individuals engage in ‘narcissism and magical thinking’ to cope with trauma; the ‘magical thinking’ of the pro-independence movement is a response to Scotland’s historical trauma (2014: para 2-4 of 11). The true solution for individuals is developing ‘sufficient psychological maturity to accept the messy “good enough” nature of relationships and life’ and so too must Scotland accept the ‘good enough’ Union (para 8 of 11). I discuss these arguments fully in Chapter Three.

The enduring pathological characterisation of Scotland by Scottish critics is not simply inferiorisation. As Nairn highlights, Scottish pathology provides a ‘strong, institutionally guaranteed identity’ (2015: 106). Although negative, such critics emphasise a distinct Scottish identity. After all, ‘the bitterest rub of the Scottish condition’, according to David Punter, is the threat ‘of *indistinction*; of not being known for what one is’ [original emphasis] (1999: 109). Myths about Scottishness, McCrone explains, are ‘ideological device[s] for marking off the Scots from the English’, a project increasingly important ‘the more the two societies grow similar’ (2001: 102-03). This is something of Freud’s ‘narcissism of minor differences’, which Anton Blok defines as ‘the idea that identity lies in difference, and difference is asserted, reinforced, and defended against what is closest and represents the greatest threat’ (1998: 39). Scotland and England highlight even their minor differences to maintain separate identities. The myth of the pathological Scot emphasises Scottish distinctiveness. As I argue later, the ‘Glasgow effect’, which gathered multiple meanings in the press and larger culture, emphasises Scottish exceptionalism, in both poor health and, in its alternative usage, cultural achievement. Is the ‘Glasgow effect’ an extension of the larger myth of Scottish pathology, or does it do something different, arising in the post-devolution, pre-independence referendum context and relating to a real public health trend? Is it useful as a category for literary analysis in approaching Scottish illness narratives? After all, health-related themes are prominent in Scottish literature, although still under-researched in cultural criticism.

Scottish Literary Studies

Despite rich connections between health and Scottishness, there remains little dialogue between Scottish literary studies and medical humanities. Carruthers explains that Scottish literary studies is sometimes viewed as a ‘nationalistically formulated and politically loaded project’ (2009: 1). After the controversial failed 1979 devolution referendum, Berthold Schoene explains, Scottish literature became a ‘vibrant and characteristically unruly vehicle for Scottish self-representation’, albeit ‘thematically often bleak and pessimistic’ (2007a: 7). As Gavin Wallace elaborates, Scottish novels of the 1970s and 1980s often share similar themes: spiritual and material deprivation, failures in self-fulfilment and the inability to love, as well as ‘inarticulacy and alienation escaped through alcoholism’, ‘destructive mental instability’ and ‘the paralysing hyper-awareness of class and cultural differentiation’ (1993: 217). Examples include George Friel’s *Mr Alfred M.A.* (1972), *Gentlemen of the West* (1984) by Agnes Owens, Alasdair Gray’s *1982 Janine* (1984) and the works of James Kelman. Schoene notes that devolutionary Scottish writing, produced between the 1979 and 1997 referenda, was ‘always, of necessity, politically informed, or at least it was received and critiqued that way, and only considered a success if it made – or could be construed as making – some kind of case for Scotland’ (2007a: 7). Many of these texts which discuss health and illness do invite nationalistic readings. As I discuss in Chapter Three, Gray in *1982 Janine* uses narrator Jock’s alcoholism to explore political and emotional stupefaction within the context of Scottish national disempowerment, connecting the protagonist’s and nation’s health. However, critics have sometimes stubbornly read national issues into texts that do not invite or benefit from this. Wallace discusses Ron Butlin’s novel about alcoholism, *The Sound of My Voice* (1987). He reads protagonist Morris’s father as ‘the familiar Scottish paternal tyrant, whose cold and callous distrust of emotion has engendered in his son a crippling sense of shame and guilt’. This is, Wallace concludes, the ‘destructive Calvinist heritage once more; alcoholic compensation so often its deadly inheritance’ (1993: 230). Yet Butlin does little to invite a Calvinist reading. Set in a non-specific affluent suburban area and written in Standard English, the novel does not engage with an explicitly Scottish locale,

context or history. Butlin's own Scottishness is the only connection to a Scottish Calvinist past. A medical humanities informed reading would perhaps offer a richer perspective by, for example, connecting the novel's non-linear time structures with the disrupted temporality of trauma.

The 1997 devolution referendum resulted in the establishment of the Scottish Parliament in 1999. 1997 marks, in Schoene's words, a 'new period in Scottish literary history' (2007b: 1). After all, Scotland's 'preoccupations and priorities' post-devolution 'differ markedly from late twentieth-century political concerns' (4). As such, 'Literary and other cultural representations of the personal and the political, the self and the nation, are assuming new guises and rehearsing previously unheard-of crises and emergencies' (4). For example, *Scottish Literature and Postcolonial Literature: Comparative Texts and Critical Perspectives* (2011), a collection edited by Michael Gardiner et. al., pairs Scottish and postcolonial texts, while Louisa Gairn's monograph *Ecology and Modern Scottish Literature* (2008) examines representations of place in terms of ecology rather than nationality. Yet medical humanities perspectives remain under-researched in Scottish literary studies. Partly this is because the field, especially its critical rather than pedagogical iteration, is relatively new. There have been a few works, such as Megan J. Coyer's monograph on the relationship between Scottish Romanticism and medical culture, *Literature and Medicine in the Nineteenth-Century Periodical Press: Blackwood's Edinburgh Magazine, 1817-1858* (2016); edited collection *Scottish Medicine and Literary Culture, 1726-1832* (2014) by Coyer and David E. Shuttleton; Caroline McCracken-Flesher's *The Doctor Dissected: A Cultural Autopsy of the Burke and Hare Murders* (2012); and psychiatrist Allan Beveridge's brief surveys of Scottish literary representations of alcohol (2017a) and mental disturbance (2017b). *A Doctor's Line: Poetry and Prescriptions in Health and Healing* (2014) by Kenneth Calman, the former Chief Medical Officer of Scotland and of England, discusses health and medicine in Scottish literature from a practitioner perspective but lacks the analytical rigour of a literary specialist. A sustained dialogue between Scottish literary studies and the critical medical humanities has yet to emerge.

Literary critic Arianna Introna offers an intriguing suggestion for why no sustained dialogue has emerged between disability studies and Scottish studies, focusing on the independence referendum context. Introna identifies an ‘enduring anxiety in Scottish criticism’ that ‘cultural representation’ can ‘impact politics adversely’ (2014: 171). Scottish literary studies and culture are therefore invested in ‘promoting cultural confidence’ and the expected positive social and political effects (163). During the referendum debate, critics argued that miserablism fiction was an inaccurate representation of Scottish society (170) and therefore must be rejected by cultural commentators and Scottish people in their own self-perception (171). This ‘backlash against miserablism’ has also mandated a ‘purging of disability associations from a Scottish context’ (175). Scottish miserablism is associated with disability, particularly by Nairn (discussed above), to negatively characterise the loss of Scotland’s independence (167). The cure for this metaphorical disability is sought through a change in outlook and politics, such as national independence (168). Disability, associated with miserablism, must be rejected as ‘anti-constitutional’ because of its imagined ‘harmful impact’ on Scottish culture and politics (173). It is therefore, Introna concludes, unsurprising that disability in Scottish literature has suffered critical neglect (172-73). However, Introna finds that contemporary Scottish fiction often runs counter to the ‘forced positivity’ of anti-miserablism critics, exploring disability and illness and valuing contingency and vulnerability (178). Introna’s examples include A.L. Kennedy’s short story collection *All the Rage* (2014), with stories about an elderly couple providing mutual care in the face of death and uncertainty, and the vulnerability and isolation experienced by a woman dealing with cancer alone to protect a loved one (178). Such texts are overlooked by critics because, as apparent indices of miserablism, they undermine or challenge the desired focus on cultural optimism and confidence in the referendum context. However, this leaves a considerable gap in cultural criticism.

Illness Narratives

The critical focus on national concerns in Scottish literary studies can mean missing other, potentially more productive perspectives, such as those brought by the medical humanities. We can see this in Craig's analysis of Janice Galloway's *The Trick is to Keep Breathing* ([1989] 1991). The novel portrays protagonist Joy's experience of depression, anorexia/bulimia and hospitalisation after the sudden death of her partner. Joy is referred to a gynaecologist after telling a psychiatrist that she has stopped menstruating. The male doctors understand her body only in relation to reproduction, focusing on possible pregnancy. They are oblivious to her emotional experience, failing to realise that she has stopped menstruating because of her anorexia and depression. When a scan confirms she is not pregnant, the gynaecologist emphasises that there is '[n]othing there at all', satisfied that there is '[n]othing for either of us to worry about then' (1991: 146). Joy is defined by absence, her suffering invisible to the (male) medical gaze. Craig interprets the scan image as representing 'a woman negated by a patriarchal society', a reading certainly invited by the text, but also 'a society aware of itself only as an absence, a society living, in the 1980s, in the aftermath of its failure to be reborn' (1999: 199). This nationalistic reading of Joy's body is unconvincing, even slightly uncomfortable. The scene, after all, depicts the erasure of Joy's subjectivity as her experience is misread through other, more powerful discourses (the medical, or indeed the national). The expansion of the medical humanities in recent decades, especially around illness narrative theories, provides rich analytical material for novels like Galloway's.

The study of narrative and medicine has grown considerably over the last few decades, drawing on a range of disciplines, such as sociology, the medical humanities and cultural studies. Sociologist Mike Bury suggests that degenerative and chronic illnesses have caused a renewed interest in lay narratives: health professionals must understand patient experience as management supersedes cure (2001: 267). David B. Morris meanwhile ascribes the narrative focus to postmodernism. He argues that the postmodern view that knowledge is always historically and culturally situated has undermined beliefs in science's objectivity.

Discourse is therefore understood as actively shaping health and illness. As discourse is often expressed through stories, postmodern studies of medicine have taken narrative as their focus (2000: 7-8). The focus on illness narrative also results from changing conceptions of patienthood. Lisa Diedrich explains that the new figure of the politicised patient emerged from the feminist health and AIDS movements of the 1970s and 1980s (2007: xx). This produced a new genre, ‘the patient’s counternarrative to medical discourse as exemplified by doctor’s charts and case histories’, such as the written works of patient-activists like Audre Lorde, Susan Sontag and Eve Kosofsky Sedgwick (xix). These three strands of thought are apparent in illness narrative theories, which explore how stories operate in clinical settings as well as how narratives are used personally and culturally to imagine the illness experience.

Early illness narrative theory focuses on the doctor-patient encounter, imagining it as a sort of literary encounter, in which storytelling is central to good clinical practice. Two key texts are *Stories of Sickness* ([1987] 2003) by bioethicist Howard Brody and *The Illness Narratives: Suffering, Healing, and the Human Condition* (1988) by psychiatrist Arthur Kleinman. Kleinman argues that an empathic and engaged dialogue between doctor and patient is essential to medical practice. A doctor must understand a patient’s full context and illness experience to effectively assist with their suffering; patient storytelling is integral to this understanding. Kleinman distinguishes between illness and disease. Illness is the ‘innately human experience of symptoms and suffering’, how the sick person and those around them ‘perceive, live with, and respond to symptoms and disability’ (1988: 3). Disease is the ‘problem from the practitioner’s perspective’ (5). He defines illness narratives as the story patients and significant others tell to make the experience of symptoms and suffering coherent. The clinician must ‘piece together’ and ‘interpret’ this narrative from patient complaints and explanations (49). Practitioners are in some sense co-creators or curators of illness narratives. Brody emphasises this co-authorship. He suggests that patients have ‘broken stories’ as much as ‘broken bodies’ and seek from physicians ‘a good, jointly constructed narrative’ that accounts for symptoms (2003: 16). The physician’s role involves ‘hints, nudges, and offers of bits of narrative raw material’, although the

patient remains best positioned to assemble their own coherent narrative (16-17). Patients and physicians together reduce suffering by framing the illness experience within a personally meaningful story (269). More recently, Rita Charon's *Narrative Medicine: Honoring the Stories of Illness* (2006) continues to advocate for effective and compassionate diagnosis and treatment through listening to patient stories. Charon exemplifies a push for illness narratives coming from the medical profession itself. She offers practical advice on reading narratives and listening to patients in order to achieve 'narrative competence' in medical practice. Although key texts in narrative and medicine, their focus on clinical interactions limits their usefulness in literary studies. I situate this thesis in the critical medical humanities, following scholars like literary critic Stella Bolaki. Bolaki challenges the 'reductive or utilitarian approach' to the medical humanities that views it as a 'narrow area of study' of little relevance to those outside of art therapy or medical education (2016: 14). She endorses the more nuanced and sophisticated approaches to illness narratives, informed by cultural studies, which 'place narratives in historical and cultural contexts' (9). Illness narratives are not solely personal and indeed not solely for, or told by, ill people themselves. Theorists have tended to privilege non-fictional accounts, either oral accounts or published memoirs. Recent scholarship is increasingly interested in issues of fictionalisation and goes well beyond the literary: Bolaki's monograph examines photography, artists' books, animation and performance art, while Ann Jurecic's *Illness as Narrative* (2012) discusses both autobiographical and fictional accounts of illness. My project focuses on novels. I am interested in how Scottish fiction draws on and feeds into larger cultural understandings and circulating discourses, defining illness but also normative ideas of the body, health and subjectivity.

Theorists such as medical sociologist Arthur Frank and literary critic Anne Hunsaker Hawkins highlight the narrative patterns or archetypes used by individuals and wider culture to understand and represent illness experiences. Frank's influential monograph, *The Wounded Storyteller: Body, Illness, and Ethics* ([1995] 2013), draws on autobiographies and anecdotes from those in 'remission society', that is, living consciously in the aftermath of serious illness. He proposes three illness narrative models. Restitution narratives depict illness as a temporary

interruption (2013: 77); chaos narratives envision life never getting better after illness (97); quest narratives portray illness as a journey, providing a chance to grow and ultimately live better (115). I adapt Frank's ideas from qualitative social science for my literary study. In *Reconstructing Illness: Studies in Pathography* ([1993] 1999), another foundational text in the field, Hawkins identifies several myths or illness narrative types, such as the rebirth, battle and journey myths, in 'pathographies', auto/biographies about illness. This is myth in the Northrop Frye ([1957] 2000) literary criticism tradition, influenced by anthropology, psychology and Jungian ideas of a collective unconscious. Myth places events and individuals in a broad context and understands the particular in relation to the universal, with meaning created implicitly through analogy rather than explicitly. Hawkins's rebirth narrative follows a paradigm of crisis and regeneration, similar to religious conversion. Illness is a critical turning point, prompting re-evaluation of life and profound transformation – the death of the old self and the birth of the new self (1999: 33-34). The battle myth uses military metaphors, imagining illness as an alien invader and the body as a battlefield (65-66). In the journey myth, illness generates a separate, unknown world that the hero must explore; this may be experienced as a quest or exile (78-79). Scottish examples of quest illness narratives include Alasdair Gray's *Lanark* (1981), Iain Banks's *The Bridge* (1986) and Irvine Welsh's *Marabou Stork Nightmares* (1995), which all feature surreal and non-realist sections resembling the protagonist's journey through another world. Psychosis in Iain Crichton Smith's *In the Middle of the Wood* (1987) is a form of temporary exile as protagonist Ralph becomes estranged from his life as a writer; it also draws on the rebirth myth as he profoundly re-evaluates his lifestyle in recovery, overcoming his aloof intellectualism to value connection and the ordinary world.

Although both Frank and Hawkins draw on archetypes, Hawkins highlights the importance of cultural and historical specificity with the more modern, ideological healthy-mindedness myth. A product of late twentieth-century US culture, this myth emphasises optimism, self-reliance, self-assertion and individualism: the ill person is responsible (at least partly) for illness and cure through lifestyle, stress and feelings (1999: 128-29). As I discuss further below, this

culturally sensitive approach informs my own research. Frank and Hawkins recognise that circulating discourses influence how we understand and experience illness. For Frank, the quest is the ideal narrative. Whereas restitution stories are about the ‘triumph of medicine’ and, in chaos stories, ‘the suffering is too great for a self to be told’, the quest is ‘defined by the ill person’s belief that something is to be gained through the experience’ (2013: 115). Hawkins is more nuanced, noting that each myth can be enabling and disabling, either helping or hindering how an individual relates to illness (1999: 24). Similarly, myths are medically syntonic and dystonic, that is, consistent or inconsistent with the myths and metaphors of Western medicine (21-22). While useful starting points for analysis, the different but overlapping taxonomies offered by Frank and Hawkins remind us that these categories are themselves flexible constructs rather than discreet or prescriptive. Does Scottish fiction conform to these models or, indeed, offer alternative myths? Does Scottish literary criticism have particular, if unwitting, investment in certain illness myths and narrative types? A full answer is beyond the scope of this thesis. It might be that the critics invested in ‘promoting cultural confidence’ that Introna describes are more sympathetic to restitution narratives, in which health is improved or restored (2014: 163). Conversely, Schoene notes that devolutionary Scottish writing tends to be valued if it can be read as making a ‘case for Scotland’ (2007a: 7). Perhaps nationalist critics prefer chaos narratives, which could be read as showing Scotland suffering within the Union, or quest narratives, such as Gray’s 1982 *Janine*, which connect the protagonist’s newfound health to that of the nation.

Questions about ethics and politics are also prominent in the field. Frank uses metaphors of colonialism to argue that storytelling restores the effaced patient voice. ‘[M]odernist’ medicine claims the patient’s body as its ‘territory’, at least during treatment (2013: 10). This ‘colonization of experience’, often judged worthwhile in pursuit of cure, has become increasingly burdensome as chronic rather than acute illness becomes the norm (11). Frank defines post-colonialism broadly as the ‘demand to speak rather than being spoken for’ or ‘effaced entirely’ (13). The ‘post-colonial ill person’, wanting their ‘suffering recognized in its individual particularity’ (11), is motivated to ‘speak’, a ‘postcolonial impulse’

typically enacted through shared stories with other ill people than in the clinic (13). In a Scottish context, Glaswegian psychiatrist R.D. Laing (1927-1989) challenges biomedical reductionism by focusing on the individual's inner experience in *The Divided Self* ([1960] 1990). The language of physical-chemical systems frames the patient as merely an organism, their behaviour as disease. However, madness is a kind of existential truth: the psychiatrist must take an existential phenomenological approach to understand this and see the patient as a fellow person (1990a: 21). As one of the key figures in the antipsychiatry movement, Laing validates, rather than dismisses, the mad experience. Theorists also debate the politics of published illness narratives. Disability scholar G. Thomas Couser examines personal narratives about four stigmatised conditions, breast cancer, AIDS, deafness and paralysis, in *Recovering Bodies: Illness, Disability, and Life-writing* (1997). Such narratives can 'carry out important cultural work': they often 'contest dominant cultural constructions' of illness and the body (1997: 289) and 'demystify and destigmatize various conditions' (291). Illness narratives are often framed as political in their voicing of the patient experience against biomedical reduction and stigma.

Other theorists are more sceptical of illness narrative politics. In *Narrative Prosthesis: Disability and the Dependencies of Discourse* (2000), disability scholars David T. Mitchell and Sharon L. Snyder argue that literary texts often appropriate disability for discursive reasons, a process they call narrative prosthesis. Normative bodies, invisible in their normalcy, cannot be narrated (2000: 49). Fiction borrows the potent alienness of disability (55), using it as a catalyst for narrative, as a tangible metaphorical device or to disrupt cultural truisms (48), while rarely exploring the social or political realities of disability (55). Mitchell and Snyder contrast more idealistic models of narrative as authentic self-expression, as in Frank and Laing, or as counterdiscursive insight into illness, as in Couser. In a Scottish context, Nairn's use of disability imagery in characterising Scotland, discussed above, is narrative prosthesis: disability is used merely as a (negative) metaphor to serve other purposes, removed from the reality of lived experience. Like Mitchell and Snyder, Susan Sontag emphasises the social meanings of disease in *Illness as Metaphor* ([1977] 2002). In Romantic thought, for example,

tuberculosis was connected to creativity (2002: 33), passionate extremes and sensitivity, ideas now largely transferred to insanity (36). Sontag argues that it is punitive to give disease meaning as this meaning is ‘invariably a moralistic one’ (59). The ‘most truthful way of regarding illness’ and ‘the healthiest way of being ill’ is, then, the ‘one most purified of, most resistant to, metaphoric thinking’ (3). This provocation has not gone unchallenged. Martha Stoddard Holmes suggests we instead ask ‘which metaphors matter’ and ‘*whose* metaphors determine’ the imaginary of illness [original emphasis] (2011: 265). Tabitha Sparks defends ‘retaining the power of metaphor’ in fictional analysis because in novels ‘[i]llness *is* metaphor’, inviting ‘a range of interpretive freedoms and judgments’ which are, however, inappropriate when extended to real life [original italics] (2016: 140). This thesis investigates the politics, implicit and explicit, in narratives relating to Scottish public health. Like Couser, I focus on stigmatised health conditions. I question to what extent Scottish fiction is counterdiscursive to the stigmatising attitudes around the ‘Glasgow effect’ in the press. These attitudes are especially revealing given the (once) unknown factors behind the term ‘Glasgow effect’. After all, Sontag highlights that the most mysterious diseases have the ‘widest possibilities as metaphors for what is felt to be socially or morally wrong’ (2002: 62). The uncertainty and mystery around the ‘Glasgow effect’, then, could attract a wide range of metaphors and meanings.

I am interested in the relationship between illness and (national) identity. The medical humanities do consider ‘imagined communities’ yet often from a starting point of transnational communities around certain illnesses. Community is integral to patient activism. Prominent activist Judi Chamberlin describes ex-psychiatric patient activism of the 1970s onwards as a ‘civil rights movement’ and calls people with mental health issues an ‘oppressed group’, both legally and socially (1995: 39). The stigmatising term ‘mad’ has been reappropriated by the mad pride movement as a way of ‘restoring dignity and pride to difference’ (LeFrançois et al. 2013: 10). Like ‘queer’, the term asserts madness as a legitimate minority identity. The community such a term creates can transcend national borders. Gavin Miller highlights that the mad movement, like Frank, commonly uses metaphors of (de)colonisation: madness is colonised by psychiatry (2018:

307). Studying Gail Hornstein's *Agnes's Jacket: A Psychologist's Search for the Meanings of Madness*, Miller finds that the text represents '[t]he mad [as] a diaspora without an origin, coalescing into a single transnational community' (320). Imagined transnational communities built around illness identities can be useful for effecting structural change and offering peer support. However, they risk effacing important national or territorial communities or concerns. Just as Scottish literary studies benefits from the medical humanities, the medical humanities benefits from Scottish studies. Many of the influential illness narrative theories discussed above emerged from a late twentieth-century American context. Yet as Hawkins demonstrates with the myth of healthy-mindedness, not all (indeed few) understandings of illness are transhistorical or transcultural. Cross-cultural work is needed to provide a fuller account of illness narratives. Diedrich highlights that differences between American and British contexts are often obscured in their conflation as Anglo-American or Western (2007: 55). However, illness narratives reflect 'national attitudes and/or ideologies about illness and death' and help create 'imagined national communities of the healthy and the ill' (61). Diedrich does not claim that there is 'only one British and one American art of being ill' or that national identity is 'either uncontested or ahistorical' (xx). While the national arts of being ill are fictions, they are useful to understand 'specific cultural narratives of illness' and 'particular cultural anxieties' (xxi). Comparing American and British breast cancer memoirs, she finds 'an American art of being ill, which emphasizes the cultivation of an improved self' as well as a 'British art of being ill, which emphasizes the cultivation of an ironic self' (xx). My project intervenes in illness narrative theory, which often pays little attention to culturally specific contexts or to interrogating the broad category of 'Western' culture. For example, to return to Hawkin's myth of healthy-mindedness: self-reliance and individualism broadly fit with American ideology, and neoliberalism more generally, but are these valued differently in relation to health in Scotland, a country with a nationalised healthcare system, whose poor health is associated with national, or collective, identity itself?

It is worth defining 'illness narrative' in relation to my own research. I am studying narratives of madness, alcoholism and fatness. To what extent can or

should these be considered illnesses? Each comes under the medical gaze in various ways but considerable academic and activist work exists which depathologises and critiques these concepts. I expand on these debates in the following chapters. My thesis is broadly aligned with the aims and politics of these movements. It interrogates and critiques attitudes to health and normative behaviour, going beyond what can be reductive biomedical explanations to consider how personal circumstances, intersectionality and structures of power, as well as stigmatising and moralising understandings of the body and mind, influence how we identify and experience illness. Kleinman describes disease as the ‘problem from the practitioner’s perspective’ (1988: 5) while illness is the ‘innately human experience of symptoms and suffering’, how the sick person and those around them ‘perceive, live with, and respond to symptoms and disability’ (3). Illness narratives, then, are stories told to make the experience of symptoms and suffering coherent (49). I do not mean to pathologise mental distress, drug use or body weight in reading my novels as illness narratives. I do however recognise that these states and experiences are commonly understood and represented as illness or unhealthy, especially in relation to the ‘Glasgow effect’, and that they can entail suffering and symptoms. I treat my texts as illness narratives insofar as they are stories of suffering that question how to live.

Text Selection

This study examines novels published 1997 to present. In 1997, Tony Blair and a Labour-majority UK government was elected after eighteen years of Conservative rule. The devolution referendum of that year led to the creation of the Scottish Parliament in 1999, marking, in Schoene’s words, a ‘new period in Scottish literary history’ (2007b: 1). The term ‘Scottish effect’, used to describe health inequalities between Scotland and England, was introduced in the press in 1998 (Hanlon 1998), with the public health meaning of ‘Glasgow effect’ appearing in 2004 (Puttick 2004). As I argue later, it is not purely coincidental that these terms become resonant alongside renewed debates about Scottish politics and national identity. This project concentrates on three stigmatised health issues: madness/mental ill

health, alcoholism/alcohol dependency and fatness/obesity. These were chosen based on their cultural significance in Scotland. Press discussion of the ‘Glasgow effect’ tends to relate specifically to alcohol, diet, exercise and mental health. Improvements to Scottish public health are commonly understood as requiring individual lifestyle changes rather than structural intervention. The image of Scots as addicted, depressed, fat and unhealthy circulates in popular culture. Irvine Welsh’s internationally successful book and film *Trainspotting* (1993) depicts Edinburgh as heroin capital, populated by so-called ‘depressives’ and ‘psychos’. The iconic deep fried Mars bar is common in newspaper portrayals of Scottish diet (Knight 2016). These ideas are also prominent in Scottish literature and criticism. Wallace claims that in English novels, ‘the deranged, the desperate, the neurotic and the variously addicted’ provide the ‘odd deviant diversion’ from ‘reassuring normality’, whereas in Scottish novels, ‘they are narrators and protagonists’ (1993: 217-18). The cultural imaginary of Scotland as ‘the sick man of Europe’ is therefore generated by, yet also independent of, sociological fact.

I analyse a broad range of texts. In Chapter One, I examine the cultural life of the ‘Glasgow effect’ and ‘Scottish effect’ terms, looking primarily at four newspapers, *The Herald*, *The Guardian*, *The Daily Record* and *The Sun*. I also consider select academic publications and nonfiction books, such as artist Ellie Harrison’s *The Glasgow Effect* (2019) about her project of the same name. I begin Chapters Two and Three with brief overviews of relevant Scottish novels written before my period to provide additional context and identify tropes and commonalities. With reference to various other texts as necessary, I then focus on four novels: in Chapter Two, *Night Waking* (2011) by Sarah Moss and *Personality* (2003) by Andrew O’Hagan; in Chapter Three, *Distance* (2008) by Ewan Morrison and *Paradise* (2004) by A.L. Kennedy. Instead of a broad survey approach, like Beveridge’s work on Scottish literary representations of alcohol (2017a) and mental disturbance (2017b), I focus on a richly informative selection of novels. This allows a nuanced examination of the texts on both a formal and thematic level. A combination of macro and micro level analysis reveals how the novels construct various meanings, especially those that are implicit rather than explicit. Reading these primary texts alongside a range of theorists provides new contextual,

philosophical and critical perspectives on the fictional representations of health. My priority was to examine novels that are under-researched, especially from a medical humanities perspective. This thesis is not intended as a disinterested survey or historicist account, like Beveridge's work. My text selection process was evaluative: I sought texts with a certain level of literary sophistication and value. I am, then, intervening in the Scottish literary canon. No canon is ever value free. Raymond Williams calls this the selective tradition: dominant culture is created and sustained when 'certain meanings and practices', from the past and present, are emphasised while other elements are 'neglected and excluded' (1973: 9). My findings are a product of my own intervention and cannot be taken as representative of all Scottish fiction of the period.

Any study that selects texts based on national affiliations comes to the issue of inclusion. Carruthers highlights the difficulty of drawing clear boundaries of belonging. Do we include expatriates, descendants of the global Scottish Diaspora, or immigrant writers settled in Scotland (2009: 172-73)? What of writers like Andrew O'Hagan, 'brought up in Scotland, of strong Irish family origins, based now in London' with a seeming preference for English culture (177)? Carruthers's 'partial answer' to the problem of inclusion is that 'contradictions' should be acknowledged and accepted rather than resolved in pursuit of a 'cohesive sense of culture'. He suggests that Scottish literary studies should consider 'debatably' Scottish texts, not to decide their national identity, but 'to contribute to the project of describing cultural indeterminacy' (177). Moss, born in Glasgow but raised primarily in Manchester, is the most debatable inclusion. *Night Waking* is set in Scotland but centres around an English family; the family has ancestral ties to the (fictional) island Colsay, the primary setting. Kennedy, Morrison and O'Hagan are more typically included in Scottish literary studies. None of these authors restrict themselves to strictly Scottish issues or settings: Morrison and O'Hagan have written extensively about the United States; Moss has novels set in England, Greenland and Japan; Kennedy's non-fiction work explores bullfighting in Spanish culture. A Scottish setting was a central condition for inclusion. Each writer uses a Scottish setting for a significant part of the novel. Moss's *Night Waking* is the only novel set entirely in Scotland, mostly on the Outer Hebridean Colsay and briefly in

Glasgow. Kennedy's *Paradise* is set primarily in what is implicitly Dundee, as well as Glasgow, London and Canada. Morrison's *Distance* alternates between Edinburgh and New York. Much of O'Hagan's *Personality* takes place in Rothesay, with sections in England and the United States. Although the term 'Glasgow effect' associates poor health with Glasgow, these novels are set all over the country. The international settings also imagine Scotland as globally connected rather than isolated or exceptional.

I did not restrict myself to novels set in Glasgow or written by Glaswegian novelists. Critics sometimes identify the 'Glasgow novel' as a distinct literary tradition. Alan Bissett argues that Glasgow's 'strategic importance to the British Empire, its sectarian divide, former industrial might and subsequent affiliation with socialist politics' makes Glasgow's identity distinct from other Scottish or British cities, with 'a literary tradition very much of its own' (59). In the 1970s and 1980s, this was represented by the likes of William McIlvanney, James Kelman, Alasdair Gray and Agnes Owens. As Keith Dixon explains, their work depicts the contemporary working class but, in contrast to the didactic politically-minded Scottish novels of the inter-war period, they focus on the 'individual or the communal' rather than 'the collective' (95). Bissett emphasises the diversity of the post-devolution Glasgow novel, through authors such as Louise Welsh, Anne Donovan, Suhayl Saadi and Alison Miller (for a longer history of the Glasgow novel, see Burgess 1998, 1999). At the same time, Glasgow is often imagined as a heightened version of Scotland, synecdochically taken to represent national phenomena. For example, Dixon, writing in 1993, highlights that Scotland contrasts with Thatcherite England in that it is relatively affluent yet still strongly invested in egalitarian values. Glasgow is 'a more concentrated version of this peculiarly Scottish configuration' (93). Similarly, the 'Glasgow effect' can be seen as standing in for a larger national phenomenon. Discussion of the 'Glasgow effect' encompasses not just Glasgow but Scotland as a whole. All Scottish novels, then, not just Glasgow novels, could be seen as engaging with the 'Glasgow effect' imaginary.

I sought texts about madness or mental distress which could be understood as pathographies and which would benefit from a medical humanities informed approach. I avoided the common trope of the (often murderous) double or split personality, or novels which allow psychological and supernatural interpretations simultaneously. Examples include James Robertson's *The Fanatic* (2000), John Burnside's *Devil's Footprints* (2007) and Alice Thompson's *Burnt Island* (2013). Such novels are often read as distinctly Scottish, following the tradition of James Hogg's *The Private Memoirs and Confessions of a Justified Sinner* (1824) and Robert Louis Stevenson's *Strange Case of Dr Jekyll and Mr Hyde* (1886), or relating to Caledonian antiszygy, Scotland's split psyche. While an American novel need not necessarily be (read as) responding to Americanness at all, it is hard to write about madness in a Scottish context without activating certain ideas of Scottishness, at least in reception. I sought novels and forms of mental distress that are under-researched in Scottish literary criticism and do not fit the existing national literary imaginary: anorexia, (postnatal) depression and intergenerational or historical trauma. This expands the scope of current criticism and moves the focus from potentially reductive discussions of nationhood to highlight other interpretations of health and illness. Despite prominent bestselling memoirs (often American) about eating disorders, such as Marya Hornbacher's *Wasted: A Memoir of Anorexia and Bulimia* (1998) and Lori Gottlieb's *Stick Figure* (2000), anorexia is not commonly explored in Scottish fiction of the same period. Janice Galloway's *The Trick Is to Keep Breathing* is one of the few contemporary Scottish novels to explore anorexia and has been studied extensively. Zoe Strachan's *Negative Space* (2002) depicts depression, while Bernard MacLaverly's *Grace Notes* (1997) and Ewan Morrison's *Close Your Eyes* (2012) explore postnatal depression. I examine anorexia and (postnatal) depression in Moss's *Night Waking* and anorexia, depression and historical or intergenerational trauma in O'Hagan's *Personality*. Historical trauma is typically associated with Jewish communities after the Holocaust and Indigenous peoples in North America (Kirmayer et al. 2014). When applied to Scottish literature, such as Walter Scott's historical fiction, it is commonly associated with events like the Jacobite risings (May 2005). *Personality* is distinctive in exploring historical or intergenerational trauma in relation to Scots-Italians during the Second World War. Little work exists on Moss and

O'Hagan. Emily Jeremiah (2018) discusses maternal ambivalence in *Night Waking*, Timothy C. Baker (2014) writes about the relationship between past and present in that novel, and Giulia Miller (2019) explores mental health and climate change in Moss's *Cold Earth* (2009). Daniel Lea's *Twenty-first-century Fiction: Contemporary British Voices* (2017) includes an O'Hagan chapter, although the *Personality* section examines self and celebrity, not madness or illness.

I took a similar approach when selecting texts on addiction or alcoholism, topics well-represented in Scottish fiction. The most famous is Irvine Welsh's *Trainspotting* and its depiction of heroin and heavy drinking in Edinburgh. Other novels which explore illegal drug use and culture include Welsh's *Filth* (1998), Robert Alan Jamieson's *A Day at the Office* (1991) and Suhayl Saadi's *Psychoraag* (2004). I focus on alcoholism as press coverage of the 'Glasgow effect' often include discussions of alcohol use. Alcoholics and heavy drinkers are common in Scottish fiction: from George Douglas Brown's *The House with the Green Shutters* (1901) and Hugh MacDiarmid's book-length poem *A Drunk Man Looks at the Thistle* (1926); to pre-devolution works like George Friel's *Mr Alfred M.A.*, Agnes Owens's *Gentlemen of the West*, Alasdair Gray's *1982 Janine*, Ron Butlin's *The Sound of My Voice* and Thomas Healy's *Rolling* (1992); and post-devolution novels such as Laura Hird's *Born Free* (1999), Andrew O'Hagan's *Our Fathers* (1999), Laura Marney's *No Wonder I Take a Drink* (2004), Kevin Macneil's *The Stornoway Way* (2005) and Allan Massie's *Surviving* (2009). Many of these texts may be of limited interest from a medical humanities perspective. Drinking is typically an aspect of characterisation or social custom and rarely interrogated further. As I discuss in Chapter Three, alcoholism and heavy drinking in pre-devolution novels are overwhelmingly associated with men, Glasgow and the West, with Scotland typically characterised by poverty, alienation, violence and a lack of opportunity. I focus on Morrison's *Distance* and Kennedy's *Paradise* as they deviate from this trend. *Distance*, set in Edinburgh, explores the commodification of Scottish culture through international tourism and globalisation, as well as the cult of positive thinking and anxieties about postmodernity. Kennedy's alcoholic protagonist is a woman in Dundee. The novel asks if ill health can be an effective political project and form of resistance, and portrays alcoholism as a kind of displaced religion in the absence of strong

Christian institutions. The protagonists of both texts are described as alcoholics. The novels represent not only their drinking but their engagement with therapeutics and sobriety, providing a more complicated view of alcohol as it relates to health and the self. Kennedy is the most studied author in my corpus. Critical work covers broad topics, such as trauma (Jelínková 2018) and the supernatural (Macdonald 2012). Morrison is less researched but has been studied in relation to space, globalisation and modernity (Pittin-Hédon 2015).

I initially planned to include a chapter on fatness or obesity. Yet for all the concern about Scottish diet in the press, or body weight as a public health issue in Scotland, few contemporary Scottish novels explore this theme. This is puzzling given that body size and weight loss and gain are familiar topics in fiction, as well as in activism and theory. Fat studies scholars and activists argue that fatness is not an illness but a stigmatised form of bodily diversity that is not innately related to health. Marilyn Wann challenges terminology, arguing that ‘overweight’ implies a universal (thin) goal weight (2009: xii), while ‘obesity’ ‘medicalizes human diversity’, ‘fuel[ling] anti-fat prejudice and discrimination’ by suggesting that fatness should be cured (xiii). Weight, like height, is simply a characteristic that varies between people, cultures, time periods and over the life course (ix). She offers ‘fat’ as the ‘preferred neutral adjective’ and ‘preferred term of political identity’ (xii). Peter Hopkins highlights that body weight is politicised: fat people are seen as a ‘threat to the moral order of society, a risk to health services and a burden on the public purse’ (2012: 1228). Narratives about fatness, weight loss and gain are common across a wide range of literary styles, often with genre-specific tropes. Education specialists Marci M. Glessner et al. find that young adult novels typically connect fatness to low self-esteem and bullying and promote weight loss rather than size acceptance (2006: 120). Fat activist Lara Frater examines the chick lit subgenre she calls ‘Bigger Girl Lit’. Although the fat protagonists often lose some weight as they find happiness (2009: 236), the subgenre ‘reinforces fat acceptance’ by showing how this attitude ‘brings joy’ (237). Cultural theorist Katharina Vester suggests that the cosy mystery subgenre creates ‘a utopian space’ in which the protagonists, women amateur detectives in ‘a range of body shapes’, overcome weight stigma, live successful lives and outwit thin villains (2015: 31).

Beyond genre tropes, body weight is explored idiosyncratically in individual novels. In Fay Weldon's *The Fat Woman's Joke* (1967), middle aged housewife Esther 'opposes cultural feminine ideals of dependency, domesticity, and delicacy' by deliberately gaining weight (Atayurt 2011: 127). Horror writer Stephen King depicts unstoppable weight loss, the result of a Gypsy curse, in *Thinner* (1985). Extreme weight loss and gain is central to Lionel Shriver's *Big Brother* (2013). Pandora and her 400 lb brother Edison pursue a low-calorie liquid diet for a year; Edison loses but regains the weight. The twist ending reveals that this weight-loss intervention is Pandora's fantasy after Edison died because of his heavy weight. I elaborate on this thematic gap in Scottish literature in the Conclusion. First, I briefly outline one of the few Scottish texts to deal with fatness/obesity, Catherine Forde's *Fat Boy Swim* (2003), to reflect on my selection principles.

Fat Boy Swim is about Glaswegian teenager Jimmy. The novel is of limited interest as it strictly follows the conventions of the young adult genre as outlined by Glessner et al. They highlight that such novels with fat protagonists typically include the following: the protagonist experiences low self-esteem (2006: 118) and is bullied (120); they befriend someone who also experiences stigma over their appearance (119); they have a special skill or ability (120); they lose weight through willpower, realising they are responsible for their happiness (120); and, if male, demonstrate hidden athletic ability and lose weight through sports (121). Jimmy is bullied by adults and children for his weight and binge eats for emotional comfort. He is an exceptional cook, a fact kept secret by his embarrassed family. He befriends visually-impaired and proudly unconventional Ellie and loses weight after discovering a natural talent for swimming. *Fat Boy Swim* suggests that Jimmy needs, and lacks, tough love and accountability. His protective mother refuses to keep scales in the house, 'never mention[ing] his weight, even on Obesity Clinic days' and destroying diet sheets made by consultants (51). She is unable to acknowledge Jimmy's weight despite participating in the medicalisation of his body. Aunt Pol is ashamed of Jimmy ('[h]e breaks my heart') and blames his mother for '[letting] him comfort eat' rather than providing the 'tough love' that he needs (59). This tough love comes from sports coach and priest, GI Joe. He refuses to '[leave] [Jimmy] to fester like a blob in [his] kitchen', '[binging]

[himself] into an early grave' (50). GI Joe's interest in Jimmy is compared to missionary work: he describes Jimmy as 'Sadder in your own way than my wee souls in South Africa' (51). He holds Jimmy responsible for changing his weight and improving his life, asking '[w]hen you gonna change? When you gonna make things better?' (52). GI Joe teaches Jimmy to swim, an activity that makes him feel 'weightless' (104). Jimmy never becomes objectively thin and, since 'good swimmers can carry a bit extra', finds success swimming competitively with a large body (126). Yet his weight loss is so significant that he is not recognised when returning to school after summer (198-99). As he loses weight, he gains more respect from his community; their attitudes do not change until Jimmy's body does.

Although not exactly an illness narrative, there is some resemblance to Hawkins's rebirth myth, in that Jimmy's weight loss marks the death of the old self and the birth of the new self (1999: 33). Couser suggests that personal narratives about stigmatised conditions can be counterdiscursive and 'contest dominant cultural constructions' of illness and the body (289). However, *Fat Boy Swim* reinforces dominant neoliberal discourses around personal responsibility for health. Jimmy's bingeing signals his inability to properly self-regulate. While Jimmy is a sympathetic hero and rewarded through relationship and athletic success, *Fat Boy Swim* largely reinforces the stigma of non-normative bodies. Jimmy is too kind-hearted for revenge but his bully Victor is disfigured by acne at the novel's end and disowned by his friends and girlfriend. The example of *Fat Boy Swim* shows that certain texts do clearly and straightforwardly replicate or overlap with neoliberal health concerns or the issues around the 'Glasgow effect' in the press. However, I find this kind of didactic novel of less interest than those that are more challenging or ambivalent about hegemonic health discourses in Scotland. As I acknowledged above, my text selection process was evaluative and I actively sought texts with a certain level of literary sophistication around health issues as an intervention in the Scottish literary canon. I offer this brief reading of *Fat Boy Swim* as a fruitful point of contrast to my primary texts.

Thesis Outline

This thesis is divided into three primary chapters, followed by an extended conclusion. Chapter One discusses the terms ‘Glasgow effect’ and ‘Scottish effect’. It explores their original public health meanings and examines the interpretations and inaccuracies that emerged in the Scottish press, as well as some of the more controversial or politically-charged press and academic writing around the terms. I also discuss a parallel usage of ‘Glasgow effect’ related to artistic and cultural achievement. Chapter Two examines (postnatal) depression, intergenerational trauma and anorexia. It begins with an overview of relevant theoretical work, including mad studies, antipsychiatry and mad activism. I then provide a brief survey of madness in Scottish fiction, with particular attention to devolutionary novels (1979-1997). This survey reveals commonalities and disjunctions, showing how my primary texts continue established literary approaches to madness and also distinguish themselves. This is followed by extended readings of my primary texts, Sarah Moss’s *Night Waking* and Andrew O’Hagan’s *Personality*. Chapter Three, on alcoholism, follows a similar structure. I begin with a theoretical overview of drug use histories and changing models and critiques of the addiction concept. I survey key precedents in Scottish literature which depict alcoholism and heavy drinking before focusing on Ewan Morrison’s *Distance* and A.L. Kennedy’s *Paradise*. In the Conclusion, I draw together final reflections on my argument, limits and gaps, and contributions to the field. I end by further theorising on the nature of the ‘Glasgow effect’ through comparisons to other concepts, and try to account for the term’s endurance and appeal.

Chapter One: ‘Glasgow effect’ in the Press

This chapter examines the cultural life of the public health terms ‘Glasgow effect’ and ‘Scottish effect’ in the press and beyond. As Deborah Lupton explains, the press and other public forums are key in setting the agenda for representing health issues. Understanding the subtextual meanings in these accounts helps us understand the context in which lay beliefs are ‘formulated and expressed’ (1992: 148). This chapter begins with definitions of the ‘Glasgow effect’ and ‘Scottish effect’ as public health terms, as used by the Glasgow Centre for Population Health (GCPH). GCPH eventually retired the terms, arguing that they had been distorted and misused in the press. However, ‘Glasgow effect’ continues to circulate. By tracing the term’s press history, I show that it in fact has origins beyond the realm of public health. I also consider ways in which the concepts are misunderstood in articles about Scottish public health and discuss circulating recommendations for addressing the (then) unknown cause(s) of Scotland’s excess mortality. These measures typically revolve around individual lifestyle change, with an emphasis on reducing alcohol consumption, changes to diet and exercise, and increasing optimism and confidence. Lastly, I explore the prominent press discussions of Scottish national character and Glasgow mythology that often accompanies this reporting. I find that both terms, but especially ‘Glasgow effect’, are deployed in service of various agendas. They appear to offer a banner under which those with a common concern can rally yet their vagueness and flexibility leaves them open to interpretation and revision. This porous malleability appeals to, and is exploited by, a range of actors, including academics, journalists and cultural entrepreneurs, in or looking to enter the cultural arena.

Before continuing, I want to address my use of the terms ‘Scottish effect’ and ‘Glasgow effect’. Even though GCPH retired the terms, I use them throughout this thesis. My focus is not on the reality of excess deaths or poor health in Scotland but on the cultural life of these terms: who uses them, in what context,

with what meaning, and for what purpose. I recognise ‘Scottish effect’ and ‘Glasgow effect’ as categories of practice but I do not suggest they are appropriate as categories of analysis. Rogers Brubaker and Frederick Cooper define categories of practice as ‘categories of everyday social experience, developed and deployed by ordinary social actors’; categories of analysis are ‘used by social analysts’ or scholars (2000: 4). The distinction between the two is often blurred. However, they warn against careless conflation because analytical concepts must be clearly defined for effective scholarship. ‘Glasgow effect’ was perhaps always too ambiguous for an analytical concept, which is why GCPH retired it for the analytically sharper ‘excess mortality’. Its meaning has only become more ambiguous in wider culture. Brubaker suggests that such loaded categories should be ‘the *object* of analysis’ but not a ‘*tool* of analysis’ [original italics] (2013: 6). This means scholars can ‘analyse the competing reifications’ without ‘unwittingly reinforcing them’ (6-7). ‘Scottish effect’ and ‘Glasgow effect’ are my objects of analysis. I use them in quotation marks to denote that they remain objects, not tools. I examine their competing meanings without reifying them.

Defining ‘Glasgow effect’ and ‘Scottish effect’

The terms ‘Scottish effect’ and ‘Glasgow effect’ relate to a specific set of health inequalities. In a 2010 report, GCPH explain that ‘Scottish effect’ describes ‘the higher levels of mortality and poor health experienced in Scotland over and above that explained by socio-economic circumstances’. The term ‘Glasgow Effect’ then followed in light of evidence that this excess is concentrated in West Central Scotland (2010: 7). ‘Glasgow effect’ similarly describes the ‘poor health status of Glasgow *over and above* that attributable to the city’s high levels of socio-economic deprivation’ [original emphasis] (4). The report compares Glasgow to Liverpool and Manchester, post-industrial English cities with almost identical deprivation profiles. Glasgow deaths were 15% higher in comparison, with premature deaths 30% higher. This excess was ‘seen across virtually the whole population: all ages (except the very young), both males and females, in deprived and non-deprived neighbourhoods’ (8). Compared to Liverpool and Manchester,

Glasgow lung cancer deaths were 27% higher, 32% higher for external causes (accidents, intentional self-harm, assault and complications of care) and almost 70% higher for suicide. Alcohol-related deaths were 2.3 times higher in Glasgow, with drug-related poisonings almost 2.5 times higher (26). Of the more than 4,500 'excess' deaths in Glasgow, 23.2% were attributable to all cancers and 27.5% to diseases of the circulatory system, with a further 20% due to alcohol-related conditions. Almost half of excess deaths occurred before age 65 and almost half of these were from alcohol-related causes (32%) and drugs-related poisonings (17%) combined (28). The report notes that Glasgow's mortality levels are also significantly higher compared to Scotland as a whole (62). The comparison of Glasgow to Liverpool and Manchester highlights that 'while deprivation is a fundamental determinant of health', it alone cannot explain Glasgow's higher levels of mortality (8). This mortality gap has 'widened since the early 1970s' suggesting that the 'Glasgow effect' is a 'relatively recent phenomenon' (8). The report outlines a varied list of hypotheses: societal or family breakdown, cultural differences, genetic factors, effects of migration, a greater vulnerability of the Glasgow population, differences in spatial patterning of deprivation, differing outcomes from regeneration and even vitamin D deficiency (47).

A follow-up report, published by GCPH in 2016, offers firmer answers for Glasgow's excess mortality. It emphasises that much of the poor health in Scotland and especially Glasgow is indeed explained by deindustrialisation, deprivation and poverty, factors that are the root causes of poor health in many modern societies (GCPH 2016: 7). Economic and social policies since the late 1970s resulted in widening socioeconomic and health inequalities across the UK. The key to understanding Glasgow's excess mortality is that the city was more vulnerable to these 'socioeconomic and political exposures' (8). This vulnerability is the cumulative effect of several historical processes. First is the 'lagged effect of high historical levels of deprivation', such as overcrowding, from at least the mid-twentieth century. Secondly, the socially selective New Town programme from the late 1950s relocated industry and certain populations (typically younger skilled workers, often with families), and redirected investment, from the city (8). The nature and scale of urban change in post-war Glasgow, such as housing and living

conditions, is another factor. The report also highlights differences in local government responses to UK government economic policy in the 1980s. Glasgow's local government may have exacerbated the damage of UK policy in its 'early prioritisation of inner-city gentrification and commercial development', while local responses in Manchester and Liverpool may have mitigated this damage. For example, widespread participation and politicisation of the public in Liverpool meant local government gave greater priority to social issues, such as addressing poverty, building new council housing and public amenities. Several protective factors are also considered: in Liverpool, higher levels of social capital, such as community ties and participation in politics; in Manchester, greater ethnic diversity and the associated 'healthy migrant effects'. A 'democratic deficit' in Glasgow, characterised by 'feelings of despondency, disempowerment, and lack of sense of control', is also a psychosocial risk factor (9). Lastly, GCPH highlight that the measurement of poverty and deprivation may be inadequate (9) and acknowledge a number of smaller, unnamed additional factors (10). The mystery of Glasgow's poor health proved not so mysterious after all, with deindustrialisation, deprivation and poverty unsurprisingly to blame.

'Glasgow effect' and 'Scottish effect' in the Press

My focus is not on GCPH's work, its influence on policy or the sociological reality of excess mortality in Scotland. Instead, I am interested in the cultural life of the 'Scottish effect' and 'Glasgow effect' terms. I focus on the press reception and uses of the concepts as they were adopted by actors with various agendas and/or presented to lay audiences. In his discussion of rhetoric, Alan G. Gross identifies two dominant models of public understanding. The deficit model imagines a one-way flow of communication from scientists to the public. The public is assumed to be passive, trusting the value of science but lacking information; they require 'the facts and methods of science' to be adapted to their 'limited experience and cognitive capacities'. The contextual model imagines a symmetrical, two-way flow between science and public. The public is active and must be persuaded of science's value: 'public understanding is the joint creation of scientific and local

knowledge' (1994: 6). Gross criticises the deficit model for 'isolat[ing] science from contexts that give it public significance', failing to address 'the ethical and political issues science raises, or ought to raise', and mistakenly drawing 'a firm line between science and its popularizations' (7). Stephen Hilgartner elaborates on this last point. He explains that, in the culturally dominant view of science popularisation, scientists develop knowledge and then popularisers, such as the media, disseminate simplified accounts. Any differences between genuine and popularised science are caused by 'distortion' or 'degradation' (1990: 519). This view, Hilgartner argues, is greatly oversimplified. Finding the '*precise location of the boundary*' between science and popularised knowledge is difficult [original emphasis] (524). Popularisation is instead 'a matter of degree' (528). This dominant view of popularisation, however, benefits scientists and those who derive authority from science. It establishes genuine scientific knowledge as the 'exclusive preserve' of scientists, granting them 'broad authority' to decide which simplifications are 'appropriate' and which 'distortions'. Such experts therefore 'enjoy great flexibility in public discourse', issuing simplifications when it suits their purposes or else discrediting publicly available representations as distortions. The concept of a pure, idealised scientific knowledge is supported by its contrasting counterpart, the concept of contamination (520). I find that it is not simply that scientists, experts and academics use the terms 'Scottish effect' and 'Glasgow effect' soberly while the media distorts them irresponsibly. There are examples of the press using the terms carefully and precisely. Conversely, there are striking examples of academics discussing the 'Glasgow effect' with latitude. The press, even the quality press, does not simply disseminate GCPH's claims about excess mortality for lay audiences. Instead, newspapers do their own narrative work with the term, introducing ideas to the debate that were not explicitly invited by GCPH's research.

GCPH contested what it saw as distortion of its concepts and findings in the media. After the 2016 report, GCPH's public health programme manager David Walsh published a blog post on the GCPH website arguing that 'Scottish effect' and 'Glasgow effect' have been long misused and should be retired. Walsh admits that GCPH are partially to 'blame' for their popularisation (2016: para 4 of 13).

However, he criticises the use of these terms in contexts unrelated to health for muddying their meaning, and their use as explanations in themselves, as in the claim that people die younger *because* of the ‘Glasgow effect’ (para 6 of 13). For these reasons, Walsh explains, GCPH retired the terms several years previously, preferring ‘excess mortality’ (para 8 of 13). Indeed, both are redundant now that this excess mortality is no longer unexplained (para 9 of 13). Newspapers, however, were more reluctant to retire the ‘Glasgow effect’. The concept continues to circulate and to be represented as a mystery. In 2017, Vicky Allan in *The Sunday Herald* described the ‘Glasgow effect’ as ‘the mystery of why in Glasgow, and Scotland more widely, people living in deprived areas live less long than those in the similarly deprived parts of some other cities’ (para 2 of 10). In 2018, Martyn McLaughlin in *The Scotsman* claimed that the ‘Highland problem’, the twentieth-century debate about ‘solving the region’s economic woes’, was ‘as impenetrable as the Glasgow effect is to today’s ranks of economists, public health researchers and planners’ (para 2 of 14). The same year, three articles in *The Herald* and *The Sunday Herald* referred to ‘a mysterious Glasgow effect dragging down life expectancy in the city’ (McArdle 2018a: para 1 of 9), ‘the Glasgow Effect, which posits that the dear green place is somehow hazardous to one’s health’ (McBain 2018: para 6 of 14) and the ‘so-called “Glasgow effect” [...] an enduring public health puzzle’ (McArdle 2018b: para 1 of 38). As I discuss further in the Conclusion, the term is still in usage, often incorrectly defined, in academic publications too. In a 2020 journal article on family centres, Fiona Mercer et al. write that ‘Even after controlling for deprivation, [Glasgow] citizens experience more significant disparities such as lower life expectancy in comparison with the rest of the United Kingdom and Europe—an outcome known as “The Glasgow Effect”’ (674). ‘Glasgow effect’ continues to circulate despite GCPH’s recantation. GCPH lost control of the term but, as I will show, the organisation never really had full ownership.

I trace the use of ‘Glasgow effect’ and ‘Scottish effect’ in the press. Using the Lexis Library News database, I looked at four newspapers: Scotland-based broadsheet *The Herald*, UK broadsheet *The Guardian*, Scotland-based tabloid *The Daily Record*, and UK tabloid *The Sun*. These newspapers were chosen to

determine if different attitudes about Scottish public health were present in broadsheets and tabloids, or newspapers published within and outwith Scotland. Christine Knight highlights ‘the need to attend to the distinct Scottish media’ as the treatment of Scotland in London-based UK media can differ from indigenous newspapers or Scottish editions of national publications (2016: 374). The majority of articles about the ‘Glasgow effect’ or ‘Scottish effect’ were in *The Herald*. Of the sixteen articles selected using the term ‘Scottish effect’, twelve came from *The Herald*. *The Daily Record* and *The Guardian* each had two articles, with no articles found in *The Sun*. Of the sixty-four selected results for ‘Glasgow effect’, half of these, thirty-two articles, came from *The Herald*. Seventeen articles were published in *The Guardian*, twelve in *The Daily Record* and three in *The Sun*. However, many of these articles use the term ‘Glasgow effect’ outside of public health contexts to discuss cultural aspects, explored in more detail below. Ellie Harrison’s controversial art project titled ‘The Glasgow Effect’ (2016) is the subject of many articles. Again, none of *The Sun* articles discuss public health. A reader of *The Herald*, *The Guardian* or *The Daily Record*, then, would find several competing meanings of these terms within the same newspaper. A *Sun* reader would find these terms but in contexts unrelated to public health. Even when discussing public health, there is a broad range of tones and perspectives across *The Herald*, ranging from straightforward reporting to irreverent articles and speculative, strongly-worded opinion pieces. The broadsheets studied here, especially *The Herald*, are significantly more invested in these public health concepts than the tabloids.

Histories and Cultural Meanings of the Terms

‘Scottish effect’ predates ‘Glasgow effect’ in the press. It appears in a 1998 *Herald* article by Phil Hanlon, later a key figure in GCPH’s work. He discusses Scottish health policy, referencing a Scottish Council Foundation report titled ‘The Possible Scot’. He highlights that although ‘[d]eprivation is central to Scotland’s health problems’, as in England, ‘Scotland has shown a striking growth in mortality compared with England’. This leads Hanlon to question whether there are

‘additional and distinctive factors’ involved, a ‘set of influences that are peculiar to Scotland’s culture or ecology. Is there a “Scottish effect”?’ (1998: para 3 of 8). In later articles, the ‘Scottish effect’ is associated with certain characteristics, such as ‘soaring suicide rates’ and ‘heavy drinking’ (Stewart 2012: para 11 of 28) as well as ‘high rates of mental illness’, poor diet and limited exercise (‘Everyone Needs a Good Start in Life’ 2009: para 6-7 of 14). There are various proposed explanations, varying from ‘deindustrialisation and changes in political context, leading to social, cultural and economic disruption’ (Stewart 2012: para 11 of 28) to a ‘negative attitude’ and ‘early acceptance that [individuals] have no control over their lives’ (‘Everyone Needs a Good Start in Life’ 2009: para 8 of 14). Only once in the newspapers studied here, almost twenty years after Hanlon’s initial article, was the term ‘Scottish effect’ used outside of a public health context, describing fears that Scotland would have disproportionate influence on the 2015 General Election in *The Herald* (Wollard 2015: para 7 of 10). On the whole, the phrase is used in a fairly stable way, consistently associated with its public health meaning.

The term ‘Glasgow effect’ is much more common in the press. It is also a much more mobile term with a complicated history. Walsh’s blog post criticises press use of the term outside of public health discussions yet it originated in a strikingly different context. As I discuss below, ‘Glasgow effect’ was introduced in a public health context in *The Herald* in 2004 by GCPH manager Professor Carol Tannahill (Puttick 2004). However, the term, with a different meaning, began circulating in the press two years previously. Glasgow won the European Capital of Culture award in 1990. This cultural investment significantly regenerated the city, a striking transformation that *The Guardian* in 2002 called ‘the 1990 effect’ and ‘the Glasgow effect’, following ‘the Guggenheim effect’ (Ward 2002: para 6 and para 12 of 20). The Guggenheim effect describes the similar regeneration of Bilbao, a Basque city in industrial decline, after the 1997 opening of the Guggenheim Museum; the building’s innovative design attracted unprecedented numbers of tourists to the area. Beatriz Plaza et al. explain that its ‘blockbuster success has become the paradigmatic case of a flagship cultural artefact put forward to revitalize a city’s urban and economic fabric’, capturing attention from

‘policy-makers around the world’ (2009: 1711). In the early 2000s, other UK cities, such as Liverpool, Oxford and Cardiff, were competing for the title of European Capital of Culture. The ‘Glasgow effect’ is a major part of this coverage, especially in *The Guardian*, and a key factor in making the title so desirable. Sir Bob Scott, Liverpool’s bid leader, boasts that Liverpool has the strongest application precisely because it is ‘most likely to replicate the “Glasgow effect”’ (Carter 2003: para 12 of 13). This cultural regeneration meaning of ‘Glasgow effect’ circulated in the national press in 2002 and 2003; in 2004 Tannahill was quoted using the term in a public health context. Even if GCPH simply based the phrase ‘Glasgow effect’ on ‘Scottish effect’, the public at least may have been familiar with this original cultural regeneration meaning. While Walsh complains that the apparent misuse of ‘Glasgow Effect’ muddied its public health meaning, this polysemy was present from the start.

In the years following this, public health meanings of ‘Glasgow effect’ dominate, yet variations on cultural meanings persist across a range of publications. *The Scottish Sun* in 2013 describes Glasgow-based Father Sculptor as ‘the latest band to benefit from the Glasgow effect’, comparing them to successful Scottish bands Franz Ferdinand and Snow Patrol. The city is ‘a fertile breeding ground for music’, conferring a distinctive artistic edge (Gellatly 2013: para 1-2 of 9). In a 2014 *Herald* article, Glasgow Film Festival’s co-director Allison Gardner attributes the festival’s success to its enthusiastic public audiences, explaining that distributors ‘love what is being called the “Glasgow effect”, they love gauging the reactions of the audiences, and it is the audiences that have made this festival’ (Miller 2014: para 15 of 24). This suggests that ‘Glasgow effect’ has a wider cultural usage outside of journalism and Scotland, separate from its public health meaning. The term is also used positively in a sporting context in *The Guardian*, as with the success of rugby team the Glasgow Warriors: ‘the Ireland coach hopes Scotland will be inspired by the Glasgow effect – Gregor Townsend’s Warriors are the Celtic club champions’ (Averis 2015: para 8 of 15). ‘Glasgow effect’, then, always had multiple meanings beyond those describing a public health phenomenon. A newspaper reader in Scotland may have encountered the ‘Glasgow effect’ as a desirable signifier of regeneration, a marker for unexplained

health inequalities, and as praise for Glaswegian cultural and athletic success – sometimes simultaneously and all in the space of a decade. Unlike ‘Scottish effect’, ‘Glasgow effect’ is a flexible, even contradictory term, oscillating between positive and negative, cultural and health meanings in public discourse.

The most infamous non-public health use of the ‘Glasgow effect’ was the title of a 2016 durational art project by Ellie Harrison, funded by Creative Scotland. ‘Part psychological experiment, part protest, part strike’, ‘The Glasgow Effect’ involved Harrison staying within Glasgow’s city limits for a year and avoiding all vehicles except her bicycle, reducing her carbon footprint for transport to zero (Harrison 2019: 17). She is critical of a hyper-mobile academic and artistic elite whose international travel and long-distance commuting disproportionately contributes to climate change and disconnects them from their local communities (47). Harrison aimed to highlight ‘the relationship between literal and social mobility, between class and carbon footprint’ (141) and the interconnections between ‘social, environmental and economic injustices’ (17). The aims of the project were lost amid online controversy after Harrison posted an image of chips on the project’s Facebook page, a marker for the city’s stereotypically poor diet. Many were outraged that Harrison was receiving public money, through Creative Scotland, to stay in Glasgow, while poorer residents could not choose to leave. The criticism in the press and online focused nearly exclusively on class and Harrison’s privileged outsider status, aspects the project was designed partly to address: the English-born Harrison is repeatedly referred to as a London artist, despite living in Glasgow for seven years before the project began. Newspaper coverage of this controversy alters its definition of the ‘Glasgow effect’ to feed into this class discussion. In *The Daily Record*, the ‘Glasgow effect’ is defined as ‘poor life expectancy of working-class Glaswegians’ (Kerr 2016: para 5 of 23) and, in *The Herald*, as ‘poor health and low life expectancy’ in Glasgow’s ‘most deprived areas’ (Miller 2016: para 13 of 21). This redefinition is surprising in *The Herald’s* case as it had covered the ‘Glasgow effect’ for years. The term is evidently flexible enough to be redefined when convenient.

In her subsequent book *The Glasgow Effect*, Harrison explains the rationale behind the project's controversial title. After living in Glasgow for several years, Harrison was disturbed to learn about the city's health inequalities as these inequalities are not reflected in art and culture; as an artist, and in her ignorance, Harrison herself was complicit (2019: 18). The title was chosen to 'dismantle the myth of "the Glasgow miracle"', a term describing Glasgow's internationally successful arts culture, and to 'throw the spotlight back on the real story' of inequality and deprivation (17). The project was a sort of 'alternative PR campaign for the city, drawing attention to the hypocrisy of the "liberal elites" in power, who continue glossing over the cracks with "culture" whilst presiding over a city and a country with such chronic inequalities' (140). The project's title, seemingly unwittingly, speaks to the cultural regeneration meaning of the term too. After participating in an event called 'The Glasgow Effect: A Discussion' with Darren McGarvey and Katie Gallogly-Swan, Harrison received 'several aggressive emails' from GCPH, one of which was 1676 words long (170). GCPH 'informed [Harrison] that "obviously" *The Glasgow Effect* project [she] was undertaking was "about something completely different" to population health' (351, endnote 39). Instead of recognising shared aims, GCPH protectively censured her for an apparent misuse and abuse of its term. However, *The Glasgow Effect* project is consciously engaged with public health. Harrison believes that good public health (including diet, exercise and general wellbeing) is innately tied to community engagement, financial equality and environmental sustainability. A committed activist, Harrison is frustrated by the unproductive split between 'researching and criticising' and 'actually doing' (2019: 17). Despite their recommendation to reduce transport costs to improve public health, GCPH declined Harrison's invitation to join a campaign for public ownership of Glasgow buses, claiming that it was inappropriate for a publicly-funded body to campaign (227-28). Current funding systems, Harrison argues, 'prevent people from completing the virtuous circle of reflection *and* action' which is essential for 'meaningful social change' [original emphasis] (229). *The Glasgow Effect* was a way to integrate these two strands, with Harrison investing in the local artistic and activist community, aiming to 'find out what happens if you make a stand against the forces of globalisation by localising your existence' (18). The project was always 'doomed to fail', working

only as a ‘symbolic act’, because one person alone cannot stop capitalism or climate change, yet it was ‘essential’ as a stand against these forces (231). After all, art is symbolic, a ‘tool for thinking, enabling insights and provoking debate’, but ‘direct political action’ is still needed to address injustice and inequalities (196). The central question for Harrison, following Darren McGarvey, is how to combine ‘left-wing structural critique’ with ‘an ethics of personal responsibility’ (231). It is interesting to note that I find similar questions, around personal action, symbolic actions and direct political action, running through some of the novels I study here. Harrison’s provocative project adds intriguing layers and associations to the ‘Glasgow effect’ phrase.

Public Health Discussions

These meanings of ‘Glasgow effect’, related to cultural regeneration and the arts, are significant and persistent, although the term’s public health meaning is more common. Yet even within this latter context, the term is very flexible and invites striking arguments, in both newspaper and academic articles. In the press, public health definitions of ‘Scottish effect’ and ‘Glasgow effect’ are occasionally distorted from GCPH’s meaning. The suggestion that the ‘effects’ themselves are responsible for poor health is a key way in which the terms are misrepresented. *The Herald* in 2010 explains that research ‘points to a Glasgow effect or Scottish effect which results in early death for adults in the West of Scotland’ (‘Health warning that must not be ignored’ 2010: para 6 of 9). This is, then, an effect which results in itself. Similarly, *The Guardian* in 2016 describes Govan resident Jean Melvin as, at 92, ‘an exception to the Glasgow effect rule’, as if early death in Glasgow is inevitable rather than just statistically more likely (Goodwin 2016: para 20 of 57). ‘Glasgow effect’ is sometimes redefined, whether intentionally or not, to better suit the context or argument. Writing about a community garden group ‘determined to buck the city’s grim health statistics by encouraging children and adults to grow fruit and vegetables’, *The Daily Record* defines the ‘Glasgow effect’ as ‘poor diet and lack of activity combining to shorten life expectancy’ (English 2014: para 18 of 28). Gerry Hassan, commenting on the Scottish political classes,

claims that the Glasgow effect ‘shows [that] allowing for the socio-economic makeup of the city, [Glasgow] is significantly worse in terms of poverty, crime and violence’, without reference to public health (2010: para 7 of 14). These redefinitions create more uncertainty around the term, allowing for more flexible usage.

Approaches to public health are motivated by larger political ideals, revolving around the role of the state and the individual. It is worth noting, then, the initiatives and attitudes promoted alongside ‘Scottish effect’ and ‘Glasgow effect’ coverage. Even though the ‘Scottish effect’ was not fully understood, Hanlon offers a measured response in his 1998 article. He stresses that public health only improves when all factors that affect health, such as the ‘physical environment, social environment, genetic inheritance, personal behaviour, and the distribution of wealth and health services’ are ‘addressed on a broad front simultaneously’ (Hanlon 1998: para 5 of 8). Hanlon highlights that right-wing Conservatives, focusing on lifestyles and individual responsibility, are often ‘guilty of “blaming the victims”’ while the political left risks making individuals feel powerless by emphasising structural change (para 4 of 8). As unexplained phenomena, there was no clear or immediate solution to the ‘Scottish effect’ and ‘Glasgow effect’. This creates something of a vacuum. Lifestyle change is the default approach, focusing on alcohol, diet, exercise and mental health, often framed in terms of confidence or optimism. According to *The Herald*, the Scottish Government’s ‘priority areas’ after the 2010 GCPH report were ‘reducing alcohol consumption, preventing people from smoking, encouraging active living and healthy eating and promoting positive mental health’ (Watt 2010: para 5 of 7). Tannahill, director of GCPH, suggests ‘a combination of work in schools, very local initiatives and rolling national campaigns’ to decrease alcohol usage (Puttick 2006: para 8 of 23). Professor Michael Bloor recommends ‘public health campaigns to reduce the number of people taking drugs’ (Horton 2008: para 4 of 7). All are aimed at regulating individual lifestyle rather than structural change. Arguably this is a form of false consciousness, with structural inequalities obscured and naturalised in the focus on individual choice. Indeed, although the link between poverty and poorer health is well established, some articles argue that addressing

poverty is irrelevant as Glasgow's excess mortality goes beyond class boundaries. *The Herald* argues that GCPH's research 'shows we can no longer put it [Glasgow's excess mortality] down to poverty, so we must change our behaviour'. The usual behaviours are censured: 'too much alcohol, too much fatty and sugary comfort food' and 'illegal drugs as the answer to problems'. With 'the odds stacked against us' due to 'a mysterious Scottish factor', 'we must make an extra effort to improve our health' ('Health warning that must not be ignored' 2010: para 8-9 of 9). The 'Scottish effect' and 'Glasgow effect' concepts seem to shut down the possibility of effective structural intervention. The focus on individual lifestyle chimes with neoliberal commonsense.

The single-minded focus on individual lifestyle leads to some idiosyncratic and colourful arguments. In *The Herald*, Colette Douglas Home discusses Oliver Gillie's theory that connects the 'Scottish effect' to low levels of sunlight. Home urges readers to take vitamin D supplements despite acknowledging that this has not been recommended by the Chief Medical Officer (2011: para 7-9 of 31). While Home writes that 'poverty and social isolation lie at the root of Scotland's rotten health' (para 19 of 31), she insists that '[w]e are free to be the masters of our own destiny'. That is, '[w]e can smoke, eat damaging foods and drink ourselves to death' and 'starve our bodies' of vitamin D, or 'we can make sure our [vitamin D] levels remain high' through supplements (para 28 of 31). The word 'starve' implies that not taking supplements is wilfully negligent. It is revealing that Home also attacks smoking, drinking and diet, unrelated to supplements. Home ends with a striking image, drawing on evolutionary psychology: 'Our ancestors didn't survive by waiting for the appointed monkey to tell them when to jump from the jaws of a tiger. And I'll not cross my fingers that I stay healthy while I wait for the state to complete its research and act as nanny. I hope you don't either' (para 31 of 31). The monkey analogy suggests that it is foolish and dangerous to passively wait for state instructions. Health must be actively cultivated. While Home insists on trusting natural instinct, her chiding tone is intended to goad readers into compliance, despite the lack of evidence of the safety and effectiveness of supplements. The direct address of 'you' confronts the reader to take action. Home repeatedly uses 'we', a common rhetorical strategy in 'Scottish effect' and

‘Glasgow effect’ articles. This implies collective experience while advocating individual change. No single reader is exempt from blame or responsibility. Using ‘we’, the author avoids sounding judgemental and offending readers, even while criticising their supposedly unhealthy behaviour.

It is not the case that ‘Glasgow effect’ is used correctly and soberly in academic writing and undergoes popular debasement in the press. The unknown factors behind the term offer ample room for misrepresentation and speculation even in academic usage. This illustrates Hilgartner’s point that the boundary between authoritative scientific knowledge and popularisation or distortion is not distinct (1990: 524). Although only three pages long, a 2015 editorial in the *Journal of Bioethical Inquiry* is worth examining in some detail. David M. Shaw is a Scottish bioethicist based at the University of Basel, Switzerland. He argues that since the factors behind the ‘Glasgow effect’ are unknown and cannot therefore be adequately addressed, parents may have ‘an ethical obligation to move their children away from Glasgow to prevent them being affected by the effect’ (2015: 11). After all, ‘[t]he only known cause of the Glasgow effect is geography, and the only way of avoiding a geographical effect is to move to a different area’ (12). This controversial proposal is obviously problematic socially and practically but, more simply, it is logically flawed. The observation of excess mortality in Glasgow compared to Liverpool and Manchester does not necessarily mean geography is responsible. Regardless, relocation is not the only option. If the lack of sunlight hypothesis were true, residents could take vitamin D supplements rather than move south. Lastly, if the factors behind the ‘Glasgow effect’ are unknown, then it cannot be known that leaving Glasgow will simply cancel out these factors.

Shaw emphasises environmental threat with an analogy to a ‘weak “dirty bomb” [being] detonated in Glasgow’. Since many would leave if the consequent background radiation increased the risk of early mortality by more than fifteen percent, the same level represented by the ‘Glasgow effect’, it is ‘not unreasonable’ to avoid risk factors through relocation (2015: 12). This analogy and the focus on geography in the absence of known factors invites interesting parallels between the ‘Glasgow effect’ and miasma theory. Darby Wood Walters explains

that miasma theory is ‘notable for its uncertainty about the origins of disease’ (2019: 589). It reached peak popularity during the mid-nineteenth century. At this time, ‘both medical practitioners and the general public envisioned miasma as a shapeless and undetectable property of air in certain locations’ (590). Perhaps Shaw imagines a Glasgow miasma, avoidable only through relocation. In fact, a 2012 article in *The Economist* suggests that ‘The “Glasgow effect” may well be a problem without a solution. It is as if a malign vapour rises from the Clyde at night and settles in the lungs of sleeping Glaswegians’ (‘No City for Old Men’ 2012: 23). Similarly, Hassan in *The Daily Record* writes that ‘The Glasgow Effect has come to mean something intangible, almost if not in the air, then the culture, which is all-powerful and cannot be resisted’ (2016: para 8 of 22). While miasma theory is medically discredited, it still resonates in the popular imagination. It is a powerful image for representing something as intangible as poorly-understood health inequalities. The focus on diet and alcohol in ‘Glasgow effect’ coverage is today medically-sanctioned commonsense. It may also, however, contain residues of miasmatic thinking, in the anxiety over controlling harmful contaminants entering the body.

Shaw illustrates his relocation proposal through the anecdotal Gavin and Esther, a ‘young couple raising two infants in a socioeconomically disadvantaged area’. Although tirelessly health-conscious and well-behaved, their efforts are limited because their city is ‘different from other cities’. It is ‘a nice place to live’ but the people there die younger ‘and no one knows why’ (2015: 12). They are ‘victims of this strange, unexplained effect’ (12). This phrasing attributes the ‘Glasgow effect’ with malicious agency, reminiscent of horror monsters. Indeed, Walters explains that Jack the Ripper was associated with miasma in press coverage because both were frighteningly unknowable and unexplainable (2019: 598). Shaw draws this same connection between murder and disease, recasting the ‘Glasgow effect’ as a monstrous serial killer. The thrill of an unknown predator may give the ‘Glasgow effect’ its exciting edge and partly explain its continued resonance. Why, then, would anyone stay? A ‘rational deliberator’ might leave but ultimately mere ‘status quo bias’, a failure in rational thought, will make residents reluctant to abandon ‘their roots and communities despite any prospective

benefit' (2015: 12). Shaw himself writes from the privileged position of an internationally mobile academic. The article ends with rebuttals to anticipated objections, such as the claim that relocation, more accessible to richer people, will further disadvantage the poor. This, Shaw agrees, is 'true' but cannot deter those able to move (13). Despite his sympathy for the victimised Gavin and Esther, Shaw shows a curious indifference to perpetuating or worsening inequalities, through the privileging of individual choice (for the few able to choose) and an everyone-for-themselves evacuation mentality. It is difficult to say whether Shaw earnestly believes his own argument or if the 'Glasgow effect' was simply a hot topic offering an attractive publishing opportunity. In popular and academic writing, 'Scottish effect' and 'Glasgow effect' prove to be flexible, provocative concepts.

Imagining Scottishness

'Scottish effect' and 'Glasgow effect' also invite journalists to speculate on national identity and cultural mythology. The causes of poor public health are often attributed to a vague, stereotypical national character. Iain Macwhirter in *The Herald*, for example, claims that '[o]ur gift for wry cynicism makes it almost impossible to benefit from therapies like Cognitive Behaviour Therapy or positive thinking [...] positive drinking more like' (2010: para 7 of 14). This is highly contestable but the first-person plural pronouns 'we' and 'our' seemingly add the credibility of experience. Adolph Reed is sceptical of individuals claiming to speak on behalf of a group, such as black Americans. Such speakers rely on perceived authenticity to 'preempt or curtail dissent' and validate their authority, thus ending rather than beginning conversations about politics (2000: 10). The idea of community implies 'immediate, almost mystical identity of interest and common feeling', an appearance of unity which effaces debates within the supposed 'racial' group, like class positions and interests (10). Macwhirter's claim to speak as part of a collective national identity legitimises the dour, hard-drinking Scot stereotype. As I discussed in relation to Douglas Stuart in the Introduction, Reed criticises black public intellectuals, self-elected spokespersons whose role is

‘interpreting the opaquely black heart of darkness for whites’ (2000: 77). Booker T. Washington (1856-1915) is the prototypical example, ‘the singular, trusted informant to communicate to whites what the Negro thought, felt, wanted, needed’, chosen by ‘white elites rather than by any black electorate or social movement’ (79). The Scottish equivalent may be *Trainspotting* author Irvine Welsh. Often writing in urban working-class Scots, Welsh is seen as an authentic spokesperson for contemporary Scottishness, despite spending much of his adult life in Dublin, Miami and Chicago (‘Take a Video Tour of Trainspotting Author Irvine Welsh’s £1m Chicago Home’ 2018). Welsh’s credentials are simply being Scottish, the insider with enough distance to speak on behalf of the group, providing insight for outsiders. In comparing Washington and Welsh, I do not wish to draw an equivalence between black Americans and the white Scottish working class. However, I am not referring to the actual experiences of these groups but rather to forms of representation that are questionably perceived as authentic and accurate.

This perceived national authority might explain Welsh’s prominence in a 2009 *Guardian* article in which Aida Edemariam and Kirsty Scott attribute heroin deaths to Scottishness. Discussing a 2008 study in the *British Medical Journal* (BMJ), they explore the idea that the large numbers of heroin-related deaths of men under 45 could be a significant factor in Scotland’s unexplained excess mortality. The article cites an historian, a Leith city councillor and several ex-heroin users in Edinburgh. Yet Welsh is the most cited source, quoted ten times on a full spectrum of heroin-related issues, from supply, to reasons for use, and solutions to heroin abuse. The article’s title refers to the ‘Trainspotting generation’ and the opening paragraph is a ninety-word quotation from *Trainspotting*’s famous ‘choose life’ monologue (2009: para 1 of 23). Edemariam and Scott speculate on why there is a greater prevalence of problem drug use in Scotland compared to England, using Welsh as the primary source. They ascribe excess heroin deaths to ‘a peculiarly Scottish cocktail of risks’. The first element in this cocktail is ‘self-esteem’. Welsh is quoted as saying that ‘Englishness is the norm’ and ‘Scottishness is increasingly seen as a second-class thing’ (para 11 of 23). Heroin use is a way of coping with a devalued national identity. Another risk

factor is the ‘distinct preference for needles’ with Scottish heroin users, which increases the risk of overdose compared to smoking. Welsh offers two reasons for this Scottish preference. First is a particular Scottish relationship to drugs: ‘It’s whisky versus beer [...] In Scotland we’ve always gone for the dangerous hit. In England there’s always been a more mellow way – the slow pint of beer in a pub’ (para 13 of 23). Scottish drinking and drug use is reckless whereas the English example emphasises measured enjoyment, relaxation and sociability. Welsh’s second explanation is that ‘it’s more cost-effective to inject’ although he ‘[does not] want to stereotype’ (para 13 of 23). Cost-effectiveness is presumably a common concern, but Welsh implies that Scottish users inject because of stereotypical Scottish miserliness. Prominent cultural figures like Welsh are used as key sources in public health discussions and actively create the imaginary of an unhealthy Scottish character.

The political state of the nation is also imagined as connected to poor Scottish health. Some argue that changes in nation status will improve health. In a *Herald* article advocating for Scottish independence, Ian Kerr claims that former Chief Medical Officer Sir Harry Burns has connected the ‘Glasgow effect’ with a loss of Scottish identity and values, and that Burns supports independence as ‘the more likely means of addressing these problems’ (2014: para 6 of 12). Others argue that health changes will improve the nation. A 2004 article in *The Herald* claims that Scotland should be ‘a vibrant, confident young democracy looking forward to a dynamic future’ (‘When we learn to leave tradition behind and strike out for the future...’ 2004: para 9 of 11). However, ‘[d]eprived of a Scottish parliament for nearly 200 [sic] years’, it is preoccupied by the past, neglecting contemporary problems (para 3 of 11). To illustrate this, the article opens with two personified images of Scotland: ‘the Scottish soldier, the very embodiment of broad-shouldered youthful fitness’ in ‘his militarised version of Highland dress’ (para 3 of 11) and ‘the dying Scotsman’, a figure of Scotland’s poor public health, associated with poverty, smoking and alcohol-related deaths (para 4 of 11). The article highlights that after the death of a Scottish teenage soldier in Iraq, there was an ‘outpouring of anger and emotion over our regimental tradition’, yet there is continued indifference towards a different ‘tradition’, Scotland’s poverty and ill

health. The article attributes premature death entirely to individual lifestyle choices: ‘we seem hamstrung by a large segment of the population determined to eat, smoke and drink themselves into early graves’ (para 9 of 11). The stubbornly self-destructive Scottish population is positively unpatriotic compared to the fit, self-sacrificing soldier. The article connects the ‘Scottish effect’ to a ‘culture of negativity’, stress, pessimism and a sense of lack of control over life (para 10 of 11). This is a common explanation: it is Carol Craig’s central thesis in *The Scots’ Crisis of Confidence* (2003) and GCPH director Professor Carol Tannahill connects the ‘Glasgow effect’ to a ‘prevailing overall culture of less optimism’ in a 2007 *Herald* article (Puttick 2007: para 6 of 21). This is reminiscent of Cornel West’s claim that there is ‘a kind of collective clinical depression in significant pockets of black America’ (1994: 27). The biggest threat to black Americans is nihilism, defined by meaninglessness, hopelessness and lovelessness, rather than oppression and exploitation (23). In other words, black America suffers from a culture of negativity. West’s solution is a ‘*politics of conversion*’ [original emphasis]. Nihilism is a ‘disease of the soul’ which must be ‘tamed by love and care’ (29). Although he acknowledges that structural changes are necessary, only this ‘politics of conversion meets the nihilistic threat head-on’ (30). The *Herald* article proposes a remarkably similar solution, advocating for changes in psychology rather than policy. Margaret Thatcher might have given ‘individualism a bad name in Scotland’ but neither policy nor the ‘traditional collectivist mentality’ can ‘turn the supertanker of Scottish negativity’ (‘When we learn to leave tradition behind and strike out for the future...’ 2004: para 10 of 11). Instead, individuals must ‘swop [sic] defeatism, helplessness and dependency for ambition, confidence and self-help’ (para 11 of 11). This is appealingly simple and, it seems, a patriotic duty if Scotland is to be ‘a vibrant, confident young democracy’. Individual outlook is the answer to the nation’s problems.

Scottish national character and poor health is sometimes imagined in gendered terms. Although the ‘Glasgow effect’ is typically discussed in relation to a general population, there is a trend focusing on men and masculinity, such as the broad-shouldered Scottish soldier, the dying Scotsman and the Edinburgh heroin users above. Even ‘sick man of Europe’ implicitly genders the country and its

sickness male. Masculinity itself is occasionally offered as a cause of poor health and social ills. Hassan attributes the 'Glasgow effect', which he mischaracterises as indicating 'significantly worse' levels of 'poverty, crime and violence', to 'culture, individual motivation, role models, issues of powerlessness, and the role of men and masculinity'. Indeed, the 'issue of men is crucial here: men die younger, and both perpetuate and are the victims of crime and violence' (2010: para 8 of 14). Macwhirter claims that 'Scottish men of my generation certainly have great difficulty talking about their feelings and are pretty neglectful of their personal wellbeing'. He alludes to 'the manifold ways in which Scottish male culture is injurious to mental and physical wellbeing', adding '[t]he way we attack alcohol certainly looks like a symptom of some deeper psychological disturbance'. Drinking is both symptom and self-medication, 'an easy anaesthetic for generations of Scottish men who simply had no purpose in life' after deindustrialisation (2010: para 10 of 14). However, the 2010 GCPH report emphasises that excess mortality is 'seen across virtually the whole population', in men and women (2010: 8). The following statistics are for mortality in Glasgow relative to Liverpool and Manchester, with data from 2003-2007. Glasgow all-cause deaths were 22.4% higher for men and 7.7% higher for women; for deaths occurring before 65, Glasgow figures were 35.6% higher for men and 24.4% higher for women (21). Men and women of all ages shared similar increased rates for certain causes of death: for circulatory system deaths, the rates for men and women were 13.9% and 10.2% higher, while for lung cancer this increased to 29.2% and 24%. Alcohol deaths for Glasgow men were 155.9% or more than 2.5 times higher, and 179% or almost 2.8 times higher for drugs-related poisonings (27). These figures understandably attract considerable press attention. Yet the excess death figures for Glasgow women are also substantial: alcohol-related deaths were 82.3% higher and drugs-related poisonings 90.1% higher (27). Suicide is one of the few categories in which women have a greater excess: suicide rates for Glasgow men were 54.4% higher but almost 2.2 times (116.5%) higher for women (27). (Scottish) masculinity cannot be used as a satisfactory explanatory factor. The suggestion that masculinity or a male Scottish culture is itself responsible for Scotland's poor public health obscures the excess mortality of women.

'Glasgow effect' discussions which attribute poor Scottish public health to an unhealthy masculine culture anticipate or intervene in contemporary fashionable debates about 'toxic masculinity'. As Andrea Waling explains, 'toxic masculinity' is believed to be responsible for various issues in men including poor mental health from suppressed emotions, poor physical health, violence, predatory heterosexual behaviour and homophobia (2019: 366). Masculinity is positioned as 'a disease infecting the male population'; men are 'victims', unable to escape 'contamination' (368). This does not address gender inequalities and structures of power, as a more robust feminist critique would. Carol Harrington notes that the term 'toxic masculinity' exploded in popular usage in the late 2010s (2020: 2) but traces its origins to the 1980s mythopoetic men's movement and related self-help and policy, which envisions 'an essentialist notion of masculine emotional development' in which boys need to learn 'the right kind of masculinity' from emotionally present father figures (3). Harrington argues that this 'prescription of engaged fatherhood' as an 'antidote' harmonises with 'recommendations for heteronormative family life in an era of neoliberal globalization' (4). The 'toxic masculinity' label was initially applied to marginalised men, essentialising them as aggressive and criminal but 'discursively packaged' to appear as 'concern for men's well-being' (4). The focus on gender gives this analysis an air of politically-correct feminism, rather than being understood as semi-racist or semi-classist. However, the concept is little informed by feminist critique. Harrington concludes that the term is post-feminist in its 'relegation of patriarchy to the past', obscuring the 'institutional and structural privileges men accrue', and individualising sexism to 'a question of personal attitudes' (2020: 6). The 'toxic masculinity' concept individualises certain traits; in discussions of the 'Glasgow effect', pathological masculinity is evoked as a national trait. This essentialises Scottish men into one distinct, monolithic group, representing the epitome of pathological masculinity: suppressed, self-neglecting, self-destructive, psychologically disturbed, purposeless, heavy drinking, violent and criminal. Ill health is itself a symptom of pathological Scottish masculinity. This is somewhat tautological: Scottish men have poor health because Scottish masculinity is unhealthy and self-destructive. This implies that Scottish masculinity must be reformed, through a change of attitude or culture, to improve national public

health, again downplaying structural factors. ‘Scottish effect’ and ‘Glasgow effect’ press discussions feed into a national cultural mythology, whether imagining particularly Scottish attitudes to drugs and alcohol or connecting the nation’s political future to public health and wellbeing.

Imagining Glasgow

In addition to reflecting on Scottish identity, many articles portray imagined Glasgow residents. Ali Muriel’s nuanced and sober *Guardian* article quotes a credible range of authorities: David Walsh of GCPH, an NHS Scotland epidemiologist, a senior GP in Glasgow’s addiction services, NHS Greater Glasgow and Clyde’s director of public health and a detective chief superintendent. It is all the more striking, then, how Muriel characterises Glasgow’s residents. Buchanan Street shoppers in the city centre are aspirational: ‘prosperous’, ‘confident’ and ‘no less healthy than people anywhere else in Britain’ (2012: para 4 of 17). In contrast, the east end is populated by grotesque figures: ‘Pale men cluster outside windowless pubs puffing on cigarettes. A frail couple, three crutches between them, totter out of an off-licence [...] An obese man with a withered leg limps down Tollcross Road, eating pizza from a cardboard box’ (para 5 of 17). The clustering, tottering and limping suggest a precarious and limited existence. Their bodies, too big and too small, represent a grotesque lack of proportion. These figures are introduced by a quote from a local doctor who claims ‘[y]ou don’t need to be a doctor to see how unhealthy people in these communities are’ (para 5 of 17). The physiognomic expression of vice and ill health is a reassuring narrative prosthesis. Easily identifiable through its physical manifestation, ill health is simplified and safely confined, literally marginalised to the city’s edges.

Occasional articles subvert bleak health warnings and moralistic advice. Tom Shields’s light-hearted piece on ‘man flu’ in *The Herald* discusses research that speculates that men may be more likely to have minor ailments for evolutionary reasons: ‘We’re weaker because we put so much into being reproductively competitive’ (2010: para 4 of 12). Noting that ‘[m]en with high testosterone levels are at greater risk’ (para 4 of 12), Shields jokes that the root of the ‘Glasgow effect’ may be that Glasgow men are simply ‘too sexy for [their] life expectancy’ (para 9 of 12): ‘We don’t have an unhealthy lifestyle. With all that sex going on,

you're bound to have the odd cigarette and a glass of wine' (para 10 of 12). He comically reframes the health conditions associated with the 'Glasgow effect', describing an irresistible masculinity, sexual potency and refined sensual pleasure. Glaswegians, it appears, are grotesquely unhealthy or charmingly bacchanalian.

'Glasgow effect' articles often touch on the character of the city itself. They emphasise Glasgow's exceptionalism, whether good or bad. Kevin McKenna in *The Herald* describes 'Glasgow's unique status in the index of human despair' (2016: para 11 of 21). Glasgow is also associated with an exemplary arts scene, through music (Gellatly 2013), film (Miller 2014) and cultural regeneration (Ward 2002). This split personality makes Glasgow special. Catriona Stewart in *The Herald* describes Glasgow as a 'city of opposites', a 'glossy city centre with ragged, impoverished boundaries' (2013: para 1 of 11), with 'world-class sporting venues and malnutrition, idealism and inequality' (although these contradictions are surely common to many major cities) (para 10 of 11). Lacking 'Edinburgh's history', 'Sydney's awesome harbour' or 'Vancouver's mountain peaks', and '[f]amous' only for its 'mortality rates', Glasgow is not conventionally desirable (para 3 of 11). Yet Stewart asserts Glasgow's value, concluding: 'Edinburgh you could introduce to your mother; Glasgow would be ripe for a really dirty affair. That's the thing about Glasgow: you know it could hurt you but it's irresistible all the same' (para 11 of 11). Respectable Edinburgh is staid next to Glasgow's dangerous charisma. Both negative and positive depictions contribute to Glasgow's mythology. Indeed the tension between these two extremes makes Glasgow, in the cultural imaginary, irresistible and unrivalled, not just a faceless postindustrial city. Glasgow is a sick city and an artistic powerhouse; poor in health but rich in culture; a prosperous, confident centre with grotesque, neglected edges. These tensions give Glasgow its imagined winning personality.

Conclusion

'Scottish effect' and the more commonly used 'Glasgow effect' are loaded and complicated terms in the press and larger culture. As unexplained phenomena, there was no immediate solution to Scottish or Glaswegian excess mortality. Part

of the terms' appeal may be that their vagueness suggested a deadly thrill of the unknown, creating what David Walsh in *The Guardian* called 'a Scooby-Doo mystery' (Macdonald 2019: para 3 of 72). The mystery invited discussion and speculation. Suggested solutions often chimed with neoliberal commonsense: individuals should optimise their own health through self-regulating their diet, alcohol intake, exercise and mood. Sometimes more controversial recommendations emerged, such as Shaw's argument that Glasgow residents simply leave, especially if raising children. The press, academics and art projects mobilised the terms to serve various agendas. Despite their underlying vagueness, the 'Glasgow effect' and 'Scottish effect' labels sound specific enough to give the impression of people connected in a common project. Purporting to know something about the 'Glasgow effect' can offer power, influence or a platform. Harrison is critical that the 'Glasgow effect' has become a 'catchphrase' used to 'fuel an industry of overpaid academics' ('The Glasgow Effect: A Discussion' 2016: para 72 of 214). As Reed observes, 'poverty research is a huge academic business'. Even though many poverty researchers have good intentions, 'the bottom line is that they make money off the existence of poverty' through generous research grants (1994: para 27 of 29). Such research is also 'self-consciously depoliticized' as 'studying poverty comes increasingly to substitute for fighting inequality' (para 28 of 29). Those attaching themselves to the 'Glasgow effect' may well be invested in a similar, self-sustaining project.

'Scottish effect' and 'Glasgow effect' articles often consider Scottish nationhood and culture as well as public health. Scottish ill health is connected to nationhood through two arguments: that changes in national status (Scottish independence) will improve health, and that changes in health will improve the nation, by creating an ambitious, confident and robust citizenry. The 'Glasgow effect' especially is a mobile, flexible term, referring to both poor public health and top athletic achievement, to both a sick and an artistically rich culture. It emphasises Scottish or Glaswegian exceptionalism and feeds Glasgow's mythology as a charismatic city memorable for its extremes and contradictions. The idea of a 'Glasgow effect', whether good or bad, helps create an identity for what could be just another postindustrial city, no longer famous for its shipbuilding or as the

‘Second City’ of the British Empire. The concept gives Glasgow and Scotland a place in the world. The ‘Glasgow effect’ is also a tragic national myth, resonating with anxieties about Scottish cultural and political autonomy. Political scientist Michael Morden applies Northrop Frye’s literary archetypes of the comic, romantic, tragic and satiric to national myths. Tragic nationalist myths emphasise collective pain and combine ‘deep conviction in the inevitability of the coming catastrophe with a profound feeling of injustice’. It is a ‘common accompaniment of national minorities at threat, facing assimilationist pressures or perceiving loss of political status’. Morden’s example is Quebec but this could also be applied to Scotland (2016: 459). The ‘Glasgow effect’ captures this sense of injustice and impending catastrophe. The term gains currency during post-devolution and pre-independence referendum contexts. Perhaps it resonates at a time when Scotland feels increased cultural confidence and political autonomy as well as increased anxiety over assimilation within the UK. This crossroads provokes a sense that the individual must take responsibility for their own health to protect and renew the nation. This myth, then, is not simply an extension of the larger myth of Scottish pathology, despite overlapping with and growing out of this. The ‘Glasgow effect’, the myth of a culture uniquely sick and uniquely artistic, became popular amidst renewed optimism and anxiety about Scotland’s future.

However, the novels I study from the same period are interested less in nationalism than in pathogenic subcultures, the politics of health as productivity under neoliberalism, and the possibilities of collective action. A wide range of discourses and contexts are explored in my novels, from the demands of modern parenting and attachment ideology, to Scots-Italian historical trauma, the precarity of postmodernity, and the feeling of loss over the decline of a collective Christian identity. These discourses do not typically appear in discussions of Scottish public health. There is, then, a disconnection between the mainstream press and literary fiction. My findings partly result from my selection principles and are not representative of all Scottish fiction of the period. Nevertheless, this disconnection highlights debates or tensions in post-devolution Scottish culture over public health and the politics of health. The novels I study are largely counterdiscursive to the often stigmatising attitudes in ‘Glasgow effect’ press

discussions. While the press emphasises individual accountability for health, the fiction here depicts recovery as part of a caring relationship with another. Without valorising poor health, these novels offer nuanced and challenging portrayals of illness, recognising that suffering can be meaningful. The 'Glasgow effect' does not provide a useful category of literary analysis and may in fact obscure the richness and diversity of contemporary Scottish fiction.

Chapter Two: Madness and Mental Distress

If Scotland is to be ‘a vibrant, confident young democracy’, individuals must ‘swop [sic] defeatism, helplessness and dependency for ambition, confidence and self-help’. So argues a *Herald* article which connects the ‘Scottish effect’ to a ‘culture of negativity’, stress, pessimism and a sense of lack of control over life (‘When we learn to leave tradition behind and strike out for the future...’ 2004: para 9-10 of 11). Mental distress is an important factor behind Glasgow’s excess mortality. GCPH found that Glasgow had substantially higher rates of suicide compared to Liverpool and Manchester: suicide rates for Glasgow men were 54.4% higher and almost 2.2 times (116.5%) higher for women (2010: 27). However, ‘Glasgow effect’ press discussions often suggest that mental health in Scotland could be improved by a simple change in attitude, represented by increased optimism and confidence across the whole population. My primary texts, *Night Waking* (2011) by Sarah Moss and *Personality* (2003) by Andrew O’Hagan, challenge this simplistic argument with nuanced, sometimes contradictory explorations of anorexia, (postnatal) depression, and intergenerational or historical trauma. Following mad studies, I use the word ‘mad’ here. This is, Brenda LeFrançois et al. explain, a ‘critical alternative to “mental illness” or “disorder”’ (2013: 10), concepts which remain contested by academics and activists. I begin by outlining some of these theoretical and activist concepts. I briefly survey how various forms of mental distress and altered psychological states have been depicted in Scottish literature to reveal commonalities and disjunctions with my primary texts. I then examine Moss and O’Hagan’s novels in detail. The novels engage with a striking variety of discourses, including attachment theory, celebrity culture and historical or intergenerational trauma. The nuanced, politicised and socially situated representation of mental distress in *Night Waking* and *Personality* contrasts the often simplistic and stigmatising comments about psychology and mental wellbeing in ‘Glasgow effect’ press discussions.

Academic and Activist Work on Mental Distress

Psychiatrists, academics and activists have argued that mental distress is not an illness but a response to circumstances, structures of power and inequality, and existential problems. The antipsychiatry movement rethought the idea of mental illness and questioned the role of psychiatry and medical institutions. Michel Foucault's historiography *Madness and Civilization* ([1967] 2001) reveals the changing political, social and moral meanings around madness and highlights its longstanding relationship with social or institutional control and violence. For example, in the seventeenth century, the mad were confined because they were associated with the poor and idle (2001 [1967]: 42). Madness came to be considered as mental illness at the end of the eighteenth century, but this was motivated by stigma and fear of disease (195). This comparative historical framework encourages us to question contemporary mental illness discourse, including biomedical accounts. Psychiatrist Franco Basaglia (1924-1980) was a driving force in the deinstitutionalisation of psychiatry in Italy and an advocate for patient rights against non-voluntary treatment. He emphasises the necessity of structural changes such as reducing poverty, without which medical treatment for mental distress is ineffective (1987: 73). The ideal psychiatrist should address both illness and stigma with their patients, helping them understand how society has excluded them (76). Thomas S. Szasz suggests that mental distress is not illness but 'man's struggle with the problem of *how* he should live' [original emphasis] (1960: 117). The diagnosis of mental illness relies on psychiatrists' value judgements (114) as supposed symptoms are not caused by nervous system defects (113). For Szasz, this undermines psychiatry's medical credibility; medical solutions cannot be justified for psychosocial and ethical problems.

One of the most prominent antipsychiatrists is R.D. Laing. In *The Divided Self* ([1960] 1990), Laing validates mad experience by describing madness as a kind of existential truth (1990a: 21). In his later work he more radically blurs madness and sanity. He argues in *The Politics of Experience* ([1967] 1990) that normality is built on alienation and is therefore itself a type of madness. Psychosis is a 'natural way of healing' this alienation (1990b: 136); psychiatric treatment 'distorts and

arrests' this 'natural process' (103). Instead of hospitals, Laing proposes safe places where people can undertake this 'journey' (104), guided by those who have gone through similar experiences (106). This may offer 'break-through' instead of just 'breakdown' (110). Indeed, this could have a 'central function in a truly sane society' (107), allowing us to achieve our 'authentic possibilities' (11). Laing's colleague David Cooper also fundamentally challenges the meaning of madness and its treatment yet with an explicitly political focus. Cooper argues in *The Death of the Family* (1971) that a person going through 'personal disintegration and then reintegration' simply needs a 'non-interfering person' who will be with them 'attentively' but 'let [them] be' (60). Cooper emphasises non-interference to a greater degree than Laing's journey and guide model. Indeed, Cooper's *The Language of Madness* (1978) advocates for 'non-psychiatry': the 'final abolition of all psycho-technological methods of surveillance and control' (126). This means the diffusion of 'disturbing, incomprehensible, "mad" behaviour' throughout society 'as a subversive source of creativity, spontaneity, not "disease"' (117). His criticisms of psychiatry and capitalist society are inseparable, demonstrating his '[d]ebts to Marxism' (Chapman 2016: 2 of 28 para). Cooper describes psychiatry as 'one of the principle repressive devices' of 'the bourgeois order' (1978: 116-17) and psychiatrists as 'specialized psycho-police agents of final phase capitalist society' (18). Madness is 'more or less present in each one of us' rather than belonging to 'a special race of [mad] people' (18) yet it is 'a common social property that has been stolen from us' (14). Its liberating potential is the 'real "danger" of madness and the reason for its violent repression' (22). As such, '*all delusion is political statement*' and 'all madmen are political dissidents' [original emphasis] (23). Madness is an active rebellion against oppressive structures, a potential catalyst for personal and political change.

In the early 1970s, ex-patients themselves became activists, launching their own critique of psychiatric services (Crossley 2004: 164). According to Athena Helen McLean, the ex-patient movement opposed forced treatment and contested medical models of mental illness, believing distress to be the result of 'oppressive social conditions', not 'individual impairment' (2000: 822). In addition to pursuing treatment changes, activists debated identity. Prominent activist Judi Chamberlin

describes ex-patient activism as a ‘civil rights movement’ and calls people with mental health issues an ‘oppressed group’, legally and socially (1995: 39). Language was central to cultivating identity. In the mid-1980s, activists abandoned psychiatric terms such as patient, preferring service user or survivor (Crossley 2004: 168). More recently, a ‘mad pride’ movement has emerged. Certain activist groups have reappropriated the stigmatising term ‘mad’. This reappropriation is, according to LeFrançois et al., a way of ‘restoring dignity and pride to difference’ and ‘naming and responding to emotional, spiritual, and neuro-diversity’ (2013: 10). Like ‘queer’, the term portrays madness as a legitimate minority identity. Mad studies has grown alongside this. LeFrançois et al. define mad studies as an interdisciplinary project of ‘knowledge production’ and ‘political action’ which ‘critique[s] and transcend[s]’ biomedical psychiatry while ‘validat[ing] and celebrat[ing] survivor experiences and cultures’ (2013: 13). It opposes biological reductionism, understanding individuals within social and economic contexts rather than reducing them to symptoms (2). Compared to antipsychiatry and activism of the 1960s, 70s and 80s, mad studies responds to a different set of concerns, particularly neoliberalism and its effect on healthcare services. LeFrançois et al. identify a new neoliberal subject and ‘self-monitoring psychiatric consumer whose “mental illness” is purely an individual concern’. The management of this illness overlooks structural causes, focusing instead on ‘self-caretaking’, ‘expert technologies’ and ‘aggressive health interventions’ (2013: 16). Mad studies, like the antipsychiatry and ex-patient movements before it, highlights the blur between medicine and politics. Questions of selfhood and citizenship remain central to debates about mental distress and its treatment.

Madness in Scottish Fiction

Various forms of mental distress and altered psychological states have long been depicted in Scottish literature. I begin with a survey of this literary history to highlight commonalities and disjunctions. This shows how my primary texts continue established literary approaches to madness and how they distinguish themselves. Madness is often depicted within the Gothic, leaving open the

possibility that a character's unusual experience represents supernatural reality. James Hogg's *The Private Memoirs and Confessions of a Justified Sinner* (1824), about staunch Calvinist Robert Wringhim, is a key example. As Alan Beveridge outlines, the novel provides two accounts of the same events: the fictitious editor, representing 'the Voice of Enlightenment Reason', considers Wringhim insane; in his own account, Wringhim believes he may be possessed by the devil. The reader is 'left to decide for themselves which is the most believable' (2017b: 83). Hogg continues this mode of Gothic representation in the short story 'Strange Letter of a Lunatic' (1830). Another longstanding trope is the 'mad-poet'. This figure, Colin Carman explains, is 'freed from the rational dictates of society but not from the inspiration and imagination accorded by nature' (2013: 149). Carman's examples from Walter Scott's novels include Davie Gellatley in *Waverley* and Madge Wildfire in *The Heart of Mid-Lothian*. Scott's 'idiots and lunatics' are to be feared, as 'figures of mystery, disorder, even the occult'. They are also worthy of sympathy because of their 'powers of imagination', a trait 'cherished by the high Romantics' (141). Scott Lyall highlights that Scottish Renaissance novels like Lewis Grassie Gibbon's *Sunset Song* (1932) and Willa Muir's *Imagined Corners* (1931) use mad characters to 'spotlight the madness wrought by Calvinism on Scottish communities' (2016: 14). Andy and Tony, the village 'dafties' in *Sunset Song*, are 'holy fools bearing the names of saints', Saint Andrew and Saint Anthony. Andy represents 'the perverted sex instinct of a country inhibited by Calvinist doctrine' while Tony represents the 'repressed spiritual intelligence of a community' corrupted by the 'material temptations' of modernity (2016: 11). In *Imagined Corners*, Ned, a sensitive young man, is disturbed after being violently initiated at university. His sister Sarah struggles to provide care as he becomes delusional and aggressive. She eventually has him forcibly committed to an asylum. Lyall describes Ned as 'a weathervane for Calderwick's own spiritual ills' (2016: 14) in a novel in which 'stifling social convention warp[s] individuality' (13). Andy, Tony and Ned are peripheral characters, not protagonists. Their madness is somewhat symbolic, a reaction to or rebellion against repressive communities. Literary depictions change as medical and social models of mental distress change. Before examining my post-devolutionary primary texts in detail, I discuss five key precedents: *Lanark* (1981) by Alasdair Gray, *In the Middle of the Wood* (1987) by

Iain Crichton Smith, Janice Galloway's *The Trick Is to Keep Breathing* (1989), Muriel Spark's *Symposium* (1990) and Elspeth Barker's *O Caledonia* (1991). Some of these novels resemble testimonials or pathographies: mad characters are protagonists in realist texts depicting modern psychiatric hospitals and pharmaceutical treatments. Yet earlier traditions are never quite superseded: other novels remain invested in the Gothic, the asylum and the holy fool or mad-poet. I read these texts alongside key illness narrative theories, demonstrating that in practice novels do not necessarily neatly conform to these typologies.

Lanark by Alasdair Gray is one of the most famous Scottish novels. Half of the novel centres around protagonist Lanark and explores Unthank, a dystopian city with little daylight, and the bureaucratic institutions which control this fantastical world. The other half, set in Glasgow, is a realist Bildungsroman about aspiring artist Duncan Thaw. He experiences psychosis and possibly murders a young woman, leading to his suicide by drowning. Thaw and Lanark are seemingly the same person: Thaw 'botched his end' and therefore was 'flung' into 'a second-class railway carriage, creating [Lanark]' (2007: 219). Thaw's madness relates to his inability to connect with others, his pursuit of perfection in art and his horror about the body. His mental state deteriorates after beginning an ambitious church mural depicting Genesis (186). Through art, he tries to transcend ordinary life, believing '[w]hen a thing is perfect it is eternal', although he eventually abandons the mural as a failure (337). After a prostitute rejects him, he dissociates, imagining he is a 'black bird looking down on Duncan Thaw', and kills himself soon after (347). During the epilogue, Lanark meets the novel's author who explains that '[t]he Thaw narrative shows a man dying because he is bad at loving. It is enclosed by your narrative which shows civilization collapsing for the same reason' (484). Thaw's psychopathy is individualised but Unthank is itself pathogenic. Psychosomatic diseases are widespread, reflecting the individual's disordered relation to others. Lanark's disease, dragonhide, results in a thick reptilian skin. It occurs in those who struggle to connect with others, 'swapping their feelings for armour' (54). Disease is also a product of Unthank's inequality, poverty and corruption: the bodies of uncured patients become fuel and food. Lanark's slick, manipulative acquaintance Sludden, a politician, is a rare disease-free character,

reflecting his ability to adapt to, even exploit, this pathogenic world. The novel ends in quiet optimism: Lanark witnesses the destruction of Unthank, the glimpse of visible daylight suggesting renewal, and he is peacefully reconciled to his predetermined death. With the reincarnation of Thaw as Lanark and the eventual destruction of Unthank, the novel resembles the crisis and regeneration of the rebirth myth. There are also similarities to Frank's quest or Hawkins's journey narrative as Lanark travels Unthank and the surrounding area seeking information. Lanark's emotional journey and his reconciliation with death resembles Elisabeth Kübler-Ross's five stages of grief: denial and isolation, anger, bargaining, depression and acceptance (1989). Of the texts studied here, *Lanark*, with its many confusions, disappointments and injustices, is perhaps closest to Frank's chaos narrative, which envisions life never getting better after illness (2013: 97). Illness also works metaphorically: dragonhide is a literal embodiment of alienation and Thaw's psychosis reflects the artist's disconnection from others and the ordinary world.

In the Middle of the Wood by Iain Crichton Smith depicts writer Ralph's paranoid psychosis, suicide attempt and eventual recovery after time in a psychiatric hospital. Beveridge explains that the novel is closely based on Smith's own experience (2017b: 82). The novel explores the limits of language, the link between madness and creativity, and the conflict between the protagonist's outer and inner world. It is narrated in the third person, focalised through Ralph. This gives considerable access to Ralph's experience of mental distress, not usually available in earlier texts. The framing makes clear that Ralph is experiencing a psychiatric problem. His delusions are not offered as credible alternative possibilities, like in Hogg's *Confessions*. Smith does not draw on particular genres, like thrillers or mysteries, to suggest Ralph's paranoid beliefs are warranted or to immerse the reader in them. The novel's first section introduces Ralph's paranoid belief that his wife Linda is sabotaging his work and arranging his murder. It ends with Ralph trying to crash the car as Linda drives and his attempted suicide by overdose. Ralph's breakdown is caused by his work as a novelist or, more precisely, his snobbish preference for imaginary or intellectual worlds over what he calls the ordinary world. He is a 'novelist who doesn't like people' (2015: Part

Two [n.p.]), aspiring to be as ‘self-sufficient as a stone’ (Part Three [n.p.]). His paranoia partly stems from believing others are ‘determined to pull him down from the height of his talent to the slummy maze of their lives’ (Part One [n.p.]). The novel’s title refers to the location of Ralph’s suicide attempt but also recalls ‘can’t see the wood for the trees’, an idiom that means excessively focusing on the details at the expense of the bigger picture. Ralph is so consumed by writing and his inner world that he fails to connect to others and the larger world. The events of Part Two precede Part One and show Ralph exhausted from overwork during a Yugoslavia holiday. This setting heightens and illustrates Ralph’s inability to connect with others. With nothing to read and unable to talk to the German and French tourists, Ralph is without words. Yugoslavia is a ‘ghostly country’ without an identity, ‘not wholly Communist, not wholly Western’, ‘determined to make tourism their main industry’. Ralph anxiously envisions a hollow ‘world totally devoted to tourism’, in which communication is impossible. He compares tourists to ‘the ordinary person, living on what the world supplied from moment to moment, having no central obsession, drifting’ and questions how people can ‘live with no pattern’. Ralph believes that ‘he must create fables, tales, fantasies, to make the world real’ in contrast to the artifice of gift shops (Part Two [n.p.]). Yet Ralph’s imaginative inner world is just as insubstantial, lacking connection with the ordinary world.

Part Three chronologically follows from Part One, depicting Ralph’s stay at a psychiatric hospital. Ralph imagines a Gothic asylum, ‘an old Victorian building’ full of ‘violent madmen’. He fears he will ‘never leave’, having seen ‘too many’ television programmes about people ‘falsely incarcerated for years in mental hospitals’ (Part Three [n.p.]). These myths are discredited in the ordered, compassionate reality of the modern hospital. Once recovered, Ralph recognises that the building is in reality ‘at peace, classical, exact’, resembling ‘a school built of grey elegant stone’ (Part Three [n.p.]). Although Ralph takes medication and participates in group therapy, his cure resembles a conversion narrative. A young woman joins the group: she is anorexic and paranoid after having an illegitimate child, believing that ‘people [are] spying on her and trying to take the baby away’. The group is dismissive of her beliefs and Ralph feels that she is ‘repeat[ing] his

own story in a different way, with different characters' (Part Three [n.p.]). This triggers a sudden change in his own thinking. He accepts that the staff and patients are not actors, as he initially suspected, and that his wife is not sabotaging him. He tries to convince the young woman that she, like him, is wrongly paranoid: 'I took my pills and they cured me. One day you wake up and you know that it's all been a bad dream' (Part Three [n.p.]). Ralph attributes his cure to medication. Yet the narrative implies that hearing a story similar to his own experience triggers a change in perspective, as sudden and inexplicable as waking from a dream. His larger worldview also fundamentally changes. Realising that the worst thing is a 'world without witnesses', he regrets having been 'a Robinson Crusoe on an island'. The novel ends with Linda and Ralph in a loving embrace as he leaves hospital. The last sentence reads: 'At that moment it did not bother him if he never wrote again' (Part Three [n.p.]). Ralph in effect chooses mental health and the ordinary world over art. It is unclear whether art can be produced in a mentally healthy way. The novel resembles elements of the journey myth. Ralph's psychosis is a temporary exile as he becomes estranged from his wife and work, and eventually leaves home for hospital. It also resembles the rebirth myth. Recovering from psychosis, Ralph profoundly reevaluates his beliefs and does not resume his previous lifestyle. The novel is recognisable as pathography, even autopathography as a fictionalisation of Smith's own experience. This makes it an outlier in Scottish literary deployments of madness. Yet, like *Lanark*, psychosis is also a metaphor for the artist's profound alienation. Ideas about madness and creativity are in dialogue in both texts.

In Janice Galloway's *The Trick Is to Keep Breathing*, Joy, a schoolteacher in the outskirts of Glasgow, is diagnosed with severe depression after her married boyfriend Michael drowns on holiday. She takes antidepressants, eventually becoming an in-patient in a psychiatric ward. As Javier Delgado Delgado highlights, Joy is a 'marginal character living in a marginal urban area'; all the 'subject positions she must occupy', such as patient, employee and mistress, are defined by 'powerlessness' (2000: 317). Throughout the novel, Joy 'contest[s] the ideology of received, dominant discourses and institutions', from schools and hospitals to the maxims and gendered ideals in women's magazines (316). Joy alternates between

conforming to, failing to meet, and rebelling against the expectations of how a bereaved person, or how a woman, should act. The first-person narrative intimately depicts her psychological experience and self-harming behaviours, including cutting, starving and self-induced vomiting. Galloway uses unconventional typography to express Joy's distress. Sections are separated by a recurring motif, 'ooo'. The three circles suggest emptiness and circularity but also refer to Michael's drowning, representing the people standing '*in a rough O*' around his body, a red poolside beachball (1991: 16) and the '*red O*' of his mouth [original emphasis] (40). Double line breaks interrupt continuous scenes. This visual emptiness mirrors Joy's alienation and inarticulacy. Page numbers are occasionally missing, reflecting a sense of disorientation, and writing appears in the margin, falling outside the usual ordered boundaries of the page. Joy's depression stems more from a loss of identity and feelings of non-existence and powerlessness after bereavement than from Michael's death itself. At a service for Michael, Reverend Dogsbody acknowledges Michael's wife but not Joy who, as the lover of a married man, has no legitimate social position. He performs a 'miracle' by erasing her into 'non-existence'. This triggers an intense moment of dissociation: Joy hears 'someone yelling' but does not recognise this as herself (79). This psychological sense of non-existence is mirrored in her pursuit of physical denial and disappearance through starvation. Yet illness also provides a means of resistance or empowerment. Before depression, Joy was always '*so good all the time*', with good defined as '**productive/hardworking/wouldn't say boo**' (81) and '**not putting anyone out by feeling too much, blank, unobtrusive**' [original formatting] (82). These traits, emphasising compliance and self-effacement, are particularly valued in women. Depression challenges these ideals: she is often unable to work and asking for help, especially in the under-resourced psychiatric ward, requires her to be insistent and vocal. Although she does seek medical help, there is a 'certain power in illness she is reluctant to relinquish' and she is partly 'afraid of health' (200).

Galloway explores the experience of patienthood in Joy's interactions with an under-resourced healthcare system. Conversations with professionals often adopt a script format, as if both parties are playing generic, prescribed roles: G.P.

Dr Stead is 'DOCTOR' and Joy is 'PATIENT' (1991: 52). Typically these scenes are not transcribed as the actual conversation would take place, but instead make hidden emotions or power dynamics explicit. Joy as PATIENT comments that 'You ask me to talk then you look at your watch' (52), while Dr Stead as DOCTOR criticises her for 'not trying' (52) and being 'melodramatic' (53). The psychiatric ward is often lonely and uncomfortable, and the psychiatrists are evasive. Home for a few days from hospital, Joy attempts suicide by overdose, represented by almost a full page of blank space. When her friend David visits, unknowingly interrupting her, she answers the door, an action which reveals that she does not 'want to live very much but [she does not] want to die' (203). The ending is tentatively optimistic: there is neither definitive cure, as in *In the Middle of the Wood*, nor death or permanent hospitalisation, as in *Lanark* or *O Caledonia* (discussed below). Instead, Joy experiences a series of small but cathartic moments. She cleans the house, discards items from the holiday and considers learning to swim: 'I read somewhere the trick is to keep breathing, make out it's not unnatural at all. They say it comes with practice' (235). This swimming imagery hints that Joy will survive where Michael has not; the trick to her survival is self-consciously relearning how to live daily life until this becomes natural again. The novel ends with Joy hearing her 'own voice in the empty house' saying 'I forgive you' (235). Whether this forgiveness is for Michael or herself, this represents a significant emotional turning point, if not emotional closure. *Trick* could be read as a journey illness narrative. Joy's eventual forgiveness and character growth is not as dramatically transformative as Ralph's rebirth but does signal developmental change. Bereavement and depression are a kind of exile from her previous life, as she becomes increasingly isolated, stops working and goes to hospital. This exile, however, is temporary and she begins reconnecting with the larger world again at the novel's end, albeit changed by her experience. Galloway's first-person narrative, even more than Smith's, offers an intimate pathography of mental distress of the kind not often seen in Scottish fiction before this.

Muriel Spark frequently depicts madness, as Beveridge highlights in his survey of fifteen of her novels. He explains that Spark herself experienced a

‘psychotic breakdown’ (2016: 153) but that her depiction of psychiatry and psychoanalysis is largely critical (169). He notes that ‘[o]ne does not read Spark to get a sense of the inner experience of psychiatric illness’ (169). Frank argues that the patient experience, often colonised by modern medicine, can be authentically communicated through storytelling (2013: 10-13). Spark’s novels do not share this impulse or offer patient testimony. Beveridge also highlights that Spark’s work conceives of madness in relation to ‘the supernatural, the religious and the Gothic’, as well as ‘Romantic notions of the madman as a seer and speaker of truth’ (2016: 154). This last model is most pertinent to the character Magnus in *Symposium*. *Symposium* is a short comic novel, a murder mystery of sorts which centres around the guests of a London dinner party. Much of the novel is told in flashbacks in the weeks before the party, often involving the various guests gossiping about Margaret Murchie. Margaret is a young Scottish woman from St Andrews who has recently married William Damien, the son of rich magnate Hilda. The other guests are generally suspicious of Margaret; they eventually remember her connection with a murder in the press. In fact, Margaret is indirectly connected to two murders, one accidental death and a disappearance. Although her proximity to each is incidental, it attracts press and police attention and doubts from her family. Frustrated by this unearned reputation, Margaret proposes to her uncle Magnus that she ‘actively make disasters come about’ (2006: 144). Magnus creates a list of rich unmarried men and, after meeting William, she plans to drown Hilda. This plan is foiled when Hilda is murdered by burglars, meaning that Margaret is once again in innocent proximity to an unusual death.

Questions about Margaret’s sanity and trustworthiness gain extra weight because of her close relationship with Magnus. Spark does not offer a specific diagnosis but his madness is so debilitating it requires permanent hospital care. Although ‘beyond cure’, ‘modern medicine had done a great deal to mitigate his condition’ (2006: 65). His symptoms include ‘overwhelming fits of wild and savage mania’ and, before medication, bouts of violence (144). However, ‘his contemporaries’ believe there is ‘nothing much wrong’ with him because of his frequent lucidity and appearance during his ‘more placid mental cycle[s]’ (145). Indeed, Magnus is not shown experiencing distress or mania. His madness is

primarily signalled through his eccentric, colourful clothing. He is ‘the only imaginative factor that had ever occurred in the Murchies’ (65). This eccentricity is also associated with Scottishness: only Magnus’s occasional mania ‘distinguish[es] him from a normal Scottish eccentric’ (144). The Murchies often consult Magnus as the family ‘guru’ (67). Magnus himself shares this view of madness as spiritual wisdom: ‘My divine affliction is your only guide’ (81). This has a sinister aspect as he happily colludes with Margaret and may have planned his mother’s murder, as the murderer was an ‘escaped maniac’ living in the same hospital as Magnus (70). *Symposium* is not an illness narrative as madness is merely as a method of characterisation for a minor character who does not develop over the novel. Instead, Magnus’s madness is a form of what Mitchell and Snyder call narrative prosthesis, in which disability or non-normative bodies and minds are appropriated for discursive reasons (2000: 49) while ignoring the social or political realities of disability (55). Magnus’s slightly generic madness is a form of special insight and a charming eccentricity, while also signalling a certain danger. *Symposium*, then, has more in common with Walter Scott’s novels than Galloway and Smith. Spark draws more on literary tropes than medical discourse in *Symposium*’s representation of madness.

In Elspeth Barker’s Gothic novel *O Caledonia*, madness is related to gender, conformity, social control and the imagination. The novel opens on sixteen year old Janet’s murdered body and then recounts her life, from birth to adolescence, as a romantic daydreamer and outcast. *O Caledonia* is largely set in Auchnasauh, a remote, dilapidated Scottish castle and Janet’s family home. Although set during the 1940s and 1950s, this location creates a sense of being out of time, as if taking place in an earlier century. The novel’s title comes from Sir Walter Scott, quoted in the epigraph: ‘O Caledonia! stern and, wild, | Meet nurse for a poetic child!’ (2014: Epigraph [n.p.]). Scotland here is an ideal place for fantasy, characterised by strong oppositional impulses. The novel’s title foregrounds the Scottish setting, connecting madness to a particular poetic vision of Scottishness. Madness is associated with both protagonist Janet and her Russian relative by marriage, Lila. As Monica Germanà highlights, Lila fulfils the ‘madwoman in the attic’ trope (2010: 146). She is an eccentric recluse, spending her time drinking whisky, reading,

painting, collecting mushrooms and ‘politely refusing all contact with the world beyond the glen’. The locals consider her ‘mad and a sorceress’ because of her unconventional behaviour and social withdrawal (2014: Chapter Three [n.p.]). Vera, Janet’s mother, schemes to evict her: Lila is a financial burden and threatens Vera’s ordered view of propriety and domesticity. After Lila attacks Vera, the asylum provides a convenient way to remove Lila permanently. Smith’s novel evokes but dispels the trope of the Gothic asylum as a place of horror and incarceration. *O Caledonia* confirms this image. The asylum is ‘an appropriately Gothic establishment’ (Chapter Nine [n.p.]). Visiting Lila, Janet encounters a range of unusual, disorientating behaviours in the residents, such as an aggressive patient wearing children’s clothes and another who believes they are a snake. Lila barely interacts with Janet, her experience remaining inaccessible and mysterious. Similarly, Janet’s association with madness is social rather than psychiatric, connected to her withdrawal into fantasy and failure at conventional femininity. Like Ralph in Smith’s novel, Janet rejects the world around her, preferring intense fantasies and romantic ballads. Janet reads ‘in a voracious, feral manner as though she were rending the limbs of some slaughtered beast’, reminding her mother of a ‘pathological eating maniac’ (Chapter Ten [n.p.]). Janet’s escapism stifles her ability to connect with others. When her brother criticises her for being a ‘boring monolith, centred all in self’, she recognises that she has ‘no way of escaping her carapace’, as if she has grown an animal’s protective shell (Chapter Nine [n.p.]).

However, escapism offers much-needed comfort and liberation from the hostile and punitive ordinary world in *O Caledonia*, with its judgemental Calvinist conformity and strict gendered expectations. The novel presents a series of connections between femininity, or its absence, and madness. Lacking ‘some essential quality of girlishness’ and receiving a boy’s education in her early years, Janet is ostracised at her girls’ school for her (masculine) love of languages and learning (2014: Chapter Ten [n.p.]). Once her classmates realise that Janet can help them, her status changes: ‘Instead of being mad, as in mentally disabled, she became mad, as in mad professor’ (Chapter Seven [n.p.]). Vera finds Janet’s failure to conform a sign of mental disturbance, commenting that Janet’s unusual

party dress befits ‘a mad old person whose brains [have] been jumbled by hunting accidents’ (Chapter Ten [n.p.]). Janet meanwhile connects conventional womanhood with insanity. Vera insists Janet get an adult haircut. The salon mirrors an asylum: customers are ‘ushered by white-coated, unctuous attendants into a neon-lit inner torture chamber’ and soon ‘[lose] their identity’ in their gowns, staring ‘[g]lassy-eyed’ into the mirrors, led to ‘the dim, blood-boulted [sic] altar of womanhood’ (Chapter Ten [n.p.]). Janet’s death results from pursuing conventional womanhood while being dangerously immersed in fantasy. Janet becomes enamoured with a boy at a poetry reading and refuses to leave the house when her parents destroy his photograph. Home alone, she experiments with her mother’s clothes and make up, summoning her beloved with an incantation. Confusing fantasy and reality, Janet mistakenly embraces gardener Jim and he stabs her. *O Caledonia* does not draw on psychiatric discourse or definitively claim that Lila and Janet are mentally ill in a medical sense. Following Sontag’s work, madness, to some extent, is a metaphor in the novel. The label of madness is attached to those who transgress norms; it is a way to understand unconventional and inconvenient behaviour, a method of social control and chastisement. Lila and Janet’s withdrawal and escapism is perhaps a reasonable response to the unreasonably restrictive demands of femininity and Scottish conformity, a world in which neither woman can survive. *O Caledonia* resonates both with Romantic notions of madness and imagination in Scott, and with Gibbon and Muir’s reflections on the stifling effects of repressive communities on sensitive individuals.

Some useful observations can be drawn from this short survey. Madness is associated with locations all across Scotland. *In the Middle of the Wood* and *The Trick Is to Keep Breathing* are set in western towns, outside of Glasgow, while *Lanark* is partly set in the city itself. *O Caledonia* is set in the north, and Magnus in *Symposium* is from St Andrews in the east. Madness is often portrayed as psychosocial. It may relate to specific traumatic events but it is largely a problem of relating to the social world. Sometimes societal expectations and the actions of others are the cause of psychological distress; sometimes developing closer emotional ties is the cure. For the women in Galloway and Barker’s novels, gender

norms contribute to mental distress. Gray and Smith portray (male) artists whose conceited, single-minded focus on art distracts them from relationships. This self-imposed isolation and pseudo-independence drives them into psychosis, or perhaps literal psychosis is used to heighten and illustrate this disconnect. Both artists fail: their madness drains, rather than aids, creativity. Poverty and political disaffection are important factors in contemporary Scottish novels about alcoholism but less so about mental distress. Madness is, however, strongly associated with danger, violence and death. Gray, Smith and Galloway portray suicide attempts, Barker's protagonist is murdered and, in Gray, Smith and Spark, mad characters themselves kill, plan to kill, or deliberately endanger the lives of others.

Medical institutions are depicted in each novel, whether the fairly realist modern hospital for treatment for acute distress, as in Gray, Smith and Galloway, or the secure long-term residence in Spark and Barker. Yet few psychiatric labels or precise medical diagnoses are used. Medication does not play a prominent role and in-patient treatment is the norm. This is somewhat surprising given the expansion of outpatient psychiatric services and move from 'asylum to community' in the 1950s and 1960s, in Britain and Western countries more generally (Taylor 2011: 197). Vicky Long, however, highlights that psychiatric deinstitutionalisation was slower in Scotland. This was due partly to a slower pace of decline in admissions and increase in discharges in Scotland compared to England and Wales (2017: 121). Additionally, Scottish psychiatric hospitals were more 'conveniently sited for the populations they served' (124). It may be that these novels respond to this Scottish context or that the hospital or asylum remained an attractive literary setting despite treatment changes. Yet *In the Middle of the Wood's* conversion narrative is the only novel to present total cure. Recovery is medically impossible in *Symposium* and socially impossible in *O Caledonia*. Gray and Galloway meanwhile offer more tentative, allusive endings, in the destruction of Unthank's pathogenic culture, and Joy's catharsis and the beginnings of self-assertion in *Trick*. Galloway is the most self-consciously experimental in using typography to portray Joy's psychological distress. A range of genres are evident, from Barker's Gothic world defined by violence and oppression, to Gray's allegorical combination

of fantasy and realism, and Smith's conventional realism. Madness in contemporary Scottish fiction is associated with multiple meanings, regional settings and styles. These novels also resemble a range of illness narrative typologies, especially the exile, rebirth and journey myths, suggesting that madness for these characters is a profound but meaningful disruption to their normal lives.

I use this backdrop above as a way of refining my selection principles. My primary texts are from a later period as I focus on novels published 1997 to present. 1997 commenced a 'new period in Scottish literary history' (Schoene 2007b: 1) with the return of a Labour-majority UK government after eighteen years of Conservative rule and the devolution referendum which led to the creation of the Scottish Parliament in 1999. In this chapter I examine two novels in detail, *Night Waking* by Sarah Moss and *Personality* by Andrew O'Hagan. I am interested in novels which can be understood as pathographies, following from Smith and Galloway's work. I sought texts that explored mental distress in a socially situated way, in a realist mode, and through protagonists or well-developed secondary characters. I avoided texts in which madness was primarily a metaphor, allegory or trope, or where a protagonist's mad perspective was discredited or made suspect by supernatural explanations. Smith and Galloway's novels dramatise long residential hospital stays and multiple encounters with medical professionals. In comparison, there is a striking absence or infrequency of institutional settings in *Night Waking* and *Personality*. These later novels reflect the contemporary context of deinstitutionalisation, examining how experiences of mental distress play out at home and work, alongside continuing relationships and responsibilities. These novels do not understand madness as a predominantly medical and individual problem, solvable through medical intervention. Galloway and Barker consider how patriarchal gender norms can negatively affect women's mental health, as well as how women can be labelled mad when they transgress these norms. Although not intentional in my text selection, all four mentally distressed characters studied in this chapter are women. Gender is not inconsequential in these texts. However, women experience mental distress for additional reasons, such as Zoe's environmentalist anxieties in *Night Waking* and inherited Scots-Italian trauma in *Personality*. Women's health is easily effaced in discussions of Scottish national

health, often implicitly gendered male. These novels explore women's mental health in ways including, but not limited to, considerations of gender and patriarchy, widening the scope of women's mental health in Scottish fiction.

***Night Waking* by Sarah Moss**

Novelist and academic Sarah Moss was born in Glasgow but largely raised in Manchester. Her second novel *Night Waking* explores postnatal depression through historian Anna Bennet. Anna struggles to complete a monograph on childhood while raising two young children, precocious and anxious seven-year-old Raph and toddler Moth. *Night Waking* begins shortly after the family's temporary move from Oxford to Colsay, a fictional, remote, uninhabited Scottish island; Anna's ornithologist husband Giles relocates the family to study the local birds. The island topos, with its severely limited social support, technology and physical spaces outside the family home, is a hyperbolic representation of depression and the isolation of contemporary motherhood. After unearthing a baby's skeleton in the garden, Anna becomes increasingly preoccupied with the island's history of high infant mortality and population clearance. The main narrative alternates with the undelivered letters of an English midwife, May Moberley, sent from Colsay in the 1870s, detailing the resistance she experiences from the locals. Moss also explores anorexia through Zoe, a teenager on holiday on the island with her parents, Judith and Brian. The family arrive around halfway through the novel to stay in a cottage Anna and Giles have renovated. In Moss's feminist reading, postnatal depression is an idiom of distress, the result of attachment discourses and related policy re-entrenching an unequal, gendered division of labour. Moss's work regularly engages with health and medicine, with three novels shortlisted for the Wellcome Book Prize: *Bodies of Light* (2014), *Signs for Lost Children* (2015) and *The Tidal Zone* (2016). *Bodies of Light*, set in Victorian Manchester, centres around May Moberley's family, largely focusing on her sister Alethea as she trains to become one of the first generation of female doctors in Britain. *Signs for Lost Children* continues following Alethea as she begins work in an asylum. *The Tidal Zone*, set in

contemporary Britain, depicts the fragility of family life after a teenage daughter unexpectedly collapses at school and almost dies.

Postnatal Depression in *Night Waking*

There are important parallels between Anna and midwife May in the historical letters that structure the novel. Both are educated, modern English women who struggle with feeling isolated, under-valued and ineffective on the island, especially in caring for children. As an historian, Anna is fascinated by Colsay's past, especially after finding the baby's skeleton and, much later, May's hidden letters. Timothy C. Baker highlights that *Night Waking* presents 'a series of Gothic tropes', such as the found manuscript and the discovery of a child's body, within a 'non-Gothic generic paradigm' (2014: 101). The 'spectre of the Gothic' is 'raised and dismissed' throughout for more mundane explanations, such as when an unusual noise proves to be a trapped bird (99). Colsay's northern location is significant within this quasi-Gothic framework. Kirsty A. Macdonald explains that, in contemporary Scottish Gothic, the north is prone to the 'haunting effects of a distorted and abused history' that 'continue to distort the present until they are acknowledged and exorcised' (2011: 47). Anna is disturbed by this haunting past as she researches the island. According to May's letters, she is hired by Sir Hugo Cassingham, the island's owner and an ancestor of Anna's husband, Giles. Her job is to address the high infant mortality but also to assess whether the population should instead be cleared if conditions cannot be improved, a recommendation she endorses (NW: 219). May lives at the Big House with the Cassinghams's maid Mrs Barwick and struggles to integrate. The guarded islanders, native Gaelic speakers, refuse her friendship and public lectures. Their dwellings are 'insanitary, overcrowded and unventilated', with no drainage and sewerage (69). May suspects 'neonatal tetanus' from 'unclean practices' of umbilical cord cutting but recognises that 'the difficulty is in persuading the people to accept the aid of the modern world, to which they appear to feel a fierce resistance' (71). The islanders refuse to reveal that the 'knee-woman' or local midwife is in fact Mrs Barwick (365). May is not summoned when local woman Mrs Grice gives birth (255).

Heartbroken and furious that the child will die without her intervention, May leaves the island in bad weather and drowns. May correctly suspects that her letters are not being sent. It is implied that Mrs Barwick intercepts them to avoid the recommendation of population clearance reaching Sir Hugo (365). Anna suspects that this is also why the baby she finds was buried at the Big House, rather than the churchyard: with no record of the death, Sir Hugo had ‘no reason to implement his threat’ of forced migration (372).

Anna acknowledges and exorcises Colsay’s haunting past during her academic job interview by presenting May’s letters. She notes that both ‘[c]olonial arrogance and native superstition’ have been blamed for the practices that created Colsay’s high infant mortality. She argues that ‘the fact that both readings are possible offers a sharp illustration for the impossibility of untangling history and ideology’ (NW: 370). Childbirth became ‘the locus of the tension between modernity and tradition, between metropolitan and peripheral ways of understanding the world’. Accepting May’s work would have been ‘accepting an alien and colonial intervention in the most personal and also the most political life event, the birth of a new islander’ (372). Although May is well-intentioned, Moss highlights that public health initiatives can be poorly received or resisted by communities for ideological and cultural reasons, and that such initiatives can be wielded as a form of power. The island, peripheral to the mainland, represents a hidden history of oppression, exploitation, high infant mortality and forced migration; this is peripheral to dominant accounts of progress and modernisation. In depicting Anna’s experience and Colsay’s history, *Night Waking* centres the marginalised history of women and the disempowered, under-represented islanders living on subsistence farming. It does so to illustrate the importance of these experiences in themselves, but also to show how the domestic and familial is closely tied to larger structures of power and processes of change. Colsay’s history of fraught parenting interventions runs alongside Anna’s own grappling with motherhood.

Through the topos of unpopulated and remote island Colsay, Moss suggests that contemporary motherhood and postnatal depression are experienced as

(temporary) exile from the normal world. Macdonald notes that the ‘journey north’, a ‘recurrent motif in Gothic literature’, is often a ‘journey back in time to a more primitive location where conventional rules do not apply’ (2011: 37). Without childcare and modern technology, Colsay represents such a return to the gendered division of domestic labour that was supposedly dissolved by modern feminism. Although not totally absent, medical framings of Anna’s mental distress are downplayed. Anna alludes to previously visiting a ‘post-natal depression counsellor’ (NW: 252) and having a secret abortion: ‘[g]iven [her] history, it was not hard to persuade two doctors that [her] mental health would be jeopardized by a third child’ (160). These medical appointments are not dramatised and Anna does not take antidepressants or participate in therapy. This is striking because, as nurse Carolyn Westall and medical anthropologist Pranee Liamputtong explain, biomedical explanations of postnatal depression dominate in broader culture (2011: 23). It is commonly defined as ‘a hormonal and physiological problem associated with reproduction’ (27). Westall and Liamputtong instead argue for ‘a biopsychosocial approach’ because the biomedical model ‘neglects the personal, social and cultural context of women’s experiences’ (23). Feminist models of postnatal depression frame it, in Natasha S. Mauthner’s words, as a ‘social construction rather than a medical condition’, linked to ‘women’s inferior status’ and ‘loss of occupational status and identity, isolation and gendered divisions of household labour’ (1998: 328-29). *Night Waking* focuses on these neglected factors. Moss privileges a highly politicised and socially situated understanding of postnatal depression which resonates with feminist critiques.

It is necessary, then, to explore the ideologies of childrearing and motherhood *Night Waking* draws on. Epigraphs are a key formal strategy for establishing this context. Each chapter opens with a lengthy epigraph accompanied by a full academic citation, emphasising its authority. In his foundational work on paratexts, Gérard Genette explains that the epigraph ‘indirectly specifies or emphasizes’ the meaning of the main text ([1989] 1997: 157), so that ‘interpretation is left up to the reader’ (156). Anna Freud (1895-1982) is the dominant voice in these epigraphs: ten of the sixteen quote her work, occasionally from her collaborations with Dorothy Burlingham. Four quote John Bowlby (1907-

1990), with the remaining two, on infanticide, from historiographies. Anna Freud was ‘one of the first practising child psychoanalysts’ (Laubender 2017: 299). As Anna herself explains in *Night Waking*, Freud was ‘especially interested in what happened to child development when mothers went to work. Or ran away’ (NW: 330). Psychoanalyst and child psychiatrist John Bowlby’s attachment theory was popularised in the 1950s and 1960s through his bestseller *Child Care and the Growth of Love* ([1953] 1965). Bowlby argues that a child’s ‘future mental health’ depends on a ‘warm, intimate, and continuous relationship’ with the mother or ‘permanent mother-substitute’ in infancy (13). He claims this is an evolved response, ‘in strict agreement’ with ‘biological science’ (17). Bowlby calls the absence of such a relationship ‘maternal deprivation’; even partial deprivation, when the primary caretaker is present but unable to fully provide ‘loving care’, can cause ‘nervous disorders and instability of character’ (14). The epigraphs revolve around the same uneasy themes: physical and emotional harm, the difficulty or inability for individuals to fully avoid danger, and the mother as a necessary but harmful presence. Parenting and child development in the novel is to be understood in reference to this pessimistic framework.

Elaborating on the cultural and political impact of attachment theory and psychology is necessary to fully understand the ideological context of *Night Waking*. Sociologist Nikolas Rose argues that psychology has become an authoritative, even definitive way of understanding ourselves over the last century. Its authority is felt not only through psy professionals but through the ‘infusion of psychology into already existing systems of authority’ such as schooling and prisons (1996: 63). Historian Mathew Thomson downplays this institutional influence. He stresses that psychology’s popular appeal has also been driven ‘from interest below’ (2006: 8) and has ‘invariably advanced’ through ‘accommodation with existing values’ (209). According to Rose, psychology’s focus shifted from abnormality to the ‘production of normality itself’ over the twentieth century (1996: 163). Normality was imagined ‘as the fragile outcome of the successful if inadvertent averting of risk’ (94) and therefore a product to be managed by experts ‘prophylactically in the name of social security’ (63). Indeed, for Bowlby, ‘the most serious aspect’ of maternal deprivation is that it creates a ‘vicious cycle’

(1965: 79): the ‘neglected psychopathic child [grows] up to become the neglectful psychopathic parent’ (93). This has justified UK state intervention into parenting. As Val Gillies et al. explain, ‘[a]ttachment theory wields a huge influence in contemporary child and family services’ (2017: 83). Early years intervention intends ‘to pre-empt instead of [react] to social, educational and behaviour “problems”’ (3). By the time of New Labour ‘the job of cultivating competent minds [...] was regarded as too important to be left to untrained parents’, triggering a ‘massive expansion of public and state-sponsored third sector initiatives directly targeting families’ in the New Labour years (31).

Indeed, political scientist Gal Gerson argues that psychology is ‘a form of political philosophy’: it ‘entails a political vision’ since it conceptualises the ‘motivations, anxieties, and limitations’ of individuals, assumptions on which ‘[m]odels of political institutions’ are based. Object relations theory (an offshoot of psychoanalytic theory emphasising interpersonal relations), including Bowlby’s attachment work, is compatible with the mid-twentieth century welfare state because it conceptualises interpersonal dependence ‘as the natural state of all humans’ (2004: 769). Bowlby’s own social mission was explicit. Working during and in the aftermath of the Second World War, he researched ‘the causes of war and the ways that psychology could help prevent conflict’, with attachment theory emphasising maternal bonds as a ‘strategy for turning the child into a subject fit for democracy’ (Thomson 2006: 222). Initially closely aligned with the ideology of the welfare state, attachment theory in UK policy has more recently served a larger trend towards neoliberalism. Policy focusing on early childhood, such as the Sure Start programme, reflects the ‘broader shift away from welfare state principles of shared responsibility and universal protection towards a preoccupation with identifying and managing individual risk factors’ (Gillies et al. 2017: 32). Gillies et al. highlight that this focus on parenting downplays ‘more structural explanations for life chances’ (2017: 4). Sure Start Children’s Centres offered ‘a range of practical and emotional support facilities’, ‘educational and training opportunities’ and ‘access to information and advice’ (166-67). Gillies et al. argue that such policies aim ‘to make families and children, and through them Britain, fit for the global, competitive environment’ (6). After all, poor parenting

supposedly creates ‘substandard future citizens’ unfit for ‘the economy of today’s world’, whereas ‘well-parented children’ can ‘navigate and capitalise on the post-industrial economic landscape’ (3-4). The employment and diffusion of psychology is rarely politically neutral, instead complementing specific frameworks or ideologies. Attachment theory, connected to both neoliberalism and the welfare state, has serviced opposing aims, suggesting it is a flexible, politically-charged discourse.

The politics of attachment discourse has been criticised particularly from feminist perspectives. In theory, an infant could form a secure attachment with a caretaker of any gender; in practice, the focus is on women and motherhood. Bowlby describes the mother-infant relationship as ‘by far [the] most important’; fathers merely ‘provide for their wives to enable them to devote themselves unrestrictedly’ to childcare (1965: 15). This is reinforced by Bowlby’s use of evolutionary theory which naturalises the idea that women are inevitable and ideal caretakers. Yet such ““scientific” theories’ are ‘often used to justify, as well as to explain, the status quo’ (Contratto 2002: 29). Attachment discourse has been criticised for conservatively reinscribing traditional gender roles. Diane Eyer suggests that the maternal deprivation concept ‘gathered force as a means of persuading women to stay out of the wage labor force’ after replacing men during World War II and ‘in the face of the feminist challenges of the 1970s’ (1994: 85-86). Alongside this has arisen what sociologist Sharon Hays calls the ideology of intensive mothering. Similar to attachment discourse, this ideology understands ‘love and affection’ as ‘the essential foundation for proper child development’ (1996: 8). Yet this implies, to borrow Gavin Miller’s phrase, an ‘*obligation, or duty, to love*’ [original italics] (2008: 56). Intensive mothering depends on expressing this love through action: it involves ‘lavishing copious amounts of time, energy, and material resources on the child’, being continuously responsive to the child’s needs and putting these needs first, and acquiring and implementing ‘detailed knowledge of what the experts consider proper child development’ (Hays 1996: 8). It is not enough to be simply present; the ideal mother must visibly perform these duties and devote themselves entirely to childcare. This is a particularly heavy burden for working mothers like Anna in *Night Waking*. Supposed failure in this duty to love

stigmatises the mother but also the child who, in the logic of maternal deprivation, will develop incorrectly and risk becoming psychopathological.

Moss places childrearing ideology in a much longer historical context. Anna, an historian, is finalising a monograph titled '*Fair Seedtime: the invention of childhood and the rise of the institution in late eighteenth-century Britain*' [original italics] (4). One of her sources is physician William Cadogan (1711-1797). His work *An Essay Upon Nursing, and the Management of Children, from Their Birth to Three Years of Age* (1748) was immensely popular and influential. Cadogan claims that children 'in general are over-cloath'd and over-fed' and advocates simplicity, recommending loose, light clothing and regular feeding times (1748: 9). As Alysa Levene explains, Cadogan was one of the first to treat childhood as 'a distinct period' with 'its own requirements' and to offer 'an ordered method'; he therefore represents 'the start of a totally new approach to child-rearing' (2006: 30). Early in *Night Waking*, Anna quotes Cadogan: 'It is with great Pleasure that I see at last the Preservation of Children become the Care of Men of Sense ... this Business has been too long fatally left to the Management of Women, who cannot be supposed to have proper Knowledge to fit them for such a Task' (NW: 10). Levene highlights that Cadogan was part of the trend of male practitioners displacing women from 'traditionally female roles in reproductive medicine' in the late seventeenth and eighteenth centuries (2006: 31). This marks the rise of expert intervention into childcare; the supposed special requirements of childhood demand expert management. Yet ideas about childhood development are historically specific, promoting certain politically situated models of the child. Anna's monograph describes the 'new genre of parenting handbooks' in the eighteenth century as 'overwhelming concerned' with the child as 'an infant *homo economicus*, a being whose potential as consumer and producer must be liberated by a highly theorized syllabus' [original italics] (NW: 20). This idea that the child must be carefully cultivated to suit the market is an intriguing parallel to Gillies et al.'s analysis of attachment-influenced policies under New Labour. Childcare ideology, like psychology itself, is not neutral but politically situated, if not politically motivated. This points to a longer history of (male) experts intervening in childcare for the sake of society as much as children themselves.

The emergence of the expert means, as Anna writes in her monograph, that '[p]arenthood is no longer merely a biological state; it has become an undertaking in which it is possible to fail' (NW: 20). This risk of failure is a major and enduring component of childcare manuals. Cultural critic Berit Åström calls this the 'narrative of fear': this is a 'regulative discourse' which claims that mothers' 'skills and knowledge are insufficient', they are 'inadequate as carers' and 'they are likely to kill their children (or at least damage them for life)' if not supervised and regulated (2015: 113). Åström finds this narrative in contemporary and Victorian manuals but Cadogan's work shows it extends at least to the mid-eighteenth century. He imagines children as naturally resilient but damaged by the poor management of women: 'Nature has made Children able to bear even great Hardships, before they are made weak and sickly by their mistaken Nurses' (1748: 10). Rich children are especially vulnerable, 'languish[ing] under a Load of Finery' and 'cramm'd' with 'Dainties' until dying 'a Victim to the mistaken Care and Tenderness of [their] fond Mother' (7). Åström also identifies the persistent idea that mothers are 'responsible for every aspect of the child's physical, emotional, and mental wellbeing' (2015: 114). There is an enduring construction of the mother as both the rightful caretaker and potentially dangerous to children. This contradiction is consistent within a discourse characterised by persistent disagreement. Christina Hardyment's history of parenting manuals reveals that there is little agreement on feeding, sleeping, toilet training, play, discipline, education, physical affection and even on 'what constitutes the ideal child': independence, sensitivity or quiet obedience (1983: 294). The resilience that Cadogan describes contrasts the frailty of psychological normality imagined in the twentieth century; his claim that the mother's love itself is potentially pathological is striking compared to intensive mothering and attachment discourses. The methods of Frederick Truby King (1858-1938), popular in the decades preceding Bowlby, provide another counterpoint. Rather than being continuously responsive to the child, the mother in Truby King's vision should set a highly regimented childrearing routine, with feeding and sleeping at strict intervals. The fulfilment of this routine is key to wellbeing: 'A baby cannot be expected to thrive if its mother is not regular and punctual in the matter of

bathing, feeding, and putting her infant to rest' (1913: 17). In Hardyment's words, parenting advice 'veers with the winds of social, philosophical and psychological change' (1983: ix). This contingency, even faddishness, highlights the highly disputed nature of childcare discourse. Yet Angela Davis notes that twentieth-century childcare manuals are 'consistently prescriptive': 'their recommendations [take] the form of orders [...] rather than suggestions' with experts emphasising 'extreme consequences' if their particular methods are not followed (2012: 137). This same tone is evident in Cadogan's threats of death from over-indulgence. Expert ideas about childrearing are changeable yet share important commonalities in their prescriptive tone and narrative of fear. Through Anna's research Moss points towards an enduring, regulative discourse on motherhood and women's roles. The historical as well as political contexts of attachment discourse reveal that it is ideologically charged.

Night Waking explores and critiques contemporary intensive mothering and attachment discourses. Anna describes children's book *Mog and the Baby* as a 'faux-naïve account of post-natal depression encoding a thinly veiled warning' to mothers about leaving their child in someone else's care; the baby 'will crawl into the path of oncoming traffic and survive only by grace of an improbably positioned cat' (NW: 144). Her sarcastic tone and incongruous analysis suggest a degree of self-mockery but also resistance to the intellectual decline she feels has been forced upon her by motherhood. Anna finds here, or at least projects, a moral tale: the baby's near-death is punishment for the supposed dereliction of maternal duty. She recognises similarly conservative gender politics in the ideology of intensive mothering yet struggles with negotiating this ideal. While she 'disapprove[s] of cooking', she attempts home-cooked meals partly because it makes her a 'Good Mummy'. However, she remains uneasy that this 'variety of domestic servitude' is not what influential feminists 'Mary Wollstonecraft, Emmeline Pankhurst or Betty Friedan had in mind' (17). Anna has an ambivalent relationship with parenting ideals. One book she reads named '*Happy Babies and Children*' adapts attachment theory, claiming that 'all that your child really needs [...] is the absolute certainty that you love and approve of him' (154). This is the duty to love, discussed above. Anna questions the meanings or expressions of

parental love, concluding that it is ‘far from clear to [her] that parental love is reliably manifest in action’ (212). She decides that hugging and kissing her children is ‘not even about love, it’s not as complicated or demanding as love, it’s just animal physicality’ (261). Love is challenging, going beyond physical care and affection. Yet reading ‘*Happy Babies and Children*’ and its instruction to love, Anna ‘concentrate[s] on feeling guilty’ (154). Her guilt suggests that showing unconditional love at all times is unattainable in the real emotional challenges of motherhood, such as exhaustion or difficult child behaviour. Her concentration on guilt is atonement for failing to achieve this ideal, indicating she still holds herself against this standard.

Moss also shows how an unequal, gendered division of labour negatively affects Anna’s mental health. Parenthood for Anna has long been demanding. Even in Oxford, ‘[i]f [she] was at work [she] was working and if [she] was at home [she] was attending to the children, performing constant triage’ to mitigate tantrums, dealing with ‘supper, bath and bed’ before ‘intellectual life re-established itself, at least until Moth woke for the first time’ (NW: 14-15). This is what Arlie Hochschild and Anne Machung (1989) call the second shift: women in paid work undertake most childcare and chores alone, rather than this being shared evenly with male partners. This dynamic is exacerbated in Colsay. On the island, there is literally no one else to help during Giles’s long daily absences, emphasising Anna’s usual but invisible sense of being unsupported. Early in the novel Anna repeatedly tells Giles that she is struggling to cope and tries to redress the situation: ‘It upsets me when I’m awake all night and you pretend to sleep through [Moth’s crying] and then my day is consumed by housework and childcare and I’m not getting any time to write while you prance about counting birds’ (NW: 29). The long sentence, unbroken by punctuation, reflects her distress and feeling of being overwhelmed. Giles sidesteps the issue, first insisting that he is ‘not counting birds’ before arguing that ‘if your day is really consumed by housework then you’re not doing a very efficient job’ (29). Giles refuses to acknowledge her distress and his role in this, dismissing her struggle as personal failure and isolating this from their larger power dynamic. Soon after, Moth refuses to sleep and Anna, exhausted, ‘slam[s] [her] hand into the mattress next to his head’ and threatens

suicide: 'I'm going to take a knife and kill myself [...] Mummy will be dead and then you'll be happy' (48-49). Moss foregrounds the psychosocial causes of postnatal depression, highlighting the lack of practical and emotional support and the invisibility of Anna's domestic work and her suffering. Postnatal depression is an idiom of distress. Idioms of distress are symptoms or behaviours which arise when an individual is unable to articulate or resolve psychosocial problems. Medical anthropologist Mark Nichter describes idioms of distress as 'socially and culturally resonant means of experiencing and expressing distress' (Nichter 2010: 405) which are 'underscored by symbolic and affective associations' (Nichter 1981: 379). Different idioms arise in different cultures and are considered commonsense within that context. Psychiatrists Devon E. Hinton and Roberto Lewis-Fernández, for example, describe lower back pain as an American idiom of distress for overwork and stress (2010: 211). Stress is a psychosocial problem difficult to articulate or resolve, which then manifests somatically. It is commonsense in the United States to understand lower back pain as stress related. However, in Latin America, stress is associated with nerve problems and 'local conceptions of the nervous system' instead (2010: 211). This is commonsense within the Latin American context, while lower back pain is not. In *Night Waking*, postnatal depression is an idiom of distress arising because attachment discourses and norms have restored the gendered division of labour that was supposedly dissolved by modern feminism.

A full exploration of *Night Waking's* engagement with environmentalist discourses is beyond the scope of this chapter but it is worth briefly discussing as it relates to postnatal depression and Zoe's anorexia. Martin Lukacs, an investigative journalist, argues in *The Guardian* that 'the fixation on a feeble lifestyle response' to environmental crises (2017: para 7 of 21), such as buying local vegetables or using stairs instead of lifts, is part of 'the con-job of neoliberalism' (para 17 of 21) and its celebration of 'hyper-individualism' (para 12 of 21). In reality, 'only mass movements' have 'the power to alter the trajectory of the climate crisis'; we must 'stop thinking like individuals' (para 18). Zoe, discussed below, is an extreme example of this hyper-individualism. Giles, with his recycled toilet water (NW: 2), and Anna's older child Raph, offering to make a dynamo for Anna's laptop, (19) embody this same highly individualised response. Moss critiques this approach

through Zoe's anorexia but also connects it to postnatal depression, exploring what geographer Jennifer Bernstein calls the 'complicated relationship' between gender and '[m]odern environmentalism' (2017: para 11 of 47). While labour-saving technologies like microwaves and ready-meals were once understood as 'liberatory' for women (para 1 of 47), 'prominent environmental thinkers' now advocate returning to domestic labour, such as home cooking with unprocessed ingredients, 'to be proper environmentalists and nurturing parents' (para 3-4 of 47). This 'time-intensive, low-technology approach' (para 5 of 47) makes the planet 'another dependent' for women (para 8 of 47). This type of environmentalism is allied with pro-natalist, intensive mothering ideologies. It also 'perpetuates existing power differentials' by reinscribing domestic tasks still performed primarily by women (para 17 of 47). In *Night Waking*, Giles refuses shop-bought 'Hovis in a plastic bag' (NW: 47). Baking becomes another task for Anna in their gendered division of labour. This is, she observes, a 'criminal waste of time'; after all, bread has long been 'bought ready-made' from bakers' guilds because 'it was too much hassle to make a home' (249). Indeed, she claims that '[p]eople weren't expected to make their own bread anywhere in Europe until women got shut in kitchens in the nineteenth century' (248). Bernstein argues that female empowerment 'requires modern agriculture, energy, and infrastructure' (2017: para 44 of 47). These elements are lacking on Colsay where Anna performs 'wall-to-wall childcare in a house without central heating or a dishwasher' (NW: 32). An individualised, low-tech approach to environmentalism extends Anna's household duties, contributing to her postnatal depression.

Anna's depression, then, arises from feeling overburdened and unsupported; her excessive domestic responsibilities alienate her from her career, other adults and her sense of self. Depression is portrayed through various textual strategies, such as the illness myth of journey and exile, and the metaphor of night waking. Anne Hunsaker Hawkins identifies the journey as a common archetypal myth in illness narratives. Journeys are quests, in which the 'quester looks forward to the unknown that lies ahead', or forms of exile, in which the exile 'yearns for what has been left behind' with 'feelings of estrangement, alienation, and separation' (1999: 79). Anna experiences exile. Motherhood and depression estrange her from

her identity as an academic. When talking to the postnatal depression counsellor, she fears she will ‘never read or write again’, the cornerstones of academic work (NW: 253). In Oxford, ‘few people recognize [her] on the high street’ because she is ‘usually behind the pushchair’ (4). Motherhood renders her anonymous. The island topos, unpopulated and remote, hyperbolically represents depression and the isolation of contemporary motherhood. The idea of night waking suggests exile from the normal world. The novel’s title refers to Anna’s children’s interrupted sleep but also figuratively to Anna’s isolation. The night-time interruptions are enacted textually through a typographical motif, repeated five times and punctuating several chapters. Typically an evening scene is followed by a double line break then a bolded subtitle announcing the time, such as ‘**Night Waking: 03:11**’ (79). A short scene follows in which Anna deals with the upset child. In these moments Anna thinks about death. The first episode begins with her questioning ‘[h]ow many years of [her] life would [she] give for eight hours of uninterrupted sleep’ (27) and ends with the claim that she will drown herself if prevented from sleeping (28). In another instance, she decides that the family would cope fine if Giles died (107-08). When Raph wakes crying about the unearthed baby skeleton, Anna blandly attempts to comfort him, yet thinks of the many deaths ‘waiting’ for him – as long as he does not die first (254). Each night waking episode ends unresolved, with Anna not yet able to return to bed. They are self-contained, separated from the text by either a double line break or chapter break before returning to daily life the following morning. Moth’s first uninterrupted sleep is integrated into the text as a full sentence, rather than as a disruptive, bolded subtitle: ‘I woke to daylight: 708’ (276). Following this, Giles agrees to childcare duties that morning, a striking contrast to Anna’s private reflections on death (277). These interruptive night-time episodes are key in depicting Anna’s depression.

The journey myth returns ambiguously in the last chapter. Hawkins explains that ‘the journey is developmental’, with changes ‘less dramatic and more subtle’ than in the rebirth myth (1999: 79). Anna gradually begins recovering her sense of self. A better balance between family and work responsibilities emerges once Anna and Giles acknowledge that their marriage is in crisis. However, their problems are

not neatly resolved. Indeed, Giles only offers a blanket apology, leaving Anna to articulate this for him: 'Sorry I forgot that your maternity leave ended months ago, sorry I forgot that you have a career too, sorry I've been systematically dismantling your intellectual life until you don't recognize yourself any more' (NW: 348). The novel ends, however, with real change: Giles takes sole responsibility for childcare while Anna travels to Glasgow for a (successful) job interview. She questions why she 'imagine[s] that paid employment is the road to fulfilment' but reasons that it is because 'motherhood is not' (353). Preparing for the interview in new clothes, she hopes that she 'will not be invisible, will not be erased by the ghost of the pram in the hall' (386). Moss politicises Anna's recovery: the cure is economic empowerment and more equality in responsibilities, rather than medical intervention. Her journey to Glasgow implies leaving exile. Hawkins explains that exile narratives are commonly associated with conditions, such as AIDS, which carry 'the stigma of contagion' and with which no 'return' is possible (1999: 79). Anna's exile is temporary, although a simple restitution narrative is not possible. Anna does not, perhaps cannot, return to Oxford and her previous life unchanged by her experience of mental distress and instead moves forward to Glasgow. The city is cosmopolitan, its inhabitants reading authors from 'Paris and New York and Istanbul and Dakar', contrasting the uninhabited, inaccessible Colsay (NW: 366). The novel, however, ends with Anna returning to Colsay. The tone is fairly sombre. She acknowledges that Raph is 'not all right' and 'needs help of some kind' with his own anxiety (374). She reveals her job offer in the penultimate line yet there is little closure or optimism in the final line: 'The train carried me onwards, across the moors, towards the island and the cliff' (375). Colsay's cliff is ambiguous, the site of a schoolgirl's suicide but also the home of a mythical anchorite, a figure of independence and religious freedom. It is uncertain, to the reader and Anna herself, exactly what she is figuratively travelling towards. Moss suggests that the recovery journey is ongoing and not fully in Anna's control. Learning to maintain a fair balance of responsibilities and avoid depression will be its own journey.

Anorexia in *Night Waking*

Alongside postnatal depression, *Night Waking* depicts anorexia through Zoe, a teenager visiting the island with her parents. Moss uses anorexia as a foil for postnatal depression. The representation of Zoe's anorexia is less cohesive than Anna's depression. The competing discourses around Zoe's anorexia create ambivalent meanings around her body and behaviour. Strikingly, the novel does not conform to many of the dominant theories of anorexia. In larger culture, anorexia is often interpreted through an explicitly political, usually feminist lens. It is typically understood as particular to contemporary Western culture although this is not uncontested: Hong Kong psychiatrist Sing Lee argues that it is instead 'grounded in the transnational culture of "modernity"' rather than 'specific Western localities' (1996: 21). Psychologist Richard A. Gordon discusses anorexia as an 'ethnic disorder', a term for psychological disorders which 'express the core anxieties and unresolved problems of a culture' (2000: 7). In the case of eating disorders, this is 'the contemporary mania about dieting, thinness, and food control' (12). The anorexic's hyperconformity to these values is also rebellion: ethnic disorders 'exaggerate cultural values to the point of caricature', making them 'both an affirmation and a disavowal of a society's esteemed ideals' (202). Psychoanalyst Susie Orbach makes a similar argument with an explicitly feminist focus. Orbach suggests that women's social success depends on their physical image, rendering their bodies 'both *commodity* and *object*' [original italics] (2005: 85). This makes women feel excluded from or unentitled to enter the world; anorexia is a woman's attempt at being 'good enough, pure enough' to be accepted (84). The anorexic is also 'in effect on hunger strike' (82), refusing to eat 'in protest at her conditions' even if unable to 'articulate the basis of her cause' (83). Anorexia is therefore 'an expression of a woman's confusion about how much space she may take up in the world' (xii). Indeed, eating disorders are most commonly understood as a problem for young women struggling with patriarchal expectations of femininity. Feminist writer Naomi Wolf suggests that a 'beauty myth' encouraging women to obsess over attaining physical perfection has arisen which seeks to 'undo psychologically and covertly' the gains of second wave feminism (2015: 3). Framing anorexia as a 'political sedative' (x) rather than a

form of rebellion, she makes the contestable claim that with high rates of eating disorders, young women are simply ‘too physically ill’ for organised feminist activism (62). Even Rudolph M. Bell’s historical study of medieval female saints interprets their fasting as a ‘response to the patriarchal social structures in which they were trapped’ (1985: xii). Anorexia is often blamed on the media for promoting images of an ‘idealized thin femininity’; in this model, in Abigail Bray’s words, ‘over-reading produces under-eating’ (1996: 414-15). These dominant accounts of eating disorders are conspicuously absent in *Night Waking*. As an adolescent girl, Zoe fits the typical profile but there is no suggestion that she is influenced by the media, body dysmorphic or preoccupied with her appearance. Moss resists approaching anorexia as a feminist issue which is striking given her overtly feminist portrayal of postnatal depression. Anorexia here is both a developmental disorder and a volitional, politically-informed decision, while also operating on a metaphorical level as a political critique. Moss’s representation of anorexia is complex and contradictory and, in its comparison to postnatal depression, stigmatising.

Moss questions whether intensive mothering is indeed in the child’s best interest through Zoe’s anorexia. *Night Waking* draws on the model of anorexia as a developmental problem, proposed by psychoanalyst Hilde Bruch (1904-1984), an early key figure in defining the condition. This model is now ‘part of the common sense understanding of anorexia’ (Saukko 2009: 66). Bruch claims that anorexia most often develops in adolescent girls who ‘[fulfill] [their] parents’ dreams of having a perfect child through obedience and overconformity’. Lacking autonomy, this girl is ill-prepared for adolescence and so ‘withdraws to her own body as the only realm where she can exercise control’ (1980: 170). Anorexia is therefore ‘a desperate fight against feeling enslaved, not permitted or competent to lead a life of one’s own’ (169). Parents, particularly mothers, are to blame. Often they are frustrated former ‘career women, who felt they had sacrificed their aspirations for the good of the family’ (Bruch 1978: 27). This results in a perfectionist, overbearing mothering style that prohibits the child’s development and autonomy: ‘Every detail’ of childcare is ‘the mother’s decision, not in response to clues given by the child’ (Bruch 1980: 170). Zoe and Judith’s relationship deviates little from

Bruch's model. Zoe has long been the perfect, compliant child: Judith explains that while her friend's children were 'getting into drugs and drinking', Zoe 'got such good A-levels and she was always so polite' (NW: 215). Judith herself feels responsible for her daughter's anorexia. When Anna says '[y]ou're worried it's about you', Judith rants that she 'gave up everything' to raise the children: 'I've got a degree, you know. Geography. I'd have liked a career' (331). Her ambitions frustrated, Judith micro-manages her children's lives, taking them 'to piano and painting and ice-skating', even learning German to help with homework (332). This horrifies Anna: 'What must it be like, to be the object of twenty years of someone's daily work, left overnight under wet cloths, sculpted, smoothed, adjusted, polished until you are found ready for display?' (332). The clay modelling imagery suggests that the child is objectified and forcibly moulded by overbearing parenting, prohibited from developing naturally or autonomously. This highly dependent mother-daughter relationship becomes increasingly antagonistic and dysfunctional as Zoe prepares to enter the adult world. Judith discourages her gap year in Canada: 'I knew she wouldn't cope on her own, I told her over and over and she just said I was being controlling and I wouldn't let her live her own life' (215). After suggesting that Judith and Zoe seek counselling, Anna privately reflects that 'the best thing mothers might do for children is to stay away. They will have enough trouble, the next generation, without us misshaping their minds' (333). *Night Waking* suggests that intensive mothering harms both mother and child. Yet this critique blames the mother's parenting style for the child's later psychopathology, thus replicating the more stigmatising aspects of attachment discourse itself.

However, this is not the only meaning of anorexia in *Night Waking*. Like postnatal depression, it is politicised: it is used as a metaphor for symbolic politics. Zoe's anorexia can be understood as a moral conversion. In her ethnography, Gisella Orsini finds that her informants' narratives about their eating disorders are 'narratives of moral conversion rather than illness narratives' (2017: 119). These conversions involved drastic, unplanned changes in 'attitudes and behaviours', usually triggered by 'a severe negative self-perception' (121). Devoted to new 'values symbolically embodied in thinness' (119), Orsini's

informants adopted their eating practices ‘actively and deliberately’ to ‘morally improve themselves’ (118). Zoe has a similar awakening during a conservation project in Canada after realising that ‘[her] parents’ generation [has] totally screwed the entire planet beyond any possibility of redemption’ (NW: 267). Thinking she is visiting ‘one of those rare bits of the planet we haven’t utterly fucked up’, she is humiliated to learn not only that ‘[she] was wrong’ but that conservation organisations ‘still make money out of morons like [her]’ (266). Confronted with environmental devastation and her own ignorance and complicity, refusing to eat is, in Zoe’s ‘logic of despair’, an ethical protest and necessary corrective (267). The values embodied by thinness are environmental and anti-capitalist. Zoe rejects the destructive excesses of consumerism by rejecting all consumption, conflating her own innate needs with manufactured, consumerist needs. She is an extreme example of the highly individualised response to environmentalism discussed above. In contrast to the media contagion model described above by Bray, Zoe’s anorexia is a self-conscious, politically-motivated act, rather than unconsciously imitative of others. It is worth noting that, late in the novel, Judith claims that Zoe was hospitalised for anorexia when she was sixteen, two years before the Canada trip (330). Yet both explanations of her anorexia, as a response to her overbearing mother and an expression of moral conversion, are equally entertained and sustained throughout.

Indeed, Anna shares this politicised, volitional understanding of Zoe’s anorexia. When Judith claims to want Zoe sectioned, Anna responds that ‘[s]he doesn’t seem crazy to me’ (NW: 330). She argues that ‘[p]eople can do that [starve themselves] without being crazy. Hunger strikers. Suffragettes. People fasting for God’ (331). Yet she largely discredits Zoe’s motivations: Anna’s ‘problem with [Zoe’s] logic of despair is that it is right, only not useful’ (267). This recalls Adolph Reed’s criticism that anti-racism discourse is politically ineffective because it lacks ‘clear and strategic’ goals (2009: para 4 of 24). He highlights that while the civil rights movement ‘relied on a discourse of racial justice’, it was ultimately aiming for ‘full citizenship rights for black Americans’ (para 3-4 of 24). In contrast, ‘the logic of antiracism’ is that ‘exposure of the racial element of an instance of wrongdoing will lead to recognition of injustice, which in turn will lead

to remedial action'. Little attention is given to how remedial action will be achieved, perhaps because, Reed suggests, 'the exposure part, which feels so righteously yet undemandingly good, is the real focus' (para 10 of 24). Without drawing a false equivalence between anti-racism and Zoe's environmentalism, Reed's critique is illuminating on symbolic politics. Through Anna's narrative voice, the novel encourages us to see Zoe's anorexia as a similarly failed political project. Anorexia represents symbolic politics. Her thin body is a display of self-gratifying righteousness that fails to initiate concrete political change. This is emphasised in Anna's (bizarre) claim that Zoe's anorexia does more environmental harm than good: 'full blown anorexia must in the end have a higher carbon footprint than Giles's kind of eating. All those plastic tubes, for one thing' (NW: 268). Frustrated with Zoe's defeatism, Anna thinks to herself: 'Found an institution [...] Decide what matters most and work out what you can do about it. That's how people abolished slavery and extended the franchise and provided universal education and healthcare' (309). She stresses that collective, targeted political activism alone creates real and profound social change. She tells Zoe that '[y]ou can't help consuming, so you might as well produce something useful' (267). Zoe's refusal to consume distracts her from producing meaningful change. This is particularly objectionable in the politics of the novel. After all, *Night Waking* shows that structural change is required for Anna to overcome depression, which itself is understood as a consequence of inequality.

A novel's polyphonic form allows for multiple perspectives and so the judgements of any one character cannot be taken to represent the politics of the novel as a whole. However, *Night Waking* privileges and reinforces Anna's unsympathetic, stigmatising view of anorexia through its narratology and characterisation. There are key contrasts between depression and anorexia, largely revolving around choice and visibility. Anna and Zoe discuss how '[m]edieval monks and nuns' would 'mortify the flesh'. Anna comments that 'some of the holier ones started off in rich families', adding dryly 'I suppose self-denial's less fun when it's compulsory'. Zoe recognises this as a comment on her restrictive eating: '[y]ou think I'm a princess' (NW: 306). Indeed, Anna suspects that 'Zoe's problem' is 'satiety', precisely being too comfortable (309). Anorexia is

represented as a form of gratifying, voluntary risk taking, what sociologist Stephen Lyng calls edgework. Such activities ‘involve a clearly observable threat to one’s physical or mental well-being’ but one which the participant believes they can control through their skill; they are pushed to the “edge,” or boundary line’ between two states, such as ‘life versus death’ or ‘sanity versus insanity’ (1990: 857). Lyng’s examples include sports such as skydiving but Jeannine A. Gailey argues that anorexics ‘participate in the central features of edgework’, achieving ‘feelings of self-actualization or omnipotence’ by ‘pushing [themselves] to the edge, testing the limits of both their bodies and minds’ (2009: 105). Zoe’s anorexia is an indulgent, thrilling choice. In contrast, Anna’s depression is a response to external circumstances or structures largely outside her control. While Anna is overburdened and disempowered, Zoe’s anorexia is empowering and childishly irresponsible. Judith claims that Zoe is ‘starving herself to death’; Anna’s unspoken response is ‘[n]ot actually to death, just close enough not to have to take responsibility for life’ (NW: 331). Similarly, when Brian wants to keep Judith and Zoe apart, Anna thinks that the ‘last thing Zoe needs is to feel more powerful than she already does’ (275). The stigmatising portrayal of anorexia as self-indulgent makes Anna, unhappily powerless, more sympathetic in comparison.

The invisibility of Anna’s depression also contrasts the hypervisibility of Zoe’s anorexia. Moss emphasises the danger of depression’s invisibility: researching a local schoolgirl’s suicide, Anna finds consensus in the inquiry that no one could have ‘been aware of the extent of Mary’s unhappiness’ and prevented the suicide (NW: 174). Zoe’s anorexia is not only physically manifested and acknowledged by others, but hypervisible as spectacle. Anthropologist Megan Warin argues that anorexia is commonly ‘reduced to a carnivalesque image’ through the thin body which ‘provides simultaneous horror and fascination in popular imaginings’ (2004: 96). *Night Waking* similarly reduces anorexia to spectacle. Zoe is introduced as ‘a teenage girl [...] hollow as the people in Raph’s book about the liberation of Amsterdam in 1944’, a somewhat insincere comparison that emphasises the supposed horror of her body (NW: 170). After Zoe eats, Anna’s narrative voice describes her skin tone as changing to ‘that of someone more recently alive’, dehumanising her by likening her to a corpse (308). Warin describes this ‘spectacle

of thinness' as problematic because it privileges 'the outsider's [...] gaze' (2004: 95, 96). In contrast to *Night Waking's* intimate, first-person account of postnatal depression, the phenomenology of anorexia is absent. There is little chance for Zoe to represent herself and her anorexia is openly discussed by others. Anna confidently diagnoses her: when Judith says 'I don't know if you noticed how thin [Zoe] is', Anna bluntly states 'I've seen quite a few anorexic students' (NW: 214). Themes of hypervisibility, choice and responsibility extend to recovery. Giles offers to recommend Zoe for an au pair job but attaches 'two conditions'. Firstly, Giles will be 'up-front with them about the food issues' before letting Zoe talk to the family directly (310). Zoe is excluded from the conversation about her own health, all the more striking given how little time Giles has spent with her. Secondly, Giles claims 'your going and staying will depend on your health. So you'll need to address that' (310). While Anna's recovery from depression is portrayed as an uncertain, gradual journey, the expectation here is that Zoe can simply choose to recover. This is reinforced by her own response: 'OK. It's a deal. Promise' (310). This gloss over the recovery process is surprising since the novel emphasises her visibly underweight appearance and mentions hospitalisation, implying that she has been severely anorexic for quite some time. In Zoe's next appearance, she eats a crumpet without hesitation: '[Anna] offer[s] the plate to Zoe and she [takes] one' (323). Through Anna's idiosyncratic first-person voice, *Night Waking* makes the often invisible experience of postnatal depression visible and empathetic. At the same time, the nuance and internal experience of anorexia is made invisible by the hypervisible thin body. Moss destigmatises postnatal depression partly by shifting this stigma onto the anorexic body. The anorexic body is well-suited to take this stigma because Zoe is portrayed as self-indulgent and childishly irresponsible. This contrasts Anna's disempowerment and exhaustion, which results from pervasive gender inequalities. As a representation of individualistic, symbolic politics, Zoe's body and approach is also, in the novel's logic, politically incorrect.

Moss critiques the biomedical model of postnatal depression, favouring a politicised, socially situated and feminist understanding. According to attachment discourse, the ideal mother must devote themselves entirely to childcare; failure to do so stigmatises both mother and child due to the psychological risks of

maternal deprivation. By putting childcare ideology in historical perspective and political context, we see this as part of an enduring, regulative discourse on motherhood, through both the interventionist (male) expert and the construction of the mother as the rightful but potentially dangerous caretaker. Moss uses the journey myth, island topos and night waking metaphor to suggest that motherhood and postnatal depression is experienced as (temporary) exile from the normal world. Recovery is possible but it is an ongoing, nonlinear process, and one in *Night Waking* that is politicised, requiring economic empowerment and domestic equality rather than medical intervention. Postnatal depression is here an idiom of distress caused by attachment discourses and policies re-entrenching an unequal, gendered division of labour. The idea that neoliberal policies from the late 1970s onwards widened health inequalities in Scotland and across the UK is established in public health discourse: Glasgow's greater vulnerability to these 'socioeconomic and political exposures' is a key factor behind the 'Glasgow effect' according to GCPH, as I discuss in Chapter One (2016: 8). The negative effect of neoliberal policy is also depicted in Scottish literature, such as in the work of James Kelman or Irvine Welsh, although typically such novels portray working-class or unemployed men as those most affected. *Night Waking*, however, focuses on a middle-class woman. Moss suggests that the preventative health focus on early years development, a key part of neoliberal New Labour policies in the decade or so preceding the novel's publication, can have unintended or invisible negative effects on women's mental health. The representation of Zoe's anorexia is less cohesive. It is a developmental disorder, further evidence supporting Moss's critique of intensive mothering. It is also a conscious, politically-motivated act and a metaphor for symbolic politics. The spectacle of the hypervisible thin body shows viscerally that Zoe's highly individualised response to environmentalism is not just ineffective but self-destructive. Individualised symbolic politics is rejected by its primary proponent when Zoe simply promises to renounce anorexia. Ultimately, anorexia is a foil for postnatal depression: the portrayal of Zoe as self-indulgent, empowered and childishly irresponsible contrasts with the overburdened and disempowered Anna, legitimising her depression. A similarly antagonistic relationship between anorexia and depression exists in O'Hagan's *Personality*. In that novel, Maria's anorexia, like Zoe's, holds multiple meanings. There is, then,

less certainty about anorexia than depression, or at least more flexibility in its literary depiction.

***Personality* by Andrew O'Hagan**

Andrew O'Hagan is a novelist and journalist whose work often explores celebrity culture, social issues and traumatic cultural events, such as Hurricane Katrina and the Grenfell Tower fire. *Personality* tracks the life of Scottish-Italian singer Maria Tambini, from her first television appearance on talent show *Opportunity Knocks* at 13 to international stardom, and from the development of her anorexia to her recovery. *Personality* is divided into three sections, with a short chapter preceding Part One. Part One is set on another Scottish island, Maria's hometown Rothesay on the Isle of Bute, in the weeks preceding her move to London. Part Two depicts the highs of Maria's singing career from ages 13 to 21 and her developing anorexia. In Part Three, Maria struggles with her faltering career and repeated hospitalisations, navigating relationships with boyfriend Michael and stalker Kevin. The novel ends with Maria and Michael moving to Rome, a journey almost interrupted by a final confrontation with Kevin, whom Maria secretly kills in self-defence. In the novel's acknowledgements section, O'Hagan mentions two texts on anorexia as key sources: *From Fasting Saints to Anorexic Girls* (1994) by Walter Vandereycken and Ron van Deth, and Orbach's *Hunger Strike*. Vandereycken and van Deth's work provides a broad history of self-starvation, from holy fasts and cases of possession, to starvation as performance, and anorexia nervosa and the medical gaze in the nineteenth century. Orbach meanwhile argues that anorexia, typically associated with women, is a form of 'protest' even if the anorexic person is unable to 'articulate the basis of her cause' (2005: 83). I will return to the ideas proposed in both texts below. *Personality* also explores Maria's grandmother Lucia's traumatic experience as an Italian immigrant in Scotland during the Second World War. This historical or intergenerational trauma contributes to Maria's mother Rosa's lifelong depression; it is also key to understanding Maria's anorexia. Closure is finally achieved through Rosa's death and Lucia's forgetting in dementia; this, O'Hagan implies, enables Maria's own recovery. Like *Night Waking*,

there is a lack of empathy between characters with anorexia and depression in *Personality*. Rosa is dismissive of Maria's anorexia and asks '[c]an she not look around her and see what this eating thing is doing to her family and everybody else?' (*PER*: 214). Rosa shares with Anna in *Night Waking* a view of anorexia as self-indulgent and irresponsible, although this unsympathetic position is not upheld by the novel itself.

Anorexia in *Personality*

There are conspicuous similarities between Maria and real-life child star Lena Zavaroni. Zavaroni died from pneumonia, a complication related to anorexia and brain surgery intended to relieve her depression, in 1999, just four years before *Personality*'s publication. Although admitting that Zavaroni was 'an influence' (MacLaren 2003: para 2 of 25) and that he was in correspondence with her family while writing (para 5 of 25), O'Hagan insists that *Personality* is fiction (para 1 of 25). Yet Lorna MacLaren notes the 'undeniable' similarities: 'both come from the Isle of Bute, are of Scots-Italian descent and as children win talent show *Opportunity Knocks*. They leave their island home for international fame but are crippled by depression and anorexia nervosa' (para 4 of 25). Many of the differences are trivial fictionalisations: Zavaroni appeared on *Opportunity Knocks* aged 10 and won five times, while Maria, aged 13, wins seven times. There is one significant difference: Zavaroni died and Maria survives. While I read *Personality* as fiction not biography, comparisons between O'Hagan's work and his source material are helpful. *Personality* to some extent resembles the roman à clef, a term, literary critic Sean Latham explains, '[f]rom the French for "novel with a key"'. Highlighting that the roman à clef is '[a]lmost always published and marketed as [a] [work] of pure fiction', Latham explains that 'such narratives actually encode salacious gossip about a particular clique or coterie. To unlock these delicious secrets, a key is required, one that matches the names of characters to the real-life figures upon whom they are based'. This might be 'circulated privately', discovered later by scholars or 'simply invented by readers', although in the twentieth century, 'the mechanisms of mass culture and celebrity

often helped circulate a more informal kind of key', through, for example, '[b]ook reviewers, gossip columnists, journalists, and even dust jacket blurbs' (2009: 7). *Personality's* key is provided in book reviews and author interviews, which typically explain the Tambini/Zavaroni parallel, even when acknowledging O'Hagan's denials. Nowhere in the novel itself, including the blurb or review quotes, is Zavaroni mentioned by name. A 'Note to the Reader' insists that the text is 'a work of fiction' and that '[t]hough it bears a relation to the lives of several dead performers, it has no relation at all to any of their families, or to any real person associated with their careers' (*PER*: n.p.). Such disclaimers do not eliminate the relevance of the Tambini/Zavaroni parallel to readers. As Latham explains, the roman à clef 'takes shape through acts of both creation and reception' (2009: 10). In fact, according to Latham, the kind of 'elusiveness' seen here 'constitutes part of [the genre's] appeal': those possessing or believing they possess the key 'derive a snobbish pleasure from knowing a privileged secret' (9). O'Hagan's denials, then, are a canny marketing ploy as well as a necessary legal loophole. MacLaren's article quotes Zavaroni's father on his concern over the novel but he explains that '[he] can't intervene anyway, because it's a changed name — that's how [O'Hagan's] covered himself' (2003: para 4 of 25). I do not read *Personality* to understand Zavaroni but I am interested in how O'Hagan arguably rewrites and 'fixes' her life and illness.

Personality is a fairly conventional critique of modern celebrity culture. In literary critic Daniel Lea's words, O'Hagan 'examine[s] the precarious balancing act involved in managing a celebrity persona with the maintenance of a coherent sense of private selfhood' (2017: 75) and sees a 'moral and symbolic vacuity' in 'the cult of celebrity fetishism' (85). O'Hagan shows great admiration for Zavaroni in his essays, naming her a 'light-entertainment heroine' and the 'patron saint of British celebrity' (2008: 13, 14). He recalls watching Zavaroni, himself a 'starry-eyed' child, clapping loudly from his 'Scottish living room' to 'help Lena' win *Opportunity Knocks* (14). O'Hagan's own fandom is evident in this sentimentality. In a scathing essay on celebrity memoirs, he argues that, in comparison to the narcissistic self-pity of contemporary celebrity accounts, Zavaroni's life was 'an entirely different order of drama, a properly personal disaster that involved a

notion of community and post-war idea of domestic life, leisure and the good society' (166). As Su Holmes explains, Zavaroni's own anorexia was 'often explained in terms of the normative script of the "damaged" child star in which *fame* itself led to her demise' [original italics] (2015: 815). *Personality* is not limited to, but does register, this discourse. A newspaper article which explains that 'Scottish singing sensation Maria Tambini' has been 'battling with the long-term effects of the slimmers' disease anorexia nervosa' claims that 'Tambini's ordeal started at a young age when the pressures of fame and looking good began to tell on her' (*PER*: 207). In a Terry Wogan interview, Maria recites a similar idea: 'I suppose you just get caught up in wanting to look your best and at stage school you see the other dancers and you think, "It's not fair, they look better than me." And you don't realise you're losing that much weight' (258). This claim of unselfconscious weight loss is contradicted by Maria's pained obsessions over food elsewhere in the novel. It is telling that Maria uses an indefinite pronoun, the generic 'you', speaking as if reciting someone else's view rather than owning this as personal experience. Wogan replies '[y]ou've been very brave to talk about it. And you're over it now' (258). His unquestioning acceptance of this explanation reinforces its legitimacy and suggests that this interpretation of anorexia, although simplistic, is easily available and accepted. Holmes argues that blaming Zavaroni's anorexia on fame is 'politically problematic' because this interpretation 'removes it from the realm of the everyday, and the social, in so far as stardom was positioned as a world apart'. According to Holmes, then, 'the discourse of stardom did some nifty ideological work', presenting Zavaroni's anorexia as 'an individualised problem, fuelled by a narcissistic obsession with her own physical form' (2015: 818). *Personality* does not isolate Maria's anorexia from the social realm, connecting it to relationships, class and feelings of control, yet discourses around fame and fandom are also key, especially in the last section of the novel.

The first third of *Personality* depicts Maria's pre-fame childhood. There are elements of Hilde Bruch's famous model of anorexia, discussed above in *Night Waking*, in Maria's relationship with her mother Rosa. Her own ambitions of a dancing career frustrated, Rosa is perfectionist and overbearing in developing Maria's stage presence: 'You'll need to remember to lift your chin up [...] Nobody

likes to look at a wee pudgy lassie up on a stage' (*PER*: 29). There is an important class dimension to Bruch's model. Medical sociologist Paula Saukko explains that Bruch worked with 'middle-class children seen in private practice' (2009: 65) and so theorised that anorexia is class-specific, resulting from the 'overly demanding middle-class family' (66). The working-class Tambini family conform to this model somewhat. Rosa inducts Maria into a project of self-improvement and class mobility. She prohibits swearing: 'It's a filthy way to go on that and it'll just hold you back. Where you're headed for they don't use words like that. You'll be among nice people' (*PER*: 21). Rosa warns that '[y]ou don't get anywhere in this world just sitting on your backside' (61). Social mobility for Maria relies on conformity to the refined manners of the upper classes. This does not require repressing her Scottish or Italian heritage as such but does involve active self-surveillance and self-transformation. Thinness is connected to happiness and privilege. When Maria performs at the White House for distinguished guests, everyone appears 'so happy, thin, and so good-looking' and '[n]obody seem[s] tired or poor' (183). Rosa does not encourage thinness itself but continuous attention to poise and presentation: 'lift your chin up' (29), '[p]ull your socks up' (44). She relates this partly to their Italian heritage: 'hold yourself in a wee bit when you're singing [...] like all the great Italian singers' (29). As a result, Maria is hyper self-conscious, even in solitary, private moments, before the additional scrutiny of fame. As a child in Rothesay, Maria nightly imagines a flying camera coming 'from Glasgow' and 'just hover[ing]' outside her window. When it arrives she 'create[s] a look on her face and turn[s] her head on the pillow once again to the open window' (76-77). This sense of external surveillance creates disassociation between body and self. Examining herself in the mirror, she feels 'it [is] somebody else looking. Her body [is] apart from her' (157). Holmes argues that '[f]emale stars and celebrities live under a constant media spotlight of surveillance which in turn demands a prescriptive regime of self-maintenance'. As such, she suggests, 'they can be seen to represent an extreme version of the condition of femininity within patriarchal culture' (2015: 815). In *Personality*, however, this self-surveillance is related more to class mobility than gender conformity.

Maria's struggle with control becomes increasingly central in Part Two as she deals with a demanding career. Orbach's work, mentioned in the novel's Acknowledgements, is a key influence here. Orbach argues that the anorexic is 'in effect on hunger strike' (2005: 82). '[I]n protest at her conditions', she has 'taken as her weapon a refusal to eat'. Yet unlike actual hunger strikers, 'she may not be able to articulate the basis of her cause' (83). Food refusal is also partly about control: the anorexic 'cannot tolerate feelings' and controlling the body becomes a proxy for controlling emotional needs (xii). This argument appears in a newspaper article on Maria's anorexia. It quotes 'Dr Alan Yule of Guy's Hospital' who describes anorexia as an 'increasing problem' for 'young people' who 'consider themselves to have little control over their lives': 'By controlling their own body weight, they are in fact achieving, albeit destructively, a feeling of superiority and well-being' (*PER*: 207-208). Maria lacks such control. Backstage before a performance, she argues with her agent Marion about a telephone interview. Her own words lacking authority, she childishly mimics Marion but must ultimately comply (167). Afterwards, her sense of self fractured, she examines 'herself from a dozen angles' in the mirrors, finding 'another version of herself' in each reflection. She says '[y]ou're in charge' out loud, a feeble reassurance highlighting her anxiety over her lack of autonomy (169). Resisting food redresses this power imbalance between star and agent: Marion later 'beg[s]' Maria to eat but she successfully refuses (180). This conforms to Bruch's view of anorexia as 'a desperate fight against feeling enslaved, not permitted or competent to lead a life of one's own' (1980: 169). In Las Vegas, Maria finds watching the gamblers compulsively playing the slot machines 'frightening'. The players are 'over-weight and [do not] care about losing the coins'; they 'just put more into the slot and keep staring at the machine'. She is disturbed by 'the fixed look in the people's eyes, their fat hands cupping the coins, their fat arms pulling the lever, the wheels spinning' (*PER*: 176). The slot machine's lever provides the illusion of control but in fact represents a mechanical lack of control, which is connected here to fatness itself. This is followed by an italicised paragraph, presumably Maria's own thoughts, that worries: '*What if the machines just get so good at taking the money they begin to devour everything and then they devour the people while they're standing there?*' [original italics] (176). Maria imagines a monstrous, destructive

appetite that, if indulged, risks becoming unstoppable. She feels ‘happy again’ after deciding that ‘[s]he need[s] nothing. She would eat nothing’. With her body ‘almost nothing, cleansed and empty’, she believes that she ‘control[s] everything’: the ‘traffic move[s] in response to her walking’ and ‘the warm breeze itself [is] shaped and commandeered by her mood’ (177). Rejecting food provides heightened, even delusional, feelings of control yet this does not equate to real autonomy. Maria here is like Zoe in *Night Waking*, conflating her physical needs with a distaste for unchecked economic consumption and rejecting both.

Themes of control, hyperconformity and self-surveillance, fairly conventional feminist models of anorexia, are prominent in Part One and Two. The key model in Part Three is the hunger artist as O’Hagan turns critically towards fame and fandom. Medical sociologist Sigal Gooldin explains that hunger artists ‘were a popular medium of entertainment, performing an emaciated body in the carnivalesque context of European amusement culture’ (2003: 45). In Chapter Six of Part Three, titled ‘The Hunger Artist’, Maria and Michael visit an art gallery; much of the dialogue is between a teacher and a group of students who discuss Otto Dix’s (1891-1969) paintings. According to Thomas B. Cole, Dix was a German painter ‘obsessed with the dark side of human existence’: ‘Having witnessed (and participated in) the cruelty of trench warfare, Dix equated ugliness with truth’ (2014: 120). The students discuss Dix’s *Trench Warfare* before examining *The Hunger Artist*, in which a ‘small girl [sits] cross-legged in a bell-shaped glass case’ elevated ‘high on a wooden table’ in a busy restaurant, ‘her large, black eyes staring out at the crowd, her body emaciated’ (PER: 280). No painting matches this title or description in Dix’s catalogue (The Online Otto Dix Project [n.d.]). This appears to be O’Hagan’s fictionalisation. The teacher claims that hunger artists ‘were often young women’, as portrayed in the painting (PER: 280). However, Vandereycken and van Deth explain, in a book that O’Hagan cites as a key source in his Acknowledgements, that ‘hunger artists were almost without exception males’ (1994: 76). O’Hagan’s uses this fictional painting to comment on Maria. Indeed, she stands ‘between the painting and the group’ as if the subject of discussion (279).

The hunger artist comparison implicates an audience. As Gooldin highlights, ‘the Hunger Artist could not have existed without the spectators’ gaze, because his act was constructed to be gazed at’ (2003: 47). The teacher in *Personality* emphasises this, explaining they ‘starved themselves as part of a public entertainment’ (*PER*: 280) and were ‘extremely fascinating’ to Berlin audiences (281). Gooldin differentiates between hunger artists and living skeletons, ‘unusually thin men displaying their bodies in freak shows’ (2003: 39). While living skeletons did not present ‘any kind of suffering’, ‘the Hunger Artist’s show was precisely about *suffering* and *overcoming* difficulties’ [original italics] (46). Suffering itself becomes entertainment. According to the teacher, ‘Dix set out to provide a moral portrait of his time’ (*PER*: 280) as he believed the hunger artist ‘gave a shocking insight into modern culture’ (281). O’Hagan provides his own moral portrait in Maria. Vandereycken and van Deth explain that hunger artists ‘almost completely disappeared’ after 1930, partly because, ‘regarded as human beings with psychological disorders and defects’, their exhibition was not ‘ethically justifiable’ (1994: 76). O’Hagan too questions the ethics of press and audience fascination with celebrity suffering, criticising the morbid voyeurism of modern celebrity culture. In an essay on Zavaroni, Judy Garland, Marilyn Monroe and Billie Holiday, O’Hagan suggests that the ‘thrill’ of their pain became ‘the bigger part of their performance’ and was enjoyed as a ‘fetish’ by a public ‘complicit’ in the ‘aestheticising’ of this pain (2008: 252). O’Hagan condemns the audience for enjoying and even fuelling celebrity suffering. In *Personality*, he describes a core audience ‘attracted to [Maria’s] suffering’ whose interest in her ‘rise[s] with her decline’ (*PER*: 263). Indeed, the fictional Dix painting focuses on the audience. Men with ‘round faces’ sit at restaurant tables; ‘spittle [comes] from some of their mouths’ and they ‘[seem] aggressive with their knives and forks’. The ‘plates [are] piled with food’ and red-faced women ‘[grab] at pork chops with their fat fingers’ (280). This audience is unrestrained, entitled and grotesque in its greed, their fat bodies contrasting the reserved, self-contained and ‘emaciated’ hunger artist ‘staring out at the crowd’ (280). In *Personality*, neither vanity nor fame itself simply causes anorexia. Anorexia is used, however, to condemn morbid popular interest in celebrity suffering.

The fan-star, or para-social, relationship between Maria and her stalker Kevin is central to Maria's health in Part Three. Cultural critic Graeme Turner describes 'para-social interactions' as those 'occur[ring] across a significant social distance – with people "we don't know"', such as celebrities (2004: 6). In Joli Jenson's words, early scholarship conceived of fandom as 'a chronic attempt to compensate for a perceived personal lack of autonomy, absence of community, incomplete identity, lack of power and lack of recognition' (1992: 17). Although Turner explains that researchers now believe that celebrity consumption has important social and cultural functions (2004: 94), this negative view of fandom as compensatory and deviant dominates in popular culture. Highlighting that fandom is portrayed as 'excessive, bordering on deranged, behavior', Jenson identifies two fan images: 'the obsessed individual and the hysterical crowd' (1992: 9).

O'Hagan's portrayal of fandom, then, is fairly conventional if overwhelmingly negative. Maria's fanbase is represented primarily through stalker Kevin, a key figure in the novel's third section. Kevin is typical of the 'pathological fan', the 'obsessed loner' who 'enter[s] into an intense fantasy relationship with a celebrity figure' and stalks, threatens or kills them (Jenson 1992: 11). His many letters characterise him as volatile and irrational, shifting from respectful admiration ('Dear Miss Tambini') to obsessive love (a stolen drinks stirrer 'tastes of you and you left it for me like a kiss') to bitter delusion ('You fucking bitch [...] How quickly you forget I have allowed you to have your career and be away from me') and back to sentimentality ('My Dear Maria', 'Love and kisses') (PER: 286, 289, 290, 291). His obsession stems from the lack of community and power that Jenson describes. He nostalgically recalls 'people out laughing and playing rounders in the square' and neighbours watching television together 'like a nice family' but now '[s]all [sic] changed. Sall [sic] different' (320). He complains about his low paid, precarious work: 'They want people to work all hours for slave wages [...] Some people think they can just use you' (288). He later claims that those around Maria are 'using' her: 'all they want to do is exploit you for money' (290). He imagines himself and Maria as similarly politically and economically disempowered. Kevin's obsessive interest is the implicit cause of Maria's increasing paranoia, mood swings, intense feelings of vulnerability and continuing anorexia in Part Three. Fans here are not passively entertained by star suffering; their excessive interest

actively contributes to that suffering. Indeed, Maria's recovery depends on Kevin's symbolic (and literal) destruction, discussed below. In Jenson's words, '[f]ans are seen as displaying symptoms of a wider social dysfunction – modernity – that threatens all of “us”' (1992: 16). Similar anxieties are present in O'Hagan's portrayal of Kevin. Fandom is compensatory for the deficits of modernity, such as social fragmentation, and exacerbates Maria's illness.

It is worth, then, considering how readers are positioned: are we entertained by Maria's suffering, or presented her suffering as entertainment? O'Hagan complicates our relation to the text through narrative proximity. Katy Rothfelder and Davi Johnson Thornton highlight that mental illness narratives 'almost always seek closeness, empathy, and identification' between text and reader as a way to 'target stigma'. This risks creating 'superficial understanding and uncomplicated identification' which can be as 'equally invalidating' as 'exclusionary modes of stigma' (2017: 360). They suggest that by 'play[ing] with proximity' (360), that is 'simultaneously inviting and discouraging empathy', narratives can show the 'singularity of different experiences', allowing readers to 'respect and appreciate these differences rather than colonize and assimilate them into [their] own life-worlds' (364). Proximity is key in *Personality*. The novel is formally diverse, including newspaper articles, interview transcripts and letters, as well as idiosyncratic first-person accounts from Maria's family, friends and colleagues. Maria's first-person voice is conspicuously absent until the novel's closing chapter which runs to less than a page long. Chapters about Maria are typically third-person, providing some but limited access to her thoughts and motivations. In both *Night Waking* and *Personality*, the phenomenology of anorexia is largely absent. Maria is often inscrutable, especially in relation to food. As a child alone at the fridge, she 'touch[es] the cold glass of a milk bottle', '[draws] two fingers over the top' of a 'plate of butter' and licks a 'cold egg' (*PER*: 77-78). This scene, written in the third person, describes only her actions, not her emotions. The first time she rejects food, backstage before an *Opportunity Knocks* performance, she 'move[s] her tongue in the orange squash' before spitting it out (134). The detached tone gives no indication of her motivation, whether she feels disgust or empowerment, complicating a straightforward identification with

Maria's experience. As a public figure, Maria is thought knowable but *Personality* uses proximity to frustrate our sense of entitlement to a celebrity's private life. Elsewhere, O'Hagan does provide intimate access. Singing with Dean Martin, we see Maria the stage performer, her role between songs simply to thank Martin for compliments and laugh at his jokes. Afterwards she privately 'suck[s] a piece of toast', licks nectarine pulp and takes 'twenty laxatives' (178). The reader is granted literal behind-the-scenes access to Maria's private struggles. This reveals the sharp contrast between her private life and bubbly public persona. By presenting these moments alongside each other, O'Hagan highlights that the novel itself provides special access and insight. *Personality* explores possible aetiologies at length, such as examining Maria's childhood, which if understood as a roman à clef seems to offer insight into Zavaroni's life. O'Hagan, then, indulges in the same fan intimacy that he condemns. Indeed, is O'Hagan so different from the audience 'attracted' to Maria's – or Zavaroni's – 'suffering', whose interest in her 'rise[s] with her decline' (263)? The novel's use of proximity is both productive and problematic: at points it effectively frustrates our access to the experience of anorexia and celebrity; at others it capitalises on morbid voyeurism.

Proximity is more problematic in relation to recovery and therapeutics. Maria's first diagnosis and treatment are not dramatised, only explained through a newspaper article in Part Two. It claims she has been 'battling with the long-term effects of the slimmers' disease anorexia nervosa' and, after residential treatment in a London clinic, is returning to Rothesay to 'recover and take stock' (*PER*: 207). Food restriction gives Maria a sense of empowerment and elation in Part Two; the section ends with Maria 'exhilarated', running through the darkness in Rothesay with 'no food inside her and nothing to hinder her breathing', believing that 'no one [can] stand in the way of her and all the perfection in the world' (235). Her anorexia is more straightforwardly a problem in Part Three, with repeated hospitalisations. While *Night Waking* implies that Zoe can simply choose to recover, Maria's recovery is neither a simple decision nor an easy, linear process. Initially Maria and boyfriend Michael reject medical intervention. Michael 'encourage[s] her gently to eat something here and there and to drink water; they both [know] she [is] trying her best, and they [hold] to the notion that patience

might allow her to recover in her own way' (276). This method is initially effective but Michael is eventually 'frustrated that things [have] taken such a step back' (293). The cycles of hospitalisation continue: 'The first two months after coming out of hospital [are] great' but 'after those first months she [begins] to lose weight again' and returns to treatment (305). Maria's hospital stays are not dramatised and little information about her treatment given. Her final hospitalisation, narrated from Michael's perspective, is explored in only slightly more detail. He describes their own improvised treatment routine. Feeding her with 'no one coming or going to disturb [them]', they talk extensively, and Maria begins 'to reveal herself, getting over sadness and panic'; she 'reache[s] into herself' and 'save[s] her own life' (316). Despite the hospital setting, medical intervention or assistance is conspicuously absent. Recovery here is a collaborative process between Michael and Maria, with Maria ultimately 'sav[ing] her own life'. While this is arguably empowering, O'Hagan remains elusive about how exactly Maria does this with the gloss that she simply 'reach[es] into herself' (316). O'Hagan acknowledges the chronic nature of anorexia and the difficulty of recovery yet resists exploring therapeutics, an omission all the more striking given the extensive focus on the aetiologies and meanings of anorexia. Ultimately the novel's failure to fully narrate this means that it is only marginally less evasive than *Night Waking* about what recovery from anorexia entails. O'Hagan deviates from key aspects of Zavaroni's suffering. His glossing over recovery and rewriting of her death as a happy ending makes his handling of the Zavaroni source material ethically questionable as it deviates from key (and uncomfortable) facts of her experience. Of course, Maria is a fictional character and so the ethical standards of life writing proper do not apply in quite the same way. Similarly, creative freedom must be acknowledged: a novelist is not strictly bound to fact or particular ethical guidelines when writing fiction inspired by real-life events. However, the world of the novel is not self-referential or purely fictional. There are numerous characters based on real-life figures, such as Dean Martin and Opportunity Knocks host Hughie Green. O'Hagan plays on the reader's familiarity with such figures in his explicit blurring between fact and fiction. Zavaroni is clearly invoked and this is potentially a large part of the novel's appeal. The light fictionalisation of Zavaroni into Maria is a way to capitalise on this while also avoiding legal trouble. I would argue that

there is, then, some ethical weight to the use of this source material. This is especially true since the novel comments on anorexia and trauma, stigmatised health conditions.

Part of this unwillingness to depict therapeutics relates to O'Hagan's reliance on symbolic means of recovery, both through stalker Kevin and the narrative of historical trauma. Maria's recovery depends on Kevin's heavily symbolic death. When Maria and Michael leave the hospital for Rome, Kevin follows them and confronts Maria with a knife in the train station bathroom. She counters his attack: '[drawing] all the moments of her life together, and reaching over pain, over doubt, she [becomes] perfect in that fraction of a second' that Kevin tries to stab her. With 'all the force' of 'the pressure of decades', she lodges the knife in Kevin's throat (*PER*: 325-26). She becomes 'unbreakable in those minutes' and '[knows] this might be the last and most decisive performance of her old life' (326). Her suffering turns to strength and, empowered, she defeats Kevin, his death marking a dramatic sense of finality to 'her old life'. This struggle for her identity is made literal as she reclaims her hospital name tag from Kevin's hands (326). Maria, without mentioning this confrontation, continues her travels with Michael and the novel ends on the ferry ride across the English Channel. *Night Waking* similarly ends with its protagonist travelling. However, Moss emphasises uncertainty, with Anna returning to Colsay. While *Personality* ends during a journey, leaving an element of uncertainty, there is a firmer sense of optimism and resolution. Maria leaves Rothesay and London, suggesting liberation and renewal. The journey is pleasant and calm, with the boat 'mov[ing] like a prayer over the water', and the appearance of land, 'another coast', indicating imminent safe arrival (327). Maria throws her hospital name tag in the water, discarding this symbol of her illness and past identity (327). Despite the chronic nature of Maria's anorexia, this is an optimistic ending of survival. This is particularly striking given the obvious parallels to Zavaroni, who died just four years before the novel's publication. One of the key differences between Maria and Zavaroni is the rejection of performance and fame. On the way to the train station, instead of being a highly visible celebrity, Maria feels 'one of a horde of people [...] drawn further into the unconscious actions of a crowd' (324). This rejection of fame extends to the destruction of the fan-stalker. Through this highly dramatic and

symbolic murder, O'Hagan evades the problem of narrating chronic illness and slow recovery. Something of Maria's illness is externalised and embodied in Kevin, who is then expelled. This simplifies the complexity of Zavaroni's real life experience and the typical recovery trajectory for anorexia into a more conventionally structured narrative. However, to fully make sense of this ending, and Maria's sudden recovery, we must examine historical or intergenerational trauma in the novel.

Historical Trauma and Depression in *Personality*

While the novel focuses on celebrity and anorexia, *Personality* also spends a great deal of time on Maria's family. It describes the terrorising, arrest, internment and death of Italian-Scots during the Second World War and explores historical or intergenerational trauma. This trauma contributes to Rosa's depression. However, its resolution is also important to Maria's recovery, illustrating O'Hagan's preference for symbolism. Nathaniel Vincent Mohatt et al. define historical trauma as 'a complex and collective trauma experienced over time and across generations by a group of people who share an identity, affiliation, or circumstance'. Originally used in relation to Holocaust survivors' children, it now is associated with 'many other cultural groups and communities that share a history of oppression, victimization, or massive group trauma exposure' (2014: 128). According to Mohatt et al., '[a] number of empirical studies have shown that groups who have histories of trauma are more vulnerable to diminished psychological health in later generations' (129). This may include 'predisposition to PTSD', 'symptoms of anxiety and depression' and 'disruptions to family and parent-child relationships' (132). However, Marinus H. van Ijzendoorn et al. claim that 'studies on intergenerational transmission of traumatic experiences show inconsistent outcomes' (2003: 460) and suggest that symptoms of 'secondary traumatization' may be 'an artifact of the design of Holocaust studies', such as convenience sampling (465). Regardless, the concept of historical or intergenerational trauma has become influential across a number of disciplines.

To understand the appeal of the historical trauma model, it is worth discussing larger memory discourses and how they are politicised. Writing in 2000, T. G. Ashplant et al. highlight the ‘proliferation of public interest’ globally in the ‘cultural and political dimensions and phenomena of war memory’ and in war commemoration in the 1980s and 1990s (that is, the decades directly proceeding *Personality’s* 2003 publication). Further, ‘social groups suffering injustice, injury or trauma that originates in war have become increasingly prepared to demand public recognition of their experience, testimony and current status as “victims” or “survivors”’ (2000: 3). Historian Kerwin Lee Klein suggests that this ‘rise of memory discourse’ may be best understood ‘within the cultural context of the postsixties United States’ and ‘identity politics’ (2000: 143). Theorist Walter Benn Michaels elaborates on the relationship between the past, memory discourse and identity. He suggests that when history is reimagined as memory, as something ‘remembered or forgotten (not merely learned or unlearned)’, then past events not only have consequences for the present but also ‘live on in the present’. The past becomes ‘the key to our own identity’ when history is ‘reimagined as the fabric of our own experience’ in this way (1996: 7). This can be politicised as group identity. If Holocaust memories are thought to sustain Jewish identity, their disappearance through the survivors’ eventual deaths threatens Jewish identity and preserving these memories becomes key (8). Within the model of historical trauma, remembering is framed as therapeutic both for individuals and society; forgetting or denial is pathogenic. David Becker et al. argue that a society ‘desires to forget’ in order to ‘[put] an end to the horror’ but that this ‘contradicts the need to remember, which therapeutically is a condition for mental health’. Yet ‘individual therapeutic intervention is not enough’: victims need public acknowledgement (1990: 149). A cultural ‘conspiracy of silence’ is, according to clinical psychologist Yael Danieli, ‘profoundly destructive’: it is ‘the most prevalent and effective mechanism’ for transmitting trauma and ‘attests to the person’s, the family’s, the society’s, the community’s, and the nation’s inability to integrate (and constructively respond to) the trauma’ (2009: 352). Danieli outlines several ‘Necessary Components for Healing’, on an individual, societal, national and international level, which include commemoration and education alongside practical measures such as compensation (353).

Personality is concerned with the politics of collective memory and the Scottish-Italian experience in the Second World War. Historian Wendy Ugolini highlights that evacuation, air raids and rationing are dominant motifs associated with this war in Britain. For the British-Italian community, ‘communal memory’ revolves around internment, enforced relocation, anti-Italian riots and the *Arandora Star* tragedy instead (2004: 140). Anti-Italian rioting in Britain followed Mussolini’s declaration of war against the Allies on 10 June 1940 (Colpi 1992: 172). Large numbers of Italian men were then systematically arrested: Terri Colpi estimates that approximately 4,200 British Italians were ‘arrested in two weeks, 600 of whom were British-born’ (1992: 176). This was a poorly managed procedure: ‘Police were instructed to arrest the “dangerous characters” on the MI5 list’, as well as ‘all male “known Italians” with less than 20 years’ residence’ aged between 17 and 60, although ‘many men were arrested who should not have been and vice versa’ and ‘[h]undreds of entirely innocent civilians would soon perish as a result’ (173). Arrestees were typically transferred to ‘collecting points’ before being interned in the unsanitary camp Warth Mills, ‘a disused cotton mill near Bury, Lancashire’, with many then shipped to the Isle of Man or deported overseas (175). The *Arandora Star* was one such deportation ship set for Canada. According to Colpi, the ship was carrying around 1500 passengers, although ‘[n]o proper embarkation list appears to have been compiled’. There were between 712 and 734 Italians; the rest were German or Austrian, both refugees and Nazis, as well as British servicemen (178). A German U Boat torpedoed the ship 125 miles west of Ireland, resulting in ‘a loss of over 700 lives, two thirds of whom were Italians’ (177). This Italian-Scottish experience of the Second World War was long surrounded in a cultural silence or amnesia. After the *Arandora Star* sunk, ‘the wider climate of hostility towards Italians meant there was little space for public mourning for the bereaved families’; personal grieving was complicated as ‘most of the bodies were never recovered’, prohibiting private burials (Ugolini 2015: 95). Ugolini observes that ‘communal expressions of mourning remained muted’ until around the mid-1980s, with renewed interest in the *Arandora Star* converging with the wider trend of cultural remembrance described above (2015: 97). This ‘British-led’ memorialisation reflects increasing national empathy for the diasporic Italian

experience, a ‘reversal of the wartime situation’ (98). O’Hagan, not of Italian descent himself, shares this feeling that larger British culture must acknowledge this traumatic past and will benefit from doing so.

One of *Personality*’s lengthier chapters is Lucia’s first-person account of the Second War World. It describes her emigration with husband Mario and their early life running a successful cafe in Rothesay. Lucia recalls befriending an Italian community in Glasgow and London before the war and falling in love with opera singer Enrico. After the outbreak of war, the cafe ‘customers [turn] against [the Tambinis] and in June they [come] through Rothesay breaking the windows of the Italian shops’ (*PER*: 190). Mario is arrested and ‘interned at a camp in Warth Mills, a place near Bury in Lancashire’ seemingly because Lucia’s name is connected to the Italian community group (191). Soon after, Lucia is herself arrested and leaves her daughter Sofia with a neighbour, Mrs Bone. Lucia spends a night in a cell marked ‘Enemy Alien’ before being transported to the Isle of Man (192). The well-connected Enrico learns that the interned Italians will be deported to Canada on the *Arandora Star* and arranges for Lucia and Sofia to be smuggled aboard the men-only ship so that they can start a new life together. When the ship sinks, only Lucia survives. Traumatized, Lucia is ‘silent for two weeks’, her identity unknown or obliterated: ‘I had no papers: no passport, no medical card, nothing’ (202). She remains in hospital until Mario arrives after his own release and they return to Rothesay. Mario is ‘terrifying in his forgiveness’ after Sofia’s death and eventually Rosa and Alfredo are born (205). Mario and Lucia respond to their experience with wilful silence and denial. This is not the literal amnesia of traumatic repression and they do not experience traumatic dissociation. Instead they deliberately attempt to forget or avoid the past. Alfredo recalls that in the family ‘Mussolini was a dead word, banned’ (83) and even Sofia’s name could only be uttered in ‘whisper’ (85). His father ‘never spoke of those war years’ (85). Lucia meanwhile insists that Sofia died of leukaemia. Mario finally describes the war and Sofia’s death to his children before his own death but asks they keep this conversation secret from their mother (83). He admits that he never forgave any of the local rioters who vandalised his cafe (84). Silence prevents, rather than indicates, reconciliation. While Lucia attempts to ‘close [her] mind’ to the past, she

acknowledges that ‘some things that happen to you are there all your life [...] You think things are past but they never are’ (63). She cannot avoid her repressed memories indefinitely. When planning their escape on the *Arandora Star*, Enrico arranges the delivery of a suitcase which is sent in error to Lucia’s Rothesay address. Never collected, it sits forgotten in a Post Office storeroom for ‘over thirty years’ before being returned to Lucia (64). She hides it for a further five years, unable to confront its unknown contents: ‘Couldn’t open it. Couldn’t send it back to anywhere’ (188). The clothes and banal daily objects inside are ‘relics of some life that failed’ (188). This unexpected and delayed resurfacing of the suitcase is symbolic, the return of the repressed made literal. Lucia’s war memories, long wilfully forgotten, are finally acknowledged and remembered.

This historical or intergenerational model of trauma is key to understanding the Tambini family, from Lucia’s own initial trauma, to her daughter Rosa’s depression and to some extent Maria’s anorexia. There is a connection, both literal and symbolic, between cultural forgetting and psychopathology in the novel. Recovering this memory is curative, or at least salutogenic. Silence and secrecy do not protect Alfredo and Rosa from their parents’ trauma. Even though ‘it wasn’t mentioned’, Alfredo claims that ‘[s]omehow [his] parents’ experience of the war coloured every day of [the family’s] lives’ (*PER*: 83). Lucia is overprotective and Mario is distant. Rosa remembers that Lucia ‘watched [her] and Alfredo all the time as if she was scared she might lose [them]’ (56) but comments on her father that ‘[h]alf the time you wondered if he was even there’ (55). C. Fred Alford discusses the connection between intergenerational trauma and attachment theory, suggesting that trauma is ‘the destruction of attachment’ (2015: 270). Attachment, he argues, ‘is not just about feeling protected’ but about ‘being in emotional attunement with one’s caregiver’ (276). Alford explains that studies of Holocaust survivors’ children show that some are ‘overwhelmed’ by ‘their parents’ anxiety, grief and despair’, while others ‘want to be let in’ (275) and ‘feel abandoned’ because ‘the parent will not share his or her horror’ (277). It is the latter that characterises the mother-daughter relationship in *Personality*. Rosa believes her mother a ‘hypocrite’; the knowledge that Lucia is keeping a ‘great secret’ is ‘the invisible source of an unending grudge’ (*PER*: 64). Rosa’s depression

results partly from malfunctioning attachment caused by familial and cultural silence around her family's traumatic past. Her depression dominates her characterisation. She cries 'so often and so predictably that no one really notice[s]' (10). Her frustrated family blame Rosa for her own depression. Her partner Giovanni privately believes that '[t]here's no need for that in this day and age' (69), while Lucia claims that Rosa is '[d]etermined to be unhappy [...] when she's got everything going for her' (62). Rosa in return blames her family during a doctor's appointment: she claims that 'it's not people outside that hurt [her], it's family' (212), concluding that 'sometimes [she] just wish[es] [her] family could be normal and [she] would be fine' (213). Like Anna in *Night Waking*, Rosa's depression is also connected to career dissatisfaction and feeling overworked and under-appreciated by her family. Rosa complains that she 'work[s] [herself] to the bone' in the Tambini cafe while 'nobody else seems to bother their arse', a complaint which triggers crying (10). Her ambitions of a dancing career are derailed by unexpected pregnancy and single parenthood. Rosa satirises Lucia's disapproval and perhaps her own guilt: 'Poor Rosa, she just sits up there surrounded by dirty nappies. She doesn't have a life at all [...] The Tambinis were meant for better things, Rosa' (57-58). Rosa bitterly warns Maria against men ('[k]eep them at arm's length' (27)) and when 'surrounded only by women', 'the weight she perpetually carrie[s] around seem[s] to drop off her' (67). Gender, especially motherhood, is a significant factor in depression in both novels, although this is secondary to historical trauma in *Personality*.

Rosa ultimately dies by suicide. While some newspapers report that Zavaroni's mother died of a heart attack (Rimmer 1999: para 11 of 26), others report that she died by suicide, partly because of Zavaroni's worsening anorexia (Watson-Smyth 1999: para 10 of 19). Although Rosa does not overcome the family trauma herself, her death provides the closure symbolically needed for Maria's recovery. Her depression leads to suicide despite long-term medical treatment. Indeed, medical encounters are much more prominent in *Personality* than in *Night Waking*, for both anorexia and depression. While O'Hagan omits many details about Maria's hospitalisations, he is less vague about Rosa, who has a long history of medical treatment. Her patient records are 'more than usually thick', with

notes on ‘things she had said, doctor’s advice, and details of prescriptions’ which are ‘uniform: powerful sedatives and anti-depressants going back years’ (*PER*: 212). Yet the novel is more pessimistic about the successful treatment of depression. Despite medication and counselling, Rosa’s depression persists. Rothesay’s local GP, Dr Jag, is the ideal doctor, ‘friendly as well as proficient’. His relationship with his patients is personal and compassionate: he ‘follow[s] with solid interest the progress of Mrs Watt’s catarrh and Mr Kelso’s lumbago’ (211) and is patient and engaged as Rosa speaks at length about family problems. Dr Jag acknowledges the limits of biomedical approaches to depression and emphasises the psychosocial. He stresses that sleeping medication is ‘not a long-term solution’ and prescriptions are ‘not the answer’, advising Rosa that ‘[she] must try to keep up [her] sessions with the counsellor and seek to put some balance into [her] life’ (215). Rosa resists treatment. She stops seeing a counsellor because he ‘talk[s] to [her] as if [she is] half-daft’ and rejects medication, although her reasoning is unclear and seemingly impulsive: ‘I’ve taken the tablets but I thought what the hell and I put the rest of them down the sink’ (213). Dr Jag highlights that Rosa has ‘done that before’ but he ‘believe[s] they help [her]’. Rosa replies: ‘Well I can see you’re right, but sometimes I just wish my family could be normal and I would be fine’ (213). Rosa lacks the supportive relationships that help save Maria’s life. In both *Night Waking* and *Personality*, recovery from depression is more challenging than anorexia. Proximity again is key: Rosa’s suicidal ideation and death by overdose is not dramatised. This narrative distance replicates something of the invisibility and isolation of her depression yet it may also be a tactic to create maximum dramatic impact around the shock of suicide. There is, however, a certain inevitability to Rosa’s death. It is a narrative necessity more than a full exploration of the course of depression. It triggers a reconciliation between Lucia and Mrs Bone who have not spoken since Mrs Bone helped smuggle Sofia onto the *Arandora Star*. Meeting on the street after Rosa’s death, they hug each other and cry (304). They do not mention Rosa by name, suggesting that together they are finally acknowledging and mourning Sofia’s death (and their own guilt) as well. Alfredo announces Rosa’s suicide and Lucia’s dementia in the same chapter; memory loss, reconciliation and death provide closure for the historical trauma.

The connection between historical trauma, cultural forgetting and psychopathology is explored in a literal way through Rosa but it is also portrayed symbolically through Maria. Maria is unaware of her family's traumatic experiences. In rehearsals, teacher Miss Thompson encourages Maria to identify with the immigrant characters in *West Side Story* by pointing to Maria's family's own immigrant past. When Miss Thompson asks '[w]hat happened to all the Italians in the war?', Maria acknowledges that '[t]hey were on the other side' but insists that this did not 'involve [her] own family': 'They ran a café in Scotland. Everybody liked them' (*PER*: 157). Regardless, parallels between Maria and the Tambini past show that echoes of this family history continue despite Maria's ignorance. The newspaper article which reports Maria's first hospitalisation follows the chapter in which Lucia recounts her own internment. Sofia is Maria's double: both are exceptional singers as children. Alfredo describes Sofia as '[t]he little girl with big voice', phrasing which directly refers to Zavaroni herself (85). As George McKay explains, '[a]ged 10 and less than five feet tall, [Zavaroni] embarked on an international solo pop career packaged as "The Little Girl with the Big Voice"' (2018: 14). Both girls use performance to escape, entering a sort of exile: Sofia dies aged nine, trying to escape the UK dressed as a boy; Maria at ten leaves Rothesay for a singing career in London. Lucia herself mistakes Maria for Sofia, claiming that the suitcase's contents belong to her granddaughter and calling her by Sofia's name (*PER*: 184-85). The closure of Lucia's testimony and forgetting, as well as Rosa's death, filters into Maria's own narrative arc, as if the resolution of historical trauma is the prerequisite to her own recovery. This is not literal or explicit; learning about her family's past is not part of therapeutic treatment and Maria remains ignorant. Instead, this is suggested symbolically through narrative juxtaposition. In the chapter following Rosa's death and the Lucia-Mrs Bone reconciliation, Maria experiences her final breakdown, hallucinating that she is the subject of retrospective television show *This is Your Life*. In the next again chapter, Maria begins her last hospitalisation and (apparently successful) recovery attempt. Indeed, the novel's ending rewrites Sofia's death. Like Sofia, Maria leaves the UK by boat. In contrast to the violent sinking of the *Arandora Star*, Maria's journey is calm and safe. Her survival is surprising in relation to her chronic anorexia and Zavaroni's own death. It is, however, better understood as

symbolising the resolution of the Tambini's historical trauma. In reading this as a Scottish illness narrative, it is worth noting that Maria's illness is neither triggered nor resolved by leaving Scotland for England or America, or by returning from London to Rothesay. However, this notion of escape, albeit from the UK rather than Scotland, is prominent. Recovery is possible within the British setting but, once achieved, opens access to the rest of the world. Liberated from the past, Maria moves towards a new life in a new location.

Anorexia has several competing meanings in *Personality*. It is a developmental disorder, although the perfectionism and self-surveillance Rosa demands is related to class mobility. It is a way to compensate for control lost in Maria's professional life. While fame is not simplistically offered as the cause of anorexia, O'Hagan uses it to criticise popular interest in celebrity suffering through the image of the hunger artist and Kevin's problematic para-social relationship with Maria. The novel's varying proximity productively complicates our identification with the anorexic experience and frustrates our sense of entitlement to a celebrity's private life. However, proximity is problematic too, used to exploit a sense of fan intimacy. O'Hagan avoids exploring therapeutics, preferring symbolic actions, such as Kevin's death, Maria's escape from fame and the UK, and the resolution of the Tambini family trauma. Historical trauma, here the experience of Italians in Scotland during the Second World War, is a major strand of the novel. Models of historical trauma link the individual's psychological health to that of the nation. Groups experiencing injustice require acknowledgement from the larger culture. For both individuals and society, remembering is therapeutic, forgetting or denial pathogenic. O'Hagan applies this model to a Scottish context, implying that the national psychological health could be improved by acknowledging this trauma in Scotland's past. The concept of historical or intergenerational trauma is most commonly associated with Jewish communities in the aftermath of the Holocaust and Indigenous peoples in North America (Kirmayer et al. 2014). It is not commonly found in debates around Scottish public health. It is not a major theme in Scottish literature or literary criticism, although some work exists, such as Gavin Miller's (2010) examination of identity politics, and culturally and familial inherited guilt and victimhood, in

Irvine Welsh's fiction. It is interesting, then, to see the importation of this discourse into Scottish fiction, applied somewhat artificially onto Italian-Scots. *Personality* itself enacts cultural remembrance, recording the Italian-Scottish wartime experience. This narrative is grafted onto the more famous story of Zavaroni's health. O'Hagan departs from the Zavaroni source material most obviously in Maria's recovery, partly to create this narrative of trauma resolution. This also allows O'Hagan, clearly a Zavaroni fan, to rewrite the tragedy of her premature death as a happy ending. Facing the complexity of therapeutics, and indeed in Zavaroni's case the impossibility of recovery, might have been more ethical. While a novelist has creative freedom, the fact that the novel is not self-referential or purely fictional adds extra ethical weight to the use of this source material.

Chapter Conclusion

Sarah Moss's *Night Waking* and Andrew O'Hagan's *Personality* examine depression and anorexia, drawing on a surprising variety of discourses, most notably those of attachment and historical trauma. In both novels the characters with depression criticise anorexia. Moss and O'Hagan record this stigma through characterisation yet a similar discomfort or uncertainty permeates the texts themselves. The univocal representations of depression, largely the result of disempowerment and the burdens of motherhood for Anna, and historical trauma and family tensions for Rosa, suggest confidence in its meaning. In contrast, anorexia holds multiple meanings: developmental disorder, political protest, a project of self-surveillance for class mobility, method of regaining control, the result of celebrity and pathological para-social relationships. These various, conflicting meanings suggest less certainty or that anorexia is a more flexible concept open to interpretation. Both novels portray recovery from anorexia as possible but fail to fully explore this. For Zoe in *Night Waking*, it is a simple choice. O'Hagan shows the chronic nature of the condition through Maria's repeated hospitalisations yet the absence of therapeutics and reliance on symbolism mean that he is almost as evasive as Moss. There is an imaginative gap: neither novel can quite imagine what recovery from anorexia might entail. Moss and O'Hagan are also tentative about recovery

from depression. Anna's recovery is a gradual, uncertain process and the novel's ending is ambiguous. Medication does not relieve Rosa's persistent depression and she dies by suicide. In both novels medical encounters or settings are almost totally absent, perhaps unsurprising in the aftermath of deinstitutionalisation and community care approaches to treatment. *Night Waking* and *Personality* are uncertain about how recovery from mental illness is achieved and whether it is possible at all.

Certain discourses around mental distress are notably absent. While *Night Waking* and *Personality* explore anorexia through young women, it is striking that neither offers a particularly feminist depiction, given that so many dominant theories of the condition understand it this way. In fact, both novels show a prominent economic element to anorexia instead: Zoe and Maria reject their own physical needs in their discomfort over manufactured, consumerist needs. Mental illness is not attributed to economic inequality, social disadvantage or Scottish national disempowerment, discourses common in the press and fiction by the likes of Kelman and Welsh. There are, however, various kinds of pathogenic cultures across both novels. In *Night Waking*, this is the cultural demand of attachment discourses: women are overburdened with caring responsibilities, for children, the family and indeed the planet, at the sacrifice of their own mental health. The rural island setting exacerbates and highlights these naturalised cultural demands. However, Anna's exile is not permanent as she plans to move to cosmopolitan and intellectually nourishing Glasgow. Glasgow is associated with better mental health, contrasting many of the press depictions of the city as unhealthy, even pathogenic, explored in Chapter One. In *Personality*, a pathogenic celebrity culture contributes to Maria's anorexia and creates the conditions for dysfunctional para-social relationships. O'Hagan also suggests that Scottish culture itself is psychopathogenic, not because of a depressive Scottish national character but because of unresolved historical trauma. This is not a discourse commonly circulating in discussions of Scottish public health. In both novels, mental illness is politicised and socially situated, closely connected to oppression and group identity: womanhood and motherhood in Moss and the Italian-Scots ethnic minority in O'Hagan. This sensitivity to mental health inequalities in different groups

nuances the idea of Scotland's national poor mental health in 'Glasgow effect' press discussions, which often claim that all individuals need to take equal personal responsibility to change their outlook and improve their mental wellbeing.

Chapter Three: Alcohol and Alcoholism

In *The Herald*, Iain Macwhirter argues that alcohol use in Scotland is both a symptom and a form of self-medication. It is ‘an easy anaesthetic for generations of Scottish men who simply had no purpose in life’ after deindustrialisation. At the same time, ‘The way we attack alcohol certainly looks like a symptom of some deeper psychological disturbance’ (2010: para 10 of 14). The heavy drinking Scot is a commonplace figure, indeed a national stereotype. There is some basis in public health reality. According to GCPH, alcohol-related deaths in Glasgow compared to Liverpool and Manchester were 155.9% or more than 2.5 times higher for men and 82.3% higher for women (2010: 27). ‘Glasgow effect’ newspaper articles and broader contemporary public health campaigns typically advise that the whole population must reduce alcohol consumption. This has narrowed the focus on drinking behaviour construed as excessive, dependent or alcoholic. However, alcoholics remain popular figures in fiction. I first discuss changing models of addiction to provide theoretical context before briefly examining the long tradition of alcoholics, drunkenness and heavy drinkers in Scottish literature. I then focus on *Distance* (2008) by Ewan Morrison and *Paradise* (2004) by A.L. Kennedy. In my examination of mental distress in the previous chapter, I concluded that Moss and O’Hagan engage with discourses not circulating in ‘Glasgow effect’ press coverage of Scottish public health. I draw a similar conclusion here, showing how Scottish fiction is often counterdiscursive to the ‘Glasgow effect’ imaginary.

Drug Use and Addiction Concepts

Definitions of addiction continue to expand and change, covering a wide range of drug consumption patterns as well as other behaviours, yet these definitions remain contested. I explore medical models of addiction and their critiques before

examining the relationships between addiction and identity. Addiction has been conceptualised as a disease of the will, the psyche and the brain. Harry Gene Levine traces the relatively short history of the disease of the will model. This model claims that alcoholism is a ‘progressive disease’; the main symptom is loss of control over drinking and the only cure is abstinence (1978: 143). The assumption in the seventeenth and eighteenth centuries was that people drank because they wanted to, not because they had to. Alcohol was not considered addictive and did not ‘disable the will’. In the nineteenth century, laypeople and physicians associated with the Temperance Movement argued that alcohol was inherently addictive and that intemperance or habitual drunkenness was a disease. Post-Prohibition models understand the individual as the source of disease, meaning only some people become addicted (144). According to Alex Mold, a psychiatric view of addiction as mental illness developed in the 1970s, with ‘dependence’ becoming the preferred term (2008: 8). Increasingly seen as ‘a disease without a clear biological cause’, attention turned to social and psychological explanations, and addiction became ‘thoroughly “psychiatrised”’ (46). Addiction has since been reconceptualised as a brain disease, with repeated drug use causing ‘long-lasting neuroplastic changes’ (Leyton 2013: 219). These three models continue to circulate and co-exist in popular culture. However, in Mariana Valverde’s words, ‘the construct of the alcoholic has become increasingly irrelevant in most formal systems of governance’ (1998: 143). Drinking in the general population has come under increased scrutiny and state intervention in Britain since the 1970s, with a focus on changing habits and lifestyle (95). This has been achieved through increased regulation, such as introducing age restrictions and curtailing licencing laws and pub opening hours (143-44). These methods control alcohol consumption without prohibiting it. Valverde suggests that such regulation is not designed to ‘maximize health’ but to ‘regulate consumption, producing orderly, disciplined drinking’, relying on ‘old notions of disorder and danger more than calculations of risk factors’ (144). This suggests a partial return to Temperance ideology which saw alcohol itself as a problem and discouraged all drinking.

However, some scholars critique the idea of addiction as illness, challenging medical models and highlighting the influence of social norms on such definitions. Reinerman notes that disease definitions typically become increasingly precise. Although definitions of addiction as disease have been regularly reworked, they have become increasingly broad (2005: 311). The World Health Organization's 1981 description of dependence as a syndrome in which drug taking is given higher priority than previously highly valued behaviours is, Reinerman observes, broad enough to include any activity (312). Indeed, gambling, sex and shopping are now discussed as potentially addictive. Bennett Foddy and Julian Savulescu meanwhile challenge the brain disease model. They argue that brain changes are normal, especially in response to rewarding activities, and do not indicate disease (2010: 6). They also highlight that the idea that addicts act non-voluntarily relies on unwarranted normative assumptions (11). Like regular coffee drinkers, they may be 'willing addict[s]' (10) who knowingly prefer taking drugs (15), an idea hard to accept when 'wanton pleasure-seeking' is taboo (3). Historical perspectives reveal that the addiction as disease model was formed by social, religious and political, as well as medical, ideas. Porter emphasises the role of pressure groups, the lay public and drunkards themselves, alongside physicians, in establishing the disease model. For example, philanthropic Christian groups justified their paternalism by viewing drunks as sick victims needing care (1985: 393). Founded in the early twentieth century, non-medical self-help group Alcoholics Anonymous (AA) helped medicalise addiction. Levine credits AA with the 'rediscovery' of alcoholism as a disease in the 1930s and 1940s; the concept became less relevant as the Temperance Movement fought for full prohibition of alcohol at the end of nineteenth century (1978: 161-62). AA greatly influenced twentieth-century addiction discourse. Although founded in the United States and described by Klaus Mäkelä et al. as 'an American middle-class invention', AA groups and philosophies have spread internationally, first to 'Anglo-Saxon countries' with 'strong Protestant traditions and close contact with the United States', such as the UK (1996: 27). Medical models suggest that addiction is a stable, objective condition that could potentially afflict anyone. Yet the concept is not always applied evenly to different groups. Porter explains that, in the eighteenth century, alcohol dependence was considered a disease in the upper classes only; the same

behaviour in the poor was simply vice (1985: 393-94). Drug use carries socially and politically charged meanings which shift depending on the user.

Indeed, addiction is the foil that reinforces the idea(l) of the autonomous individual. Helen Keane argues that addict behaviours, construed as 'unnatural, disordered and self-destructive', help define non-addict behaviours as 'natural, healthy and self-enhancing', the expression of 'a totalised self or identity' (2002: 8). This health-addiction binary, as David Moore et al. explain, means that the neoliberal self is obliged to lead a 'healthy' lifestyle; not doing so is a failure of citizenship, even leading to loss of rights (2017: 156). AA has played a key role in defining the 'addict' and 'recovering addict' identities. In AA discourse, addiction is located in the self, not the substance. Keane explains that genuine change results from reworking the self, not just changing behaviours (Keane 2002: 167). The recovering addict is often characterised as having special insight gained through rebirth and self-reflection, making their experience superior to the static, unreflective lives of non-addicts (161). Yet, as Keane stresses, the threat of relapse makes this a precarious identity, requiring constant self-surveillance (162). Valverde suggests that the personal anecdotes told in AA meetings help cultivate a shared alcoholic identity (1998: 131). This storytelling is not a psychoanalytic 'inquiry into the deep self' but a method of 'enlist[ing] individuals in AA's pre-existing narrative of alcoholism' (132). Robyn R. Warhol highlights narrative's role in defining addiction and recovery. Individuals at AA understand their 'disease' through hearing and telling first-person stories of drinking construed as alcoholic (2002: 98). AA's master narrative allows for two modes of closure: the euphoric or happy ending, in which the drinker achieves sobriety, and the dysphoric or tragic ending, where this goal is not met, leading to death (98). Each individual's story must conform to the former, with continued drug use in any form viewed as inherently destructive, undesirable and unenlightened. This, however, may be too prescriptive. In interviews with people who met addiction diagnostic criteria, Moore et al. found that not all interviewees understood their behaviour as problematic or unhealthy. While some linked their drug use to life problems (2017: 157-58), another group maintained health and well-being alongside drug use by taking drug breaks, exercising and having an active social life (158-59). A third

group claimed drugs helped them cope with chronic pain or stress, allowing them to contribute productively to society (159-60). Medical and legal models, as well as AA discourse, tend to deny this diversity by construing all drug use as harmful.

Alcohol in Scottish Fiction

There is a long tradition of Scottish texts featuring alcoholics, drunkenness and heavy drinkers. As with Chapter Two, I begin with a brief survey of this literary history. One of the most famous texts is narrative poem ‘Tam o’Shanter’ (1791) by Robert Burns. Tam discovers a supernatural ceilidh after a night drinking in an Ayr pub. Emboldened by the alcohol, he watches the dancing witches. Once discovered, he is chased by the furious supernatural beings and lucky to escape. Intoxication leads Tam to the thrilling but dangerous edges of another world. John C. Weston notes that the poem’s narrative voice is both admiring and disapproving of Tam, occasionally ‘admonish[ing] Tam for moral irresponsibility’ (1968: 544). The narrator is ‘torn between Tam’s values (the pleasures of camaraderie, drink, sex, song, and dance) and [Tam’s wife] Kate’s values (respectability, responsibility, moral truths, and Calvinistic rigor) (545). George Douglas Brown’s *The House with the Green Shutters* (1901) is often read as a retort to the sentimental Kailyard school in Scottish fiction. Alan Beveridge explains that, in the novel, alcohol is ‘the crutch of the weak-minded, taken to bolster confidence but ultimately leading to self-destruction’ (2017a: 94). John, the sensitive son of domineering tyrant Gourlay, at first finds that alcohol gives him confidence and new social skills. As he spends more time in the pub, he begins neglecting his studies and experiencing delirium. Alcohol eventually leads to his downfall: returning home after being expelled from university, he murders his father, experiences hallucinations and poisons himself. Book-length poem *A Drunk Man Looks at the Thistle* (1926) is a major modernist work by Hugh MacDiarmid, a key figure in the Scottish Renaissance. Written in MacDiarmid’s so-called synthetic Scots, the poem is a heterogeneous mix of moods, poetic styles, references and topics. The speaker’s drunkenness allows a free-flowing stream of ideas as he philosophises on a wide range of cultural, political and existential themes. Margery

Palmer McCulloch and Kirsten Matthews explain that the poem opens and closes on Scottish themes but that its ‘philosophical and psychologically duality’, its ‘preoccupation’ with human consciousness, and its ‘questioning of human purpose’ in a modern world defined more by science than religion, are ‘themes which go beyond any national dilemma’ (2011: 49-50). Alcohol in Scottish literature has been condemned and celebrated, associated with social commentary and philosophical reflections, as well as both modernity and the supernatural. Heavy drinking remained a prominent topic in Scottish fiction over the twentieth century. I briefly discuss five key precedents to my primary texts: *Mr Alfred M.A.* (1972) by George Friel, *Gentlemen of the West* (1984) by Agnes Owens, *1982 Janine* (1984) by Alasdair Gray, *The Sound of My Voice* (1987) by Ron Butlin and *Our Fathers* (1999) by Andrew O’Hagan. These generally take place in the context of postwar decline and the collapse of heavy industry, which particularly impacted Glasgow.

Mr Alfred in George Friel’s *Mr Alfred M.A.* is a disillusioned, alcoholic schoolteacher. For Mr Alfred, alcohol is an ‘anaesthetic between the week’s drudgery behind and the week’s drudgery ahead’ (1987: 6). He is a ‘veteran pubcrawler’, rotating through several pubs to obscure how much he drinks, ‘always on the fringe of company’ and unable to form connections with those around him (5). Mr Alfred’s alcoholism is not explored in great detail, largely functioning as a symptom of his alienation and disappointment. In his introduction to the novel, Douglas Gifford calls it a ‘major European statement’ on the breakdown of traditional values, community and communication (1987: v). Communication breakdown is occasionally enacted through Friel’s use of obscure words. During a fight with her brother, schoolgirl Senga boards ‘the kitchensink in a defence of temporary kyphosis’ and ‘[confounds] her mother and her brother in one strabismic glare’ (1987: 4). Horst Prillinger suggests that these obscure words intentionally confuse the reader so they too feel ‘trapped and unable to understand anybody else’ (2000: 105). The novel is mostly set in Tordoch, a fictional slum on the edge of Glasgow. The narrator is scathing about the inhabitants: the fathers have ‘no trade or profession’, the mothers are ‘bad managers’ and the ‘untended children’ are ‘nourished by free milk and free dinners’ while ‘feuding’, ‘thieving’ and ‘truanting’ (1987: 20). Ageing teachers like Mr Alfred complain about the lack of

respect and discipline, and are hostile to fashionable, child-centred teaching philosophies that claim there are ‘no stupid children’ and ‘no bad children’ (137). Teenagers terrorise adults and the city is defaced by graffiti from competing armed gangs. Towards the end of the novel, Mr Alfred is robbed while drunk by former pupils and knocked unconscious. He then meets the mysterious youth Tod, presumably a hallucination, who claims to be the mastermind behind the city’s graffiti. Tod is a sort of devil figure. When Mr Alfred asks Tod if he thinks he is God, he replies ‘[n]o, the other One [...] The Adversary’ (162). The two have a lengthy debate about language, art, power, civilisation and destruction. Mr Alfred then writes his own graffiti: ‘MENE MENE TEKEL UPHARSIN’ (168). In the Bible, these words appear on a wall during Belshazzar’s Feast; Daniel claims that it means that God has judged and doomed Belshazzar’s kingdom (Daniel 5. 25-28). In reference to this Biblical story, this section of *Mr Alfred M.A.* is titled ‘The Writing on the Wall’, suggesting that Glasgow is similarly doomed. Mr Alfred is arrested for vandalism. During his police interview, he is absurdly diagnosed with twenty-three psychiatric conditions, such as homichlophobia, thermaphobia and melissophobia, the fear of fog, heat and bees respectively (1987: 177). He ends the novel in ‘a mental asylum’ with significant memory and language loss, cruelly fitting for a pedantic English teacher (178). *Mr Alfred M.A.* is a relentlessly bleak novel critical of modern Glasgow. Alcoholism functions as a failed social ritual: Mr Alfred drinks compulsively in pubs but remains an outsider. As his drinking leads to breakdown, he offers no viable alternative to the destructive younger generation.

Gentlemen of the West by Agnes Owens is narrated by Mac, a young bricklayer living with his mother in the West of Scotland. The novel is fairly light-hearted and loosely anecdotal rather than plot driven. Each chapter revolves around alcohol. Lynne Stark groups Owens with Gray and Kelman. They responded to a ‘new environment of industrial decline, structural unemployment and social fragmentation’ in the 1980s with new narrative modes and ‘a determination to bring to fiction the unimagined: voices, people and places denied cultural existence’. Owens’s characters are ‘drawn from the margins of working-class life: alcoholics, petty criminals and down-and-outs’ (2000: 111). Owens depicts a masculine and working- or under-class culture of heavy drinking and pub brawls.

On her only visit to the pub, Mac's mother resolves to never return after witnessing a fight. Yet, in contrast to Mr Alfred's alienation, the novel's drinking culture is hospitable, at least to men. Indeed, Mac's 'social life began' in the pub as a lonely teenager (1984: 85). Stark suggests that Mac 'is representative of the new type of working-class protagonist', 'politically apathetic' and motivated by 'Short-term self-interest rather than socialism' (2000: 111). Mac regularly drinks heavily, largely out of boredom, loneliness and disaffection. He recalls childhood 'days of real adventure' whereas '[n]ow it [is] all grind, booze or trying to get by on the dole' (1984: 115). Although not yet an alcoholic, he envisions 'winding up on the river bank like the wineys, with all [his] possessions in a plastic bag' (78). The novel's many alcoholics are homeless or near homeless but live happily. Homeless alcoholics Baldy and Mick are the 'true gentlemen of the west', sharing their wine and lending Mac money (124). Mac feels he is 'being initiated' and reasons he 'could do worse than join them' because of their 'communal outlook' and freedom, highlighting the importance of drinking as a social ritual (123). Comfortable with their situation, they are incredulous that Mac intends to travel north for work. Mac however rejects their 'philosophy' and lifestyle, realising that he 'like[s] working' and 'prefer[s] to earn [his] drink' (124). The novel's last sentence describes Mac 'on [his] way to adventure' as he leaves the limits of his local community behind (127). There is little indication that Mac wants to or will stop drinking. Like in *Mr Alfred M.A.*, heavy drinking takes place against economic depression and a lack of opportunity. Unlike Mr Alfred, Mac ultimately pursues an alternative life, although this means leaving his mother and community.

In Alasdair Gray's 1982 *Janine*, security consultant Jock McLeish tells the 'story of *how [he] went wrong*' [original italics] (1985: 191). Gray discusses politics, power and Scotland throughout the novel. During one night in a Greenock hotel room, Jock drinks, reflects on his past and politics, has vivid sexual and sadistic fantasies, attempts suicide, and undergoes a moral rebirth. S. J. Boyd describes Jock as a 'thoroughgoing Jekyll and Hyde' and the book as 'profoundly antiszygous', as the 'outwardly respectable' Jock is by night a secret alcoholic and 'inward immoralist' (1991: 109). Like Mr Alfred, he protects his respectability through pub-crawling. He partly drinks to avoid painful memories. Remembering

when his wife's family intimidated him into marriage, his desperate need for alcohol disrupts the narrative voice: 'I hated most of all a total stranger [...] with his two sons [in] the middle of my own room and WHISKY quickquickquickquickquick [...] Dip this foul brain deep in cleansing alcohol' (1985: 69). Jock's alcoholism also relates to his deliberate ignorance and political disengagement. He believes that the 'only people who need to think nowadays are in stock exchanges' or 'eastern communist parties'. The majority should submit to leaders and '[s]tupefy' their unused intelligence: 'Valium for housewives, glue-sniffing for schoolkids [...] spirits for me' (12). Reading about the distressing fact of childhood suicide in US-occupied Vietnam is for Jock a reminder that '[he] had better ignore all politics, all facts not immediately under [his] nose' (131). Joseph Brooker reads *1982 Janine* as a response to early Thatcherism in its questioning of the 'nature of an emerging Thatcherite, or modern Conservative, mindset' (2012: 137). Jock claims to be a Conservative, although not a 'true Conservative' with 'faith in some established institution' (1985: 152). He merely hopes to align himself with the already powerful. This is, he admits, 'selfish' and 'probably wicked' but he would 'rather be thought wicked than stupid' (62). As Brooker highlights, this is 'a politics of scepticism and disillusion, rather than of hope', which does not offer a real alternative to the left (2012: 141). Jock's sadistic fantasises, in which women are tricked and/or abuse each other, are less about gender politics than broader political power dynamics. As Jock notes, 'accusations of sex-discrimination are irrelevant' when we consider 'how the winners shaft the losers' and 'the rich shaft the poor' (1985: 121). Jock is fascinated by the moment in which his trapped fantasy heroines move from denial to confronting their dire situation. This is the 'moment when, with courage, we change things'. Jock, however, has 'never fully faced [this] in [his] own life' (194). We can only change troubling situations by first fully acknowledging their painful reality.

Jock must confront his own disempowerment and dehumanisation: he is 'not a man' but merely 'an instrument' of the security installation firm which has exploited Scotland (1985: 105). He overcomes his alienation through a regenerative metanoia or conversion after a failed suicide attempt. This resembles psychiatrist R.D. Laing's arguments about psychosis. As Gavin Miller explains, Gray has

explicitly acknowledged Laing as an influence (2005: 53). In *The Politics of Experience*, Laing argues that normality is built on alienation and is therefore itself a type of madness. Psychosis is a 'natural way of healing' this 'alienation called normality' (1990b: 136). It can be a positive experience, offering 'break-through' instead of 'breakdown' (110). Although he does not become psychotic as such, Jock experiences a similar altered consciousness when he attempts suicide by overdosing on pills and whisky midway through the novel. The typography breaks down as his thoughts become fragmented. This is first represented through lists and irregular grammar and punctuation, followed by several pages of text displayed in three columns (1985: 178-181). The thin left-hand column is God's voice, claiming not to be an authority figure but merely 'common | human | warmth' (180). The text is then geometrically arranged with various formatting styles, ending with Jock, instructed by God, vomiting the pills (185). Feeling more settled after several blank and near-blank pages (187-190), Jock realises that he wants to change (191) and resolves to tell '[his] story in the difficult oldfashioned way', in a linear order to understand causality (192). He explains that his fantasy about women 'corrupted into enjoying [their] bondage and trapping others into it' is in fact 'the story of [his] own life' (193). The novel resembles a conversion narrative: drinking and overdose trigger a breakdown that offers breakthrough. The novel ends with Jock quitting his job with the exploitative security firm. He remembers defending a fellow student against teacher Mad Hislop's unfair abuse and is finally able to cry compassionately. This signals a tentative rebirth: 'A new man? Not exactly the same man, anyway'. He wants to 'make folk glad [he] exist[s]'. Having once believed that history is made 'by a few important people', he now feels empowered and engaged. History is 'what we all make', and he resolves to 'work among the people [he] know[s]', to no longer 'squander [himself] in fantasies' and to 'think harder and drink less' (340). Gray uses Jock's alcoholism to explore political and emotional stupefaction. Alcohol contributes to Jock's false consciousness, helping him accept the demands of neoliberalism. Yet his liberating metanoia is also partly triggered by intoxication. Jock's rejection of alcoholism dramatises his re-engagement and political empowerment.

Ron Butlin, the 2008-2014 Edinburgh Makar, explores alcoholism in *The Sound of My Voice*. Gavin Wallace explains that the novel has suffered ‘surprising neglect’ despite being ‘one of the most significant achievements in Scottish fiction in the 1980s’ (1993: 228). The novels discussed here are all (partly) set in an economically-depressed Glasgow or West of Scotland, although Jock in Gray’s novel is relatively affluent. Butlin’s is the only novel set in a non-specific affluent suburb. Morris Magellan is a successful middle-class executive with a family and a suburban home. He is also an alcoholic. He drinks expensive brandy, alone at work or at home, often while listening to classical music. In the Foreword, Irvine Welsh reads the novel as a ‘criticism of [the] spiritually vacuous, socially conformist age’ of Thatcherite Britain (2002: ix). Wallace meanwhile understands Morris’s drinking within a Scottish literary tradition. He observes that Morris, ‘like so many other Scottish fictional *miserables* before him’, must confront an unhappy childhood. His father is ‘the familiar Scottish paternal tyrant, whose cold and callous distrust of emotion has engendered in his son a crippling sense of shame and guilt’. Wallace identifies this as ‘the destructive Calvinist heritage once more; alcoholic compensation so often its deadly inheritance’ (1993: 230). Butlin does little to invite a Calvinist reading: the novel does not engage with an explicitly Scottish locale, context or history. The novel does however imply that Morris drinks partly because of this traumatic childhood. The overall structure is largely linear. The first two chapters cover Morris’s childhood and the moment in his twenties he learned of his father’s death; from there the narrative covers little more than a few days in his current life. Yet Morris’s own sense of time is disrupted. He is unable to separate past from present, feeling that ‘everything that has ever happened to [him] is still happening’ (2002: 1).

Butlin uses striking imagery and literary experimentations to immerse the reader in Morris’s anxiety and intoxication. The second-person narrative voice signifies Morris’s dissociation or split sense of self: ‘every moment almost, you must begin the struggle over again – the struggle to be yourself. You keep trying, like an actor learning his lines [...] In time you hope to convince even yourself’. Morris ‘carr[ies] the burden of two lives at least’ (2000: 20). Mud imagery makes his anxiety tangible yet surreal. Mud ‘starts seeping in’, ‘No matter how clean and

fresh the day appears', and Morris 'drink[s] to keep it down, to stop from choking' (26). Water imagery illustrates his instability, lack of control and dissociation. Morris 'live[s] from moment to moment like a drowning man'. When drinking, he 'cease[s] struggling and slip[s] gradually below the surface' where 'nothing can touch or hurt' him (24). The turning point comes when he witnesses a suicide at a train station and '[feels] it to be [his] own, in part' (103). Reflecting on this and his childhood, the narrative includes the first-person voice for the first time: 'You have reached a moment quiet enough to hear the sound of my voice' (103-04). Morris begins his first day of sobriety guided by this voice: 'One step at a time [...] Trust me [...] I am with you' (107). The narrative voice recognises that maintaining sobriety is not a straightforward, linear process but that '[f]rom now on every day is the first day' (108). This is similar to Jock's recommitment to daily life. The novel ends with Morris, distracted by thoughts of his father, accelerating on a motorway, oblivious to his terrified family. His father's presence disappears suddenly and Morris stops the car, crying. The final sentence, '[y]our tears – and mine', suggests catharsis and the new sense of integration (114). The novel is allusive rather than conclusive, tentatively pointing towards sobriety or recovery but avoiding a simple resolution. This is the only novel discussed so far in which a character decides to become sober. However, Morris's alcoholism is not understood through AA or medical discourse.

Our Fathers by Andrew O'Hagan was shortlisted for the 1999 Booker Prize. The novel depicts four generations of the Bawn family. At thirteen, narrator Jamie leaves his mother and abusive alcoholic father Robert to live with his grandparents Margaret and Hugh. Hugh is locally famous for reforming social housing as a driving force behind Glasgow's towerblocks. Now in his thirties, and working in demolition, Jamie returns to Ayr from Liverpool to visit his dying grandfather. Over the novel Jamie recounts the family history which is inseparable from the history of the West of Scotland, particularly Glasgow and Ayrshire, with several members of the family prominent in local politics. The novel is principally about the negotiation between past and present. Daniel Lea argues that *Our Fathers* offers a 'moral for Scotland' at the beginning of post-devolution nationhood. Blind optimism means wilfully ignoring past mistakes yet excessive historical focus is

equally unhelpful. Instead, a 'dispassionate and self-critical' analysis capturing the 'multitudinous positive and negative versions' of Scotland is needed (2017: 84). Hugh and Margaret refuse to engage with the present or critically examine the past. Margaret is 'without living friends' (2000: 176) but behind her words are 'thousands of acres of emptied land' and the 'lost voices' of her beloved Highland ancestors (175). She refuses to hear Jamie's more nuanced account of Scottish history. Hugh cannot admit that the towerblocks are inadequate. In contrast, the past is burdensome for Jamie. He lives in self-imposed exile, troubled by his unhappy childhood but unable to confront it until called home to visit the dying Hugh. Once he reconciles with his parents and grandparents he returns to his girlfriend and the possibility of having his own children.

O'Hagan uses Robert's alcoholism to explore this negotiation between past and present. Heavy drinking is again predominantly male and working class, typically taking place in pubs. Robert's alcoholism is only recounted from Jamie's childhood perspective. He is described as the kind of alcoholic that 'rages and mourns', neglecting his family and beating his wife (2000: 6). Stifled by his father Hugh's idealism and his rent-striker grandmother's 'Utopian dreams', Robert leaves Scotland for Berwick where he seeks 'an end to the question of himself' through alcohol (5). His unhappiness and alcoholism are also tied to his national identity. Jamie explains that '[i]n my father's anger there [is] something of the nation'. Robert's 'madness', then, is 'nothing new': 'His [is] a country of fearful men' and he '[bears] all the dread that [comes] with the soil'. Indeed, '[h]is Scotland [is] lashed, betrayed, forgotten' and that is 'our happiness' and 'our song' (8). After years of estrangement, Jamie and a now sober Robert reconnect after Hugh's death. Robert's process of becoming sober is not dramatised although he is involved with AA. Jamie and Robert attend a Blue Bonnets Gathering in Dumfries, a yearly convention associated with AA. Like AA discourse, *Our Fathers* locates addiction in the self. Jamie is 'scared for' Robert while watching him eat 'like someone helpless' (272). His addiction to alcohol is transferred onto chips and sugar which, although better for his mind, remain 'bad for his body' and will 'one day come to devour him' (273). There is, however, regeneration and optimism in the AA group's sobriety. Robert cannot believe in his father and grandmother's

socialist Utopia but finds ‘Utopia in a community of reformed boozers’ (277). The group members ‘found themselves in Scotland and the world, and had made it new, for themselves, for each other’ (278). According to AA discourse, the addict remains an addict, even when long-term sober. They must stay mindful of their addict past to stay sober, but must also let go of that past enough to create a new lifestyle. Robert achieves, then, the balance of remembrance, acceptance and forgetting that is, according to Lea, O’Hagan’s moral for post-devolution Scotland.

Although this account of alcoholism in contemporary Scottish fiction is not exhaustive, some useful observations can be drawn. Heavy drinkers here are all men. Female alcoholics exist, in texts like *A Working Mother* (1994) by Agnes Owens and Laura Hird’s *Born Free* (1999), but they are a small minority. Alcoholism is overwhelmingly associated with Glasgow and the West. Again, there are some exceptions in the larger corpus, such as Hird’s Edinburgh novel and Kevin MacNeil’s *The Stornoway Way* (2005), set in the Outer Hebrides. There is a mix of working- and middle-class drinkers in this survey. The working-class drinkers typically drink communally in pubs, prioritising drinking buddies over family relationships and responsibilities. The middle-class drinkers drink alone, whether in private or public, concerned more with respectability than community. Whatever the social class of drinker, the Scotland imagined in most of these novels is one of poverty, alienation, violence and a lack of opportunity. *The Sound of My Voice* is the notable exception, with its indeterminate suburban location. The pub setting is prominent, signalling the failure of domestic life. Mr Alfred and Jock’s pubcrawling also suggests the failure of homosociality as they remain alienated in these communal spaces. Morris in *The Sound of My Voice* is the only character here who instead drinks privately, preferring brandy alone in his office or at home. However, the front cover of the *Serpent’s Tail* reissue shows an empty pint glass next to an ashtray in a dimly lit pub. This incongruous image suggests there is a limited template for Scottish novels about alcoholism. This obscures other drinkers and forms of drinking.

On the whole, these novels depict drinking in fairly realist modes. Butlin’s striking imagery immerses the reader in Morris’s experience and Gray’s

typographically experiments portray an altered state of consciousness that is part intoxication, part psychedelic metanoia. Alcohol is represented as both stupefying and awakening. It provides escapism and dulls the drinker's sensitivity to personal dissatisfaction and lack of opportunity in Friel and Owens. In Gray and Butlin, alcohol disinhibits resistance to the demands of modernity, work and neoliberal selfhood. There is, however, some ambiguity or ambivalence about alcohol in certain texts. Does Morris's drinking in *The Sound of My Voice* help him submit to middle-class conformity and the demands of the office or does it in fact liberate him from these oppressive concerns? 1982 *Janine* is the most overtly political text. Intoxication is a form of wilful disengagement, a way of ignoring exploitation and injustice. Jock ultimately rejects this stupefaction as an inadequate and unsatisfying response to the world; his decision to drink less signals a commitment to reengagement and participation. Yet this change in perspective is triggered partly through intoxication itself, introducing a note of ambiguity about the role of alcohol. From a medical humanities standpoint, these novels are of limited interest because alcoholism is often an aspect of characterisation and is not interrogated or portrayed in great detail. This is most evident in the almost complete absence of drinking cessation, therapeutics and life without alcohol. Surprisingly, given AA's dominance, *Our Fathers* is the only novel to engage with AA discourse, and does so uncritically, although Robert's experience of becoming sober is conspicuously absent. Medical models of alcohol addiction appear to have little place in contemporary Scottish fiction. Alcoholism is often a response to particular social contexts, as in Friel and Owens, or a kind of narrative prosthesis, used to illustrate a political or national point, as in Gray and O'Hagan. I now focus on *Distance* by Ewan Morrison and *Paradise* by A.L. Kennedy. In pre-devolution novels, alcoholism and heavy drinking are typically associated with men, Glasgow and the West, in a Scotland defined by poverty, alienation and violence. Morrison and Kennedy deviate from this trend. Morrison's Edinburgh novel discusses alcoholism alongside anxieties about postmodernity, cultural commodification and inherited national characteristics. Kennedy meanwhile explores the demands of modernity and the decline of a collective Christian identity. Her alcoholic protagonist is a middle-class woman in Dundee. *Distance* and *Paradise* represent drinking but also

therapeutics and sobriety. This breadth of representation offers a more complicated view of alcohol in relation to health and the self.

***Distance* by Ewan Morrison**

Ewan Morrison is a novelist and filmmaker. As Marie Pittin-Hédon argues, Morrison's novels are overwhelmingly concerned with 'the place of the human in a globalised world', one defined by 'American-style consumerism, and its attendant rampant commodification of everything including the human' (2015: 117). *Distance* (2008) follows the long-distance relationship between Scottish corporate filmmaker Tom and American script editor Meg. Both are disappointed with their commercial jobs after failed artistic careers. They meet by chance in a New York hotel; Tom is visiting as part of a marketing campaign promoting Edinburgh. After an intense week spent together, they struggle to sustain their long-distance relationship through phone calls, emails and text messages until Meg's planned visit eight weeks later. The novel begins with Tom returning to Edinburgh from New York. Their week together is recounted throughout the novel, primarily by Meg as she secretly adapts their romance into a screenplay. Their future plans are complicated by Tom's lingering relationship with casual girlfriend Morna, his ten-year-old son Sean and his secret alcoholism. Tom's alcoholism is fairly conventional in terms of literary representation: he hides his drinking and feels unable to control it while also recognising its destructive role in his relationships. *Distance* explores Tom's attempted sobriety in detail as he detoxes secretly and alone at home before Meg's visit. Taking up jogging, he is sober for three weeks but begins drinking shortly before her arrival in a destructive moment of self-sabotage. The main narrative ends with Tom almost abandoning Meg at Edinburgh airport. The brief final section takes place five years later, the couple long estranged: Meg has adapted the story of their relationship into an acclaimed film; Tom, long-term sober with support from Morna, runs his own successful corporate video company. Both, however, remain preoccupied with the other and the novel ends with a tentative phone call between them.

Of my primary texts, *Distance* most explicitly portrays Scottish culture as pathological. When Tom and Meg's relationship begins, parental responsibilities prohibit Tom from moving to New York and frequent visits are financially unfeasible. The largely unattached Meg seems happy to move to Edinburgh. Yet Tom dismisses this easy solution, imagining Scotland as uninhabitable to an American because of Scotland's damaging, stifling culture. Edinburgh is depicted as a place of poor health and addiction. This is reinforced through Morrison's numerous references to Irvine Welsh's *Trainspotting* (1993). The two novels share key themes, despite differences in style and tone. The group in *Trainspotting*, mostly unemployed men in their mid-twenties, use heroin in the late 1980s, whereas Tom, in his late thirties, is a middle-class creative professional. Grant Farred highlights *Trainspotting's* preoccupation with the 'failed, pathological condition of the Scottish nation' (2004: 217). *Distance* shares this preoccupation, portraying Scottish culture as unhealthy, inauthentic and commodified. Scottish acculturation is depicted as a key determinant of Tom's personality; his alcoholism and depressive feelings are portrayed as largely culturally determined. *Distance* also explores anxieties about originality, self-determination and individuality in the context of neoliberalism and the postmodern. Before focusing on the novel, I briefly discuss Morrison's nonfiction writing to analyse his arguments about Scottish identity and national pathology in public discourse.

Morrison's Nonfiction Writing

Morrison intervened in the independence referendum debates, publishing several pro-Union articles about Scotland and Scottish pathology. This work referenced Carol Craig and occupational psychologist Jock Encombe. Craig and Encombe reference Morrison in their own commentaries on Scotland. This interconnected group draws on language from clinical psychology in their discussions of national identity. By referencing each other, they create a sort of echo chamber which amplifies into authoritative diagnosis of Scottish pathologies. Craig's characterisation of Scottish national character is largely negative in *The Scots' Crisis of Confidence* ([2003] 2011). She hyperbolically claims that 'every single

person living and working in Scotland will be aware that the Scots find it much easier to be critical than appreciative; negative rather than positive' (2011: 63). This disposition is culturally determined by 'a particularly *Scottish* way of looking at the world' rather than 'our political state' or 'the English' [original italics] (60). A Scottish belief in equality (152) and indifference to wealth and rank creates 'an unwitting desire in Scotland to keep people in their place' (172). This stifles confidence and self-determination (287), causing low rates of entrepreneurship, productivity and Scotland's reputation as a 'dependency culture', overly reliant on the state (237). Craig also uses Jungian typologies to describe a Scots preference for 'thinking judgement' compared to an Irish 'feeling judgement' (65-66). Craig's work has received some severe criticism. Anthropologist A.P. Cohen dismisses the book as selective and anecdotal (161), a 'parade' of stereotypes, and a 'concoction of simplistic generalisations' (2004: 160). Yet Craig's Centre for Confidence and Well-being, Ferguson explains, received considerable support from the former Scottish Executive and Scottish businesses (2010: 297). Given its 'extremely weak evidence base', Ferguson questions why the Centre has nonetheless been influential. He proposes that, by blaming poverty and poor health on psychological problems, not structural explanations, Craig's arguments simply fit with 'dominant neoliberal "common sense"' (304). There are also parallels between Craig's arguments about Scotland and Cornel West's claim that there is 'a kind of collective clinical depression in significant pockets of black America' (1994: 27), the cure of which is a '*politics of conversion*', that is, cultural or psychological change [original emphasis] (29). While black Americans and (white) Scots exist in very different contexts, I draw this comparison between Craig and West to show that this trend of downplaying structural factors by diagnosing cultural pathologies is not unique to Scotland.

Craig's work is also reminiscent of now discredited anthropological models of culture, particularly the culture and personality movement. This movement was, Robert A. LeVine explains, prominent in the early twentieth century (2001: 803) but fell out of favour after 1950 (804). Central to the field was anthropologist Ruth Benedict's theory that culture was the primary determinant of individual personality (Sidky 2004: 154). In *Patterns of Culture* ([1934] 2018), Benedict

emphasises that individuals are not 'automatons, mechanically carrying out the decrees of their civilization'. However, most individuals assume 'the behaviour dictated by that society' because of 'the enormous malleability of their original endowment' (2018: 183). Individuals whose temperament coincides with culturally-favoured behaviours are the most comfortable and successful (183) while those who align with devalued behaviours are considered abnormal and deviant (186). All cultures have deviants but what is considered abnormal changes between cultures. In this view, then, cultures produce functioning individuals while sifting out incompatible personalities as deviants. Anthropologist Homayun Sidky explains that, in Benedict's work, a culture's personality could be reduced to a single trait: the Dobuans of Melanesia were paranoid and the Pueblos of New Mexico were passive and unemotional (2004: 153). For Benedict, these are not stereotypes but careful generalisations based on cultural institutions and ideologies (Sidky 2004: 153). Sidky explains that Benedict 'attributed total determining force to culture': it was 'impossible to specify why individual cultures developed along any given pattern' but 'once a set of values came into existence they acquired a determining influence of their own completely detached from external factors' (2004: 152). Craig understands Scottishness in similarly tautological terms: Scottish negativity (the culture's defining trait) arises from a particularly Scottish negativity, rather than, say, disempowerment within the Union. Although Craig views Calvinism as a major cultural influence, she does not blame it entirely for Scottish negativity: Calvinism encouraged participation in meaningful activities and skill development, both of which help 'avoid negativity and promote a sense of personal satisfaction' (2011: 319). Culture, then, remains a freestanding explanation for Craig. As Sidky highlights, the cultural differences Benedict identified are often explained by 'subsistence systems' and 'ecological adaptations': the agrarian Pueblos, dependent on harvesting cycles, valued conformity and predictability, while the Great Plains Indians, as nomadic hunters engaged in marauding warfare, valued bravery and competitiveness (2004: 155). Sidky explains that Benedict's work has been criticised for selective omission, lack of methodological rigour and oversimplification (156). Similar criticisms are levied at Craig.

Although this model of culture was discredited in anthropology, many in Scotland have been receptive to Craig's work, including Morrison. According to a September 2013 post on Craig's Centre's blog, Craig had lunch with Morrison and he was 'quite taken' with her ideas. She links to his *Guardian* article published that day, describing it as 'erudite' and a 'very fresh perspective' on 'why Scotland has a particular problem with addiction' (2013: para 3 of 6). In the article Morrison diagnoses Scotland with borderline personality disorder (BPD). He attributes this idea to Encombe, whom he discovered on Craig's recommendation (2013: para 4 of 19). Craig's blogpost vaguely recounts meeting Encombe. He 'drew a diagram' and although she 'can't put [her] hand on it', she offers 'what [she] remember[s]': Encombe outlined an alienating cycle of 'negativity to utopian longing' associated with BPD, similar to her own 'analysis of Scotland' (2013: para 2 of 6). No Encombe publication exists on this topic. Morrison's explanation of Encombe's diagnosis is prefaced with the elusive phrase 'From my understanding of it', suggesting his knowledge of Encombe's theory comes from Craig's vague anecdote over lunch (2013: para 4 of 19). Nevertheless, Morrison pursues his thesis with conviction. He explains that BPD symptoms include anxiety about 'interpersonal "borders"', a 'black and white way of thinking', and a sense of inferiority, injustice and self-loathing, often leading to substance abuse, self harm and utopian longings (para 5 and 7 of 19). Utopianism is a favourite theme of Morrison's: he has described his childhood as an experiment in utopianism, growing up with hippie parents in remote Scottish town Wick; his novels *Close Your Eyes* (2012) and *Nina X* (2019) explore separatist communes. In adapting the BPD diagnosis to Scotland, Morrison draws primarily on literary texts: a 'psychotherapist' would examine 'a nation's dreams and self-representations' to diagnose 'a national mental illness', so 'where better to look than to its literature?' (para 2 of 19). In *Trainspotting*, Renton's 'struggle-with-self' is 'exactly that' of BPD, his hope of starting again as he leaves Scotland 'the classic idealism-before-the-fall of BPD' (para 11 of 19). Morrison applies this diagnosis widely, from Robert Burns's 'leaps between romanticism, remorse and addictive compulsive behaviours' (para 6 of 19), to 'the alcoholic detectives of Tartan Noir' (para 14 of 19) and Morrison's own protagonists (para 13 of 19). He questions whether Scottish national identity would be 'effectively destroy[ed]' if the country was 'cured of its personality disorder', concluding that

‘[m]aybe we cling to our illness for fear that it’s all we have’ (para 15 of 19). Morrison also references public health statistics, such as higher suicide rates for Scottish men compared to England and Wales, and the highest alcohol-related deaths in the UK (para 9 of 19). This suggests that he is to some extent engaged with the ‘Glasgow effect’ imaginary.

Morrison, Craig and Encombe contributed blog posts to Unionist website *Wake Up Scotland* in the week before the 2014 referendum. Morrison wrote a scathing piece (republished by the *Daily Mail/Mail Online* a few days later) announcing his intention to vote No which had considerable circulation online. He claims that he ‘joined the Yes camp’, not out of ideological sympathy, but to access the internal debates missing from public discourse (2014: 1 para of 10). After all, he argues, the Yes movement includes groups with incompatible interests, such as those with environmental agendas and those wanting to exploit oil reserves. To accommodate this, the movement, Morrison argues, stifles all debate (para 3 of 10). He describes ‘Yes’ as representing ‘your own personal independence’ and ‘believing in yourself’, using ‘You as a metaphor for society as if you could simply transpose your good intentions and self belief onto the world of politics’ (para 4 of 10). Encombe meanwhile does not use the term BPD in his posts but discusses Scottish national(ist) psychology in similar terms. He argues that utopian longing, in the form of the Yes movement’s vision of Scottish independence, is a psychological, indeed psychopathological, response to collective trauma, from the Jacobite rebellion to rapid de-industrialisation (2014: para 3 of 11). He claims that patients with ‘a similar personal history’ develop a ‘pattern of narcissism and magical thinking’ to ‘cope with their experiences’ (para 4 of 10). Pursuing Scottish independence is for Encombe a symptom, not a legitimate political goal. This is an interesting contrast to the more common argument that Scottish pathology results from political disempowerment or lost national identity, and that increased political autonomy, through independence, is the cure (for example Kerr 2014: para 6 of 12). Encombe references psychoanalyst and paediatrician Donald Winnicott who believed ‘we need sufficient psychological maturity to accept the messy “good enough” nature of relationships and life’. The Union, Encombe argues, ‘is by no means perfect but it is certainly good enough’

(2014: para 8 of 11). Pursuing Scottish independence is psychologically immature. Scotland must reject psychopathological utopian longing and embrace Winnicott's 'good enough', in the form of the Union. Morrison makes an identical argument in *The Guardian*: the cure for BPD 'rests on learning to think in greys rather than black and white; to accept that its [sic] OK to be "good enough"' (2013: para 16 of 19). Morrison connects this to the referendum: 'If Scotland has BPD, then its therapist would argue that breaking from a relationship and dreaming of a perfect new future' would be 'very bad for the patient'. Instead, the therapist would suggest that Scotland builds on 'its flawed relationship and keep its union going through small compromises that are not idealistic, but pragmatic' (para 17 of 19). Encombe and Morrison use psychological concepts to support their Unionist arguments. It is, they suggest, psychologically healthy to embrace the status quo, and a sign of psychopathology to desire radical political change.

Morrison and Encombe's claims are highly contestable. It is unclear if they are earnest or if these diagnoses are pre-referendum rhetoric. Any credibility stems from their expert position, Encombe as occupational psychologist, Morrison as Scottish author. Their perceived authority as Scottish people is also key. It would be deeply uncomfortable and much more obviously controversial if they, as Scots, described agitation for independence as a symptom of psychopathology in, say, Catalonia or Quebec. There is a fruitful comparison here to Adolph Reed's previously-discussed figure of the black public intellectual, whose authority also relies on their perceived authenticity as a black American (2000: 10). As previously, this is not to draw an equivalence between black Americans and (white) Scots, but to understand how a questionable form of representation comes to be viewed as trustworthy. Morrison, Craig and Encombe each rely on each other for additional legitimacy or authority. Anna Kirkland identifies a similar process in the vaccine-critical movement. Since the link between the measles-mumps-rubella (MMR) vaccine and autism has been disproven, dedicated vaccine critics cannot cite mainstream scientific research to support their arguments; they instead cite each other, creating an 'alternative world of internal legitimacy' (2012: 88). Morrison, Craig and Encombe build their own system of internal legitimacy through mutual citation. This system adds weight to obviously controversial ideas, like a

national diagnosis of BPD, which presumably would gain little genuine credibility beyond this group. As a respected novelist, Morrison is prominent cultural figure contributing to contemporary debates about Scottish identity, independence and national pathology.

Alcoholism in *Distance*

Distance was published in 2008, six years before the 2014 referendum. Because of the polyphony of the novel form, *Distance* cannot be read as a simple illustration of the ideas in Morrison's nonfiction. There is, however, some overlap, in that the novel largely depicts Scottish culture as pathological. Often Scottish novels about alcoholism represent Scotland in terms of poverty and national disempowerment. However, Morrison's Scotland is characterised by (post)modernity, late capitalism, neoliberalism and globalisation. Against this context, *Distance* uses addiction to explore anxieties about self-determination, authenticity and the reduction of individualism to consumerist choice. Fredric Jameson suggests that postmodernism replaced classical modernism because of the 'end of individualism' (1983: 114). Theorists in the latter half of the twentieth century began doubting the reality of individualism, questioning whether it is possible in the 'age of corporate capitalism' and bureaucracy or if indeed it ever existed. If there is no unique self then artists cannot innovate with personal styles: 'all that is left is to imitate dead styles' (115). In Gerda Reith's words, when identity depends, as it does under neoliberalism, on 'the exercise of free choice among a range of consumer possibilities, problems of freedom become problems of consumption' (2004: 298). The addict in this context is threatening: they represent the transformation of 'freedom into determinism' (286), suggesting that 'the consumer might not be free after all' (298). In *Distance*, Meg and Tom worry about free will. They obsess over whether they can break from old personal habits, familial inheritances and pre-existing cultural narratives to make their relationship work. Tom's father and grandfather are both alcoholics. At times he imagines alcoholism is 'in his blood, genetic' (*DIS*: 262) while at other times he insists this does not 'mean he [is] the same' (165). Meg identifies Tom as a '[t]ype four' personality: 'impulsive',

‘compulsive’ and ‘prone to addiction’ (251). Tom’s alcoholism is strangely impersonal in its apparent inevitability. Meg meanwhile notices destructive patterns in her romantic relationships and worries that she is a love addict who cannot stop ‘repeat[ing] past mistakes’ (318). Morrison’s prominent intertextuality suggests that Tom and Meg’s lives must follow established cultural patterns. They compare themselves to *Before Sunrise* (1995) and *Hiroshima Mon Amour* (1959), films depicting intense but brief love affairs and separation across international borders, suggesting their relationship cannot last. *Trainspotting* is the most prominent intertext. Tom attempts the ‘*Trainspotting* detox’ and ‘[d]raw[s] up the list, like Renton did’ of essentially identical detox products (249). If, the novel suggests, stylistic innovation is no longer possible, perhaps one can only, like an addict, repeat past patterns. However, as I discuss later, Tom’s eventual sobriety suggests he may have broken from his past after all.

Similar to Benedict and Craig’s work, Scottish culture profoundly shapes personality in *Distance*. The question for Morrison is not how we navigate national stereotypes as inherited scripts, but about the impact of culturally determined characteristics on individuals. Much of Tom’s personality is attributed to his Scottishness rather than his own individuality. His dark sense of humour is ‘really just a national trait’ (*DIS*: 364) and, when sober, he ‘fight[s]’ against the ‘subconscious Scot who wanted to fail and blame the world for it’ (345). Scotland, meanwhile, is defined by poor health, supported by Morrison’s frequent use of public health statistics. The country has the ‘highest rate of alcohol-related death’ in Western Europe (236) and Edinburgh is the ‘[c]ity of suicide’ with rates ‘[t]en per cent more than in the rest of the UK’ (94). Some of these statements may be factoids, that is, unreliable information that becomes accepted as fact through repetition. The Glasgow Indicators Project, led by GCPH, shows that suicide rates in Edinburgh were lower than in Glasgow, Dundee and Aberdeen between 2002 and 2006, and lower than Glasgow and Dundee between 2007 and 2011, covering the years before the novel’s 2008 publication (The Glasgow Indicators Project [n.d.]). Morrison exaggerates Edinburgh’s suicide rates. Whether verifiably true or not, the inclusion of these statistics adds a sense of empirical credibility to Morrison’s negative portrayal of Scotland and makes Tom’s own poor mental health and

alcohol abuse somewhat representative. Poor public health is itself portrayed as integral to Scottish national identity. Horrified by a large hospital, Tom observes that ‘This country loved its sickness. It was what the Scots called Scottishness’ (*DIS*: 146). Although he chides himself for sounding like ‘Thatcher’, he rants that ‘illness is not your fate’: ‘Grow up. Be well. For fucksake. This entire country that made itself sick so England would take care of it’ (150). Aside from this reference to an infantile dependence on England, little attention is paid to England or the UK in the novel. Morrison focuses on Scotland’s inferior and grovelling relationship with the United States. Scottish culture is psychologically damaging compared to the US: Tom wants his son Sean to ‘grow up in a multicultural society, in the New World, to believe in himself’; the alternative is Scottish ‘bigotry’, sectarianism and small-mindedness, which has apparently caused three generations of stuttering in the family (154). The involuntary repetitions of stuttering are a metaphor for addiction and heredity. Stuttering and low self-esteem are associated with Scotland’s lack of cultural diversity and tolerance; the multicultural New World breeds a healthy self-confidence. A similar view is shared by Meg’s American friends who criticise Scotland for heavy drinking, poor diet, ‘negative and unhealthy’ attitudes, and a lack of daylight and racial diversity (217). Indeed, the plot’s tension hinges on the idea that Scotland is uninhabitable to a US-American, keeping the relationship long-distance. It also depends on the secrecy of Tom’s alcoholism, which he cannot admit to Meg because of her chipper American good health: ‘If he tells Meg she’ll run. Americans are afraid of addiction. She works out every day’ (262). This is a surprising characterisation considering that AA was formed in the US.

Morrison also criticises Scotland’s cynical self-commodification in its desperate relationship with America. David McCrone et al. highlight that culture itself is a commodity with mass international tourism (1995: 17) and that Scotland appears at times to ‘only [exist] as heritage’ (6). Both *Trainspotting* and *Distance* critique the commodification of Scottish culture and depict addiction within this context. Renton describes Princes Street as ‘deadened by tourists and shoppers, the twin curses ay modern capitalism’. The castle is ‘just another building’ like ‘British Home Stores or Virgin Records’, selling culture and history (2004: 228).

Begbie defends hospitalising a stranger with the suggestion of American colonialism, describing him as '[s]ome fuckin rich American cunt whae shouldnae even fuckin be here in the first place' (154). In *Distance*, however, American tourism and external investment is actively courted. Tom is a corporate filmmaker hired by the Scottish Government to promote Scotland. He first meets Meg while hosting one such event in New York. The event is a failure: 'Forty Scottish VIPs flown over at great expense to sell Scotland to the world' but '[n]o one show[s] up. No Americans' (*DIS*: 77). There is a comical discrepancy between Scotland's foolish self-aggrandisement and America's indifference. Although the event clashes with several important cultural events, Tom offers another explanation for this neglect. 'America's biggest tycoon' offered to invest a billion dollars to build 'the greatest outdoor leisure complex in the world, but some tiny local council fucked him about'. As a result, 'Scotland's a joke now. Massive capital flight' (77). This anecdote is presumably inspired by Donald Trump and his Aberdeenshire golf course, which met strong local opposition and resulted in the destruction of homes and an environmentally protected area (Bennhold 2016). The story here, though, is not about a community righteously opposing exploitation but of misguided Scottish self-importance and self-sabotage. Tom's video relies on stereotypical 'bagpipes, lochs and castles' and empty cliches: Scotland is the 'Land of History', 'focused forever on the future' (*DIS*: 79). Tom loathes the cynicism of advertising. During a client meeting and after a frenzied day, Tom proposes literally selling Edinburgh as 'Edinburgh Inc', or selling the country with the tagline 'ScotLAND, this place is history', turning every person and 'irreversible social problem' into 'an asset' (235-36). This proposal is, in Pittin-Hédon's words, 'an absurd yet threatening vision of the marketability of everything, including the theoretically unmarketable' (2015: 131). Tom suggests tours of 'Leith land – junkie capital of Europe', with visitors guided by the 'recently rehabilitated' around 'sites of their own squalor' (*DIS*: 236). This sardonic suggestion mocks the trend of tourists visiting sites of tragedy, such as Auschwitz. It also speaks to the degradation and self-exploitation of Scotland's reliance on tourism. Farred describes *Trainspotting* as a 'rebuttal to any romantic notion of Scottish nationalism' (2004: 217). *Distance* similarly exposes romantic stereotypes of Scottish culture as cynical, hollow ploys for external investment, disconnected from the modern, urban reality of

contemporary Scotland. The compulsive consumption of addiction in both novels takes place against this commodification of history and culture.

Morrison's work also commonly explores liquid modernity. Zygmunt Bauman uses the term liquid modernity to describe the 'deregulation, liberalization, "flexibilization" [and] increased fluidity' in all aspects of life (2000: 5) as the patterns and rules which once provided 'stable orientation points' for individuals become 'in increasingly short supply' (7). Liquid modernity is 'individualized' and 'privatized', undermining the possibility of collective action so that 'the burden of pattern-weaving and the responsibility for failure fall[s] primarily on the individual's shoulders' (7-8). In Morrison's novel *Swung* (2007), couple Alice (an American) and David (a Scot) work at a Glasgow television company. After a merger, David processes redundancies before losing his HR job while Alice moves to a short-term contract. They explore swinging, hoping sexual encounters with strangers will cure David's impotence. In both their professional and personal lives 'the future is temporary', defined by instability and fleetingness (2007: 31). The result is alienation and depersonalisation. During an orgy, Alice does not 'feel connected in any way' (326) and David becomes 'body, breath, nameless' (319). They ultimately reject this short-term mentality and move towards conventional stability, as David plans to propose marriage and Alice reveals that she is pregnant. In *Distance*, Tom's film company is 'one of the few hi-tech survivors', with a core staff of only four (*DIS*: 86). One response to this insecurity is the culture of positive thinking, a discourse Morrison draws on but ironises in both novels. Barbara Ehrenreich highlights the positive thinking movement's influence on American business and during periods of mass job insecurity. High profile motivational speakers often claim that 'the only barriers to health and prosperity lie within oneself'; individuals must 'upgrade [their] attitude' and 'focus [their] mind' to improve their lives. Challenges are 'all interior and easily overcome' through willpower; this downplays alternatives like pursuing education or larger social change (2010: 51). Under pressure in insecure jobs, Alice in *Swung* and Tom in *Distance* self-consciously, although half-heartedly, adopt positive thinking. Alice resolves to 'try to try' at work: 'In the absence of belief in anything else she'd do that impossible thing, which was what all of America believed in, which was to

believe in yourself' (2007: 118). In almost identical phrasing, newly-sober Tom resolves to 'buy into the dream of self-improvement. Do that impossible American thing which was to believe in yourself' (*DIS*: 307). Tom must 'Make himself a character in a story', implying that this upbeat attitude is inauthentic. Resolving that 'Everything [has] to be "great"', he blandly agrees to his boss's poor ideas (307). In *Distance*, positive thinking is an accommodationist technology to adapt to the precarity of liquid modernity. It is, however, false consciousness that proposes further neoliberalism as the cure.

In sobriety, Tom pursues conformity and consumerism. Renton in *Trainspotting* comments that mainstream life is defined by consumer choice ('choose washing machines; choose cars') (2004: 187). By using heroin, Renton defiantly 'choose[s] no tae choose life' and rejects these mainstream values (188). Tom spends three days secretly detoxing. Realising that he must choose between 'the lady or the bottle', he self-consciously imitates Renton: 'Choose life, choose refrigerators and DVD players [...] Choose the *Trainspotting* detox. Cliché or not he had to do it' (*DIS*: 249). Sobriety in both novels is synonymous with consumerist middle-class culture. Unlike Renton, Tom tries to accept these values. However, walking Arthur's Seat on the difficult third day of detox, he is disgusted by the conformity and consumerism of trendy joggers as he struggles with political reawakening. Day three of detox is the 'day you remembered that you still cared for all of the suffering masses who you couldn't save and the reason why you first started drinking was because you cared' (296). Tom experiences ethical impotence, defined by Robert J. Sternberg as 'the belief that if we act ethically, it will have no meaningful effect' or feeling 'unable to act in any meaningful way' in an 'ethically compromised' situation (2015: 180). Tom drinks partly to escape feelings of political ineffectiveness. Alcohol is an accommodationist technology which helps Tom accept disempowerment and inequality. He imagines returning to drunkenly berate the joggers, shouting in 'his best proletarian accent' about 'why folk in the schemes are so sick and alkies the lot o' them' (*DIS*: 295). He attacks individualised neoliberal approaches to structural problems: social planning builds remote housing schemes 'a three-mile walk to the nearest vegetable' (295) while 'the Scottish Parliament tell[s] these people they should eat more fucking

vegetables' (296). Tom adapts a proletarian persona to (privately) voice these critiques, with his (imagined) dialogue rendered for the first time in Scots, as if his middle-class voice cannot articulate such a critique. This protest is private and fleeting. Needing 'something radical to save [himself]', he runs to his car, discovering the 'long-forgotten pleasure in just being a body': 'No earphones, no iPod. No solitary pursuit of a better body' (296). Yet he quickly resolves to 'buy trainers tomorrow. Jogging suit. The whole shebang' as well as to 'work off the gut' for Meg's arrival (297). Consumerism and self-improvement replace the simple joy of running. Jogging, like positive thinking, is a solipsistic pursuit that cannot change the world. Tom literally runs away from his 'proletarian' argument in joining the other joggers. Instead, he focuses on self-improvement through jogging and this is part of his sobriety for the next few weeks. In contrast to *Night Waking* and *Paradise* (below), Morrison does not entertain collective action or helping others as a plausible option. Drinking helps Tom accept inequality but his brief new clarity in sobriety does not lead to political action. His critique is not sustained and his energy is funnelled back into consumerism, with one type of consumption (alcohol) replaced with another (exercise clothes). Effective political action is seemingly impossible with the distraction of shallow, consumerist self-improvement.

Tom's sobriety lasts three weeks and he begins drinking before Meg's arrival. They break up when she arrives, although this is not dramatised. In the brief final section set five years later, Tom has been sober for four and a half years and owns a successful corporate media company. Little detail is given about how Tom finally achieved long-term sobriety, beyond the fact that Morna 'coached him through every day' (*DIS*: 402) and a reference to antidepressant Prozac (407). Meg is also successful, having adapted their relationship into an acclaimed film. Yet this is not a happy ending. Meg continuously re-enacts her first night with Tom with strangers and Tom's relationship with Morna is a poor substitute for Meg. Morna is reconciled to 'a quiet life in Scotland' and never laughs or speaks her mind; after Tom meets Meg, he believes he has 'quietly been killing himself with Morna' (182). The detachment in their relationship is reminiscent of the impermanence of liquid modernity. Their relationship is always casual: Morna has

‘no claim on him, she hate[s] all that’ (58). Even five years later, Morna only stays with Tom three nights a week (402). Similar to *Swung*, Meg and Tom’s relationships are unfulfilling and detached. The other novels studied here tentatively refer to future recovery. *Distance* confirms Tom’s long-term sobriety but its meaning or value is somewhat ambiguous. After all, Tom is successful in the corporate sphere he hates rather than the art world. Several factors made Meg and Tom’s relationship seemingly impossible: Tom’s alcoholism, his lack of funds for international travel, and childcare issues. These barriers are removed by the novel’s end, making Tom’s sobriety something of a convenience to the love story. *Distance* ends with a phone call between the two, as Meg ‘grasp[s]’ that the ‘flaw in her love story, [is] that it had to have an ending, endings in life are always false. It just keeps rolling on long after the credits have finished’ (409). The novel’s own ending, then, is uncertain, looking forward but also repeating the past. This possible reconciliation may represent a relapse in their addictive love affair. It may also, however, be the triumph of authentic, if obsessive, love in a world of fleeting encounters and complacent consumerism.

Of my primary texts, *Distance* most explicitly depicts Scottish culture as pathological. It does not, however, imagine alcoholism in a Scotland defined by unemployment, deindustrialisation or political disempowerment within the Union. Morrison presents a modern Scotland characterised by neoliberalism, liquid modernity and cultural commodification. The novel explores addiction against anxieties about authenticity and originality in postmodern thought, and against the idea of inherited national scripts, promoting a model of cultural determinism similar to Ruth Benedict’s early anthropological work. Although partly due to personal disappointments, Tom’s drinking and negativity is largely a natural result of his Scottishness. When Tom first stops drinking, he does so privately, rejecting AA and self-help groups; the novel does not show a rehabilitation clinic, as in *Paradise*, or any kind of professional intervention. *Distance* confirms Tom’s long-term sobriety but this process is not shown. The novel provides little explanation of how such culturally inherited pathologies are finally overcome. Alcoholism offers a certain stability within an unstable world of detached relationships and job insecurity. It is a way of coping but also perhaps a way of rebelling against this

world. After all, while drinking, Tom criticises and neglects the job he hates, and has more corporate career success while sober. The circumstances Tom struggles against cannot be changed: there is no stable job market to move into, and indeed he is complicit in the commodification of Scottish culture. Morrison briefly suggests that alcohol is a way to quieten feelings of ethical impotence, thus encouraging further political disengagement. However, Tom's proletarian rant is entirely private and quickly forgotten. Kennedy's *Paradise* engages with this theme more fully. Hannah in *Paradise* also uses alcohol to cope with ethical impotence. While Tom retreats into jogging, Hannah responds to the suffering of another, an injured swan, and tentatively tries to create change in the world.

***Paradise* by A.L. Kennedy**

A.L. Kennedy writes novels and short fiction, as well as nonfiction, children's books, stand-up comedy and drama, particularly for radio. Her work often explores suffering, violence, desire and intimacy. *Paradise* is narrated by Hannah Luckraft, a woman unashamed of her alcoholism. The novel opens with Hannah emerging from a blackout in a London hotel, unsure of the previous days' events. The narrative then moves backwards in time to Hannah's first date with alcoholic boyfriend Robert and from there continues largely chronologically as their relationship develops. After losing her job and experiencing medical problems, Hannah stays with her brother. Her family then send her to Clear Spring, a residential addiction treatment facility in Canada. She soon escapes, waking in the London hotel of the opening scene. Hannah reconnects with Robert but their relationship deteriorates; he eventually breaks up with her and goes missing. Distraught, Hannah travels to Canada, hoping to find him at Clear Spring. *Paradise* ends ambiguously: it is unclear whether she has found Robert or if she will stop drinking. While Kennedy does not explicitly discuss AA, I refer to it throughout: AA provides the dominant cultural narrative of alcoholism, to which *Paradise* is a counterpoint. Warhol explains that individuals at AA understand their 'disease' through stories of drinking construed as alcoholic. The standard first-person account is the euphoric, or happy ending, in which the drinker achieves sobriety.

The second is the dysphoric, or tragic ending: the protagonist continues to drink and likely dies (2002: 98). *Paradise* conforms to neither model. The narrative is characterised by omissions, repetitions and circularity. Kaye Mitchell highlights that *Paradise* is not ‘in any straightforward sense, a confessional or a healing narrative; it resists the progressive *telos*, the momentum towards “recovery”, that is fundamental to the AA narrative’ (2007: 109). Although in interview Kennedy claims that ‘[a]lcoholism is a disease’, the novel itself largely resists conceptualising it as such (‘A.L. Kennedy Interview’ 2006: para 10 of 24). Partly this is through the significant religious imagery and Hannah’s highly idiosyncratic relationship with God. The novel’s structure is based on the Stations of the Cross, a series of fourteen images depicting the Passion of Christ. This provides a framework for the novel, with each section corresponding to each Station. David Borthwick highlights that ‘Kennedy has always been fond of religious symbolism’ and that occasionally protagonists are released from despair by circumstances ‘tantamount to divine interventions’ (2007: 268). Kennedy’s claim that she ‘believe[s] in God’ and ‘consider[s] [herself] a Christian’ indicates that this religious imagery is not merely parodic and worth considering as at least somewhat earnest (‘Clumsy Sex, Women Who Drink, and Jesus: A. L. Kennedy Talks with Bookforum’ 2005: para 23 of 42). I briefly consider Kennedy’s novel *Looking for the Possible Dance* (1993), novella ‘Original Bliss’ (1997) and nonfiction text *On Bullfighting* (2000) to more fully understand this idiosyncratic religious imagery and how it relates to alcoholism and Kennedy’s ongoing political or ethical concerns in *Paradise*.

Identity in *Paradise*

There is little room for intersectionality within AA discourse. As Warhol explains, the recovering person adopts an identity ‘ascribed’ by ‘AA rhetoric’ when introducing themselves at meetings in the standard format: ‘Hi, I’m Bill and I’m an alcoholic’. Addiction is the primary identity marker; other aspects, such as ethnicity or sexuality, are irrelevant (2002: 99). *Paradise*, however, considers alcoholism in relation to gender and class. In Scottish literature, alcoholism and

heavy drinking are predominantly associated with men, poverty, and Glasgow and the West. *Paradise* deviates from this trend. Hannah is a thirty-six-year-old woman in Dundee from a stable, middle-class family. There are only a few Scottish novels about female drinkers, such as Agnes Owens's *A Working Mother* (1994), Laura Hird's *Born Free* (1999) and Douglas Stuart's *Shuggie Bain* (2020), discussed at the beginning of this thesis. In Stuart's novel, Shuggie's alcoholic, working-class mother Agnes is beautiful and immaculately presented. Although defiant and resourceful, she is vulnerable as a woman, abandoned by her second husband and left to support the family alone. Most of the heavy drinkers and self-identified alcoholics in the novel are also women, like neighbour Bridie. Shuggie bonds with schoolfriend Leanne over their similarly turbulent alcoholic mothers, who have each attempted suicide several times. Alcoholism leads only to destruction for these women: Leanne's mother becomes homeless and Agnes eventually dies.

Paradise goes further in interrogating gender and class in relation to alcohol. Alison Rolfe et al. highlight that women's drinking is often taboo. Characterised as 'unfeminine', 'immoral' and 'associated with uncontrolled sexual appetites', it is 'hidden from view within the private sphere of the home' (2009: 327). In *Paradise*, Hannah dryly notes that 'female drinking is a sin and should be made invisible'. She should stay 'at home behind [her] curtains with the methylated gin, the Tia Maria and Blue Nun', 'sneak[ing]' a 'genteel quarter bottle' into her tea (PAR: 184). The curtains emphasise the female drinker's invisibility and isolation. The drinking itself, limited to a few supposedly feminine drinks, is disguised. However, Hannah believes that '*[t]hat's how you really do go insane. That's how you die alone*' [original italics] (184). The alternative for women is 'tarting around in miniskirts and squealing, sucking up bubble gum-flavoured vodka and flashing [their] tits at cars' (184). Acceptable female drinking is either a private, shameful event or hypervisible, hypersexualised and infantilised. Instead, Hannah drinks with men and 'how a man drinks', an 'inappropriate' practice that allows her to preserve a 'modicum of dignity' (184). Hannah highly values dignity and control in her drinking. She always 'go[es] to the trouble of serving' her drinks even when 'there is no one here to see': she 'stay[s] civilised, no matter what' (18). Her whisky connotes refinement and the dignity of

masculinity: she enjoys the ‘dapper weight and the elegant cut of the label’ and the ‘clever and hot and masculine’ smell (17, 18). According to Pierre Bourdieu, consumption practices reflect and create social distinctions: ‘Taste classifies, and it classifies the classifier’; individuals ‘distinguish themselves by the distinctions they make’ (1996: 6). Hannah’s alcohol choice and serving method classify her as part of a refined middle class and distinguishes her from the epitome of the uncivilised drinker, the homeless alcoholic. Yet this distinction threatens to break down. During a drug-fuelled weekend in London, Hannah and Robert sit ‘on the steps of St Martin’s’ in the early morning. Hannah insists on their difference from the homeless people nearby: ‘We wouldn’t take a drink from them if they offered. We don’t favour lager and that’s all they’ve got. We are not the same as them. We would like to point out that the way we appear is a complete misunderstanding’ (PAR: 259). Hannah anxiously maintains this distinction, defined partly by alcohol choice, while this distinction is breaking down.

Kennedy’s unusual treatment of alcoholism and identity subverts some of the stigma and stereotypes associated with it. Steven Earnshaw highlights that there is a ‘fundamental lack of necessary and sufficient explanation’ for why Hannah drinks ‘to such a self-mortifying extent’. Instead, *Paradise* ‘asks us to take Hannah seriously, and without pity’. There is, Earnshaw suggests, ‘no indication that we are necessarily being asked to sympathise with her plight’ or that this is ‘a latter-day temperance narrative which demands consciousness-raising’ (2018: 225). The ‘provocation to the reader’, then, may be ‘to accept Hannah precisely for what she is, and not to attempt to correct her or wish that she behave differently’ (225). This portrayal challenges the limit–parameter distinction in identities. In Kwame Anthony Appiah’s words, some ‘physical, mental, and social attributes’ are parameters, ‘defining what it is for us to have lived a successful life’. Limits, meanwhile, are ‘obstacles that get in the way of our making the ideal life that the parameters help define’ (2005: 111). For Deaf people, for example, deafness is ‘not a limit but a parameter’. Rather than ‘trying to overcome a disability’, they try to ‘live successful lives’ as ‘hard-of-hearing people’: ‘A condition becomes an identity—the deaf become the Deaf’ (112). Gavin Miller suggests that voice hearing is also changing from ‘psychotic symptom to a mode of

human diversity' and so from limit to parameter; the 'same limit-parameter switch is attempted by the pro-ana [pro-anorexic] movement' (2018: 314). In AA discourse, the 'real alcoholic' is innately different from others, with addiction located in the self, not the substance (Keane 2002: 70). AA offers an identity, the social category of the addict. Yet addiction is construed as a limit: one cannot have a successful addict life.

Like AA discourse, *Paradise* and *Shuggie Bain* emphasise the alcoholic's innate difference, although Kennedy is more radical in re-imagining the limit-parameter distinction. In *Shuggie Bain*, Stuart draws a parallel between Shuggie's sexuality and Agnes's alcoholism. When Agnes and Shuggie leave the Pithead mining community for an East End flat, they promise each other a fresh start. As Agnes says: 'No more drinking for me [...] No one will know us from Adam [...] You can be like the other boys. We can be brand new' (2020b: '1982 Pithead', Chapter Twenty-Seven [n.p.]). However, Agnes gets drunk the first day they arrive, and Shuggie experiences homophobic bullying on his first day of school. Shuggie's eventual acceptance that Agnes will 'never be able to get sober' and he will 'never feel quite like a normal boy' marks his coming of age ('1989 The East End', Chapter Twenty-Nine [n.p.]). *Shuggie Bain* conforms to AA's dominant model of addiction: alcoholism is inevitably destructive and located in the self, not the substance. Yet the parallel to Shuggie's queerness complicates this. Sexuality is in wider culture now considered an identity rather than a behaviour: Shuggie is gay regardless of his sexual activity and he cannot change this authentic self. Whether sober or drinking, Agnes is always an alcoholic. This identity persists even if not expressed in action through drinking, and she cannot will herself to be a non-alcoholic. The novel does not suggest that alcoholism is a legitimate minority identity that must be freely expressed for an authentic life. After all, Agnes's drinking harms herself and her family. Alcoholism is still a limit, rather than a parameter. However, the parallel to Shuggie's queerness suggests that intervention is impossible and the alcoholic must be accepted as they are, if only for the self-protection of those who care for them.

Borrowing the rhetoric of identity politics, Hannah in *Paradise* reframes her alcoholism as a parameter of a successful life. She resignifies what is often

described as pathology by proposing a sort of alcoholic pride. However, this limit–parameter switching remains ironic in the text; it is unconvincing given that the novel portrays Hannah’s life as a mess. Hannah understands alcoholics as a distinct group with unique features, such as the ‘drinker’s smile’ (*PAR*: 40). While sober, she complains that other bar patrons ‘aren’t drinking properly’ despite ‘drinking quite a lot’ and remains frustrated that she cannot ‘show them how it’s done’ (236). This idea of drinking ‘properly’ inverses the usual value judgement that alcoholics drink excessively while non-alcoholics correctly regulate their intake. In this formulation, the alcoholic is superior. Hannah claims she is ‘clear-headed’ about her alcoholism ‘because [she has] studied the matter long and hard’ (33). This characterises her drinking as rational and deliberate, rather than out of control. While some readers might dismiss this as the denial commonly associated with addicts, and despite occasional narrative unreliability, Hannah is often self-aware, indeed self-deprecating. She recognises that her drinking hurts her family: when Simon prohibits her visiting his newborn child, she insists she would have ‘done the same’ (280). Keane explains that the recovering addict is often characterised as having ‘special insight’ gained through ‘rigorous honesty and an unflinching commitment to facing reality’ in the ‘tribulations of addiction’ (2002: 161). Hannah has something of this hard-earned special insight while continuing to drink. This challenges the privileged status of the recovering addict and instead associates insight with the alcoholic identity itself, usually portrayed as in denial and out of control. As well as claiming that her alcoholism is a ‘gift’ (*PAR*: 33), Hannah believes that drinkers ‘go almost universally unscathed’ despite doing ‘terrible things’ because ‘God is on our side’, concluding that ‘we are His favourites’ (37). This hints at election, the idea, particularly associated with Calvinism, that only certain people are predestined by God to receive salvation, unrelated to good deeds or personal sins. This hyperbole suggests that Kennedy is to some extent parodying AA discourse which defines the recovering alcoholic as a unique identity superior to both the drinking alcoholic and non-addicts. The alcoholic identity in *Paradise* is striking compared to AA discourse and Scottish literary trends.

Rehab and Recovery in *Paradise*

Given her pride in drinking, it is unsurprising that Hannah only enrolls in treatment reluctantly under family pressure. Both Sarah Moss's *Night Waking* and Andrew O'Hagan's *Personality* largely avoid therapeutics and institutional treatment settings. *Paradise* dramatises Hannah's stay in a residential treatment clinic yet it is also the novel most resistant to 'recovery'. Hannah and Robert separately attend Clear Spring, a clinic in the Canadian mountains. Clear Spring is 'Spartan' (*PAR*: 186), embracing an 'exhaustingly healthy' regimen (168) and an 'Ultra-Puritan ethic' (181). Hannah first attends halfway through the novel, escapes one week into a four-week stay and continues drinking afterwards, complicating any straightforward recovery narrative. The first-person voice changes to second person in the chapter that describes her journey to Canada: 'you feel very sick and all the while you're plunging downwards to the point where your family's wishes are going to make you disappear' (161). The shift from first to second person illustrates Hannah's dissociation and helplessness. First-person phrases in italics break up the main narrative: '*I can't do this*', '*I don't want to go*' [original italics] (160). These protests are overwhelmed by the main narrative, the italicisation emphasising Hannah's inability to integrate her internal resistance into external reality.

The clinic uses a definition of alcoholism quoted from the 1952 Alcoholism Subcommittee Second Report by the World Health Organization's (WHO) Expert Committee on Mental Health. Alcoholics are defined as 'excessive drinkers' whose alcohol dependence results in (or creates early signs of) 'noticeable mental disturbance', or 'an interference' with 'mental and bodily health', 'interpersonal relations' and 'smooth social and economic functioning' (*PAR*: 168). This text is 'plastered on the back of every door' so that no room is 'free from the Alcohol Subcommittee's influence' (168). This overt presence emphasises the text's authority but also suggests that alcoholism is an unstable term that must be repeatedly defined. Penny Booth Page explains that the Subcommittee's work 'strongly influenced the development of alcohol policy in several European and Latin American countries' (1997: 1628). Recognising different phases and degrees

of alcoholism, the Subcommittee's report recommends outpatient clinics at general hospitals with medical staff and social workers, as well as specialist clinics (WHO 1952: 4-8). It suggests cooperation between clinics and a wide range of other bodies, such as social and welfare departments, placement agencies and the courts (8). The report also discusses medication: disulfiram (which produces strong adverse physiological reactions to alcohol), hormone treatment (to ease symptoms from drinking cessation and delirium tremens, and to 'assist' with abstinence) and myanesin (to reduce the need for sedatives during detoxification and to treat delirium tremens) (9-13). This biopsychosocial approach offers a comprehensive treatment plan.

While the WHO report emphasises social integration, Clear Spring relies on isolation. Located in a remote Canadian mountain valley, there is no television signal (*PAR*: 173), no phone calls (176) and reportedly 'no booze of any description for several hundred miles in all directions' (190). This sense of exile is hyperbolised through Hannah's international travel, from Scotland to Canada. Hannah criticises and resists the methods used at Clear Spring. Despite initial reluctance, she claims that 'change is necessary' (170) and that her 'compliance is absolute' yet complains that 'treatment hasn't been forthcoming' (169). She spends '*three days penned in [her] room*' suffering from alcohol withdrawal, a process she has experienced before but '*not in a clinic*' or '*caring environment*' where '*trained support*' might be available [original italics] (170). The nurses provide only '*clean basins and orange squash*' instead of '*Valium*' to '*ease [residents] down gently*'. Hannah calls them '*unskilled sadists*', suggesting withholding medication is deliberately punitive [original italics] (171). Hannah dismisses talking therapy as 'the kind of something that we get instead of treatment' (169). She likens group sessions to 'vivisection', suggesting the experience is akin to surgery on a living subject (193). Residents are coercively 'slapped down' into chairs and 'made to discuss their personal lives with a dozen emotional vampires', as if the victimised speaker is parasitically drained (169). Humiliated by crying, Hannah insists that 'they haven't won' and she has not 'broken' (178). Kennedy questions the intent and effectiveness of group therapy which is central to many addiction treatment programmes, particularly AA. This

continues a counterdiscourse that portrays psychiatric therapy as abusive and coercive, in the tradition of Ken Kesey's famous 1962 novel *One Flew Over the Cuckoo's Nest* (Abootalebi 2018). Hannah 'need[s] something gentle' (194). Concluding that looking after the local swans 'would do [her] more good' (193) and that 'Clear Spring doesn't have [her] best interests at heart', she secretly leaves the clinic (194). William L. White outlines early approaches to addiction treatment. Residencies in 'inebriate homes' were brief and voluntary, combining 'moral/religious reformation', 'non-medical detoxification', 'isolation from drinking subcultures' and 'mutual surveillance and support' (2002: 1088). Clear Spring's methods have more in common with the moralistic and non-medical addiction institutions of the nineteenth century than the biopsychosocial approach of the (relatively modern) WHO report quoted on its doors. The representation of Clear Spring, then, leans more towards literary topos and convention than historical realism. Hannah returns to Clear Spring at the end of *Paradise*. However, as I discuss below, the ambiguous sequencing of the novel's final sections leave it uncertain whether this does indeed represent future sobriety. Kennedy disturbs the idea of recovery and offers provocative meanings around Hannah's drinking. *Paradise* portrays alcoholism as a kind of displaced religion and method of dealing with ethical impotence, questioning to what extent ill health is effective as a political project.

Christianity in Kennedy's Work

Despite prominent religious imagery in Kennedy's fiction, the question of God's role or presence is typically complicated. Kennedy's religious imagery is idiosyncratic rather than conforming to particular denominational traditions. It is therefore worth briefly examining her other texts to help unpack *Paradise*. Her writing often explores the relationship between humans and God, and considers the nature and purpose of suffering. I first discuss secularisation and outline some relevant themes in theology before discussing Kennedy's *Looking for the Possible Dance*, 'Original Bliss' and *On Bullfighting*. Kennedy's religious themes and references must be read against a background of secularisation, or at least the

changing role of institutional religion, in Britain since the 1960s. Historian Hugh McLeod argues that the long 1960s were a 'period of decisive change in the religious history of the Western world' (2007: 1). While people in many Western countries during the 1940s and 1950s generally assumed they lived in a 'Christian country', in the 1960s and 1970s such societies were increasingly described as 'pluralist', 'post-Christian', or 'secular'. In such societies, 'there was no consensus on key ethical questions', which had important implications for laws based on Christian moral principles, such as on abortion or divorce (2). Individual searching and eclecticism became increasingly valued over strict adherence to orthodoxy between the 1950s and 1970s (261). This spiritual eclecticism, especially fashionable in the 1980s and 1990s, involved as 'deliberate mixing of elements drawn from different belief systems, or a casual assumption that the boundaries between them were irrelevant' (2). As individuals sought a 'more authentic Christianity', they often discounted institutional practices, and so the influence of the church and orthodox Christianity weakened (261). This weakening was also due to a 'multiplication of alternatives' (261). These were new beliefs and worldviews that became widely accessible, including new forms of Christianity, other religions, 'political faiths' and 'alternative spiritualities' (1-2). A sort of Christian eclecticism is present in Kennedy's idiosyncratic religious imagery and ideas, as well as in her characters' own conceptions, like Hannah's alcoholic-friendly God in *Paradise*.

This sense of abundance and individual choice in the decline of institutional religious inheritance could, however, also be experienced as loss and confusion. Historian Callum G. Brown's theory of discursive bereavement explains the nature of this loss. According to Brown, historical and sociological studies typically envision Christianity's role in society in four forms: institutional Christianity, or 'the people's adherence' to churches, worship practices and religious rites; intellectual Christianity, 'the influence of religious ideas in society at large and of religious belief in individuals'; functional Christianity, its role in civil society, 'especially local government, education and welfare'; and diffusive Christianity, 'the role of outreach religion amongst the people' (2001: 12). Brown suggests a fifth category, discursive Christianity, which is a prerequisite to the others: 'For

Christianity to have social significance [...] it must have a base of discursivity. Otherwise, it is inconceivable' (13). These discourses may be official, from churches or clergy; public, circulating in the media; community-based, in an ethnic group, area or family; or private and individual (12-13). They prescribe or imply certain 'rituals or customs of behaviour, economic activity, dress, speech and so on which are collectively promulgated as necessary for Christian identity' (12). Brown suggests it is not the presence of churches or Christians that makes a country Christian in character. Instead, '[w]hat made Britain Christian was the way in which Christianity infused public culture and was adopted by individuals, whether churchgoing or not, in forming their own identities' (8). This discursive Christianity is no longer culturally available. Like McLeod, Brown traces this discursive revolution to the 1960s and the period's 'suspicion of creeds' and rejection of 'all formulaic constructions of the individual' (193). Brown studies oral accounts from the 1970s and 1980s of older people discussing their loss of religiosity; he identifies 'a sense of not just confusion over "what to believe", but grief – discursive bereavement – at the loss' (184). I explore this concept of discursive bereavement further in Kennedy's work, particularly in 'Original Bliss' and *Paradise*.

The question of how we relate to God and suffering is prominent in Kennedy's work. Theologian Alister E. McGrath explains that the revelation of God in a Christian context relies on both informational and relational knowledge. We can *know about* someone, through 'cerebral knowledge' or data such as an individual's height and occupation, and we can *know* someone, which implies a personal relationship (2017: 136). One *knows about* God, through doctrine and church teaching, in descriptions such as 'God is loving' (137). One also *knows* God through God's presence and a personal relationship. As McGrath explains, 'This model of revelation as divine presence came to be especially associated with Protestant theologians of the 1930s and 1940s who were influenced by the dialogical personalism of the Jewish philosopher Martin Buber' (138). According to McGrath, Buber distinguishes between impersonal 'I-It' relations, which describe how a person relates to an object, and mutual and reciprocal 'I-You' relations between two active subjects or persons (179-80). Revelation 'includes knowledge

of God as an It and as a You' (181). We have a relationship with a 'personal God' analogous to those we have with other humans (178). To what extent, though, can God share human experiences, like suffering? If God suffers, then God is not immune to human suffering and is connected to 'the pain of the human world' (181). Suffering has positive and negative meanings in a Christian context. Karen Lebacqz highlights that, in Protestant thought, suffering may be a punishment for sin, or an enemy or evil to be overcome (2014: 262). Yet it can also be a 'means of communion with God (God suffers with us)', a blessing in disguise to strengthen faith, a 'mark of moral piety', a 'prod to resist oppression or to envision reality differently' and/or 'a path to humility or perseverance or hope' (263). Lebacqz explains that some, but not all, forms of suffering qualify as redemptive (263). Following Martin Luther King, Lebacqz argues that unearned suffering from disease, oppression and injustice is not redemptive. Redemptive suffering is 'incurred in the struggle for justice, dignity, and human fulfillment' and 'expos[es] the social and political causes of suffering' (268). It is taken on voluntarily and comes from 'practicing civil disobedience in ways that are geared to bring attention to injustice and to bring about more justice' (267). This is similar to martyrdom. Sophia Moskalenko and Clark McCauley define martyrs as people who decide 'to accept suffering and possibly death for a larger cause', whether this is 'other people's well-being' or religious and political beliefs (2019: 6). While heroes are impulsive and victims do not choose suffering and are unable to fight, martyrs are 'guided by deliberated decision-making' and unwilling to fight (7). Kennedy returns frequently to questions around sacrifice and suffering, particularly the purpose of suffering taken on willingly.

Kennedy's earlier works handle similar themes to *Paradise* but more crudely; they are thus useful for highlighting the more subtle and ambiguous concerns in *Paradise*. One of her earliest publications, the novel *Looking for the Possible Dance*, reflects on the limits and risks of individuals taking political action or challenging injustice. After graduating in the mid-1980s, Margaret and Colin attend political protests, 'want[ing] to believe they could make things alright' despite 'feeling irrelevant' (1994: 38). At one anti-Thatcher protest, the group run after a 'prime-ministerial Rolls Royce' despite the impossibility of catching up with

the car. In a 'country where pointless gestures were all they had left to make', they can '[s]tand still and do nothing' or 'do something with no point'; there is, however, a 'nobility' in the latter (39). A show of resistance, however futile, remains important. Several years later, Colin publicly confronts a loan shark, directly intervening in the exploitation of vulnerable people. This recalls the Biblical 'cleansing of the temple' story in which Jesus drives out money changers from a temple (John 2. 13-15). Colin is later abducted, beaten up and crucified by the gang, his hands and feet nailed to the floor. One gang member explains that Colin is 'an example': 'People will hear about you and will not admire what you did. They will not wish to repeat it' (1994: 230). Colin is in some sense a martyr, suffering for challenging exploitation, although he is perhaps more correctly understood as a victim, unable to fight. When he refuses to prosecute his attackers, Margaret insists that he is not 'scared', he 'just wants it finished. No more people getting hurt [...] We'd rather be happy than right' (246). This is understandable given the extreme violence of the attack. Yet the lesson to let injustice go unchallenged to avoid personal trouble is disappointing given their previous commitment to resistance. The novel is ambivalent about how individuals can best effect change, highlighting the difficult personal choices or sacrifices required in pursuit of justice.

After *Looking for the Possible Dance*, Kennedy moves from victimhood to explore the more troubling complexities of self-sacrifice and the invitation, even valorisation, of suffering. Novella 'Original Bliss' revolves around the breakdown of relationships and loneliness, explored partly through sexuality. It follows the developing relationship between lonely housewife Helen and famous intellectual, Edward, whom Helen contacts with questions about religion and the brain. As they become closer, the married Helen struggles with her sexual feelings for Edward, and Edward reveals his pornography addiction. Helen leaves Glasgow and her abusive husband Mr Brindle to live with Edward in London but eventually returns to her husband's violence. When Mr Brindle dies, Helen and Edward finally consummate their relationship, with God's approval. Discursive bereavement is a prominent theme. Once assured that '[h]er God' was 'always, absolutely, perpetually *there*' [original italics] (1997: 162), Helen now believes that God 'left'

her, an experience that feels ‘like dying’ (181). Having lost God, she no longer ‘start[s] [her] day by knowing the shape of [her] life’ (155) and desires ‘a person who would tell her what [is] wrong and how to right it’ (160). In language overlapping with Brown’s terminology, Edward describes Helen as ‘bereaved’; in Helen’s own phrasing, she is ‘God’s widow’ (203). Helen’s sense of bereavement indicates a deeply personal relationship with God: she *knows* God as two subjects in an I-You relationship. Helen’s apparent widowhood suggests her idiosyncratic relationship with God is somewhat sexual or romantic. Mr Brindle, himself an atheist, scathingly portrays her churchgoing as a sexual experience: ‘I saw the colour in your face [...] Sweating with your eyes shut, kneeling – you were having a fucking come’. He equates God’s absence in Helen’s life to sexual impotence: ‘Then God couldn’t get it up any more so you left him’ (224). Edward’s pornography addiction, meanwhile, began as a convenient substitute for relationships during a busy career (244). He experiments with aversion therapy, such as nausea-inducing drugs (230), but finds his relationship with Helen is the ‘best’ cure (244). The shame he feels remembering Helen while watching pornography is apparently productive and soothing: ‘It’s good. To be humiliated’ (244). Similarly, Abigail Rine highlights that it is only when Helen begins to desire Edward that ‘God reenters the narrative’ as ‘a voyeuristic Judge’ (2011: 385). After holding Edward’s hand and deciding not to ‘wash him away before she went to bed’, Helen feels she is ‘doing a little wrong, and finding Someone there who would object’. A ‘touch of her God [is] back’, ‘His disapproval’ a ‘palpable gift’ (197). In Rine’s words, Helen enjoys sexually desiring Edward ‘primarily’ because it ‘elicits God’s wrath, the only remaining religious experience left to Helen’ (2011: 389). These moral transgressions are the only way to get God’s attention. Rather than wholly negative, Helen’s sexual guilt is ambiguously valourised. God’s disapproval is nonetheless much valued personal contact.

‘Original Bliss’ depicts Helen’s submission to violence and gives suffering an ambiguous meaning. When Helen stays with Edward, they share an intimate moment when he trims her pubic hair, although they do not have sex. That night she dreams of meeting a Jesus-like figure in an Edenic garden. He shows her his ‘sacred’ heart but refuses to ‘bless’ her because she is ‘past saving’ (1997: 281)

and the heart evades her touch (282). After this dream, and realising that she still sexually desires Edward, she returns 'to submit' to her husband's violence. She believes that 'Mr Brindle [will] do God's will to her, even though he [is] an atheist', as she must 'pay for every piece of every wrong that she [has] done' (286). As Rine highlights, Helen 'does not only submit to the abuse, but invites it' in 'an effort to redeem herself in the eyes of God' (2011: 390). She provokes Mr Brindle by revealing her trimmed pubic hair. He almost kills her and, believing her dead, he overdoses on paracetamol and phones the police. Helen herself believes that she has died and meets the Jesus figure again during a hospital coma. She admits that she was 'going to die for' him and although the figure chastises her for this, the 'heart like[s] her now' and she can touch it (1997: 295). Being able to touch the once evasive sacred heart suggests that she achieves redemption. Helen is further rewarded: discovering that 'Mr Brindle [is] dead and she [is] not', she reasons that 'Sometimes God [is] really very obviously good' (299). The novella ends with Helen and Edward lovingly consummating their relationship, with God's blessing: 'they are one completed motion under God the Patient, Jealous Lover: the Jealous, Patient Love' (311). While this transformation is 'no doubt liberating and positive', Rine recognises that it is 'problematic' that it comes 'at the cost of Helen's silent submission to Brindle's violence' and asks whether this change is 'in spite of Helen's self-sacrifice, or because of it' (2011: 393). Can this be considered redemptive suffering? After all, Helen willingly submits to her husband's violence in order to reconcile with God and, in her defiant display of her trimmed pubic hair, asserts her own bodily autonomy and dignity through disobedience. In *Looking for the Possible Dance*, Kennedy draws an explicit parallel between Colin and Jesus through the crucifixion scene. Helen's quiet submission to unjust violence and subsequent sense of resurrection draws a similar but more implicit parallel. It is unclear to what extent the text earnestly endorses this comparison: the Jesus figure gently chastises her presumptuousness in choosing to sacrifice herself yet Helen's 'resurrection' and emotional rewards cannot be easily dismissed either. 'Original Bliss' explores discursive bereavement with both self-sacrifice and moral transgression offered as legitimate, if arguably problematic, ways to reconnect with God. Kennedy returns to these ideas in *Paradise*. The novella ends with a

loving and understanding relationship between two people, as well as between humans and God.

Nonfiction text *On Bullfighting* examines (self-)sacrifice as spectacle and questions how we should respond to others' suffering. Kennedy discusses the history and culture of bullfighting, digressing into topics such as Spanish poet and playwright Federico García Lorca (1898-1936), the concept of 'duende' in art, and her own suffering, in a larger meditation on the relationship between creation and destruction. The text opens with Kennedy's almost suicide as she struggles with chronic back pain, the end of a relationship and writer's block. She emphasises that she is writing *On Bullfighting* on commission, not out of 'prior interest or enthusiasm' for the topic (2000: 7). She does however recognise parallels between bullfighting and writing: both involve 'death, transcendence, immortality, joy, pain, isolation and fear'. Researching the book becomes a personal quest as she seeks to reclaim these feelings and to test whether she is 'still capable of writing anything at all' (8). Indeed, 'In writing this book, [she is] looking for faith' (12). The corrida (bullfight) is 'still very close to its origins in religion' (87) in its 'intermingling of fear, superstition, Catholic iconography and both Christian and pre-Christian urges to understand the termination of life and to celebrate survival' (86). It is 'both an exorcism and an act of faith' (12). She emphasises the interplay between destruction and creation, or life and death, inherent to the corrida, in which both bull and 'toreros' (the people who participate in the corrida) are vulnerable to injury and death. For the toreros, this is a particular kind of vulnerability: after all, they confront 'physical and emotional damage' voluntarily, as a 'true believer', rather than 'by duty, or conscription' (125).

As in 'Original Bliss', *On Bullfighting* asks what it means to self-sacrifice, to willingly submit to or invite suffering. Travelling around Spain, she reflects on Lorca, Granada's 'famously martyred son', killed by Nationalists during the Spanish Civil War (2000: 34). A 'Leftist figurehead' and international traveller, Lorca returned to Granada 'against all advice' and 'precisely when he shouldn't', hiding in his hometown for the first few weeks of the war before being executed (35). Kennedy wonders why Lorca returned, 'why he took that last risk and came looking

for extinction', phrasing which suggests foreknowledge and self-sacrifice (59). She discusses 'duende', a concept which for Lorca 'represented a transcendent, but melancholy, moment conjured up by work with roots in a painful inspiration, a loss, a sacrifice' (38). Moments of 'duende, of sad, numinous beauty' seem to be what aficionados find in great corridas; Kennedy too has an 'appetite' for duende, believing that 'words [can] create' it (39). Suffering can offer momentary transcendence when channelled into art. Yet Kennedy denies that bullfighting is an art form, partly because of its 'levels of cruelty and violence' (87). Finally witnessing her first live corrida, she is disappointed, almost repulsed, by 'a great deal of clumsiness, ugliness and confusion' (137) and cannot 'understand how the corrida [she] saw today could be worth any living thing's injury or death' (138). Kennedy grapples with her complicity, recognising that her financial support 'has a moral significance' (83). She reasons she is attending corridas partly as a distraction from her own suffering, partly to 'witness' (91). She is undecided whether it is more respectful to photograph an injured torero since 'he was bleeding for me to see, because to waste this insanity would be to make it even less eloquent' or if she should 'let him be' (135). *On Bullfighting* ends with a paragraph outlining Kennedy's return home. A souvenir figurine with the word 'Rescate', or redemption, has broken in transit and her previous vocation as a writer remains 'closed' to her (168). This ending emphasises a lack of redemption; whether moments of duende have been achieved, or the suffering worth it, is unclear. Yet Kennedy resembles a spiritual seeker for whom the ongoing questioning and pursuit of spiritual insight is worthwhile in itself.

Christianity in *Paradise*

Kennedy's work shows a persistent interest in suffering and sacrifice, and uses Christian imagery, especially relating to Jesus, in striking ways. As I discuss further below, AA itself is built around religious language and ideas, such as the advice that the alcoholic 'turn [their] will and [their] lives over to the care of God' (Alcoholics Anonymous 2001: 59). Novelists have critiqued this religious dimension in AA. For example, Elizabeth Freudenthal, discussing David Foster Wallace's

Infinite Jest (1996), highlights that character Don Gately, a recovering drug addict, ‘follows AA’s dictum to pray to a “higher power”, even though he has no idea who, what, where, why, or how such a power might exist’ (2010: 191). Although he does not feel connected to a higher power, he continues to pray morning and night on his knees, and so ‘fights addiction by replacing his compulsive drug use with this kind of repetitive, performative, bodily ritual’ (192). The therapeutic process itself becomes ritual, although divested of religious substance. *Paradise* is striking because it is the supposed pathology itself which takes on this religious significance. I explore Hannah’s resignification of religious meaning in *Paradise*, against the spiritual eclecticism that comes with the decline of traditional institutional religion, and the idea of a personal God. I begin with an overview of the unusual narrative structure, outlining each Station and the corresponding events in the novel. The Stations of the Cross are a Catholic devotion. They comprise of fourteen images depicting the Passion of Christ, Jesus’s ‘short journey from the palace of Pontius Pilate in Jerusalem, where he was condemned to death, to the cross and then to his tomb’ (Radcliffe 2015: 7). Herbert Thurston explains that the images of the Stations of the Cross, hung in churches, enact ‘a miniature pilgrimage to the Holy Land’ for the majority unable to actually travel (1914: 2). Proper use requires moving through the images in sequence while meditating on Jesus’s arrest, trial, suffering and execution (175). By drawing on this Biblical episode, Kennedy emphasises the cross and its meanings, which I elaborate on below. These headings come from the chapter titles of Timothy Radcliffe’s *Stations of the Cross* (2015).

(1) Jesus is Condemned to Death Hannah emerges from a blackout in a London hotel, unsure of the previous days’ events (later revealed to be her travel from Clear Spring in Canada, via Budapest). She speaks to a stranger she calls ‘Mr Wispy’ because of his distinctive ‘longish, yellowish, curly hair’ (*PAR*: 4). She finds ‘wispy’ and ‘reddish yellow’ hair in the shower, triggering the memory of their sexual encounter (32). The section ends with Hannah looking at a photograph of herself and Robert. She claims that alcoholics are God’s ‘favourites’ (37) and openly reflects on her alcoholism throughout the section.

(2) Jesus Receives the Cross

The narrative moves backwards in time to Hannah and Robert's first date, then proceeds largely chronologically as their relationship develops until section eight. The section ends with Robert promising to phone her: 'you can't shake me [...] I'll be the cross you have to bear'. According to Hannah, this means they 'parted with a lie' (60). Hannah describes drinking as her cross to bear in section four (84).

(3) Jesus Falls the First Time

Robert does not phone for three weeks. Hannah helps 'an elderly woman' who has 'obviously suffered a stroke' by pushing her wheelchair (67). Anxiously unable to 'wait' for the inevitable accident, she deliberately but guiltily lets go of the wheelchair and abandons the injured woman to passersby (71). Drunkenly confessing this to Robert, they both laugh; finding the memory painful ('I can't think about it any more, can't have it under my eyelids'), Hannah 'howl[s] even louder' (77).

(4) Jesus is Met by His Blessed Mother

Robert avoids Hannah for several more weeks. She blacks out at a bar, finding herself at her parents' house at 3am, having avoided them for months. Her parents are caring but hurt by her behaviour.

(5) Simon of Cyrene Helps Jesus to Carry His Cross

Hannah attends a carol service with her brother, Simon, who disapproves of her drinking. She loses her job and experiences a series of medical problems, although refuses a hospital referral as this would prohibit her drinking. Instead, she asks to stay with Simon, himself a doctor.

(6) Veronica Wipes the Face of Jesus

In this Station, Veronica pities Jesus and wipes his face; an 'image of his face is left imprinted on the towel' (Radcliffe 2015: 33). Section six covers Hannah's stay with Simon and her first days in Clear Spring, ending with her reluctant crying in group therapy. She awakes confused on her first day in Clear Spring, the blood

from facial grazes leaving ‘a sketchy impression of [her] face, picked out in brown on a virgin bedsheet’ (166).

(7) Jesus Falls for the Second Time

Hannah resolves to escape Clear Spring. She tricks Mr Hitt, a long-term resident with ‘alcohol-induced dementia’, into giving her money for her travel home (190).

(8) The Women of Jerusalem

Although section eight, the midpoint of the fourteen sections, follows sequentially on from the seventh, it is also a continuation of the first: it begins with Hannah leaving the London hotel of the novel’s opening, returning home from Canada. Back home and trying to stay sober, she visits her mother. Robert drunkenly admits that he has a wife and daughter, and that his father murdered his mother. The novel then continues linearly until the structural ambiguity of the final two sections.

(9) Jesus Falls for the Third Time

Anxious about their relationship, Hannah begins drinking again with Robert.

(10) Jesus is Stripped of His Garments

Hannah and Robert argue constantly on a drug-fuelled weekend in London. She enters a church alone and watches schoolchildren rehearse an Easter play of Christ’s crucifixion. Robert breaks up with Hannah. After a brief hospital stay after a possible psychotic break (an episode not narrated), she moves in with her parents. She is emotionally stripped and humiliated.

(11) Jesus is Nailed to the Cross

Hannah repeatedly tries and fails to locate Robert. She accidentally stands on a nail, passively accepting the pain: ‘I say nothing to my father and fight to preserve my normal gait’ (282).

(12) Jesus Dies on the Cross

Hannah travels across Canada, hoping to find Robert at Clear Spring. She experiences an extended hallucination on the train, suggestive of the delirium tremens of alcohol withdrawal. She meets God in the form of the bartender and imagines Robert, who does not recognise her.

(13) Jesus is Taken Down from the Cross

Hannah cries while being cleaned by the nurses at Clear Spring. She believes that ‘Now [she is] no one’ (339).

(14) Jesus is Placed in the Tomb

In a section just one page long, Hannah awakes in a hotel room to someone showering and a full bottle of whisky. She anticipates drinking it with Robert. She hears ‘a sudden drag of thunder overhead, like the sound of a broad stone, being rolled away’, reminiscent of the stone being rolled away from Jesus’s tomb (343). It is unclear whether this follows from section thirteen, whether it is fantasy, or whether it precedes the novel’s opening.

Some of these correspondences are fairly literal, such as Hannah meeting her mother in section four, Simon caring for Hannah in section five, and stepping on the nail in section eleven. Some are more interpretative, subtly colouring the meaning of the section or larger narrative. This is especially the case towards the novel’s end, which I discuss fully below. The Stations framework also foregrounds the (metaphorical) fall. In a novel about alcoholism, it could be expected that the three falls would represent relapse, a return to drinking during sobriety. Yet this is the case only with fall three, section nine. Instead, falls one and two are ethical failures in Hannah’s actions towards (vulnerable, trusting) others: not adequately caring for the woman in the wheelchair, and exploiting Hitt’s poor memory to get his money. I return to Hannah’s ethical dilemmas below.

Reviewer Thomas Jones claims that the Stations framework in *Paradise* is ‘a defiantly blasphemous “fuck you” to the pieties of the 12-step path to recovery’ (2004: para 12 of 12). However, *Paradise* is more sophisticated, ambiguous and earnest than this. The framework lends a sense of inevitability or predetermination

to Hannah's narrative; it suggests that she begins condemned to a sort of death, metaphysical or figurative, and that the story is one of suffering. The narrative, then, may appear to have a dysphoric trajectory, with alcoholism leading inevitably to self-destruction. However, Jesus's life has particular resonances: his suffering is meaningful and he is resurrected after death. By drawing on the Passion of Christ, Kennedy emphasises the cross and its meanings. As Michael Mawson explains, theologian Martin Luther (1483-1546) differentiates between the theologian of glory and the theologian of the cross. The theologian of glory 'understands and speaks of God in terms of various *positive* attributes and qualities: goodness, holiness, wisdom, justice, and so on', believing God is 'in and behind' values we 'collectively endorse' [original italics] (2018: 454). According to Luther, the theologian of glory is mistaken because this view of God is based on their 'own assumptions and resources, rather than from God's revelation in and as Christ' (454-55). Alternatively, we could say that the theologian of glory *knows about* God, relying on informational rather than relational knowledge. As Mawson explains, Luther prefers the theologian of the cross. The cross shows us that God is not just in the things we think are good but is 'present and at work [...] even and especially in the depths of our suffering and apparent failure'. Suffering and failure therefore 'mean something different than what we ourselves would assume' (456). The cross offers hope: 'It is only the God who is present in the suffering of Christ that provides hope in the midst of our own suffering and sin [...] we no longer have to take flight into ideas or ideals, but can have hope where we are' (460). It also 'facilitates Christian love' and encourages a non-judgemental stance towards others: 'In Christ, God has embraced humanity in its suffering and fragility', allowing us to 'similarly embrace others simply as we find them' (460). Lastly, the cross 'frees us' from 'implicitly constru[ing] the other as a project or object of charity', reminding us that 'we do not possess any special knowledge, insight, or truth vis-à-vis the other' (461). Following the theology of the cross encourages us to accept Hannah as she is in her suffering and humiliation, rather than pitying her as a victim or judging her as immoral. Her suffering is also not devoid of meaning if God remains with her even, or especially, in these moments.

For Hannah, alcoholism itself becomes a displaced religion. Her relationship with God is highly personal and closely relates to her alcoholism, reflecting AA discourse in intriguing ways. AA itself employs a particular individualistic religious language. Although AA's key text and guidebook, nicknamed the Big Book, opens with endorsement from a doctor 'specialized in the treatment of alcoholism', it primarily relies upon spiritual rather than medical discourse. AA co-founder Bill W. discusses a friend's sobriety after 'Doctors had pronounced him incurable' and he had 'admitted complete defeat' (Alcoholics Anonymous 2001: 11). The friend attributes his sobriety to 'religion' (9), claiming that 'God had done for him what he could not do for himself' (11). This reliance on God is incorporated into the Twelve Steps. The alcoholic must 'believe that a Power greater than [themselves] [can] restore [them] to sanity' and 'turn [their] will and [their] lives over to the care of God' (59). This god is personal, rather than necessarily the orthodox Christian God. While not an atheist, Bill W. struggles with the idea of God, the word 'arous[ing] a certain antipathy', until his friend suggests that he '*choose [his] own conception of God*' [original italics] (12). A chapter titled 'We Agnostics' addresses concerns about the spiritual aspect of AA treatment, insisting that when 'we speak to you of God, we mean your own conception of God' (47). This shifts AA away from institutional religion or sectarian traditions and towards contemporary discourses of personal spirituality.

Hannah has a strikingly similar idiosyncratic relationship with God. She is apparently not religious: attending a carol service, she notes that '*I'm not even Catholic [...] most of us here are tourists*' [original italics] (PAR: 103). However, she echoes the language of AA, claiming to have '[her] personal God – you can have whatever kind you want, but this is mine'. The God she imagines has a 'hat', a 'non-tobacco cigar', an 'old, linen suit' and 'appalling love' (280). This personal conception of God, an approach found in AA discourse albeit to opposing ends, allows for a more ambiguous and subversive use of religious imagery in *Paradise*. While AA portrays God as the cure, Hannah suggests that God is the cause of her alcoholism: '*[she] didn't intend [herself] to be this way – He did*' and she is 'His fault' [original italics] (106). She also frames this positively, believing that drinkers 'go almost universally unscathed' despite doing 'terrible things' because 'God is on

our side', concluding that 'we are His favourites' (37). Hannah's highly individualised religious narrative suggests a sort of discursive bereavement, although more implicitly than in 'Original Bliss'. As traditional shared Christian discourses are no longer available or credible, she must configure her own relationship with God. In 'Original Bliss', Helen transgresses to feel God's presence through judgement. Somewhat similarly, Hannah feels she is God's favourite through alcoholism. When she suffers most, during the hallucinatory episode on the train after her devastating final breakup with Robert, she meets God, in the form of the train's bartender. The bartender 'out of uniform' is 'dressed in an old linen suit, a soft hat, smoking a cigar', recalling her earlier description of her personal God (329). Serving her coffee, he comments on her 'healthy thirst', a 'compliment' that is 'heartfelt, but discreet'. When Hannah admits that she has 'a little thirst, now and again', he adds 'don't we all' (319). In contrast to the God in 'Original Bliss', the bartender is empathetic and non-judgemental, insisting that Hannah is 'welcome' and 'invited' into the closed bar (320). The idiosyncratic use of religious imagery allows for an unusual, less stigmatising representation of alcoholism.

Rather than portraying alcoholism as a disease, Hannah often describes it positively and in religious terms, adding a certain gravity to her drinking. Hannah describes drinking as her cross to bear, in allusion to the cross carried by Jesus to his crucifixion, suggesting it is a burden. However, she explains that while 'you do carry the weight of it, drag it along and heartily wish you were free', eventually 'you will always trade places: this is a physical law: that your cross will change to something merciful, will lift your body up and start the task of bearing you' (PAR: 84-85). Drinking is both a burden and a means of transcendence. Indeed, one of the most striking aspects of *Paradise* is that Hannah unashamedly acknowledges, indeed embraces, her dependency on alcohol from the novel's beginning: '*my condition does indeed mean that I'm ruined without drink*'. However, while others 'whine on about *what a torment*' it must be, Hannah herself is 'much more clear-headed, because [she has] studied the matter long and hard'. She may be '*ruined without drink*' but '*equally, drink will save [her] from all of [her] ruinations*' and '*[keep] [her] free*' [original italics]. It is not a torment but her 'one and perfect

gift' (33). Portraying addiction as a gift challenges dominant ideas of it as a disease, curse or failing. The phrase 'one and perfect gift' also echoes German theologian and anti-Nazi martyr Dietrich Bonhoeffer (1906-1945). Kennedy discusses her familiarity with Bonhoeffer in an article about Holocaust survivor and writer Primo Levi (Kennedy 2017: para 12 of 16). Bonhoeffer writes that 'the body of Jesus Christ is the one and perfect gift through which we receive our salvation' and 'are accepted by God from eternity' (2001: 213). This is because when the 'Son of God [became] a human being', the 'Word [of God] became flesh', meaning Jesus could 'shoulder and carry all of humanity'. When 'God became human' in this way, 'God took on the whole of our sick and sinful human nature', thus humanity is 'accepted as it is, out of God's mercy' (214). The implicit parallel between alcohol and Christ's body in *Paradise* suggests alcohol similarly provides salvation and acceptance, making alcoholism a kind of displaced religion. This idea is certainly not common in discussions of Scottish public health and alcohol use, signalling a striking divergence between press representations and literary fiction.

Illness as a Political Project in *Paradise*

In interview, Kennedy claims that *Paradise* is 'an exploration of secular martyrdom' (Newton 2004: para 43 of 45). Hannah is not a victim to addiction as disease, neither is she impulsive. She is reflective and deliberately accepts suffering through her commitment to alcohol which is understood in reverential, transcendent religious terms, giving it the gravity of a religious cause. Hannah is a secular martyr in relation to the politics of health. Jonathan M. Metzl suggests that 'health is a concept, a norm, and a set of bodily practices whose ideological work is often rendered invisible by the assumption that it is a monolithic, universal good' (2010: 9). Instead, the term health is 'replete with value judgments, hierarchies, and blind assumptions that speak as much about power and privilege as they do about well-being'. Health is 'a desired state' but also 'a prescribed state and an ideological position' (1-2). This is evident, for example, in economic terms. David Harvey observes that 'sickness is defined under capitalism broadly as inability to work' (1998: 408). Health is valued and defined by economic

productivity. This means, as David Moore et al. highlight, that the ‘governing obligation of modern neo-liberal citizens [is] to embrace and pursue health and all it entails’. Those unwilling or unable to do this ‘fail the test of modern citizenship’ (2017: 156). The individual must self-optimize to ensure maximal productivity. Rejecting health, or cultivating poor health, can therefore be understood as a political project. Self-induced ill health may be a method of rejecting or protesting against capitalist and neoliberal productivity norms and economic valuations of the self. Similar ideas about health and protest circulate in models of anorexia, as previously explored. Susie Orbach politicises anorexia, arguing that the anorexic is ‘in effect on hunger strike’ (2005: 82), refusing to eat ‘in protest at [their] conditions’ even if unable to ‘articulate the basis of [their] cause’ (83). Similarly, Richard A. Gordon suggests that the anorexic’s hyperconformity to mainstream values of thinness and dieting is also rebellion: this ‘exaggerat[ion] [of] cultural values to the point of caricature’ is ‘both an affirmation and a disavowal of a society’s esteemed ideals’ (2000: 202). Rejecting health norms need not be conscious to be political.

Understanding ill health as a political project and/or a displaced political urge, we can draw out additional meanings of Hannah’s drinking. Noticing that the Clear Spring residencies are named after writers, Hannah wonders ‘*why not pick people we could like? [Ernest] Hemmingway [sic], [F. Scott] Fitzgerald, [Dylan] Thomas, [Brendan] Behan, [Dorothy] Parker, Reese [Jean Rhys?] – the kind we could take to, good examples*’ [original italics] (PAR: 174). These writers are known for their heavy drinking or alcoholism. Instead, Hannah’s residence, Thoreau House, connects her to American writer Henry David Thoreau (1817-1862). Thoreau explains that for ‘two years and two months’ he lived alone in a self-built house in the woods of Walden Pond, Massachusetts, ‘living by the labor of [his] hands only’ as an experiment in simplicity and self-reliance (2017: ‘Economy’ [n.p.]). As Luke Philip Plotica highlights, the ‘prevailing tropes in Thoreau’s treatment of individuality are deliberate living and self-cultivation’ (2017: 605). Thoreau’s self-denying ethic and spartan lifestyle fit with the Clear Spring approach. Shannon L. Mariotti rhetorically asks of Thoreau: ‘How can a thinker who is often seemingly misanthropic, egoistic, and excessively individualistic be

said to offer a political education?’ (2010: 118). The same could be said of Hannah. Thoreau is useful for thinking through the reasons for and meanings around Hannah’s drinking. Mariotti explains that Thoreau lived at a time of increasing modernisation; life was increasingly ‘organized in ways that systematized behavior, in greater coordination with the market’ (92). Thoreau is critical of the demands of labour in modernity, complaining that the modern worker ‘has no time to be any thing but a machine’ (2017: ‘Economy’ [n.p.]). In opposition to this he envisions simple and deliberate living and self-cultivation. As Plotica explains, this deliberate life is for Thoreau ‘disciplined’, internally ‘principled’ and ‘necessarily directed towards a determinate and uncompromising end’. One must know ‘what are properly one’s own concerns and [devote] oneself to just those matters, bringing them to fruition through restrained, narrowly-focused efforts’ (2017: 606). Thoreau calls this principle minding one’s own business: ‘Let every one mind his own business, and endeavor to be what he was made’ (2017: ‘Conclusion’ [n.p.]). Part of Thoreau’s rejection of conformity and modernity was his two-year withdrawal from town life in Concord to his sparse, solitary cabin.

Hannah’s alcoholism is similarly a method of withdrawal from the alienation of modernity and mainstream life. She avoids the conventional milestones of adulthood. Believing that she would be dead by thirty, Hannah ‘passed the age when lives should be taken in hand’. She rejects the usual personal economic responsibilities of neoliberal adulthood and has ‘no pension, no insurance, no prudent mortgage plan’ (PAR: 63). Neither does she have a career as this requires ‘qualifications, training, a decision on your part to be responsible and adult’. The only options available to her are temporary, low-skilled, low-paid jobs which are ‘daily demonstrations of your uselessness’ (234). She loses her job selling cardboard because of missed appointments with clients, which she attributes to Robert’s presence ‘upset[ting] [her] sleeping patterns’ and ‘[catching] this bug after Christmas’. She complains that ‘modern business has no flexibility. *We’re* supposed to be flexible, the people who do the working, but the businesses, they’re allowed to be carved in stone’ [original italics] (123). Kennedy critiques this power imbalance: the employee must structure their life around the inflexible demands of the labour market, which does not accommodate the unpredictable

rhythms of individual life. Hannah reflects on unemployment in a passage written with the indefinite pronoun ‘you’, suggesting the alienation in the dispiriting process of finding work: ‘your face changes, you start looking unemployed: unemployable’ (233). She continues: ‘you don’t want to spend forty [hours] in a week’ or ‘actually *any* time in a week doing something that’s appalling, but required of you by strangers. You have no applicable skills, but you know what you won’t stand for’ [original italics] (233). Hannah’s drinking is a way to withdraw from the precarity and conformity of the modern job market, to undertake a deliberate life that is, in the model of Thoreau’s philosophy, internally ‘principled’ and ‘necessarily directed towards a determinate and uncompromising end’ (Plotica 2017: 606). By claiming that proper drinkers are a distinct group, she separates herself from the majority and focuses on a particular lifestyle. Acquiring enough alcohol is a ‘full-time occupation’: ‘being [Hannah] is a job – is labour so time-consuming and expensive that [she has] to have a second job just to support it’ (PAR: 84). The comparison to a full-time occupation confers skill, respectability and productivity to Hannah’s drinking. Paid employment supports her life without overwhelming or reducing her to machinery. Hannah’s rational life management makes her the optimal drinker, subverting the practice of self-optimisation for maximal productivity. Thoreau’s concept of minding one’s own business is, in Jonathan McKenzie’s words, ‘an antidote to the market revolution’ which indebts individuals to corporations or other powerful persons (2011: 424-25). Hannah minds her own business to the same end through alcohol.

However, there is much debate in Thoreau scholarship about the political implications of this withdrawal and privatist approach (Mariotti 2010; McKenzie 2011). What are one’s obligations to the larger world when minding one’s own business? Hannah appears to drink partly to avoid ‘the jolt and nag of sober thinking: all the obvious misery of everything’ (PAR: 240). Some of this anxiety is personal, so that after a month of sobriety she is exhausted by ‘[her] new-found ability to ruin whatever’s most precious with suspicions and poisonous memories and fear’ (247). However, she also suffers from Sternberg’s ethical impotence: ‘the belief that if we act ethically, it will have no meaningful effect’ or feeling ‘unable to act in any meaningful way’ in an ‘ethically compromised’ situation

(2015: 180). A great deal of Hannah's anxiety comes from the external world and her own sense of political ineffectiveness. She wonders if she is experiencing 'the onset of aimless fear' through alcohol withdrawal or 'simply acknowledging the whole lifetime of terrors [she has] ignored', from 'the rotting atmosphere' to 'avoidable starvation and discontent' and 'random injustice' (PAR: 309). These are 'the frank and coy annihilations that nip and nudge and leer at us, seep through and cripple our resistance' (309). Kennedy uses 'our' and 'we', suggesting that this sense of ethical impotence is experienced collectively, rather than being unique to Hannah. Overwhelmed by these accumulative 'annihilations', our resistance is gradually eroded. Rather than ignoring these problems through indifference, Hannah has struggled with her ethical responsibilities: 'I am delicate and the world is impossibly wrong [...] If there was something useful I could do, I would – but there isn't. So I drink' (240). Ethical impotence is here directly responsible for her drinking. This feeling is not easily avoided: for example, the 'radio makes you listen to the latest death', phrasing which emphasises passivity in the face of pervasive, negative media reports (240). Hannah's drinking, on one hand a defiant withdrawal from the alienation of modernity, is also a way to escape larger political and ethical problems.

Sternberg proposes that taking action is the ideal response to ethical problems as, '*Even if action is unsuccessful, it at least makes a symbolic statement*' [original italics] (2015: 184). In *Looking for the Possible Dance*, Margaret and Colin think futile protest is more honourable than doing nothing. Does Hannah's drinking as withdrawal constitute an action, if failed action, that at least makes a symbolic statement? There is a parallel here with Zoe in *Night Waking*. Hannah and Zoe are overwhelmed by global injustices. Rather than producing meaningful change through strategic action, Zoe directs her energies inward through restrictive eating, a symbolic, politically ineffective action that merely makes her sick. Hannah's drinking is more plainly escapist, but she too chooses self-destructive, inward and symbolic action over political action. To adapt Anna's criticism of Zoe in *Night Waking*: the 'problem' with Hannah's 'logic of despair is that it is right, only not useful' (NW: 267). However, she changes towards the end of the novel. She reflects during her first Clear Spring residency

that caring for the local swan ‘would do [her] more good’ than group therapy (PAR: 193). She finally has this intimate interaction in the penultimate section, feeding the swan bread (337). In a pose reminiscent of the crucified Jesus and his wounded side, the swan extends his wings, revealing ‘a mixture of dark and pink, like the touch of an ulcer’. Hannah witnesses the swan’s pain and ‘[worries] for him’ but also reasons that she ‘could have been mistaken’. This reasoning would allow her to evade an ethical call to help but instead of remaining ethically impotent, and without alcohol to distract her, she takes action: ‘in the evening, I tell somebody he’s hurt. I’m almost certain I actually do that’. This is tentatively phrased; Hannah is also ‘unsure’ whether the nurses will remember as they seem ‘preoccupied’. Yet she resolves to ‘write them a note, or speak to them tomorrow’ (338). Getting help is not easy but Hannah is undeterred. This is a modest yet meaningful act: instead of becoming overwhelmed by the enormity of ethical problems, Hannah performs a small, local action that will have a real effect on those around her. Previously she imagines relationships with others, aided by alcohol, as potentially destructive to the self, as a process of ‘osmosis’, ‘metamorphosis’ or becoming ‘indistinguishable’ (213). With the swan, the boundary between self and other is maintained; the self recognises and responds to the other’s pain without being overwhelmed by it. Self and other offer mutual help: the act of caring for the swan is itself therapeutic. This recalls AA’s tenet of service to others: ‘Our very lives, as ex-problem drinkers, depend upon our constant thought of others and how we may help meet their needs’ (Alcoholics Anonymous 2001: 20). Margaret and Colin in *Looking for the Possible Dance* withdraw from political activity after being cynically punished by the gangsters for helping others. While Kennedy acknowledges the vulnerability in responding to others, in *Paradise* she is more earnest about advocating this action. Radical politics under neoliberalism must go beyond privatism and individualistic action. Hannah learns how to reconnect with and care for another. Significantly, she achieves this while sober. If drinking is a method of withdrawal and ill health a political project, then other-focused action is associated here with sobriety, a conventional marker of good health. Better politics enables better health and vice versa.

However, the Stations framework adds an extra layer of ambiguity and possibility to the novel's end. Warhol explains that AA stories 'cannot afford to be ambivalent, contingent, or conflicted' because the individual's sobriety, figured as 'a life-or-death matter', depends on the story's 'euphoric end' (2002: 108). *Paradise* is characterised by 'circularity and open endedness' rather than 'movement towards closure' (Mitchell 2007: 109). Section twelve, corresponding to Jesus's death in the Stations framework, marks the climatic death of Hannah's self in the hallucinatory confusion of the train. The short, sombre section thirteen corresponds to Jesus being taken down from the cross. Arriving again at Clear Spring, Hannah is bathed by the nurses, suggesting an emotional cleansing, even baptism. Their 'dreadful tenderness [...] unlock[s] everything' (*PAR*: 335) and she weeps like a 'child' (336). She remembers fragments of the narrative ('I can remember Sniffer Bobby and 8.42 and Paddy and blood and strawberries'), followed by sorry translated into a variety of languages ('excusezmoi, estutmirleid, seengnohmey, anahasfah, sorry') suggesting an overwhelming sense of guilt (336-37). It is unclear whether this breakdown signals a future of earnest sobriety. Hannah does not articulate this intention but neither does she drink or desire alcohol in this section. While her apologies point to forgiveness and closure, there is more overwhelmingly a sense of annihilation in her belief that '[n]ow I am no one' (339). However, this is followed by a final section just over a page. Hannah awakes in a hotel room with an 'English night' outside (343). She hears whom she assumes is Robert in the shower and discovers a 'full bottle of Bushmill's' (344). This section may follow chronologically from the previous; Hannah has reunited with Robert after long, mysterious absences before. Equally, this may be fantasy. At the end of section thirteen and beginning of section fourteen, Hannah sits against a bed, seemingly linking the scenes. Eyes closed, she listens to the 'budding' of the room's items as if carefully imagining them (343). Alternatively, Hannah could be emerging from a blackout. There are several echoes between section one and fourteen, suggesting that the last section chronologically precedes the first. The 'full bottle' of Bushmill's has a 'marvellous label: the long, slim door that leads to somewhere else' (343). In section one, Hannah drinks from a Bushmill's bottle with a 'shake under half of it left' which was full, she understands, 'until quite recently' (18). She admires its label, 'a long, slim

doorway to somewhere else' (17). The 'reddish yellow' hair in the shower in section one suggests it is Mr Wispy, not Robert, showering here, although this is not confirmed (32). Kennedy entertains these three scenarios simultaneously, ending the novel with irresolvable uncertainty. Regardless, the narrative sequencing emphasises the enthusiastic continuance of drinking, refusing the typical trajectory of a recovery narrative. The novel's final words, 'and then we'll begin', further prevent narrative closure – but also imply rebirth (344). This final section corresponds to Jesus being placed in the tomb. While the Stations do not depict resurrection, this is integral to Jesus's story. In the resurrection story, a group of women find the stone covering the tomb's entrance rolled away and learn of Jesus's resurrection from an angel (Matthew 28. 1-7). As Hannah sits disorientated, she hears 'a sudden drag of thunder overhead, like the sound of a broad stone, being rolled away' (343). This reference hints at resurrection, although it is unclear whether this is the resurrection of her alcoholism and relationship with Robert or rebirth as a new, sober self.

Certain discourses around alcoholism are notably absent in *Paradise*, specifically direct references to AA and the model of addiction as a disease of the will. Beveridge highlights that contemporary Scottish literature often portrays alcoholism as a 'symptom of social disintegration', strongly associated with specific parts of Scotland, whether high unemployment in the West in Owens's *Gentlemen of the West*, or globalisation and the Highland Clearances in MacNeil's Hebridean *The Stornoway Way* (2017a: 97-98). Although *Paradise* is set in Scotland, implicitly Dundee, there is not a strong sense of place. The relevant cultural contexts, namely modernity, neoliberalism and discursive bereavement, are more generally British or Western rather than uniquely Scottish. Morrison shows Tom's long-term sobriety and Moss and O'Hagan gesture towards recovery, albeit more tentatively. *Paradise* is more ambiguous and circular. Hannah drinks in the final scene although it is unclear where this fits in the main narrative's chronology. Kennedy subverts stigmatising stereotypes yet the rewriting of deviance as identity is slightly parodic in the suggestion of divine election. The novel is neither fully ironic nor earnest in its striking use of religious imagery. Like AA discourse, Hannah envisions God in highly personal terms. Through this idiosyncratic approach, and in

absence of traditional Christian discourse, Hannah claims that alcohol provides salvation, challenging dominant ideas of alcoholism as a disease or moral failing. The Stations of the Cross framework suggests inevitable suffering but that such suffering is meaningful; it prefigures death but allows resurrection. Ill health is also a political project in *Paradise*. Hannah rejects the neoliberal demand to actively pursue health for maximum economic productivity, with alcoholism a method of withdrawal from the precarity and conformity of modernity. Yet the fact that she drinks to escape feelings of ethical impotence highlights that a privatist approach is not wholly adequate. Hannah becomes less withdrawn by caring for another, the swan. This interaction is mutually beneficial and more therapeutic than the Clear Spring treatment. Like Moss, Kennedy suggests that during neoliberal hegemony, radical politics must go beyond individualistic, self-focused action and turn outwards, fostering connections with others.

Chapter Conclusion

Distance and *Paradise* contribute to a longer tradition of alcoholics, drunkenness and heavy drinkers in Scottish literature and challenge the more simplistic accounts of drinking in ‘Glasgow effect’ press coverage. Morrison and Kennedy depict alcoholism in ways that overlap and deviate from existing trends in contemporary Scottish fiction. Earlier Scottish novels often do not interrogate alcoholism in detail, portraying it as an aspect of characterisation and rarely exploring drinking cessation, therapeutics and life without alcohol. Morrison and Kennedy show drinking alongside periods of sobriety, offering a fuller perspective on alcoholism. Tom in *Distance* rejects AA and self-help groups, preferring to detox alone at home. He takes up jogging through his first, short period of sobriety. He ultimately achieves long-term sobriety through Morna’s support and possibly by using antidepressants, although the details are unclear. Hannah in *Paradise* meanwhile joins a rehabilitation clinic but resists what she sees as coercive treatment methods. Kennedy is more ambiguous about the possibility, indeed the desirability, of long-term sobriety for Hannah. However, Hannah’s interest in the injured swan signals a new desire to acknowledge and respond to the pain of

others rather than withdraw into drunkenness. Scotland is often associated with poverty, alienation, violence and a lack of opportunity in earlier Scottish novels about alcoholism. Morrison and Kennedy's novels take place against different cultural contexts, depicting various kinds of pathogenic cultures. Of my four primary texts, *Distance* is the only novel to connect poor health with Scottish national character, and thus most closely resembles 'Glasgow effect' press discussion. Indeed, Morrison's nonfiction articles contribute to the press imaginary of Scottish cultural pathology. However, in *Distance*, Scotland is characterised by neoliberalism, liquid modernity and cultural commodification. *Distance* explores addiction against anxieties about authenticity and originality in postmodernity, and against the idea of inherited national types or scripts. Kennedy explores neoliberalism and discursive bereavement, the feeling of loss over the decline of a collective Christian identity, as Hannah rejects the demands of successful modern adulthood and reinterprets alcoholism as a kind of displaced religion. These contexts, predominantly British or Western rather than particularly Scottish, offer an interesting counterpoint to press discussions of the 'Glasgow effect' which emphasise distinctly Scottish cultural factors.

In my survey of earlier Scottish fiction about alcoholism, I found that heavy drinking is represented as both stupefying and awakening. It can offer escapism from dissatisfaction and limitation but also disinhibit resistance to the oppressive expectations of work and neoliberal selfhood. Similar ideas are found in *Distance* and *Paradise*. The repetitions of alcoholism provide stability against the detached relationships and job insecurity of the modern world. At the same time, excessive drinking is a way to rebel against or resist these circumstances. Both novels engage with the idea of ethical impotence, a feeling of being unable to act effectively in an ethically compromised situation. Tom and Hannah drink at least partly to cope with their political ineffectiveness. Tom's proletarian rant does not lead to him taking action and he focuses instead of the individualistic act of jogging. More radically, ill health is a political project for Hannah. Alcoholism is a way to withdraw from the precarity and conformity of modernity yet Kennedy critiques this privatist approach, with Hannah finally responding to the suffering of another, the swan. Although Morrison is more conservative, both novels register uncertainty

and anxiety over how individuals can effect change in neoliberal times. The implication is that psychological health in Scotland could be improved by addressing precarity and inequality and fostering political effectiveness. ‘Glasgow effect’ press discussions do not typically recommend addressing these factors and indeed typically propose more individual responsibility and self-regulation as the cure. As I found in my previous chapter, Scottish fiction offers a more nuanced and challenging counterpoint to press discourses about poor Scottish public health.

Conclusion

Scotland, as ‘the sick man of Europe’, is associated with poor public health. While based in sociological fact, the idea of Scottish pathology is also metaphorical and politicised, as in the intellectual tradition which frames Scotland as psychologically split, politically castrated and culturally malformed (Muir 1936; Nairn 1977).

Indeed, the idea of cultural pathology is a key myth of Scotland. These various and longstanding associations between Scotland and health invite a rigorous medical humanities reading of Scottish fiction. This thesis considered the cultural life of the ‘Glasgow effect’, an ambiguous term once used by public health researchers which gained considerable traction in the press and beyond. I examined how the press, academics and art projects mobilised the term to serve various agendas, often discussing Scottish nationhood and culture as much as public health. The terms ‘Glasgow effect’ and ‘Scottish effect’ became resonant in the press alongside renewed debates about Scottish politics and national identity, speaking to the many ways health and illness are politicised and mobilised. I argue that the ‘Glasgow effect’, the myth of a culture uniquely sick and uniquely artistic, emphasises Scottish exceptionalism and became popular amidst renewed optimism and anxiety about the country’s future. I also explored how post-devolutionary Scottish fiction (1997-present) responds to and constructs the imaginary of poor Scottish health. I focused on fictional representations of mental distress, alcoholism and to some extent fatness or obesity (discussed below) as these stigmatised health issues are associated with the ‘Glasgow effect’. I examined texts under-researched from a medical humanities perspective, especially forms of mental distress that do not fit the existing national literary imaginary, like anorexia, postnatal depression and intergenerational or historical trauma. Rather than connect health to nationalism, my primary texts depict pathogenic subcultures or contexts, from the demands of intensive mothering and Scots-Italian historical trauma, to postmodernity and the decline of Christian-informed identities. These are not discourses commonly circulating in discussions of Scottish public health, signalling a disconnect between mainstream press representations and the literary fiction studied here. I have provided new contextual, philosophical

and critical perspectives on Scottish fictional and press representations of health and illness by reading these texts alongside an interdisciplinary range of theorists. As such, this thesis expands the scope of current Scottish literary and cultural criticism, as well as contributing to the expanding field of the medical humanities. This thesis also intervenes in ongoing debates about Scottish health, culture and politics. In the post-devolution and post-referendum context, as optimism and anxiety about Scotland's future continues, debates around the nation's health are likely to remain lively.

Chapter One illustrated how the press, academics and art projects have used 'Glasgow effect' and 'Scottish effect' to discuss public health as well as Scottish nationhood and culture. When addressing Scotland's excess mortality, the press often conforms to neoliberal commonsense, advising individuals to optimise their own health through self-regulating their diet, alcohol intake, exercise and emotions. More controversial recommendations emerged alongside this, such as ethicist David Shaw's argument that those in Glasgow relocate. The underlying vagueness of 'Glasgow effect' and 'Scottish effect' gives the terms considerable flexibility. Although the terms sound specific enough to suggest that various actors are connected in a common project, this flexibility allows the press, academics and art projects to use the terms in service of various agendas. As the myth of a culture uniquely sick and uniquely artistic, the 'Glasgow effect' emphasises Scottish exceptionalism. It became resonant in the press alongside renewed optimism and anxiety about Scottish politics and national identity post-devolution. This myth, then, does its own cultural work. However, it also relates to a larger myth of Scottish pathology which can be traced throughout the twentieth century at least, from G. Gregory Smith's (1919) *Caledonian antisyzygy* and Edwin Muir's claim that 'the Scottish consciousness is divided' (1936: 21) onward. Indeed, it is a customary form of argument, on both sides of the independence debate, to discuss national psychopathology. Tom Nairn argues that the separation of nation and state created a Scottish 'split personality' (1977: 135), while Unionists Jock Encombe (2014) and Ewan Morrison (2013) claim that desiring Scottish independence is a symptom of psychological immaturity or even borderline personality disorder. Vaguely clinical psychological language is prevalent in national discourses.

In public discourse, poor Scottish public health is often attributed to cultural pathology, specifically excessive negativity. Cultural reformation, or a wilful change in attitude, is prescribed as a means to improve public health. Without comparing the actual experience of black Americans and (white) Scots, it is worth noting that this trend of diagnosing cultural pathologies is not unique to Scotland. There is a parallel here to Cornel West's diagnosis of 'a kind of collective clinical depression in significant pockets of black America' (1994: 27). Similarly, West's solution is a '*politics of conversion*', that is, cultural or psychological change [original emphasis] (29). There is, then, a wider tendency to attribute growing relative poverty and social immobility to cultural and psychological disfigurements rather than structural factors. Quasi-academic discourses about pathological cultures can covertly repeat semi-racist or semi-classist claims in a way that appears more politically correct. In a Scottish context, claims of cultural pathology do not rely on racist beliefs in the biological or innate difference of Scottish people. Yet such discourses continue to operate, showing that they can stand by themselves, without covert racist underpinnings. Controversial claims about Scottish cultural pathology are reinforced and naturalised through networks of mutual citation. In Chapter Three, I outlined the interconnections between Morrison, Encombe and Carol Craig in their opinion pieces on Scottish independence and psychology. Their mutual citation creates a network of internal legitimacy: each defers to the other's authority without ever really offering a robust analysis. This network then trades various types of social and cultural capital. Morrison, the artist, intuitively diagnoses Scottish psychopathology, citing Craig and Encombe's vaguely psychological work to legitimise his claims. Craig and Encombe, meanwhile, refer to Morrison's writing as proof of the validity of their own ideas. Myths of Scottish pathology are established through exchanges between the press, intellectuals and artists.

On the whole, I find a disconnect between 'Glasgow effect' discourse and Scottish fiction of the period. This is affected by my selection principles. This thesis is not a disinterested survey or historicist account, like Alan Beveridge's work on alcoholism and madness in Scottish fiction (2017a, 2017b). I was evaluative in my text selection: I sought novels with a certain level of literary

sophistication and value to form my own medical humanities informed Scottish literary canon. My findings are a product of this intervention and are not necessarily representative. Nevertheless, these novels signal a debate or tension in post-devolution Scottish culture over the politics of health. While the term ‘Glasgow effect’ associates poor health with Glasgow especially, the novels studied here are set all over Scotland, in cities and small communities, mainland and islands, East and West. Indeed, Glasgow is a place of recovery, care and opportunity: the city offers escape from the oppressive demands of Colsay and Oxford in *Night Waking*; in *Paradise*, Hannah leaves Dundee to receive care from her brother in Glasgow. The many international secondary settings, primarily Canada and the United States, portray Scotland as globally connected rather than isolated or exceptional. Press discussions of Scottish public health often do not attend to women’s experiences and implicitly gender the nation male. Women characters are overrepresented in this study. These novels are sensitive to gender’s impact on health and wellbeing, particularly in explicitly feminist texts like *Night Waking*. Yet they also explore wider causes of ill health in women’s lives, such as historical trauma in *Personality*. These novels broaden representations of women’s health and wellbeing in Scottish fiction and indeed larger culture. ‘Glasgow effect’ press discussions emphasise individual accountability for health. In contrast, the fiction imagines recovery as relational, through caring for another or being cared for and understood. Health issues are presented less as medical problems than as problems of living, which are personal, social and meaningful.

Scotland in these texts is not defined by unemployment, deindustrialisation, economic inequality or political disempowerment within the Union. Morrison’s is the only novel to connect poor health with Scottish national character, although his Scotland is characterised by neoliberalism, postmodernity and cultural commodification. The other novels present various kinds of pathogenic cultures. This is the cultural demand of intensive mothering in *Night Waking*. O’Hagan depicts a pathogenic celebrity culture in *Personality* while also suggesting that Scottish culture is psychopathogenic due to unresolved historical trauma. The key cultural contexts in *Paradise* are modernity and discursive bereavement, the

feeling of loss over the decline of a collective Christian identity. Many of these contexts are British or Western rather than uniquely Scottish. The implication across these novels is that Scotland's psychological health could be improved through greater gender equality, acknowledging (Scots-Italian) historical trauma, and addressing precarity and inequality. This sensitivity to mental health inequalities associated with specific groups nuances the idea of poor Scottish mental health in public health discourse. These are not discourses commonly circulating in 'Glasgow effect' discussions, signalling a disconnect between mainstream press representations and literary fiction. It is not useful to analyse these novels as illness narratives modelled on the 'Glasgow effect' myth, the way narratives may resemble Hawkins's journey, battle or rebirth myths. The 'Glasgow effect', then, does not provide a useful narrative paradigm or category of literary analysis for the medical humanities, beyond being a mythic paradigm that literary fiction may counter or nuance. The 'Glasgow effect' could instead be considered what Rogers Brubaker and Frederick Cooper call a category of practice, 'categories of everyday social experience, developed and deployed by ordinary social actors', as opposed to a category 'used by social analysts' or scholars (2000: 4). 'Glasgow effect' does not have much analytical meaning. In fact, it may obscure the richness and diversity in contemporary Scottish fiction. The term has no relevance to many ideas circulating in these novels, such as collective trauma, postnatal depression and anorexia. Illness is invested with multiple, sometimes conflicting meanings, such as Zoe's anorexia in *Night Waking*, which is both a self-conscious political project and a developmental disorder. These multiple meanings require nuanced, medical humanities informed readings. The novels studied here are largely counterdiscursive to the stigmatising attitudes around the 'Glasgow effect' in the press. Sometimes these texts are quite radically counterdiscursive, such as the provocatively unapologetic alcoholic in *Paradise*. Occasionally they risk reinforcing certain stigmas, such as the depiction of anorexia in *Night Waking*, which emphasises the ease of recovery. On the whole, though, these novels challenge 'Glasgow effect' stigma.

My novels do not use health conditions for purely discursive reasons, what Mitchell and Snyder (2000) call narrative prosthesis. That is, these texts do not

appropriate disability, using it merely as a narrative device or a metaphor (2000: 48) while neglecting its social or political realities (55). Instead, my novels attend to a broad range of the illness experience; illness is socially situated and not limited to biomedical perspectives. At the same time, these novels are not straightforward pathographies factually describing illness. These are sophisticated illness narratives invested in wider literary or cultural work and engaged with wider political discourses. Introna argues that Scottish literary studies and culture promoted 'cultural confidence' during the independence referendum (2014: 163), with disability, associated with miserablism, rejected as 'anti-constitutional' because of its imagined 'harmful impact' on Scottish culture and politics (173). However, Introna finds that contemporary Scottish fiction often challenges this 'forced positivity'; it values contingency and vulnerability while exploring disability and illness (178). I find this in my own study. These novels do not valorise poor health but do present a nuanced, sometimes challenging, view of illness and suffering. They recognise that suffering can be meaningful. Ill health is sometimes pursued self-consciously, as a response to injustice and inequality. This can be escapist: Tom in *Distance* and Hannah in *Paradise* drink partly to evade feelings of ethical impotence. It can also be an indirect response to larger problems: in *Night Waking*, Zoe's anorexia is partly intended to offset climate change and overconsumption. Suffering also has an ethical dimension. These characters would be faulty, callous or ignorant if they were unmoved by recognising or experiencing injustices and inequalities. *Paradise* is the most radical in this regard, imagining suffering as potentially redemptive in the novel's Christian-influenced framework. However, ill health is not endorsed as an effective political project in these novels. It is self-destructive and, by being focused on the self rather than others, it does not produce effective change in the world. These texts grapple with the limits of individualised approaches and what form radical politics must take under neoliberal hegemony.

Limits and Gaps

Because of space restrictions, I was narrowly selective in looking at mental distress, specifically depression, (historical) trauma and anorexia, and alcoholism. Studying the other health conditions associated with the ‘Glasgow effect’ would provide a fruitful avenue of future study. GCPH found that, of the more than 4,500 excess deaths in Glasgow, 23.2% were attributable to all cancers and 27.5% to diseases of the circulatory system (2010: 28). How are these health conditions represented in Scottish literature of the same period, if indeed they appear at all? While I focused on alcoholism, future medical humanities informed work could consider Scottish literary depictions of drug use more widely, such as in Irvine Welsh’s *Filth* and Suhayl Saadi’s *Psychoraag*. Texts that explore suicide could be further studied. Compared to Liverpool and Manchester, Glasgow deaths caused by suicide were almost 70% higher, according to GCPH (2010: 26). Indeed, suicide is one of the few categories in which women have a greater excess: suicide rates for Glasgow men were 54.4% higher but almost 2.2 times (116.5%) higher for women (27). The report provides this excess only in percentages: it is unclear whether these rates represent a reversal of the larger population trend, in which men more commonly die by suicide than women. There are key pre-devolution novels which explore suicide, such as Alasdair Gray’s *1982 Janine* and Janice Galloway’s *The Trick Is to Keep Breathing*, which both use unconventional typography to represent suicide attempts. While I focus on novels, future work could consider poetry, short stories and theatre of the period.

As I explained in the Introduction, I initially planned to include a chapter on Scottish fictional representations of fatness yet found few relevant texts. This is striking as narratives about fatness, weight loss and gain are common across a wide range of literary styles, often with genre-specific tropes. I briefly outline two novels by Scottish authors which did not meet this study’s inclusion criteria to hint at what representations do exist. Luke Sutherland’s *Sweetmeat* (2002) mixes realism and supernatural elements. Since the novel is set in London restaurant and protagonist Bohemond is French, it did not meet my inclusion criteria. Head chef Bohemond is a ‘fat black blue-eyed Frenchman wearing lipstick’ (2003: 253). He is

a perennial outsider because of his race, nationality, ambiguous gender presentation and body size. *Sweetmeat* does not explore weight loss or gain. Bohemond eats excessively to cope with depression and loneliness although he is also a respected chef. Fourteen years previously, Bohemond attempted suicide by overdose; in the novel's fantastical logic, he slept for six weeks before being discovered (15). Since then, the 'faint imprint' of his makeup has remained permanently (16). His body is described as repulsive and disgusts Bohemond himself. His 'features [are] fouled by flab' (14) and his body expands as if 'in the throes of an unwanted pregnancy' (195). Yet his odours are attractive: 'his sweat reek[s] of peaches' and 'his piss whiff[s] of pistachio' (196). His fat disturbs his gender and sex: he is perceived as a 'man-woman, a monster' (14) and his 'burgeoning belly pushe[s] his penis out of reach', meaning his 'prick [is] more like a clit' (255). Bohemond fantasises that sex with the woman he secretly loves will turn 'his wimpish dick into an impossible cock', restoring and emphasising his masculinity. It will also 'melt down every gram of fat' and '[wash] away' his permanent makeup (255). In a parallel narrative, restaurant band leader Faulkner recounts outlandish tales, beginning in 1921, of his friends Roosevelt and Beatrice and their encounters with gangsters. Beatrice seemingly enters the main narrative, as a young woman with angel-like qualities. While she closely resembles Faulkner's description, she disputes Faulkner's portrayal of her and Bohemond wonders if he is in a 'concussion-induced dream' (308). She is pursued by Legion, a gangster hinted to be or related to the Devil whose touch burns. Ultimately, Bohemond's 'great weight' saves his life in a final violent confrontation with Legion: 'his knees [swing] up, like cannonballs, fifteen years of everything from anchovy crostini to hot chocolate fondant packed into a smash that launche[s] Legion in to the air [...] the Devil's sheriff bested by God's own gourmet' (431). Bohemond's first kiss, from Beatrice, suggests that he is worthy of love without weight loss. *Sweetmeat* is not wholly stigmatising and does not reinforce dominant neoliberal discourses around weight regulation. Although often self-loathing, Bohemond is kind and talented; the reader is not encouraged to view him as monstrous, even though his body evades conventional categorisation.

Irvine Welsh explores weight in two novels, *The Bedroom Secrets of the Master Chefs* (2006), set in Edinburgh, and *The Sex Lives of Siamese Twins* (2014), set in Miami. In *Bedroom Secrets*, heavy drinker Danny puts a hex on his colleague Kibby: the damage Danny inflicts on his body is transferred to Kibby. Kibby eventually requires a liver transplant due to Danny's heavy drinking and gains weight. Although the novel meets my inclusion criteria, alcohol abuse is a more prominent theme than weight change. I will discuss *Sex Lives* here as weight loss and gain is the central issue, although its American setting means that it cannot be read as a response to the 'Glasgow effect'. *Sex Lives* has two narrators: zealous personal trainer Lucy and shy artist Lena who uses animal bones to create speculative humanoid forms. The titular conjoined twins are Amy and Annabel, Arkansas teenagers in a sensational news story that develops throughout the novel. After a disagreement over a boyfriend, they pursue separation surgery, even though Amy's chances of surviving are low; they eventually reconcile and agree to remain together. The public enjoy debating if the twins should or can be separated, a question that extends to Lucy and Lena's symbiotic relationship. Both are extremes on the same spectrum: Lucy is lean, aggressive and controlling; Lena is fat, passive and manipulated by others. Lena wonders if they are 'opposites, or twins' (2015: 417). She observes that 'The sculptor and the personal trainer are both in the molding business' and that, after hiring Lucy to help her lose weight, Lena is 'Lucy's very own piece of clay' (317). *Sex Lives* interrogates the idea that fat people need tough love (previously discussed in relation to *Fat Boy Swim* in my Introduction). Lucy justifies her cruelty by claiming she is 'help[ing] [Lena] get better' (86). Lena's decisions are the 'impulses of a fat, greedy, spoiled fucking child' and so '[u]ntil [Lena] become[s] a real adult', Lucy feels entitled to 'make all the decisions' (215). If fatness represents failure to self-regulate, the fat person risks losing the privileges of autonomous adulthood, justifying outside intervention. Welsh takes this to satirical extremes when Lucy imprisons Lena in an empty apartment with only a makeshift bed, exercise equipment, a paddling pool for washing and two buckets. Lena is prohibited from leaving until she reaches a goal weight. This absurd, punitive approach undermines the credibility of Lucy's tough love intervention. In revenge, Lena slips out the handcuffs as she loses weight and imprisons Lucy until Lucy gains weight. Yet both are ultimately grateful

for this experience. Lucy's weight gain is therapeutic, a 'perverse kind of penance' that finally enables her to address past trauma (451). In the end, the two become lovers, have a child and settle into domestic life. Lena remains a committed runner and Lucy, at 147lbs after being pregnant, finds a middle ground between her high and low weights. Lena is more assertive, Lucy more mellow: 'we become more like each other every day' (446). These 'twins' find balance together.

There are several competing discourses around weight in *Sex Lives*, relating to psychology, addiction, nationality and art. Welsh offers individual psychological reasons for extreme thinness and fatness. Lucy's obsessive bodily control stems from sexual trauma as a teenager. Lena gains weight in stifling relationships, first when her overbearing mother wants a 'partner in crime' in excessive eating, then with her abusive boyfriend Jerry (2015: 258). Both bodily states reflect emotional trouble. When Lena and Lucy find happiness together, they are neither fat nor thin. Food is also discussed with reference to drugs and addiction. According to Lucy, Lena is 'worse than any pathetic junkie or alcoholic' (138). When Lucy gains weight, she reflects that the food Lena feeds her 'really [is] addictive' and it takes 'the best part of a year to get clean' (451). Weight, dieting and eating are discussed within a specifically American cultural context. The novel opens with the claim that '[n]umbers are the great American obsession', from the 'GDP, GNP, the Dow Jones' of '[o]ur crumbling economy', to statistics about 'child poverty, illegal immigrants, drug addicts', and on the individual level, 'height, weight, hips, waist, bust, BMI' (3). The 'obsession' over bodily measurement and control is figured as distinctly American. When one of Lucy's clients defends her diet by explaining that '[w]e're Italians', Lucy urges her to 'sack that mentality. You can't be a slave to an outmoded cultural heritage [...] We're *Americans*, goddamnit!' [original emphasis] (51). The modern American melting pot identity, with its emphasis on thinness, overrides traditional, ethnically-specific eating patterns. *Sex Lives* offers a provocative final model of weight change. Lena's boyfriend Jerry, an aspiring artist, is jealous of her success; he photographs Lena naked over the course of a year while encouraging her to gain weight. Lucy accidentally kills Jerry in self-defence when he tries to retrieve the photographs from Lena's house. Lena later passes off the project as her own 'to considerable acclaim' (468). She reflects that

she was '[Robert] De Niro in *Raging Bull*', comparing herself to an actor who drastically changes their body for a performance (370). The body itself becomes an art project. The novel offers multiple ways of understanding the body and bodily control. If diet and weight are linked to psychological problems, addiction or national identity, we may struggle to change our bodies. After all, Lena and Lucy's bodies only change through coercion and imprisonment. Yet the mutual imprisonments also emphasise that the body is changeable: any body can be fat or thin. The body is essentially malleable, as envisioned by both the sculptor and the personal trainer.

It is interesting to note what transfers from the public health reality into the literary imaginary. The press and public health messaging emphasise concerns about drinking, diet and weight. Yet Scottish fiction is much more interested in exploring drinking than body size. Why does the latter not get the same literary treatment? It may be that fatness or obesity is considered an American or global issue rather than distinctively Scottish and so less often attracts Scottish writers. This might be why Welsh, for example, sets *Sex Lives* in image-conscious Miami rather than his typical Edinburgh locations. Fatness is a public health issue less commonly thematised in Scottish literary texts, despite high levels of concern in the press. There is a distinction, then, between public health reality, public health discourses and the literary imaginary.

Contributions to the Medical Humanities

I situate my thesis within the critical medical humanities. Anne Whitehead and Angela Woods explain that first-wave medical humanities privileged texts thought to offer a realist account of medical conditions because the field had a 'strong pedagogical focus' in medical education (2016: 4). They argue that traditionally the field has imagined a particular (subordinate or peripheral) relationship between the medical and the humanities: 'the humanities are looking at medicine looking at the patient' (2). As Stella Bolaki observes, it can be difficult to 'shake dominant assumptions' that only representations 'directly linked to medicine or

focus[ing] explicitly on the doctor-patient encounter' matter to the field. Yet this is a 'reductive or utilitarian approach' which 'prevents the inclusion of alternative genres, contexts and methods' (2016: 14). Going beyond biomedical perspectives reveals the contribution of illness narratives to 'various aesthetic, historical and political traditions' (Bolaki 2016: 9) as well as "'non-medical" notions of health, illness and wellbeing' (Whitehead and Woods 2016: 2). My thesis adopts a similar approach. My analysis is attuned to non-medical understandings of health and cultural contexts, such as the feminist-informed depiction of postnatal depression in *Night Waking*, or the exploration of anorexia, the hunger artist and celebrity culture in *Personality*. I also read these novels as part of a Scottish literary tradition. Reading *Distance* and *Paradise* alongside earlier Scottish texts on alcoholism reveals continuities, like the absence of medical models of alcoholism in contemporary Scottish fiction. It also shows important changes. Earlier texts typically imagine alcoholism against deindustrialisation, whereas *Distance* and *Paradise* are concerned with the precarity and individualism of postmodernity and late capitalism. As illness narratives, they draw on, and contribute to, the Scottish literary tradition. Biomedicine is a powerful and dominant way of understanding health yet individuals and cultures draw on many other modes of meaning making. An exclusive focus on depictions of medical encounters misses these alternative meanings which arise in other situations or between different actors.

My thesis contributes to ongoing medical humanities debates, especially around illness narratives. Angela Woods challenges the field's 'foundational, normative claims that *self-expression through narrative is fundamentally healthy and desirable, particularly in the case of illness*' [original italics] (2011: 75). She argues that scholars must 'do more to denaturalise narrative', recognising that 'the attachment to and valorisation of narrativity is not universally shared' (76). She warns against limiting ourselves to 'specific forms of narrative, and to narrativity per se' (77). Woods's argument is an important check on normative assumptions about illness narratives. However, I agree with Bolaki that 'expanding rather than limiting current definitions and approaches to illness narrative can benefit medicine, the arts and cultural studies' (2016: 7). She suggests that we 'recognise the many narratives of illness', including the 'multiplicity of illnesses

and their treatments' (7). Illness is not a monolithic category. It is beneficial to focus on the particularities of specific conditions. In my Introduction, I discussed whether narratives of madness, alcoholism and fatness should be treated as illness narratives, given the academic and activist work that aims to depathologise and critique these concepts. While I do not mean to pathologise mental distress, drug use or body weight, I believe these experiences make rich material for illness narratives as they intersect with what it means to be healthy in contemporary thought. My texts depict few medical encounters, focusing instead on how illness is experienced daily in social settings. It is useful to compare representations of specific illness experiences. *Distance* and *Paradise* both suggest that drinking is a way to cope with feeling helpless about injustice and inequalities. Addressing multiple illnesses in one study is also revealing. *Night Waking* and *Paradise* critique individualistic politics by connecting it to self-destructive ill health, anorexia and alcoholism respectively. An expansive critical medical humanities, which draws on expertise from cultural studies, can unpack competing meanings around health and illness, meanings which shape how individuals experience their bodies and minds.

Key illness narrative theorists like Arthur Frank and Anne Hunsaker Hawkins focus on narrative typologies, such as Frank's restitution, chaos and quest narratives. Yet, as Bolaki argues, the critical medical humanities must examine 'formal complexity, ambiguity and open-endedness' (2016: 16). The 'more nuanced and sophisticated approaches' of cultural scholars 'deconstruct the idea that illness narratives are linear or offer coherence' and also 'place narratives in historical and cultural contexts as opposed to following typologies' (9). I draw on, but go beyond, Frank and Hawkins's typologies. *Distance* is a restitution narrative, ending with Tom's long-term sobriety. Maria's recovery from anorexia resembles a journey and a rebirth in *Personality* as she leaves the UK and her singing career. Anna's experience of postnatal depression in *Night Waking* is one of exile, made hyperbolically literal on remote island Colsay. *Paradise*, with its many ambiguities and omissions, may be closest to a chaos narrative, although Hannah's suffering is meaningful, giving it something of a quest feel. However, it is reductive to read these narratives as simple typologies. *Paradise* especially plays with narrative structure, resisting resolution. The Stations of the Cross framework and the novel's

final words ('and then we'll begin') imply resurrection or rebirth, although it is uncertain whether this is a return to drinking or the beginning of a new, sober self (*PAR*: 344). I also examine textual strategies and cultural context. In my discussion of *Night Waking*, I discuss the epigraphs from child psychologists, as well as historical childcare manuals and the influence of John Bowlby's attachment theory on twentieth- and twenty-first-century UK policy. I reflect on genre in *Personality*, reading it as a roman à clef (novel with a key) inspired by real-life child star Lena Zavaroni. I also outline the treatment of civilian Italian-Scots during the Second World War, a key context for understanding O'Hagan's portrayal of intergenerational trauma. This approach provides a richer reading of illness narratives.

Literary setting is often neglected in illness narrative theory. The medical humanities often considers 'imagined communities' in terms of transnational communities around certain illnesses. For example, Frank uses metaphors of (de)colonisation to discuss the patient voice: modern medicine colonises the ill body (2013: 10-11); the ill person may be motivated by a 'postcolonial impulse' to 'speak' and share their story with other ill people (13). Community building is also integral to patient activism: Gavin Miller explains that the mad movement, like Frank, commonly uses metaphors of (de)colonisation, describing madness as colonised by psychiatry (2018: 307). While imagined transnational illness communities are useful for offering peer support and effecting structural change, there is a risk of erasing important national or cultural nuances. As Lisa Diedrich argues, illness narratives reflect 'national attitudes and/or ideologies about illness and death' and help create 'imagined national communities of the healthy and the ill' (2007: 61). Centring this research around the 'Glasgow effect' drew my attention to the Scottish national context and the relation between place and illness. Scotland itself is essential to the Scots-Italian trauma in *Personality* and anxiety over inherited national scripts in *Distance*, while UK-wide policy drawing on attachment theory is an important context to *Night Waking*. The novels studied here associate health and illness with various topoi. In *Distance* and *Paradise*, the United States and Canada are construed as places of sobriety and potential health. Maria leaves the UK for Italy in *Personality*, while Anna in *Night Waking* escapes

island Colsay for cosmopolitan Glasgow. The critical medical humanities must continue to expand its scope beyond, and nuance the idea of, the Anglo-American or Western. Future illness narrative research should consider national or cultural context and literary topos.

First-wave medical humanities typically used realist accounts of medical conditions in medical education to develop empathy in practitioners. Whitehead and Woods suggest that the critical medical humanities must now question ‘the value accorded to empathy’ in this first wave (2016: 5). The authors studied here use various literary techniques to control our access to certain experiences. *Personality* most deliberately plays with proximity, using different narrative voices throughout and delaying Maria’s own first-person account. Anna’s first-person account of postnatal depression in *Night Waking* offers considerable insight and intimacy. The same is true of Tom’s sections, written in a focalised third person, in *Distance*. However, although Kennedy uses the first-person voice in *Paradise*, much of Hannah’s experience and past remains elusive and confusing. These varying degrees of intimacy and types of narrative voice complicate ideas of access and empathy in illness narratives. The polyphony of the novel form brings out competing meanings and contradictions within each text. In *Night Waking*, Anna’s experience of motherhood sits uneasily alongside the epigraphs discussing harm to children. Zoe’s anorexia itself is ambivalent, both a developmental disorder and a conscious, political act. G. Thomas Couser argues that personal illness narratives are important because they ‘demystify and destigmatize’ health conditions (1997: 291). Yet fictional texts are not necessarily invested in making illness experiences intelligible and cultivating reader empathy. They can include important gaps and omissions, like the missing details of Tom’s long-term sobriety in *Distance*. Similarly, a novel may both challenge and reinforce stigma. Moss in *Night Waking* destigmatises postnatal depression partly by shifting this stigma onto the anorexic body. These texts are richer for their difficulties. As Katy Rothfelder and Davi Johnson Thornton argue, mental illness narratives often ‘seek closeness, empathy, and identification’ between text and reader to reduce stigma. However, this risks creating ‘superficial understanding and uncomplicated identification’ which can be ‘equally invalidating’ (2017: 360). By ‘simultaneously inviting and discouraging

empathy', narratives can illustrate the 'singularity of different experiences' in a way that encourages readers to 'respect and appreciate these differences rather than colonize and assimilate them into [their] own life-worlds' (364). Indeed, sophisticated novels may deliberately hinder full understanding and empathy by productively keeping parts of a character's experience shielded or elusive. Sometimes it is more effective and insightful to allow uncertainty and distance. The critical medical humanities, informed by cultural studies, is well positioned to unpack these textual nuances.

Theorising the 'Glasgow effect'

In the Introduction, I discussed Douglas Stuart's Booker-winning *Shuggie Bain*. I suggested that it may be the case that novels are now written and read within the parameters of the 'Glasgow effect' myth. The term is present in literary journalism and reception. I conclude this thesis by further theorising on the 'Glasgow effect' concept. Where does it fit in the intellectual ecology? How does it function and what parallels exist with similar terms? Who benefits from its usage? The 'Glasgow effect' is striking in that it does not lend itself to exact comparisons with other concepts. A series of imperfect comparisons offer several ways of viewing the 'Glasgow effect'. For example, the concept resonates with risk discourse prominent in public health communications. Deborah Lupton notes that risk is now thought to work 'backwards in explaining ill-fortune, as well as forwards in predicting future retribution' (1993: 430). Individuals are blamed for their health problems and are expected to mitigate risk. Risk discourse discusses external or environmental risks posing danger to populations (426) and 'lifestyle' choices which emphasise self-control (427). The 'Glasgow effect' is portrayed as both an environmental and lifestyle risk. The concept became resonant alongside a neoliberal expectation that the individual should self-manage health risks. The 'Glasgow effect' partially resembles Hawkins's myth of healthy mindedness, which emphasises 'psychological and emotional factors in the cause and treatment of illness' (1999: 128). Key to recovery is 'a positive attitude, the body's capacity to heal itself, and "active" patienthood', a concept which valorises the sick person's

self-assertion, self-reliance and individualism (129). ‘Glasgow effect’ press discussions often suggest that poor public health is partly due to negative attitudes and can be improved by individuals proactively cultivating health and optimism. Everyone, whether experiencing symptoms or not, is encouraged to pursue a sort of ‘active’ patienthood to improve their own, and the nation’s, health. While the press emphasises individual lifestyle, the ‘Glasgow effect’ concept, with its focus on Scottish culture, implicates more than the individual, which Hawkins’s myth does not account for.

The ‘Glasgow effect’ implicates nation-as-culture but also nation-as-place. The focus on Glasgow as a location suggests possible environmental factors. Anxieties about miasma and radiation similarly imagine health risks as environmental, bound to specific locations yet alarmingly difficult to detect. This parallel is most vividly illustrated in David M. Shaw’s provocative editorial likening the ‘Glasgow effect’ to a ‘weak “dirty bomb”’ and his recommendation that residents leave Scotland (2015: 12). There are also parallels between the ‘Glasgow effect’ and fears about toxins. As Szasz observes, contaminants can be ‘invisible to the senses’, increasing feelings of vulnerability (1). Perhaps the intangibility and vagueness of the ‘Glasgow effect’ concept provokes similar discomfort. Sociologist Andrew Szasz argues that, to protect themselves against contaminants, individuals now act as consumers, buying bottled water or organic food, rather than acting as political citizens and advocating for environment policy changes. He describes this as inverted quarantine, ‘individualized acts of self-protection’ to keep ‘contaminants out of one’s body’ (2007: 2-3). The basic dyad in quarantine, ‘healthy overall conditions / diseased individuals’, is inverted to ‘diseased conditions / healthy individuals’. In this formation, the environment induces illness; the threat cannot be contained in a discrete location or individual. Healthy individuals protect themselves by withdrawing behind a (figurative) barrier, such as drinking bottled rather than tap water (5). This inverted quarantine causes ‘political anesthesia’. When individuals feel they are protecting themselves, they are less motivated to pursue collective change for collective benefit (195). A kind of inverted quarantine is often invoked in ‘Glasgow effect’ discussions. Scotland, whether as place or culture, is imagined as the ‘diseased conditions’ Szasz

describes. Healthy individuals must protect themselves through lifestyle changes, such as drinking less alcohol or adopting a more optimistic attitude. This creates a barrier against the diseased conditions. If Szasz's argument is correct, this produces political anesthesia about the socioeconomic circumstances behind many health inequalities. The comparison between toxin anxiety and the 'Glasgow effect' is again imperfect but useful nonetheless.

I noted in Chapter One that 'Glasgow effect' is still circulating in newspaper articles, although 'Scottish effect' has largely fallen out of usage. More striking is that 'Glasgow effect' continues to circulate in academic publications and policy-related documents, and continues to be associated with a variety of meanings beyond GCPH's definition. For example, the term appears in a 2020 academic article by Kieran Sweeney on drug-related deaths in Scotland. On the issue of Scotland's high drug use rates compared to the rest of the UK, Sweeney writes: 'Epidemiologists have pointed to the economic policies of the 1970s and 1980s – namely deindustrialisation – which appear to have had a greater social impact in Scotland. Twin losses of employment and cultural identity created a legacy of displacement and deprivation, which has been referred to as "The Glasgow Effect"' (2020: 562). The 'Glasgow effect' here is defined as a cultural legacy or historical situation rather than a label for unexplained excess mortality. Sweeney cites a 2019 House of Commons Scottish Affairs Committee report titled 'Problem Drug Use in Scotland'. This report reads: 'the Scottish Drugs Forum noted that economic changes between the 1960s and 1990s resulted in "dispossession and social displacement", the legacy of which continues to manifest itself as "The Glasgow Effect" today' (House of Commons 2019: 13). The term is not defined or used again in the report. The written evidence the Scottish Drug Forum submitted for the report defines the 'Glasgow effect' as 'unexplained low life expectancy caused by premature deaths in children and younger adults' (Scottish Drugs Forum 2019: 1.5). GCPH, however, explain that excess mortality is seen across 'all ages (except the very young)' (2010: 8). Indeed, 'childhood (age 0-15) mortality was significantly lower in Glasgow relative to Liverpool and Manchester' (20). The 'Glasgow effect' term continues to circulate, its meaning incorrectly defined or simply left undefined, assumed to be understood. These examples occur three to

four years after the GCPH report which sought to finally explain the unknown factors behind Scotland's excess mortality, and after Walsh's blog post which sought to officially retire the term. Indeed, none of these publications cited GCPH's work when discussing the 'Glasgow effect'. The term 'Glasgow effect' in a public health context still has currency, durability and flexibility. The researchers and policy influencers who adopt and adapt the term to serve their own agendas are a key group benefiting from this.

It is striking that 'Glasgow effect' continues to be so loosely defined, even in the context of academic and policy work. The line between the 'Glasgow effect' as a category of practice and category of analysis is problematically blurred. Brubaker and Cooper define categories of practice as 'categories of everyday social experience, developed and deployed by ordinary social actors', as opposed to categories of analysis 'used by social analysts' or scholars (2000: 4). Although the line between the two categories is often blurred, they warn against a careless conflation of lay and scholarly meanings as an analytical concept needs to be clearly defined to be truly useful to scholars. They discuss the concept of 'identity'. As a category of practice, 'identity' may be used by "'lay" actors' in (some) everyday settings to understand themselves in relation to others, as well as by 'political entrepreneurs' to persuade people to understand themselves in particular ways (4). Brubaker and Cooper also outline five, often contradictory, meanings of 'identity' in academic work: some usages stress 'fundamental sameness' between people, or in an individual over time, while others precisely 'reject notions of fundamental or abiding sameness', highlighting the fragmented instability of the self (8). The term 'identity' is 'richly – indeed for an analytical concept, hopelessly – ambiguous' (6). 'Glasgow effect' is similarly hopelessly ambiguous as an analytical concept. As a category of practice, it accumulated multiple public health and cultural meanings in the press and beyond. This is partly why GCPH retired it for the analytically sharper 'excess mortality'. In another article, Brubaker argues that when there is 'no good alternative to using analytical categories that are heavily loaded and deeply contested categories of practice', scholars must remain 'critical and self-reflexive' (2013: 6). This may involve using such loaded categories as 'the *object* of analysis' rather than as a '*tool* of analysis'

[original italics] (6). This means scholars can ‘analyse the competing reifications’ around such terms without ‘unwittingly reinforcing them’ (6-7). Despite the proliferation of lay meanings, ‘Glasgow effect’ continues to circulate as a category of analysis; it is used uncritically in academic and policy work as a tool for analysis, rather than being itself the object of analysis. This conflation of practical and analytical categories risks reifying the ‘Glasgow effect’ construct. Terms such as ‘identity’, ‘nation’ and ‘race’ are, as Brubaker and Cooper discuss, often used analytically as they are in practice and prove difficult to dislodge from scholarly work. It may also now be challenging to dislodge ‘Glasgow effect’ as a category of analysis.

GCPH’s original message about the existence of the ‘Glasgow effect’ was impactful, changing the landscape in the press and popular culture as well as academic circles. Yet their updated findings and disavowal of the term has had little recognition. This resembles something of the vaccine-critical movement, which I briefly discussed in Chapter Three. As Anna Kirkland explains, vaccine critics effectively initiated research and litigation and commanded political attention over the question of whether vaccines, particularly the measles-mumps-rubella (MMR) vaccine, cause autism. Their arguments depended on ‘the language of science’ yet now the scientific consensus is that no vaccine-autism connection exists. The ‘terrain of legitimacy’ has changed around the vaccine-critical movement yet it refuses to revise its views in line with scientific consensus (2012: 70). The leaders of vaccine-critical organisations must remain committed to discredited theories to keep the organisation together even though this damages their legitimacy in policy-making discussions (71). Vaccine critics have therefore ‘built an alternative world of internal legitimacy’ that ‘mimics’ the mainstream research world, including specialist journals and conferences (88). Such groups therefore ‘share an *internally* bounded world in which both individuals and ideas enjoy legitimacy’, a world that nevertheless ‘undercut[s] the groups’ *external* legitimacy in the policy and governmental world’ [original italics] (75). Ideas about health, especially when politicised, can take a life of their own and become self-sufficient, no longer relying on key research findings. A loosely connected group of actors still use the ‘Glasgow effect’ concept. This group is like a legitimised

version of the largely discredited vaccine-critical movement. This ‘Glasgow effect’ group forms a self-referential world which ignores GCPH’s later findings. It continues to have some legitimacy in policy circles. This may be because of the role of experts in risk society. Helen Wells explains that many risk issues are ‘not caused by easily observable processes and thus remain inaccessible to the average layperson’. This means that experts, who can identify (and intervene in) such processes, are heavily relied on in societies in which risk is ‘increasingly a justifiable basis for policy making’. Yet since risk relates to ‘chance and probability’, no expert can ever ‘claim to have identified deterministic relationships’: there can be no ‘single definitive “über-expert” on risk’. This allows ‘a variety of newly enfranchised expert voices’ to emerge and compete in an ‘expert marketplace’. Each competes for ‘definitive expert status and for the mandate to operationalize policies’ based on their expertise (2011: 227). A mutual dependency emerges between policymaker and expert: policymakers rely on the expert marketplace to analyse risk factors, while experts rely on policymakers for their own status as experts. This can create self-referential or self-sustaining worlds between experts and policymakers as both look to each other for legitimacy and areas for intervention. The researchers and others who still adapt ‘Glasgow effect’ for their own agendas are competing to influence discussions about Scottish public health and validate their own expertise.

The example of the vaccine-critical movement also shows how new information can be resisted when it challenges an established idea. The ‘Glasgow effect’ could be understood as a rumour or myth. This is not to imply that excess mortality is not a real sociological fact. It is, however, a useful way of considering why the ‘Glasgow effect’ concept persists. Rumours or myths are powerful, and unsurprising, in health contexts. As Nicholas DiFonzo and Prashant Bordia explain, rumours arise in ‘situational contexts that are ambiguous, threatening or potentially threatening’ when people seek ‘understanding or security’ (2007: 20). Rumours are, in Ralph L. Rosnow’s words, ‘launched and sustained by anxieties and uncertainties’. They are most likely to be spread when they cause little anxiety, as little attention is paid to their credibility, or when they cause considerable anxiety, as anxious individuals suspend their credulity. Rumours which cause

moderate anxiety are likely to be subjected to more scrutiny than low- or high-anxiety rumours and are therefore less likely to be spread (1988: 23). I interpret the 'Glasgow effect' as both a high-anxiety and low-anxiety rumour. The 'Glasgow effect' concept may elicit considerable anxiety and uncertainty, especially with public health researchers. After all, Glasgow's higher mortality rates affected the whole population in ways that seemingly defied standard explanations, like socioeconomic inequalities. Yet for laypeople, like newspaper readers and journalists, the 'Glasgow effect' may be a low-anxiety rumour, spread without much scrutiny. The concept is alarming but vague, difficult to discern in daily life at an individual level. With no obvious way for individuals to respond or direct their outrage, the 'Glasgow effect' rumour may be spread by concerned laypeople who struggle to fully engage with the concept. As a high-anxiety and/or low-anxiety rumour, the 'Glasgow effect' was more likely to spread. Further, according to Adam J. Berinsky, 'people are more likely to accept rumors that are consistent with their pre-existing attitudes' (2017: 245). In the case of the 'Glasgow effect', this might be stereotypes which associate Scotland with poor health through heavy drinking, drug use, depression, psychological split, negativity, and poor diet, such as the deep-fried Mars bar. These stereotypes give the 'Glasgow effect' rumour more credibility, making it easier to believe that cultural factors, or Scottishness itself, may cause excess mortality in Scotland.

It is difficult to stop and debunk circulating rumours. Berinsky notes that rumours 'acquire their power through widespread social transmission' (2017: 243) which, perversely, means that attempts to debunk rumours through direct refutation may instead help them spread by increasing their familiarity (242). Rosnow argues that facts alone are ineffective when a community has an 'endless and unavailing supply of anxiety' about the rumour. Personal anxieties must be reduced before the rumour can be refuted with facts (1988: 24). Misinformation also persists due to the 'continued influence effect'. Ullrich K. H. Ecker et al. explain that misinformation, information initially believed valid but later retracted or corrected, has 'an ongoing impact on people's memory and inferential reasoning, even after unambiguous and clear retractions' and even when individuals 'accurately remember its retraction' (2014: 292). Through a series of

experiments, Ecker et al. show that individuals are more likely to use information that is 'congruent with their attitudes and beliefs'. They are more likely to accept a retraction that 'does not require change in underlying attitudes' and, conversely, may resist a retraction that does challenge these beliefs (303). This is evident in the vaccine-critical movement: scientific consensus is rejected because it challenges firmly held beliefs about vaccine risk. Andrea E. O'Rear and Gabriel A. Radvansky find in their own experiments that most participants 'presented with a retraction did not accept it, even though it came from authority figures' (2020: 141). Individuals may interpret the original information as correct and the retraction as unreliable (139). O'Rear and Radvansky suggest that 'more work needs to be done on the way information is initially presented, as well as how retractions or corrections are presented' to improve retraction acceptance (141).

The continued influence effect may explain why GCPH's retraction of the term 'Glasgow effect' and their identification of the previously unknown factors has had limited impact. Of course, it may be that GCPH's more recent findings are poorly disseminated. The idea of continued influence, however, suggests that people may also be sceptical of or reject retractions, or struggle to apply them to their pre-existing beliefs and understanding. When GCPH introduced the 'Glasgow effect' term, they created the ideal conditions, namely anxiety and uncertainty, in which rumours or myths spread. The term's implication that something mysteriously Glaswegian or Scottish is to blame for excess mortality resonates with stereotypes of Scottish health, increasing its credibility. This myth is now unlikely to be neutralised through fact and refutation alone. Anxiety around the 'Glasgow effect' concept needs to be reduced before misinformation can be addressed. Even then, there may still be resistance. Was GCPH justified in introducing such a loaded term as a way to raise awareness? Did the term attract enough valuable research interest and funding to justify its use? This is difficult to gauge. However, given the persistence of rumour and myth, and the continued influence effect, I would argue that public health bodies need to be extremely careful about how they initially present research or hypotheses. GCPH perhaps realised too late that they could not control the term's usage. However, as I argue in Chapter One, the pre-existing cultural regeneration meanings attached to the term meant GCPH

never could have had full ownership of it. Its continuing usage in the press, academia and policy suggests we are some way off seeing the 'Glasgow effect' fall out of circulation for good.

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