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English

Problem Families and the Welfare State in Post-War British Literature (1945-75)

by

James Bennett Osborne

Thesis for the degree of Doctor of Philosophy

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ABSTRACT

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This thesis adopts an interdisciplinary approach to consider how so-called 'problem families' were conceptualised by the welfare state in post war Britain through an examination of fiction and non-fiction texts. The 1945-75 period has been recognised as the era of the 'classic welfare state', during which successive governments made interventions in the British economy to maintain full employment. Preventing wide-scale unemployment was key to classic welfare state ideology, which relied the assumption that workers would make contributions which were equal in value to the benefits they received. Problem families were perceived as either unable or unwilling to participate in this reciprocal relationship due to their failure to achieve or aspire to 'normal' levels of productivity and financial independence. In order to gain insight into the manner in which these families were conceptualised by the welfare state, this thesis focuses upon three key areas: psychiatry, housing and family planning. It also draws upon theoretical perspectives offered by Michel Foucault and Zygmunt Bauman to consider how the conceptualisations from each of these served the purposes of state governance and the enforcement of social norms through biopolitical means. Investigating the manner in which the term 'problem family' was deployed in the post-war period provides insight into how the welfare state legitimised its attempts to change behaviours closely associated with the poorest members of British society. By shaping policy to encourage the reform of problem family behaviour through biopolitical means, the post-war welfare state played an important governance role by ensuring that as many people as possible existed in a reciprocal relationship with the state.

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DECLARATION OF AUTHORSHIP

I, James Bennett Osborne, declare that this thesis and the work presented in it are my own and has been generated by me as the result of my own original research.

Problem Families and the Welfare State in Post-War British Literature (1945-75)

I confirm that:

1. This work was done wholly or mainly while in candidature for a research degree at this University;
2. Where any part of this thesis has previously been submitted for a degree or any other qualification at this University or any other institution, this has been clearly stated;
3. Where I have consulted the published work of others, this is always clearly attributed;
4. Where I have quoted from the work of others, the source is always given. With the exception of such quotations, this thesis is entirely my own work;
5. I have acknowledged all main sources of help;
6. Where the thesis is based on work done by myself jointly with others, I have made clear exactly what was done by others and what I have contributed myself;
7. None of this work has been published before submission.

Signed: James Bennett Osborne

Date: 20/09/2014

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Chapter 1: Introduction

1.1. The Beveridge Report and 'Problem Families'

In 1942, Sir William Beveridge presented a white paper to Parliament which would define British welfare until the end of the 1970s. Titled *Social Insurance and Allied Services*, it was the report of an interdepartmental committee which had been appointed in 1941 and tasked with examining existing schemes of social insurance to investigate the possibility of integrating their disparate offerings. The paper would subsequently become known as the Beveridge Report, and recommended sweeping changes to government policy in areas such as social security, healthcare and education. In what would become perhaps the most famous passage of the report, Beveridge stated the following:

> ...want is only one of the five giants on the road to reconstruction and in some ways the easiest to attack. The others are Disease, Ignorance, Squalor and Idleness.'[1]

By identifying these 'five giants', Beveridge made it evident that he believed the state should be concerned with far more than alleviating the most serious cases of poverty in the British population. Instead, he proposed a series of reforms which would have lasting effects on the relationship between individuals and the state. In doing so, he made the first step in the creation of what would be later recognised as the modern British welfare state.

This thesis is an interdisciplinary study of the 'problem family', a culturally and historically specific phenomenon which entered governmental, academic and popular discourse during the Second World War and remained prominent until the 1970s. The debates which surrounded these families represent a nexus at which a number of significant streams of post-war thought converged, especially those concerning the importance of reciprocity between the individual and the state. Although a precise and stable definition of the problem family failed to emerge from these debates, they were regularly characterised in terms which encapsulated all five of Beveridge's giants, and

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[1] William Beveridge, 'Social Insurance and Allied Services' (London: His Majesty's Stationery Office, 1942), p.6.

would therefore be perceived as representing a disproportionately large burden upon the emerging welfare services. Due to the chronic nature of their difficulties (including long-term unemployment and sub-standard living conditions), problem families were considered to be unable or unwilling to contribute to the cost of the benefits they received. This apparent failure to conform to social norms surrounding financial independence and personal aspiration earned these families attention from a number of influential factions and discourses of the period, including psychiatry, social policy, urban planning and eugenics. As such, they provide a useful means of examining the cultural history of aspects of post-war thought which helped to shape the modern welfare state. In this sense, this thesis can be seen as following in the footsteps of an observation made by the influential social analyst Richard Titmuss, who made the following statement about problem families in 1956:

> Whether we think of them as vagabonds, 'problems', vagrants, social defectives, nomads, gypsies, tramps, *clochards*, bohemians or as sub-humans, the attitude that society adopts to its deviants, and especially its poor and politically inarticulate deviants, reflects its ultimate values.'[2]

1.2. Methodology

This thesis employs an interdisciplinary approach by examining a range of British fiction and non-fiction texts, the majority of which were published during the 1945-1975 period. This period has come under substantial scrutiny in the last decade, with a number of successful historical accounts including David Kynaston's *Tales of a New Jerusalem* series, and Dominic Sandbrook's *Never Had it So Good*, *White Heat* and *State of Emergency*. The history and origins of the modern British welfare state have been explored in depth in (amongst others) Pat Thane's *Foundations of the Welfare State* and Nicholas Timmins' *The Five Giants: A Biography of the Welfare State*. Biographical accounts of the time have also enjoyed considerable popularity, a prime example being Jennifer Worth's *Call the Midwife* which was adapted into a successful (and ongoing) BBC drama series in 2012. Post-war literature has received a similar level of attention from critics, including Andrzej Gasiorek's *Post-War British Fiction*, Patricia Waugh's *Harvest of the Sixties*, Katherine

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[2] A.F. Philip & Noel Timms, *The Problem of the Problem Family* (London: Family Service Units, 1951), p.vi.

Cockin and Jago Morrison's *Post-War British Literature Handbook*, and Steven Connor's *The English Novel in History*. These books have explored how British literature developed following the Second World War by contextualising novels, poetry and dramatic works in the cultural and historical discourses of the period. Yet, despite the considerable contribution that these works have made to their respective fields, interdisciplinary research can provide additional insights into the ideas and attitudes which were at play during this time. Relevant examples of recent works which combine cultural history and literary analysis in this fashion include Clare Hanson's *Eugenics, Literature and Culture in Post-War Britain*, and Charley Baker et al's *Madness in Post-1945 British and American Fiction*. This thesis employs a similar interdisciplinary approach to generate a cultural history that charts how the problem family was conceptualised in post-war discourses which informed (and were inspired by) the welfare state.

In order to explore the social attitudes which were implicit in post-war conceptualisations of the problem family phenomenon, this thesis will engage with a number of fiction and non-fiction texts. Its primary aim is not to produce an empirical historical account of these families and their treatment, but to focus upon what Raymond Williams, in his 1977 work *Marxism and Literature*, describes as 'structures of feeling.' He argues that, while this concept includes the 'more formal concepts of "world view" or "ideology"', it is distinct from them because they 'are concerned with meanings and values as they are actively lived and felt.' As such, 'structures of feeling' can be perhaps best understood as 'a particular quality of social experience and relationship…which gives the sense of a generation or period', but in a manner which emphasises their dynamic and ever-changing form. An interdisciplinary approach lends itself to this framework because examining the interplay of literature and non-fiction accounts is a useful means of exploring 'the frequent tension between the received interpretation and practical experience.'[3] (Williams 130) Literature is particularly valuable to explorations of 'lived experience' as it provides a subjective dimension which would be difficult to achieve through an analysis limited to historical documents alone. This function of literature is acknowledged by Bill Brown in his article 'Counting: Art

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[3] Raymond Williams, *Marxism and Literature* (Oxford: Oxford University Press, 1977), pp.130-2.

and Discipline', in which he argues that art has the 'capacity to alter the human sensorium...enabling us to experience experience'.[4] While literary texts offer a subjective dimension to the manner in which problem families were conceptualised, the analysis of non-fiction texts is equally vital to this project. As such, it incorporates texts taken from a wide range of sources, including archives, newspapers, textbooks and social policy documents, as well as popular science and medicine works aimed at informed lay audiences. This interdisciplinary strategy therefore draws upon a number of perspectives to provide a rounded picture of the problem family phenomenon, which acknowledges how the various streams of thought surrounding it developed as the post-war period progressed.

An additional strength of an approach which combines fiction and non-fiction sources is that it serves to compensate for the often fragmentary nature of the evidence which survives from the period. Fiction texts which offer a portrayal of the relationship between problem families and welfare services are particularly difficult to find, a fact at least partially explained by the relatively small number of working-class authors who were active at the time. Indeed, the class-status of many of the authors who provide accounts of working-class life at the time, including Alan Sillitoe, Nell Dunn and Buchi Emecheta, is not entirely clear. Emecheta, for example, despite providing one of the most detailed accounts of post-war problem family life (informed by her own lived experience as an impoverished single mother), was nonetheless highly educated and worked as a civil servant before giving up work to care for her children. Of course, there are a number of authors and dramatists whose compelling portrayals of post-war life have not been examined in this thesis (John Osborne's *Look Back in Anger*, Edward Bond's *Saved* and Sid Chaplin's *The Day of the Sardine* are obvious examples). The primary reason for such omissions is that interactions between problem families and the welfare state are seldom represented in these works. As this introduction will go on to outline, problem families were not defined as such because their members were poor or working class, or because their interpersonal relations were troubled (although such traits were regularly implicated as partial causes). What set them apart from their peers was the extent to which they were

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[4] Bill Brown, 'Counting (Art and Discipline)', *Critical Enquiry*, V.35(4) (Summer 2009), p.1041.

perceived to require a higher than average level of welfare state assistance. This distinction, while necessary to maintaining the thesis focus, reduces the number of relevant literary texts, an issue which is further exacerbated by the patchiness of post-war welfare provision. Social housing, for example, operated under conditions of acute shortage until the late 1960s, meaning that only a relatively small minority of the population had access to it, thereby limiting the likelihood of it appearing in post-war fiction before the 1970s.

However, some useful fiction accounts are available and the following chapters look to texts from a wide spectrum of perspectives which deal with post-war welfare services. While this approach helps to ameliorate the challenges that this shortage of working-class accounts presents, the use of non-fiction texts serves to fill in the gaps that remain. It should also be noted that approaching non-fiction sources from the perspective of literary analysis can be productive in its own right. For example, the work of academics who were concerned with problem families in the period regularly included detailed case studies which provide compelling and vivid narratives of household life. Examining factual sources provides insights into the perspectives of those who shaped welfare practice, which can be compared critically with the experience of the recipients as represented in literary texts. Although a substantial amount of historical material has been used to inform discussion, the emphasis of this thesis will be the ideas and attitudes which informed how problem families were conceptualised in post-war discourse.

1.3. The Post-War British Welfare State

In his analysis of post-war British social policy, J.F. Sleeman identifies National Insurance, National Assistance, Family Allowances, the National Health Service, the extension of the state school system, and state-subsidised housing as key developments from the mid-1940s onwards which came to define what would be later labelled as the 'welfare state'.[5] Sleeman argues that these sweeping changes signalled a shift in the perceived role of the state:

> No longer was the State merely the policeman who kept law and order, or the arbiter who settled disputes and upheld the sanctity of contracts.

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[5] J.F. Sleeman, *The Welfare State: Its Aims, Benefits and Costs* (London: George Allen & Unwin Ltd, 1973), p.1.

> No longer was its concern only to relieve the most acute cases if need or inequality, its business was now to promote the welfare of all of its citizens. (Sleeman 1)

It is interesting to note here the emphasis which Sleeman places upon the universalist aspirations of post-war social policy. While addressing inequality would have obvious benefits for the less financially well-off, it was not only the poor that stood to gain from the creation of the welfare state. Instead of operating through 'selectivism', based on identifying 'different groups…[with]…particular needs', 'the aim was rather to provide general services open to all, irrespective of income or social position'. This would particularly be the case for the parts of the welfare state which provided services in kind, including healthcare and education. However, this would not be extended to all aspects of welfare policy, such as social security payments, in which individuals and families would, if they found themselves unable to achieve financial independence, 'receive the amount appropriate only to their basic wants.' (Sleeman 46)

The reasons for this difference between services in kind and cash benefits are complex, but David Kynaston argues that two factors were especially important. The first was that, as the Second World War progressed, 'the policy-makers, the planners, the intelligentsia' as well as a 'thinking minority' of the general public, became increasingly aware of the challenges that Britain would face come peacetime. Perhaps the most pressing of these were (1) inequalities in healthcare provision, which prevented the less well-off from benefitting from many modern medical advances, and (2) the acute housing shortage, a legacy of the interwar period exacerbated by the bombing of civilian centres during the war. The damaging effects of the 1930s economic depression were also still present in the memories of many skilled workers who had been subjected to long periods of unemployment. Overall, Kynaston asserts that the extent of these challenges led to a certain degree of consensus regarding the importance of altering the fabric of post-war Britain along more egalitarian lines. In effect, expressing the opinion that 'something had to be done' was no longer a 'revolutionary sentiment.'[6] The second central factor was that the experiences of the war had made the prospect of centralising vital aspects of

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[6] David Kynaston, *Austerity Britain: 1945-51* (London: Bloomsbury, 2007), p.20.

the economy significantly more palatable than before. Kynaston argues that the creation (and subsequent success) of new ministries, such as 'Economic Warfare, Food, Home Security, Information, Shipping, Aircraft Production and Production,' had proved that the 'state...could deliver' (Kynaston 22). In this context, the notion that the state should manage the economy and make centralised interventions in areas such as housing, healthcare and education was no longer purely the province of the socialist left. As a result of this consensus, such services would become the primary mechanisms of welfare state reform.

By contrast, the majority of cash benefits (with the exception of child allowances and pensions) were only intended to ameliorate short term financial hardship, such as those caused by the unemployment or temporary incapacitation of wage earners. The proposals given in the Beveridge Report relied upon full employment, ensuring that only a small minority of the population would need to be reliant upon state-provided social security at any one time. Although there is no standard definition of what constitutes full employment in any given economy, Sleeman reports that Beveridge assumed a national unemployment level of 8% in his initial actuarial calculations which were based on interwar trends (Sleeman 52). However, he would revise this down to 3% between 1942 and 1944; a figure which would only be exceeded a handful of times before 1974 (although some regions suffered from significantly higher levels during this period).[7] In keeping with the emerging consensus that the government should play an active role in managing the economy, Beveridge proposed a welfare system which would be reliant upon high levels of employment for its long term financial viability. Rodney Lowe argues that while Beveridge was a liberal who was 'personally committed to the free market', he (like his contemporary John Maynard Keynes) came to the conclusion in the 1940s that 'for a variety of political and economic reasons, the free market was no longer working in the ideal way assumed by classical economic theorists.' (Lowe 16-7) Following the largely successful control and regulation of the British economy during the Second World War, Beveridge would argue in favour of such measures 'to remedy the structural weaknesses of the British economy, which the market appeared incapable of correcting in

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[7] Rodney Lowe, *The Welfare State in Britain since 1945* (Basingstoke: Macmillan, 1993), pp.66-7.

the interwar period.' Although Beveridge would change his position in later years, it is clear that the government would have a substantial stake in the well-being of the economy in order to maintain employment levels high enough to avoid over-spending on social security (Lowe 17). However, the fear of social security overspending was not the only reason why full employment was key to Beveridge's proposals.

In a very real sense, the recommendations set out in the Beveridge Report relied upon the notion that individuals would enter into a reciprocal relationship with the state, in which contributions through National Insurance and tax would pay for the benefits that they received (be they financial or through access to services such as the NHS). Sleeman argues that the financial viability of the National Insurance scheme (intended to directly fund pensions and unemployment benefits) was based on 'the Full Funding Principle', with contributions from individuals during their working lives effectively covering the cost of the benefits they received. While various factors meant that the Full Funding Principle was not strictly followed over the following decades (especially after deficits appeared after 1958), the centrality of such a funding model to Beveridge's thought demonstrates how important the notion of individual contribution was to welfare state ideology (Sleeman 52). In the report, Beveridge makes it clear that the welfare state should not become a substitute for personal endeavour:

> The state in organising security should not stifle incentive, opportunity responsibility; in establishing a national minimum, it should leave room and encouragement for voluntary action by each individual to provide more than the minimum for himself and his family. (Beveridge 1942, 6-7)

In effect, this passage summarises Beveridge's vision of the ideal relationship between individuals and the welfare state. While the state would protect the population from the most debilitating effects of poverty, individuals would still be expected to work hard to obtain more than the basic necessities of life. Indeed, the notion that the state should provide more than a bare minimum was dismissed by Beveridge as 'an unnecessary interference with individual responsibilities.' (Beveridge 1942, 118) Problem families would prove to be a challenge to this notion of reciprocity between individuals and the state

because they were typically perceived as being unlikely to ever be in a position to make contributions as substantial as the benefits they received. In some respects, the maintenance of full employment can be viewed as Beveridge's attempt to alleviate the worst effects of the kinds of poverty which still echoed in the memories of those who had lived through the 1930s. By creating conditions in which employment would be available and making nationwide interventions in healthcare and housing (as well as providing child benefits and pensions), the state could justify a system in which unemployment benefit would be little more than a basic safety net against misfortune. By conceptualising long-term unemployment as not only undesirable but unnecessary, the remedial measures proposed by state and state-allied organisations to deal with problem families would focus on how they could be brought in line with the rest of the (hard-working and fiscally responsible) population.

While the British welfare state would undergo significant change between 1945 and 1975, not least due to the regular switches between Labour and Conservative governments, the underlying guiding principles outlined above remained prominent. Lowe (amongst others), labels this period as the 'classic welfare state', in which 'the highly favourable climate of economic growth and political consensus' would allow a degree of 'steady evolution' to take place, albeit one which would be 'interrupted and shaped by short-term economic crises, an unstable birthrate…[and]…'the general inflexibility of the of the political and administrative system' (Lowe 96-7). However, the early 1970s would see a halt of the steady economic growth which had facilitated the extension of welfare state services for much of the post-war era. Lowe argues that world recession, coupled with steep rises in the price of oil in 1973-4, were the primary culprits for the changing fortunes of the country's finances at this time (Lowe 3). Diana Gittins points out that rising oil prices also forced the British Government to seek loans from the International Monetary Fund. These loans were provided on the condition that public spending was brought under control, leading to a Labour government being compelled to impose welfare funding cuts five year before the election of Margaret Thatcher's Conservative government in 1979.[8] Although Lowe observes that welfare spending did not

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[8] Diana Gittins, *Madness in its Place: Narratives of Severalls Hospital*, 1913-1997 (London: Routledge, 1998), p.91.

fall in real terms after 1975, largely due to structural causes (including steadily increasing pension costs generated by an ageing population) and the consistent popularity of services such as the NHS, it is clear that the 'classic welfare state' was in decline by the mid-1970s (Lowe 3). Indeed, by 1975, Labour would abandon full employment as a key aim, thereby marking a departure from a key guiding principle of classic welfare state ideology and setting a trend which would reach its full expression in post-1979 Conservative policy (Lowe 2).

To summarise, the low unemployment of the 1945-75 period, combined with the popularity of services such as the NHS and pension provision, meant that successive governments had little incentive to rethink the ideology which underpinned the welfare state. As such, this period was characterised by a reasonable level of ideological consistency in the manner in which problem families were conceptualised. As subsequent sections of this introduction will demonstrate, the importance attached to the reciprocal relationship between the state and its subjects would both define and legitimise welfare state interventions in the lives of problem families. Although fears attached to the unsustainability of supporting such families for extended periods was certainly an important factor in how they were conceptualised, it is equally apparent that more complex concerns were at play, including those associated with larger ideas surrounding state governance and class-informed notions of appropriate conduct. It is here that theoretical perspectives provided by Michel Foucault and Zygmunt Bauman are particularly valuable.

1.4. Theoretical Perspectives

The original mandate of the Beveridge Report was to produce recommendations to guide the consolidation of existing welfare services. However, it would exceed this mandate considerably, with the report instead proposing a radical expansion of welfare over a number of sectors. Indeed, it was so radical that Winston Churchill (who was Prime Minister at the time) initially resisted calls for its implementation, urging that the government should, as Pat Thane puts it, avoid 'raising popular hopes beyond a level which a post-war government could satisfy.'[9] However, the overwhelming popularity of the report's recommendations was such that he conceded. As a result of the

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[9] Pat Thane, *Foundations of the Welfare State 2nd Edition* (Harlow: Pearson, 1996), p.235.

context in which the Beveridge Report was published, a dominant narrative has emerged in which the welfare state is regularly portrayed as a pact between the British people and its government; a promise of future security as a reward for the privations and sacrifices of wartime. Although such a conceptualisation is not without its merits, it is equally important to remember that the post-war welfare state would become an important tool of state governance. By encouraging individuals to enter into a reciprocal relationship premised upon mutual obligation, the state was able to strengthen its legitimacy as a ruling body while simultaneously encouraging the population to behave in a manner aligned with its interests. As the preceding sector briefly outlined, problem families were perceived to represent a challenge to this model of state governance through their dependence upon welfare despite their unwillingness or inability to contribute in return, thereby falling outside of this idealised reciprocal relationship. The following theoretical perspectives offered by Foucault and Bauman, regarding the functioning of modern state governance, provide a broad framework through which the nature and implications of this challenge can be considered in greater depth.

1.5. Biopolitics vs. Discipline

Foucault presents two complementary theories to explain how modern states ensure the cooperation of its citizens: discipline and biopolitics. Discipline is perhaps best described as measures which are directed at individuals in an attempt to control their behaviour. In *Society Must be Defended*, he argues that:

> …discipline tries to rule a multiplicity of men to the extent that their multiplicity can and must be dissolved into individual bodies that can be kept under surveillance, trained, used, and, if need be, punished.[10]

Discipline therefore centres on individual bodies, manipulating them 'as a source of forces that have to be rendered both useful and docile.' (Foucault 249) By contrast, Foucault uses the term 'biopolitics' to encapsulate the means by which large populations are regulated, not as individuals, 'but to the extent that they form…a global mass that is affected by overall processes characteristic of birth, death, production, illness and so on.' (Foucault 242-3) In

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[10] Michel Foucault, *Society Must be Defended: Lectures at the Collège de France, 1975-75* (London: Penguin Books, 2004), p.242.

contrast to discipline, biopolitics describes the use of 'more subtle, more rational mechanisms: insurance, individual and collective savings, safety measures, and so on.' (Foucault 244) Biopolitics therefore deals with 'collective phenomena which have their economic and political effects...[that]...become pertinent only at the mass level.' He argues that certain (often unfortunate) events in people's lives, such as illness or unemployment, 'are aleatory and unpredictable when taken in themselves or individually,' but when considered at the level of the population as a whole, 'display constants that are easy, or at least possible, to establish.' Therefore, through mechanisms such as 'forecasts, statistical estimates, and overall measures', biopolitics seeks to establish 'regulatory mechanisms' which will 'compensate for variations within this general population and its aleatory field', thereby installing 'security mechanisms...around the random element in a population of living beings so as to optimize a state of life.' (Foucault 246)

Biopolitics therefore serves as a useful tool for understanding the basic functions of the welfare state. By creating a social safety net to help reduce the dangers of illness and unemployment through collective measures, the welfare state sought to insulate people from events which are seemingly random at the individual level, but can be predicted with a reasonable level of precision at the level of the population as a whole. While this portrayal appears to represent biopolitics as the benign cousin of discipline, the relationship between the two is actually rather more complex. Foucault argues that the 'norm' is the 'element that circulates between the two', a concept which 'can be applied to both a body one wishes to discipline and a body one wishes to regularize.' (Foucault 252-3) In this context, Dianna Taylor describes the norm as 'an optimal or ideal normal', produced by the statistical study of a population which is then 'brought back to bear on...[itself]...in order to regulate that population - that is, to dictate how the population ought to behave.'[11] Modern society, Foucault argues, is a 'normalizing society...in which the norm of discipline and the norm of regulation intersect along an orthogonal articulation.' (Foucault 252) So while biopolitics 'exists at a different level...[and]...a different scale' to discipline, it is just as integral to the state's efforts to enforce a specific behavioural model (i.e. set of norms) (Foucault

[11] Dianna Taylor, 'Normativity and Normalization', *Foucault Studies*, No.7 (September 2009), pp.50-1.

242). The post-war welfare state can therefore be conceptualised as an entity which fulfilled an important regularising function, offering collective benefits designed to ensure individual security on the basis that its recipients adopt an approach to life commensurate with the interests of the state. Indeed, the massive extension of welfare services meant that those who were willing to enter into a reciprocal relationship with the state could hope to gain far more than simple security. Interventions in education, health and housing promised not only a degree of insulation from the vagaries of fate, but also long-term well-being and material prosperity. However, while the welfare state would bring benefits to the population as whole, problem families (who were perceived to be unwilling or unable to enter into such a relationship) would find that that the structure of the emerging welfare services would incorporate coercive elements aimed at regulating their behaviour to bring it into line with the norm.

1.6. Normalising Behaviour

The role of the norm in state governance is dissected by Bauman in his 1991 sociological work *Modernity and Ambivalence*, in which he argues that the rule of modern nations is premised upon the universalisation of 'the cognitive/behavioural patterns associated with friendship inside the boundary of the realm.'[12] In effect, a single set of norms is required to ensure that a nation's inhabitants perceive themselves not only as individuals, but also a part of a greater whole. He goes on to evaluate the implications of privileging a single set of behavioural norms through a discussion of what he terms 'the liberal call to assimilate.' Bauman argues that liberal states encourage non-native migrants to embrace the dominant culture of their new home by urging them 'to take their fate into their own hands and make it as good as they can.' (Bauman 1991, 69) Assimilation therefore 'offers not just hope but a clear recipe of its realization', a well-defined set of practices which can be followed to achieve 'the highest, worthiest and hence most coveted values.' (Bauman 1991, 69-70) Yet, although assimilation is portrayed as a path to acceptance and prosperity, it also 'obliquely reaffirms...the superiority and benevolence of the native rulers.' As such, assimilation can be understood as a means of legitimating one set of values and behaviours over others, but one which is

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[12] Zygmunt Bauman, *Modernity and Ambivalence* (Cambridge: Polity Press, 1993), p.63.

dependent upon the widespread perception that they are attainable for all. Bauman argues that:

> …the liberal programme…must insist that that the values possessed by the superior people it calls to emulate are indeed universally available, and hence their possession is evidence of the superiority of those who possess them… The most important function of hope this offers nourishes is the possibility of 'blaming the victim': if you find yourself stuck at the bottom, you have no one but yourself to blame. (Bauman 1991, 70)

Although Bauman articulates these concepts in the context of the migrant experience, they are also applicable to the ideology which underpinned the post-war welfare state. By making benefits available to everyone, the importance of poverty and social injustice as generators of the non-conformist behaviours displayed by problem families could be diminished, thereby legitimising the practice of blaming these families for their own misfortunes. While there is little evidence to suggest that this idea directly informed welfare state policy (aside from the deliberate setting of unemployment benefits at a subsistence level), it would help to legitimise attempts to explain the difficulties of problem families in terms of their own behaviour and life choices (these will be considered in more depth later in the chapter). It would also support the argument that these families represented a reasonably stable category of the social underclass which warranted further investigation and treatment.

The importance of social norms to the conceptualisation of problem families is further supported by Philip and Timms, who observe that a large section of the academic literature published in the late 1940s and early 1950s characterised problem families 'in terms of [their] failure to observe social standards.' (Philip & Timms 6) In her analysis of Foucault's concept of the norm, Taylor argues that its role goes far beyond the distribution of blame for social problems. She asserts that the privileging of a single behavioural model

> …perpetuate[s] the power relations that the norm founds and legitimizes by reproducing norms within the sociopolitical landscape to

the point that they come to be seen not as produced at all but simply as natural and necessary. (Taylor 52)

The norm therefore not only fulfils an important regulatory function by legitimising the existing social order, but also simultaneously reproduces and veils its mode of operation. Indeed, over time, norms 'become embedded to the point where they are perceived not as a particular set of prevailing norms, but instead simply as "normal", inevitable, and therefore immune to critical analysis.' (Taylor 47) Returning to Bauman's discussion of the assimilation of non-native migrants, it is important to bear in mind that these norms were not only beyond question, but were premised upon an asymmetrical power relationship between dominant discourse and the assimilated parties. He argues that the apparent 'tolerance' displayed by liberal states in encouraging assimilation 'was meaningful only as long as the *measures* of progress were not negotiable.' (Bauman 1991, 107 his emphasis) It is therefore important to understand that problem families earned their status due to their failure to conform to a set of behavioural values which were imposed from other (generally middle-class) parts of society. A more thorough examination of these values and an analysis of the consequences of this imposition will be considered in the following chapters.

1.7. Life as a Project

The section above considered Bauman and Foucault's analysis of the norm in relation to governance practices which emerged with the birth of modern nations from the 18th century onwards. However, Bauman also looks to the 21st century to assess the manner in which the notion of individual success has become defined by a need to view one's life as an 'unfulfilled project'. In *Liquid Times*, Bauman argues that being 'modern means being perpetually ahead of oneself…it also means having an identity which can exist only as an unfulfilled project.'[13] While Bauman admits that, in this respect, there is 'not much to distinguish between the plight of our grandfathers and our own,' he asserts that a 'seminal change' has taken place in terms of the 'deregulation and privatization of the modernizing tasks and duties.' Progress, he argues, was once a task for 'human reason seen as the collective endowment and property of the human species', but has now 'been fragmented…left to individuals'

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[13] Zygmunt Bauman, *Liquid Modernity* (Cambridge: Polity, 2000), pp.28-9.

management and individually administered resources.' While 'the idea of improvement…through legislative action of the society as a whole has not been completely abandoned…the burden of responsibility…has shifted decisively towards the self-assertion of the individual.' In effect, the last decades of the 20th century saw a shift in which an emphasis on the importance of 'just society' was replaced with a focus on 'human rights', which Bauman defines as 'the right of individuals to stay different and to pick and choose at will their own models of happiness and fitting life-style.' (Bauman 2000, 29) To summarise, Bauman argues that modern Western 21st century states no longer rely upon collective action to bring about social and material progress, and instead cedes this task to individuals. As such, it is no longer possible to look to 'great leaders to tell you what to do and to release you from responsibility for the consequences of your doings'. Instead, there are 'only other individuals from which you may draw examples of how to go about your own life-business' (Bauman 2000, 30). It is up to individuals to examine existing models and base their own life plans upon them.

Although this dissection of modern existence explicitly refers to the early 21st century context, Bauman's ideas are nonetheless relevant to the 1945-75 period. As this chapter has already argued, the proposals set out in the Beveridge Report were characterised by a tension between the perceived need for centralised state action and the desirability of individuals accepting responsibility for their life outcomes. Services in kind (housing, education, healthcare) and the regulation of the economy were envisioned as the primary mechanisms of welfare state reform, with cash benefits (aside from pensions and children's allowances) only intended to provide temporary relief in cases of unemployment and illness. Although the report acknowledged that the state should play a central role in maintaining favourable conditions, the distinction between cash benefits and services in kind emphasised the importance of individual choice. This notion of individuals existing in a reciprocal relationship with the state can therefore be understood as a first step in the privatisation of the 'modernizing tasks and duties', a trend which would be fully realised following the demise of the 'classic welfare state' in the mid-1970s. As such, Bauman's notion of life as an 'unfulfilled project' is key to understanding the ideas which underpinned welfare state ideology. By encouraging individuals to enter into partnership as means of optimising their life chances, the state

would benefit from a healthier, better educated and more productive population who would represent a sound return on its investment. In effect, the 'modernizing tasks and duties' were distributed between the state and the population, with an emphasis upon shared responsibility. Although collective action was at the heart of welfare policy, individual effort was emphasised as being vital to its long-term success. In this context, it is hardly surprising that problem families (despite only representing a tiny minority of the population) would be perceived as a clear challenge to the state. Welfare state ideology emphasised mass participation as a being vital to its project, and families who fell outside of the reciprocal relationship which Beveridge conceived would signal a failure of its universalist aims.

1.8. Problem Families: Historical Context

John Welshman argues that the concept of the post-war problem family can be traced back to the notion of the 'social residuum' or 'submerged tenth' first identified by Charles Booth in the 1890s. Popular interest in these ideas would be reignited by the Wood Committee's Report on Mental Deficiency (published in 1929). While the committee's primary focus was on children deemed to be 'mentally defective', it also concluded that most families with such members belonged to a 'social problem group' consisting of the bottom 10% of society. The report would become a key document for the British Eugenics Society due to its recommendation that this section of the population should be 'segregated and sterilized' to prevent them from transmitting their undesirable hereditary traits. Such interest was not limited to eugenicists, and Welshman argues that the report, despite having little impact on government health policy during the 1930s, 'served to link a diverse group of intellectuals who otherwise were united only by their shared interest in social problems.'[14] This preoccupation with the 'social problem group' would set the intellectual climate for a report published by the Women's Group on Public Welfare in 1943. Titled *Our Towns: A Close Up*, the report found that substantial numbers of children evacuated from urban centres during the war were sent away from home with inadequate clothing or footwear. Many suffered from malnutrition, a condition the report's authors blamed on a 'slum diet' based primarily on 'white bread, tea, sugar, sausages, jam and margarine'. The report also

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[14] John Welshman, 'In Search of the "Problem Family": Public Health and Social Work in England and Wales 1940-70', *Social History of Medicine*, V.9(3) (1996), p.449.

observed that the evacuees had high incidences of head lice and skin disease, further hinting at the insanitary living conditions endured by some children in Britain's towns and cities at the time.[15] Welshman goes on to argue that *Our Towns* 'popularized the concept of the "problem family" and strengthened behavioural interpretations of poverty in the immediate post-war years,' a conclusion supported by the emergence of the term in Ministry of Health circulars and the report's remarkable sales figures (Welshman 1999, 800 & 793). Indeed, as the following section will explore, the report played a large part in setting the tone of later descriptions of problem families, both in terms of describing the poverty which such families suffered, but also in its willingness to identify the behaviour of the family members themselves as a key cause of their difficulties.

1.9: Defining Characteristics

Looking for a precise definition of what constituted a problem family in the post-war period is difficult, partly because the available descriptions are highly subjective, but also because of changes to what was deemed the minimum acceptable standard of living between 1945 and 1975 (brought about by a number of demographic, economic and social developments). While these issues are difficult to avoid entirely, it is productive to view such families as a nexus at which a number of ideas, attitudes and beliefs regarding the very poor converge. In some respects, the issues which helped to define problem families can be understood as encompassing all of Beveridge's Five Giants: want, disease, ignorance, squalor and idleness. Poverty was generally considered to be a primary factor, but one which was frequently generated or exacerbated by ill-health, itself often the product of substandard living conditions. In a similar vein, ignorance could be seen as either a cause or an effect of irregular employment, preventing breadwinners from attaining stable jobs and putting children at an educational disadvantage due to their unstable home life. In many accounts, problem families would be portrayed as suffering from a number of difficulties which produced a vicious cycle from which escape was almost impossible. As a result, a key defining characteristic of problem families was that they exhibited chronic difficulties which seemed immune from the reforming efforts of the welfare state. This sentiment can be

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[15] John Welshman, 'Evacuation, Hygiene, and Social Policy: The *Our Towns* Report of 1943', *The Historical Journal*, 42(3) (1999), p.794.

seen in the introduction to *Problem Families: The Fourth Report of the Southampton Survey*, written by P. Ford, C.J. Thomas & E.T. Ashton and published in 1955:

> ...a century of voluntary and state effort at social betterment left reformers with some misgivings. The great improvement in health, standards of living, regularity of employment and in public and private morals was striking; but there was a hard core of cases whose ill-condition and anti-social ways of life obstinately refused to yield to all that the resources and modern methods of treatment of state and private benevolence could do. It was to describe these cases that the term 'social problem' families came into use.[16]

While the chronic character of the difficulties which problem families encountered remained a common defining characteristic throughout the post-war period, the descriptions which appeared in published academic literature would undergo a number of changes as the post-war period progressed.

Problem family descriptions found in academic literature published during the first decade following the war regularly focused upon the often squalid condition of the homes in which such families lived. The following passage comes from an article published in 1944 by R.C. Wofinden, the Medical Officer of Health for Bristol at the time, and paints an especially lurid picture which would be referenced repeatedly by later commentators, thereby setting a standard which would endure until the end of the 1950s.

> The home, if indeed it can be described as such, has usually the most striking characteristics. Nauseating odours assail one's nostrils on entry, and the source is usually located in some urine-sodden, faecal stained mattress in an upstairs room. There are no floor coverings, no decorations on the walls except perhaps the scribblings of the children and bizarre patterns formed by absent plaster. Furniture is of the most

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[16] P. Ford, C.J. Thomas & E.T. Ashton, *Problem Families: The Fourth Report of the Southampton Survey* (Oxford: Basil Blackwell, 1955), p.1.

> primitive, cooking utensils absent, facilities for sleeping hopeless – iron
> bedsteads furnished with soiled mattresses and no coverings.[17]

Just over ten years later, Ford et al found that similar conditions still persisted in Southampton, reporting that the majority of the 104 problem families known to the council did not own adequate furniture or bedding (64 and 62 respectively). Standards of cleanliness were also judged as being below average, with 38 families given a 'bad' rating in this regard (Ford et al 24). It is likely that the severity of these descriptions was at least partly the result of the housing shortage generated by the suspension of building during the war and further exacerbated by the destruction of urban centres during the Blitz.[18] Those at the bottom of the social scale were often forced to live in overcrowded tenement buildings with limited access to running water and toilet facilities. Maintaining cleanliness in such circumstances would have been extremely challenging, especially for families with young children. Steady improvements in housing provision would make the types of conditions described by Wofinden relatively rare by the mid-1960s, a development which the second chapter will explore in more depth. Yet, despite the obvious difficulties posed by the shortage of modern housing, a significant number of early post-war commentators were nonetheless keen to identify the behavioural traits of problem family members as the primary cause of their substandard living conditions.

In 1952, Carlos Paton Blacker, the chairman of the Eugenics Society at the time, published *Problem Families: Five Enquiries*, a report of five surveys which took place between 1947 and 1950, covering North Kensington, Bristol, the West Riding, Rotherham and Luton.[19] On the strength of these surveys, he lists a number of undesirable personal traits which portray problem families as a phenomenon generated by the failings of individual family members rather than poverty caused by social inequality:

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[17] C. Wofinden, 'Problem Families', *Public Health*, V.57 (1943-4), p.137.
[18] Alison Ravetz, *Council Housing and Culture: The History of a Social Experiment* (London: Routledge, 2001), p.95.
[19] C.P. Blacker (ed), *Problem Families: Five Enquiries* (London: Eugenics Society, 1952), p.29.

> The parents are often of subnormal mentality: the father may be a ne'er-
> do-well, the mother a conspicuously incompetent housewife…[T]here is
> often present in either or both parents a temperamental instability
> which expresses itself in fecklessness, irresponsibility, improvidence …
> The same quality, if evinced by the father, may produce occupational-
> instability or long-term unemployment, alcoholic intemperance,
> gambling habits, and recidivism… (Blacker 1952, 16)

In effect, Blacker characterises the parents of problem families as being
psychologically unfit for the task of caring for themselves and their children,
either due to their lower than average intelligence or because they possess
personality traits which result in a diminished sense of personal responsibility.
Blacker was not alone in blaming problem family members for the squalid
conditions in which they lived. In his 1950 work *Recent Developments in Social
Medicine*, Alan Carruth Stevenson argues that the 'essential feature of a
problem family…is that the standard of living is shocking and that the parents
make no effort to improve these conditions'.[20] By seeking explanations
premised upon the psychological traits of problem family members,
commentators (including, but not limited to Blacker and Stevenson) were able
to claim that such families lived in squalor because they were unwilling or
unable to aspire to anything better. One obvious function of this explanatory
approach was to absolve the welfare state of the failure to fully achieve the
aims of the Beveridge Report. However, by identifying psychological
shortcomings as an important causative factor, it became possible to bring
problem families into the field of medical and eugenic discourse. Blacker,
Stevenson and Ford et al, following in the steps of the 1929 Wood Report,
argue that a high proportion of problem families display some level of 'mental
deficiency', a term which, as Clare Hanson explains, was used 'to categorise
those who would today be described as having learning difficulties or cognitive
impairment.'[21] As the term was used to describe a range of cognitive ability
levels, it could be used flexibly to explain a variety of behaviours which may
not have otherwise been conceptualised in medical terms. The consequences
of the medicalisation of problem family behaviour will be examined further in

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[20] Alan Carruth Stevenson, *Recent Advances in Social Medicine* (London: J.A. Churchill
Ltd, 1950), p.137.
[21] Clare Hanson, *Eugenics, Literature and Culture in Post-war Britain* (London:
Routledge, 2013), p.39.

the next chapter, which will also chart how the evolution of psychiatry as a discipline in the post-war period informed how such behaviour was conceptualised.

While early post-war descriptions of the poverty suffered by problem families have already been touched upon briefly in the context of sub-standard housing conditions, it is also worth noting some of the factors which commentators blamed for their lack of financial independence. As outlined in the section above, behavioural explanations proved popular in the academic literature of the period, with the psychological shortcomings of the breadwinner frequently cited as a reason for the family's lack of regular income. In addition, financial mismanagement was a common feature of descriptions, a theme which Ford et al explore at some length. Although they admit that the act of deciding whether or not a family is mismanaging their income is a subjective one, they nonetheless report that approximately a third of the families they surveyed displayed 'excessive spending' on items which 'one would expect from an income group of this kind: betting, drink, smoking.' (Ford et al 23)

Yet, while inappropriate spending and a lack of stable income were regularly cited as issues which needed to be addressed urgently, they would not always explain why the needs of these families exceeded their means to such an obvious extent. In many cases, this was due to the size of the family, especially if it had expanded rapidly with several children born in a relatively short space of time. Writing in 1959, sociologist and criminologist Barbara Wootton observes that 'the household with several young children dependent solely on parental earnings constitutes to-day one of the economically most hard pressed sections of our community'.[22] This situation would also place considerable physical and mental stress upon mothers, who not only had to face the potential implications of pregnancy and childbirth for their health, but would also have to bear the brunt of the work of caring for large numbers of young children. Catherine H. Wright, an Assistant Medical Officer in Sheffield during the mid-1950s, argues that the typical problem family mother has 'more children than she can cope with' and that with each birth 'the mother's

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[22] Barbara Wootton, *Social Science and Social Pathology* (London: George Allen & Unwin Ltd, 1959), p.59.

health deteriorates and the family sinks lower.'[23] As with income mismanagement, having more children than the family could afford was a problem which commentators were willing to blame on the behavioural traits of the parents. For example, Wofinden argues that an 'inability to learn or lack of interest' in family limitation techniques, coupled with an 'alcoholic lack of self-control' are the prime causes for the large number of children in these families (Wofinden 137). Ford et al follow a similar line, identifying a 'lack of reproductive restraint' as one of the 'characteristics and factors which account for their current condition.' (Ford et al 34) In practice, family planning provision in the post-war period was patchy and saw a great deal of change through the shifting practices of state and state-allied organisations. These will be considered in more depth in the fourth chapter, but for now it is important to note that family limitation at this time was again a node where a variety of discourses intersect, including changing attitudes towards life planning, evolving ideas about childcare, eugenics and the role of the state in regulating the sexual lives of the population.

As stated several times in this section, the definition of what exactly constituted a 'problem family' did not remain stable throughout the post-war period. Indeed, reviewing the descriptions which have been outlined so far, it is clear that the concept itself was highly dependent upon the subjective analysis of the commentators themselves. Such subjectivity was at least partly informed by the larger social context of the time, leading to significant shifts in the types of characteristics associated with problem families in line with the economic and demographic changes of the period. An overall increase in national prosperity between 1945 and the early 1970s, shrinking family sizes, advances in the study of mental health, the emergence of a more comprehensive and complex welfare system, and a steady improvement in housing standards would all lead to a reconfiguration of the problem family phenomenon. Indeed, from the 1960s onwards, it could also be argued that the very concept of the family itself would undergo important changes due to the increased availability of divorce and an increase in the number of children born outside of wedlock. Some of these shifts can be seen in a 1971 article from the *Daily Telegraph*'s magazine supplement by journalist Sonia Jackson.

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[23] Catherine H. Wright, 'Problem Families: A Review and Some Observations', *The Medical Officer*, V.94(27) (30 December 1955), p.383.

Titled 'What is a Problem Family?', the article provides an account of the struggles of Joyce and Ken McInulty to provide for their family.[24] However, unlike earlier accounts, perhaps the key characteristic which marks them as a problem family is not their living conditions (which are a marked improvement on those in earlier descriptions), but the difficulties they have navigating the welfare system. A central point of contention is the ambiguity of their marital status. Despite being separated, Joyce and Ken are unwilling to officially divorce as Ken is keen to be present in his children's lives, even though his chronic alcohol problem prevents him from financially supporting them. Harry Taylor, the Child Care Officer in charge of their case, has instructed Joyce that 'he can give no further help until she makes up her mind to separate finally from Ken.' (Jackson 18) As a result of this diminished state support, Joyce finds it very difficult to properly provide for her children while also covering basic costs such as rent, and the only 'solution' which the state is able to offer is to encourage her to seek a divorce and cut her remaining ties with Ken.

The McInulty case provides some interesting insight into the larger social shifts which changed how problem families were conceptualised as the post-war period progressed, and at the same time highlights how the label itself was tied to the underlying preconceptions embedded in welfare state policy and practice. To a certain extent, this issue was identified as early as 1957 by Philip Timms, who perceptively observed that the 'problem family may be, in some respects, what public administrators say it is'. They go to argue that, before deciding upon a workable definition, it is first necessary to 'to learn what public administration is like.' (Philip & Timms 6) Looking at the early behavioural descriptions offered by Wofinden and Stevenson, it is evident that they were informed by a belief in the importance of personal responsibility in achieving financial independence and maintaining tolerable living conditions. As a result, their accounts dovetail neatly with Beveridge's emphasis on the importance of the reciprocal relationship between individuals and the welfare state. Jackson's article demonstrates a shift in emphasis, highlighting how an unwillingness to conform to the distinct and unambiguous family structures endorsed by the welfare state could also lead to 'problem family' status. In a very real sense, the definition of what exactly constituted a problem family in

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[24] Sonia Jackson, 'What is a Problem Family?', *Daily Telegraph Magazine*, 3 September 1971, pp.14-15.

the post-war period was a result of the ideas and attitudes which underpinned the welfare state's aims and structure. As the perceived role of the welfare state evolved, so would the definitions and descriptions offered by commentators, a development which the following chapters will consider in more depth.

The unstable character of problem family definitions also makes it difficult to make precise estimates regarding their prevalence between 1945 and 1975. Although statistics based upon social grading and income are available, the preceding sections have shown that these are not necessarily helpful in discerning the number of problem families in the population at any one time. Poverty, for example, was certainly an issue for the overwhelming majority of these families but Stevenson (among others) is keen to point out that their neighbours can often 'manage on the same income to make decent homes' (Stevenson 140). Relying on the figures provided by researchers looking specifically at problem families is also problematic, as they rely upon small surveys which provide only a fragmented picture of the national extent of the phenomenon. Savage's analysis of Hereford published in 1946 found that 1.23% of all families in the area could be identified as problem families.[25] However, when reviewing the findings of several surveys conducted between 1945 and 1954, Ford et al suggest that the national figure is most likely somewhere between 0.3% and 0.5% of the population (Ford et al 16). Such a difference may have been generated due to genuine differences between different areas at different times, although it is worth noting that the academic literature of the period seldom entertains the possibility that the number of problem families in the population was falling at any particular time.

Problem Families: Five Enquiries, produced by the Eugenics Society in 1952, was the single largest study of its kind, covering five regions with a population of 1,719,017 (Blacker 1952, 29). However, even Blacker, who authored the report, displayed some caution regarding its methodology, qualifying it as a series of 'pilot surveys' which displayed a number of flaws in terms of the cooperation of authorities and the difficulties entailed in discerning problem families from the rest of the population (Blacker 1952, 31-2). This issue was

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[25] S.W. Savage, 'Intelligence and Infant Mortality in Problem Families', *The British Medical Journal*, V.1 (4437) (19 January 1946), p.86.

further exacerbated by the fact that each region was run by a different survey director, not all of whom agreed on 'exactly similar standards throughout' (Blacker 1952, 31). Perhaps as a result of these methodological shortcomings, the incidence of problem families varied widely in each area, the lowest being West Riding (0.14% of all families in the area) and Luton the highest (0.62%). Again, although genuine differences between the demographic makeup of each of these areas could account for these variations, Blacker's tone throughout the report makes it evident that he has significant reservations regarding the precision of the figures. In effect, the Eugenics Society was forced to accept that the report was primarily of value in supporting the assertion that problem families were a real phenomenon which justified another (more costly and wide-ranging) investigation. Blacker argues that such a project would ideally take a similar form to that employed by the Wood Committee, in which a single investigator surveyed six areas which were deemed to be representative of Britain as a whole (Blacker 1952, 30). The main conclusion that can be drawn from these diverse (and methodologically suspect) surveys is that problem families represented a vanishingly small proportion of the British population, probably numbering no more than between 100 and 200 thousand individuals in a population of around 50 million. However, as this chapter has sought to demonstrate, problem families resonated in post-war thought to an extent which seems at odds with this seemingly inconsequential number. In comparison to the costs entailed in providing pensions and running the NHS, these families represented a vanishingly small proportion of welfare spending. Although this may be partly explained by the fact that councils may have felt that problem families placed a troublesome burden on their limited resources, thereby inflating their importance at a local level, it nonetheless apparent that larger cultural concerns were at play regarding the centrality of personal responsibility in welfare state ideology.

1.10. Summary of Chapters

This thesis consists of three further chapters, each of which explores a different area of welfare policy with direct consequences for problem families. As these policies approached problem families in differing manners, each chapter will take a subtly different theoretical approach. Chapter two focuses on post-war psychiatric practice and the implications which this had for attempts to explain the 'deviant' behaviour demonstrated by problem families.

This framework would be used to 'diagnose' the behavioural defects of problem family members, thereby offering medicalised explanations for their non-conformity which in turn informed 'treatment' methods intended to bring them into line with acceptable social norms. This chapter also includes an evaluation of juvenile delinquency, a phenomenon which was frequently identified as a social nuisance generated by the substandard parenting associated with problem families.

Chapter three explores how the emergence and development of post-war social housing affected problem families, many of whom moved from slums and tenements into newly-built council homes during this period. This transition was characterised by an increase in surveillance and an attempt to alter the behaviour of people who were viewed as being ill-suited to life in a modern home. In keeping with this tendency, this chapter investigates how the home became a focal point for welfare state surveillance and intervention, a situation at least partly legitimised by the fact that the homes in question were frequently the property of the state itself.

Chapter four focuses on post-war family planning policy and practice. As the state would not become the main provider of contraceptive supplies and advice until the early 1970s, this chapter examines how changing attitudes would allow family planning to be gradually integrated into the mainstream. A strong factor in this transition was the increased recognition of the need to treat life as a planned venture in order to take full advantage of the benefits offered by the welfare state. Family planning would become a key part of this life strategy, with modern contraceptive technologies becoming an integral feature of proposals to prevent or alleviate the difficulties associated with problem families.

One final note: Although this thesis will regularly emphasise the negative experiences of problem families in their interactions with the welfare state, it is not intended to be purely a critique. There are valid reasons to believe that the British post-war welfare state represents a remarkable achievement which made a substantial difference to the lives of millions of people across the class spectrum. However, the welfare state was an entity which existed during a period characterised by complex and often contradictory discourses; a fact

which is often forgotten in contemporary accounts which emphasise the homogeneity of the post-war consensus. By focusing on problem families, this thesis will attempt to see past established narratives to gain new insight into how they were conceptualised by the welfare state. In doing so, it will seek to uncover the competing discourses which shaped post-war welfare provision.

Chapter 2: Psychiatry

2.1. Psychiatry Introduction

Psychiatry has been chosen as a chapter focus because it was a key discourse that informed the welfare state's conceptualisation of behaviour which fell outside of social norms. Although the state-mandated regulation of mental asylums can be traced back to legislation passed in the mid-19th century, the creation of the National Health Service in 1948 marked the beginning of a trend which would eventually see psychiatric medicine fully integrated into state welfare services. Not only would it inform the treatment, care and control of people who suffered from mental illness, but ideas and concepts taken from psychiatric discourse would also be used to explain (and potentially offer a means of reforming) other forms of 'deviant' behaviour, especially those associated with problem families. These families were marked apart from their peers by their perceived failure to observe a range of social norms in areas such as cleanliness, childcare and financial independence. As the thesis introduction outlined, the seemingly intractable nature of these behaviours posed a threat to classic welfare state ideology, which relied upon the population as a whole contributing to the cost of welfare services in order to make them sustainable in the long-term.

The use of the term 'deviant' in this chapter follows its usage in Erving Goffman's 1963 sociological work *Stigma*, in which he argues that 'social deviants' are essentially 'individuals who are seen as declining voluntarily and openly to accept the social place accorded to them'.[1] As such, the seeming refusal of problem families to enter into a reciprocal relationship with the welfare state was perceived by many commentators of the post-war period as a 'collective denial of the social order.' (Goffman 171) Psychiatric discourse would be used to explain why this denial appeared to persist despite the efforts of welfare state interventions. In this sense, psychiatry would play a key role in the biopolitical regulation of British society, serving a useful function as an instrument of modern state governance. This chapter will explore fiction and non-fiction accounts in which concepts taken from post-war psychiatry

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[1] Erving Goffman, *Stigma: Notes on the Management of a Spoiled Identity* (London: Penguin, 1990), p.170.

(such as a 'mental defect' and 'temperamental instability') were mobilised in order to explain and regulate deviant behaviour associated with problem families. It will also examine portrayals of practices used to treat forms of mental illness which are still recognised today (including depression and drug-induced psychosis) in literary works, textbooks and popular psychiatry books published in the post-war period. This dual approach works upon the premise that both of these deployments of psychiatric discourse were reliant upon a shared pool of ideas and attitudes surrounding the appropriate regulation of behaviour which violate commonly accepted norms. By producing a more rounded picture of post-war psychiatric discourse, this methodology will produce a comprehensive picture of how it shaped the welfare state's conceptualisation of problem families and the strategies which were proposed to regulate them.

2.2. Psychiatry: Early Context

The importance of psychiatric care to the state can be traced back to the first half of the 19th century, during which the government attempted to centralise and regulate institutions to detain and treat the mentally ill. Anne Rogers and David Pilgrim identify '71 Bills, reports of select committees and inquiries relating to lunacy' between 1801 and 1844. These were primarily concerned with the very poor and eventually gave rise to 'a full-blown pauper system provided by local authorities in England and Wales'.[2] Rogers and Pilgrim argue that such legislation 'was part of increased state intervention in social problems more generally', and point to the emergence of the Poor Law Act of 1834 and the Public Health Act of 1848 as further evidence of this trend (Rogers & Pilgrim 43). While the legitimacy of psychiatry as a medical discipline was contested on numerous occasions throughout its early history, it is nonetheless evident that it has helped to mould the attitudes of policy makers and the general public. As the previous section outlines, these attitudes were not always confined to mental illness as we would now understand it, but also included attitudes to people who displayed 'deviant' behaviour which was perceived to be at odds with prevailing norms. Such traits, which included being unable to properly run a home, care for children or maintain stable employment, had the potential to be recognised as symptoms of a disease, the

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[2] Anne Rogers & David Pilgrim, *Mental Health Policy in Britain Second Edition* (Basingstoke: Macmillan, 2001), p.44.

underlying causes of which needed to be understood in order to bring about lasting behavioural reform. As an apparently scientific (and therefore objective) discipline, it was thought that psychiatric discourse would be able to uncover the roots of these undesirable behaviours and provide new methods through which they could be altered.

Anne Rogers and David Pilgrim argue that psychiatry first appeared as a distinct medical discipline in Britain during the mid-19th century, observing that its introduction as a term in 1846 is 'evidence of the link between the 1845 [Lunatics] Act and the emergence of a sub-speciality of medicine.' (Rogers & Pilgrim 46) The Act also served to ensure that asylums could only be run by medical practitioners, thereby cementing the notion that 'madness was a biological disorder and only doctors could oversee its management.' (Rogers & Pilgrim 47) By the end of the 19th century, care of the mentally ill in such institutions was essentially custodial in nature, with Rogers and Pilgrim observing that 'psychiatry [had] settled down as a paternalistic asylum-based discipline with little to show for itself as a medical specialism offering genuine cures for madness.' (Rogers & Pilgrim 51) While asylum psychiatry's Victorian emphasis on the biological causes of mental illness was challenged in the aftermath of the First World War (in light of shellshock in frontline soldiers, and industrial fatigue in overburdened female factory workers), state run psychiatry retained its custodial model throughout the interwar period, even though rhetoric surrounding 'curative intent and consideration for the individual sufferer's needs' became more prominent (Rogers & Pilgrim 51-2 & 55). Indeed, the basic structure of asylum-based custodial care of the mentally ill even survived the Second World War and the founding of the NHS in 1948, allowing 'biological asylum psychiatry…to resume business as usual.' (Rogers & Pilgrim 60)

This brief summary of psychiatry in Britain has deliberately omitted the emergence of psychotherapy and psychoanalysis which took place in the first half of the 20th century. This is for two reasons, the first being the limited scope that such developments had before the creation of the NHS. As Mathew Thomson observes, 'interwar psychotherapeutic clinics' were only able to treat 'several thousand individuals a year, compared to the numbers languishing in

mental hospitals – some 120,000 by 1930'.[3] The second reason is that the majority of institutions which offered psychotherapy and psychoanalysis as treatment methods were funded by patient fees or charitable organisations. For example, Thomson argues that much of the integration of psychotherapy into psychiatric practice which took place in the interwar period occurred in clinics that were not part of the asylum system (about 70% of which were attached to voluntary hospitals) (Thomson 191). State-run psychiatry remained asylum-based until the second half of the 20th century, with the custodial Victorian model providing a foundation which would be gradually reformed throughout the post-war period.

2.3: Problem Families and Deviancy

In order to produce a rounded picture of welfare state psychiatry, this chapter will explore how it dealt with forms of mental illness which are still recognised today, as well as considering how psychiatric discourse was applied to problem families. It will also examine juvenile delinquency, fears around which came to the fore during the emergence of youth culture from the 1950s onwards As a result, juvenile delinquency is portrayed with some regularity in post-war fiction, making it a valuable means of examining ideas about parenting which informed how problem families were conceptualised by the welfare state, academics and the general public. There were, of course, other (frequently marginalised) groups which displayed behaviours which psychiatry often treated as deviant in the post-war era (gay, lesbian and trans people are obvious examples). However, problem families differed from these groups because their deviant status was primarily the result of the perception that their dependence upon welfare services represented a drain on public finances. This was exacerbated by their seeming unwillingness to aspire to a level of productivity which would allow them to make a meaningful contribution to the cost of these services. As the thesis introduction outlined, the Beveridge report stressed that, despite the importance of 'establishing a national minimum', the creation of state welfare services should not 'stifle incentive, opportunity, responsibility', and should 'leave room…for voluntary action by each individual to provide more than the minimum for himself and his family.' (Beveridge 1942, 6-7) This emphasis upon individual responsibility was an integral part of

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[3] Mathew Thomson, *Psychological Subjects: Identity, Culture and Health in Twentieth Century Britain* (Oxford: OUP, 2006), p.190.

welfare state ideology, as Beveridge originally envisioned that the welfare state would be run on the Full Funding Principle, with contributions from individuals covering the total cost of the benefits they received (Sleeman 52). In a very real sense, the long-term financial viability of the welfare state would be dependent upon the population conforming to a set of social norms which emphasised the importance of personal aspiration and financial self-sufficiency. Problem families earned their deviant status by their seeming refusal to conform to these norms, despite the fact that, as some of the poorest members of the population, they appeared to have the most to gain by embracing them. Indeed, this contradiction seems to have prompted a number of influential factions within eugenics, psychiatry and the civil service to entertain the idea that the non-conformist behaviour of problem families was the product of some form of mental pathology, either on the part of the parents, the children or both.

Many commentators of the post-war period acknowledged that merely improving access to education, housing and financial assistance would not automatically improve the lives of every family in Britain. In *Problem Families: The Fourth Report of the Southampton Survey* (published in 1955), P. Ford, C.J. Thomas and E.T. Ashton argue that problem families continued to exist because their members suffered from a range of psychological and emotional flaws:

> Many of the difficulties of these families can be traced to the character of their individual members, their emotional and educational history as well as their initial endowment, and to the emotional relations between them. (Ford et al 13)

By establishing a causative relation between psychological traits and extreme poverty, Ford et al make a case for the importance of psychiatry in any attempt to reform the behaviour of problem family members. A similar link is made by Stevenson, who argued that in a 'substantial number' of problem families 'their plight is determined by low intelligence in the parents, especially that of the mothers.' (Stevenson 141) Writing in 1957, Peter Scott couched his discussion of juvenile gang activity in London in quasi medical terminology, observing

that his 'clinical descriptions…have implications for diagnosis and treatment.'[4] These are not isolated examples, supporting the notion that psychiatric discourse became an important way of conceptualising deviant behaviours associated with problem families, including substandard housekeeping, child neglect and chronic unemployment. Such conceptualisations helped to inform the methods that would be used by the welfare state to cope with people who seemed unwilling to contribute to the collective security of the state as a whole, but who did not fit into traditional categories of mental illness or learning disabilities.

2.4. Theoretical Concepts

Alongside the theoretical perspectives outlined in the previous chapter, this chapter will also incorporate an additional concept which I have termed 'deviance-pathology translation'. Deviance-pathology translation, this chapter will argue, occurs when deviant behaviour (especially in a public or semi-public context) comes under the auspices of psychiatric discourse. This term can be applied to instances in which an individual is committed to an institution or hospital after they display conspicuous (and/or potentially threatening) signs of mental illness. However, in the context of this thesis, deviance-pathology translation is most relevant in cases in which the difficulties experienced by problem families were believed to be the result of one or more diagnosable psychiatric conditions.

An illustrative example is offered by Ford et al, who provide several case studies of problem families living in the Southampton area in the early 1950s. 'Mr. and Mrs. 22' neglect their five young children, often failing to feed or clothe them properly before sending them to school, leading to complaints from their headmistress about their 'unclean condition.' The investigators identify Mrs. 22's 'low intelligence' as the source of the family's difficulties and opt to provide them with household assistance. The efforts of the welfare workers lead to some improvements, but the investigators are keen to point out that the type of 'sub-normal mentality' displayed by Mrs 22 will result in a deterioration of conditions 'unless close supervision is maintained.' (Ford et al 44) As this chapter will show, so-called 'sub-normal mentality' (which we would

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[4] Peter Scott, 'Gangs and Delinquent Groups in London', *The British Journal of Delinquency*, V.7 (1956-7), p.25.

now usually describe as 'learning difficulties') was widely construed in terms of psychiatric pathology. This is reflected in the case of Mrs and Mrs 22, whose failure to follow social norms of cleanliness and childcare is attributed to their sub-normal mentality, thereby legitimising an initial intervention by welfare services, followed by monitoring to ensure that the family does not slip back into bad habits. In effect, their deviance (i.e. their violation of social norms) is conceptualised as a symptom of an underlying pathology, the effects of which can be ameliorated through close supervision. This leads to a neutralisation of the threat which their deviance may have otherwise constituted, be it to themselves, their children, or to welfare state ideology. Referring back to the theoretical concepts outlined in the introductory chapter, it could be argued that deviance-pathology translation serves as a means of biopolitical regulation by reconfiguring non-conformist behaviour through psychiatric discourse. While it certainly was used as a means of legitimising state intervention into private spheres such as the home, examining how it was applied to problem families provides some insight into the norms which underpinned welfare state ideology. The manner in which deviance-pathology translation was applied to problem families and juvenile delinquents will be considered in the following sections.

2.5. Psychiatric Explanations and Problem Families

As mentioned in the beginning of the chapter, psychiatric discourse was employed to explain why problem families seemed immune to the reforming efforts of the welfare state. Ford et al argue that, for the most part, 'their plight is attributed to a combination of mental subnormality and temperamental instability' (Ford et al 9). The distinction made between 'mental defect' and 'emotional or temperamental instability' appears in a number of post-war academic texts and warrants some elaboration.

Mental defect was a term widely used during much of the 20th century to describe a spectrum of learning difficulties and disabilities. Stafford-Clark, writing in the first edition of *Psychiatry To-day* (1951), a Pelican paperback targeted at an informed lay audience, makes a distinction between 'idiots, imbeciles and feeble-minded people', although he admits that such divisions are made on an 'administrative basis' to which there may be 'theoretical

objections'.[5] According to this schema (which is loosely based on the legal classes used between 1944 and 1959[6]), 'idiots' are defined as people who 'are too defective to be able to guard themselves against common physical dangers' and must therefore be supervised at all times to guarantee their safety. Indeed, Stafford-Clark observes that they 'are in fact considerably less intelligent than domestic animals'. By comparison, 'imbeciles' are slightly more autonomous, but are unable 'to earn a living or gain something from special education' (Stafford-Clark 1951, 88). They may also react 'disastrously' when subjected to certain external stimuli:

> Allowed to roam without care or supervision they may commit murder, rape or arson with as little concern or appreciation of the nature of their actions as they show towards a minor delinquency. (Stafford-Clark 1951, 89)

For the most part, those who fit into these two categories are largely absent from discussions of problem families, as the severity of their disabilities prevents them from having children or being expected to enter the workplace. However, they do provide some insight into professional and lay attitudes surrounding mental defect in the post-war period. It is also worth noting that *Psychiatry To-day* was an extremely successful publication, leading to two subsequent editions, the last of which was published in 1973. What is of particular interest is that all of the passages referring to mental defect cited in this chapter remained unchanged throughout all three editions, demonstrating the level of inertia which existed in debates surrounding learning disabilities in Britain during this period.

The most relevant of Stafford-Clark's three categories of mental defect is 'feeble mindedness' (sometimes referred to as 'high grade defect'[7]), which is used to describe people who suffer from relatively minor learning difficulties, but still require some level of special instruction and supervision. Indeed, he argues that such individuals 'can become, within their limits, productive and

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[5] David Stafford-Clark, *Psychiatry To-day* (Harmondsworth: Penguin, 1951), p.88.
[6] L.T. Hilliard, 'Historical and Legal' in *Mental Deficiency* by Hilliard, L.T. & Kirman, Brian H. (London: J&A Churchill, 1965), p.7.
[7] Brian H. Kirman, 'The Social Background of Mental Defect' in *Mental Deficiency* by Hilliard, L.T. & Kirman, Brian H. (London: J & A Churchill Ltd, 1965), p.56.

useful citizens.' Feeble mindedness is an interesting concept because of the subjective manner in which it was defined. While some individuals who were diagnosed with this disorder were deemed to require special care, Stafford-Clark admits that they were not always easy to spot, especially if they possessed some 'capacity for social adaptation in adult life.' For example:

> A mentally defective girl with a lick of lipstick, a flick of powder, and a cheerful fluency no matter how shallow or stereotyped, can often deceive potential employers and even magistrates into forming a considerable over-estimate of her basic intellectual powers. (Stafford-Clark 1951, 90)

Feeble-mindedness therefore became a flexible term which could be employed to describe problem family members who appeared to be intellectually unequal to the task of running a home and taking care of a family. Rather than disqualifying it as a meaningful diagnostic term, its subjective nature allowed it to become a common feature of descriptions of problem families, providing a flexible label which could be used in a number of contexts.

The term 'mental subnormality' was similarly employed to describe a wide spectrum of learning disorders, and was often used by investigators with little or no formal psychiatric training in their surveys of problem families. Ford et al are particularly guilty of this, as demonstrated by their collection of data regarding 104 problem families in the Southampton area (gathered between January 1952 and December 1953) which claims that 32 of these families included at least one member who suffered from some degree of mental 'sub-normality'. The subjective and rather informal manner in which this term was used is revealed by the measures they employed to define it. For example, in order for a father to be classified as subnormal, he must have either been certified under the Lunacy Act 1890, treated under the Mental Treatment Act 1930 or have been subject to an order under the Mental Deficiency Acts 1913-38. However, mothers are similarly identified if they satisfy the above conditions, or if they are…

> …known to the Health Department as being incapable through sub-normal intelligence of managing the household efficiently and who over

> varying periods have been given special assistance in coping with children, diet, family finances and other domestic problems. (Ford et al 20-1)

This decision to designate these as women 'sub-normal', despite their never having been medically certified, demonstrates the emphasis which the investigators of the period placed on traditional gender roles, implying that the label encompassed more than what we would now identify as learning difficulties. Indeed, this example suggests that the terms 'mental subnormality', 'high grade defect' and 'feeble-mindedness' could easily be invoked to explain behaviour which did not conform to established norms of gendered behaviour, especially those which surrounding the running of a family home. Ford at al justify this informal approach as a necessary consequence of the paucity of data regarding intelligence quotients of problem family members, bemoaning the fact that their investigators 'had no statutory power to make such tests.' (Ford et al 20) Yet, despite the difficulties involved in obtaining hard data, they maintain that an assessment of the mental capacities of problem family members is vital to any effort to change their behaviour:

> In practical social work the welfare officer, health visitor and social worker must necessarily make some rough judgment of the intellectual capacity of the parents in order to decide what kind of advice and instruction she can give, how she can give it, and how much will be understood and carried out. (Ford et al 9)

Properly estimating the intelligence of problem family parents was perceived as not only an essential means of informing the methods which should be used by social workers, but also of predicting whether or not such methods would be effective. Stevenson, for example, argues that when 'the mother is mentally defective, it will seldom…be possible to preserve the home.' (Stevenson 150) However, in his 1965 psychiatry work *Mental Deficiency*, L.T. Hilliard challenges the attitudes which underlie Ford et al and Stevenson's conclusions. He argues that:

> There are hundreds of thousands of persons in the community who have
> never been dealt with as mental defectives who are both less intelligent
> and also socially less efficient than many of the so-called high-grade
> defectives who have been certified under the Acts and detained for
> many years in institutions.[8]

Hilliard argues that the main factor that led to the of the certification of
'feeble-minded' people under the Mental Deficiency Acts and the 1959 Mental
Health Act 'was more often in the environment than in the individual'. He cites
a number of environmental contexts which increase the likelihood of an
individual being labelled as mentally defective, including: 'illegitimacy, poor
home conditions, inadequate education, unsuitable employment and, in the
case of females, the irresponsible activities of members of the opposite sex'
(Hilliard 429). Hilliard's observations regarding the importance of the
diagnostic environment demonstrates how the bias generated by this emphasis
on behavioural norms could have a significant impact on the conclusions of
researchers.

The other issue which is highlighted in texts regarding problem families is the
extent to which their members suffer from 'temperamental' or 'emotional'
instability. Like 'feeble-mindedness', these terms were flexible and could be
used to describe a range of behaviours. Stevenson draws attention to what he
describes as the 'pathological irresponsibility' of problem family members,
which manifests itself in an 'unwillingness to face up to difficulties'. He argues
that they 'are not merely disheartened', but that it 'no longer occurs to them to
visualise any improvement in their way of life.' (Stevenson 143) Problems in the
home that would be quickly dealt with by other families, including insanitary
living conditions and poor child behaviour, are merely ignored or tolerated. In
a similar vein, Stafford-Clark discusses what he terms 'psychopathic
personality', the most 'outstanding feature [of which] is emotional immaturity
in its broadest and most comprehensive sense.' This diagnosis is not limited to
problem families and encompasses many of the characteristics associated with
the non-productive poor in the post-war period:

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[8] L.T Hilliard, 'The Adolescent and Adult Defective' in *Mental Deficiency* by Hilliard, L.T.
& Kirman, Brian H. (London: J & A Churchill Ltd, 1965), p.429.

> These people are impulsive, feckless, unwilling to accept the results of
> experience and unable to profit by them, sometimes prodigal of effort
> but utterly lacking in persistence, plausible but insincere, demanding
> but indifferent to appeal, dependable only in their constant unreliability,
> faithful only to infidelity, rootless, unstable, rebellious, and unhappy.
> (Stafford-Clark 1951, 117)

Although Stafford-Clark presents 'psychopathic personality' as a psychological condition, he appears merely to group together a number of undesirable personality traits rather than offer a stable clinical description. As with the informal identification of problem family members as suffering from 'mental subnormality' or 'feeble-mindedness', assessments of personality which drew upon psychiatric discourse were strongly subject to the preconceptions of the investigators involved. Despite being presented through the seemingly objective terms of mental illness, 'temperamental/emotional instability' and 'psychopathic pathology' are little more than descriptions of behavioural tendencies which do not conform to prevailing norms.

It appears that identifying members of problem families as either mentally defective or temperamentally unstable serves two basic functions. The first is that it facilities deviance-pathology translation, allowing social issues, such as chronic unemployment or anti-social behaviour, to be reconceptualised as psychiatric problems which can be treated (in theory at least) through medical measures. This serves to legitimate the intervention of the welfare state into areas of life to which would have otherwise remained private, especially in cases where the undesirable behaviour in question is problematic rather than criminal. The second function is that by identifying inherent psychological traits as the cause of non-conformist behaviour, emphasis is placed on changing the individual rather than questioning whether or not welfare state measures are effective. Margery Allingham's 1963 novel *The China Governess*, provides an interesting example of this effect through its portrayal of Agnes Leach, who is described as a 'poor type…[n]ot imbecilic you understand, but a distressingly poor type.'[9] As such, she is seemingly unable to achieve financial independence, despite the best efforts of welfare workers:

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[9] Margery Allingham, *The China Governess* (Harmondsworth: Penguin, 1965), p.235.

'She's a type and has the usual long silly history. Shoplifting, soliciting, minor fraud. Our welfare people suffer from her. They get her job after job and each time she reforms completely for a couple of weeks until something else catches her attention and – whoops! She's flat on her kisser again.' (Allingham 201)

Conceptualising Agnes' problems through psychiatric terminology suggests that her chronic inability to maintain honest employment is due to inherent traits which cannot be significantly altered by welfare state interventions. This example will be considered in more detail later in this chapter in the context of post-war eugenic thought. However, for the time being it is worth noting that Allingham's portrayal of Agnes suggests that explaining deviant behaviour through ideas taken from psychiatric discourse must have had some currency in the cultural imagination of the early 1960s.

2.6. Psychiatric Explanations of Juvenile Delinquency

Post-war commentators were keen to link problem families with juvenile delinquency, either in terms of correlating poor behaviour with bad parenting, or in terms of the heritability of undesirable mental traits. Both Ford et al and Scott argue that delinquency is often the result of a home environment in which the shortcomings of the parents have an adverse effect upon the intellectual and emotional development of their children. Ford warns of the 'grave consequences' for the 'mental health' of children raised by problem families, which are 'generally recognized' as being the source of many 'duller delinquents'. (Ford et al 7) Moreover, he identifies 'mental inadequacy on the part of the parent(s), or what may be called moral insecurity' as a causative factor (Ford et al 22). Scott also argues that a disturbed home life can explain such behaviour, but includes additional data relating to the IQs of the children themselves to argue that learning difficulties may also play a role (Scott 1957, 18). As with the use of 'mental subnormality' and 'psychopathic personality' to explain the behaviour of problem families, the application of psychiatric explanations to juvenile delinquents implies that they are inherently different from other children, either because of parenting failures, or because of inherited character defects. These explanations cast delinquency as a form of deviant behaviour which could be explained through psychiatric discourse

rather than larger social factors such as the income inequality and educational disadvantage.

These perceptions of the effectiveness (and the appropriateness) of psychiatry in dealing with juvenile delinquency did not go unchallenged by fiction texts of the period. Anthony Burgess' *A Clockwork Orange* (1962) is set in a near-future dystopian Britain in which the streets have been surrendered to violent gangs of youths. These delinquents are thinly veiled representations of post-war teen subculture groups. Their eccentric dress combines elements which are clearly intended to intimidate (e.g. ostentatious cod-pieces and large black boots) with other aspects which parody the smart attire of a businessman (e.g. waistcoats with exaggerated shoulder-pads).[10] This subversion of clothing associated with conformist behaviour is a clear reference to the Teddy Boys of the 1950s and the Mods of the late 50s and early 60s. Their use of 'nadsat' (or 'youth speak') further confirms their non-conformist status, and echoes the separation of youth language and slang from standard English (again, reminiscent of 1950s/60s youth subculture). Alex, the novel's narrator and protagonist, leads his own street gang and is the ringleader of a number of robberies and physical/sexual assaults. His activities go largely unchecked for the first half of the novel, although his previous criminal record ensures that he is viewed with some suspicion by the authorities. As with Ford et al and Scott's non-fiction texts mentioned above, psychiatry is expected to explain the reasons for the plague of delinquency which is sweeping the country. However, in a conversation between Alex and his 'post-corrective advisor' P.R. Deltoid, it is clear that psychiatry is unable to offer a workable explanation.

> Then he [Deltoid] said, in a goloss of great suffering, but still rocking away: 'What gets into you all? We study the problem and we've been studying it for damn well near a century, yes. But we get no further with our studies. You've got a good home here, good loving parents, you've got not too bad of a brain. Is it some devil that crawls inside you?' (Burgess 1962, 32)

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[10] Anthony Burgess, *A Clockwork Orange* (London: Penguin Books, 1972), pp.5-6.

Alex finds such attempts to explain delinquent behaviour ridiculous, reflecting that 'this biting of their toe-nails over what is the *cause* of badness is what turns me into a fine laughing malchick.' He points out that the 'cause of goodness' is not questioned, 'so why the other shop?' Alex does not view his behaviour as an aberration of the norm, instead it is merely an expression of the fact that he has no interest in being 'good'. For him, 'If lewdies are good that's because they like it, and I wouldn't ever interfere in their pleasures, and so of the other shop.' Alex feels no need to explain his deviant behaviour, arguing instead that 'badness is of the self...and that self is made by the old bog or God and is his great pride and radosty.' An affection for violence is merely a product of his nature, and that no explanation is needed other than 'what I do I do because I like to do.' (Burgess 1962, 34)

Although it is evident that neither Alex nor psychiatric discourse is able to explain the underlying causes of his delinquent behaviour, Burgess makes numerous references to other potential causative factors. One example is society's increasing atomisation, which is reflected in urban housing projects and televised entertainment:

> It was like resting between the feet of two terrific and very enormous mountains, these being the flatblocks, and in the windows of all of the flats you could viddy like blue dancing light. This would be the telly. Tonight was what they called a worldcast, meaning that the same programme was being viddied by everybody in the world that wanted to, that being mostly the middle-aged middle-class lewdies. There would be some big famous stupid comic chelloveck or black singer, and it was all being bounced off the special telly satellites in outer space, my brothers. (Burgess 1962, 17-18)

Again, Burgess' dystopian future society offers an extrapolation of trends in British society which were becoming increasingly evident by the early 1960s. The references to television, high-rise apartment blocks and the technological promises of the space age, firmly place the novel in the context of post-war Britain. The consequence of these changes in housing and entertainment is an abandonment of traditional community structures, leaving Alex and his droogs to behave as they please. Their obsession with sex and violence is also

revealed to be a reflection of rather than an aberration from of the values of wider society:

> We could viddy from the poster on the Filmdrome's face, a couple of fly-dirtied spots trained on it, that there was the usual cowboy riot, with the archangels on the side of the US marshal six-shooting at the rustlers out of hell's fighting legions, the kind of hound-and-horny veshch put out by Statefilm in those days.' (Burgess 1962, 19)

State controlled popular culture, which Alex generally refers to with some disdain, panders to the unsophisticated taste of the masses, providing them with the violent and sexual spectacle to which they are clearly accustomed. Indeed, violence is present throughout the novel and is by no means restricted to the young. The police seem to relish the opportunity to beat and humiliate Alex when his is taken into custody and even elderly library patrons welcome the opportunity to administer summary justice at the first opportunity (Burgess 1962, 56 & 114).

By the end of the novel, Alex begins to grow weary of his delinquent activities and discovers with some surprise that he is 'growing up' (Burgess 1962, 147). Ultimately, he realises that his violent and anarchic impulses were nothing more than a product of his youthfulness, finding that they lessen as he reaches adulthood. Against a background of state sponsored brutality, the extent to which Alex can actually be considered 'deviant' is brought into question. Burgess implies that delinquent behaviour may simply be a response to social and cultural trends, both of his fictional dystopia and also of post-war Britain. In this respect, it appears that Burgess recognises what Donald J. West would later refer to as a crucial error in explanative accounts of delinquent behaviour:

> In the treatment oriented and psychologically dominant 1960s, however, the crucial errors lay in the working assumption that the problems of adolescence were essentially psychological, rooted in the nature of the youths themselves (or in young people's reactions to the stresses of adolescence) rather than in the nature of society...[11]

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[11] Donald J West, quoted in Peter Squires & Dawn E. Stephen, *Rougher Justice: Anti-social Behaviour and Young People* (Cullompton: Willan, 2005), p.54.

If this is the case, psychiatric explanations which assign social or constitutional factors causative significance are significantly undermined. Yet the impulse to explain Alex's delinquent behaviour with reference to psychiatric categories illustrates the utility of deviance-pathology translation. While *A Clockwork Orange* tacitly concedes that delinquency is primarily a reflection of society, the novel demonstrates the potential value of conceptualising such behaviour in pathological terms which warrant treatment. Indeed, when the state does eventually devise a treatment to address Alex's behaviour, it is an instrumental one which purports to 'cure' violent impulses, regardless of their cause. This will be examined in greater depth later in the chapter, but it is nonetheless apparent that deviance-pathology translation is useful in evaluating the potential utility of explaining deviancy through psychiatric discourse.

2.7. Eugenics, Problem Families and Juvenile Delinquency

Although it is commonly assumed that the British eugenics movement was largely confined to the first-half of the 20th century, there is considerable evidence to suggest that many of its key ideas endured until well after World War II. Daniel Kevles argues that C.P. Blacker, Secretary of the Eugenics Society between 1931 and 1961, helped to move British eugenics 'a sanitizing distance away from the right – particularly the pro-Nazi right' during the 1930s, a decision which contributed considerably to the survival of the movement.[12] One aspect of the society's post-war activities which is particularly relevant to this chapter was its involvement in discussions of the causative factors which led to the difficulties suffered by problem families. Following the publication of the *Our Towns* survey in 1943, which brought the term 'problem family' into popular use, the Eugenics Society attempted to harness the public interest generated by the 1943 *Our Towns* report by setting up the Problem Families Committee in 1947. Blacker edited the report of the committee's findings in 1952 under the title *Problem Families: Five Enquiries* (Welshman 1996, 452). The importance of the Eugenics Society in discussions of mental defect and problem families will be considered in more detail in the next section of this chapter. However, it is worthwhile to first address the manner in which eugenic

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[12] Daniel J. Kevles, *In the Name of Eugenics: Genetics and the Uses of Human Hereditary* (Cambridge, MA: Harvard University Press, 1995), pp.171-2.

thought shaped attitudes to problem families and juvenile delinquency, and also how such ideas played a role in the British cultural imagination.

Ford et al argue that heredity is a significant causative factor in the behaviour of problem families, and also a reason for their apparent reluctance to reform. They cite the work of Karl Pearson and Edgar Schuster (although they do not refer to specific texts):

> These [works] emphasized the great importance of biological inheritance; the deep-seated inherited characteristics which might account for the unsatisfactory character of these families were not to be got rid of by easy tampering with environment. Later work on mental deficiency and the measurement of intelligence has given sharper point to these contentions and once again suggested limits to social improvement by operating on the social environment. (Ford et al 2)

As with Stevenson's reservations regarding the extent to which problem families with mentally defective members could be reformed, Ford et al show a similar concern with the heritability of undesirable traits which are the apparent consequence of immutable genetic factors. They cite a 1938 study by Lionel Penrose (which they consider to reflect 'majority opinion') that attributes 29% of mental defect in the British population to heredity (Ford et al 4). Ford et al also show some interest in the use of sterilization and family planning in coping with the difficulties which were experienced (and generated) by problem families (Ford et al 10). Likewise, Stevenson is willing to identify heredity as not only the origin of some mental defect, but also of other personality traits which are reminiscent of his discussion of temperamental instability:

> There is steadily increasing evidence of the hereditary transmission of a certain mental liability which may manifest itself in psychoneurotic illness, in anti-social activities, in alcoholism or in a lack of forcefulness of character with a proneness to give up combating difficulties rather easily. (Stevenson 144)

Both texts are willing to attribute undesirable behaviour to genetic causes, thereby adding weight to their previous assertions that the behaviours displayed by problem families are inherent rather than determined by social factors. Stevenson even argues in favour of removing mentally defective parents from their homes, thereby preventing the conception of additional children (Stevenson 151). By contrast, Ford et al are rather more cautious, stating that while they theoretically advocate measures to prevent problem families from having additional children, 'the delicate moral issues involved' create obstacles to their implementation. A pertinent example is sterilization, which they argue is only practical in instances in which both husband and wife consent, and a doctor certifies the procedure as being advisable on health grounds (Ford et al 49).

While it is clear that eugenic thought drew upon psychiatric discourse to argue in favour of limiting the fertility of problem families, there is little evidence of it impacting upon official guidance or legislation. One notable exception to this was the practice of gender segregation in mental hospitals. In her history of Severalls Hospital in Essex, Diana Gittins observes that this practice was rooted in the early 20th century belief that 'any reproduction between "unfit" and "diseased" people who might perpetuate the wrong sort of people' should be forbidden (Gittins 99). While this attitude is not as pronounced after the Second World War, most wards remained segregated by gender until the 1970s (and a few remained so until the 1990s), even though the majority of patients were allowed to mix freely with each other during the day from the early 1960s onwards (Gittins 104-5). However, Russell Barton (Severalls' medical superintendent from 1960 to 1970) argued that such segregation was principally based on a desire to preserve the dignity of patients (especially in wards where patients used bedpans) (Gittins 105). In an interview with Gittins, Barton recounts the response he gave to a journalist who asked him whether or not he believed sex between patients was acceptable:

> 'No! Of course not – *all* sex should be stamped out! You know it's filthy as well as stupid!' But you have to be silly like that – and then of course they [the press] try to get you some other way.' (Gittins 105) (Her emphasis)

Chapter 2: Psychiatry

Barton's laudably dismissive attitude towards attempts at policing the sexual lives of his patients suggests that the importance of eugenic thought to psychiatric discourse declined significantly by the 1960s. This conclusion is supported by Brian H. Kirman (writing in 1965), who argued that statistical correlations which seem to imply a hereditary component in mental defect are rendered inaccurate by a 'strong selective bias favouring the classification of children of psychopathic parents as mentally defective' (Kirman 39). However, while it appears that eugenic thinking in psychiatry was largely limited to the first years of the post-war era, there is still some evidence of it enduring in fiction texts of the period.

Hereditary transmission of both physical and personality traits is a recurring theme in Allingham's 1963 novel, *The China Governess*. The story is centred upon Timothy Kinnit, a young man who has become convinced of the need to discover the identity of his biological parents before marrying his fiancée Julia Laurell. While his desire to understand his origins is partly due to an ontological crisis caused by the revelation that he is unrelated to his adopted parents, he is also concerned that his lineage may be harbouring 'Hideous things' such as 'Tendencies, weaknesses.' (Allingham 66) His concern is heightened when he is informed that, as a baby, he was evacuated during the Second World War from 'Turk Street', a notorious London slum (Allingham 82). As a result, Timothy resolves to identify his biological family before he marries Julia to put to rest his fears that he harbours undesirable genetic traits. Heredity not only drives this central plot aspect, but also provides the mechanism for the novel's conclusion. A number of characters remark upon the similarities between Timothy and Councillor Cornish. Julia comments on their physical likeness, but also their shared mannerisms (both men have a habit of pulling on their ear when embarrassed) (Allingham 156-7). Marion, the Councillor's wife, also observes their similarity of temperament:

> 'Do you know who he [Timothy] reminded me of? You at that age. No one was more opinionated than you were, or more oversensitive for that matter.' (Allingham 108)

These shared traits provide the clues which eventually lead to the discovery that Cornish is Timothy's biological father, a revelation that ensures Timothy

can marry, happy in the knowledge that he is not the carrier of undesirable hereditary traits.

This eugenic theme of shared family traits becomes relevant to criminality and juvenile delinquency in Allingham's depiction of Agnes and Barry Leach, both of whom display signs of inherited abnormalities. Agnes is identified as a 'simple defective' who belongs to a specific 'type', characterised by low intelligence, petty criminality, fecklessness and general laziness. Allingham describes Agnes as 'a bedraggled sprite of a woman with a slack mouth and huge vacant eyes, who yet managed to convey a hint of cunning,' further implying that her behaviour is the result of an inherited psychological affliction (Allingham 201-2). As discussed earlier, the best intentions of welfare workers are undermined by her general laziness and lack of personal responsibility, traits which closely mirror the character failings of problem families. Furthermore, Allingham makes it clear that Agnes has transmitted her mental shortcomings to her son Barry. In keeping with the eugenic logic found throughout the novel, his tainted heredity is displayed in both his physical appearance and in his behaviour. Councillor Cornish, while dismissing the suggestion that Barry is a 'mongol', states that he is 'not right' and, if anything, is 'damnnably intelligent' in some respects (Allingham 175). Barry's abnormality is manifested in delinquent behaviours, including petty vandalism and 'at least three knife attacks on girls who ought to have known better than to be out with him.' (Allingham 202) His physical appearance also implies some form of hereditary defect:

> The face that appeared was not reassuring. It was blunt and grey, the nose springing thick and flat from high on the frontal bone of the forehead, whilst his eyes were narrow slits of dark in a tight bandage of tissue. He was not a mongol but there was a deficiency of a sort there... (Allingham 224)

Allingham portrays him in bestial terms, describing his movements as 'sinuous' and his voice as a 'soft high whimpering noise' (Allingham 223). This theme is continued by Councillor Cornish, who talks about Barry's delinquent activities as 'if he was speaking of some strange animal for which he was responsible but which he could never hope to understand.' (Allingham 250) The implication

of the eugenic themes which run throughout *The China Governess* is that belief in the importance of hereditary traits was still very much apparent in the British cultural imagination in the post-war period. The genetic shortcomings of both Agnes and Barry are essential to the furthering of the novel's plot, and are therefore presented in a manner which assumes that the reader is likely to accept them without question. In effect, the deviant behaviour of the 'defective' Leach family is portrayed as being the result of inherited disorders which cannot be easily reformed by welfare state intervention.

Josephine Tey's 1948 novel, *The Franchise Affair*, makes similar assumptions about the validity of eugenic attitudes towards immutable hereditary traits. Betty Kane, a fifteen year old schoolgirl, accuses Marion Sharpe and her elderly mother of imprisoning her in their large country house and savagely whipping and beating her when she refuses their orders to carry out domestic duties. However, it transpires that she concocted the story in order to conceal a petty affair with Bernard Chadwick (a travelling businessman), and her injuries are the result of his wife's discovery of the affair. Despite Betty's innocent appearance and demeanour, Marion asserts that she is 'over-sexed' purely on the evidence of her 'opaque dark blue' eyes, which she considers to be an 'infallible' indicator of such a trait. Robert Blair, the lawyer enlisted to defend the Sharpes from Betty's groundless accusations, realises with some shock that his own experience supports Marion's claim.[13] Betty's precocious sexual appetite is later confirmed (albeit in euphemistic terms) by Chadwick himself (Tey 238). The linking of physical and psychological traits is echoed by Inspector Hallam, who believes that all people with eyes of a 'particular shade of baby blue' are 'Plausible liars, every one of them.' (Tey 43) While the association of blue eyes and unpleasant personality traits plays a very minor role in the novel's plot, it provides a background in which eugenic themes are prominent.

Mrs Wynn, Betty's adopted mother, appears to have been unable to inculcate her intelligence and selflessness into her foster-child. The Wynns cared for Betty after she was evacuated during the war and adopted her after her parents were killed during a bombing raid. It is made apparent that Betty takes after

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[13] Josephine Tey, *The Franchise Affair* (London: Penguin, 1951), p.36.

her biological mother, who had frequent affairs and was more interested in 'Having a good time' than she was in looking after her daughter. The owner of a tobacco shop opposite where the Kane's home once stood, recalls that Mrs Kane 'was tickled to death to have the child off her hands so she could go dancing at nights.' (Tey 79) Despite never really knowing her mother, it is made evident that Betty's selfishness and immoral sexual habits were inherited from her. Betty's greediness and self-centredness were apparent as a toddler, with Mrs Wynn observing that 'She cried because she didn't like the food, but I don't remember her crying for her mother.' (Tey 72) The early appearance of these undesirable character traits strongly implies genetic origins which the love and attention she received in the Wynn household were unable to counter. Blair believes that Betty's example could be used to undermine theories of personality development premised on environmental determinism, a particular preoccupation of the Bishop of Larborough who is a vocal supporter of her case throughout the novel:

> Even the Bishop of Larborough would find some difficulty in thinking up a case for her. His usual 'environment' hobby-horse is no good this time. Betty Kane had everything that he recommends for the cure of the criminal: love, freedom to develop her talents, education, security. It's quite a poser for his lordship when you come to consider it, because he doesn't believe in hereditary. He thinks that criminals are made and therefore can be unmade. 'Bad blood' is just an old superstition in the Bishop's estimation. (Tey 222)

Betty is an example of the hereditability of 'bad blood', resulting in behaviour which threatens to discredit and even imprison the innocent Sharpes in order to hide her misconduct. As with problem families, she possesses certain immutable and undesirable characteristics which cannot be altered through changes in environment (or the best intentions of well-meaning individuals).

As mentioned earlier in the chapter, the post-war eugenics movement had little direct impact upon governmental policy decisions, yet *The China Governess* and *The Franchise Affair* demonstrate a belief in the heritability of undesirable psychological traits which pervaded lay perceptions of psychiatric discourse. This is in spite of L. Crome's observation that, even by the early 1960s, 'the

decisive cause of mental defect is ascertainable in only a minority of cases.'[14] The degree of ignorance surrounding the causation of learning difficulties seems to have brought about a vacuum which was readily occupied by popular eugenic accounts. While it is perhaps not entirely surprising that Tey was happy to present heredity as a causative factor (given that *The Franchise Affair* was published in 1948), it is worth noting that Allingham continues to make a case for hereditary factors in mental defect as late as 1963 (and would again in her 1965 novel *The Mind Readers*). This demonstrates that eugenic ideas seem to have endured in popular fiction even after their decline in psychiatric discourse.

2.8. Diagnoses, Explanations and Class

From the examination of diagnoses and explanations for deviant behaviour presented in this chapter, it appears that social class plays a substantial role in the manner in which deviant behaviour was conceptualised in psychiatric discourse during the post-war period. As this chapter has already outlined, problem families were regularly informally diagnosed as suffering from some form of 'mental subnormality' or 'temperamental instability' by welfare workers. By contrast, members of the middle-classes were much less likely to be subjected to these kinds of diagnoses, even when they demonstrated non-conformist behaviour which might otherwise have been conceptualised as a form of deviancy. Lynda Coldridge, a character in Doris Lessing's 1969 novel *The Four-Gated City*, is described as being unable to conform to her role as a wife and mother. She is unable to tolerate being physically close to Mark, her husband, and on her return to the family home following a stay in a mental institution, she greets her son with a 'cool' smile, before remembering herself and kissing him on the cheek (a contrived sign of affection which freezes him 'in pain and embarrassment').[15] However, the relative wealth of Lynda's family ensures that her maternal shortcomings (a trait often associated with problem family mothers) never come to the attention of welfare workers. Instead, she is placed into the care of professional psychiatrists who attempt to make

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[14] L. Crome, 'Causes of Mental Defect – Prenatal' in *Mental Deficiency* by Hilliard, L.T. & Kirman, Brian H. (London: J & A Churchill Ltd, 1965), p.73. Crome cites research published in 1961 by J.M. Berg, who surveyed 800 mentally handicapped patients who were admitted to the Fountain Hospital, and found that 'specific aetiological factors or distinct syndromes could only be established in one-third of…cases.'

[15] Doris Lessing, *The Four-Gated City* (London: Grafton Books, 1973), pp.129-13.

sophisticated formal diagnoses of her symptoms rather than simply labelling her as suffering from some form of mental defect or temperamental instability (Lessing 204). Clearly, despite the welfare state's attempts to make healthcare available to all, class still played some part in defining the diagnoses available at any given time. However, the manner in which such diagnoses were made is rather more complex than this type of class-bias would initially suggest, and it is necessary to examine the interplay between psychiatry and social status in some depth before drawing substantial conclusions.

In a survey of case studies in the 1963 Edition of Stafford-Clark's *Psychiatry for Students*, the class background of each patient does not appear to have a substantial effect upon the types of diagnoses they receive. For example, Case No. 4, concerns a twenty-two year old woman described as 'a well-dressed but incompetently made up girl, with an open friendly manner, but very little tolerance or sustained effort, and no insight into her own difficulties.' Her inability to excel in school or settle into a steady job is explained through an intelligence test, which reveals that she has an IQ of just 68, placing her at the slightly higher end of the 50-75 range which Stafford-Clark associates with 'the feeble-minded, or high-grade defectives'. As such, she is described as 'clearly unable to contend with the standards of abstract comprehension... [required for]...the sort of career which she had stated she desired.' Yet, despite the links which Stevenson, Ford et al, and Stafford-Clark himself (in *Psychiatry To-Day*) make between below-average IQ and social inefficiency, the young woman in the case study comes from a decidedly middle-class family, with 'comfortably off' parents who own their own small business.[16] The lower end of the class spectrum is represented in Case Study No. 23, which describes a 'simple, kindly man' who had earned a living 'for some years as a bath chair attendant at a seaside resort.' Despite living an apparently normal life, he began to suffer from a delusion that his body contained a 'mildewed sack' which was 'instilling poison in his system.' He went on to develop an unusual set of bodily rituals which would allow him to empty the sack, thereby mitigating the ill effects of the poison. He is eventually diagnosed as suffering from 'simple schizophrenia' and he voluntarily admits himself to a mental hospital where his condition is 'controlled with phenothiazine and appropriate

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[16] David Stafford-Clark, *Psychiatry for Students* (George Allen & Unwin, 1964), pp.53-5.

supportive psychotherapy.' (Stafford-Clark 1964, 106-7) Such cases make it clear that diagnoses of mental deficiency were not the exclusive preserve of the poor, and that working-class people also (at least in some cases) could access services capable of providing sophisticated diagnoses.

These case studies illustrate that class was not necessarily, in of itself, a defining factor in post-war psychiatric diagnosis. However, other fiction and non-fiction texts of the period examined elsewhere in this chapter suggest that social background did have some influence. In order to explain the apparent bias of the system, it is necessary to examine the manner in which different groups utilised the welfare state, and also of the contexts in which diagnoses were made. Returning to the two case studies summarised above, the young woman in Case No. 4 appears to have escaped the attention of the psychiatric profession until the age of twenty-two, despite suffering from relatively severe learning difficulties. However, the reason for this appears to have rather more to do with her parent's financial means than any special personal qualities. For example, after leaving school she 'expressed a desire to look after young children', but subsequently failed to complete the nursery training provided by her local authority. As a result, her parents 'arranged private training in a private institution for young orphan children', but she was found unsuitable for the profession 'because she had tended to lose her temper easily, and occasionally to appear to descend to the children's own level of teasing and spitefulness.' (Stafford-Clark 1964, 55) In addition to her learning difficulties, the woman in question also appears to suffer from a level of 'temperamental instability' in keeping with Stevenson's descriptions of problem families discussed earlier in the chapter. However, despite possessing many of the undesirable characteristics which would mark her as deviant in a less well-off family, she is able to avoid both welfare state and psychiatric intervention for quite some time. The case study makes it clear that this is almost certainly the result of the relative wealth of her parents, and their willingness to assist their daughter in pursuing a career. In addition, they appear to have made an active decision to seek psychiatric help for their daughter after it became clear that their own abilities to help her had been exhausted. As a result, she avoided being labelled as deviant, and when the extent of her learning difficulties became apparent, she was 'happily settled into a factory making cartons, where her work was repetitive, simple and obvious.' (Stafford-Clark 1964, 55)

In this instance, the deviance-pathology translation process described earlier in the chapter never occurs due to the manner in which she comes to the attention of the psychiatric authorities. The superior financial resources of her parents ensure she doesn't present a problem to the welfare authorities, and state intervention (when it eventually happens) is invited rather than imposed.

The bath chair attendant in Case No. 23 similarly bypasses deviance-pathology translation, despite lacking the financial means of Case No. 4's family. The man in question, despite being 'unequipped for anything more than the simplest task' manages to avoid involuntary state intervention because he was able to earn a living and behave in an inoffensive manner. He only comes to the attention of the psychiatric profession after making 'a circuit of the local hospitals', requesting an operation to remove the poison sack which he believed was poisoning his body (Stafford-Clark 1964, 107). Like the young woman in the other study, his route into the medical system was non-coercive because his condition did not manifest itself in a publically obvious manner. In his case, it seems that his route into treatment is an important factor. By avoiding state scrutiny, he was given (more or less) direct access to qualified clinicians with proper psychiatric training, thereby gaining a proper diagnosis which took full account of his symptoms.

These cases reveal some of the finer distinctions which need to be made when considering the implications of class upon psychiatric diagnoses. It appears that, rather than class, it could be argued that whether or a person with a mental illness or learning difficulties is labelled 'deviant' may simply be dependent upon the manner in which they gain the attention of the welfare system. Both of the two case studies discussed earlier entered psychiatric treatment in a voluntary manner. Case No. 4 was protected by the relative prosperity of her parents and Case No. 23's condition was identified before it became severe enough to warrant coercive state measures. In the case studies offered by Stafford-Clark, and the examples of mental illness/learning difficulties in the fiction texts examined in this chapter, coercive state intervention only occurred in the event of socially disruptive behaviour (i.e. when public or semi-public behaviour deteriorates past a certain point). It is here that class seems to play a key role, generating situations in which learning disabilities become associated with limited material means. By

contrast, acute mental illness could result in coercive state intervention in people of all classes. In Case No. 26, Stafford-Clark describes how a 'prosperous builder aged forty-four' was compulsorily admitted to hospital after attempting to commit suicide. It transpires that the man was schizophrenic, and had developed a severe persecution complex after being refused a bank overdraft, resulting in 'his first serious business reverse in sixteen years of independent building.' (Stafford-Clark 1964, 108-9) In this instance, it is clear that middle-class status does not offer protection from the intervention of state psychiatry. However, relative prosperity is also not necessarily a prerequisite for a diagnosis of acute mental illness. Case No. 6 describes a twenty-four year old male prison inmate 'with eight previous convictions, whose present offence … was shooting at a policeman in the course of a housebreaking attempt'.' He is portrayed as being prone to 'destructive, impulsive, and wholly unprofitable outbursts', including leaping into a 'water tank while being allowed to take his exercise within the prison grounds.' On subsequent reflection he was able to 'discuss [these outbursts] with considerable insight' and was well aware that 'he upset not only himself but everybody else.' He was diagnosed as 'a classical example of the impulsive, aggressive, explosive psychopath', a conclusion supported by his 'E.E.G findings…and morphological state.' (Stafford-Clark 1964, 61-2) While it is notable that no mention is made of potential or attempted treatment methods, it is evident that low class status did not, at least in of itself, prevent people from receiving sophisticated psychiatric diagnoses.

Given these four case studies, which display no obvious correlation between types of diagnoses and class status, why were the less well-off more likely to be labelled as 'mentally subnormal' while their wealthier peers were more likely to be diagnosed as mentally ill? As summarised earlier, diagnostic context seems to be key. The creation of the welfare state gave rise to an increased level of surveillance which sought to identify socially disruptive behaviour. In the case of mothers who were identified as being of 'subnormal intelligence' due to their inability to properly manage their homes, it appears that this verdict was often decided by the representatives of government agencies rather than a qualified psychiatrist. Ford et al admit that the proper identification of mental subnormality should be based on 'at least a properly conducted intelligence test, and desirably a more comprehensive psychological

assessment.' However, as there was no 'reason why the members of…problem families should submit to [these tests] voluntarily,' investigators were usually dependent upon other methods, the most common of which seemed to be direct observation. (Ford et al 20)

This observational approach to the assessment of mental capacity is also apparent in the findings of *Problem Families: Five Enquiries*. The society enlisted the help of seven Medical Officers of Health (and their deputies) who had taken an interest in problem families, and covered five areas of varying size and social makeup (North Kensington, Bristol, West Riding, Rotherham and Luton) (Blacker 1952, 29). The survey aimed to discover why certain families were unable to achieve a relatively acceptable standard of living, as well as attempting to estimate how many such families lived in each of these areas. The investigators contacted twenty-six state and voluntary agencies in each area (including the Health Department, Education Department, the Police and the NSPCC) to ask if there were families which exhibited 'multiple social problems', such as 'fecklessness, irresponsibility, improvidence in the conduct of life, and indiscipline in the home' (Blacker 1952, 113). 379 families were eventually chosen for study, of which 74.2% were 'known' to two or more agencies (Blacker 1952, 46). The report's introduction makes it clear that the investigators began the survey with a set of working assumptions regarding the factors which generated the difficulties suffered by problem families. These were at least partly inspired by the findings of the Departmental Committee on Sterilization (generally referred to as the Brock Committee) which reported in 1934 and stated that 'low mentality and poor environment form a vicious circle.' (Blacker 1952, 12) Blacker goes on to note that problem families often display 'Mental backwardness, coupled with temperamental instability and sometimes with inebriety', and that these factors contribute to other 'conspicuous features', including 'intractable ineducability', 'squalid home[s]' and 'the birth of numerous and…unwanted children' (Blacker 1952,16-7). These assumptions are evident in both the types of data gathered by the survey and the conclusions which were drawn from it. Various datasets are presented, including the estimated intelligence of the husbands, wives and children in each of the 379 families sampled, as well as other information regarding the number of residents in each home and the agencies which had expressed concern about them (Blacker 1952, 59, 65, 76, 51 & 44). As with

Ford et al, the majority of the findings regarding intelligence (with the possible exception of the more severe cases of mental defect) are based upon the 'impressions of the investigators who while experienced and shrewd observers, are not psychologists versed in testing methods.' (Blacker 1952, 58) In a series of tables, each family member was rated as either 'N plus', 'N', 'N minus' ('N' being normal/average) or 'M.D' (mentally deficient). Wives fared rather badly in these datasets, with 66% being deemed as 'N Minus or M.D.', in comparison with 51% or husbands and 39% of children (Blacker 1952, 65, 59 & 76).

It is apparent from the thirty-five sample case studies cited in the report that observers often relied upon physical appearances, informal interviews and the state of the home when deciding whether or not a given family member may be of below average intelligence. For example, 'Mrs. G.', who is identified as being of 'sub-normal intelligence', is described as being 'Very dirty in person' and an 'incompetent housewife and mother' who is 'Incapable of preparing a decent meal for [her] children.' (Blacker 1952, 95) Another table, which rates the physical appearance of the housewives (again, as assessed by the health visitor) as being either 'Normal', 'Below Par' or 'Ill', reports that 66.3% of the women surveyed appeared 'below par or ill', a figure which correlates almost exactly with the 66% who were described as being either mentally subnormal or deficient (Blacker 1952, 63). It is clear that the methodology employed by the survey generated a strong gender bias in intelligence assessment, with women being significantly more likely to be identified as intellectually subnormal. This discrepancy may be at least partly explained by the survey's use of health visitors to gather data, who based much of their conclusions on direct observation. Although interviews were carried out, the investigators were often suspicious of the accuracy of the accounts given by problem family members. Blacker observes that 'problem families are poor informants; the particulars they give about themselves are often seriously untrustworthy'. In addition, not all of the agencies approached by the investigators were willing to participate in the survey, as they 'regarded the information at their disposal as confidential', complicating the data gathering task yet further (Blacker 1952, 32). Out of the twenty-six agencies, only three (the Health Department, the Sanitary Inspector and the NSPCC) took part in all five enquiries (Blacker 1952, 45). Several organisations were notable for their unwillingness to provide data,

such as the Police, Relieving Officers and the Marriage Guidance Council, which cooperated in only a minority of the areas (Blacker 1952, 44).

As a result of the perceived unreliability of family members and the inconsistent cooperation of state and voluntary agencies, direct observation plays a central role in all 35 of the sample case studies Blacker provides. Given that gender expectations of the period demanded that housewives be competent homemakers, it is unsurprising that a shortcoming in this area could be interpreted as a sign of subnormal intelligence (especially in instances where other data was incomplete or considered unreliable). By contrast, male heads of household were generally evaluated in terms of vices and their competency as breadwinners. Out of the thirty-five studies, twenty-one make at least one direct reference to irregular employment (either due to sickness, laziness or poor temperament), and twelve allude to alcoholism, gambling or criminality (or a combination of the three) (Blacker 1952, 92-111). These differences in emphasis indicate that evaluations of competence were heavily contingent upon gender expectations of the period, with women being judged upon their homemaking abilities and men on their breadwinning capacity. This distinction is reflected by the O'Brien Family in Buchi Emecheta's 1972 novel *In the Ditch*. Mrs O'Brien is clearly ashamed that her husband is unemployed, confiding the information to Adah 'in a tone used by people caught stealing.' She is also aware that her social worker 'would raise hell' if they found out that she sometimes leaves her children unattended in her flat while she goes shopping. [17] In effect, the problem status of the family is the result of their shared inability to conform to social norms, but the norms that they violate are defined by their gender.

In the various fiction and non-fiction texts which have been examined throughout this chapter, it seems probable that the working-class poor were more likely to be given informal diagnoses of 'mental defect' or 'temperamental instability' because of the surveillance methods which were used to observe family life. Blacker's survey of problem families, while not a state sponsored enterprise, utilised the expertise of state employed Medical Officers of Health and their various subordinates (most often health visitors).

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[17] Buchi Emecheta, *In the Ditch* (London: Pan Books, 1973), pp.51-2.

The survey demonstrates the apparent acceptability of state intervention within the domestic sphere, even if such an activity was not always met with enthusiasm by the families involved. Indeed, Blacker bemoans 'the frequently poor intelligence and the unwillingness to co-operate of the housewife and the head of the house.' (Blacker 1952, 33) However, the amount of data which his investigation was able to gather, much of which is of a rather personal nature, demonstrates that a substantial number of families were willing to discuss their domestic life with investigators. Moreover, despite the lack of assistance offered by a number of the agencies, some of which (at least in Blacker's opinion) felt that the survey 'reflected somehow on the work of their own personnel', those that did cooperate were instrumental in the identification of the families which were then investigated (Blacker 1952, 32).

As the thesis introduction outlined, information gathering mechanisms were vital to biopolitical state governance because they produced the data which helped to define social norms. This concern with data gathering was most intense in cases where families displayed behaviour which violated these social norms, leading to problem families becoming subjected to surveillance from a number of state and state-allied organisations, including the Education Department, the Health Department, health visitors and the NSPCC. In the most benign sense, it could be argued that this surveillance was necessary to assessing the nature of the needs which the welfare state was obliged to meet. Some problem families may well have welcomed the presence of welfare workers, especially if they were unaware of the types of welfare assistance which was available to them, or found it difficult to negotiate the inevitable bureaucracy which accompanied it.[18] However, in the case of problem families (certainly in the late 1940s and early 1950s), the growing acceptability of having the state play an active role in household life could provide additional avenues through which they could be subjected to regulatory interventions legitimated by psychiatric discourse. For example, Ford et al suggest that problem families who are 'difficult and psychopathic in temperament' require their case worker to form close links with the 'Mental and Child Guidance Clinic.' While they maintain that the children of these more difficult families

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[18] *In the Ditch* provides a particularly vivid exploration of the often ambiguous relationships which could exist between welfare workers and problem families. This subject is considered at length in the following chapter.

'should grow up in their own homes rather than the council's homes,' there are nonetheless 'hopeless cases where the interests of the children demand that they be fostered-out with adults who can be better parents to them than their own.' (Ford et al 50-1)

As mentioned earlier in the chapter, the types of diagnosis which were available to individuals were contingent upon the manner in which they gained the attention of the psychiatric system. Those who requested treatment (or were taken to doctors by their families) were more likely to be given a sophisticated diagnosis which took full account of their symptoms. Likewise, people suffering from acute cases of psychosis, as seen in a fiction context in Bernice Rubens' *The Elected Member* (which will be examined in the following section), were likely to be swiftly admitted into a hospital or asylum where they were able to gain access to a proper clinical diagnosis. However, problem family members presented a midpoint between these two extremes. By definition, their difficulties were chronic rather than acute and thereby not directly under the auspices of asylum or hospital psychiatry. This created a gulf in which the diagnostic labels derived from psychiatric discourse could be applied to individuals who, despite exhibiting behaviour which did not conform to social norms, would not be traditionally considered to be mentally ill. Pre-existing assumptions about the underlying causes of problem families, coupled with a reliance upon the observations of non-psychiatrically trained health visitors, created a context in which the failure to achieve socially accepted norms of behaviour became synonymous with mental inadequacy.

2.9. Managing Deviance

The chapter so far has examined a selection of the psychiatric models which were used to explain deviant behaviour. While some of the implications of explanatory accounts which appeared in the period have been discussed, it is also necessary to investigate the methods used to manage non-conformist behaviour. The choice of the term 'manage' is deliberate. The tension between treatment and containment of people with mental illness is considered by Anne Rogers and David Pilgrim, who argue that the 'aims of the mental health industry require careful consideration.' For example, they ask if the primary objective of mental healthcare is to cure or ameliorate the symptoms of mental illness, or instead to control 'the disruptive, burdensome, anxiety-inducing or

threatening behavioural outcome of psychological abnormality?' They assert that 'the mental health industry has always been in large part a site of coercive control', a supposition which they support with their examination of legislation since 1801, through which the state was gradually given powers to contain and regulate the mentally ill (Rogers & Pilgrim 184-5). This argument is lent further credence by the unreliability of the treatment methods available in the post-war period and the somewhat haphazard manner in which these were sometimes applied. Gittins describes the treatment of long-term patients during the 1950s at Severalls as being based on a 'trial-and error approach that had little basis in "scientific" rigour'. She cites the case of one young man who underwent a combination of ECT, deep insulin coma, methadone abreaction and psychoanalysis between 1952 and 1958. Gittins observes that these various treatment regimes were not only ineffective, but also that at least one psychiatrist who recommended an additional course of insulin therapy 'took almost no note whatsoever of the previous failures of other treatments.' (Gittins 208-9) The manner in which these treatments were handled strongly implies that they were intended to manage the patient's behaviour rather than bring about a lasting improvement in their condition. This tension between containment and treatment is also apparent in the strategies used to deal with problem families. Non-fiction accounts which describe the attempts of welfare workers to bring about lasting changes in these families frequently warn of the high failure rate of such efforts. For example, after providing four brief examples of cases in which problem families have made significant improvements in their behaviour following state interventions, Ford et al make the following observation:

> ...it is not to be expected that the authority's efforts would always be rewarded by even partial success: if indeed that were so, it would need only redoubled efforts to reduce the problem to small proportions. But human nature is fragile and not always dependable and sometimes no progress at all seems to be possible: no way of breaking into the vicious entanglement has yet been found... (Ford et al 43)

Ford et al then go on to cite a further eight cases of families which persisted in their non-conformist behaviour, including bad housekeeping, inadequate childcare and irregular employment, despite the local authority providing

assistance in terms of housing and furnishing (as well as more coercive measures such as household supervision) (Ford et al 43-6). Although it is apparent that some interventions were at least partly successful in bringing about lasting change, this emphasis upon the high probability of failure suggests that such efforts were primarily attempts to contain and limit the disruptive effects of deviant behaviour. As with psychiatry's attempts to treat mental illness, accounts of the welfare state's attempts to reform problem family behaviour suggest that management (rather than cure) was the primary goal. The following section will examine how psychiatry was utilised to contain the disruptive effects of deviant behaviour, often at the expense of other approaches intended to make deeper and more lasting changes.

As mentioned earlier in the chapter, fiction and non-fiction texts of the period have wildly different estimations of the ability of psychiatry to properly explain and diagnose mental illness. This gulf is also reflected in regard to the effectiveness of treatment and the extent to which it could be considered humane. A key example is provided by Rubens' 1969 novel *The Elected Member*, in which the central protagonist, Norman Zweck, is forcibly committed to mental institution. Norman suffers from severe psychosis (caused by amphetamine addiction), a recurring aspect of which is his belief that he is surrounded by silverfish, driving him to relentlessly clean and disinfect his bedroom.[19] After his family finally become overwhelmed by this behaviour, Mr Angus (a Medical Officer of Health) is sent by the authorities to take him into care. Mr Angus' reflections reveal that he is all too aware of the unpleasant nature of this responsibility:

> He had comforted the stunned parents, or the weeping wives and children. By standing in front of doors, and wooing them with gentle lies, he had sincerely tried to camouflage the hideous paraphernalia of putting people away. (Rubens 30)

This contradictory blend of barbarity and humanity continues as Norman is driven to the hospital, accompanied by his father (Rabbi Zweck), and Mr Angus.

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[19] Bernice Rubens, *The Elected Member* (London: Abacus, 2010), p.13.

While Mr Angus is not portrayed as a naturally vindictive man, he prevents Norman from escaping the car in an unsettlingly brutal manner:

> He [Rabbi Zweck] watched helplessly as Mr Angus succeeded in felling Norman to the floor. Then Mr Angus sat back on his seat, and rested his two legs over Norman's body like a conqueror... He brushed down his suit with some annoyance, pressing his foot on Norman's stomach. 'Now shut up,' he said. 'You've been enough trouble already.' Even for those who dealt professionally with the mad, madmen had sinned, and were to be punished. (Rubens 36)

While it is clear that Norman's behaviour has become too extreme for his family to properly manage, and that Mr Angus has little choice other than to physically restrain him, the triumphant note in Rubens' description reflects the acceptability of employing force to police the conduct of the mentally ill. Norman's unruly behaviour has rendered him deviant, and the violence with which his behaviour is supressed is explicitly linked with the notion of punishment. The hospital itself is located in at the end of a 'narrow county lane, with no signs of habitation on either side', its isolated location clearly having been chosen with the intention of segregating its patients from the rest of society. The drive through the empty countryside provides 'a foretaste of the greater quarantine' which Norman is to be subjected, thereby not only continuing the running theme of punishment, but also reflecting the perceived desirability of containing mental illness (Rubens 87). Rubens' description of Norman's entry into institutional life illustrates the divide between official rhetoric and popular perceptions of the treatment of mental illness in the post-war period. Stafford-Clark states in 1964 that the task of clinical medicine 'is simply the relief of human suffering', yet the events which take place in *The Elected Member*, published five years later, make it apparent that psychiatric treatment retained the preoccupation with containment and control which had characterised its operation in the previous century (Stafford-Clark 1964, foreword).

In the fiction texts which are covered in this chapter, state-funded psychiatric treatment appears to be primarily concerned with pharmaceutical behaviour management. The increased number of sophisticated psychoactive drugs which

became available to psychiatrists during this time can be seen in the differences between the first, second and third editions of Stafford-Clark's *Psychiatry To-Day*. These three editions were published throughout the post-war period (1951, 1963 and 1973 respectively) and studying the differences between them provides some insight into changes and continuities in psychiatry. The 1951 edition discusses the use of amphetamines and sedatives in treatment, and also of Antabuse (which alleviates the symptoms of withdrawal in alcoholics) (Stafford-Clark 1951, 190-3). This is followed by a significantly longer section which details the administration and purpose of physical treatments, such as electroconvulsive therapy, insulin coma, and basic neurosurgery (Stafford-Clark 1951, 193-7). The 1963 edition includes an expanded list of medications which had become available in the previous twelve years, including tranquilizers, 'anti-excitement and anti-confusional preparations' and anti-depressants.[20] (Stafford-Clark 1963, 193-7). His discussion of physical treatments is also shorter than it was in the previous edition, with Stafford-Clark noting that 'insulin treatment is now, however, essentially of historical interest only' (although it should be noted that it continued to be used at Severalls until 1958) (Stafford-Clark 1963, 203-4 & Gittins 197). The only notable change in the 1973 edition is a mention of the potential of lithium as a 'mood-regulator.'[21] While physical methods were not completely removed from the repertoire of psychiatric medicine during this period, it is evident that pharmaceuticals became increasingly important. However, despite Stafford-Clark assertion that these drugs could have curative effects, their portrayal in fiction texts suggests that their principal purpose was behaviour management.

The portrayal of institutional life in *The Four-Gated City* is characterised by this use of drugs to ensure patient cooperation. The sparkling cleanliness of the 'glittering corridors' is unable to obscure the 'unmistakable atmosphere of the mental hospital, where everything is in slow motion.' (Lessing 329) The clean and pleasant exterior of the hospital apparently attempts to divert attention from the fact that behaviour of the patients is strictly controlled with pharmaceuticals:

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[20] David Stafford-Clark, *Psychiatry To-day 2nd Edition* (Harmondsworth: Penguin, 1963), pp.193-7.
[21] David Stafford-Clark, *Psychiatry Today 2nd Edition (Revised)* (Harmondsworth: Penguin: 1973), p.200.

> Drugged, slowed people: as if they had entered a watery dream world,
> and moved there in a different dimension, hypnotized. (Lessing 329)

When Lynda refuses to take the medication she is prescribed, she is threatened
with incarceration in 'Abandon Hope', the nickname of the hospital's secure
wing, housed in 'barracky prison buildings.' (Lessing 329-330) It is clear that
drugs are a compulsory element of life in the institution, a policy which Lynda
believes to be a deliberate effort to sap the will of the patients:

> 'I had forgotten what it was like to be full of muck [drugs] all the time. I
> kept thinking, what's the use, I might as well take them. But when I got
> back in here I started in again then I realized how different I was. You
> don't have any *will*, you don't want anything, you just want to sit about.'
> (Lessing 331, her emphasis)

This use of medication to prevent disruptive behaviour is paralleled in *The
Elected Member*. Rubens describes the nurses as 'tranquiliser trolley pushers
who hourly plied their rounds of the beds, doling out substitute illusions, or
oblivion.' (Rubens 33) As such, it is evident that drugs are perceived as a
means of control rather than cure. This seems to be at least partly in keeping
with Gittins' observation that:

> The pharmacological revolution has resulted in a major shift in the use
> of space, essentially transforming the control of hospital space, and
> control *by* hospital space, into control of patient body space by chemical
> means. (Gittins 27, her emphasis)

In the interests of balance, it is perhaps worth noting that such a transfer of
the space of control could often have positive effects upon the patients
involved. Psychiatrists in Severalls had some success with chlorpromazine
(marketed in Britain as Largactil) which reduced the severity of psychotic
symptoms in many patients. Even though it 'did not turn out to be quite the
cure originally hoped', it did allow 'a more relaxed regime to be put into effect
in hospital wards', thereby bringing about the 'possibility of gentler, more
humane treatment for patients' (Gittins 212). However, despite the potential

that pharmaceuticals offered, Lessing and Rubens' novels suggest that such capabilities could only be realised if they were used for something more productive than behaviour management alone.

This gulf between psychiatric rhetoric and fictional representations also applies to physical methods of treatment which, as briefly mentioned earlier, were a key aspect of psychiatric medicine in the early post-war era. Electroconvulsive therapy (or ECT) is of particular interest due to its widespread use in treating a number of conditions throughout this period (it is still used in the UK and much of the world to alleviate the symptoms of severe depression). Stafford-Clark's portrayal of ECT is unsurprisingly positive, and he states that the administration of an anaesthetic ensures that 'the patient recovers consciousness with no knowledge whatever of the procedure' (Stafford-Clark 1951, 195). He also lauds its effectiveness:

> This effect is quite remarkable, and the nature of the relief accorded can be spectacular when a tormented, agitated, weeping, suicidal patient is transformed into a calm, vigorous, active, and happy person. (Stafford-Clark 1951, 196)

However, Lessing challenges this happy depiction of ECT, adding it to a list of tortures which also includes 'solitary confinement, ice baths, and forcible feeding.' (Lessing 539) This evaluation is supported by Gittins' finding that 'no muscle relaxants…were given for ECT at Severalls until 1956' (Gittins 197). Administering such a treatment without the use of muscle relaxants made the experience needlessly unpleasant for the patient and significantly increased the likelihood of injury during the convulsions which the treatment created. Lessing argues that the tortures she describes in *The Four-Gated City* were carried out so that individuals who display deviant behaviours were 'forced into conformity' through their subjection to 'every kind of degradation, moral and physical'. These procedures are eventually replaced with 'drugs which deprived the victims of their moral stamina and ability to fight back.' (Lessing 539-40) As with portrayals of psychoactive medication (and the effectiveness of psychiatric treatment generally), the gulf between fiction and non-fiction representations is significant.

Chapter 2: Psychiatry

Both Rubens and Burgess explore the tendency of psychiatric medicine to seek instrumental solutions to problems, rather than addressing their underlying factors. Norman is able to find a new supply of amphetamines, thereby maintaining his addiction and psychosis. In the novel, the main treatment for amphetamine dependence is a two-week sedation which gives the drug enough time to leave the patient's body, thereby alleviating psychotic symptoms (Rubens 141). While this is administered successfully, the root causes of Norman's behaviour (i.e. why he began abusing stimulants in the first place) are left largely uninvestigated by his psychiatrists. Throughout the course of the novel, a number of situations and events are revealed which may have led to Norman's addiction, including the suicide of his friend David, the eccentricity of his mother (who lies about his age to make him appear to be a child prodigy), and an incestuous encounter with his sister while they were teenagers (Rubens 141, 156 & 89). Although Norman is eventually able to discuss David's death with a psychiatrist, he is 'acutely disappointed with the whole session,' and is thereby unable to achieve the sense of closure which he craves (Rubens 156). While Rubens portrays therapy as a potentially rewarding treatment, it is inadequately applied by the hospital, which seems to be more preoccupied with managing the behaviour of the patients with sedatives than achieving lasting cures.

The use of instrumental solutions to ameliorate deviancy is echoed in Burgess' *A Clockwork Orange*. Alex, the novel's young delinquent protagonist, is subjected to 'Ludovico's Technique', a fictional treatment premised upon Pavlovian conditioning which is designed to kill the 'criminal reflex' (Burgess 1962, 78). In order to gain a reprieve from his prison sentence, Alex agrees to undergo this 'reclamation treatment', which entails him being shown films depicting scenes of extreme violence while under the influence of drugs which induce severe nausea. By creating an association between violence and physical discomfort, Alex is conditioned against acting upon his delinquent impulses. Dr Brodsky, the psychiatrist who oversees the treatment, is pleased with the results, commenting:

> 'Our subject is, you see, impelled towards the good by, paradoxically, being impelled towards evil. The intention to act violently is accompanied by strong feelings of physical distress. To counter these

the subject has to switch to a diametrically opposed attitude.' (Burgess 1962, 99)

Perhaps the most striking aspect of the reclamation treatment (aside from its obvious brutality) is the manner in which it compromises Alex's free will. The prison chaplain vocally opposes the use of Ludovico's technique on ethical and religious grounds, arguing that while Alex 'ceases to be a wrongdoer', he also 'ceases…to be a creature capable of moral choice.' However, the response of Dr Brodsky and the Minister of the Interior makes the instrumental rationale of the treatment plain:

> 'These are subtleties,' like smiled Dr Brodsky. 'We are not concerned with motive, with the higher ethics. We are concerned only with cutting down crime-'
> 'And,' chipped in this bolshy well-dressed Minister, 'with relieving the ghastly congestion in our prisons.' (Burgess 1962, 99)

As with the use of pharmaceuticals in mental hospitals discussed earlier in the chapter, Ludovico's technique internalises the space of control. Instead of having his behaviour policed by the physical restraint of prison, Alex is forced to internalise state control. He acknowledges this change in metaphorical terms, likening the sudden appearance of pain and nausea to a 'detective that had been watching round a corner and now followed to make his grahzny arrest.' (Burgess 1962, 100) While the treatment makes no attempt to address the underlying roots of Alex's delinquency, it is chillingly effective at ensuring his conformity. Not only does his conditioning prevent him from perpetrating violence against others, it also ensures that he is unable to harm himself when he rebels against the treatment. His desperation to avoid its continuation leads him to attempt to beat himself unconscious ('I tried to defeat the bastards by crash crash crashing my Gulliver against the wall'), but even this violence against himself culminates in feelings of sickness and exhaustion (Burgess1962, 99).

As with the 'glittering [hospital] corridors' portrayed in *The Four-Gated City*, the clinical setting of Alex's treatment initially obscures the brutality of the methods which are used to create conformity (Lessing 329). When he first

arrives at the treatment facility, Alex is delighted with his 'very nice white clean bedroom', and the replacement of his prison uniform with a 'really beautiful set of pyjamas'. He even enjoys 'a real horrorshow inner smeck' at what he considers to be his successful escape from incarceration (Burgess 1962, 77). However, after being strapped into a chair and having his eyes pinned open, the pain and nausea which is created by the viewing of violent imagery (combined with sickness inducing drugs) eventually causes him to scream for mercy:

> 'Stop the film! Please, please stop it! I can't stand any more.' And then the goloss of this Dr Brodsky said:
> 'Stop it? Stop it, did you say? Why, we've hardly started.'
> And he and the others smecked quite loud. (Burgess 1962, 84)

It becomes apparent very quickly that Alex has merely exchanged one form of imprisonment for another, a point driven home by his realisation that his pleasant private room has 'bars on the window' and a locked door (Burgess 1962, 99) Indeed, his new confinement is premised upon a far more brutal notion of reform than the overcrowded prison he left, and the laughter of Dr Brodsky and his colleagues betrays the manner in which they enjoy the torturous methods of his treatment. In his autobiography, *You've Had Your Time*, Burgess argues that *A Clockwork Orange*'s central theme is 'brainwashing', a notion which is echoed by his desire for the novel itself to become a 'brainwashing device'. This refers to his integration of Russian vocabulary into the 'nadsat' dialect employed by Alex and his delinquent friends. The reader of the novel becomes the subject of 'an exercise in linguistic programming' which would result in the subconscious acquisition of 'minimal Russian'. On these grounds, Burgess would resist the request of publishers to include a nadsat glossary with the novel, as such a resource would 'disrupt the programme and nullify the brainwashing.' Instead, the reader becomes responsible for identifying the meanings of unfamiliar terms through context, thereby unknowingly participating in an active learning regime. Burgess also found that certain aspects of Russian language lent themselves to the theme of brainwashing, observing that the lack of distinction between the words for leg and foot (both '*noga*') or hand and arm (both 'ruka') would 'turn my horrible young narrator into a clockwork toy with articulated

limbs.'[22] In the novel itself, the notion of a clockwork being is first expressed by F. Alexander, in a polemical text which argues against the use of conditioning in penal reform. He writes that:

> The attempt to impose upon man, a creature of growth and capable of sweetness, to ooze juicily at the last round the bearded lips of God, to attempt to impose, I say, laws and conditions appropriate to a mechanical creation, against this I raise my sword-pen... (Burgess 1962, 21)

This image of an organic entity imbued with divine properties (most notably that of free will) being made subject to 'mechanical' forces (i.e. those of material science) foreshadows the use of Ludovico's technique on Alex. The metaphor of the clockwork image demonstrates both the potential and limitation of science to change behaviour by drawing a Cartesian distinction between the embodied nature of human existence, and the apparently inexplicable experience of consciousness. Alex's antisocial behaviour can be reformed through brainwashing, but this change operates at a superficial bodily level, signalled by the manner in which aversion to violence is manifested through bodily sensations of pain and nausea.

Despite the fact that Alex's treatment is clearly premised upon the superimposition of artificial impulses to regulate his behaviour, the language employed by the advocates of Ludovico's technique is that of curative medicine and the restoration of 'natural' responses to violence. When Alex asks Dr Branom why he is experiencing unpleasant sensations during the treatment, he is told that

> 'What is happening to you now is what should happen to any normal healthy human organism contemplating the actions of the forces of evil, the workings of the principle of destruction. You are being made sane, you are being made healthy.' (Burgess 1962, 86)

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[22] Anthony Burgess, *You've Had Your Time* (London: Heinemann, 1990), p.38.

Conformity with social expectations, in this case the association of violence with negative sensations, is directly associated with 'health'. Dr Brodsky argues that Alex will be 'cured' 'when…[his]…body reacts promptly and violently to violence…without further help from us, without medication' (Burgess 1962, 92). Essentially, the restoration (or rather, creation) of Alex's 'health' can only be accomplished by fully transferring the space of control to within his body. As a result, his conduct (and therefore his conformity) will be policed by his bodily reactions rather than the disciplinary mechanisms of the state. As with Ford et al and Blacker's investigation of problem families, antisocial behaviour in *A Clockwork Orange* is conceptualised in terms of disease which needs to be cured, and this approach seems to be the product of the apparently inexplicable nature of the issues involved. While Ford et al and Blacker carried out empirical research which sought to explain why certain families displayed antisocial characteristics (albeit in terms of factors which were subsequently rejected by psychiatrists such as Hilliard), *A Clockwork Orange* portrays a future in which potential explanations are offered for behaviour which violates social norms, but none of which seem to offer a solution which the state finds acceptable. Ludovico's technique is offered as an alternative to what Dr Brodsky describes as the 'unprofitable punishment' of imprisonment, which is unable to offer lasting reform and instead teaches 'the false smile, the rubbed hands of hypocrisy, the fawning greased obsequious leer.' (Burgess 1962, 97) In practice, Ludovico's technique does not provide an explanation for delinquency, but instead promises something rather more useful to the state: a workable instrumental solution. Like Norman's sedation in *The Elected Member*, and the use of pharmaceuticals in *The Four-Gated City*, psychiatry is portrayed as merely a means of controlling behaviour rather than as a complete solution to the 'diseases' it purport to treat.

2.10 Preventative Measures

So far, this chapter has discussed a selection of the diagnostic categories and explanatory strategies which were used in the post-war period to conceptualise and contain certain forms of deviant behaviour. The implications which these conceptualisations had regarding conduct management and treatment have already been touched upon. However, it is also worth examining some of the ways in which psychiatry hoped to prevent the non-conformist behaviours associated with problem families, as these reflect the welfare state's

preoccupation with using surveillance as a means of ensuring conformity to social norms.

Stafford-Clark, writing in the 1951 edition of *Psychiatry To-day*, charts the rise of 'mental hygiene' in the years following the First World War, although its origins date back to the early 19th century. He describes the term as 'embracing the principles of care and prevention of mental illness and the preservation of mental health.' (Stafford Clark 1951, 206) He argues that every 'approach to the preventative aspect of psychiatry tends logically and inevitably to focus attention upon the health and happiness of children.' (Stafford-Clark 1951, 210) He states that this 'attention' should take the form of psychiatrically informed social work, the practitioners of which should intervene in cases in which young children demonstrate certain behavioural problems. These include 'bed-wetting, nail-biting, temper tantrums, breath holding…[and]…screaming fits' (Stafford-Clark 1951, 213). While Stafford-Clark does not make an explicit link between problem families and child psychiatry, it is evident that this emphasis on the welfare of children is a persuasive argument in favour of welfare state intervention in such cases. Furthermore, he asserts that identifying young children with behavioural disturbances (and then taking appropriate action) will help prevent them from becoming criminals in later life.

> At the preventative stage research is needed, and can be planned to relate the disturbances of childhood behaviour and family life to actual law-breaking. The general connexion has already been established and is virtually unassailable. (Stafford-Clark 1951, 220-1)

Psychiatry is viewed by Stafford-Clark as having the potential to inhibit delinquent and criminal behaviour before it is fully developed, thereby avoiding the social problems which they would otherwise cause. However, it is clear that this method has some privacy implications, essentially sanctioning the intervention of welfare state personnel into the lives of individuals and families who have not committed any form of crime and do not pose a direct threat to themselves or others. Stafford-Clark does not demonstrate much concern for this apparent invasion of the home sphere, and places an emphasis upon the importance of the work of 'psychiatric social workers':

> The role of the psychiatric social worker in psychiatry to-day is that of
> valued assistant to the psychiatrist in the investigation of psychological
> and social factors in the home, environment, and work of the patient
> and his family…In the collection of information about these areas of the
> patient's life, in visiting the home or the place of employment and
> establishing contact between others interested in the patient's welfare
> and the clinic where he is treated, and in helping and advising him in his
> own relationships at work or in the home, the psychiatric social worker
> has an important part to play in the practical therapy which so many
> patients need.' (Stafford-Clark 1951, 218)

Stafford-Clark is keen to emphasise that the 'psychiatric social worker is not a
snooper who pops up uninvited in the most delicate areas of the patient's life'.
Instead, they are 'trained and competent student[s] of human relationships',
with experience of 'difficult situations', and have detailed knowledge of both
what patients are able to do themselves, and the help which is available to
them through 'social agencies' (Ibid).

While the importance of the psychiatric social worker is emphasised by
Stafford-Clark (he makes the same remarks in the 1963 and 1973 editions of
Psychiatry To-day), and also by Roger Tredgold and Heinze Wolff in the second
edition of *The U.C.H. Handbook of Psychiatry* (published in 1975), it appears
that the actual number of practising psychiatric social workers was extremely
small during the post-war period.[23] Thomson cites the findings of the 1955
Underwood Report, which suggests that this was especially true in the area of
child guidance. The report points out the serious shortage of trained
psychiatric personnel, especially psychiatric social workers, with only 109 of
the recommended 420 posts being filled (Thomson 116). The number of social
workers with psychological training did increase substantially over the period,
hitting 10,000 by 1978. However, it should be noted that this was primarily
due to the addition of psychological elements being added to generic social
work training after 1954, which was distinct from that undertaken by specialist
psychiatric social worker courses (which ceased in 1970) (Thomson 253).
Thomson notes that

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[23] Roger Tredgold, & Heinz Wolff (eds.), *U.C.H. Handbook of Psychiatry 2nd Edition*
(London: Duckworth, 1975), pp.371-3.

> …the psychiatric social worker emerged as an elite within the broader
> profession, but a small one due to the demands and relatively low
> rewards of still being in a subservient role to the psychologist and
> psychiatrist. (Thomson 253)

As with the use of anaesthetics and muscle relaxants in the administration of insulin coma and ECT, it seems evident that the implementation of psychiatric social work was patchy at best, with elements of it only gradually integrated into standard social work as the post-war period progressed. However, despite the diluted realisation of psychiatric practice in social work, the phenomenon of the psychiatric social worker is representative of the willingness of welfare state psychiatry to intervene in home life, outside of traditional clinical settings. Indeed, it appears that this was part of a larger trend which saw the increased acceptability of state surveillance in domestic affairs. For example, writing in 1950, Stevenson argues that all 'Local Authority Officers, voluntary workers, clergymen, policemen, probation officers, [and] landlords' have a responsibility to inform 'the appropriate body' if they believe that conditions in a home are poor, or show signs of decline (Stevenson 149). However, despite this increased emphasis on surveillance, the restricted number of qualified personnel limited the extent to which the ambitions of preventative psychiatry could be realised.

2.11. Psychiatric Authority

From the texts examined so far in the chapter, it is clear that psychiatry occupied a privileged position within post-war British society, allowing it to detain and treat individuals without their consent, and also legitimise intrusion and surveillance in the home. The autonomy of psychiatry also increased throughout the post-war period, partly as a result of the 1959 Mental Health Act. Subsection 3 of section 25 of the Act made it possible for people displaying severe symptoms of mental illness to be admitted for observation on the basis of written recommendations from two medical practitioners. Before this, it was necessary to gain permission from a magistrate to order this form of detainment. The 1959 Act thereby transferred legal powers to the medical field, demonstrating an acceptance that psychiatric discourse was a reliable means of assessing mental fitness (Rogers & Pilgrim 63-4). Soon after,

the 1962 New Hospital Plan (the brainchild of Enoch Powell) provided psychiatrists with a chance to increase the prestige and acceptance of their discipline. In an interview with Gittins, Russell Barton recounts that, before the 1960s, psychiatry was an unpopular specialism amongst young doctors, leading mental hospitals to accept doctors who had been rejected by other fields:

> The mental hospital doctor was the lowest on the totem pole, and mental hospitals often had a succession of doctors, locum, new people coming to the country. They were uninspired. They felt they were failures. And they really knew nothing about psychiatry. (Gittins 121)

Rogers and Pilgrim argue that the New Hospital Plan allowed mental healthcare to move out of large institutions (which were essentially Victorian asylums) into District General Hospitals, thereby providing the 'perfect organisational opportunity to abandon the Dickensian image of psychiatry'. By 'moving into the same organisational framework as other medical specialities', psychiatry was able to increase its status amongst other medical fields, while further cementing its aura of authority in the eyes of lay people (Rogers & Pilgrim 65).

Despite the difficulties which psychiatry faced in gaining recognition as a valid medical speciality amongst doctors, in *The Four-Gated City* Lessing describes psychiatry as possessing an unparalleled degree of autonomy, characterised by 'its inclusiveness, its arbitrariness, its freedom to behave as it wished, without checks from other places or powers.' (Lessing 334) Dr Lamb, the Coldridge's family psychiatrist (who later reaches the upper echelons of his profession) personifies the power which psychiatric discourse enjoyed in the popular British post-war imagination:

> If he beat his wife, or was cold to his children; if he was an arrogant man, or a humble man – it was all the same. Like a character in a play who wore a mask which said 'I am Wisdom', it did not matter what he was personally. (Lessing 245)

Dr Lamb's beliefs and motives are never questioned because his professional standing ensures that society considers him to know 'everything that could be

known about the human soul.' (Lessing 333) Language is also portrayed as a means through which he maintains his discipline's power. When asked for a 'rough working definition' of the term 'schizoid', he is happy to dismiss the 'layman's view' of the condition, but is apparently unwilling to elaborate further (Lessing 245). By guarding technical vocabulary, Dr Lamb carefully manages the dissemination of psychiatric knowledge, tipping the balance of power towards himself and away from lay people (including his own patients). Rubens portrays a similar situation in *The Elected Member*. During his dealings with the hospital in which Norman is committed, Rabbi Zweck is 'obliged to bow to an authority he did not trust…because…his own ignorance made him powerless.' (Rubens 210) Both novels demonstrate how psychiatry is able to construct itself as a source of objective truth, thereby enshrining its privileged position within society.

2.12. Conclusion

With the creation of the NHS in 1948, there appears to have been widespread acceptance that caring for the mentally ill was the responsibility of the state. The texts which have been examined in the course of this chapter suggest that psychiatry informed the manner in which this care should be administered. This influence was not limited to traditional clinical settings, and psychiatric discourse became an important way to conceptualise other behaviours which challenged the universalist aims of the welfare state. While it is tempting to characterise psychiatrists in the period as empire builders, there is some evidence to suggest that the powers which were assigned to them were not entirely asked for. For example, Rogers and Pilgrim cite an article by P. Bean in which he argues that the power to commit and detain patients was not requested by the psychiatric profession, who instead had the powers 'thrust upon them by the Percy Commission.' The 1957 Percy Commission was the body tasked with setting the recommendations that informed the 1959 Mental Health Act, a key aim of which was to create a 'logical and more radical system', allowing psychiatrists to bypass the courts when committing patients to care.[24]

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[24] P. Bean, 'Psychiatrists' Assessments of Mental Illness: A Comparison of Thomas Scheff's Approach to Labelling Theory', *British Journal of Psychiatry*, 135 (1979), pp.122-8. Quoted in Rogers & Pilgrim p.93.

Chapter 2: Psychiatry

While the extent to which psychiatry was responsible for defining the limits of its legal powers is not entirely clear, it is evident that it was able to sanction the segregation and control of the mentally ill, be it through physical or chemical means. Its privileged position as a source of 'objective' truth allowed it to serve an important function in the welfare state, as its recommendations were able to bypass many of the ethical and moral concerns regarding the detainment and compulsory treatment of the mentally ill. This role can also be seen in psychiatric conceptualisations of the problem families (including juvenile delinquents), in which deviance-pathology translation legitimised welfare state intervention on the basis that their failure to adhere to social norms was a symptom of mental disturbance. In practice, those who were unfortunate enough to come under state scrutiny due to their reliance on welfare services found themselves at risk of being diagnosed as mentally defective or temperamentally unstable because their home was dirty or their children unruly. However, as Welshman's work demonstrates, despite the use of medical terms, it is apparent that 'treatment' in such cases often took the form of practical instruction in household management from home helps and health visitors (Welshman 1996, 456). Psychiatry was therefore used as a means of justifying the state's intrusion into private family life, even when such interventions had very little to do with psychiatric medicine. It is also worth noting that diagnoses of mental defect were at least partly popularised by the Eugenics Society, whose agenda was heavily informed by a concern that the less productive members of society were having more children than their better-off counterparts. The issue of what was termed 'differential fertility' will be addressed in the fourth chapter (Family Planning). While such concerns were not necessarily reflected in welfare state practice, eugenic thought was important in shaping the discourse surrounding problem families.

From the texts examined in this chapter, it appears that psychiatric conceptions of deviancy played a significant and complex role in the conceptualisation and management of problem families whose non-conformity was reflected in their apparent inability to follow social norms surrounding self-sufficiency, cleanliness and productivity. It also provides a window into the British cultural imagination, demonstrating that belief in hereditary character dispositions survived the Second World War. Essentially, psychiatry provided a means of explaining deviancy without questioning the underlying assumptions

which underpinned the welfare state. However, its dominance in popular discourse did not go unquestioned, especially in the novels of Lessing, Burgess, and Rubens. It is also important to observe that welfare state psychiatry underwent some substantial changes during the first decades following the Second World War. Gittins notes that the problem of institutionalised behaviour in long-term patients in Severalls was recognised in the late 1950s, and that efforts would be made to reform the nature of care throughout the 1960s (Gittins 149). The overall picture of psychiatry in the post-war era is complex and contains accounts which vary widely according to their exact date and location. However, it is evident that psychiatry was a key discourse in the early days of the welfare state, and one which influenced both government practice and larger cultural ideas about problem families.

Chapter 3: Housing

3.1. Social Housing in Britain

For most people in 21st century Britain, the term 'social housing' (or rather, 'council housing') is associated with a set of negative connotations. Some of these, including those surrounding the presumed undesirability of people who live in council housing, can often be understood in terms of class or economic prejudice. Others are associated with the inherent flaws of social housing projects, especially those which took place between 1945 and the mid-1970s, including poor construction quality, repetitive and ugly design, and the frequent lack of provision of basic amenities and services for those who lived (and continue to live) in them.

To a certain extent, negative stereotypes concerning people who live in council housing can be traced back to the notion of the 'social residuum' discussed in the introductory chapter. This notion, that every society contains people who are unable to properly look after themselves, and who are therefore reliant upon charity or the state, is reflected in the introduction of Lynsey Hanley's *Estates: An Intimate History*:

> [This]…perception of the council estate is bound up in the myth that the poor will always be with us, and that the existence of cheap housing to contain them is a nasty fact of life. You've got to put them somewhere, after all. Preferably somewhere a long way away from the rest of us; somewhere not very nice, so there is always that invisible stick to the backside, with the far-off prospect of escape to a better place as the tantalizing carrot.[1]

The idea of council housing as a ghetto, a way of separating the most undesirable people from the rest of society, was not present in the first years following the creation of the post-war British welfare state. As this chapter will explore, until the 1970s the most common criticism of social housing was that there was simply not enough of it to go round. State housing was certainly not

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[1] Lynsey Hanley, *Estates: An Intimate History* (London: Granta Books, 2007) p.11.

seen as a dumping ground for the poor or socially inefficient, and nor was living in a council house considered to be a punishment for the unproductive.

Some of the reasons for this shift will be discussed in this chapter, including a few of the inherent problems associated with post-war housing policy that led to what has been widely understood as the 'failure' of social housing in Britain. However, the overall aim of this chapter will be to consider the relationship between problem families and the social housing system in the post-war period. The emerging welfare state considered the home to be a key site for intervening in the lives of the poor, and council housing provided a means through which control over the home itself could be taken out of private hands. As a result, the manner in which the state interacted with problem families through the home can offer some insight into state and public attitudes towards autonomy, surveillance and socially acceptable behaviour. The types of measures taken by the state to regulate the lives of the very poor evolved considerably over this period, although what is perhaps more surprising is the stability of the attitudes which underlay these interventions.

3.2. The Problem Family and the Home

Descriptions of the home, alongside insinuations of mental illness and excessive fecundity, form a key part of post-war non-fiction accounts of problem families. Commentators such as Ford et al, Stevenson and Blacker, whose observations regarding the apparent correlation between mental defect and problem families were reviewed in the second chapter (Psychiatry), considered details of the family home to be pertinent to their investigations. Their comments can be broken down into three broad categories, the first being the condition of the physical structure of the home. Writing in 1950, Stevenson acknowledges that problem families 'tend to gravitate towards the worst slums', often due to their poor record of rent payment (Stevenson 146). Five years later, Ford et al recount an example of a Southampton case study of a family who live in a 'damp, dirty, tumble-down old house, the living room of which was dismal and mice-infested.' (Ford et al 43)

The second recurring theme of such descriptions regards the contents of the home and the state of the interior, and it is on this subject that Wofinden

(writing in 1944) provides what is perhaps the single most graphic and disturbing account of the conditions endured by problem families:

> The home, if indeed it can be described as such, has usually the most striking characteristics. Nauseating odours assail one's nostrils on entry, and the source is usually located in some urine-sodden faecal-stained mattress in an upstairs room. There are no floor coverings, no decorations on the walls except perhaps the scribblings of the children and bizarre patterns formed by absent plaster. Furniture is of the most primitive, cooking utensils absent, facilities for sleeping hopeless-iron bedsteads furnished with fouled mattresses and no coverings. (Wofinden 137)

Although Wofinden's description was published just before the end of World War II, it contains the most commonly remarked upon aspects of the living conditions experienced by post-war problem families, including inadequate cooking, bathing and toilet facilities, as well as pervasive filth and a lack of proper furnishings. While his account is extreme, one or more of these aspects can be found in almost all descriptions of problem family homes, although it should be noted that housing conditions did improve considerably in the post-war period, especially in the 1960s and 70s.

The third category of comments relates to the behaviour of the problem families themselves and how this impacts upon the condition of the home. Ford et al assert that 'bitter experience in slum-clearance projects' demonstrates that moving former slum residents into new council owned housing 'is courting trouble.' (Ford et al 55) The obvious implication of this statement is that those who have lived in poor accommodation in the past do not understand how to make proper use of decent housing. More explicitly, Wofinden argues that such families will simply 'rebuild another slum' if they are moved directly into better housing (Wofinden 138). Responsibility for failing to keep the home in good order is regularly assigned to the problem family mothers, with Blacker identifying an 'incompetent housewife' as a common feature of such households, and Savage (writing in 1946) accusing such mothers of stubbornly refusing to reform their 'inefficient domestic practices' (Blacker 1952, 16 & Savage 86).

These descriptions summarise the most frequently recurring themes which appear in non-fiction accounts of problem family homes between the end of Second World War and the mid-1950s. Out of the 35 case studies included in Blacker's 1952 survey *Problem Families: Five Inquiries*, 33 refer directly to shortcomings of the home, including poor housekeeping, lack of furniture and borderline homelessness (Blacker 1952 92-111). Not only do these descriptions demonstrate the level of poverty experienced by many families during the early years of the welfare state, but they also hint at some of the underlying social attitudes which would inform the manner in which social housing would develop in post-war Britain. The emphasis upon the behaviour of the problem family members themselves is also of particular interest, as social housing would offer the state an opportunity to intervene in the lives of the poor through the home itself, both as a physical structure and as a space in which new (and more socially acceptable) behaviours could be imposed. However, the descriptions of problem family homes which have been reviewed so far are most relevant to the first decade following the war. The post-war period would see a significant increase in the amount of state built homes, as well as larger social and economic changes which would have a profound effect upon housing in Britain. While problem families were seldom the first to experience the more positive effects of these changes, it is evident that the exact nature of their difficulties evolved with them.

3.3. The Changing Nature of the Problem Family Home

The severity of the conditions described in the first part of this chapter can at least be partly explained by the inadequacy of the home itself. While commentators such as Ford et al, Stevenson, Savage and Blacker are keen to blame the family members themselves for failing to keep their home clean, there is less attention paid to the difficulty of maintaining a functioning household (especially those with large numbers of young children) with limited space and without proper cooking, washing or toilet facilities. The overall improvement in housing by the early 1970s would eventually ensure that every home had basic amenities such as hot running water and indoor toilets, thereby greatly reducing the amount of effort needed to maintain reasonable levels of hygiene and cleanliness. White goods, such as washing machines and refrigerators, would also become increasingly common, further reducing the

amount of time needed to keep a family clean and properly fed. The extent to which domestic technology evolved in this period can be seen in the inclusion of coal hoists in the smaller housing blocks built by London County Council in its first wave of post-war social housing development. Hoists would (within a couple of years) be replaced by lifts, which would themselves no longer be used for coal as electric and gas heating became more widespread.[2]

In addition to technological developments, conditions in slum areas gradually improved during the period. Ravetz, writing in *Council Housing and Culture: the History of a Social Experiment*, points out that such areas experienced significant improvements, partly because the worst of the old housing stock was steadily demolished (especially after the Slum Clearance Act came into effect in 1955) and also because government grants encouraged gradual modernisation of old properties through the fitting of indoor plumbing and heating (Ravetz 117). She also argues that it became gradually clear (especially by the end of the 1950s) that new tenants drawn from slum clearance populations 'no longer exhibited the same huge difference in standards as formerly' (Ravetz 117). Between the steady improvements which took place in housing (even for those who did not immediately move into council homes) and the increasing availability of domestic technology (albeit not for everyone), scenes of filthy rooms in crumbling pre-war houses and tenements no longer dominated accounts of problem families by the beginning of the 1970s. However, the term 'problem family' did not fall entirely out of use, with many poor families still experiencing extreme hardship, and commentators still looking for ways to explain the causes of their difficulties. Instead, the nature of their problems merely changed to reflect new social circumstances.

In 'What is a Problem Family?', a 1971 article published in the Daily Telegraph's magazine supplement briefly outlined in the thesis introduction, journalist Sonia Jackson outlines the daily struggles of the impoverished McInulty family (consisting of Ken, Joyce and their four children aged between four and ten), who struggle to maintain themselves through state housing and income support. There are some continuities between the McInulty's situation and that of problem families of the preceding decades: Ken struggles with alcoholism

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[2] London County Council, *Housing: A Survey of the Post-war Housing Work of the London County Council* (London: London County Council, 1949), p.42.

and is unable to provide for the family, Joyce struggles to stretch her meagre budget to provide regular meals (with toast making up much of the shortfall) and they are behind on their rent payments (Jackson 14-15). Yet there are some significant departures from the old picture. For example, Ken and Joyce are separated, unlike the majority of earlier problem families in which both parents were usually present, and Joyce and her children live in a clean and reasonably well appointed council flat, complete with fitted kitchen and three-piece suite. However, their problem status is reflected in a different set of challenges which are characteristic of life lived on state benefits. Indeed, in order to claim these benefits, Joyce is obliged to make a gruelling circuit of the Post Office, Rent Office and Social Security office (spread out across a variety of East London locations) and then has to wait for the majority of her living allowance to be sent by post. The family were also unable to choose their home, and were moved from a basic (but affordable) flat after the building was closed for modernisation. The move doubled their rent and the flat itself (sited on the top floor of a block built in 1890) suffered from a serious water leak for over a year, making one of the bedrooms uninhabitable (Jackson 18).

Accepting state help, even when such help is clearly inadequate, exposes the McInultys to various aspects of state surveillance. Investigators from the Department of Social Security become suspicious that Ken is staging 'an elaborate pretence of desertion' due to his visits to the flat to see the children, resulting in a suspension of part of Joyce's financial benefits. Several representatives of the welfare state also attempt to intervene in Joyce's relationship with Ken, with both Harry Taylor (Child Care Officer) and Mrs Sullivan (School Care Committee visitor) urging her to get a divorce. Joyce believes that social workers and state officials merely see Ken as the family's provider, and if he 'fails to provide he becomes a problem that must be eliminated.' (Ibid) The main beneficiary of this proposed divorce seems to be the bureaucracy of the state itself, which struggles with the ambiguity of Joyce and Ken's marital status. The problem status of the family not only stems from financial hardship but, like the case studies from the 1940s and 50s, it is the behaviour of the family members that is the principal cause of the state's consternation. Like their predecessors, welfare state representatives are keen to impose a particular set of behavioural practices upon the McInultys, even if those practices have evolved to reflect recent social trends.

3.4. Slums and the State

Although the example of the McInultys demonstrates the extent to which the difficulties encountered by problem families changed throughout the post-war period, the fact that the state continued to deem it appropriate to intervene in the home reveals that certain assumptions were still in operation. Despite the apparently obvious negative effect of poor housing on impoverished families, the state maintained a sustained interest in the behaviour of the poor, implying that their difficulties were at least partly caused by their own fecklessness. Ravetz argues that this notion can be dated back to the interwar period, in which slum clearance projects necessitated the resettling of large displaced populations. In 1938, a subcommittee of the Central Housing Advisory Committee of the Ministry of Health (CHAC) advised that such people would need 'social education' in order to become 'housing minded' (Ravetz 116). This attitude is representative of the wider assumption (which endured into the 1940s and 1950s) that a minority of former slum tenants would bring a 'slum atmosphere' to new housing developments, thereby implying that the problems associated with slums were at least partly the responsibility of those who lived in them. The belief that the very poor would need state management to allow them to make proper use of decent housing would legitimate the intrusion of the state into their homes. The possible reasons as to why the home was chosen as an appropriate site for behavioural intervention will be considered later in the chapter.

3.5. Social Housing in Fiction

In the thirty years after 1945, Labour and Conservative governments built new social housing at a spectacular rate. In 1951, Harold Macmillan (Housing Minister 1951-54) promised to build 300,000 new homes for each year of the 1950s, two-thirds of which would be social housing. He delivered on his promise (although the ramifications of building this quickly would later become apparent) with 220,000 council homes built in 1953 alone (Hanley 89). Further state-driven pushes to build new housing would continue throughout the 1960s and early 1970s, leading to a peak in 1979 in which approximately 40% of the British population lived in a council owned house or flat (Hanley 132).

Given the scale of development in this period, which presumably would have had a significant impact on the lives of millions of people, it is surprising that social housing is somewhat absent from British fiction published between 1945 and 1975. With a few notable exceptions, it seems that the impact of social housing on the British cultural imagination would not be felt until the 1980s, the decade in which the terms 'council house' or 'council flat' took on the negative connotations with which they still are associated today. One possible explanation is that many authors who spent their childhood in social housing would have been simply too young to have published novels between 1945 and the 1970s. It would not be until later that prominent authors, such as Irvine Welsh who spent much of his childhood on the Muirhouse housing estate in Edinburgh, would draw upon their experiences to write novels in which social housing would be prominent.[3] Indeed, it appears that the prominence of social housing in British literature seems to be directly proportional to the extent of its decline, a trend which would not be widely felt until the 1970s. It is also worth considering the fact that authors who were active in the 1960s and 1970s (especially those from working-class backgrounds) were old enough to remember a time in which housing was in desperately short supply. Several novels from the 1950s and 60s, including Alan Sillitoe's *Saturday Night and Sunday Morning* (1958) and Stan Barstow's *A Kind of Loving* (1960) explore the difficulties and pressures associated with living in cramped conditions, often with adult children remaining at home due to the shortage of appropriate housing or because their income was essential to the household.

A Kind of Loving is an especially telling example. While Vic and Ingrid Brown's marriage is portrayed as less than ideal to begin with, the additional strain of living with Ingrid's mother makes the situation significantly less bearable for Vic. He comes close to ending the marriage, only deciding to persevere after his sister asks: 'Do you think you and Ingrid would have been all right if you'd been on your own?' Vic concedes that: 'We'd have been better. At least we could have brought things out and talked about them…'[4] The novel ends with Ingrid and Vic preparing to move into a flat of their own, although the cost of rent will necessitate Ingrid's return to work as well as a loan from Vic's sister

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[3] Robert Morace, *Irvine Welsh's Trainspotting: A Reader's Guide* (London: Continuum, 2001), p.8.

[4] Stan Barstow, *A Kind of Loving* (London: Corgi Books, 1982), p.260.

to cover the deposit. While Vic's feelings towards Ingrid remain ambivalent, it is evident that the success of their marriage is dependent upon the freedom and independence which only a private home is able to provide. Social housing does not make an appearance in the novel and is never entertained as a potential solution to Vic and Ingrid's dilemma. This may be partly explained by the acute shortage of council housing between 1945 and the mid-1970s, which generated waiting lists containing between 5 and 10% of the British population at any one time (Ravetz 129). As a young, childless couple, Vic and Ingrid would not have been considered to be high priority by local housing officials, and even applying for council housing may well have been viewed as a waste of time. Until the late 1960s, it seems that social housing was such a rarefied commodity that its effects on the British cultural imagination were not immediately felt.

When council housing begins to make occasional appearances in fiction during the early 1960s, attitudes towards it are somewhat ambivalent. Agatha Christie's 1962 novel *The Mirror Crack'd from Side to Side* features a recently completed housing project (referred to throughout the novel as 'The Development') sited next to St Mary Mead, Miss Marple's village home. While Christie does not specify if The Development is made up of private or social housing, its planned layout (made up of a series of roads, all containing the word 'Close' in their name) and its intended purpose of addressing the housing shortage, all suggest that government intervention was involved in its planning or financing.[5] For the characters who have grown up in the village, The Development represents the encroachment of modernity upon their way of life, complete with Teddy Boys and a supermarket (Christie 47 & 13). First time visitors find that the uniformity of the The Development makes it rather tricky to navigate. When a minor character (described only as a 'good-looking young American') attempts to locate a particular house he finds that the 'ramifications of the housing estate perplexed him.' (Christie 289) Marple also finds the intertwining road layout confusing and loses her sense of direction while exploring the area (Christie 27). These episodes mirror the real life experiences of people who moved to new housing estates. Lynsey Hanley's mother, who moved to the Chelmsley Wood housing estate soon after its

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[5] Agatha Christie, *The Mirror Crack'd from Side to Side* (London: HarperCollins, 2002), p.15.

completion in 1964, recalls 'how everyday she would be stopped by someone who needed directions to their new home, or to the home of friend or relative' (Hanley 30). However, despite the disorienting effects of The Development (both in terms of its modernity and physical layout), Marple finds its population reassuringly familiar:

> The new world was the same as the old. The houses were different, the streets were called Closes, the clothes were different, but the human beings were the same as they always had been. And though using slightly different phraseology, the subjects of conversation were the same. (Christie 27)

While the development is certainly new and different, Christie paints a generally positive picture of life on the new estates. There is certainly no stigma attached to living in such a place, and while the residents appear to be ostensibly working-class, they seem to be viewed by the residents of St Mary Mead as different in terms of their relationship to modernity rather than income or class. Even by the early 1960s, new estates still apparently possessed enough novelty value to provide a distinctive backdrop to a murder mystery novel, but did not pose a genuine threat to the existing social order.

The housing project as a symbol of modernity is also visited in Margery Allingham's *The China Governess*. Published in 1963, the novel opens in an area of London which had been devastated during the Blitz and is just beginning to be rebuilt. Part of the new development is the recently completed Phoenix tower block, the product of 'high powered professional "design"' which makes it appear as 'sleek as a spaceship' (Allingham 15 & 11). The tower is part of a larger project to repopulate a former slum area (known as 'The Turk Street Mile') which had occupied the space before the war. Drawing upon the modern tools of architecture and planning, those behind the project had sought to avoid the appalling conditions which were endured by the slum's former residents. As with The Development, the Phoenix represents a level of modernity which some of the characters find disturbing (comparisons with an anthill or termite mound occur several times), yet the tower is ultimately portrayed as a route to renewal rather than a symbol of urban degeneration. While the striking descriptions used by Allingham suggests that similar tower

blocks represent something of a revolution in urban housing design, the possibility that such projects would radically alter people's lives is not really entertained (except in the respect that it represents an improvement in the living standards of the residents). Again, like the *Mirror Crack'd from Side to Side*, the impact that social housing would have upon society goes largely unrecognised, even if both novels tacitly acknowledge that planned housing schemes represent the shape of things to come. In this context, the relative absence of social housing in post-war fiction becomes somewhat less surprising. After all, when viewed purely in terms of government housing policy without considering the greater social changes it would instigate, council housing doesn't seem to offer much potential for interesting or compelling plots. If this is the case, then it would help to explain why social housing became more visible in British fiction after its defects became apparent.

This delay in recognising the larger effects of government social housing policy was not confined to fiction. Ravetz argues that the academic field of housing studies (which emerged in the later 1960s) was 'critical of...[housing policy's]...mode of operation', and yet was still 'strongly in favour of council housing in principal and vociferous for its expansion'. Furthermore, as this 'implicit contradiction between the two positions went unrecognised', the opportunity was missed to articulate some of the implicit flaws in social housing which would be identified in later decades (Ravetz 3). As with fiction, academia was late in realising the extent to which British society would be affected by post-war housing policy, which again offers some insight into why it would take so long for it to enter the forefront of the country's cultural imagination.

Despite this overall picture, there are a few notable exceptions which hint at the changes that government housing policy would instigate, including some which explore the nature of the relationship between problem families and the welfare state. A selection of novels and a number of non-fiction accounts will be examined in this chapter which offer insight into the manner in which housing would become a key interface between the state and poorest people in society, and what such interactions reveal about attitudes to poverty, agency and the boundaries of surveillance.

3.6. Problem Families, Social Housing and the Welfare State

The rest of this chapter will be divided into three main sections, each of which will consider one aspect of problem family housing, and how it fits into the larger relationship between problem family members and the welfare state. These sections are broadly based upon the three key categories which were described earlier in relation to descriptions of problem family homes: the physical condition of the home, the state of the interior and its furnishings, and the behaviour of the family itself within the home. The first section will examine the post-war housing shortage in more depth, including a discussion of council attitudes towards slum dwellers and the widespread belief in the reforming power of quality housing. The second section will investigate how the interiors of homes changed and the larger social implications that these developments instigated for family and community life. Finally, the third section will consider how social housing was used to encourage tenants to conform to certain modes of behaviour and how this was facilitated by the power asymmetry between tenants and councils. This final section will include an extended reading of Buchi Emecheta's *In the Ditch* (1972) which provides what is perhaps the most detailed and insightful portrayal of life in social housing written in the post-war period. By examining each of these categories in turn, this chapter will offer insight into the larger social, governmental and cultural forces which acted upon problem families in the post-war period.

3.7. Post-War Housing in Britain

The shortage of housing in post-war Britain has already been touched upon in this chapter, caused partly by a lack of building during the interwar period and also by the bombing of urban and industrial centres by the Luftwaffe during World War II. The scars of the Blitz are apparent in a number of post-war texts, even those which were written and set well over a decade after the end of the war, including Doris Lessing's *The Four-Gated City* (1969), Colin MacInnes' *City of Spades* (1957) and Sid Chaplin's *The Day of the Sardine* (1961). The lack of housing was so severe that thousands of homeless ex-servicemen broke into disused army barracks and squatted there with their families (Hanley 74). By 1950, in became apparent that the scale of the problem was such that approximately 300,000 homes would need to be built each year in order to

compensate for wartime losses, and also to accommodate the rapidly growing population (Ravetz 97).

Certain groups also suffered more than others in this period, with recent migrants from Commonwealth countries faring particularly badly. Social housing was often not an option for anyone who had recently moved into the country (with most housing authorities requiring applicants to have lived in the local area for at least a year), and as most immigrants arrived as single men or women, they would receive lower priority than married couples with children. In Sam Selvon's *The Lonely Londoners* (1956) Moses Aloetta acknowledges how his unofficial role in helping fellow immigrants from the West Indies find appropriate housing helps to compensate for the lack of state help:

> And so like a welfare officer Moses scattering the boys around
> London … for at this stage Moses know which part they will slam door in
> your face and which part they will take in spades.[6]

This passage also refers to the additional difficulties created by racial prejudice during the 1950s, which prevented many black immigrants (or 'spades') from being accepted by white landlords. Adah Obi, the Nigerian protagonist of Emecheta's *In the Ditch*, finds it almost impossible to find privately rented accommodation in London, a problem she attributes to being 'black, separated from her husband…with five kids all under six.' As a result she is exploited by her landlord, who charges her extortionate levels of rent for a tiny, filthy and vermin infested room (Emecheta 12). Her experience seems not untypical of Commonwealth immigrants at the time, with Peter Willmott and Michael Young citing census data indicating that '36 per cent of coloured immigrants in Greater London were in 1966 living more than 1.5 persons per room as against 3 per cent of the native-born English.'[7] In practice, the only viable alternative for Adah is social housing, as councils were less likely to discriminate on racial grounds. However, Ravetz argues that many migrants were unaware of their housing rights and entitlements, preventing them from making proper use of the social housing system, leading to a significant underrepresentation of

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[6] Sam Selvon, *City of Spades* (London: Penguin, 2006), pp.3-4.
[7] Michael Young & Peter Willmott, *The Symmetrical Family: A Study of Work and Leisure in the London Region* (London: Routledge & Keegan Paul Ltd, 1973), pp.60-1.

ethnic minorities amongst council tenants during the 1950s and 60s (Ravetz 130). Emecheta's portrayal of life in a council housing block reflects this discrepancy, as Adah's ethnicity is regarded as somewhat of a novelty by her neighbours. While overt racism occurs relatively infrequently in the novel, Adah finds herself wondering 'Why was it that everybody would always judge one black person by the way another black person behaved?' (Emecheta 53) Despite her acceptance within her local community, it is evident that the diversity of early 1970s London was not entirely reflected by the users of its social housing system.

3.8. Social Problems and Slums

Ravetz traces the current meaning of the word slum back to the middle of the 19th century and defines it as 'an area of congested, polluted and disease ridden housing with every kind of criminality and depravity' (Ravetz 21). State concern with slums can be dated back to a similar time and was originally associated with contagious diseases such as cholera. An outbreak in London during 1848 gave rise to the first Public Health Act, which set up the Central Board of Health and other local boards which were responsible for water supplies, sewage, pollution from offensive trades, and for regulating other activities which could pose a significant public health risk (Ravetz 20). However, because this precedent was framed in terms of disease prevention, 19th century government intervention in housing would be limited to situations in which there was a clear danger to public health (Ravetz 22). Slums still existed in many large urban areas after the Second World War and would endure for some time afterwards, despite a concerted government effort led by the then-housing minister Harold Macmillan in 1954. By this point, slums were considered to have negative social impacts beyond basic public health concerns, and their removal was a key part of the welfare state vision. Yet fears of disease and a concern with social justice were not the only motivating factors at work in post-war slum clearance. Some ambivalence still remained regarding the relationship between undesirable behaviour and slums. As discussed earlier, the belief that 'slum people' could reproduce a 'slum atmosphere' did not entirely fade away in the light of post-war optimism.

This ambivalence towards slums and their former tenants is explored in some depth in Allingham's *The China Governess*. Before its destruction during the

Blitz, the 'Turk Street Mile' is described in terms which seem more at home in a Dickens novel rather than an account of interwar Britain:

> 'Children crawled over each other like little grey worms in the gutters,' he said. 'The only red things about them were their buttocks and they were raw. Their faces looked as if snails had slimed on them and their mothers were like great sick beasts whose byres had never been cleared. The stink and the noise and the cold and the hatred got into your belly and nothing and no one has ever got it out again as far as I'm concerned.' (Allingham 107)

The Dickensian theme continues, with a description of the Scimitar, a gin palace surrounded by illegal gambling stalls frequented by locals throughout the day and night (Allingham 10-11). Alligham's portrayal of Turk Street relies upon the belief that slums are generators of disease and moral degeneracy, a concept which predates the war by several centuries. The danger that the street poses to the social order is perceived by several characters as being so severe that it threatens to encroach upon the Phoenix tower which was built to replace it. When one of the new flats in vandalised, Superintendent Charles Luke describes the scene of devastation as "The same old Turk Street special, cropping up like a symptom of a familiar disease." (Allingham 21) The perpetrator of the crime is eventually revealed as Barry Leach, whose mother Agnes was a former Turk Street resident. In the second chapter of this thesis, which discussed the association between learning disabilities and social inefficiency in *The China Governess*, Agnes and Barry were used to explore attitudes towards the role of heredity in undesirable behaviour. However, Allingham also explains Agnes' inferior mental capacity as a product of environmental conditioning:

> 'God yes! A right nit! We breed 'em in the cities. Too little grub, too little air, too much of everything else including noise.' (Allingham 173)

In these terms, the importance attached to the success of the Phoenix becomes even more apparent, as it is hoped that it will provide an alternative to slum housing which 'bred' people like Agnes and Barry. Like the commentators discussed in the second chapter who described the behaviour of problem

families in terms of psychiatric pathology, the slums of Turk Street are similarly conceptualised as the source of social disease. The Phoenix is portrayed as the cure, replacing the source of the chronic disease of poverty and immorality with a building that reflects a clean and modern present.

Allingham's portrayal is supported by Donald L. Foley's analysis of the ideologies which underpinned post-war British town planning policy. He argues that in the post-war period there was a 'general recognition that…[the]…conditions of overcrowded, physically mean, and spatially sprawling conurbations constitute[d] a threat to healthy and civilized life.'[8] As town planning apparently offered a means of ameliorating such conditions, it was also seen as being able to alleviate larger social problems; an 'ideological view' which gave it 'more than a neutral, allocating function.' (Foley 217) Considered in this context, the Phoenix embodies one of the most basic underlying assumptions of town planning: that poverty and disadvantage can be countered through architecture.

Despite the apparent importance that Allingham attaches to the effects of environment, the causative relationship between slums and antisocial behaviour in *The China Governess* remains problematic. The Phoenix's newly installed tenants are a significant departure from the kind of people who were associated with Turk Street. They are 'handpicked' from a pool of people who have 'proved themselves first-class tenants in the temporary accommodation rustled up for them after the war, prefabs and suchlike.' (Allingham 12) Apparently, those running the project share the concerns of their predecessors who dealt with the rehousing of slum populations in the 1930s, fearing that such people could create a 'slum atmosphere' in their modern new homes. This tension between the perceived reforming powers of decent housing and the state's concern that the very poor would ruin the instrument of their own liberation lies at the root of many of the interactions between problem families and the state. However, before this is discussed, it is necessary to consider a basic history of social housing in post-war Britain.

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[8] Donald L. Foley, 'British Town Planning: One Ideology or Three', *The British Journal of Sociology*, V.11 (3) (September 1960), p.215.

3.9. Quality or Quantity?

When looking at attitudes towards social housing in Britain following World War II, it is possible to identify two broad phases. The boundary between the two is extremely blurred, partly because the details of housing policy varied significantly from one council to another, but by the early 1960s there is evidence of a substantial change. Between 1945 and the early 1960s, council housing was frequently linked to aspiration. In 1957, Michael Young and Peter Willmott published *Family and Kinship in East London*, a social science commentary which explored the ways in which the lives of London's working-classes had changed since the war. A key part of this was the increasing availability of council housing in the suburbs. For many East-Londoners, the transition from the crowded inner city to the outskirts represented not only a significant improvement in their housing, but was also seen as an important part of social aspiration. Young and Willmott observe that people who chose to remain in areas such as Bethnal Green were less concerned with 'getting on' than their counterparts on the estates.[9] Moving to one of the new estates (especially from the poorest inner city areas) entailed a significant rent increase, as well as an increased spend on transport for shopping, commuting and visiting friends and family. In exchange, modern council homes offered amenities such as hot and cold running water, indoor sanitation, fitted kitchens and multiple bedrooms, many of which were absent from cheaper inner city homes (Willmott & Young 1957, 102). Those from Bethnal Green who moved to the estates believed that the sacrifice would be worth it, especially for their children, who they hoped would benefit from the increased space and healthier living conditions (Willmott & Young 1957, 103). Far from a dumping ground for those who were dependent upon state support, council housing was frequently seen as a way out of the slums and into a more gentrified existence.

Unfortunately, the optimism recorded by Young and Willmott would not last forever, and was probably already in decline when they carried out their survey. Defects caused by poor building standards and the negative public reaction to high-rise council flat towers became increasingly high profile from the late 1950s and beyond. Building standards were lowered considerably following

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[9] Michael Young & Peter Willmott, *Family and Kinship in East London* (London: Routledge, 1957), p.34.

Harold Macmillan's appointment as Housing Minister in 1951. Under the post-war Labour government, housing had been included in the remit of the Ministry of Health which was headed by Aneurin Bevan. In addition to overseeing the creation and running of the new National Health Service, Bevan had a vision of creating high-quality council housing which would be accepted by the working and middle-classes alike (Hanley 105). He was reluctant to sacrifice quality in favour of speed, famously stating that: 'We shall be judged for a year or two by the number of houses we build... We shall be judged in ten years' time by the type of houses we build.' (Hanley 81) Unfortunately, Bevan's commitment to spacious and well built homes meant that construction was nowhere near the 300,000 homes a year promised by the Conservatives, who used the housing shortage to their advantage in the 1951 general election (Hanley 88).

Macmillan's promise of 300,000 homes a year was largely achieved by building a significantly higher number of flats and smaller terraced houses, the overall quality of which was generally lower than those favoured by Bevan (Hanley 90). The pressure to build quickly and cheaply during a sustained labour shortage also increased the appeal of systems building, which used factory manufactured concrete slabs which were then bolted into place on site. This method minimised the amount of work that needed to be done by skilled workmen such as bricklayers and carpenters, and used concrete which was cheaper and more readily available than brick (Hanley 106). System building techniques would play a key role in shaping the high-rise tower blocks which, despite only ever accounting for a tiny proportion of the total council stock, would become the most prominent symbols for post-war social housing, both as an emblem of its early optimism and later as an unwelcome reminder of its failure (Ravetz 106-7).

3.10. Council Housing in Decline

Government housing policy from the 1950s onwards would be characterised by the need to build quickly and cheaply. By the end of the 1970s, the defects which had been caused by this race to build had become widely apparent. Some of these problems were caused purely by cheap materials and low building standards (the use of plasterboard instead of brick for internal walls is

an obvious example), but others were the result of new and untried building types and techniques.

Building high-rise towers seemed initially to be an economically rational way of addressing the housing shortage. By minimising the use of expensive materials and skilled labour, councils could reduce their waiting lists quickly while staying within their budgets. Ravetz identifies the ten years between 1958 and 1968 as the most active period for council high-rise construction, with blocks over nine storeys high accounting for up to a quarter of all approved building projects in some years during the mid-1960s (Ravetz 104). By the end of the 1970s, approximately 4500 council tower blocks would be built by councils across Britain. Unfortunately, councils were seldom prepared for the expense of looking after these buildings, especially as many basic maintenance tasks which could be accomplished by a semi-skilled worker in a normal house required an engineer in a high-rise. Lifts were especially expensive to maintain but were essential in buildings of more than five or six storeys (Hanley 114). Ravetz also blames the material deterioration of many high-rises upon the fragmentation of maintenance services across different council departments, leading to a situation in which even basic tasks (such as cleaning a corridor or changing a light fitting) could take weeks or months (Ravetz 114).

Besides maintenance difficulties, council high-rises became increasingly associated with building defects throughout the 1960s. In 1968, a gas explosion in Ronan Point (a twenty-two storey East London tower block) caused an entire corner of the building to collapse, resulting in the death of four residents. The disaster was the product of a litany of mistakes (several resulting directly from the need to build quickly and cheaply), the two most prominent of which being an improperly fitted gas supply and the use of a building technique suitable only for buildings of six storeys or less. Perhaps most shockingly of all, Ronan Point was almost brand new, having only been open to new residents for approximately two months before the explosion (Hanley 107-8). In the wake of the disaster, Birmingham City Council carried out an inspection of its 429 tower blocks and found that many of them had started to let in water and shed concrete, despite all of them being less than fifteen years old (Hanley 121). The rate at which new tower blocks were built by councils slowed considerably after 1968, although building did not cease

entirely, partly because many were already on order and could not be cancelled without considerable cost, and also because they still apparently offered a solution to councils that needed to house their population in already densely populated areas (Hanley 110). By the 1970s, the structural defects of many tower blocks would become increasingly intertwined with the larger public perception that social housing itself was failing to properly serve the people for whom it was built.

3.11. Council Housing and Ghettoization

In 1972 (just months after its completion), the thirty-two storey Trellick Tower in West London became 'hard to let', principally due to the Greater London Council's policy of housing their more troublesome tenants there, including drug addicts and the homeless. As time went on, it became increasingly associated with violent crime and anti-social behaviour, eventually reaching a point of 'near-total social breakdown' in the 1980s (Hanley 113-4). The Divis Flats complex in Belfast was also completed in 1972, and was declared 'the youngest slum in Europe' the following year (Ravetz 186). After a period of optimism after the war, during which council housing was widely associated with social climbing, by the end of the 1960s it would be increasingly linked to poverty rather than aspiration.

Written in 1962, Anthony Burgess' novel, *A Clockwork Orange*, is one of the first fictional accounts to actively link antisocial behaviour to social housing (albeit in a futuristic setting). Outside his home in Municipal Flatblock 18A, Alex (the novel's delinquent protagonist) causally observes a 'young malchick sprawling and creeching and moaning in the gutter, all cut about lovely' and 'a pair of devotchka's neezhnies doubtless rudely wrenched off in the heat of the moment.'(Burgess 1962, 27-8) The block's communal hallways are decorated with Soviet-type murals depicting classical nude figures engaged in industrial labour which have fallen easy prey to young vandals:

> But of course some of the malchicks living in 18A had, as was to be expected, embellished and decorated the said big painting with handy pencil and ballpoint, adding hair and stiff rods and dirty ballooning slovos out of the dignified rots of these nagoy (bare that is) cheenas and vecks. (Burgess 1962, 28)

The socialist inspired murals are themselves indicative of the modernist inspiration behind council-built tower blocks and their perceived potential for social engineering, both of which will be discussed later in the chapter. However, the petty vandalism of communal spaces, combined with an exterior in which assaults go unobserved, would eventually become characteristic features of many social housing projects. While the novel offers an early example of the association of council housing with behavioural degeneration, it would later be confirmed by Stanley Kubrick's use of the Thamesmead estate in East London as a filming location for his infamous 1971 adaptation (Hanley 120).

Not only would housing estates gradually become associated in the public imagination with violence and crime, but the tendency of council housing officials to group similar kinds of tenant together would result in the ghettoization of certain areas and buildings. Ravetz observes that housing managers of the period (who were largely responsible for allocating council housing) often pursued a policy of placing 'like with like', pragmatically grouping 'people of like standards…together, so broadly reinforcing the status quo.' (Ravetz 132) This strategy would eventually make certain areas of housing (generally the least desirable in terms of location or structural quality) synonymous with poverty and anti-social behaviour. Emecheta's 1972 novel *In the Ditch* is largely set in the Pussy Cat Mansions, an East London block of flats built during the interwar period, which has become a dumping ground for the poorest and most problematic families. While this concentration of poverty is largely due to a shortage of housing in the area, it is also evident that it generates new problems:

> Ah, yes, the Mansions were a unique place, a separate place individualized for 'problem families'. Problem families with real problems were placed in a problem place. So even if one lived in the Mansions and had no problems the set-up would create problems – in plenty. (Emecheta 26)

Many of these additional problems are caused by poor design, improper maintenance and the general dilapidation of the building. Adah has to climb

ten flights of stone stairs to reach her flat and then travel through a communal hallway with overflowing rubbish chutes (Emecheta 24-6). Her flat is almost impossible to properly heat during the winter and the roof leaks in the rain, causing mildew which ruins the family's food and clothing (Emecheta 83, 49). The Mansions' poor construction quality serves to further multiply the difficulties of families which are already struggling, thereby reinforcing their problem status. The lower floor windows are covered in barbed wire, ostensibly to prevent them from being broken by children playing football, but which actually emphasise the building's role as a means of containing undesirable people (Emecheta 24). It is in latter-day ghettos like the Mansions that the connection between anti-social behaviour and social housing would first be solidified, although it would take some time for this association to become widespread. After spending a year in the Mansions, Adah is eventually able to move into a newer council flat near Regent's Park, a change that is portrayed as being crucial to the reclamation of her former middle-class status. Emecheta's negative portrayal of social housing does not extend to all social housing, just those which have been allowed to deteriorate into ghettos. The aspirational potential of council housing has not entirely vanished by this stage, but it has been displaced by the image of buildings which are unfit for all but society's most desperate.

The final change in housing policy which significantly contributed to today's negative attitudes towards social housing was the 'Right to Buy' scheme. Beginning in 1980, it offered large numbers of public sector tenants the opportunity to buy their homes at a substantial discount. The scheme proved extremely popular and within ten years approximately one million council homes were owner occupied, reducing the total council stock by around a quarter (Ravetz 176). Councils were not allowed to use the money raised from these sales to build replacements, resulting in only a tiny amount of social housing being built after 1979 (Hanley 100). Ravetz observes that the majority of the people who bought their council homes 'were described as latter-day versions of early, "respectable" council tenants' (Ravetz 176). Hanley concurs, but goes further by arguing that Right to Buy had the effect of explicitly 'dividing the poor up into deserving and undeserving, so you can tell the difference, just like the days before the welfare state' (Hanley 142). In effect, the inability to own your home would become a mark of social failure,

eventually resulting in council housing being viewed as a ghetto for those who are unable to afford anything better.

3.12. Housing and Social Engineering

While this chapter has generally focused upon how the early optimism attached to social housing was gradually eroded, it is also necessary to explore some of the more theoretical and abstract factors which would inform housing policy. Ravetz argues that, historically speaking, social housing has always had two central goals: 'the cure of poverty and the replacement of a working-class culture deemed undesirable by a new an "ideal" one.' (Ravetz 172) The first of these is hardly controversial, and it is evident that housing standards increased substantially throughout the post-war period. However, the extent to which social housing was used as an instrument of social engineering has a number of implications for the relationship between problem families and the state.

Ravetz argues that the desire to change the fabric of society through housing can be traced back to the late 19th century, a period that saw 'varieties of utopianism expressed in communitarian experiments, co-operatives and certain aesthetic movements.' (Ravetz 4) Unlike government policy of the time (which still only mandated intervention in housing on public health grounds), these movements wanted to address poverty by not only providing decent homes for the poor, but also by introducing radical new ways of living, including communal labour, co-operative housekeeping and non-marriage partnerships (Ravetz 47-8). Ravetz contends that these small and short-lived movements had little impact on government policy of the time and also failed to become part of more mainstream ideologies such as Marxism and Fabianism. However, they demonstrate that the belief that society could be radically reformed through housing had some weight in the cultural imagination of the time which would persist into the 20th century (Ravetz 48). Limited government intervention in housing was practised during the interwar period, including the 1919 House and Town Planning Acts which subsidised the building of new houses in areas with severe shortages. It was expected that these new homes would be bought by the richer portions of the working-classes, therefore freeing up cheaper rented housing for the poor (Ravetz 77). However, such interventions were minor compared to those following World War II which were

of a scale that would not only bring about profound changes in housing, but would also play a substantial role in shaping post-war British culture.

In 1940, Thomas Sharp published the first edition of *Town Planning*, a mass market Pelican Paperback which discussed the successes and failures of interwar estates, and would eventually help inform the layout of the first wave of 'New Towns' (including Harlow, Stevenage and Hemel Hempstead) which would be built in the late 1940s (Hanley 76). Sharp did not want these new projects to create new single-class communities, instead hoping to encourage people of all classes to live in close proximity, therefore reducing snobbery and facilitating Britain's transition to a more equal society. This would be accomplished by government funding which would aid the building of mixed high-quality housing with proper transport links and community facilities (Hanley 77). Unfortunately, Ravetz argues, while the New Town projects benefitted from substantial government funding, council estates (which, unlike the New Towns, would remain the property of the state) failed to attract the same quantity of money, planning or prestige. Even though both 'looked to a reformed built environment to bring about social progress', council estates were 'coupled to a long tradition of dealing with poverty and the slums that...the new towns were free to ignore.' (Ravetz 83-4) Particularly after 1951, when Macmillan worked to increase the pace at which new social housing was built, it became increasingly evident that the state considered basic social and educational amenities (such as community centres, libraries and pubs) to be a low priority in comparison to building more homes. Superficially, it may appear that this neglect of estate infrastructure signalled an abandonment of utopian thinking in government housing policy, yet the hope that working-class culture could be altered through the built environment survived in other forms. Perhaps the most striking of which was the application of modernist principles to social housing.

The work of Le Corbusier, the Swiss born architect and designer, is frequently cited as instrumental in the wide scale adoption of high-rise tower blocks in post-war British social housing. Hanley argues that the first of his modernist Unite d'habitation mass housing blocks in Marseille was particularly influential as it offered an apparently efficient solution to the challenge of quickly replacing inner city slums (Hanley 85-6). However, Le Corbusier was not merely

interested in devising economically rational answers to housing shortages. Instead, the Unite d'habitation buildings deployed a simple and repetitive design which was intended to encourage tenants to 'turn away from thoughts of individual improvement and instead concentrate on mutual improvement'. The hope was that, eventually, 'bourgeois society would wither and collapse if the seat of bourgeois life, the family home, were subverted or replaced by identical communal dwellings with minimal individualising features.' (Hanley 85)

Although the desire to destabilise the bourgeois home remained at the margins of British political discourse, the promise of modernist architecture as a 'technological shortcut to social change' would prove irresistible.[10] The principle difference was that the subjects of this social experiment would be the working, rather than the middle, classes. Hanley argues that councils hoped that their 'futuristic-looking tower blocks' would be seen as 'visible signs of progress, signalling the death of the slums and final victory of the worker' (Hanley 104). Allingham's *The China Governess* directly supports this argument, with Councillor Cornish asserting that the Phoenix tower is "not a municipal venture…[but]…a social rebirth" (Allingham 16). Both Hanley and Allingham identify how modernist ideas seemed to offer new solutions to the old problem of slums, a notion derived from a belief (also reflected in town planning more generally) that order is always preferable from disorder. Allingham's Councillor Cornish embodies this faith, defending his decision to replace Turk Street with towers like the Phoenix by vehemently arguing that 'an anthill is less offensive than a sewer.' (Allingham 107) This analogy reveals an implicit tension between the rational (but sterile) order embodied in modernist architecture and the filthy (but vibrant) chaos of the slums. From Cornish's point of view, it seems that order is always preferable, even when it involves sacrificing certain aspects of individual freedom which the slums had allowed. Foley argues that the seductiveness of order can also be observed in post-war town planning:

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[10] Patrick Dunleavy, *The Politics of Mass Housing in Britain 1945-1975: A Study of Corporate Power and Professional Influence in the Welfare State* (Oxford: Clarendon, 1981), p.99.

> There is no question but that the plan carries its own aesthetics and that plan-preparation indulges in its own brand of tidying up. Putting enough green space on the map, 'cleaning out' some of the mixed uses, and articulating a clear line between different uses and between town and country these all must provide a particular satisfaction to certain kinds of persons. (Foley 220)

To a certain extent, order was seen to be desirable for its own sake. This may help to explain why many council high-rises turned out to be little more than simulacra of modernist principles. Built quickly, cheaply and without the communal facilities envisaged by Le Corbusier, they were approximations of an architectural style rather than a genuine expression of it. They reflected a need for order at the level of planning but were otherwise just tall and rather shoddily constructed buildings. This failure to fully embrace the modernist ideal opens up a new set of questions, the most pressing of which is this: what exactly was meant to be achieved by through this radical reorganisation of the built environment?

3.13. Normalisation and the Built Environment

If we accept that the built environment was seen (at least by an influential minority) as an instrument of social engineering in the post-war period, what was the nature of the social change that was expected to appear as a result? One potential line of enquiry which may offer some clarification is Dianna Taylor's analysis of Michel Foucault's concept of the 'norm', which he outlined in several of his Collège de France lectures between 1974 and 1978. In the context of this chapter, such 'norms' can be used to describe modes of behaviour and personal conduct which are widely accepted as 'normal' (i.e. so ordinary and socially acceptable that they appear unremarkable). Taylor argues that Foucault's desire to examine the manner in which norms are created and enforced supports his 'contention that nothing, even…those concepts , categories, and principles that appear to be most fundamental to making sense of the world, need simply be accepted' (Taylor 46). For Foucault, 'normalization' (the process through which norms become widely accepted throughout a society) is one of the key mechanisms used by modern states to exercise power over populations. Taylor asserts that 'normalizing norms encourage subjects to become highly efficient at performing a narrowly

defined range of practices.' Developing her analysis further, she argues that the repetition of these practices allow them to 'become embedded to the point where they are perceived not as a particular set of prevailing norms, but instead simply as "normal", inevitable, and therefore immune to critical analysis.' (Taylor 47) Essentially, the state is able to legitimise certain practices through normalization, resulting in norms becoming 'normal' and therefore merely accepted rather than challenged. The beauty of this process is that the more successful it is, the more invisible it becomes.

While this is only a somewhat limited articulation of Foucault's ideas and Taylor's analysis, the core of the argument (that modern states seek to promote a single pattern of behaviour at the expense of others) provides some insight into the goals which underlay post-war housing policy. While the Utopian ideals of the late 19th century failed to survive the Second World War intact, and the modernist principles represented by the work of Le Corbusier were never fully embraced, social housing still had a role in altering the fabric of British life. However, instead of bringing about radical social reorganisation, post-war housing policy instead attempted to normalize a set of largely middle-class values and apply them across British society. A simple example is provided by *In the Ditch*, when Adah struggles to find a replacement for her Pussy Cat Mansions home large enough to accommodate herself and her five children. She is informed that "large families are not trendy any more" and that keeping one's family size in check is "the new unwritten law" in most "civilized societies." (Emecheta 126) While the lack of four bedroomed homes is presented as purely a reflection of a larger social trend, restricting the number of larger homes is actually an expression of a social norm that dictates that poorer people should avoid having too many children. This norm is itself an extension of traits which the British middle-classes have generally identified with themselves, such as industriousness, financial prudence and self-restraint. In this context, if a family produces more children than it is able to provide for, then one or both parents will be perceived to have behaved in a manner which deviates from the norm derived from those values. Although this does not disqualify the family from receiving state help (Adah is entirely reliant upon state support for most of the novel), such families are marked apart (usually with the 'problem family' label or a variation of it).

Essentially, post-war housing policy reflected norms which had entered mainstream thought, shaping a housing stock which kept council homes small in order to reinforce the notion that families (especially poor ones) should also be small. This is just one example of the ways in which social housing attempted to alter the behaviour of those that failed to conform to social norms. It should also be noted that Taylor's analysis of the norm is a description of a philosophical concept, not a specific project carried out by an identifiable set of agents (such as politicians or town planners). Instead, normalization is perhaps best characterised as a structural property of the modern state, with individuals acting in a manner driven by cultural and social norms. This can include creating policies (which appear rational and morally correct in the context of those norms) which seek to modify the behaviour of others, be it through direct intervention or more subtle means. The following sections of this chapter will examine some of the ways in which normalization plays a role in post-war housing. However it is also first worth examining the overall asymmetry of power which existed between tenants and councils, a situation which helps to explain how government policy was able have such a profound effect upon the lives of council tenants.

3.14. Paternalism, Social Housing and Cultural Colonialism

The use of council housing as a social engineering strategy reflects the often paternalistic attitude of those who were responsible for planning, building and running it. It was extremely rare for prospective council tenants to be asked exactly where their new home should be built, or if they would prefer to live in a flat or a house. The decades-long post-war housing shortage also created long waiting lists, meaning that only those who were prepared to wait for years were able to exercise some choice about where they lived. Adah's desperation to move out of her vermin ridden single-room home prevents her from heeding the warnings of her neighbour Mrs Devlin, who is well aware of the dilapidated condition of the Pussy Cat Mansions. Adah's response that 'Any hole is better than this filth' pleases the housing manager, who is evidently happy at her lack of resistance considering the housing block's poor reputation (Emecheta 21). Adah's ready acceptance of the flat in this instance is entirely due to the severity of her current housing situation. Even the basic amenities of a poor-quality council flat represent a substantial improvement:

> …you don't know the gripping fears I go through every time I leave my
> children indoors to do some shopping, you don't know what it is like to
> realize that all of your letters were being opened and read before you
> lay yours hands on them, and you cannot dream what independence it is
> to have your own front door, your own toilet and bath, just for you and
> your family. (Emecheta 22)

The basic nature of the amenities that Adah describes here demonstrates the
extent that even a sub-standard council flat is (at least physically) superior to
slum-level housing. Even indoor plumbing represented a significant
improvement for many. Ravetz argues that this desire to escape from over-
crowded and dilapidated housing contributed to the emergence of a
relationship of 'barely concealed power' between housing managers and their
tenants (both current and prospective) (Ravetz 134). Until the mid-1970s, the
lack of transparency surrounding the process of council housing allocation
allowed housing managers to regularly imply that prospective tenants should
accept what they were offered, as a refusal would guarantee an even longer
wait (Ravetz 124). When she is finally moved from the Mansions, Adah is
informed that it is 'impossible to get you a four-bedroomed flat at the moment'
and attempts are made to steer her (and her five children) first towards a
smaller home, and then to larger one on the 14th and 15th floors of a new tower
block (Emecheta 126-7). Both of these options would involve Adah's standard
of living dropping even further, prompting her to ignore official advice and
deciding to hold out until something better is offered, a decision which
eventually pays off when she is offered a modern flat near Regent's park. It is
only Adah's willingness to stay in the Mansions that allows her to tip the
balance of power slightly in her favour, a strategy which was often unavailable
to people desperate to escape slum conditions.

The paternalistic attitude of the state, which ignored the actual desires of
council tenants in pursuit of larger goals, is demonstrated by two unasked for
(and largely unwanted) housing strategies: tower blocks and large, out of town
estates. In both instances, the people who designed and authorised them were
not the ones who were expected to live there. Hanley describes the two month
'sojourn' taken by Ernö Goldfinger in East London's Balfron Tower (one of
several similar blocks he designed in the 1960s Brutalist style) as 'a

condescending publicity stunt.' (Hanley 112) When Adah views a flat she's been offered in a high-rise she experiences vertigo as soon as she looks out of the window. The wisdom of her decision to refuse the flat is further confirmed when she meets the mother of one of her children's classmates who lives on the same floor, who has been driven to taking sedatives due to the combined effects of vertigo and isolation. The unsuitability of the flat for those with young children is further underscored by a lift which breaks down every two weeks. Despite being 'new, clean and very bright' and sited in 'one of the new wonders of modern London', these basic flaws make the flat less desirable than Adah's crumbling Pussy Cat Mansions home (Emecheta 127-8).

Out of town housing estates could also prove undesirable, despite offering relatively spacious low-rise housing with private gardens. While being cramped and crowded, living in the inner city offered more opportunities for work, entertainment and community life. In Nell Dunn's 1963 novel *Up the Junction*, Dave builds a makeshift home for himself in the ruins of the slum where he grew up. Its proximity to central London makes a half-demolished slum preferable to 'lousy Roehampton' where his family have now been relocated.[11] Hanley quotes a *Birmingham Post* article published in 1971 which reflects that when the children of the Wood estate (built on the outskirts of the city) 'are grown, they will have little or no affinity to Birmingham...The city will seem a million life-miles away.' (Hanley 16) In a superficial sense, housing estates were intended to grant the working-classes access to a healthy suburban mode of life, but instead often created single-class communities with limited access to entertainment, work and educational opportunities. In theory, both high-rises and out of town estates should have been undeniably superior to the slums that they replaced. Unfortunately, the paternalistic attitudes which shaped housing policy led to the widespread neglect of the desires of those who would actually have to live in the new social housing. This situation is at least partly the product of what Foley describes as the 'considerable traditional anonymity' enjoyed by British officials, who were given high levels of discretion with the expectation that it would be used 'fully in the public interest.' (Foley 213) Even when concerns regarding the vulnerability of such an arrangement to corruption are set aside, the absence of transparency or appropriate feedback

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[11] Nell Dunn, *Up the Junction* (London: Virago, 1988), p.32.

mechanisms makes it likely that projects would have been approved without any proof that they would fit the needs of the population they were intended to house. Simple flaws, such as the unsuitability of high-rises for people with young children or the isolation of out of town estates, would conspire to make many council homes unfit for purpose, despite their structural superiority to the slums they were built to replace.

These unsuitable solutions to the post-war housing shortage are symptomatic of the inherent asymmetry of power in the relationship between the state and council tenants. Not only did this asymmetry generate housing that regularly failed to satisfy the needs council tenants, but it could also have serious implications for their sense of agency. Ravetz argues that preventing people from choosing where they lived 'reinforced the habitually passive status of council tenants', which in turn increased their willingness to accept a constant 'official presence in their lives' (Ravetz 5). Essentially, the state was willing to provide housing for those who needed it, but only if they were willing to accept what they were given and surrender a degree of personal autonomy. Ravetz takes her argument even further, and asserts that post-war housing policy was an attempt to impose an entirely new set of behavioural and cultural norms upon working-class society:

> The whole operation was a culture transfer amounting to a cultural colonization: a vision forged by one section of society for application to another, to whom it might be more, or less, acceptable and appropriate. The tenure and design, together, were instruments of social reform; but this did not carry any new social programme over and above that implicit in the original inspiration. It asked nothing more of tenants than to live in the houses and to participate in estate life in ways approved by the middle-class reformers. (Ravetz 5)

Although it is unclear as to the extent that this 'cultural colonization' was a deliberate aim of post-war policy makers, it is perhaps the inevitable product of the housing system's paternalism and the power asymmetry between estate tenants and state officials. In practice, it is also apparent that this asymmetry facilitated an on-going attempt by the state to normalize certain behaviours. Of course, post-war housing policy was principally a series of responses to a

chronic shortage rather than a cohesive and planned enterprise, yet in practice it was steered by certain social norms based upon a relatively small and stable set of attitudes towards notions such as respectability, self-sufficiency and personal responsibility. These would have influenced the decision making of housing policy makers and town planners, even if they were not consciously pursuing a specific social objective. Of course, this created a situation in which the goals of the planners would not always accord with the desires of prospective tenants. Given that he was writing in 1960, Foley seems to have been somewhat ahead of the consensus when he observed that it was as yet unclear whether or not the 'enlightened middle-class view of what is best for people corresponds with the broad range of citizen reactions'. (Foley 219)

How these largely middle-class norms developed can be best understood by examining how larger social changes led to an evolution in the function of the family home, and also how the state used the home as a means of directly intervening in the lives of the poor.

3.15. Consumption and the Home

As the post-war period progressed, what it meant to be poor changed. Dominic Sandbrook identifies 1954 (the year in which rationing ended) as 'the real turning point between the immediate austerity of the post-war years and the rampant consumerism of the sixties'.[12] Home electrical goods, furniture, clothes and cars became more readily available and were in high demand due to substantial wage increases in the wake of World War II (Sandbrook 109). Consumption per capita would increase by 20% on average between 1950 and 1959, a change which would have a significant impact upon life quality for almost the entire population (Sandbrook 106).

The centre of this consumer boom was the home. Many of the most desirable objects, including furniture, televisions, refrigerators and washing machines, were purchased in order to improve domestic life by incorporating comforts and conveniences which had previously been located outside of the home. Ravetz also describes the period between 1920 and 1970 as a time in which 'the nuclear family home became pre-eminently important for all classes, as

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[12] Dominic Sandbrook, *Never Had it so Good: A History of Britain from Suez to the Beatles* (London: Abacus, 2005), p.106.

the seat of personal and marital fulfilment and the focus of consumption'
(Ravetz 2). The notions of family, home and consumption were closely
entangled in post-war British life, and in many respects the lines between the
three are difficult to pinpoint. However, in the context of problem families,
there are two general consequences to these changes: the replacement of
community life with family life, and the role of consumption in attaining (and
maintaining) respectability.

In *Family and Kinship in East London*, Willmott and Young make a number of
observations which suggest that family and home were increasingly being
treated as the centre of life, often at the cost of community ties and extended
kinship networks. One significant change was in the behaviour of husbands,
who were spending less time in pubs and more with their families at home;
much to the consternation of publicans who 'lament the loss of trade' (Willmott
& Young 1957, 9). Overall, their survey of Bethnal Green residents found that
fathers and husbands were substantially more interested in the condition of
their home and the welfare of their children than before the war (Willmott &
Young 1957, 5). This is partly attributed to post-war housing improvements,
which ensured that men would have a home that they would actually want to
return to:

> In the old days [homes] were even more overcrowded, uncomfortable
> and dirty; more often than not shared with other families. Damp
> washing draped in front of the kitchen range, crying children and a tired
> and disgruntled wife were all that awaited most men after a long and
> hard day's work…For many men the bar in the pub was as much a part
> of their living space as the room in their home… (Willmott and Young
> 1957, 8)

While this reasoning is somewhat simplistic, it is evident that the home and
family were increasingly taking precedence over other male pursuits. This
ensured that a greater proportion of the family income would be spent upon
improving the home, often in the form of consumer durables such as furniture,
white goods and (of course) televisions. Although this provides some insight
into the interactions between working-class family life and consumerism,

rather more is offered by Willmott and Young's examination of life on the new council estates.

Willmott and Young surveyed the experiences of current Bethnal Green residents with their former neighbours who have since moved to a recently built council estate in Essex. The estate, which is given the pseudonym 'Greenleigh' in order to preserve the privacy of the survey's participants, is approximately twelve miles from Bethnal Green, and is far enough outside of London that cows graze in a nearby pasture (Willmott & Young 1957, 97). Willmott and Young observe that the behaviour of the former East-enders seems to change when they arrive in the new estate. Instead of being outgoing and gregarious, the majority seem to prefer to 'keep themselves to themselves.' (Willmott & Young 1957, 121) Although there are a number of unpleasant effects associated with this change (including an increase in passive aggressive behaviour and gossip), it appears that it is principally a consequence of the increasing emphasis upon the home and the nuclear family in the lives of family members. This is particularly obvious in the case of husbands and fathers who have taken their involvement in domestic pursuits 'a stage further' than their Bethnal Green counterparts. One respondent observes that, since moving to Greenleigh, 'You seem to centre yourself more on the home. Everybody lives in a little world of their own.' (Willmott & Young 1957, 119) Willmott and Young partially attribute this growing emphasis on the home to the increasing availability of television, which 'compensates for the absence of amenities outside the home, and serves to support the family in isolation.' Although pubs and cinemas are relatively accessible (albeit often by train or bus), life in Greenleigh is expensive, with rents which are three times the Bethnal Green average, combined with the necessity of using public transport for commuting and socialising (Willmott & Young 1957, 117). For many, buying or hiring a television must have seemed like the economically rational choice, although it would still retain its status as a luxury item for some years to come. The growing emphasis upon home rather than community life was also reflected in the diminishing importance of community centres, a change which Ravetz also attributes to the growing availability of television from the mid-1950s onwards (Ravetz 140).

This shift altered the terms by which a family was considered to be 'successful' or not, both for the state as a governing body, and for those who actually lived in social housing. Not only would a family be judged by the interpersonal relationships between its members and their community, but also in the level and style of their consumption. As ever, problem families struggled in this latter respect, as their poverty largely excluded them from consumer culture; a failure which would regularly result in further stigmatisation. The mechanisms of this exclusion were largely based upon the much older concept of 'respectability', a notion which encompassed a set of behaviours and attitudes associated with social acceptability. Ravetz observes that the way in which these were defined 'had countless variations in different social groupings, times and locations', but concedes that a certain number of the 'most essential and enduring ingredients' were relatively consistent across most working and middle-class contexts. These included restraint in the consumption of alcohol (sometimes even to the point of abstinence), cleanliness and 'an orderly domestic life that depended, amongst other things, on the regular payment of rent.' (Ravetz 27) Such definitions were premised upon the belief that the home should be a place of stability and order, criteria which (by definition) problem families struggled to satisfy. In a more general sense, Ravetz argues that respectability was 'essentially a measure of distinction', a way of defining yourself (or your family or community) in opposition to others (Ravetz 26). From a Foucauldian perspective, respectability is an important normalization mechanism which enforces social norms. As problem families were identified by the inability or unwillingness to follow social norms they therefore provided a low point against which other families could define themselves positively.

The stigma of failing to follow normal patterns of consumption would be compounded by the growth of general affluence from the 1950s onwards which would increase the social importance placed upon the acquisition of material goods. Willmott and Young devote some time to discussing how Greenleigh residents place far more emphasis upon material markers of success than their Bethnal Green counterparts, even though the estate is comparatively more homogenous in terms of income and education.

> The struggle for possessions is one in which comparisons with other
> people are constantly made. Some of those who have achieved a more

> complete respectability look down on the others; those with less money
> resent the more successful and keep as far away from them as they can.
> (Willmott & Young 1957, 133)

In some respects, this drive to consume household goods was a consequence
of moving to Greenleigh, which offered larger and better appointed homes
than were available in Bethnal Green. Willmott and Young describe new arrivals
quickly becoming 'conscious not only of all they have got which they never had
before but also of all the things they need which they still lack.' (Willmott &
Young 1957, 129) The relative spaciousness of these new council homes
provided many working-class people with their first opportunity to fully
participate in the emerging consumer culture. In the case of Greenleigh,
Willmott and Young observe how the 'new arrivals watch the first-comers, and
the first-comers watch the new arrivals,' both of whom feel 'the same pressure
for material advance'. Acquisition and respectability are seen as going hand-in-
hand, as those 'who make the most progress are those who have proved their
claim to respectability, Greenleigh-style.' (Willmott & Young 1957, 132)

This obsession with accumulation becomes the butt of a series of jokes in Willy
Russell's play *Breezeblock Park*, first performed in 1975. Set on an estate in
Liverpool, the action takes place in two virtually identical council houses, the
sets for which are reversed and the décor altered to inform the audience that a
change of location has taken place.[13] The homes belong to Betty and Reeny,
two sisters who consistently compete to outdo the other by purchasing new
furniture and installing home improvements. Three piece suites play a crucial
role in this activity, with Betty sternly maintaining that hers cost at least 'Three
hundred pounds and not a penny less!', and later has to fight to maintain her
composure when Reeny casually mentions that her own cost significantly more
(Russell 2 & 18). Later, Betty is galled when she finds out that Reeny has
installed central heating in her home and slyly comments to her daughter
Sandra that 'She might have had central heatin' put in, but it's obvious she
can't afford to switch it on.' (Russell 16 & 53) Although this competitiveness is
cast as part of a larger sibling rivalry, its comic effectiveness is dependent
upon the audience recognising (and perhaps even sympathising with) the

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[13] Willy Russell, *Breezeblock Park* (London: Samuel French, 1978), p.63.

perpetual need to 'keep up with the Joneses'. Willmott and Young argue that while this kind of conspicuous consumption is made possible by the building of new council homes, it is also reinforced by a desire to 'conform to the norms of the estate…lest they do not fit.' (Willmott & Young 1957, 132) Ultimately, although new homes provided council tenants with the opportunity to participate in consumer culture, participation would become essential to maintaining respectability.

Establishing respectability and social distinction through the accumulation of material possessions was not limited to the estates. *In the Ditch* features the Small family, whose relative wealth allows them to be one of the few households in the Pussy Cat Mansions which can take part in consumer culture, albeit in a limited fashion. They are apparently the only family in the Mansions who are able to afford to shop in Mothercare, a fact that they use to distinguish themselves from 'the dregs', perceiving themselves to be 'in a class higher' than the rest of the residents (Emecheta 28). Although the Smalls are unusual in their level of consumption in comparison to the rest of their neighbours, the pressure to consume to attain respectability was a common and sometimes crippling challenge for the poorest tenants in social housing. Hanley observes that when poorer council house tenants (especially in the early post-war years) moved into their new homes they were 'required for the first time to buy or rent curtains, and to ensure that their children had shoes.' Even though this level of consumption is so minimal that it barely counts as participation in consumer culture, those who failed to achieve it 'became the ultimate pariahs' (Hanley 14). Adah's escape from problem family status is partly achieved after she stops using the Pussy Cat Mansions clothes exchange. Instead of wearing what are obviously old and worn out cast-offs, she develops her sewing skills so she can make new clothes for herself and her children. Even though her early results aren't perfect, they are 'new and clean' and at least provide the illusion that she can participate in consumption, thereby demonstrating her ability to follow social norms and attaining a level of respectability on a par with her new neighbours on the Regent's Park council estate (Emecheta 136).

Although consumption was a key part of achieving respectability, it was not the only reason why people wanted to participate in it. Colin Smith, the protagonist

of Alan Sillitoe's *The Loneliness of the Long Distance Runner* (1959), quickly develops a taste for consumer culture after his mother uses the proceeds of his late father's life insurance policy to buy a new television. Not only does the television offer entertainment to Colin and his family, but it also introduces desirable products directly into their living room:

> ...the adverts on the telly had shown us how much more there was in the world to buy than we'd ever dreamed of when we'd looked into shop windows but hadn't seen all there was to see because we didn't have the money to buy it with anyway. And the telly made all these things seem twenty times better than we'd ever thought they were...We used to cock our noses up at things in shops that didn't move, but suddenly we saw their real value because they jumped and glittered around the screen...not like the crumbly adverts you saw on posters or in newspapers as dead as doornails...[14]

For Colin, television breathes life into previously inanimate commodities, transforming them from inert objects which could be easily ignored into irresistible delights. After the family exhausts the insurance money, Colin is reluctant to return to his previous former factory worker existence and takes to roaming the streets, 'hoping to get [his] hands on another five hundred nicker so's the nice life...would go on and one for ever.' (Sillitoe 1959, 21) He turns to crime as a shortcut to affluence and, despite an arrest and a stay in borstal, he eventually becomes a fully-fledged (and successful) career criminal. Although most poor people were unlikely to turn to crime in order to secure unobtainable luxuries, a far more widespread problem for poorer families would come from the 'buy now, pay later' culture of hire purchase.

In Ken Loach's 1966 television drama *Cathy Come Home*, after moving into a spacious and modern council flat, Reg and Cathy are spending £5 a week on credit purchases (a substantial sum considering that their rent is £10 per week).[15] This expense quickly becomes unsustainable after Reg is injured at work and is forced to go on to sickness benefit. In *Up the Junction*, buying on

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[14] Alan Sillitoe, *The Loneliness of the Long Distance Runner* (London: Grafton Books, 1985), p.21.
[15] *Cathy Come Home*, dir. by Ken Loach (BBC, 1966).

the never-never is an accepted part of everyday life, from clothes bought from the 'Pay-as-You-Wear shop' to sofas and beds (Dunn 1963, 15). Hiding from the 'Tally Man' is an equally accepted part of life or, if hiding fails, paying the minimum acceptable amount to make him leave (Dunn 1963, 9-10). The credit purchase business model is explained by Barny, who sells over-priced goods door-to-door in exchange for a small initial deposit and a repayment plan based on extortionate interest. However, he boosts his profit margins further when his clients struggle to pay him back, with housewives (often keen to prevent their husbands finding out about their purchases) providing particularly easy prey:

> '...they're the best of all because they'll do anything to stop their husbands finding out. After a bit you loan 'em ten pound' at the rate of seven shillings in the pound to be paid back in ten weeks - So there you are, collectin' twenty-seven bob a week. Then if after five weeks they're a bit short you say "All right love. I'll help you out, I'll tell yer what I'll do. I'll lend yer another tenner." So you give 'em another ten, subtract what they still owe yer from the first ten- say it's five with another thirty-five bob on top fer the interest and then they usually give yer five bob - "You've bin good to me" - and all that. Then you walk out of the flat leavin' three pound' and they've got to pay you twenty-seven bob fer the next ten weeks - oh it never ends...' (Dunn 1963, 126)

Essentially, with minimal effort and cost to himself, Barny is able to provide loans which should be paid back in ten weeks at 35% interest, into debts which are never fully repaid and continue to accrue interest. A simple loan is therefore transformed into a stream of small payments which continue almost indefinitely. The apparent ease which goods can be bought from Tally Men tempts some of the very poorest families (whose grasp of capital finance appears minimal) to sell their purchases for short term gain:

> '...she's a pawnshop call. You sell 'em a pair of blankets and ten minutes later she's sold 'em fer cash to a woman down the road and she's got to keep on paying me five bob a week for something she hasn't even got. You don't know how daft some of' em are - they think they're being clever...' (Dunn 1963, 124)

The emergence of mass influence and consumer culture generated new difficulties for problem families. Although their living conditions would eventually improve as social housing became more widely available, their poverty would ensure that they were still largely excluded from most forms of consumption. This prohibition had serious effects on their ability to achieve respectability, and their desire to participate in consumer culture would drive a minority to crime and a majority to hire purchase, both of which could have serious long-term impacts on their lives.

3.16. Changing Behaviour through Social Housing

As larger social changes surrounding the privileging of family over community life and the rise of consumer culture brought about an increased emphasis upon the home for the working-classes, the state capitalised on this change to modify the way in which council tenants behaved. Ravetz observes that the roots of this ambition can be traced back to the end of the First World War, the period in which British governments first began to make large-scale interventions in housing (albeit in a much more limited fashion than after the Second World War). She argues that such an activity would not have received wide support were it not for the 'complete trust in the power of "ideal" environments to bring about not only material but social reform.' (Ravetz 4) Letchworth and New Earswick, planned communities built in the early 20th century, provided the 'garden city' model which brought the notion that housing should conform to planned interior and exterior layouts into the mainstream (Ravetz 65). The aim of these 'ideal' layouts was not only to improve living conditions within the home, but also to increase social cohesion between neighbours, thereby engendering a sense of community. The 1944 Dudley Committee report, commissioned by the Ministry of Health in 1942 to establish how interwar social housing policy should be updated, endorsed this concept (Ravetz 96). While many of the committee's recommendations regarding size and construction quality would be later ignored in the post 1951 rush to build, it nevertheless demonstrated a belief that behavioural change could be achieved through improved housing.

3.17. Creating Conformity

In practice, the aims of council planners and architects seemed to be primarily focused on encouraging tenants to conform to certain social norms. Drawing upon her own experience of growing up on a council estate in the 1980s, Hanley expresses outrage at those who designed and commissioned post-war social housing:

> It was the anonymity and conformity of the estate as a whole that threatened to consume me. It felt as though the identikit homes produced identikit people. I'm ashamed to reduce people like this, for I know that every one of them has a story far more fascinating than the flat face of their house would ever reveal. (Hanley 34)

Some of the factors which contributed to the bland, unpleasant repetitiveness of council estate design have already been discussed in this chapter, of which the state's desire to build quickly and cheaply is probably the most obvious. However, it also seems clear that Hanley's description hints at a darker side of the universality which underpinned the welfare state. While such universality should guarantee that the state will take responsibility for the well-being of its citizens, it also demands that the entire population should conform to certain behavioural expectations in order to secure a better future.

In *Modernity and Ambivalence*, Bauman argues that modern states tend to 'laud and enforce...ethnic, religious, linguistic [and] cultural homogeneity.' (Bauman 1991, 64) Such an activity is a vital aspect of modern state governance as nations are defined by the territory they control rather than the populations that occupy it. Therefore, modern states contain different populations which do not necessarily share in common customs, modes of behaviour or life aims. In order to make a nation viable, Bauman argues, it is necessary to 'universalize the cognitive/behavioural patterns associated with friendship inside the boundaries of the realm.' (Bauman 1991, 63) In order words, the state must bring about certain conditions which will encourage the population as a whole to think and behave in a similar manner, therefore creating a consensus of purpose and ideology which will allow cohesion at the national level. In the context of this theoretical framework, Hanley's concern that 'identikit house produced identikit people' highlights how social housing

could be harnessed to create the conditions in which a single pattern of behaviour become privileged above all others. As a result, Beveridge's desire to rid Britain of squalor would eventually be interpreted as a mandate to try to bring the behaviour of the working-classes in line with the values of the middle-classes, who were in a position to define exactly what constituted 'normal'.

A central aspect of this 'normality' was the nuclear family, an institution which, as previously discussed, had been steadily growing in importance throughout society since the interwar years. From its beginnings at the start of the 20th century, British social housing was consistently designed to accommodate nuclear families, thereby signalling that such a mode of existence was not only usual, but desirable. Lorna Sage's 2000 autobiography *Bad Blood*, documents her family's move to a council house, a home 'designed for the model family of the 1950 ads: man at work, wife home-making, children (two, one of each) sporty and clean and extrovert.'[16] In effect, the layout of the home demonstrates how architecture could be used to inculcate certain patterns of behaviour, with Foucauldian norms becoming incorporated invisibly into the very fabric of the building. From an outside perspective, the household may well have appeared to conform to this standard nuclear family model, yet Sage, her brother and her parents seem immune to the 'planner's conspiracy against disorder', creating an improvised 'shift system…[which meant we]…never really shared the open-plan living-room and never sat down to eat at the same time.' (Sage 110) Furthermore, Lorna's mother struggles with the role which the home assigns to her:

> According to the people who'd planned these houses, and to the advertisers and the social psychologists, housework was her calling and she simply couldn't do it; she had a kind of genius for travesty when it came to domestic science. (Sage 119)

Lorna's mother is 'exposed' by the 'brand-new house full of light and hard, washable surfaces' which betray the gaps in her homemaking skills (Sage 119). Cooking is also portrayed as an ordeal, with Sage devoting several pages to

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[16] Lorna Sage, *Bad Blood* (London: Fourth Estate, 2001), p.89.

descriptions of vegetables which must be tamed by hours of boiling, and meat which is only considered edible after an extended cremation in hot fat (Sage 120-2). Lorna's mother is clearly unsuited to the gender role which the new house demands, and is much happier when the family eventually moves a crumbling Edwardian villa, which promised to replace the 'open-plan overcrowding' of the council house with a 'heady aura of dereliction and privacy none of us could resist' (Sage 223).

The failure of the housewife to properly conform to gender ideals is identified by Stevenson and Wofinden as a direct cause of the many of the issues associated with problem families. Stevenson blames the 'failure' of 'about one in five of these families' to be 'directly due to the limited intellectual ability...of the mother.' (Stevenson 148) Likewise, Wofinden contends that 'a mentally defective mother is not a fit person to make a home for children', arguing further that if 'mental defectives were efficiently ascertained and adequately dealt with we should have progressed towards solving the slum problem' (Wofinden 139). As discussed in the previous chapter, in the context of Blacker's *Problem Familes: Five Inquiries*, it was health visitors and social workers (rather than qualified psychiatrists) who assessed whether or not a housewife was 'mentally defective'. As laypeople, they tended to use the housewife's appearance and the condition of the home as the yardstick to judge her adequacy as a homemaker (Blacker 1952, 58). Failing to follow the duties associated with one's gender was enough to be labelled mentally defective, a fact which makes Stevenson and Wofinden's assertions looks more like tautologies than explanations. In effect, the use of 'ideal' layouts in council homes which privileged a specific model of family life would serve as a reminder of the importance of fulfilling one's proper gender role.

The extent to which these methods were effective is difficult to ascertain. Certainly there is evidence from fiction and non-fiction texts to support the argument that internal and external housing planning attempted to exert some influence upon council tenants, but the extent to which it this was actually successful is less clear. Such a question also assumes that planners and policy makers actually knew how their creations would affect their residents, and that all council building projects were part of a coherent plan (at least at the local level, if not the national). Even in 1965, when social housing construction was

still in full swing, Foley questions the wisdom of using of town planning principles to radically redesign existing communities when the long-term effects could only be guessed at (Foley 220). Likewise, Ravetz frequently describes social housing policy in Britain as a series of 'experiments', implying that ideological and political pressures played a far greater part in shaping the council house stock than empirically gained expertise (Ravetz 104, 157 & 237). Peter Willmott's investigation of life on the Becontree council estate in Dagenham in the early 1960s (published as *The Evolution of a Community: Dagenham After 40 Years*) aimed to examine how poor town planning would affect residents.

> A third reason for the choice of Dagenham was that it is, in terms of town planning, such a monstrosity. Its design and layout offend most of the canons of urban planning, and it is commonly held up, among planners and architects, as a dreadful warning - a supreme illustration of how not to build a new community. Here, if anywhere, one might see how planning mistakes had warped the social life of a community.[17]

If Becontree can indeed be taken as an example of 'bad' town planning, then the extent to which its residents suffered as a result can perhaps be taken as a measure of its overall importance to the lives of individual people. Becontree's sprawling size (27,000 houses over four square miles), almost entirely single-class population and lack of a centralised shopping and recreation area all demonstrate a substantial failure to conform to the town planning ideology of the time (Willmott 3, 57 & 88). Yet, somehow, Willmott records a reasonably high degree of tenant satisfaction. Most describe their neighbours as 'friendly', a significant departure from the results of a similar line of questioning made at the Greenleigh housing estate in Willmott and Young's earlier investigative work *Family and Kinship in East London*, which found that over half of those questioned considered their fellow residents 'unfriendly' (Willmott 58). Willmott is even forced to entertain the possibility that Becontree's almost purely working-class population may be 'an asset' rather than one of its 'biggest faults', and that its lack of class balance (due to the almost complete

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[17] Peter Willmott, *The Evolution of a Community: Dagenham After 40 Years* (London: Routledge & Kegan Paul, 1963), p.x.

absence of middle-class residents) actually contributes to the cohesion of the community (Willmott 114-5).

Although Willmott does not let this hypothesis go untempered, his overall analysis of the estate is that poor town planning has not had the devastating effect upon the community that one might expect.[18] While Becontree's faults are widely recognised by the residents, the overall impression given by those interviewed is still one of satisfaction. Willmott points out that many residents 'are not oppressed by the architectural monotony and dreariness' of the estate, and are instead happy to look past these shortcomings due to the value they place upon its human community. Crucially, Willmott is keen to remind the reader that such satisfaction is not enough 'to excuse bad architecture or town planning…[but]…rather to draw attention to human resilience and the vitality of traditional social patterns.' (Willmott 110) In light of this analysis, the effectiveness of social engineering strategies premised upon the use of the built environment seems limited. Despite being an anathema to the principles of post-war town planning, Becontree had managed to become a viable community, bringing into question the extent to which such principles are actually useful in practice. If terrible town planning cannot be shown to always create social problems, can 'good' town planning be shown to effectively and consistently change behaviour either?

3.18. Direct Intervention

Although, as discussed earlier in the chapter, the state attempted (not always successfully) to use new architectural ideas to influence the behaviour of council tenants, it was also willing to make direct interventions into their domestic lives. Ravetz observes that interwar estate management was largely oriented towards 'regulation, education and control', a pattern which would be retained after the war and would only gradually die out (Ravetz 116). In many respects, it is evident that councils were (at least initially) keen to encourage their tenants to embrace middle-class values and behaviours. The residents of the Phoenix tower in Allingham's *The China Governess* are subject to certain rules and regulations, including a prohibition on hanging bedding out of the

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[18] One example of a negative effect of class imbalance offered by Willmott is education, which he believes has suffered due to the lack of middle-class students in schools, thereby preventing 'intellectual or cultural cross-fertilization between children from different kinds of social background.' (Willmott 115)

windows, policing their children's behaviour and generally avoiding making unnecessary noise (Allingham 12). Such rules suggest that councils were concerned that the people moving into new accommodation (especially those who had previously lived in slums) were either unable or unwilling to treat their new homes properly. Apparently this fear would have been understood or at least recognised by much of the general public, as Allingham chooses to use it as a plot device to justify the involvement of high-level police officials in what is essentially an instance of vandalism (Allingham 16). Ravetz cites real-world examples of handbooks which were distributed to new council tenants, many of which were first drafted in the interwar years but would often continue to be distributed into the 1960s. She includes an extract taken from a 63 page booklet issued to Dagenham tenants, titled 'Hints for Housewives', which asks: 'Have you ever thought seriously about your front door and what it symbolises?', a question which is followed by 'an instruction to polish it regularly all over.' (Ravetz 118-9) These fictional and real-life examples demonstrate the extent to which the state believed that it was necessary to regulate the domestic lives of the working-classes in order to bring them into line with middle-class values.

In addition to these types of rules, commentators such as Ford et al and Stevenson argue that it is necessary to make state-mandated interventions into the interiors of problem family homes. Both reference the work of the Pacifist Service Units (PSUs), created during the Second World War and made up of conscientious objectors who refused to participate in work relating to the war effort but were keen to provide aid to urban civilian populations. In 1947, some of those who had worked with the PSUs branched out to form Family Service Units (FSUs), first in London and then in other English cities (Welshman 462-3). Stevenson argues that the efforts of the PSUs have

> … shown that example is more potent than words and that often the only way to make a mother want a clean floor is to get down and clean it, so that she sees a clean floor for the first time in her own house. (Stevenson 152)

Ford et al go further than Stevenson, proposing that problem families need 'someone to help them run the home, plan meals, arrange cleaning and other

household chores and to organize their disorderly budgeting.' They go on to suggest that such work is best accomplished by charities and voluntary organisations such as the FSUs, as such a task involves committing more resources than most councils can afford. He also speaks in glowing terms of the Salvation Army's Mayflower Training Home which specialises in teaching 'mothercraft', regretting only that it is 'limited to mothers subject to a court order.' (Ford et al 49-50) However, in both instances it is clear that the failure to conform to certain (i.e. middle-class) domestic standards is enough to justify the involvement of outside parties in the home, be it through direct action on the part of the state or mandating the intervention of voluntary organisations. As with the 'ideal' layouts of council homes, such attitudes further demonstrate the importance which the state attached to traditional gender roles.

Properly observing gender roles was also a potential way of gaining respectability for those whose economic circumstances largely excluded them from participating in consumption. In the interwar context, Ravetz argues that 'wives…were crucial in setting their families' level of respectability', and that those who clearly put substantial effort into maintaining the home (even if that home was in a slum) were distinguished from the 'social dregs'. Those who worked hard at being a housewife were generally given preferential treatment by charity workers, confirming the importance attached to gender roles (Ravetz 27). Such attitudes seem to have persisted into the post-war period, with the headmistress of the school attended by Adah's sons admitting to her that she tends to be rather strict with them because she 'know[s] the standard you expect of them.' She understands that Adah is 'a human being caught up in uncomfortable circumstances' who is doing everything possible to raise her children properly (Emecheta 95). In general, being seen to conform to an appropriate gender role (especially in the case of mothers and housewives) was an effective way of deflecting the accusation that poor living conditions were the consequence of personal failings or bad decision making, but instead the product of forces outside of individual control.

3.19. Surveillance

Social housing provided an opportunity for the state to monitor and control the domestic lives of its tenants on a national scale. The legitimacy of this

surveillance was not widely questioned in this period, partly due (as discussed earlier) to councils being concerned that some of their tenants would struggle to adjust to non-slum housing, and also because council homes were ultimately the property of the government, thereby blurring the line between private and public property. Ravetz observes that being given a council flat was a benefit of 'presumed immensity', giving rise to the overall feeling that 'people must be monitored to ensure they did not abuse it.' (Ravetz 114) For millions of people, varying levels of state surveillance would simply be a fact of life. This supervision would take many different forms depending on the time and context. Some were essentially information gathering exercises, involving interviews intended to assess a family's level of need, while others, such as visits from estate managers and family advisors, would take place within the home in order to examine living conditions. The assumption behind all of these monitoring activities was that it was necessary to have detailed knowledge of people's incomes, family size, health status, and spending habits in order to provide them with appropriate help. In practice, however, state supervision occupied an ambiguous role in the lives of many council tenants. For some it simply represented an unwelcome and unasked for intrusion into their private lives, especially for those who felt that their needs were adequately met through their housing and were simply uninterested in further help. Yet others, especially those who were dependent upon the state for their income as well as their housing, understood that cooperation was an essential of getting the help they needed, resulting in a rather more complex relationship with the state.

From a theoretical perspective, surveillance can be understood as a crucial aspect of modern governance. In *Society Must be Defended*, Foucault argues that the 'delicate mechanisms of power cannot function unless knowledge, or rather knowledge apparatuses, are formed, organized, and put into circulation' (Foucault 33). In essence, he contends that it is necessary for the state to accumulate information about its subjects in order to effectively rule. As with normalization, the proliferation of surveillance in the post-war era was not the product of the British state consciously deciding that it needed to interfere in the lives of the poor and working-classes. Instead, the forms of surveillance that will be discussed in the following sections were the product of the state's decision to make a widescale intervention in the housing sector. As highlighted

earlier, gathering information about tenants could be justified on the grounds that the government's investment had to be protected. However, it was also a very necessary part of understanding exactly what kind of interventions were needed to deal with the acute shortage of housing that would persist into the late 1960s. It must have seemed entirely rational for councils to appoint officials to identify people who were most in need and to ensure that financial and housing assistance were not being claimed dishonestly (indeed, such practices remain a central part of welfare state bureaucracy). Unfortunately, many council tenants (especially the poorest) would experience negative material, social and psychological effects as a result of state surveillance.

3.20. Prospective Tenants and Council Assessments

For many prospective council tenants, state surveillance would begin well before they received the keys to their new home. The assessment of new applicants was generally carried out by a home visit from a council official. Ravetz argues that this procedure was used partly to 'verify people's details and degree of housing need', and partly as 'a spying operation on people's domestic standards, allowing such things as the state of bedding and presence or absence of three-piece suites to be noted.' (Ravetz 134) Hanley notes that this approach was established in interwar housing allocation practice, in which slum dwellers who were to be moved to the new estates were asked about 'how they did their washing, whether they kept noisy or quiet pets, and how - if at all - they budgeted for essential items.' Those who were considered to be more proficient at managing their finances and domestic life would be rewarded with indoor plumbing, while those deemed less worthy would 'get a rented terrace without a bathroom' (Hanley 13). After the war, examining how prospective tenants behaved in their homes would remain a common and acceptable practice well into the 1960s. The continuation of this practice suggests that the state still viewed prospective tenants as being potential sources of trouble. Although, as discussed earlier in the chapter, British social housing was largely driven by the belief that bad living conditions would have an adverse effect upon behaviour, the allocation of poorer families to inferior accommodation implies that councils were still concerned that their new homes could be turned into slums by those who lived there. This attitude was evident in a statement made by Newham's Town Clerk in response to a petition from residents made in the wake of the 1968 Ronan Point disaster. The

petition read: 'Under present conditions we will flatly refuse to leave our present slums to enter modern slums.' The Town Clerk responded that 'Whether the blocks become slums or not will depend on the people who live in them.' (Hanley 110) This statement reveals how attitudes towards the poor did not always undergo the changes which one might expect after more than two decades of welfare state reform.

The notion of respectability was a key part of post-war housing policies. Not only did those who had shown that they were able to properly manage their finances and keep an orderly household were more likely to be given better accommodation, but those who failed to do so were often placed together. Although this was generally done in order to prevent 'respectable' tenants from being bothered or threatened by 'rough' neighbours, one potential result of following such a policy was the creation of 'ghettos within estates' (Ravetz 132). *In the Ditch*'s Pussy Cat Mansions have fallen foul of this tendency, and has become 'a problem place', a block which is now almost exclusively occupied by those who are dependent upon the state. Adah quickly realises that being housed there is a punishment for failing to achieve self-sufficiency, a notion communicated by barbed wire covered windows and flats that 'were dark in sympathy with the dark atmosphere.' (Emecheta 26) Overall, it seems that councils simply believed that prospective tenants could not be trusted to make the best use of their new homes unless they satisfied a number of expectations surrounding private behaviour and the state of their existing home. Unfortunately, such an attitude spelled disaster for problem families, who struggled to attain respectability because of their inability to participate in basic consumption or maintain an orderly existence (often because their home was tiny and lacked proper cooking or washing facilities). As a result, despite the welfare state's aim of eliminating squalor, the assessments made by council officials could often exclude those who suffered the most from chronic poverty.

3.21. State Surveillance in Everyday Life

Once new tenants moved into a council home there was no guarantee that the state would not continue to monitor their domestic lives. The single mothers of the Pussy Cat Mansions are prevented from having short-term or long-term male partners, as regular visits tend to attract the attention of the 'dole people

[who] would like to know if the fancy man would help with the support of the mum'. In theory, this line of questioning was intended to ensure that single mothers were prevented from gaining a second income from a male admirer, although in most cases it merely 'drove the fancy men away' (Emecheta 67). This kind of surveillance, which is facilitated by the high concentration of single mothers and problem families in a single housing block, has an immediate and serious impact upon the lives of many of the Mansion women. Not only are their prospects of marrying or remarrying severely reduced, but they are also 'sex-starved', a particularly unpleasant situation 'for women in their twenties who were once married'. Adah even argues that this particular form of deprivation is 'probably one of the reasons why places like the Pussy Cat Mansions were usually a breeding ground for breeding skinheads and generations of unmarried mums.' (Emecheta 67-8) Ironically, the state's concern regarding the potential cost of minor benefit fraud actually results in more single mothers who need income support and more young delinquent men who are less likely to make a financial contribution to society. The experiences of these women mirror that those of Joyce McInulty, (discussed earlier in this chapter in the context of Jackson's 1971 article 'What is a Problem Family?'), who loses part of her state benefit because her separated husband visits her flat to see their children (Jackson 18). Again, surveillance is used to monitor the domestic lives of tenants due to the assumption that they will attempt to defraud the benefit system.

3.22. Performing Poverty

State surveillance in social housing tended to generate a series of snapshots of family life rather than an accurate portrayal. One Mansions mother complains that a social officer visited her flat while she was bathing two of her babies, leaving her two other children (dressed only in their vests) to answer the door. As a result, the social officer wrote to the school to say that help was needed because the 'children looked deprived' (Emecheta 103). This approach could also have the opposite effect, as home visitors may not believe the extent of a family's hardship unless the state of the home meets their expectations. Whoopey, a fellow Mansions single mother, warns Adah that in order to attain further financial help she'll need to demonstrate to an officer from the Ministry of Social Security that she is genuinely struggling to get by on her current benefits:

> '*Those* lousy men! If your home is warm and you look nice, they'll think you get extra income from God knows where, and may not approve your grant, you know. You have to whine all the time, and make a song and dance of the fact you're unsupported…We are poor, and the bastards want us to look poor.' (Emecheta 60, her emphasis)

Adah learns that poverty is something that must be performed to the satisfaction of the state. She must publically conform to her role as a problem family mother in order to produce an accurate picture of her poverty. Although she is genuinely battling against difficult circumstances in order to the best for herself and her children, she must ensure that her struggle is reflected in her appearance. In effect, she must perform the part expected of the deserving poor, being careful not to appear 'greedy' by asking for items which should be paid for out of her family allowance, even if those include essentials such as night clothes for her children (Emecheta 57).

The performance required of Adah goes further than simply ensuring that she appears poor and deserving when visited by state officials. She discovers that she must embrace the role assigned to her in order to receive the support which she needs. Under pressure from Carol, the Mansions family advisor, she leaves her respectable civil service job and neglects her sociology studies in order to spend more time looking after her children (Emecheta 39). This decision marks the completion of her 'socialization', closing the 'middle-class chapter' of her life and forcing her to admit that she now 'belonged to no class at all.'

> She couldn't claim to be working class, because the working class had a code for daily living. She had none. Hers was then a complete problem family. Joblessness baptized her into the Mansions society. (Emecheta 40)

The use of the word 'code' here is particularly telling. In order to convince the state that she needs assistance, it is necessary for her to surrender her desire to conform to the codified behaviours associated with independent life as a member of the working or middle-classes. Her 'baptism' is the surrender of her

own agency to welfare state, and the acceptance that she must now conduct herself in the manner expected of her.

Constant monitoring by various parts of the welfare system (dubbed the 'social police' by Adah) has encouraged the women of the Mansions to become completely dependent upon outside help, reducing them to a 'state of apathy, inadequacy and incompetence.' (Emecheta 132) The entire system seems to work against individuals who try to pull themselves out of this dependence. One telling example is Mrs O'Brien's husband, who deliberately stays out of work because he is unable to earn more than he receives through National Assistance. In addition, being unemployed allows their seven children to qualify for free school dinners and a variety of other small benefits, without which the family would simply not be able to manage (Emecheta 53-4). The extent of Adah's 'socialization' is revealed when it becomes apparent that the Mansions will soon be closed and its tenants relocated to a variety of other estates and housing blocks. While she is aware that this prospect should be treated as a positive development, she is secretly 'not at all sure that she *wanted* to be rehoused.' Moving to a new flat will mean that she will have to 'face the world without the warm human comfort of the Pussy crowd.' (Emecheta 81, her emphasis) Although Adah's response is partly based upon her reluctance to give up the ad-hoc mutual support network of the Pussy Cat Mansion mothers, it is also the product of her becoming used to conforming to the passive role expected of her.

3.23. Hierarchy, Dependence and Fear

Emecheta makes it clear that the relationship between Adah is based upon a strict hierarchy. When she requests extra financial support, she is expected to remain in her flat all day with little prior notice in order to receive a visit from an official from the Ministry of Social Security. When the official fails to appear, Adah is unable to complain effectively and has to wait for months for a new appointment, despite the urgency of her original request (Emecheta 57-61). The asymmetry of her relationship with the state becomes apparent after a small fire breaks out in her flat, ruining several sets of bedclothes and forcing her to share a single bed with two of the children. As the fire was caused by a paraffin heater (a cheaper alternative to the recommended coalite), Adah is reluctant to 'go through the ordeal of answering the uncomfortable personal

questions of the Social Security men'. (Emecheta 83-4) This fear of judgement prevents her from making perfectly reasonable requests to which she is almost certainly entitled, but her dependence upon the state means that any withdrawal of financial aid would be devastating, making her unwilling to admit to any behaviour which could be perceived as irresponsible.

State punishment in one form or another is a very real possibility for the residents of the Mansions. Mrs Murray (nicknamed 'The Princess' by her neighbours) is taken to court by the National Assistance Board because she failed to declare her earnings from a cleaning job (Emecheta 66). Likewise, Mrs O'Brien is concerned that the 'Social Officers would raise hell' if they were to find out that she left her young children alone in the flat, well aware that she runs the risk of having the children taken into care as a result (Emecheta 51). Despite the constant presence of disciplinary mechanisms intended to police the behaviour of the Mansion tenants, the residents are denied an effective means of addressing instances in which the state fails to fulfil its obligations to them. Withholding rent is largely recognised as 'the only weapon the tenants had', as both the council and the residents are well aware that the Pussy Cat Mansions are so undesirable that empty flats are almost impossible to let (Emecheta 71-2). However, even this measure is largely ineffective, forcing Adah to resign herself to the fact that the 'Pussy Cat Mansions were just made like that. Very difficult to change anything.' (Emecheta 79) Although these examples illustrate the overall asymmetry of power between the state and those dependent upon it, Emecheta also portrays the ambivalent nature of this relationship through an examination of Adah's friendship with Carol, the Pussy Cat Mansions Family Advisor.

3.24. Carol, Adah and the System

Adah's relationship with Carol acts as a microcosm of the larger ambiguities which many people who were dependent upon the state for housing and income experienced in the post-war period. Initially at least, Carol is an unwelcome intrusion in Adah's life, first visiting the flat after a neighbour makes a complaint about the noise generated by her children. Adah's first response is confrontational, refusing to participate in small talk with Carol until she eventually asks "So you come to take them [the children] away from me, lady?" (Emecheta 33) Yet Carol perseveres and Adah eventually relaxes

enough to tell her about her studies, admitting that she leaves the children in the flat by themselves when she goes out in the evening. Despite this apparent opening up on Adah's part, she is still keenly aware of the ambiguity of Carol's position as a Family Advisor:

> But the lady was a true diplomat, a trained and experienced Social Worker, one of a race of women who one was never sure whether to treat as friends or as members of the Social Police. (Emecheta 34)

Despite her friendliness, Carol is clearly unimpressed that Adah leaves her children unattended, informing her in a somewhat patronising tone that 'You're not allowed to do that. Not in London… Things are different here.' (Emecheta 36) However, although Carol is part of the state's surveillance apparatus, her role is not simply to judge Adah's shortcomings. She contacts Task Force on Adah's behalf, which sends volunteers to babysit the children and help with housework. This reaction becomes characteristic of the relationship which forms between the two women throughout the novel, with Adah realising that she must 'swallow her pride as a woman and her dignity as mother' and accept the help that Carol offers her. In many respects, this is an easy decision for Adah, as Carol seems 'to care, even if Society had to pay her to care.' (Emecheta 37)

While Adah is aware that being friends with Carol is an essential part of life in the Mansions, she also quickly realises that their relationship is based on Carol's terms. Although Carol initially helps her with childcare arrangements, she is also instrumental in Adah's decision to give up her civil service job in order to better look after her children (Emecheta 39). Later, when Adah is introduced to the Pussy Cat Mansions clothes exchange (a scheme which allows her to buy second-hand clothes for very little), Carol explains how the system works while 'eyeing…[her]…calculatingly' (Emecheta 47). Such scrutiny is apparently to assess whether or not Adah is willing to accept old and worn out clothing, with a refusal signalling that she is exaggerating the extent of her needs. Carol also carefully manages information regarding welfare entitlements, preferring to manage benefit applications personally rather than explaining the system to her clients. The asymmetry of this relationship eventually becomes apparent to Adah, who observes that:

> Women in the ditch were always too ignorant or too frightened to ask for what they were entitled to. People like Carol are employed to let them know their rights, but the trouble was that Carol handed them their rights as if she was giving out charity. (Emecheta 105)

Although Carol's role is ostensibly to empower the Mansions' poorest tenants, she instead encourages them to be dependent upon her. She also has an unpleasant habit of 'babbling' personal information about her clients in the form of humorous anecdotes, apparently unaware that she is betraying their confidence. Carol's treatment of her clients seems to fulfil a perhaps subconscious psychological need. In effect, the relationship becomes one of co-dependence, with Carol ensuring that the Mansions women remain helpless so that she can enjoy feeling like a 'deity dispensing charity.' (Emecheta 132) The situation is complicated further by the fact that she does genuinely seem to care for her clients, something that Adah only realises at the end of their last meeting, regretting 'not seeing the goodness in this woman' sooner (Emecheta 133). Ultimately, the relationship between Carol and the problem families of the Mansions remains ambiguous, with neither side fully understanding exactly what to expect from the other.

This uncertainty is emblematic of the larger problems caused by the asymmetrical and ambiguous nature of the relationship between the state and those who were dependent upon it. As with her necessary performance of poverty discussed earlier in this chapter, Adah spends much of the novel conforming to Carol's expectations. However, she comes to understand that she 'had allowed Carol and the other Social Police to use her more than she had intended to', thereby allowing herself to become used to living in the crumbling Mansions and succumbing to its pervasive sense of hopelessness (Emecheta 132). Although making friends with Carol and accepting state help was a sensible move, it forced Adah into a supplicant role. She constantly questions whether or not she is really entitled to help, and when she visits the Department of Social Security office to apply for income support, she finds the choice of name rather ironic, as 'she began to feel insecure as soon as she stepped into the building'. This uncertainty is made all the more acute by the subsequent interview, in which her 'life and secrets are reduced to a "yes" and

"no" table', thereby both undermining her own sense of individuality and also the extent to which she believes that she deserves help (Emecheta 42). Throughout the novel, Adah worries that she will not be considered to be needy enough to be assisted by the state, despite being separated and having to look after five young children by herself. The stress that this situation generates is shared by the other women in the Mansions, who rely on a variety of coping mechanisms. Some 'take delight in flouting Society's laws', either through having more children (as a 'way of making the society that forced them into the ditch suffer') or verbally abusing welfare officers, while others find 'consolation in over-eating' or alcohol (Emecheta 61). Emecheta therefore isolates a set of anti-social and self-destructive behaviours which commentators such as Ford et al, Blacker and Stevenson are keen to identify as the source of the difficulties experienced by problem families, and instead blames the uneven power balance between the state and those who are dependent upon it.

3.25. Perpetuating Poverty

Overall, Adah's relationship with the welfare state is rife with contradictions. Sometimes it delivers, in the form of help with housing, money and childcare, but at other times it is woefully inadequate, leaving Adah and her children hungry and without basic items such as clothes or bed linen. The dole allowance that she is given scarcely pays for her weekly groceries, forcing her to reduce the amount she spends on heating and even carefully rationing baths to save on gas costs (Emecheta 46 & 59). The council's bureaucracy is consistently portrayed as slow and inefficient, subjecting Adah to 'nine months of court-goings, letter writings and tribunal-visitings' before finally allocating her a flat in the Pussy Cat Mansions (Emecheta 22). As a result, she is left in a state of constant precariousness in which even small incidents leave her dangerously out of pocket. Fortunately, a select few on the front-lines of the welfare apparatus are sensible, hard-working and conscientious, such as a nursery matron who intervenes when a bureaucratic miscommunication prevents Adah from sending her children to day-care. In this instance, as with others, Emecheta lays the blame at the feet of the men who decide how welfare resources are distributed, observing that: 'One clerk from the Ministry might recommend five pounds for new curtains, another nineteen. Women of the ditch had to live at the discretion of such men.' (Emecheta 104) This lack of

understanding is yet another symptom of the asymmetrical relationship between the state and those who were dependent upon benefits for survival, permitting men with little or no understanding of housekeeping or childcare to decide household budgets for families, thereby leaving them in a constant state of uncertainty which they were unable to question or redress.

The way in which the problem families of the Mansions are treated, as supplicants who are kept ignorant or their rights and entitlements, resonates somewhat with a statement made by Bauman in his 2010 book *Living on Borrowed Time*:

> What is wrongly named the 'welfare state' today is only a contraption to tackle the residue of individuals lacking the capacity to secure their own survival for lack of adequate resources. It is an agency to register, separate and exclude such people – and keep them excluded from the 'normal' part of society. That agency runs something like a ghetto without walls, a camp without barbed wire (though densely packed with watch towers!).[19]

Before considering Bauman's analysis further, it is first worth pointing out that his observations refer to a 21st rather than 20th century context, and that he uses the term 'welfare state' to refer to (generally European) societies which use collective social insurance schemes (including Britain). However, in the light of Emecheta's novel, it seems that even by the early 1970s the structure of the welfare state (especially in the housing and financial provisions it makes for the poor) was actively excluding problem families from 'normal' society. The tenants of the Pussy Cat Mansions are used to the sensation of constant surveillance, and have become inured to a life lived on state benefits. For them, there only seem to be two possible outcomes: escape or endure. From the point of view of the state, these outcomes can be interpreted as reform or containment.

Eventually, Adah opts for the latter, physically escaping to new and much better council estate in an area of London which fits her intellectual aspirations,

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[19] Zygmunt Bauman, *Living on Borrowed Time: Conversations with Citlali Rovirosa-Madrazo* (London: Polity, 2010), p.37.

allowing her to live 'cheek by jowl with…successful actors and writers.' (Emecheta 135) Psychologically, she distances herself from the Pussy Cat Mansions lifestyle by reducing her dependence on the state, avoiding applying for free school dinners for her children (thereby sidestepping the scrutiny of the school social officer) and sewing her own clothes so that she is no longer dependent upon the clothes exchange (Emecheta 107 & 136). She works hard to fit in to the Regent's Park estate, populated by new tenants who have recently moved from less salubrious areas and are now 'playing at being big' (or rather, as Emecheta implies, middle-class) (Emecheta 136). The alternative would have been to stay, albeit in another (probably low-quality) council home, near the Mansions and continue in a mode of life in which she would have become increasingly excluded from mainstream society. This is the fate of Adah's friend Whoopey, a single mother who is one of the last to be moved out of the Pussy Cat Mansions due to her poor record of rent payment (Emecheta 122). During a chance meeting in a local market, Whoopey reveals (with some excitement) that she is pregnant again and is sure the father 'will ask me to marry him soon.' Adah finds this last part rather improbable, and is 'shocked… that Whoopey had not learnt her lesson'. (Emecheta 137) It seems unlikely that Whoopey will be ever able to break the cycle of poverty which she was born into, and will therefore be contained and excluded through a benefit and housing system which protects her from absolute destitution, but is either unable or unwilling to give her the resources she needs to become genuinely independent. The experiences of the two women are a neat fit with Hanley's description of contemporary attitudes towards social housing, which seem to endorse a 'carrot and stick' approach: the stick being the fact that council estates tend to be unpleasant, and the carrot being the prospect of living somewhere better as a reward for pulling oneself out of poverty (Hanley 11). Of course, this interpretation of the novel's conclusion is perhaps somewhat simplistic, especially as Adah is still living in social housing, even if it is nicely built and sited in a desirable area. Emecheta's criticism seems to be more directly focused upon a welfare system that micromanages the lives of the poor rather than social housing in general, even if that housing allows the state to monitor and intervene with apparent impunity.

3.26. Conclusion

Post-war representations of social housing in fiction and non-fiction texts paint an ambiguous picture of the state's relationship with problem families. Although this chapter often tends towards a negative portrayal of national and local government housing policy in the period, it should also be noted that council housing played an important role in improving overall housing standards and gave homes to millions at a time of acute shortage. Although problems with building quickly and cheaply would eventually emerge, the pressure that the housing shortage put upon successive governments would make such policies understandable if not forgivable. In a similar vein, in retrospect it seems obvious that the state attempted to use social housing as a means of changing working-class patterns of behaviour to bring them in line with middle-class norms. Ravetz's accusation that this represents an act of 'cultural colonialism' is certainly not unwarranted, but it could be interpreted as an inevitable consequence of the asymmetrical power balance that existed between the state and those who were dependent upon it. Town planners and policy makers, most of whom belonged to an elite middle-class, were simply acting according to social norms so entrenched as to be virtually invisible.

Unfortunately, problem families were (almost by definition) unable to conform to extent expected of them. The steady growth of state surveillance throughout the period would place them in the unenviable position of having to perform their poverty to the satisfaction of the welfare apparatus. Surveillance would also help to engender a level of fear and self-doubt that would further marginalise problem families, trapping them in a cycle of poverty. In many respects, their situation would presage that of the population which remained in council housing beyond the 1970s. As the stock shrank due to right-to-buy schemes and the physical condition of many buildings (especially high-rises) deteriorated from under-investment, those who stayed in council housing would become increasingly identified as members of the social underclass. The early optimism attached to state housing would give way to set of attitudes that persist to the current day.

Chapter 4: Family Planning

4.1. Family Planning Introduction

In 1995, Elizabeth Roberts published a survey which recorded the recollections of 98 working-class men and women in Barrow-in-Furness, Lancaster and Preston about their lives during and after the Second World War. Titled *Women and Families: An Oral History, 1940-1970*, it was a follow-up to her 1984 work *A Woman's Place*, covering the 1890-1940 period, which used a similar approach to document the lives of British working-class women. Although the sample size used by Roberts was clearly never intended to be large enough to draw sweeping conclusions about British working class life as a whole, it still provides a useful starting point for examining how patterns of childbearing changed in the post-war period. For example, she argues that 'women were exercising some choice over how they should plan their lives' and did not, for the most part, 'spend a period of up to twenty years bearing children' as 'many of their grandmothers had done' (Roberts 18-19).[1] Among her respondents, she found that the 'most usual size of families…was two or three children' (Roberts 18), and cites statistics which suggest that the average age at which British women ceased childbearing was twenty-eight, signalling a significant departure from earlier trends (Roberts 19). The wording used by Roberts ('women were exercising some *choice* about over how they should *plan* their lives') is interesting. She makes a clear connection between reduced family size and the exercise of choice, specifically in the form of a plan, presumably in the interests of creating a family which met the parents' idea of what constitutes a satisfactory home life, both for themselves and their children.

Planning is the focus of this chapter, specifically the manner in which families would increasingly make an active decision to limit the number of children they had, and how those who did not fit in with this trend (initially problem families and, in increasing numbers as the period progressed, single parent families) would find themselves marginalised by the post-war British welfare state. However, while the work of Roberts demonstrates that dramatic changes did happen, what is equally clear is that these did not happen overnight. Indeed, a

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[1] Elizabeth Roberts, *Women and Families: An Oral History, 1940-1970* (Oxford: Blackwell, 1995), p.18-9.

number of Roberts' own respondents stated in interviews that they did not actively plan their families, and did not believe that not doing so was in any way unusual. Mrs Wallington, who was married in 1946, is a representative example:

> 'You didn't plan in those days like you do now. You didn't say, "I'm getting married and having three children," or "I'm getting married and I don't want any kiddies." You just took what came along.' (Roberts 78)

This apparently casual attitude to pregnancy and child-bearing doesn't appear to be particularly unusual. In Nell Dunn's 1963 novel *Up the Junction*, based upon her own experiences of West London life in the early 1960s, Marion (a young pregnant woman living in a home for unmarried girls) observes: 'one can't always be scheming. Them what are always planning and scheming don't live, do they?' (Dunn 1963, 46) Of course, Marion's attitude may be somewhat coloured by the fact that she believed (mistakenly) that she would easily be able to procure an abortion, but it is clear that life planning (even to the extent of using contraception) is somewhat alien to her experience (Dunn 1996, 44).

However, by the 1970s state mandated organisations, such as the Birth Control Campaign (BCC) and the Family Planning Association (FPA), would increasingly make a distinction between 'wanted' and 'unwanted' pregnancies, two terms which would regularly be conflated with 'planned' and 'unplanned' pregnancies. Such rhetoric clearly implied that 'planned' pregnancies were preferable to those which happened unintentionally, thereby linking family planning explicitly to notions of individual responsibility. This chapter will examine how the post-war British welfare state intervened in the lives of working-class families, often through the efforts of non-governmental organisations such as the FPA and the Eugenics Society, in order to subtly reframe attitudes surrounding family planning, contraception and childcare. Particular attention will be given to problem families and single-parent families (which, as will be argued, can be viewed as their spiritual successors in this area), who were regularly represented as failing to properly exercise choice through their apparent refusal to plan their families.

4.2. Life as a Planned Venture

In 1943, Sir William Beveridge, widely recognised as the 'father' of the modern British welfare state, delivered the annual Galton Lecture to members of the Eugenics Society. In his lecture, titled 'Eugenic Aspects of Children's Allowances', Beveridge apologises for not better preparing his speech due his to having spent most of the day in the gallery of the House of Commons listening to the opening debate of the Beveridge Report.[2] In his lecture, he points out that family limitation is a key part of allowing working-class families to optimise the life chances of their children:

> Consider the case of the labourer with six children and the labourer, with the same income, with one child. The one child has a far better chance of being allowed to stay in school and take higher education than any of the children in the six-children family, because the first of those six children will have to go out and earn at the earliest possible moment. (Beveridge 2007, 86)

Beveridge goes on to argue that this situation leads to the 'social promotion of the unfertile', meaning that the more responsible members of the working-classes will tend to limit their families, thereby reducing their overall representation in the population with each successive generation (Beveridge 2007, 88). He contends that children's allowances, a key part of the social security recommendations made in the Beveridge Report, 'will diminish the social promotion of infertility', particularly for those parents who 'take some thought over the begetting of their children.' He considers such a policy to be irrelevant to the decision making of those with less responsible attitudes, arguing that 'You cannot influence people, whether by money or anything else, who take no thought all.' (Beveridge 2007, 89) Although Beveridge's arguments are premised upon a eugenic belief in the need to swell the ranks of 'skilled wage earners' whom he suspects are 'the greatest store of unused intellectual ability in the country', he also implicitly links family planning to individual responsibility (Beveridge 2007, 91). In his vision of the welfare state, those who carefully plan their lives are more likely to prosper; a tendency

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[2] William Beveridge, 'Eugenic Aspects of Children's Allowances' in Jones, S. & Keynes, M. (eds). *Twelve Galton Lectures: A Centenary Selection with Commentaries* (London: The Galton Institute, 2007), p.81.

which should be encouraged by state policy. Indeed, in the context of a state which would soon be spending a not inconsequential sum upon each new child, these children should ideally become healthy, educated and productive citizens who would represent a sound return on the country's investment.

Such policies would not be limited to children's allowances. The welfare state would also offer free education, subsidised housing and healthcare which was free at the point of use, thereby creating an apparatus which individuals would be encouraged to harness in order to increase their life chances. As the post-war period progressed, a new model would emerge in which life would become increasingly treated as joint private/public venture, with the state creating a set of conditions in which the willing could improve their health, education and overall quality of life. However, as Beveridge's lecture implied, some measure of individual responsibility would be required to make such a model work effectively, of which matching family size to financial means would be a key part. In practice, the welfare state would help to facilitate this through what Foucault describes as 'biopolitical' measures, which would ameliorate the effects of 'aleatory events' (i.e. events which are predicable at the level of the population as a whole, but are near-impossible to predict at the level of the individual) such as ill-health and unemployment (Foucault 246). Through social security measures such as National Assistance, the welfare state encouraged individual responsibility by insulating individuals from the effects of events which would have otherwise had devastating effects, especially for working-class families, who typically lacked the financial security of savings and investments enjoyed by their wealthier peers.

With this creation of a social safety net came the increased expectation that individuals should carefully plan their lives in order to fully benefit from the provisions made by the state. This shift is documented by Zygmunt Bauman, who identifies it as a crucial aspect of late 20th century modernity, observing that being 'modern means being perpetually ahead of oneself…[it]…means having an identity which can only exist as an unfulfilled project.' (Foucault 246) Although he admits that this situation is not peculiar to the late 20th century, he contends that there are several important differences, one of which is 'the deregulation and privatisation of the modernizing tasks and duties.' He elaborates on this notion by arguing that what was once 'considered a job to

be performed by human reason seen as the collective endowment and property of the human species' has become increasingly fragmented, devolving the 'burden of responsibility' to the 'self-assertion of the individual.' (Bauman 2000, 29) While Bauman's argument is focused on post-industrial Western society as it existed at the turn of the 21st century, the post-war period can perhaps be conceptualised as a mid-way point in which responsibility for the 'modernizing tasks' was spread between the state and the individual. As mentioned earlier, in the decades following the Second World War the British welfare state enacted a number of interventionist policies which created a social safety net, generating a buffer between workers and the more destructive aspects of Western capitalism. However, such a net was only ever intended to be a temporary measure, suited to short term support for the victims of aleatory events. Indeed, as the introductory chapter argued at length, the recommendations put forward in the Beveridge Report were premised on the assumption of full employment. In turn, individuals were expected to enter into a reciprocal relationship with the state in which they would benefit from welfare services in exchange for tax and national insurance contributions. Those who relied upon welfare assistance for an extended period of time would increasingly find that it acted as a form of punishment for their perceived failure to treat their lives as a joint venture with the state. As the previous chapter discussed, these people would often find themselves identified as being part of a 'social problem', and subjected to an enhanced level of state scrutiny in exchange for subsistence levels of state support. While this chapter will outline some of the measures taken to 'punish' these individuals, it will also focus upon this shift towards life as planned venture (specifically in the context of family planning) and analyse the discourses which sought to explain and to alter their behaviour to bring it into line with this new norm.

In some respects, this activity can be seen as another instance of 'cultural colonization', identified by Alison Ravetz as a key characteristic of British post-war social housing and discussed at length in the previous chapter. She argues that social housing was essentially 'a vision forged by one section of society for application to another', that is, a concept devised by the middle-classes which was imposed upon the working classes (Ravetz 5). As this chapter will demonstrate, this was largely the case for family planning during this period,

with (often well-meaning) individuals attempting to break social taboos around topics such as sex and birth control in order to encourage working-class families to adopt family limitation methods which were regularly practised by wealthier couples. Evidence for this division can be found in Kate Fisher's oral history of birth control in mid-20th century Britain. She cites data gathered by the 1944 Mass Observation survey which 'found a positive correlation between school-leaving age and the feeling that "families should be planned."'[3] Of course, it should also be noted that this attitude would not achieve mainstream public acceptance for some time, with Fisher observing that those who adopted these ideas often 'presented themselves as a self-conscious minority,' aware that they were advocating what was 'widely regarded as a cold-blooded and excessively rational approach to family building.' (Fisher 2006, 102) However, as this chapter will discuss, such an approach would become far more acceptable as the post-war period progressed and attempts to extend such practices throughout working-class society would become more prevalent. While the motivations behind this activity were various and complex (and frequently concerned with aspects of social justice), it is also evident that this impulse was symptomatic of a larger desire to inculcate middle-class values into a section of society which had historically had its own ideas surrounding sexual conduct and reproduction.

4.3. Context: Child Bearing and Child Rearing

Jennifer Worth's 2002 biography *Call the Midwife* (which would later be adapted into a 2012 BBC television drama) depicts a number of aspects of family life in the London East End during the 1950s, an area populated almost entirely by working-class families. Worth presents the typical working-class family as extremely large by today's standards with 'up to thirteen or fourteen children' living in small houses 'containing only one or two bedrooms', or in tenement apartments 'which often consisted of only two rooms and a tiny kitchen.'[4] However, despite the frequency of 'Intense and violent family rows', Worth makes it clear that most families coped with the crowded conditions 'and thought nothing of it.' (Worth 3, 32) She ascribes the size of these

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[3] Kate Fisher, *Birth Control, Sex and Marriage in Britain 1918-1960* (Oxford: Oxford University Press, 2006), pp.102-3.
[4] Jennifer Worth, *Call the Midwife: A True Story of the East End in the 1950s* (London: Phoenix, 2012), p.3.

families to the fact that only a small minority practised any form of modern contraption:

> Contraception, if practised at all, was unreliable. It was left to the women, who would have endless discussions about safe periods, slippery elm, gin and ginger, hot water douches and so on, but few attended any birth control clinic and, from what I heard, most men, absolutely refused to wear a sheath. (Worth 3)

Although there was clearly some interest in birth control, it took a very different form from today's mainstream conceptualisation of 'safer sex', in which any method that offers significantly less than 100% effectiveness is generally considered unacceptable. According to Worth, this would change significantly with the advent of the contraceptive pill in the early 1960s, a development which she argues was responsible for the sudden decline in East End births.

> In the late 1950s we had eighty to a hundred deliveries a month on our books. In 1963 the number had dropped to four or five a month. Now that is some social change! (Worth 5)

As we will see later in this chapter, it is unlikely that the pill was the only factor which contributed to this sudden decline, but it is evident that the residents of the East End were not the only working-class families who would begin to actively limit their family sizes. Despite the fact that the average birth rate would actually increase after the 1950s, extremely large working-class families would become less and less common as the post-war period progressed. In Roberts' 1940-70 survey, she found that the average family size of her respondents (the majority of whom were born between 1920 and 1949, and therefore of child-bearing age for some or all of the 1945-1975 period) was two or three children (Roberts 18).

It is possible to make a comparison here with the experiences of the more aspirational sections of the interwar working-class, whose relative prosperity would allow them to own their homes for the first time. Peter Scott argues that people who live in 'an environment of chronic economic insecurity and low

incomes' tend to structure their lives around a 'very short-term economic horizon', thereby making long-term planning impractical. However, he contends that owner-occupation had the potential to induce a shift in which 'longer-term planning and capital accumulation' would become more important to working class families.[5] As a result, women in these families increasingly recognised that limiting their family size offered them 'the potential to break free from the chronic uncertainty and fear of destitution that had characterised many of their childhoods.' (Scott 2008, 108) Although owner-occupation would remain beyond the reach of most working-class families for most of the post-war period, average levels of prosperity rose substantially, a change which may well have produced a similar shift observed by Scott in the working-class population as a whole.[6]

This change would be accompanied by a shift in the way in which childcare would be conceptualised by working-class families. Roberts observes that families tended to become more 'child-centred' in the post-war period, with parents becoming more 'aware of the emotional, psychological and intellectual needs of their children.' (Roberts 141). She argues that this marks a departure from her findings in her previous 1900-40 study, which found that working-class families tended to have 'a somewhat limited view of their role', which focused primarily upon the need to adequately 'feed, clothe and house their young', combined with a strong desire that 'they should learn the difference between right and wrong.' (Roberts 158) The post-war period would see the parental role expand considerably beyond these material and moral considerations, with Roberts finding that the majority of her respondents 'were determined that their children should have a "better" life than they themselves had experienced.' (Roberts 143) While this change could be partly a reaction to the economic depression of the 1930s, Roberts also suggests that it could also be due to the increased acceptance of Victorian domestic ideology by the working-classes in the post-war period, which had 'a profound effect on the familial and social lives of the middle-classes since the beginning of the nineteenth century.' 'This ideal', she argues, 'prescribed that a woman's place was to be in the home, caring for her husband, children and the house.' Such a

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[5] Peter Scott, 'Did Owner-Occupation Lead to Smaller Families for Interwar Working-Class Households?', *The Economic History Review*, V.61(1) (February 2008), p.107.
[6] Roberts provides statistics which demonstrate that average earnings in 1950 were 35% lower than in 1970 when adjusted for inflation (Roberts 9).

concept dovetailed nicely with existing working-class notions 'which equated cleanliness with respectability', and the 'greater prosperity and smaller families' of the post-war period 'made it increasingly possible and pleasant for families to adjust their behaviour to fit this ideology.' (Roberts 20) In turn, this encouraged the more child-centred approach to family life outlined above, especially in comparison to the preceding generation, who frequently lacked the time, money or space to focus on the minutiae of their children's well-being. In fact, Roberts contends that her findings in both the 1890-1940 and the 1940-70 surveys show 'support for this ideal, even in families where financial necessity forced women to work outside of the home', suggesting that the these attitudes had begun filtering down from the middle-classes before the beginning of the 20th century (Roberts 20).

According to Roberts and Scott's analyses, it seems that these changes took place without direct intervention from the state. Such shifts can instead be understood as the product of larger social changes which were undoubtedly part of welfare state reform (especially with policies which enhanced individual social security), but were not created by specific coercive policies. This shift can also be seen as fitting closely with Bauman's conceptualisation of life as an 'unfulfilled project', in which individuals are expected to carefully plan for the future in order to optimise their life chances. Those who conformed to this model of life as a joint venture, cooperating with the state to utilise the opportunities offered by state healthcare, housing and education, did undoubtedly benefit from a measurable increase in their quality of life. In these instances, it is perhaps patronising to suggest that such changes were the result of (to borrow Ravetz's term) 'cultural colonisation'. However, the term can be better applied to those sections of society who failed to conform to this larger trend. As the next section of this chapter will argue, this failure would come to be recognised as one of the most important defining features of problem families, and would also be regularly identified as a principle failing of single mothers.

4.4. Problem Families and Child Welfare

In 1952 the Eugenics Society published *Problem Families: Five Inquiries*, a report summarising the findings of surveys carried out in Bristol, North Kensington, West Riding, Rotherham and Luton, which sought to record the

details of the lives of people who had been identified by the local authorities as belonging to 'problem families'. In the introduction, C.P. Blacker writes:

> In post-war investigations conducted by Medical Officers of Health, stress has been laid upon the administrative difficulties created by problem families and also upon the predicaments of children. It is this last feature - concern with the welfare of children - which characterises the prevailing approach to-day. (Blacker 1952, 14)

In many respects Blacker is correct in pointing out that child welfare was perhaps the single greatest reason for the post-war state's day-to-day interest in problem families. Indeed, Clare Hanson argues that the term 'first emerged' in the *Our Towns* survey, carried out by the Women's Group on Public Welfare and published in 1943, which investigated the effects of the mass evacuation of children from urban areas during the Second World War (Hanson 2013, 42). The report received significant attention from the Eugenics Society, with Blacker directly quoting the following passage from it in *Problem Families*:

> ...'problem families', always on the edge of pauperism and crime, riddled with physical and mental defects, in and out of the courts for child neglect, a menace to the community, of which the gravity is out of all proportion to their numbers... (Blacker 1952, 14)

Although all of these features would be reiterated in other descriptions of problem families throughout the 1940s and 1950s, in practice it would be the perceived danger of child neglect which would cause a family to attract the level of attention from state bodies needed to earn them the label. This fact would be reflected in *Problem Families* in which, out of the twenty-six state and voluntary agencies approached by investigators, ten were specifically concerned with child welfare and another four included it within their remit (Blacker 1952, 44). This approach had already been practised by others working in the field, including S.W. Savage, who used reports from school medical officers, health visitors, school nurses and the NSPCC to identify 'problem mothers' in the Herefordshire area (Savage 86).

While concerns about child welfare remained a key reason for the scrutiny to which problem families were subjected, reports from welfare workers would regularly point to the number of children as a key cause of their difficulties. Catherine H. Wright's 1955 article 'Problem Families: A Review and Some Observations' (published during her time as Sheffield's Assistant Medical Officer) is a representative example:

> Problem family mothers continue to produce children for as long as they remain of child-bearing age and, for long after it has seemed that the mother has more children than she can cope with, babies continue to arrive at alarmingly frequent intervals – with each infant the mother's health deteriorates and the family sinks lower (Wright 383).

This model of the problem family, characterised by a mother who has become overwhelmed by her own fertility, would allow discourse to shift from remedial strategies based upon instruction through home help to those premised upon the importance of family planning and limitation. Percy Ford et al's *Problem Families: The Fourth Report of the Southampton Survey* (also published in 1955), briefly mentions birth control (either through voluntary sterilization or contraceptives) as a 'possible solution of the difficulties of problem family mothers', but admits that 'the delicate moral issues involved' are likely to make this strategy unworkable (Ford et al 49). Instead, the report argues in favour of the 'long-term case-work of the F.S.U. [Family Service Units] pattern', which was premised upon sustained practical instruction in childcare and home management (Ford et al 50). However, as the following quote (published in 1970) from a Bristol based Health Visitor demonstrates, actively encouraging problem families to seek family planning advice would become increasingly acceptable:

> With improved family planning facilities it is possible to limit the size of the family to the capabilities of the parents, and by the time the children become school age they have often become reasonable family units.[7]

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[7] M. Worgan, 'The Care of Special Families in Bristol', *Health Visitor*, V.34(11) (November 1970), p.359.

By the early 1970s, discussions surrounding problem families and birth control would increasingly be conceptualised in preventative terms. Patricia Broadbent, a health visitor writing in 1972, describes an encounter with Mrs Jones, a 22 year old mother with a six-month old baby who is already pregnant with her second child. Broadbent's account is unlikely to fill the reader with confidence in Mrs Jones' mothering abilities:

> I wasn't sure she even liked him [her baby]. She certainly didn't understand him or any other baby, expecting the impossible of him as no doubt someone had similarly of her. And oh dear she was dim![8]

The language Broadbent uses here is consistent with other descriptions of problem families discussed in previous chapters. Her observation regarding her estimation of Mrs Jones' mental faculties is especially reminiscent of psychiatric accounts of such families, which regularly recognised so-called 'mental defect' as a causative factor in their difficulties. In this instance, Broadbent's main concern is that having additional children is likely to overburden Mrs Jones, leading to a situation in which 'she could well batter one' of them. Broadbent's overall argument is that 'domiciliary family planning', which brings birth control services directly into the homes of those who most need it, is a vital aspect of child abuse prevention (Broadbent 321). Broadbent's article demonstrates how family planning would not only become widely recognised as a remedial measure which problem families should be encouraged to adopt, but also as a means of safeguarding child welfare. However, it is worth noting that the overall shift which Worgan and Broadbent's articles signify took several decades, and the manner in which it occurred has a number of implications for how problem families were conceptualised in terms of their fertility. These will be discussed more fully in a later part of the chapter, which will outline the history of the NHS's provision of birth control in England and Wales.

4.5. Single Parent Families

While it is evident that problem families were still present in discussions surrounding birth control in the 1970s, it is also apparent that they had

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[8] Patricia Broadbent, 'Mrs Jones: 22 Years: Gravida 2: Potential Batter', *Health Visitor*, V.45(10) (October 1972), p.321.

become significantly less prominent in comparison to their 'heyday' (if such a term is appropriate) during the 1950s and early 1960s. As the previous chapter discussed in some detail, many of the UK's slums and tenement buildings were demolished through state-run projects. These homes had provided the setting for many of the most vivid and lurid descriptions of problem family life, in which entire families lived in one or two rooms, often without proper cooking, washing or lavatory facilities. Of course, many of these would be replaced with new buildings which would bring their own problems (tower blocks and out of town estates are pertinent examples), but this state intervention in housing would significantly reduce overcrowding and improve sanitary conditions for many impoverished families. Indeed, it could be argued that problem families could be seen not only as families with too many children, but families with too many children in too little space. These changes in living conditions were also made more dramatic by the overall decrease in the average size of working-class families, as discussed earlier in the chapter. As a result, the 'classic' problem family would steadily receive less attention as the post-war period progressed. However, this attention would be steadily diverted to a new problem group, one that was not new, but had grown significantly since the beginning of the 1960s and would become increasingly visible in public discourse: the single parent family.

4.6. Illegitimacy

Although thousands of children were born in the UK out of wedlock each year following the Second World War, it is clear that this number increased substantially in the 1960s and 1970s. Data from the Social Trends, gathered by the Central Statistics Office, suggests that illegitimacy rates remained reasonably stable between 1901 and 1951, with only a modest increase from 4.2% to 4.9% over those fifty years.[9] From 1951, these numbers would increase steadily, to 6% in 1961 and then to 9% in 1971.[10] While such an increase does not seem to be particularly dramatic at first glance, it should be noted that it signals the cessation of a long period of relative stability followed by an almost two-fold increase over 25 years. In this context, it is perhaps unsurprising that the mainstream news media became increasingly interested in illegitimacy in this period, especially in instances in which the mothers were still teenagers.

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[9] Muriel Nissel (ed.), *Social Trends*: *No.1* (London: HMSO, 1970), p.56.
[10] Central Statistical Office, *Social Trends 18* (London: HMSO, 1988), p.47.

Concern about the prevalence so-called 'gymslip mums' is reflected in a 1972 *Daily Mirror* Article, which compared statistics from 1959 and 1969, and observed that in the latter there had been 'four 11-year-old year girls, eleven aged twelve and thirty-two aged thirteen [who] had babies in England in Wales.' By comparison, in 1959 there 'were no births to 11-year-olds, four to girls aged twelve and ten to girls aged thirteen.'[11] This trend would continue, with a *Daily Mail article* reporting Bradford city council's creation of 'Britain's only school for gymslip mothers' in 1974. Although this was partly a response to the recently increased school leaving age (which had been raised to sixteen in 1972), Bradford's welfare officer also noted that a larger social shift was occurring: 'Until recently…most girls who became pregnant were nearing the end of their school career, and most of their babies were adopted.' However, by the early 1970s, schools were increasingly 'faced with girls of 14 or over who wanted to keep their babies.'[12]

4.7. Divorce

Divorce rates in England and Wales were relatively low for the majority of the post-war period, with the highest number of divorces between 1945 and 1970 taking place in 1947, during which the Office for National Statistics (or ONS) reports 60,254 couples completing divorce proceedings.[13] This figure is somewhat unrepresentative of the period, with numbers of divorces rarely rising above 30,000 in the 1950s (including a post-war low of 22,654 in 1958). Barbara Wootton argues that the high 1947 figure was due to the disruptive effects of the Second World War on family life, and that the additional smaller spike occurring in 1952 (30,870) resulted from the introduction of the Legal Aid scheme in Autumn 1950 which would have made divorce more affordable to poorer couples (Wootton 33). Divorce rates remained low until the early 1960s, after which they would steadily rise to 58,239 in 1970, followed by a substantial increase in the early 1970s after the Divorce Act 1969 came into effect in January 1971. The 1969 Act expanded the grounds upon which a divorce could be granted in England and Wales, leading to a sudden increase in

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[11] Ronald Bedford, 'More and More Girls are Becoming Gymslip Mums', *Daily Mirror*, 13 January 1972, p.2.
[12] Max Wilkinson, 'School for Gymslip Mothers', *Daily Mail*, 22 May 1974, p.8.
[13] The Guardian, 'Divorce Rates Data, 1958 to Now: How has it Changed?' <http://www.guardian.co.uk/news/datablog/2010/jan/28/divorce-rates-marriage-ons> <Accessed 17/07/2014>. Unless otherwise cited, all subsequent divorce statistics are taken from this source.

divorce numbers. However, even in 1975, when divorce figures rose to a record high of 120,522, this figure only constituted a rate of 9.6 divorces per thousand married couples.[14] Divorced mothers, like their unmarried counterparts, therefore only represented a small minority of the population for the overwhelming majority of the post-war period. As such, both groups represented a deviation from the 'normal' family structure, a fact observed by Roberts:

> Our evidence shows that it was still possible to define a typical family unit in 1970. It continued to be one which lived close to relatives, one where adult children still lived at home until marriage and one where the husband was the chief, and sometimes the only, wage-earner… (Roberts 18)

However, although single parent families remained fairly rare until the 1980s, they would be increasingly recognised as a social problem, essentially taking the place of the 'classic' problem family of the 1940s and 50s.

4.8. Single Parenthood as a Social Problem

The basic premise for identifying single parent families as a 'social problem' during the post-war period can be divided into three distinct discourses: morality, financial dependency and psychology. While these concepts can be easily differentiated, all of them are closely associated with the gendered labour divisions described earlier by Roberts, with husbands/fathers as the family's primary breadwinners and wives/mothers expected to act as caregivers and homemakers. In effect, these three main objections to single parenthood were founded upon a basic assumption that any deviation from the two parent model was inherently problematic.

Morality played a key role in negative attitudes towards single parenthood. This was especially the case with illegitimate pregnancies, a fact demonstrated by Worth's descriptions of 1950s London working-class life in *Call the Midwife*:

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[14] Parliament UK, 'Divorce Since 1900'
<http://www.parliament.uk/business/publications/research/olympic-britain/housing-and-home-life/split-pairs/> <Accessed 17/07/14>.

> There was a high sense of sexual morality, even prudery, amongst the
> respectable people of the East End. Unmarried partners were virtually
> unknown, and no girl would ever live with a boyfriend. If she attempted
> to, there would be hell to pay from her family. What went on in the
> bomb sites, or behind the dustbin sheds, was not spoken of. (Worth 2)

Later in her memoir, Worth observes that 'pregnancy out of wedlock was the
ultimate disgrace and a catastrophe from which the poor girl never recovered.'
(Worth 245) Perhaps the most prominent theme in these two quotes is
'respectability', a notion that (as noted in the previous chapter) would remain
important for many working-class families throughout the post-war period. In
this instance, respectability was closely tied to female sexual conduct, which
itself strongly correlates with the concept of 'reputation'. Roberts found that
her respondents believed that 'losing one's virginity damaged one's
reputation…in an age when having a good reputation was still important.'
Moreover, 'Sleeping around was judged to be much worse than having
intercourse with only one person.' (Roberts 65) Perhaps unsurprisingly, there
existed a significant double standard in terms of sexual morality, with boys
less likely to be criticised for sexual misconduct and being instead 'more likely
to acquire a bad reputation by fighting or getting in trouble with the police.'
(Roberts 66) Indeed, this inconsistency is reflected in Anne Campbell's analysis
of British and American criminological articles, which found that female
delinquents were overwhelmingly characterised by their perceived promiscuity
rather than other delinquent behaviours associated with boys (such as drinking
or disorderly behaviour).[15]

Divorce also carried a degree of social stigma which endured throughout the
period. Vic Brown, the young male protagonist of Stan Barstow's 1960 novel, *A
Kind of Loving*, not only feels a strong obligation to marry his girlfriend Ingrid
when they realise that she is pregnant, but also believes that such a union
would likely be permanent:

> I suppose there are places in the world where you could marry a bint
> who was having a kid and then call it off after. But not where I live.

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[15] Anne Campbell, 'On the Invisibility of the Female Delinquent Peer Group', *Women
and Criminal Justice*, V.2(1) (1990), pp.42-4.

> People do get divorced now and then, and split up, but when bods like
> me get married it's nine times out of ten for life (Barstow 209).

Ingrid suffers a miscarriage soon after the couple marries, an event which removes the only reason for their getting married in the first place. However, despite his misgivings about the suitability of the match, Vic decides against divorce, having become 'tired of feeling like a louse' and believing that he is finally 'doing the right thing.' (Barstow 272) This rationalisation suggests that his decision to continue the marriage is strongly tied to an abstract belief in the importance of individual responsibility which divorce seems to somehow violate. It should also be noted that religious beliefs surrounding marriage are not particularly prominent in either the fiction or non-fiction texts discussed in this chapter (except in instances where Catholic couples show a reluctance to use birth control). Attitudes to both divorce and illegitimacy were instead primarily influenced by socially derived morals, rather than those outlined by a specific religious doctrines. Although the moral objections outlined above were not, generally speaking, directly embodied by the state practice they provide a background in which treating single parenthood as a social problem could be taken for granted, even before its more tangible effects were considered.

Aside from questions of immorality, single mothers (much like problem families) were often viewed as a burden on the state's finances. Before the 1987 Family Law Reform Act, unmarried mothers were not automatically entitled to child support from the father and would have to apply for a maintenance order from a court soon after the child's birth.[16] While it was theoretically more straightforward for divorced women to claim child support, Wootton notes that 'maintenance orders are not well observed', with 4,333 men being imprisoned in 1955 alone for failing to meet them. She even goes as far to argue that, as early as the mid-1950s, 'the problem of the "disappearing husband"…[is]…one of the major social problems of our time.' She cites statistics from a study conducted by the National Assistance Board in 1953 which showed that, out of a sample of 57,700 separated wives claiming assistance, 24,000 of their husbands simply 'could not be traced' (Wootton 35).

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[16] Peter Snow, 'The Child Support Act and the Filius Nullius: The Illegitimate Child' <http://www.childsupportanalysis.co.uk/guest_contributions/snow_illegitimate/first_page.htm> <Accessed 17/07/14>.

Chapter 4: Family Planning

In light of these observations, it is not unreasonable to assume that even those unmarried mothers who were able to obtain maintenance orders may have experienced difficulty in enforcing them.

The fiction of the period suggests that single mothers were regularly expected to be in need of financial assistance. In Lynne Reid Banks' 1960 novel *The L-Shaped Room*, when Jane Graham's former manager finds out that she is pregnant and without a partner to support her, he attempts to give her £50 (nearly a thousand pounds in today's money) under the pretence that it is an additional payment from her previous employer.[17] In *In the Ditch*, the Pussy Cat Mansions council block is almost exclusively occupied by single mothers who are dependent upon state benefits, a situation which Adah finds herself sharing after being persuaded by Carol, the local family advisor, to give up work in order to spend more time looking after her children (Emecheta 40). This decision is forced by a lack of jobs offering sufficient flexibility to allow childcare. Even the Civil Service, Adah's former employer, is unable to properly accommodate her, despite giving her 'holidays, maternity leave, compassionate leave and every other sort of leave…[they]…could think of allowing people like her.' (Emecheta 39) Adah's inability to find a suitable job can be understood as the embodiment of the underlying societal assumption that children should be raised in a household in which traditional gender roles are observed (even if the male breadwinner is absent). By failing to live according to the two-parent model, the single mothers of the Pussy Cat Mansions not only find themselves labelled 'problem families' (indeed, in Emecheta's novel, the term 'single parent' and 'problem family' are used almost interchangeably), but their dependence upon state benefits results in their being subjected to various forms of state surveillance. Perhaps the most invasive of these is the interest which council officials take in their sex lives, arising from a concern that single mothers may receive financial assistance from their 'fancy men'. The state is keen to know if these men are contributing to the household, so that the mother's 'weekly dole' could be reduced accordingly. Typically, such scrutiny 'drove the fancy men away', ensuring that the women were not only poor 'but they had to be sex-starved too.' (Emecheta 67) The fiction sources outlined above demonstrate that single working-class

[17] Lynne Reid Banks, The L-Shaped Room (London: Penguin Books, 1962), p.178.

mothers were subject to a number of pressures which not only made them dependent upon state assistance, but would identify them as deviant from standard gender norms. This combination of financial dependence and perceived deviation would legitimate their conceptualisation as a 'social problem', thereby enabling state intervention in their day to day lives.

The importance attached to gender roles and the creation of social problems in the post-war period is perhaps best demonstrated by commentaries which identified insufficient mothering as a central cause of psychological pathology. Such arguments were used to justify intervention in the lives of both problem families and single mothers by associating sub-optimal infant care with the creation of undesirable personality traits. Clare Hanson contends that the emergence of this concept can be largely attributed to the psychologist John Bowlby, whose 'influential work on the mother-child bond' led to the widespread belief 'that children needed the undivided attention of their mothers in the early years of life.' (Hanson 2013, 28) Generally referred to as maternal deprivation theory, Hanson's argument is supported by the extent to which Bowlby's ideas are referenced in both fiction and non-fiction accounts of the post-war period. Blacker identifies 'Deprivation in early infancy' as being perhaps 'the most important of the environmental causes of mental ill-health and social failure', citing a 1951 report[18] prepared by Bowlby for the World Health Organisation (Blacker 1952, 24). While Roberts found that only one of her respondents mentioned Bowlby by name, she argues that 'a somewhat over-simplified version of his ideas…was absorbed by many mothers', a number of whom 'believed that they themselves had to look after their children if they were not to grow up with some psychological damage.' (Roberts 150) It should also be noted that maternal deprivation theory was not limited to instances in which children were separated from their mothers for extended periods of time (as would occur when children are taken into state care). Blacker again cites Bowlby to argue that similar effects could be observed in single parent households (in which one parent was missing due to illegitimacy, death, or divorce) and homes which 'are intact but not functioning effectively, as in adverse economic conditions, chronic illness…or the instability or psychopathy of a parent.' (Blacker 1952, 25) Maternal deprivation would prove

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[18] John Bowlby, 'Maternal Care and Mental Health' (Geneva: World Health Organisation, 1951).

to be a flexible enough concept that it could be associated with any household which failed to conform to the conventional model of the two parent, self-supporting family.

The perceived effects of maternal deprivation were examined by Wootton in the mid-1950s in a survey of academic papers published by psychologists such as Bowlby, William Goldfarb and René Spitz. Overall, she found that proponents of the hypothesis tended to argue that maternal deprivation resulted in children with an inhibited 'ability to make affectionate relationships with other people' and a predisposition 'towards antisocial or delinquent conduct.' (Wootton 136) Results from studies carried out in orphanages also showed that children raised in institutions often displayed 'lower intelligence and lower developmental quotients' than those brought up in a family environment (Wootton 140). Although Wootton herself displays some scepticism about the methodological rigour of many of the papers she surveys, commenting that the 'theory itself is sometimes expressed in remarkably sweeping terms,' the perceived effects of maternal deprivation would be further inflated by later commentators (Wootton 136). In an extreme example, Casper Brook (director of the FPA between 1968 and 1973) made the following arguments in an article published in *Woman's Own* magazine (titled 'Has Contraception Failed?') in 1972:

> There is enough evidence to show that not being positively wanted is a common background in maladjusted delinquents, sexual deviants, drinkers, sadists, homosexuals, even persistent traffic offenders. They all have the same careless attitude towards people that they experienced at home.[19]

Brooks' quote suggests that the notion of a sub-optimal childhood creating a spectacular variety of undesirable personality traits was a relatively acceptable idea in post-war discourse. Although the extent to which he applies this idea borders on the farcical, maternal deprivation (albeit sometimes rather loosely defined) was commonly cited as a causative factor in juvenile delinquency. Joy, the protagonist of Nell Dunn's 1967 novel *Poor Cow*, believes that enduring

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[19] Diana Hutchinson, 'Has Contraception Failed?', *Woman's Own* (1st July 1972), p.31.

her abusive marriage is vital to preventing Johnny, her infant son, from growing up to become a delinquent:

> …you read all this stuff in the papers – result of a broken home – delinquent locked up, all the rest. I don't want my Johnny to be the result of a broken home – if I could find a bloke tomorrow who loved Johnny as much as he loved me I'd go with him.[20]

Joy's fear that single motherhood will doom her son to a life of delinquency is the tragic result of a theory of infant development predicated upon a regressive understanding of gender roles. Maternal deprivation theory was challenged on a number of occasions, with Wootton citing Hilda Lewis' 1954 work *Deprived Children* as an early example (Wootton 143), but the manner in which problem and single parent families would continue to be seen as a source of maladjusted children throughout the post-war period suggests that its basic principles proved remarkably robust.

In many respects, the conceptualisation of single parents as a social problem can be understood as the product of the Victorian domestic ideology outlined by Roberts earlier in the chapter. Not only did single motherhood signify a deviation from widely recognised morality surrounding sex and marriage, but such mothers' lack of financial security and their perceived inability to provide proper childcare was deemed to put the intellectual and psychological development of their children at risk. Attempting to achieve financial independence through work was not only difficult due to the lack of flexible working patterns (as Adah finds out), but it would also make a 'child centred' family life almost impossible to achieve. This deviation from what was considered the optimal two parent family model would allow single parents to be conceptualised as a social problem which necessitated state intervention. In effect, single parent and problem families would be increasingly recognised as failing to exercise responsibility for their own life plans, a failing which the state would eventually attempt to remedy through the promotion of family planning services.

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[20] Nell Dunn, *Poor Cow* (London: Pan Books, 1968), p.124.

4.9. Birth Control in Post-war Britain

The history of birth control provision in post-war Britain is far from straightforward. The period saw unprecedented advances in contraceptive technology and provision, paving the way for the current mainstream acceptance of birth control as a universal right. For most people living in 21st century Britain, the failure to use contraceptive measures for the majority of one's active sexual life is widely recognised as irresponsible. Although the importance of contraception in disease prevention would remain largely unacknowledged until the advent of HIV/AIDS in the 1980s, the post-war era would be the first in which safe and reliable contraception would be made accessible to a significant proportion of the population as a whole. The contraceptive pill, which first became available in the 1960s, has become synonymous with the notion of female sexual liberation. In the introductory chapter of the *Call the Midwife*, Worth is certainly not alone when she asserts that the 'modern woman was born' following the advent of the pill (Worth 5). However, in practice the reality of contraceptive provision in post-war Britain is rather more complex. While the state contributed significant sums of money to family planning services throughout the period, it would not be until the 1974 NHS Reorganisation Act that free contraceptives would be made universally available. Before this, provision was primarily achieved through clinics run by Local Authorities and charities (most notably the FPA) which provided services on terms which varied by organisation and region. It should also be noted that moral issues surrounding sex outside of marriage would make it difficult for many poor single women to gain access to birth control, a topic which will be assessed in greater depth towards the end of the chapter. For the time being, this next section of the chapter will provide a basic overview of family planning provision in post-war England and Wales, and will attempt to evaluate the extent to which attitudes towards it evolved over the period

In *Birth Control in the Modern World* Elizabeth Draper traces the roots of post-war state family planning services to Memorandum 153, issued by the Ministry of Health in 1931, which permitted 'local health authorities to provide birth-control advice to married women where there were medical implications.' The memorandum (minus the restriction to married women) would later be

incorporated into section 22 of the National Health Service Act 1946.[21] However, while government grants would be made available for local authorities from 1948 onwards for family planning advice given on social grounds, uptake would be slow, with only about 25% providing non-medically indicated birth control services by 1954.[22] There is also some evidence to suggest that many General Practitioners took little interest in family planning until the 1960s. A 1949 bulletin written by W.B.J Pemberton (the British Medical Association's Camberwell representative at the time) responds to the idea of doctors providing birth control by urging them to refuse to become 'D.C.F.'s (Dutch Cap [diaphragm] Fitters)', seeing such a role as a 'degradation' to the profession.[23] Interestingly, the bulletin's author does not seem to reject the idea on moral or ideological grounds, but merely because he considers it beneath the dignity of his occupation. Lara Marks argues that Pemberton's attitude was not unusual during the period, pointing out that the diaphragm was disliked by many doctors because 'it needed careful fitting which was regarded as an "improper" medical pursuit.' (Marks 117)

In practice, it would be the FPA which would define British family planning services until the 1960s. The organisation first came into existence in 1930, when five separate birth control societies united to create the National Birth Control Council which ran clinics and put pressure on local health authorities to provide family planning services. The organisation changed its name to the Family Planning Association in 1939, having expanded to 65 clinics nationwide.[24] Barbara Brookes observes that the Second World War was a period of relatively low activity for the FPA, which expanded by only four clinics between 1939 and 1948. This lull ended following the report of the Royal Commission on Population in 1949, which admitted that there was 'nothing inherently wrong' with contraception, a statement understood by the FPA as 'an official sanction to the expansion of birth control services.' As a result new clinics were 'opened at a rate of nearly one every five weeks' throughout

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[21] Elizabeth Draper, *Birth Control in the Modern World* (Harmondsworth: Penguin Books, 1965), p.192.
[22] Lara V. Marks, *Sexual Chemistry: A History of the Contraceptive Pill* (London: Yale University Press, 2001), p.119.
[23] W.B.J. Pemberton, 'Bulletin From Representative: August, 1949' (Wellcome Family Planning Association Archive: SA/FPA/A13/22).
[24] Family Planning Association, 'A History of Family Planning Services Factsheet' <http://www.fpa.org.uk/professionals/factsheets/historyoffamilyplanning#2KumxEiWt7KmTGPr.99> <Accessed 17/07/14>.

1949.[25] The FPA's rapid expansion throughout the following two decades ensured that it largely defined family planning provision into the early 1970s. Indeed, a prospectus published by the Birth Control Campaign (a parliamentary pressure group founded in 1971) argued that 'Britain's good record on family planning…is almost entirely the result of the efforts of the Family Planning Association', noting that approximately 75% of the clinics operating in 1971 were FPA run.[26]

The FPA enjoyed a somewhat ambiguous relationship with the state throughout the post-war period. Audrey Leathard notes that while the FPA believed that it would be 'ideal…for the whole country to be covered by family planning centres organised by local authorities', it pragmatically pursued an alternative approach of advocating a 'combined voluntary and municipal effort under which local authorities would finance the FPA to run clinics.'[27] However, although the FPA 'eventually found it could obtain grants for services rendered under two sections of the [1948 NHS] Act', they found that their joint partnership aspirations were initially hampered by a 'lack of clear directives' from central government (Leathard 79). Despite this, a number of clinics would work with the Association to provide family planning services, either through an annual grant, patient referral fees or by loaning premises for clinics. Leathard picks out Bristol, Aberdeen and Staffordshire County as being particularly cooperative in financially supporting FPA efforts in their areas in the late 1940s and early 1950s (Leathard 88-9). Unfortunately, Leathard reports that no detailed records exist regarding exactly how many local authorities adopted this approach (Leathard 79). However, records that are available show that in 1960, roughly 80% of the 340 FPA clinics running at the time used facilities provided by local health authorities and regional hospital boards (Leathard 99). By 1963, seven out of eight FPA clinics would be run on local health authority or hospital premises, out of which 184 received grants or per capita payments from hospital boards of local authorities.[28] While it is

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[25] Barbara Brookes, *Abortion in England: 1900-1967* (Beckenham: Croom Helm, 1988), p.135.

[26] Birth Control Campaign, 'Introduction and Prospectus' (1971) (Wellcome Birth Control Campaign Archive: SA/BCC/A.10).

[27] Audrey Leathard, *The Fight for Family Planning: The Development of Family Planning Services in Britain 1921-74* (London: Macmillan, 1980), p.78)

[28] Margaret Pyke, 'Family Planning: An Assessment', *Eugenics Review*, V.55(2) (1963), p.74.

difficult to provide a detailed picture of the financial relationship between the FPA and government, it is nonetheless certain that cooperation existed at the local level in a number of locations, which increased significantly as the post-war period progressed.

The National Health Service (Family Planning) Act 1967 empowered local authorities to provide family planning services to patients on social as well as medical grounds.[29] This helped to remove some of the ambiguity of the provisions made in the National Health Service Act 1946, as the term 'medical implications' had been interpreted in a number of ways by doctors and local authorities (Leathard 79). However, the 1967 Act still allowed local authorities to make their own decisions regarding whether or not a charge should be made for advice or contraceptive supplies.[30] In practice, it was often the FPA which provided these services in return for a payment for each patient referred to them. A leaflet from the Birth Control Campaign (BCC) archive held by the Wellcome Library (titled 'Background Information: Birth Control') details the financial relationship between the FPA and approximately 175 County Councils and Boroughs in England and Wales between 1968 and 1971, the majority of which contributed several thousand pounds to the FPA during that time. From April 1971, the National Family Planning Agency Scheme came into operation, which provided a standard framework for local authorities that chose to use the FPA instead of creating their own schemes. While this helped to standardise birth control advice and supply from an administrative point of view, it also allowed local authorities to specify the level of service offered, ranging from an unrestricted and fully free service to both men and women, to one that limited free supplies and advice only to women needing them on medical grounds.[31] While the flexibility of the framework allowed local authorities to make their own decisions regarding how they allocated funding, it also had the effect of perpetuating existing inconsistencies in family planning availability between different areas. It should also be noted that the 1967 Act (like its 1946 predecessor) did not make family planning provision compulsory for local

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[29] FPA, 'A History of Family Planning Services Factsheet'.
[30] Health Visitor Editorial, 'National Health Service (Family Planning) Act, 1967', *Health Visitor*, V.41(2) (February 1968), p.55.
[31] Birth Control Campaign, 'Background Information: Birth Control' (1972) (Wellcome Birth Control Campaign Archive: SA/BCC/B.15).

authorities, leading public health expert Malcolm Potts to bemoan the 'haphazard availability of birth control' in a 1971 BCC press release.[32]

It would not be until the NHS Reorganisation Act 1974 that family planning would be fully integrated into the NHS, with both advice and contraceptives available free of charge to anyone, regardless of age, gender or marital status. By this this time, the FPA was running over a thousand clinics across the country. These would be gradually handed over to the NHS after the passing of the 1974 Act.[33] However, although the state made only a limited direct intervention into social aspects of British family planning practice, its relationship with the FPA suggests that it was still considered to be of some value. It is possible that the tacit support given to the FPA's work constituted an acceptable political compromise, allowing the distribution of birth control on social (rather than medical) ground while avoiding the political consequences of appearing to directly support practices which were still viewed by some as morally dubious. The Catholic Church would prove to be particularly vocal in its opposition to birth control, making a complaint to the London Passenger Transport Board (or LPTB) when the FPA bought advertising space on London Underground trains in the late 1950s (Draper 183). The minutes of a meeting of the Marie Stopes Memorial Foundation's management board recorded that the LPTB was still unwilling to advertise family planning services as late as November 1972, suggesting that the display of such adverts was still able to generate controversy.[34] Leathard also attributes the refusal of many local health authorities to financially support FPA clinics in the 1940s and 1950s to Catholic opposition (Leathard 89). However, while opposition to the widespread dissemination of family planning advice would continue to be opposed by some sections of society, it is also evident that public attitudes towards matters of sex, morality and birth control would undergo substantial change during this period.

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[32] Birth Control Campaign, 'New Pressure Group Campaigns for Comprehensive NHS Birth Control Services' (Wellcome Birth Control Campaign Archive: SA/BCC/A.9).
[33] FPA, 'A History of Family Planning Services Factsheet'.
[34] Caroline M Deys, 'Cultural Aspects of Male Sterilization' (Wellcome Eugenics Society Archive: SA/EUG/P.47).

4.10. Attitudes to Birth Control

Attitudes towards sex and family planning changed significantly over the post-war period. However, like the history of birth control provision outlined in the previous section, the manner in which these attitudes developed was complex and inconsistent. Sex would continue to be a taboo subject for many, often due to ideas surrounding morality (both inside and outside of religious contexts), combined with a persistent cultural discomfort with discussing the subject more generally.

Such discomfort would often result in remarkable levels of ignorance surrounding family planning and birth control, as demonstrated by a survey of working-class married life conducted by E. Slater and M. Woodside between 1943 and 1946. Not only did they find that 'many do not realise that *coitus interruptus* (withdrawal) is in fact a form of contraception', but others would 'confuse contraception and abortion.'[35] Ignorance surrounding sex and pregnancy was not restricted to the beginning of the period, with the unmarried pregnant girls portrayed in Dunn's 1963 novel *Up the Junction* displaying a remarkably limited knowledge of the entire subject. Sonia recounts that she was unaware that she was even pregnant for the first five months, believing that it 'would pass off.' While Marion realised that she was pregnant somewhat sooner, she does not seek an abortion until she 'started to get fat at about four months' and belatedly realises that she is now too far along to use an abortifacient (Dunn 1963, 43-4). Their uneasiness around the subject of sex is such that when Sonia informs her parents that she is pregnant, their first reaction is one of surprise because she 'was such a prude at the plays on the telly.' Indeed, the conversation between the two girls even reveals that neither had ever been naked in the presence of their partner (Dunn 1963, 46). Of course, the fact that such a conversation is taking place at all suggests that the topic was not necessarily taboo in peer groups (especially in the context of shared experiences), but the ignorance displayed by the girls implies that intergenerational discussions of sexual matters was limited. This possibility is supported by Roberts, who found that the majority of her respondents 'remembered very inadequate instruction in such matters from

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[35] E. Slater & M. Woodside, *Patterns of Marriage: A Study of Marriage Relations in the Urban Working Classes* (London: Cassel and Co., 1957), p.194.

their parents' and that an 'inability to speak to children about sexual matters persisted in some families throughout the [post-war] period.' (Roberts 59-60)

In her recollections of East End working-class life in the 1950s, Worth is amazed by the extent to which scatological humour is embraced by the locals, despite the fact that 'sexual obscenities and blasphemy were strictly taboo…and sexual morality was expected and enforced.' (Worth 206) This apparent contradiction suggests that the discomfort associated with sex was not simply a matter of cultural decorum regarding bodily functions, but was instead the result of very specific attitudes surrounding morality and respectability. Other texts from the period suggest that such squeamishness was not limited to the working-classes. Sarah Campion's 1950 memoir *National Baby* records her experience of having her first child using the facilities provided by the newly founded NHS. While waiting for a doctor, Campion encounters a middle-class woman who has recently become pregnant following a miscarriage eight months earlier. Campion is somewhat surprised at her reluctance even to use the word 'pregnant' (especially in a room full of expectant mothers), but finds that her discomfort around the subject is not limited to vocabulary:

> …when I mention Grantly Dick Read as a reassuring expert [on pregnancy and childbirth], she draws herself up, smooths down her tight little figure, and says with nipped-in lips: "Oh, I don't think it's very nice to read about that sort of thing in a book, do you?" (Campion 15)

Although Campion is somewhat contemptuous of this prudery (describing the women as a 'silly little idiot') it is evident that, certainly at the beginning of the post-war period, matters surrounding sex and pregnancy were subject to rules of propriety which were common across class boundaries. This issue would continue to persist throughout the era, demonstrated by a 1972 *Woman's Own* article by journalist Diana Hitchinson which records an interview with a North London social worker. She observes that 'Sex is not freely discussed in homes' with 'many parents…too embarrassed to tell their teenage children about sex', leading to 'a lot of ignorance about sex and the way our bodies work' (Hutchinson 31).

Despite the clear difficulties which frequently accompanied discussions of sex and birth control, it is perhaps too simplistic to assume that ignorance was universal and that the majority of couples exercised no form of family limitation at all. In her oral history of birth control in Britain between 1918 and 1960, Kate Fisher interviewed 193 individuals, most of whom were working-class and had been married in the late 1930s (Fisher 2006, 3-4). She found that the overwhelming majority of her respondents had practised one or more forms of natural or artificial birth control over their sexual lives (including withdrawal, condoms, contraceptive caps, abstinence, pessaries and abortion) (Fisher 2006, Appendix). This seeming contradiction between prevailing attitudes and actual practice is addressed by Fisher, who argues that it may be more productive to think of birth control during this period as less of a means of precisely planning and spacing childbirth, and instead as a way to help a 'smallish family to emerge "naturally"' (Fisher 2006, 77). It was therefore not unusual for married couples to use birth control in some form, but their awareness of their incomplete knowledge of the subject (as well as the perceived unreliability of available methods), resulted in what Fisher describes as a 'much vaguer, less calculated, more fatalistic and haphazard presentation of family-planning' (Fisher 2006, 95). Fisher also qualifies what she means by 'fatalism' in this context, arguing that it should 'be viewed as a "positive" ideology, in which an acceptance of the unpredictability of the future and what comes "naturally" were valued.' (Fisher 2006, 94) Such an approach to family building could be seen as leaving room for both birth control and the 'natural' growth of the family, in which new members would be regarded as serendipitous additions rather as the result of the success (or failure) or a precisely mapped out plan. Indeed, Fisher's research strongly suggests that carefully planning conception was 'frequently presented as inappropriately unemotional', an objection which she links to a 'definition of sexual intercourse as spontaneous, natural, uncontrived, and also, crucially, unplanned.' (Fisher 2006, 92) Lorna Sage's 2000 memoir *Bad Blood*, in which she documents her experiences of growing up in 1950s provincial Britain, provides further evidence for Fisher's conclusion:

> …French letters, rubbers…were, like all the other ways of divorcing sex from reproduction, trashed by the myths of the times. Having sex using a rubber was like having a bath with your socks on, boys said nastily,

> and in any case it was an insult to the girl, because you'd only use one
> for hygienic reasons. (Sage 238-9)

Sage's account demonstrates that contraception, at least before the introduction of more reliable and less obtrusive methods such as the pill in the 1960s, was often seen as threatening to the status of sex as a natural and spontaneous, an effect which seemingly had the potential to undermine its importance as the 'one true act.' Sage admits that she had 'absorbed the notion that real sex was some kind of visionary initiation involving the whole of you', an impression which fails to fit with her own early sexual experiences (Sage 239). As the earlier section outlined, contraception became gradually more readily accessible as the post-war period progressed, a development which seems to have led to a gradual reduction in the emphasis upon the 'natural' as an integral part of intercourse. This change seems to have also have also contributed to the decline of the 'causal' attitude towards family limitation displayed by Fisher's respondents, despite some evidence that the non-pharmaceutical and non-appliance methods that they had previously employed were reasonably effective.[36]

From the late 1940s onwards, state and state-allied bodies pursued a number of strategies which helped to transform the kinds of attitudes towards birth control reported by Fisher's respondents. The tacit support given to expanding the availability of contraceptive advice made in the report of Royal Commission on Population in 1949 suggests that the 78 professional bodies which submitted evidence to the commission were generally in favour of encouraging the use of birth control. Further evidence for this shift would become apparent in the 1950s, with a significant change in mainstream attitudes signalled by Anglican bishops at the 1958 Lambeth Conference who 'firmly expressed approval of birth control.' (Leathard 95) Changes in political opinion would also become more visible. In a House of Lords debate in July 1959, Lord Morris objected to the upcoming screening of a BBC broadcast appeal (part of the *Good Cause* series) on behalf of the Family Planning Association (Draper 183, Leathard 101). However, the fact that his objection was ultimately ignored by

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[36] The overwhelming majority of Fisher's respondents had a final family size of between one and three children, suggesting that their family limitation strategies had been at least partially effective (Fisher 2006, Appendix).

the House (with the broadcast going ahead as planned) suggests that the issue of birth control had become significantly less controversial. Further official recognition would soon follow, including the first acceptance of an FPA advert in the British Medical Association's magazine *Getting Married* in 1959 (Draper 182).

The beginning of the 1960s would see an acceleration of these developments. Lara Marks argues that the official introduction of the contraceptive pill to the British market in 1961 'radicalized the medical profession's view of contraception.' As mentioned earlier, the fitting of diaphragms was viewed by many doctors as an inappropriate use of their time and training. By contrast, the medical dangers inherent in the improper prescription of the pill necessitated a level of skilled medical supervision, thereby encouraging doctors to perceive contraception as a 'legitimate medical activity.' (Marks 117) She places this greater acceptance in the larger context of changes within the medical establishment, describing younger doctors trained after the Second World War as generally 'more favourably disposed towards contraception.' (Marks 119) Birth control would also be increasingly recognised as a part of social work, demonstrated by a 1970 survey of health visitors which found that 92% of them 'considered it part of their responsibility to discuss family planning' with their clients.[37] The pill would gain popularity at a remarkable rate, with approximately 15% of married British women between the ages of 15 to 44 being prescribed it in 1968, a mere seven years after its introduction (Marks 183-4).

By the end of the 1960s, the notion that families should be planned would enter mainstream discussion. Marks contends that this was at least partly due to the greater reliability of the pill in comparison to other methods such as the condom or diaphragm. While earlier techniques shared an 'element of risk', making it difficult for couples 'to exercise any firm planning of their family size', the greater effectiveness of the pill 'dramatically altered this view.' (Marks 192) This concept would gain political momentum in 1971 with the founding of the BCC, a parliamentary pressure group which campaigned in favour of fully integrating family planning into the NHS. In a press release

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[37] P. Woodward, 'Health Visitor's Attitudes Towards Family Planning', *Health Visitor*, V.43(11) (November 1970), p.360.

coinciding with the Launch of the BCC, Malcolm Potts (the Medical Director of the International Planned Parenthood Federation at the time) cited research which suggested that there were an estimated 300,000 'unwanted' pregnancies in Britain each year.[38] A year later, Hutchinson would report FPA figures which claimed that, out of the 1.2 million pregnancies in Britain each year, 'almost half are unplanned or unwanted' and that 'a quarter of a million of these are actually unwanted pregnancies' (Hutchinson 30). These numbers would be somewhat challenged by the 1972 report of a working party set up by the Royal College of Obstetricians and Gynaecologists (titled *Unplanned Pregnancy*) which estimated that approximately a quarter of pregnancies could be considered unplanned.[39] Developments in contraceptive technology and shifts in public attitudes towards sex and birth control had brought about a reconfiguration in the discourse surrounding the social desirability of planning one's family. Planning the timing of pregnancies and the overall size of a family would become increasingly recognised as being as important as choosing a career. In effect, this could be considered a logical extension of the post-war trend of treating life as a 'planned venture', with individuals being expected to cooperate with the state to optimise their life chances. In this context, 'unplanned' and 'unwanted' pregnancies would be conflated, with both signifying a failure to properly exercise choice over aspects of day to day existence which would have long term consequences, thereby potentially damaging overall life quality. This overall trend would culminate with the full integration of family planning services into the NHS in 1974, a development which demonstrated the importance of joint responsibility in the proper use of birth control. However, although the late 1960s and early 1970s can be seen as the period in which mainstream discourse embraced family planning as a central aspect of modern life, attention to the social issues caused by excess fertility can be traced back to discussions surrounding the 'social problem' of problem families and (as the period progressed) single parent families.

4.11. The Eugenics Society, Problem Families and Birth Control
In the 1940s and 1950s, it was the Eugenics Society that was perhaps the most vocal in its support for family planning interventions in problem families.

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[38] Birth Control Campaign, 'New Pressure Group Campaigns for Comprehensive NHS Birth Control Services' (Wellcome Birth Control Campaign Archive: SA/BCC/A.9).
[39] Practice Team, 'Unplanned Pregnancies', *Practice Team*, V.14 (July 1972), p.15.

However, assessing the relationship between the post-war welfare state and the Eugenics Society is not a straightforward exercise. From a legislative point of view, it is certainly difficult to argue that the Society had a direct impact upon policy decisions. Hera Cook argues that 'the movement had little or no success in this country', citing its pre-war failure to introduce laws which would have allowed the sterilization of people suffering from severe learning disabilities.[40] Post-war attempts to directly influence policy would also fail to be met with success. In 1945, the Eugenics Society submitted a memo to the Royal Commission on Population which argued that 'that the inborn qualities of future generations should resemble the better rather than the worse moiety of the nation to-day'. It also attempted to distance itself from its pre-war preoccupation with the importance of upper and middle-class fertility, contending that the central aim of eugenics was to secure 'the largest number of births from the most intelligent families in every social and economic class'. The memorandum went on to advocate a 'liberal system of eugenics' which would not call for compulsory sterilization or birth control, but would instead provide family planning services to encourage 'the least intelligent' families to limit their fertility.[41] In a subsequent appraisal of the memorandum's impact published in *The Eugenics Review* following the Commission's report in 1949, Blacker argued that 'We have many grounds for satisfaction', describing the report as 'almost completely vindicating the Society's policy as presented'.[42] However, further reading of the article suggests that this assessment was at least somewhat optimistic. Not only was the Society mentioned just once by name in the main body of the report, but the Commission's advocacy of birth control distanced itself from the notion that less intelligent people should be specifically encouraged to limit their fertility. Although some evidence of shared aims was displayed by the report's recommendations surrounding family allowances and the need for domiciliary help for large families, there is little to demonstrate the presence of eugenic thought in the Commission's findings (Blacker 1949, 124). Also, as the previous section of the chapter discussed at some length, the report's family planning recommendations were

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[40] Hera Cook, *The Long Sexual Revolution: English Women, Sex and Contraception 1800-1975* (Oxford: Oxford University Press, 2004), p.299.
[41] Eugenics Review, 'Royal Commission on Population: Memorandum submitted by the Eugenics Society', *Eugenics Review*, V.37(3) (1945), pp.92-4.
[42] C.P. Blacker, 'Royal Commission on Population and the Society's Aims', *Eugenics Review*, V.41(3) (1949), p.122.

largely ignored by central government policy until the 1960s, further minimising the impact of the society's efforts.

4.12. Crypto-Eugenics and Family Planning

In the aftermath of these failings, the Eugenics Society made little effort to directly influence government policy during the 1950s and 1960s. In 1963 it registered as a charity and was therefore no longer allowed to campaign for legal reforms without risking its tax exempt status.[43] However, even before this, the society had tended towards a strategy of 'crypto-eugenics', defined by Blacker in a 1957 memo as a way of pursuing 'eugenic ends by less obvious means' (Shenck & Parkes 154). In the context of family planning, crypto-eugenics was comprised of three main strategies. Firstly, the Society commissioned and carried out substantial amounts of research into social issues such as problem families (including Blacker's 1952 work *Problem Families: Five Inquiries*, discussed at length in the previous chapter). Hanson argues that this research 'generated a pool of specialist knowledge on which politicians could draw', thereby helping to recast social problems in a eugenic light (Hanson 2013, 6).

Secondly, the Society attempted to ally itself with other organisations which shared common aims, the most important example being its long running relationship with the FPA. Blacker was part of the first executive of the National Birth Control Council and the Eugenics Society allowed the FPA the use of several rooms between 1938 and 1949 free of charge at its Eccleston Square headquarters (Pyke 74). In addition, the Society made a number of substantial financial contributions to the Association, demonstrated by a letter sent by Bertram to Pyke on the 23rd of February 1959, in which the latter estimates that approximately £12,000 was donated ('in one guise or another') over the preceding twenty-five years. Although the letter also informed the FPA that the Society had decided against providing further funding, it carried the proviso that 'the Society would always endeavour to help future work having a sufficiency of eugenic emphasis'.[44] Therefore, while this letter would signal a reconfiguration of the Society's financial relationship with the FPA, it did not

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[43] Faith Shenck & A.S. Parkes, 'The Activities of the Eugenics Society', *Eugenics Review*, V.60(3) (September 1968), p.155.

[44] Letter from Colin Bertram to Margaret Pyke, 23rd February 1959 (Wellcome Eugenics Society Archive: SA/EUG/A13/23).

amount to an end to the cooperation of the two organisations, a subject which will be explored further later in this chapter in the context of domiciliary family planning services. Indeed, the depth of this relationship was such that Hanson goes as far to argue that, 'In many respects, the FPA acted as an executive arm of the eugenics movement in the post-war years'. (Hanson 2013, 117)

Finally, the Eugenics Society followed its crypto-eugenic agenda by attempting to attach a eugenic slant to media stories which documented the apparent intractability of social issues such as poverty and sub-standard housing. In January 1955, journalist Merrick Winn published a series of four articles in the *Daily Express* titled 'Cinderellas of 1955'.[45] In these articles, Winn explored the extent of child poverty, neglect and abuse which still remained in British households, despite a decade of the welfare state's reforming efforts. In a letter sent to the FPA on the 28th of January 1955, Blacker asks if it might be

> ...worth while [sic] to write a letter to the [*Daily Express*] editor pointing out that many of the tragedies which their correspondent describes could have been averted...if the women described could be assisted not to have unwanted pregnancies. You might care to add that the FPA is especially anxious to help such women.[46]

While the reply from the FPA (dated 31st of January 1955) suggests that such had attempt had already been (unsuccessfully) made, this example demonstrates not only that the Society was keen to attach eugenic thinking to high-profile media stories, but also illustrates how it cooperated with the FPA to do so, thereby insulating itself from controversy. [47] However, despite the adoption of crypto-eugenics from the mid-1950s onwards, the basic aims of the Eugenics Society remained largely intact, especially in its on-going preoccupation with what it described as 'differential fertility'.

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[45] The four articles were titled 'Cinderella's of 1955', 'Children of the Dark', 'When Mothers are Brutal' and 'The Question Is: How Unmoved Can You Be?' They were published between the 24th and the 28th of January 1955.
[46] Letter from CP Blacker to Irene James, 28th of January 1955 (Wellcome Family Planning Association Archive: SA/FPA/A13/22).
[47] Letter from Irene James to CP Blacker, 31st of January 1955 (Wellcome Family Planning Association Archive: SA/FPA/A13/22).

4.13. Differential Fertility

The British eugenics movement maintained a keen interest in the relative birth rates of different parts of society throughout the post-war period, a preoccupation which can be traced back to the work of Karl Pearson in the early 20th century. Daniel Kevles outlines the origins of Pearson's concern with what would become later identified as 'differential fertility':

> Generalizing mainly from Danish statistical studies, he [Pearson] argued that half of each generation was the product of one-quarter of its married predecessor. That prolific quarter represented only from one-sixth to one-eighth of the adult population and was drawn disproportionately from the 'unfit,' which in Pearson's lexicon meant 'the habitual criminal, the professional tramp, the tuberculous, the insane, the mentally defective, the alcoholic, the diseased from birth or from excess.' (Kevles 33)

For a movement predicated upon a belief in the transmissibility of human physical, mental and personality traits, the notion that people with undesirable qualities were generating a disproportionate number of offspring was alarming. According to eugenic logic, such a situation would inevitably create a British gene pool dominated by inferior genetic material, leading to an overall reduction in the fitness of the population. In practice, it would be the poorer sections of society that would be consistently identified as demonstrating a dysgenic overabundance of fertility. Hanson argues that this strong class bias can be traced back to the early 1900s, when the Eugenics Society (then named the Eugenics Education Society) funded a number of so-called 'pauper pedigree studies', 'designed to document the transmission of undesirable characteristics.' These studies linked a range of allegedly hereditary traits with poverty, including 'drunkenness, theft, persistent laziness...mental deficiency...[and]...general weakness of character'.[48] Hanson goes on to point out that the 'Society was particularly well-represented on the committee that prepared the 1929 Wood Report on the incidence of mental deficiency in the population.' The report found that a number of undesirable traits (including 'feeblemindedness...insanity, epilepsy, pauperism, crime, unemployability and

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[48] Clare Hanson, *A Cultural History of Pregnancy: Pregnancy, Medicine and Culture, 1750-2000* (Basingstoke: Palgrave, 2004), p.85.

alcoholism') was concentrated in the 'lowest 10% on the social scale' (Hanson 2004, 116). The report would remain influential in eugenic thought, laying the foundation for its conceptualisation of problem families in the post-war period, and would continue to be referenced into the early 1970s.

Further alarm amongst eugenicists was generated by the apparent failure of the educated and professional classes to produce enough children to counter the dysgenic effects of the high fertility of the poorer (and therefore less eugenically fit) sections of British society. A report submitted by the Eugenics Society to the Royal Commission on Population in 1945 used data from the Registrar General for the period 1851 to 1911 which demonstrated a 'striking difference' between the relative fertility of different social classes. Class I in particular, which includes the middle and upper-classes who (the report argues) are 'widely regarded as the main repository of cultural values' is shown to fare particularly badly in this period, with its reproductive rate falling consistently below replacement levels (*Eugenics Review* 1945, 94). Such a statement serves to somewhat undermine the report's assertions that eugenics was not a class-based movement (referenced earlier in the section). In summary, it was apparent that the Society considered the eugenic fitness of the British population subject to a dual threat: the excess fertility of the poor being left unchecked by the declining fertility of the better-off.

4.14. Eugenics, Intelligence and Differential Fertility

The evidence submitted to the Royal Commission on Population suggests that the British eugenics movement's preoccupation with class was closely intertwined with a keen interest in intelligence. Such attention was possibly the result of the emergence of IQ tests in the 1900s, which provided an allegedly objective and reliable measure of intelligence, thereby giving the movement a tool which could easily produce comparative statistical data on the relative eugenic fitness of individuals and population groups (Kevles 77-9). This preoccupation remained throughout much of the post-war period, with Hanson referencing Julian Huxley's 1962 Galton lecture 'Eugenics in an Evolutionary Perspective', in which he advocates sterilisation measures and donor insemination as two strategies through which those with very low IQs could be prevented from having children (Hanson 2013, 58).

Estimates of intelligence, alongside appraisals of other mental traits such as temperamental instability, occur frequently in descriptions of problem families, as discussed at length in the second chapter. Commentators, including Allan Carruth Stevenson, Blacker and Ford et al, regularly pointed to low intelligence in one or both parents as a primary causative factor in the difficulties which such families experienced in everyday life. The following quote from Blacker demonstrates how the Eugenics Society was keen to conceptualise low intelligence as a key feature of problem families, a trait which interacted with other factors (such as poverty and high fertility) to generate substandard living conditions:

> …the problem family commonly presents five features; they are a subnormal intelligence in one or both parents, an instability of character distinguishable from subnormal intelligence, intractable ineducability, a squalid home, and the presence of neglected and often numerous children…A vicious circle commonly develops in wherein a feature which begins as a consequence can later acquire causal status.' (Blacker 1952, 20)

In effect, problem families can be viewed as a nexus at which three key preoccupations of post-war British eugenics meet: intelligence, class and differential fertility. While the rhetoric surrounding these families was generally framed in humane terms,[49] their apparently high level of fertility presented a potential threat to the overall quality of the British gene pool. This concern goes a long way to explain the Eugenics Society's desire to maintain ties with the FPA, even after the latter organisation would overshadow the former in terms of financial resources and influence from the 1950s onwards. Given that coercive measures such as compulsory sterilisation of the eugenically unfit had been rendered deeply unpopular following Nazi atrocities during the Second World War, campaigning in favour of improved access to contraceptives was one of the few avenues open to the Eugenics Society to directly address their concerns surrounding differential fertility.

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[49] A representative example is HC Maurice Williams' foreword to *Problem Families: The Fourth Report of the Southampton Survey*, in which he argues that the 'task of setting these families on the way of a healthier and happier life is one requiring sympathetic understanding, great patience and knowledge.' (Ford et al. v)

As outlined earlier in the chapter, contraception would remain a contentious subject in public discourse until the early 1960s, with the provision of publically funded birth control services remaining patchy throughout most of the post-war period. Although the Society's report to the Royal Commission of Population specifically identified '*Universal accessibility of knowledge as to how pregnancies can be regulated*' as a vital feature of '*a favourable environment wherein eugenic selection can operate*' (italics in original), it largely maintained its crypto-eugenic stance until the beginning of the 1960s, opting to support increased provision of birth control services through financial contributions to the FPA (*Eugenics Review* 1945, 98-9). A change in approach would emerge at the end of the 1950s, just as the Society ceased to provide the FPA with block grants, with a new focus on the creation of domiciliary services which would take family planning directly to some of the least eugenically desirable sections of society.

4.15. Domiciliary Services and the Eugenics Society

The Eugenics Society would make good on its promise to the FPA that it would 'endeavour to help future work having a sufficiency of eugenic emphasis'. In 1959 it agreed to support the work of Mary Peberdy, an FPA doctor in Newcastle who wished to take family planning services directly into the homes of problem families. The scheme was awarded £3000 over three years by the Council for the Investigation for the Investigation of Fertility Control (or CIFC), a trustee of the Oliver Bird Trust.[50] The trust was set up in 1957 with a donation of £30,000 from Captain Oliver Bird, who was keen to see the contraceptive pill perfected and brought to Britain.[51] While the CIFC was technically a separate entity from both the Eugenics Society and the FPA, it was based in the Association's Sloane Square offices, and shared some key personnel with the Society, such as Alan S. Parkes. The Society would also take a keen interest in Peberdy's work, inviting her to give a paper at a 1964 symposium titled 'Biological Aspects of Social Problems'.[52]

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[50] Mary Peberdy, 'Report of Special Clinic Set Up to Help Problem Families in Newcastle-on-Tyne', 1st November 1962 (Wellcome Family Planning Association Archive: SA/FPA/A3/17).
[51] Alan S. Parkes, 'The Oliver Bird Trust, 1957-1969', *Journal of Biosocial Science*, V.2(4) (October 1970), p.359-60.
[52] Mary Peberdy, 'Fertility Control for Problem Parents: A Five-Year Experiment in Newcastle upon Tyne' in Meade, JE & Parkes, AS (eds). *Biological Aspects of Social*

In 1961 the Society awarded Dorothy Morgan, also an FPA doctor, £2000 over two years to run a similar scheme in Southampton, with a further £500 given in 1963 to extend its duration by nine months.[53] In this instance, funding was provided by the Marie Stopes Memorial Foundation (or MSMF), set up in 1960 as a subsidiary of the Eugenics Society in order to make use of a substantial sum of money left to the Society by the influential family planning advocate Marie Stopes after her death in 1958.[54] The articles of the MSMF's Memorandum of Association stated that the purpose of the foundation was 'promote the science of eugenics' by 'supplying the poor with medical assistance…in regard to the reproductive functions and to the methods of controlling conception'. Furthermore, clause 26 of the MSMF's Articles of Association ensured that the Society would have overall control of the Management Board.[55] In summary, it is evident that the MSMF was created with the explicit purpose of applying eugenic solutions to social problems, of which problem families were the most obvious candidate.

In many respects, the backing of these domiciliary services would represent a final effort by the Eugenics Society to directly intervene in the lives of British problem families with the implicit aim of addressing differential fertility. The rationale behind the creation of such services was premised upon the observation that poorer families were less likely to avail themselves of family planning advice than their better-off counterparts. Peberdy elaborates:

> Parents of large families in the lowest income groups rarely arrive at
> ordinary family planning clinics of their own volition, and even after
> attendance are unlikely to continue to make use of the service offered to
> them. It must be remembered that contraceptive advice is not part of

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Problems: A Symposium held by the Eugenics Society in October 1964 (Edinburgh & London: Oliver & Boyd, 1965), pp.191-98.

[53] Dorothy Morgan, 'Southampton Committee for Fertility Problems' (Wellcome Family Planning Association Archive: SA/FPA/A3/17). Also, Renée Brittain, 'One Foot in the Door' in Medawar, J & Pyke, D (eds). *Family Planning* (Hamondsworth: Penguin Books, 1971), p.139.

[54] Colin Bertram 'The Start of Domiciliary Birth Control: Marie Stopes Memorial Foundation' (September 1991) <http://www.galtoninstitute.org.uk/Newsletters/GINL9109/Domiciliary_Birth_Control.htm> <Accessed 29/08/14>.

[55] 'Memorandum and Articles of Association of the Marie Stopes Memorial Foundation' (Wellcome Eugenics Society Archive: SA/EUG/P.51).

the National Health Service and patients usually have to pay, at least for
their supplies or, alternatively, to plead poverty. (Peberdy 1965, 191)

In a 1955 article published in the *Medical Officer*, Catherine H. Wright observed
that it 'is extremely difficult to persuade problem family mothers to attend
family planning clinics' due to their 'fatalistic attitude towards recurrent
pregnancies.' (Wright 383) However, a letter sent by Mary Fisher (based at the
Oxford Health Department) argues that Wright's observations go 'beyond the
facts', pointing out that many problem families in her area are 'anxious for
help' and have been successfully assisted by the local family planning clinic to
prevent further births.[56] In practice, it seems likely that many problem families
were put off family planning for practical rather than psychological reasons.
Mothers with large numbers of young children may well have found it difficult
to find time to travel to an FPA or local health authority clinic, especially for
follow-up appointments. The cost of contraceptive advice and supplies was
also almost certainly a significant disincentive for many. Anthea Hall (writing in
a 1971 *Times* article) points out that although the FPA had a 'policy to never
turn away a client because she cannot pay', they were prevented from widely
publicising the fact due to fears surrounding financial sustainability.[57]

4.16. Domiciliary Service Practice

The mode of operation adopted by Peberdy and Morgan would avoid these two
central issues by delivering free family planning services directly into the
homes they deemed to be most in need. The manner in which they
accomplished this bears some striking similarities to the methods employed by
the Eugenics Society in their surveys of problem families in the 1950s. Like the
earlier researchers, Morgan and Peberdy used a referral system. Peberdy
contacted GPs, health visitors and social workers to encourage them to refer
patients with 'medico-social' problems, while Morgan gained the cooperation
of Southampton's Medical Officer of Health, who then informed a similar group
of medical and social work professionals that the service was available.[58] Both

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[56] Mary Fisher, Correspondence: 'Problem Families and Family Limitation', *The Medical Officer*, V.95(3) (10 February 1956), pp.74-5.
[57] Anthea Hall, 'Growing Point: Family Planning as Preventative Medicine', *The Times*, 28 April 1971, p.9.
[58] Peberdy 1965, 191 & Dorothy Morgan, 'The Acceptance of Problem Parents in Southampton of a Domiciliary Birth Control System' in Meade, J.E. & Parkes, A.S. (eds).

schemes assessed the eligibility of each family according to specific entry criteria. Peberdy, for example, initially required 'that the husband be in semi-skilled or in labouring work, or unemployed' and that 'his wife had at least four pregnancies in the preceding eight years', leading to a total of 150 couples being accepted onto the scheme (Peberdy 1965, 191). Morgan applied a similar set of criteria and also accepted 150 families onto the Southampton scheme (Morgan 1965, 199). It should be noted that both schemes catered exclusively to married couples. This decision is never explicitly justified by either Morgan or Peberdy, but is presumably due to the assumption that only married women were in immediate danger of conceiving further children, possibly combined with concerns surrounding the moral implications of appearing to facilitate sex outside of wedlock.

In both schemes, first contact would be made by Peberdy or Morgan making a personal visit to the family's home, a strategy which was frequently met with some initial resistance. Morgan's recollection of these first meetings demonstrates the cultural gulf which existed between the medical professionals and their potential clients:

> These families are by their very nature 'anti-officialdom', and the stranger is suspect, whether male or female, for she may be the rent collector, debt collector or some official asking awkward questions such as why Mr A. has failed to go to work or report to the Labour Exchange; or why Mrs A. has failed to keep a hospital or clinic appointment. (Morgan 1965, 199-200)

However, a 1991 edition of the Galton Newsletter which recounts Morgan's experiences asserts that once the professional had been invited into the home 'the contraceptive subject was broached and willing ears were quickly pricked.' (Bertram 1991) Indeed, Morgan found that her acceptance by such families, once won, tended to be absolute. In a characteristically colourful anecdote, she relates that she ceased to be surprised when asked questions such as 'How many flick-knives does your boy possess?' (Morgan 1965, 200). There are only limited records regarding the pattern of follow up visits used by Morgan and

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Biological Aspects of Social Problems: A Symposium Held by the Eugenics Society in October 1964 (Edinburgh & London: Oliver & Boyd, 1965), p.199.

Peberdy, but a similar scheme cooperatively run between London County Council (LCC) and the MSMF (started in 1964) varied according to the individual needs of patients. While all were encouraged to visit a GP or local family planning clinic for subsequent check-ups, those who failed to keep appointments would be visited again in their homes in order to deliver contraceptive supplies or to ensure that advice was being properly followed.[59] Peberdy also mentions that free transport to and from the local FPA clinic was offered to patients that needed it (Peberdy 1965, 193).

A defining feature of both Morgan and Peberdy's schemes was that all of the families were offered a variety of contraceptive methods and were encouraged to switch to another if they found that their initial choice wasn't right for them. Initially, both schemes offered condoms and the contraceptive cap to clients, with the pill offered from January 1961 in Newcastle, and from January 1963 in Southampton (Peberdy 1965, 193 & Morgan 1965, 210). In a small number of instances, women were sterilised, although the procedure was the result of health concerns generated by cancer monitoring through the use of cervical smear testing rather than as a birth control measure (Peberdy 1965, 197). Inter Uterine Devices (or IUDs) were just beginning to become available towards to the end of the Peberdy scheme and would later be trialled by the LCC scheme (Peberdy 1965, 198 & Solano 146). By 1964, Morgan found that the pill proved to be most popular method amongst her patients, 'because it calls for the least effort.' (Morgan 1965, 201) Peberdy's clients also tended to favour the pill, although many preferred condoms (Peberdy 1965, 197). Vitally, none of the schemes charged for advice or supplies, a practice which would not be universally adopted by the NHS until 1974.

4.17. Domiciliary Services and Eugenic Thinking

It is clear that the domiciliary services pioneered by Peberdy and Morgan fulfilled an important social work function by serving families who were unable to benefit from post-war advances in birth control. Early adopters of the contraceptive pill, for example, tended to be university educated and live in middle-class areas, presumably because they could afford the time and money

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[59] Frances Solano, 'The Domiciliary Service' in Medawar, J & Pyke, D (eds). *Family Planning* (Hamondsworth: Penguin Books, 1971), p.144 & 147.

to seek advice and pay prescription charges (Marks 201). Domiciliary services avoided these two primary obstacles to access, thereby providing low-income women with a service on a par with that enjoyed by their better-off counterparts. From this perspective, it could be argued that the domiciliary services played a democratising role by removing socio-economic barriers for poorer women who wanted to control their fertility. The services also seemed to be generally well received by patients. Morgan, for example, recounts how the contraceptive pill became 'a status symbol' for the families she treated.[60] However, while this may be true, it is also evident that the schemes were predicated upon eugenic assumptions regarding differential fertility, specifically in terms of the desirability of the poorer classes being encouraged to limit their fertility. As outlined earlier, both Morgan and Peberdy (and later the LCC scheme) were initially financed by organisations affiliated with the Eugenics Society. While the decision to apply to such bodies for funding may simply have been due to the fact that they (unlike local health authorities) were willing to foot the bill for domiciliary services, the reports given by Peberdy and Morgan display some remarkably eugenic undertones.

A crucial example of such undertones is the extent to which both Morgan and Peberdy drew attention to the apparent prevalence of mental illness, deficiency and 'temperamental instability' (alongside other physical illnesses and impairments) displayed by the families which they targeted for intervention. Peberdy, opting for a characteristically empirical approach, observes the following

> Chronic physical illness was present in 40 per cent of the women, and in 31 per cent of the men. Mental illness or marked mental instability was present at the rate of 23 per cent for both sexes. Alcohol was consumed regularly by 48 per cent, usually to excess. (Peberdy 1965, 191-2)

By contrast, Morgan portrays her experiences with her clients in a rather more colourful manner, commenting that 'the psychologists among you will shudder when I tell you that I taught my patients of very low intelligence - some registered mental defectives - to use the cap just as you would teach a child to

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[60] Dorothy Morgan, 'Problem Families – A Domiciliary Service', *Health Visitor*, V.40(2) (February 1967), p.56.

brush his teeth' (Morgan 1965 200-1). As the earlier section of this chapter outlines, the British eugenics movement maintained a consistent interest in intelligence throughout the post-war period, and the observations made by Morgan and Peberdy helped to maintain the belief that the less eugenically endowed members of society were reproducing at an alarming rate.

The eugenic potential of domiciliary services is also implied by the manner in which Peberdy and Morgan assessed the relative success of their schemes. Both viewed their schemes as being ameliorative in nature, with some individual failures (in the form of unplanned births) to be expected, but not necessarily recognised as a reason to doubt the overall success of their efforts. Peberdy expresses satisfaction that her scheme reduced the overall birth rate of her clients to approximately one-fifth of earlier levels, and Morgan argues (using somewhat questionable statistical assumptions) that hers prevented the birth of 110 additional children (Peberdy 1965, 195 & Morgan 1965, 203). Although the relatively unreliability of birth control methods other than the pill (combined with many of the families' lack of experience with contraceptives) would have made a 100% success rate unlikely, the assessments offered by both Peberdy and Morgan hint at a desire to reduce overall fertility rates rather than attempting to prevent every single unwanted birth. This notion that domiciliary services were able to accomplish reductions in births at the level of the population (although not always at the level of the individual) hints at the eugenic objective of population-scale intervention to ameliorate the dysgenic effects of differential fertility.

In many respects, the Eugenics Society was not shy of publically recognising their hope that domiciliary services could serve eugenic ends, despite consistently emphasising that the problem families themselves were the primary beneficiaries. Writing in a 1966 'Notes of the Quarter' section of *The Eugenics Review*, Bertram explicitly acknowledged the potential of domiciliary services in 'promoting differential fertility of a favourable sort'.[61] In the same piece, he expressed approval at the news that the LCC was cooperating with the MSMF to bring such services to the capital's problem families, reflecting that 'in the United Kingdom the mark or reward of successful voluntary effort

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[61] Colin Bertram, 'Notes of the Quarter', *Eugenics Review*, V.58(1) (January 1966), p.6.

is that public opinion is at last convinced and Government takes over.' (Bertram 1966, 5) This reaction makes it clear that Bertram viewed this collaboration as a crypto-eugenic victory, in which the Eugenics Society successfully integrated a means of reducing the effects of differential fertility into government policy. It should also be noted that taking family planning into the homes of problem families had also been proposed much earlier by Eugenics Society personnel. For example, in a letter addressed to the FPA, dated 4th December 1946, Blacker suggests that, following an initial appointment at FPA clinics, mothers from problem families should be given a stamped envelope which could be sent back to the clinic to request new supplies. Such a system would entail the FPA replying with a package containing contraceptives and a new stamped envelope, allowing supplies to be replenished regularly without the patient having to attend a clinic or pay fees.[62] Although no record remains as to whether this approach was ever adopted, the domiciliary services which emerged later would serve a similar purpose by directly targeting problem families and reducing the financial cost and inconvenience of clinic attendance.

Overall, it is evident that supporting domiciliary services was a key part of the crypto-eugenic strategy employed by the Eugenics Society for much of the post-war era. While the manner in which only low-income families were targeted by such schemes can be superficially justified by social concerns, it is also evident that eugenic thinking inspired many aspects of their modes of operation. Although the movement clearly hoped that financing domiciliary services would pave the way for addressing income-based differential fertility, the overall impact of the schemes would prove to be somewhat different, and would have rather more to do with altering ideas surrounding individual responsibility and the role of the state in people's sexual lives.

4.18. Domiciliary Services and Individual Responsibility

The emergence of domiciliary family planning services would produce a number of contradictory arguments concerning the ability of problem families to take individual responsibility for controlling their fertility. Peberdy's reporting of her Newcastle scheme reinforced the notion that poorer families were less likely to use contraception effectively. She demonstrated this by

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[62] Letter from C.P. Blacker to Mrs Wintersgill, 4rd December 1946 (Wellcome Family Planning Association Archive: SA/FPA/A13/22).

employing her own system of personal social ratings, distinct from the commonly used Class I to V system, with each parent assigned a grade between A and C based on behavioural observations. Husbands were rated according to their work record and the extent to which 'he undertook his social and domestic responsibilities.' Mothers were similarly assessed by their 'level of home and child care.' Using this system, she found 'a statistically significant relationship between social grading and failure rate', with those assigned lower ratings tending to be more likely to neglect or improperly use the contraceptives given to them (Peberdy 1965, 196). Morgan, by contrast, adopts a slightly more nuanced view. While she partly attributes the relatively high failure rate displayed by her patients to their 'mental limitations' (combined with the somewhat dubious observation that feelings of 'inadequacy' tends to result in problem family parents having sex more often than most other FPA clinic attendees), she also highlights some of the difficulties generated by their living conditions and lack of knowledge of contraceptives. In one particularly bizarre example, a patient became pregnant after a 'kleptomaniac aunt' stole her contraceptive cap (Morgan 1965, 201-2). Another case in which a husband swallowed his wife's contraceptive pill (and subsequently 'condemned this fool proof method') hints further at some of the difficulties associated in dealing with low-income patients with little understanding of birth control (Morgan 1967, 56). While Morgan clearly recognises that ensuring problem families properly practised contraceptive measures could be a challenging endeavour, she also recognised that such families experienced a range of day-to-day difficulties which could serve to hinder their efforts.

Other commentators argued that the domiciliary services provided clear evidence that low-income families were both willing and able to practise birth control effectively. In 1971, Peter Selman conducted an assessment of the relative effectiveness of domiciliary services, observing that one of their most beneficial aspects was that they offered advice and supplies free of charge, thereby allowing a greater number of patients to benefit.[63] However, he criticizes the referral system used by these services, arguing that many women who could benefit from them did not have assistance offered to them in time to properly limit their family size (Selman 119). Finally, he argues that many of

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[63] Peter Selman, 'Domiciliary Family Planning Services: A Reappraisal', *Journal of Biosocial Science*, V.3(S3) (January 1971), p.124.

the best aspects of domiciliary services (including encouraging close relationships between medical practitioners) could be accomplished on a far larger scale through the use of existing staff such as health visitors (Selman 120). It should also be noted that domiciliary services were extremely expensive compared to running standard birth control clinics, a problem which would prove to be a significant limiting factor in their expansion. Although treating the most severe cases in their homes could be justified as an economically rational decision,[64] Hall argues that intensive and costly nature of such work means that it could be 'considered an unfair allocation of limited resources', in which the money could be 'better spent' on more general service improvements. Hall echoes Selman by concluding that the main success of domiciliary services was that they showcased 'various ways of offering advice which should be incorporated in much wider statutory services.' (Hall 9)

When viewed in this context, it appears that the domiciliary services had effects which went beyond the eugenic intentions of their early supporters. Instead it aided the greater recognition of family planning services as a key part of welfare state provision. Indeed, it was the success of Morgan and Peberdy's work with problem families which prompted LCC to create its own domiciliary services for low-income residents in 1964, which would further pave the way for other schemes (Solano 144). Although such schemes failed to become ubiquitous (one estimate made by the FPA in 1972 put the figure at approximately 80 across the UK) their perceived value was demonstrated by the creation of a standardised tariff in 1971 to make it easier for local authorities to collaborate with the FPA to set up and administer new schemes.[65]

Domiciliary services would help to prove that low income families could be persuaded to adopt family limitation practices if suitable facilities were made available. This would become part of a larger trend, culminating with the 1974 NHS Reorganisation Act, in which the increased availability of family planning services would make it less acceptable for families to exceed the financial

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[64] Morgan makes the somewhat optimistic estimate that her Southampton scheme generated savings of £5,874 over three years while only costing £2,500 to operate. This figure is based upon estimates of maternity service costs and also on the assumption that a certain proportion of the children whose births were prevented would have been taken into care (Morgan 1965, 203).
[65] Birth Control Campaign, 'Background Information: Birth Control' (1972).

capacity of its breadwinners. Effectively, domiciliary services paved the way for family planning to be used as a biopolitical (rather than a eugenic) tool. The poorer sections of the working-classes no longer had the 'excuse' that birth control was too expensive or unreliable for them, and would therefore be increasingly expected to adopt the family limitation practices which were initially characteristic of the middle-classes (and which were already beginning to be emulated by the more aspirational members of the working-classes). Such behaviour would become a cornerstone of the growing importance of living life according to a plan facilitated by the cooperation of the individual with the state. The disturbing corollary of this social shift would be that larger low income families would find themselves increasingly penalised for their perceived lack of individual responsibility.

4.19. The Price of Non-Conformity

When Adah, the young Nigerian single-mother protagonist of Buchi Emecheta's 1971 novel *In the Ditch*, moves into the Pussy Cat Mansions (an East London council block) she finds that her new home is part of what is effectively a ghetto for problem families. The majority of her fellow residents are low income or single-parent families, dependent upon the state for housing and financial support, who have become trapped within the very welfare system that was created to protect them. Mrs O'Brien, one of the few women in the Mansions who is not divorced or separated from her husband, has seven children, apparently due to her Irish Catholic background which precludes her from practising artificial forms of birth control. Her husband stays unemployed deliberately because National Assistance actually pays more than he could expect to earn as an unskilled labourer. Given that the family already struggles to support itself, a return to work would spell financial disaster. Despite her rational assessment of the situation, Mrs O'Brien finds that having a perpetually unemployed husband is a source of severe social stigma, reflecting that it makes her feel 'ashamed and miserable' (Emecheta 54).

In essence, the O'Briens' failure to limit their family in line with their means has marginalised them to the fringes of acceptable society, a position which is made all the more unbearable by the social stigma attached to such behaviour. Their fate is starkly contrasted with that of the (aptly named) Small family, who represent the aspirational working-classes (a minority in the Mansions). Mr

Small works as a council plumber and is extremely well paid by the standards of his fellow tenants, affording his family a degree of independence which allow them to consider themselves 'in a class higher' than most of their neighbours (Emecheta 28). As a result, they abstain from participating in local community life, instead preferring to live as small nuclear family befitting their aspirational status. They are eventually rewarded for limiting their family to match their income by becoming among the first to be located to superior accommodation following the council's decision to demolish the Mansions (Emecheta 121). By contrast, Adah finds it extremely difficult to find a new council home large enough to house herself and her five children. Mr Persial, the official responsible for rehousing the tenants, explains the reasons for this difficulty:

> 'Trouble is, large families are not trendy any more. Families are smaller these days. We now reduce the number of our children because it's more economical. In fact in most civilized societies that's the new unwritten law.' (Emecheta 126)

If one ignores the implicit racism of this statement, it is evident that Persial is merely articulating how changes in post-war family planning practices had knock-on effects in other parts of the welfare system. By building smaller homes, the state rewarded those who keep their families small, while penalising those who did not. For Adah, a single mother of a large family, this social penalty further compounds the difficulties of lone parenthood, which had already driven her to give up her prestigious civil service job and become entirely dependent upon the welfare state (Emecheta 39-40).

Emecheta was not the only post-war commentator to explore how changing attitudes towards family planning would intersect with problems in social housing provision. Ken Loach's 1966 film *Cathy Come Home*, which shared *In the Ditch*'s approach of fictionalising real world social issues, Cathy and her husband Ken find it impossible to find a home for their growing family. After adopting a series of increasingly desperate solutions to the problem (including staying with relatives in already overcrowded homes and briefly living in a decaying caravan), Cathy is eventually reduced to seeking shelter in an unsanitary hostel which refuses to house Ken. When threatened with eviction

from the hostel, Cathy attempts to find new lodgings, but is turned away because the owners refuse to house children. Early in the film, just as their problems begin to escalate, Cathy reflects upon the wisdom of having a second child when the family is in such a precarious state:

> 'Some would say it's wrong to have another kiddie when you're overcrowded as it is. But I don't think so. I think kiddies are God's gift. You don't do right to deprive anyone of the chance of life. Love's what's important in a child's life. Love is more important to a child than nice surroundings.' (Loach 1966)

This statement makes it evident that Cathy is aware of the growing social unacceptability of this perceived failure to limit her fertility according to financial circumstance. Indeed, her comments suggest that she was well aware that such limitation was entirely possible, but instead adopts the apparently outdated view that one should simply gladly welcome each new pregnancy regardless of its timing. As the film progresses, it becomes evident that neither Ken nor Cathy seem able to conform to the notion of living their lives as a plan. Instead they are reduced to simply reacting and improvising in response to the series of setbacks and obstacles placed in their way. Such a lack of planning makes them all the more susceptible to each crisis they suffer, ultimately resulting in their separation and Cathy's homelessness. In a climatic final scene, her children are forcibly taken into care, following the local authority's admission that 'we're not interested in you now. It's the kids we're worried about.' In effect, the state's apparent inability (or refusal) to properly assist Cathy and Ken (despite professing a keen interest in their children's welfare), demonstrates how failing to exercise personal responsibility through family planning could result in severe marginalisation. As family planning became easier in the 1960s through gradual improvements in contraceptive technology and provision, it would be increasingly recognised as a key component of living one's life as a joint private/public venture with the state.

The experiences of *In the Ditch*'s Mansion dwellers explores how this change in attitudes led to the wider policing of the sexual lives of problem families, further supplementing traditional notions of morality and respectability. In one instance, a young married mother (whose husband had been sent to jail)

becomes pregnant following an affair. As it was 'certain that her allowance would be cut off' if the pregnancy ever came to the attention of the authorities, she refuses to visit an antenatal clinic and hides in her home. 'Mercifully', the child is stillborn in her flat, and 'The Ministry' never finds out about the pregnancy, thereby allowing her to maintain her secret and continue her (albeit precarious) existence in peace (Emecheta 105). This tragedy is brought about by her failure to properly conform to the victim role of a young woman with an imprisoned husband by indulging in extra-marital sex, a crime which is punishable by the withdrawal of the financial support on which she is dependent. As outlined earlier in this chapter, many of the single mothers found it difficult to establish new relationships with so-called 'fancy men' due to the invasive questioning of state officials regarding the supposed financial contributions such men were making to the household. Emecheta elaborates further on this reasoning, pointing out that:

> The social argument was that if any of these women were allowed to have sex with their men friends, there would always be unwanted babies, and that these would probably be having double income, one from fancy men, the other from the Dole House. (Emecheta 67)

She also wonders why, in an era of effective modern contraception, it is 'necessary for society to be so inhuman?' (Ibid) In the light of the arguments explored in this chapter, it seems that the answer to this question is that once these women had 'proven' that they were unable to behave responsibly (and respectably) in terms of their sexual behaviour by having fatherless children, they were given little opportunity to demonstrate otherwise. As with Cathy and Ken in *Cathy Come Home*, by making it seemingly easy to avoid unwanted pregnancies, state penalties for failing to do so would become all the more severe.

Of course, it should also not be forgotten that the welfare state was not the only body that punished families which did not conform to prevailing models of domestic life. As this chapter has outlined, the social stigma surrounding sex outside of wedlock was a phenomenon with very tangible consequences for unmarried and divorced mothers. These attitudes not only resulted in the conceptualisation of such families as a 'social problem' (leading to state

monitoring and sanctions which negatively impacted single mothers), but also manifested themselves in the often unquestioned practices of medical professionals. Margaret Drabble's 1965 novel *The Millstone* explores how the social assumptions made about young unmarried mothers could make life extremely difficult, even for middle-class women with the financial means to be independent of state benefits. In Drabble's novel, Rosamund Stacey, a gifted young university student, finds herself pregnant following her first sexual encounter. Unwilling to continue her relationship with the child's father, she nonetheless eventually decides to go through with the pregnancy, much to the apparent surprise of the NHS staff who attend to her. In her first doctor's appointment following the realisation that she is pregnant, she is asked if she is aware of the work of 'the Unmarried Mothers people in Kentish town', who are described as being 'very nice and very helpful about adoption and things.'[66] Later, during labour, the happy chatter of Rosamund's attending nurses is 'hastily silenced' by the midwife, who shares the apparently standard assumption that Rosamund will be giving her child up for adoption (Drabble 102). The manner in which she is set apart from her married counterparts is further demonstrated when she finds that her hospital bed is marked with a letter 'U' to signify her unmarried status (Drabble 104). Presumably, Rosamund's experiences are not the product of state-sanctioned policy, yet it is clear that prevailing social attitudes surrounding single motherhood had a significant impact upon medical practice in the post-war period. From Rosamund's first contact with medical professionals following conception to the end of her post-partum recovery, her experience is shaped by the implicit belief that her unmarried status warrants differential treatment. The fact that she is unwilling to give the child up for adoption seems to be a fact that NHS staff find difficult to comprehend. As the following section will discuss, the attitudes which underlie these assumptions also shaped the manner in which single women were allowed to access birth control for much of the post-war period.

4.20. Single Women and Birth Control

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[66] Margaret Drabble, *The Millstone* (London: Penguin, 1968), pp.38-9.

So far, the history of contraceptive provision outlined in this chapter has primarily focused on the experience of married women, who formed the bulk of family planning clinic attendees. As discussed earlier in the chapter (including Worth's recollections of 1950s East End working-class life), extra-marital sex was largely a taboo subject, thereby largely excluding single women from early birth control schemes. Such was the strength of this taboo that commentators in the 1940s and 1950s would regularly identify illegitimate pregnancy as a sign of mental illness or defect. In a summary of Summer School lectures organised by the Women Public Health Officers Association in 1945, Mrs H.A.L. Fisher (Chairman of the National Council for the Unmarried Mother and her Child) makes a clear distinction between 'the young prospective mother' who has found herself alone 'through desertion, bigamy or a first offence' and the 'casual type', who is 'usually mentally deficient or emotionally unstable, with several children by different fathers'.[67] The use of such a perceptual schema implies that most unmarried mothers are essentially vulnerable individuals, either due to being young and naive or, if they are adults, psychologically incapable of behaving in a responsible manner. An article by health visitor A. Byrne, published in 1955, demonstrates that this attitude would continue into the 1950s, observing that some unmarried mothers are either 'pitifully young' or 'dull and backward mentally.'[68] It seems likely that conceptualising unmarried mothers in this manner was a necessary part of recasting them as victims of circumstances or psychological pathology rather than as moral failures. This would also feed into the tendency of post-war commentators to conceptualise single mothers as a 'social problem', as discussed earlier in the chapter.

While offering family planning services to the unmarried was not technically illegal in the post-war period (Draper 184), the FPA feared public outrage if they were seen to facilitate extra-marital sex. This concern is demonstrated by a series of letters exchanged in October 1959 between Nurse Dow (a Westmorland District Nurse), FPA professionals and several other healthcare staff, concerning Mrs Steeples, a twice-divorced mother of seven young

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[67] H.A.L. Fisher, 'The Community and the Illegitimate Child' in *Summary of Lectures Given at the Summer School in Cambridge 26th June – 5th July, 1945* (Wellcome Health Visitor's Association Archive: SA/HVA/D.4/12).

[68] A. Byrne, 'The Unmarried Mother and Her Child', *Woman Health Officer*, January 1955, p.14.

children (five of which were born out of wedlock). After Mrs Steeples asks for her seventh child to be taken into state care, Dow believes that it is vital for her to be given contraceptive advice as soon as possible. The moral implications of actively encouraging Steeples to seek birth control are heightened by the fact that she is 'self-respecting in most ways, clean, good to her children [and] an all-round good manager', thereby making it difficult to conceptualise her either as a victim of desertion or of psychological defect. Indeed, according to her conversations with Dow, it seems that she has had so many children simply because 'she cannot imagine life without a man'.[69] Eventually, Steeples' case reaches the attention of C.H. Bosanquet (the FPA Northern Organiser), who sums up the situation by stating that 'one must not risk the good name of clinic and yet one should always try to devise some help.'[70] Her response is to pass the matter upwards, contacting Laurie May, the FPA's Branch Organisation Secretary, who recommends referral to the private practice of a local doctor, thereby sidestepping any possible accusations of facilitating extra-marital sex.[71]

It is somewhat difficult to assess exactly what repercussions the FPA would have faced as a result of openly offering family planning advice to unmarried people. It is possible that the Association was conscious of the fact that, at least until the 1960s, its work was seen as somewhat controversial. Such controversy was mitigated by declining to offer advice to the unmarried, thereby ensuring that the Association's activities could be viewed as 'respectable'. Documents in Wellcome's FPA Archive suggest that, even as early as 1945, some clinics were willing to offer the contraceptive cap to unmarried women, although only if the they were able to show a clear intention to marry in the near future. It is implied that providing this service is justified by the fact that it would only be used after marriage had taken place, further supporting the notion that the general policy of refusing service to the unmarried was premised upon moral considerations.[72] As it was unlikely that offering such

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[69] Letter sent by Nurse Dow to Westmorland County Council Health Department (14th October 1959) (Wellcome Family Planning Association Archive: SA/FPA/A3/17).
[70] Letter sent by CH Bosanquet to CM Robinson (26th October 1959) (Wellcome Family Planning Association Archive: SA/FPA/A3/17).
[71] Letter sent by Laurie May to Nurse Dow (29th October 1959) (Wellcome Family Planning Association Archive: SA/FPA/A3/17).
[72] 'Pre-Marital Advice – The History of F.P.A. Action' (circa 1960) (Wellcome Family Planning Association Archive: SA/FPA/A3/35).

assistance could be punished through legal means (as long as the patients concerned were adults), the possible repercussions would have been primarily of a social nature. If, as Bosanquet feared, the 'good name' of the FPA was threatened, it could conceivably discourage its more conservatively-minded patients from attending, although no direct evidence of this actually occurring exists. Of course, in practice it was not easy to ensure that only married (or soon to be married) people received family planning services. Marks observes that 'an intrepid single woman' could obtain the pill by simply pretending to married, going on to describe how one doctor 'remembered seeing the same cheap wedding ring being produced by a number of women, it having passed around the waiting room of the family planning clinic.' (Marks 202) Such an anecdote suggests that, depending upon the individual attitudes of the medical practitioners involved, lying about being married would provide clinics with an excuse to serve unmarried women while still maintaining a vital screen of respectability.

A more practical concern regarding giving advice to the unmarried arose from the fact that the FPA was somewhat dependent upon Local Authorities, which regularly loaned or leased clinic premises to the Association. In theory, permission to use such properties could be withdrawn if the owner believed that they were being misused. Even in 1967, in which the passing of the National Health Service (Family Planning) Act would signal a relaxation and clarification of the grounds on which family planning advice could be offered, the Association remained concerned about the potential ramifications of openly offering services to the unmarried. On the 29th of June that year, the FPA's National Council passed a resolution to widen provision to anyone who sought it, regardless of marital status. However, the Association still considered it prudent to obtain the permission of Local Authorities beforehand, believing that the relationship between the organisations 'may be put in jeopardy if the unmarried are seen at ordinary FPA sessions without the Local Authority's agreement.'[73]

Despite these lingering concerns regarding the maintenance of the FPA's respectable status, Helen Brook set up the first Brook Advisory Centre in 1964,

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[73] P. Howard, 'FPA Advice to the Unmarried' (24th January 1969) (Wellcome Family Planning Association Archive: SA/FPA/A3/35).

Britain's first birth control clinic specifically aimed to serve young unmarried women.[74] Cook argues that, while the clinics had little impact upon the increasing illegitimacy rates of the period, their real 'historical significance…lies in the role they played in legitimizing the open public provision of contraception to young women and in shaping the developing public discourse on the issue.' This trend would eventually culminate in the 1974 NHS Reorganisation Act, which made family planning advice freely available to anyone who requested it. However, it should also be noted that the practices of the Brook Clinics demonstrated some striking continuities with earlier discourse surrounding young single mothers. Cook observes that Brook, in response to accusations that the clinic was responsible for encouraging promiscuity, argued that 'Promiscuity is a sign of some sort of disturbance.' As a result of this psychological interpretation of young people's sexual behaviour, all of the women who attended the clinic 'received what Brook and the clinic doctors repeatedly referred to as psychiatric counselling.' (Cook 289) Such an approach reflected the rhetoric which was often attached to discussions of offering contraceptive advice to young unmarried women. For example, an editorial discussing the implications of the National Health Service (Family Planning) Act 1967 (published in a 1968 edition of *Health Visitor*) emphasised the importance of educating young people in the emotional effects of entering into sexual relationships:

> They must be helped to see it as part of a whole life-time of a very special kind of human relationship, as an expression of love which involves selflessness and sharing and giving. Sex can never be justified in the human animal merely as a basic drive for the release of immensely powerful physical tensions. Used in this way it will create even more powerful emotional tensions and destroy the capacity of those who so use it even to make a good relationship with others. (Health Visitor 1968, 57)

The kind of rhetoric featured in this passage, which stresses the importance of confining sex to committed relationships, can perhaps be best understood as the result of the long-running cultural discomfort attached to matters of

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[74] FPA, 'A History of Family Planning Services Factsheet'.

sexuality, especially in the case of unmarried young people. This uneasiness is expressed by conceptualising sex as a potentially dangerous activity for those without the emotional maturity to understand its potential consequences. However, such rhetoric also provided family planning advocates with a means of sidestepping the issue of deciding whether or not birth control should be extended to the young and unmarried. In effect it was easier to promote the idea of 'education' than actually make a potentially controversial decision.

These seemingly contradictory attitudes towards the acceptability of making birth control available to the unmarried (especially young unmarried women) illustrates the tensions between competing discourses in post-war Britain. The number of illegitimate births, which rose steadily from the 1960s onwards, provides clear evidence that premarital sex was not unusual, despite the fact that discussing it remained a taboo subject for many. As this chapter outlined earlier, single parent families, like problem families, would increasingly become recognised as a social problem, for reasons including morality, child welfare and the perception that most single mothers were financially dependent upon the welfare state. However, there is evidence to suggest that having a child out of wedlock would become significantly more acceptable during the 1960s in comparison to preceding decades. Of course, doing so carried a very real risk of social marginalisation (as Drabble and Emecheta's novels recount), especially in the context of state services such as medicine, housing and financial support. Yet for a small minority, the 1960s was a period which saw a shift in social attitudes, especially among the younger members of the middle-classes. Returning to Drabble's novel, Lydia (one of Rosamund's middle-class peers) expresses surprise at her friend's decision to keep her pregnancy a secret. Her statement that 'ordinary babies aren't much of a status symbol, but illegitimate ones are just about the last word,' while being somewhat frivolous, also demonstrates a willingness to accept non-traditional family structures which would have once been unthinkable (Drabble 75). When considered alongside changes to the availability of birth control to single people, it is possible to view the 1960s as a liminal period in which more flexible attitudes towards sex and parenthood would begin to emerge. Figures published by the Governmental Statistical Service in 1988 suggest that alternative family arrangements gradually became more commonplace in the 1960s and 1970s. According to that data, in 1961 approximately 38% of all

illegitimate births were registered in the name of the father, something which would only usually only happen if both parents were present at registration. By 1971 this had risen to 45% and would rise further to 51% in 1976. The authors of the report argued that the presence of both parents suggested it was likely that the majority of these births, while technically illegitimate, were to couples who 'were likely to be bringing up the child within a stable non-marital union.' (Central Statistical Office 1988, 47) While these figures do not provide direct evidence for the increased social acceptability of single parenthood as such, they do suggest that non-traditional family structures gradually became more acceptable as the period progressed. However, as this chapter has consistently sought to demonstrate, such shifts were far from universal and were heavily contingent upon factors related to class, education and financial independence. The eventual extension of birth control provision to everyone regardless of marital status in 1974 can be seen as the culmination of three decades of developments which were themselves the product of conflicting discourses.

4.21. Abortion in Post-war British Literature

Overall, contraceptive practices are not frequently represented in post-war British literature, a fact which is reflected in this chapter's reliance upon non-fiction sources. This is perhaps rather surprising, given the substantial changes which took place surrounding the provision and promotion of birth control (including the advent of the contraceptive pill in the 1960s). However, this relative absence could be at least partly explained by taboos surrounding sex which were shared by a significant majority of British society at the time, as well as the prevalence of 'natural' (i.e. non artificial) methods. For example, Fisher found that a significant number of her respondents reported using withdrawal 'unthinkingly', considering it to be 'common practice' which was not directly linked to explicit contraceptive aims. Indeed, one of Fisher's couples became so accustomed to using the method that it led to difficulties when they later attempted to conceive (Fisher 2006, 85). The normality of such practices was occasionally reflected in euphemistic terms in fiction of the period. For example, in Alan Sillitoe's 1958 novel, *Saturday Night and Sunday Morning*, Brenda blames Arthur for her pregnancy, stating that he 'never will take any care when we're doing it.'[75] Yet, there is one form of birth control

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[75] Alan Sillitoe, *Saturday Night and Sunday Morning* (London: W.H. Allen & Co., 1958), p.70.

which is represented with reasonable regularity in post-war British fiction and that, perhaps surprisingly given its controversial status, is abortion.

As abortion occupied a questionable legal status throughout much of post-war period, its place in this chapter (with its focus on the welfare state and its interactions with problem families) is somewhat problematic. Yet the frequency with which abortion is portrayed in post-war fiction makes it difficult to dismiss it as irrelevant to the issues surrounding birth control. It should also be noted that the use of the term 'questionable' to describe abortion's legal status is entirely deliberate. Draper points out that Section I of the Infant's Life (Preservation) Act 1929 allowed doctors to administer abortions in cases in which it was deemed that the mother's physical or mental wellbeing would be put in grave danger were the pregnancy brought to term (Draper 186). The grounds on which an abortion could be legally administered in England and Wales would be expanded in the 1967 Abortion Act. While the use of abortion as a form of birth control was not directly mandated by the legislation, it would provide the flexibility doctors needed to perform the procedure for this purpose (Brookes 155).

The ambiguity of the pre-1967 legislation (including the exact definition of physical or mental harm) led to lack of clarity regarding the exact legal status of abortion for much of the post-war period. Draper observes that doctors (at least by the mid-1960s) were able to 'stretch the definition of the admitted grounds [for abortion] to the limit without much danger of legal action.' (Draper 191) While abortion was not technically legal before 1967 as a birth control measure, there is significant evidence that it occurred regularly, either as a self-administered procedure or one carried out by doctors and illegal abortionists. Joseph W. Dellapenna cites a number of estimates which range from 50,000 to 267,000 per year, although he argues that data gathered following the loosening of legal restrictions suggests that the latter figure is likely to be inaccurate.[76] Of course, it shouldn't be forgotten that those who conducted or procured abortions were prosecuted and convicted. Brookes cites annual averages of criminal proceedings relating to illegal abortions which show that between 60 and 100 people were brought to trial each year between

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[76] Joseph W. Dellapenna, *Dispelling the Myths of Abortion History* (Durham, NC: Carolina Academic Press, 2006), p.577.

1945 and 1965 (Brookes 159). However, when those numbers are compared to the estimates of illegal abortions in the same period, it is apparent that the majority of such crimes went unpunished or undetected. Brookes observes that abortion was 'lightly and selectively policed' throughout the period, with judges generally making a distinction between 'amateur' and 'professional' abortionists (Brookes 133 & 138). This distinction was usually made on the basis of the number of abortions carried out by the accused and whether or not they charged a fee (Brookes 139). Doctors who charged smaller fees were more likely to escape prosecution, while non-doctor (usually working-class) female abortionists were at greater risk of receiving harsher sentences, possibly due to the professional solidarity which helped to protect doctors in such cases (Brookes 140 & 142). It should also be noted that the majority of the criminal cases cited by Brookes came about as a result of the death or serious injury of a patient, a fact which suggests that abortionists who were able to perform the procedure safely were usually able to avoid the attention of the authorities (Brookes 137-140). Finally, while Brookes also points out that it was possible for a woman to be prosecuted for attempting to self-administer an abortion, it seems that such cases were even more under policed than the activities of abortionists (139). Indeed, Fisher's finding that 13% (25 individuals) of her oral history respondents reported having had personal experience of abortion (having either received, self-administered or assisted in the termination of a pregnancy), provides strong evidence that such measures were an integral part of birth control practices between 1918 and 1960 (Fisher 2006, 114).

Sillitoe's *Saturday Night and Sunday Morning* and Dunn's *Up the Junction* are among the first post-war novels to portray abortion from a working-class perspective. Situating their work within other depictions of abortion in 20th century literature, Sally Minogue and Andrew Palmer comment that Dunn and Sillitoe were 'able to invest abortion with a normality absent from the overheated, almost gothic depictions of their 30s forerunners.'[77] The notion that abortion could be a practical solution to an unwanted pregnancy is demonstrated in *Saturday Night and Sunday Morning*, in which Brenda makes

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[77] Sally Minogue & Andrew Palmer, 'Confronting the Abject: Women and Dead Babies in Modern English Fiction', *Journal of Modern Literature*, V29(3) (Spring 2006), p.104.

it clear that her decision to abort her pregnancy is based upon robustly pragmatic reasoning:

> 'What do you think having a kid means? You're doped for nine months. Your breasts get big, and suddenly you're swelling. Then one fine day you're yelling out and you've got a kid…you've got ter look after it every minute for fifteen years. You want to try it sometimes!' (Sillitoe 1958, 72)

Likewise, Minogue and Palmer argue that *Up the Junction* portrays a working-class community in which 'illegal abortion is a natural part of the culture' where unwanted pregnancies can be seen as a 'little local difficulty' (Minogue & Palmer 117-8). Obtaining an illegal abortion is not a difficult for Dunn's characters, who, once learning that their friend Rube is pregnant, advise her she should 'go up to Winny's and have it done.' (Dunn 1963, 70) However, despite the fact that Winny provides a service for which there is a clear demand, the novel portrays her in ambiguous terms. While she welcomes Rube without judgement and charges her clients according to what they are able to pay, both her character (she is described as 'always on the bottle') and her methods are somewhat suspect. Rube has to make her seven visits before she eventually begins a long and painful miscarriage which Winny refuses to attend (Dunn 1963, 72-3). Her baby is born extremely prematurely but clearly alive, and dies after it is left behind by the ambulance which takes Rube to hospital (Dunn 1963, 75). The gin and hot bath technique employed by Brenda in *Saturday Night and Sunday Morning*, while somewhat less graphic, is portrayed as similarly unpleasant. Such an approach is perhaps the most well-known of the traditional abortion techniques, and the one which was most commonly referred to by Fisher's respondents (Fisher 2006, 114). As she lies in the hot bath, Arthur witnesses 'Brenda's face disintegrating, her features mixing beneath the fire of hot gin and a sea of water.' (Sillitoe 1958, 90) Brenda has recruited the services of her friend Em'ler, who keeps her engaged in small-talk to stop her from 'closing her eyes and being sick' (Sillitoe 1958, 91). Dunn and Sillitoe's vivid accounts of abortions, which rely on self-administered or medically suspect methods, demonstrate how the procedure was a vital yet extremely unpleasant part of working-class birth control, albeit one that was a last resort.

Novels written from the perspective of middle-class protagonists suggest that while the use of abortion transcended class boundaries, the methods that were adopted were heavily contingent upon the financial resources of the individuals involved. As with Sillitoe and Dunn's works, Banks' *The L-Shaped Room*, demonstrates that abortions could be obtained relatively easily by those with the necessary know-how. During her first visit to a doctor after missing a period, Jane is almost immediately offered an abortion. Before she has time to fully understand what is happening, her doctor states that once he receives a counter-signature from a colleague, he should be able to book her into his private clinic for the procedure, following which she will 'be as good as new after a few hours'. Without hesitation he asks for fee of a hundred guineas (approximately £1,500 in today's money), which he hurriedly reduces to sixty guineas once he recognises Jane's disgust. When he casually mentions that it would be preferable to conduct the procedure on a weekday rather than a weekend, Banks makes it clear that administering abortions provides a key part of his income, a fact which is further reinforced when Jane angrily points out that he could at least 'make some effort to find out whether I'm really pregnant before you charge me sixty guineas' (Banks 30-31). The relevance of Jane's experience to those of real middle-class women in the period is supported by Brookes, who argues that if such women were 'sufficiently informed to ask the right doctor, and could pay a substantial fee…[they] could expect to have a "routine" dilation and curettage at a private nursing home.' (Brookes 137). Other novels from the period support this picture of abortion as a service which could be obtained reasonably easily by those with the necessary financial resources. In a rather telling example, the question of exactly why Rosamund, the middle-class protagonist of Drabble's novel *The Millstone*, decides to go through with her pregnancy is never entirely settled. While she does go to the trouble of asking a university friend for details of a doctor who may be willing to carry out an abortion, when she calls the number she finds it engaged and does not attempt to call again. Rosamund's inaction is at least partly explained by the stress and worry caused by her situation, which she describes as 'too much like a nightmare, like an hallucination.' (Drabble 35) However, Drabble seems aware that her readers may not be entirely satisfied with this explanation. Later in the novel, Rosamund's friend Joe is amazed that she has decided against an abortion and clearly finds her reasoning unconvincing when he states that 'I don't see why you didn't have something

done about it.' This statement is met with silence, because Rosamund admits to herself that she could 'not see why not either.' (Drabble 42) The regularity with which abortion is mentioned as a viable (and preferable) option is such that Rosamund's decision to keep the child seems to run counter to the ideology of much of her peer group, further supporting the notion that acquiring the services of a cooperative doctor was standard practice for young middle-class women in her situation. Indeed, the primary difference between middle and working-class women of the period seems to be less one of the acceptability of abortion as a birth control measure, but rather the method involved. Perhaps unsurprisingly, those with the means were more likely to seek the services of a licensed professional willing to work around the legal implications involved, while the less wealthy were forced to rely on more unpleasant and dangerous methods which were self-administered or provided by an illegal abortionist.

The 1967 Abortion Act expanded the grounds upon which abortion could be considered legal. As a result of the Act, it became possible to legally obtain an abortion as a birth control measure if two registered doctors were of the opinion that the continuation of the pregnancy would result in 'injury to the physical or mental health of the pregnant woman or any existing children in her family, greater than if the pregnancy was terminated' (Brookes 155). While Brookes argues that this legislation did 'not recognise a woman's right to abortion', it did provide medical professionals with the legal flexibility to carry out the procedure on request (Brookes 156). It should also be noted that the 1967 Act did not signal the wholesale absorption of abortion into the NHS. Dellapenna points out that the 'British Medical Association opposed the free availability of abortion in 1967' and that many British doctors invoked the 1967 Act's 'conscience clause to refuse to do abortions even when clearly legal.' As a result, until the mid-1980s, approximately half of all abortions were carried out in private clinics rather than NHS hospitals (Dellapenna 583). While the passing of the 1967 Act could be understood as a turning point in which abortion would begin to enter mainstream NHS medical practice, the extent to which it could be considered an integral part of the welfare state during the latter post-war period remains questionable. In their discussion of Dunn and Sillitoe's novels, Minogue and Palmer argue that these works are aligned 'against "official culture"', in which their depictions of abortion, while

grotesque, can be seen as opening a 'space for defiant laughter.' (Minogue & Palmer 114) Even following its legalisation, abortion would continue to be viewed as a 'social problem' which needed to be solved. In a 1971 Birth Control Campaign press release, Potts argued that the 'the problem of abortion could be reduced if contraceptive provision and publicity were more effective.'[78] As this chapter has discussed at length, the mainstream discourse regarding birth control was characterised by its emphasis upon contraceptive provision and education. Governmental and government-allied organisations such as the FPA and Eugenics Society consistently sought to highlight the importance of contraception rather than abortion, ensuring that the latter would be relegated to the periphery of the birth control debate despite its evident importance to traditional approaches to family limitation.

4.22. Conclusion: Family Planning in Post-war Britain

This chapter has sought to demonstrate how family planning became a central part of the manner in which individuals were encouraged to conceptualise their lives as a planned venture in which they worked with the welfare state to achieve an optimal outcome. As Beveridge's speech to the Eugenics Society in 1943 made clear, the welfare state was an apparatus which would bring the greatest benefit to those who chose to align their interests with those of the state. Limiting the size of one's family would put parents in a position in which they could raise their standard of living while offering their children improved life chances. Although the provision of artificial birth control occupied an ambiguous position in relation to government policy for much of the period, cooperation between the state and allied organisations such as the FPA and eugenics society would facilitate the gradual introduction of family planning into mainstream discourse. As a result, problem families (and later, single parent families) would increasingly be recognised as a social problem which could be ameliorated by contraceptive advice and provision. By conceptualising such families as being comprised of damaged and antisocial individuals, whose reproductive conduct created an unwanted burden on the tax-payer, the state was able to legitimate the intervention of government and government-allied organisations who claimed to offer a solution to this 'social problem'. In practice, such solutions were premised on an unquestioned belief in the

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[78] Birth Control Campaign, 'New Pressure Group Campaigns for Comprehensive NHS Birth Control Services' (Wellcome Birth Control Campaign Archive: SA/BCC/A.9).

importance of encouraging these families to conform to mainstream behaviours. Such measures could also be punitive, forcing problem and single-parent families to suffer state surveillance in exchange for financial support. While the beliefs and motivations which shaped family planning discourse were diverse, ranging from a desire for social justice to eugenic concerns surrounding the promotion of the socially unfit, it is evident that elements of what could be termed 'cultural colonisation' were key to the changes that took place. Traditional working-class practices were largely ignored in mainstream post-war discussions of birth control and would be increasingly superseded by artificial methods, culminating in the 1974 NHS Reorganisation Act. Although it is obvious that the Act played an important role in the democratisation of birth control, it also served to further shape attitudes in a manner aligned with ideas about life planning that were in keeping with middle-class notions of how British society should function. While fictional portrayals which address the issues surrounding the use of birth control by problem families and single-parents are rare in post-war British literature, the accounts offered by writers such as Dunn, Emecheta, Sillitoe, Drabble, Barstow and Banks (in conjunction with non-fiction and archival sources) offer some valuable insights into the lived experiences which these transformations prompted.

Chapter 5: Conclusion

5.1. Thesis Aims

This thesis has sought to use a range of literary and non-fiction texts to examine the post-war problem family phenomenon as a means of seeing past established narratives to gain new insight into how certain groups were conceptualised and marginalised by the welfare state. In doing so, it has aimed to uncover the often competing discourses which shaped post-war welfare provision, both at the level of national and local governance, but also in British society as a whole. The underlying rationale of this thesis is that problem families represented a nexus of attitudes surrounding how the poorest members of society were viewed by commentators from across the class spectrum. Furthermore, the measures taken by the welfare state to regulate their non-conformist behaviour can lend us insight into post-war ideas surrounding self-sufficiency, individual responsibility and morality. In order to investigate this, the thesis focused on three key areas which saw the convergence of several sets of welfare apparatus: psychiatry, housing and family planning.

5.2. Psychiatry

From the literary and non-fiction texts which were examined as part of this thesis, it seems clear that while psychiatry at times struggled to establish itself as a respectable discipline amongst medical professionals, it nonetheless occupied a privileged position within post-war lay discourse. This position allowed it to bypass many ethical and moral concerns regarding the detainment, control and segregation of the mentally ill. Indeed, Rogers, Pilgrim and Gittins' questioning of the extent to which psychiatry in the post-war period was primarily preoccupied with cure or containment is echoed in novels by Lessing, Burgess and Rubens. While psychiatry's concern was ostensibly with the mentally ill, its position of authority in lay discourse made it an attractive means of conceptualising problem families. By borrowing concepts from psychiatry, certain commentators (including Stevenson and Stafford-Clark) argued that the failure of such families to conform to social norms was a symptom of psychological pathology necessitating welfare state intervention. In a number of surveys, problem families were frequently informally 'diagnosed'

by state representatives (including Health Visitors and Medical Officers of Health who had little or no psychiatric training) as being 'mentally defective' or 'temperamentally unstable'. Such assessments were not only unrigorous (in that they were based on observations of the home and answers to survey questions), but they also demonstrated extreme gender bias, with mothers at risk of being labelled 'defective' simply because their homes were dirty or their children poorly behaved. In practice, the 'treatments' which were proposed for these allegedly 'pathological' families were likely to be in the form of practical instruction in housekeeping or supervision from representatives of state or state-allied organisations. Such an approach suggests that the perceived prestige of psychiatric discourse was used as a convenient means of legitimising state intrusion into the homes of families who did not conform to social norms.

In addition to the practical function which psychiatric discourse played in the regulation of problem families, the use of the term 'mental defect' can also be linked to the continuing influence of eugenic thought despite its apparent decline during the early 1940s in Britain caused by its association with Nazi Germany. The labelling of problem families members as mentally defective was at least partly popularised by the Eugenics Society, which invested significant time and money into the investigation of these families in order to pursue its own aims of addressing what they termed 'differential fertility' (i.e. the perceived tendency of the poorer members of society to have more children than their more prosperous peers). While the efforts of the Eugenics Society had little direct impact on central governmental policy, eugenic thought is nonetheless present in fiction texts of the period. Key examples include novels by Tey and Allingham, which demonstrate that even outside of non-fiction texts with a strong eugenic bias (including Ford et al and Blacker), the perceived heritability of undesirable psychological traits continued to play a role in popular discourse well into the 1960s.

5.3. Housing
Council housing, despite the negative attitudes surrounding it that became dominant in the 1980s and 1990s, produced a substantial increase in living conditions during the post-war period. The work of Willmott and Young suggests that until well into the 1960s, those moving into council housing

(especially in large out of town estates) saw the move as closely linked to personal aspiration. Aside from novels by Burgess and Emecheta, the fiction and drama from this period (including works by Christie, Russell and Allingham) generally portrayed council homes positively, often associating it with emerging modernity, participation in consumer culture and social climbing. Changing attitudes towards council housing would gradually emerge from the 1970s onwards, partly due to structural defects caused by cheap and hurried construction, but also because of attempts to alter the behavioural patterns of the working classes, many of which were experimental and poorly thought-out. Council housing was frequently used as a means of enforcing social norms, of which perhaps the most obvious was family size and structure. As the period progressed, a greater emphasis was placed on building smaller homes intended for nuclear families in which the size of the family was kept in check. Although this was partly in response to genuine demographic changes, it also had the effect of making it increasingly difficult for those reliant on council housing to live in a manner which did not conform to those norms. These norms also extended to gender roles, with single mothers often finding themselves marginalised through their dependence on social housing and complex benefit systems. From the texts explored in the thesis, it seems that Ravetz's argument that council housing policy resulted in an act of 'cultural colonialism' has some merit, although the asymmetrical power relationship between council tenants and the state perhaps made this an unforeseen inevitability rather than the achievement of a conscious aim.

The home itself would also become a key site for surveillance and intervention by representatives of state and state-allied organisations. Problem family commentators, especially those with eugenic affiliations (such as Blacker and Ford), used the condition of the home as a key means of assessing the families they surveyed. Problem families, who were often not only dependent upon the state for housing but also required further (often financial) assistance, would find that their homes would become the site of interventions intended to alter their behaviour in line with social norms which were primarily middle-class in origin. As state surveillance was explicitly linked to the provision of benefits, problem families would find themselves required to perform their poverty in a manner which would satisfy the expectations of the welfare apparatus, thereby demonstrating that their needs were real rather than the result of

irresponsibility of profligacy. While this approach was justified on the grounds that welfare resources should be allocated to those most in need, it also engendered a level of fear and self-doubt that served to further marginalise problem families. Emecheta's novel is particularly important in that it provides fascinating insight into the complex relationship which those who were dependent upon state welfare had with the agents through whom they received vital services.

5.4. Family Planning

The post-war period saw family planning become an essential part of how the welfare state encouraged individuals to conceptualise their lives as a planned collaborative venture between themselves and the state. Even though family planning would not be integrated into the National Health Service until the early 1970s, the late 1950s and 1960s would see the state collaborating with organisations such as the FPA to bring family planning to the wider population. As family planning was gradually entered the mainstream during this period, limiting the size of one's family would increasingly be understood as a vital aspect of personal responsibility. Making plans about when and how many children to have would eventually become as integral to life planning as choosing an occupation or home. Post-war commentators were keen to identify having too many children as the primary cause of the difficulties which defined most problem families. By conceptualising these families as victims of their inability to regulate their reproductive conduct (who therefore created an avoidable drain on finite state resources), the state was able to legitimise the intervention of state-allied organisations who offered family planning services as a seemingly easy solution to their difficulties. In a sense, such activity shared some of the characteristics which Ravetz associated with the 'cultural colonialism' of post-war housing policy, with working-class notions towards family planning superseded by those of the middle classes, and modern contraceptives replacing traditional forms of family limitation (as seen in Dunn's fiction, Roberts' memoir and Fisher's oral history). Abortion, although technically illegal (or at best, semi-legal) between 1945 and 1975, is nonetheless the single most-represented form of birth control in post-war fiction, with authors such as Dunn, Sillitoe, Banks and Drabble covering its use in varying levels of depth.

5.5. Final Thoughts

This thesis has not intended to be purely a critique of the welfare state, which had undoubtedly increased living standards for millions of people since its inception. Instead, it has sought to uncover the complexity of the relationships between individuals and the welfare state. As the nexus at which many discourses surrounding the very poor converge, problem families are a particularly fascinating means of exploring the often contradictory cultural discourses which have defined much of British life since the Second World War.

Chapter 5: Conclusion

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