'Distributed Parenting'

Teenage pregnancy in post-industrial areas in a social medicine perspective

A medical theory of social pain

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I PREFACE

This document is an analogical essay on family, lifestyle and health in North Dundee. Though it takes the form of a conventional report, building a hypothetical model from scientific research, it is more like an essay, in that the model seeks not only to structure a plausible reality but also to persuade to an approach. The approach consists of a scientific device transposed from one field to another, from the medical to the social. The essay is written as if to describe a new 'clinical entity', (approximately meaning a disease or disorder), identified as 'distributed parenting'. It is an analogical essay because the clinical entity in question is social, not physical. The intention is to persuade the medical profession that any future contribution to post-industrial public health will require them to think about society as patient and as environment at the same time.

A renewed social medicine approach to health is indicated by the mounting evidence that the highest rates of health disturbance are associated with environments which are most deprived socially. Despite the general acknowledgement of the association, the modes of action of deleterious psycho-social processes in today's marginalized environments are not fully understood. To some extent this should be seen as a 'lag' rather than a lack. Given that the structure and modes of action of illness-generating environments are now locked into the evolving global economy, the relevant knowledge can only be in pursuit. This situation is not new. In the Industrial Revolution, poor health was largely a result of vulnerability to microbial agents whose modes of action it took a long time to understand. Because of this scientific lag, most of the health gain of the industrial era was achieved through measures affecting environmental management (hygiene) and improved host resistance (standard of living). Analogously, in those UK areas currently undergoing the 'De-industrial Revolution', poor health behaviours are largely the result of vulnerability to processes in the socio-emotional environment, whose modes of action also are not yet scientifically understood. We have moved from physical pathogens to socio-emotional pathogens as the major determinant of disease. But scientifically we have not moved proportionately from biomedical research to socio-medical research in the quest to understand how feelings become practices which become pathological conditions of body and mind. Scientifically advanced though it undoubtedly is, British higher medical intelligence does not seem to be securing much health gain purchase on the society we have actually become since 1970.

Being specific about health policy for the deprived areas, no guiding theory can be considered appropriate to that reality unless it reasons about that reality. That reality is above all social. This means that it is fundamentally determined by group behaviours and shared meanings: teenage pregnancy in a deprived area is not the same event as in a prosperous area; school failure in an area where there are seven people after every job is not the same as school failure where anybody who wants to work can work. If health sciences are social sciences, social change is necessarily followed by scientific change – our economic history requires the continuous redrafting of our scientific agenda.

It sounds good. But how do you do it? Imagination must lead the way. In what follows I have tried to match North Dundee's recent economic history with the socio-medical science it needs. Dundee was once a leading productive centre of an industrial society. Today, relegated by the dynamics of the global economy to the periphery of the productive system, it is a site of social pain. In the housing schemes of North Dundee this pain appears to be both acute and, failing imaginative intervention, set to become chronic. This essay-report tries to describe this pain, both in its symptoms (the distress reported by a number of the people who live in North Dundee), and in its signs (the observations reported by a cross-section of professionals who work with them). Symptoms and signs are integrated into a clinical picture which is supplemented by a socio-industrial history. All the data is then put into the macro-context of deindustrialization, a societal life-stage transition currently wreaking havoc with economically marginalized neighbourhoods all over the UK (not to mention large parts of the USA, Eastern Europe and the former Soviet Union). From this integration emerges a sociological version of the basic structure of medical science, a 'clinical entity'. As an essay in assimilation of the social to the medical, this report seeks to encourage medically trained readers to think medically about society, and especially about social pain.[1]

II SUMMARY

The report *'Distributed Parenting'* builds a **grounded theoretical model**, based on ethnographic research on family, lifestyle and health carried out in public housing schemes of Dundee in 1998. The research was commissioned as a pilot for an in-depth study. Hence the model should be taken as conjectural, a framework for discussion and further research.

The research **claims** that it would be both scientifically illuminating and socially progressive to visualize the family circumstances of the poorest people in deindustrialized communities in terms of this model. The **evidence** supporting the claim derives from the project's ethnographic data and from socio-historical contextualization, extensively presented in the full report. Likewise, **warrants** for the claims and **qualifications** of the arguments are to be found in the report

The **model consists of the identification of two social pathologies** analogous to organic diseases:

- **'distributed parenting'**, a constitutional disorder of the social reproduction system of deindustrialized communities in which the parental functions (especially socialization) become distributed outside the nuclear family;

- **'de-coupled gender development'**, a disorder of adolescent and subsequent gender development in which each gender develops independently of the other. Co-morbidly associated with distributed parenting, this leads to **'socioporosis'**, the weakening of social structure.

The findings, though sociological in content, are presented in a traditional medical form. This form is the **'clinical entity'** model, the form given to a newly identified disease. Summarily, in clinical entity terms distributed parenting is -

an acquired <u>constitutional</u> disease of the reproductive system of a deindustrialized community,

<u>caused by</u> redundancy, dyseducation, and a maladaptive culture,

<u>manifest in</u> asocial conceptions, asocial parenting, hypertrophy of the peer group and the division of parenting labour with the extended family, public agencies, the peer group and the media,

issuing from a <u>structurally</u> disordered family role system,

leading to <u>functional</u> disorders in mental health, comfort-oriented substance dependence, financial problems and 'copelessness'.

1. Constitutional factors

The most deprived North Dundee housing schemes have an <u>acquired constitution</u>. It derives from two linked historical facts:

a) the evolving international economy: formerly Dundee found a rewarding niche in manufacturing, but those industries have gone. The

working population is now largely dependent on low-paid service-sector employment and there is a significant minority without reliable employment;

b) the nature of the society and its culture which, once organically connected with Dundee's manufacturing employment, is unable to progress naturally because of being marginalized from the economy-driven cycle of socio-historical change.

To emphasize that losing the external resource stream has been the causal driver of the acquired constitution, the communities are referred to metaphorically as 'ox-bow schemes', analogous to the way in which engineers developing a sinuous river for navigation turn what were bends in the main stream into ox-bow lakes.

2. Causal factors

Three etiological factors are identified: redundancy; dyseducation; and culture-in-circumstances. Their operation within the local environment is complex and reciprocal. In epidemiological terms, the ox-bow scheme community is simultaneously host, agent, and environment.

Redundancy is defined as the drying up of resources, of opportunities to earn, of challenges to learn, and of chances to contribute to social development associated with living in an ox-bow scheme. The employment provided by the service economy is insufficient. Thus families need to exploit strategically whatever resources can be found, especially those associated with the state benefits system: the 'benefits ethic'.

Dyseducation refers to the failure of local schools and local families to adapt to each other's evolution, context, and current character. This failure appears in the interview data as a common detestation of school by early mothers. The 1980s indicator-driven schooling regime appears to have given teachers a material interest in getting rid of the marginal/disruptive child. Disproportionate numbers of such children come from poor families. Their lack of cultural capital makes parents unable to oversee their children's schooling to the extent required to secure the credentials giving access to post-compulsory education and subsequent employment opportunities. 'Failing schools' failing their pupils suggests a failing system – an educational system too narrowly structured to be able to match provision to need.

'Culture-in-circumstances' emphasizes the dialectic of reciprocal determination between a social group's circumstances and the culture with which they try to make sense of them. The culture evolving to adapt to ox-bow scheme-style marginalization privileges the short-term, the private sphere of consumerism and domestic entertainment media, and is fatalistic about a world without a future. This culture provides solace, not solutions; it raises barriers to rejoining the social mainstream.

3. Topographical factors

In the organismic analogy, 'topographical factors' are those manifestations that reveal which site or system in the body is involved with

disease/disorder. Accepting for scientific purposes Talcott Parsons's thesis that the nuclear family is functionally adapted to be the reproduction agency of a differentiated society, in the body social of North Dundee the reproductive system appears to be a primary site of malfunctioning, visible in four categories of what Parsons would view as 'disorder':

a) Asocial conceptions are those pregnancies which do not form part of a family-building strategy appropriate to the way in which families are societally expected to carry out their social reproduction function. Of all asocial conceptions, 'teenage pregnancies' are a significant sub-class in North Dundee. Asocial teenage conceptions occur disproportionately in families which have not maintained some control over their teenage children's sexual apprenticeship, a control which our evidence suggests is difficult to maintain if i) the girl has lost her grip on the educational ladder, ii) accelerated autonomy from adult tutelage has been over-emphasized, and iii) her nuclear family has broken up. Hence the model would propose teenage asocial conceptions as a late developmental mutation in established families, rather than as occurring within a new family as an early part of its self-formation, since few such conceptions lead to new families. The therapy implication of this is that attention should focus on the system of the adolescent girl and her parents, as against the non-system of the girl and the baby's father.

b) Asocial parenting. The report presents a picture of family functioning in which the model of parenting being adhered to by the parents in the schemes accelerates to the maximum children's capacity to fend for themselves. The more children can bring themselves up the better, not just for the lightening of the parental burden, but also because this community, built around women working in insecure and low-wage jobs, has always required independence and self-reliance at an early age. As long as these children were at work by their early teens, this minimalist parenting style made complete sense. It is the historical transition in the labour market which has made it 'asocial': it is no longer adapted to the wider social environment, which exerts harsh exclusionary pressure on its incompletely developed or/and communicationally challenged personalities.

c) Hypertrophy of the peer group. Asocial parenting is accompanied by high deference to the peer group, both among teenagers and their parents. Traditional working class competitiveness prompts adults to demonstrate they are good providers. This feeds the needs of teenagers to demonstrate that they are part of the 'in crowd', conforming to group norms both in consumer behaviour (designer labels, access to media) and in precocious 'adult' behaviours (sex, drink, smoking, 'defending territory'). Diffuse low-level violence makes peer group membership semi-obligatory in the early teens, even for girls. The price of social acceptance is accepting the community and its norms; where these include anti-school values, peer pressure acts on marginal pupils as an 'extract' factor, reinforcing the 'expel' factor of indicator-sensitive teachers to undermine educational commitment/success and exclude them from education. Educationally failing peers push each other into socially mandated hyper-adult behaviours, including substance use and sexual risk-taking (e.g. at parties).

d) <u>Parenting work distributed across extended family and public agencies</u>. Raising independent children able to fend for themselves at an early age is not the only means whereby poor parents lighten the parenting burden. <u>Female relatives</u> able and willing to help are pressed into service in the child-care team, notably grandmothers (who are socially expected to take a lead role in managing it), aunties, and older siblings. Little is expected of men, and little received. Much of men's functional role within the family is lost when they lose their breadwinner status, and it passes to the <u>social father</u>, the spectrum of public agencies which support households with children in the spheres of income, housing, security, health, individual development and pro-social behaviour. A matching <u>'culture of entitlement'</u> has grown up around these services, households vying with each other to maximise overall benefits. From the state agency side there exists an established <u>'tradition of intervention'</u>, assuming directive and even <u>state-as-parent</u> powers, either where families are judged to be falling below a certain standard of child care, or where children become frankly anti-social. The work of reproducing the community through new members is thus a collaborative effort between mothers, their female relatives, and agency professionals and their resources. Functionally these should be considered as much part of the family as any other major in-putter of child support resources.

4. Pathological structural factors

In pathological anatomy terms, the structural derangement of the reproduction system can be seen in the <u>family role structure</u>. The <u>eclipse of marriage</u> associated with the loss of long-term planning horizons for those relegated to the <u>secondary labour market</u> in a 'flexible' economy suggests that the committed married couple with a family-building strategy is no longer the core unit of the reproduction system. Whereas single high-earning professional women have the market power to construct a co-parenting team with commercial agencies, single low-earning women in Dundee are most highly dependent on their mothers. A <u>'female family'</u> form is now identifiable as a common child-care team in the ox-bow scheme, particularly associated with women who have their babies when very young. The stability of the mother-daughter team contrasts with the <u>instability of family personnel</u> associated with the transience of these women's sexual relationships. In the female family <u>fatherhood is eclipsed</u>, or, more precisely, the social role of father separates from biological paternity and passes predominantly to outside agencies, as suggested above. An eloquent marker of this transition is the adoption of the term 'pay' to refer to the financial benefits received from the state by women with children. <u>Men are not denied sexual access</u> but women appear to apply a stringent cost/benefit assessment before admitting a man to <u>domestic partnership</u>; an identity-reinforcing hyper-masculine lifestyle of 'pub and pals' is assessed by women as a cost. In Dundee it is the women who are seen as the decision-takers in families.

The female family is a child-care team constructed by women to enable them to discharge their family functions efficiently. It can be said to operate less efficiently from the point of view of men and of children. Men's loss of the husband/father role (associated with their economic

marginality) makes it difficult for them to secure a role in the reproduction system beyond the biological. The <u>adult male becomes displaced</u> from responsible involvement with women and with children, a displacement with clear behavioural and subsequent health consequences for the men. For children the outcomes of being brought up in the female family appear to be not wholly positive, especially for boys, and most especially boys who are only children.

In Parsonian functional terms, distributed parenting has the major defect that it is <u>reproducing motherhood, not families.</u> The 'family' is now socio-bureaucratically distributed for more cost-effective mothering, not integrated around a committed heterosexual couple for whom children are an expression of the relationship, as against being the raison d'être of the system. A family more quango than nuclear.

5. Pathological-functional factors

The disorders already presented are associated with, though probably not the specific cause of, a number of disordered functional manifestations within this population.

a) <u>Mental ill-health</u>. The well-established finding that emotionally under-supported women at home with young children in low-income areas are at risk for mental health problems was confirmed.

b) <u>Consumption for comfort</u>. There is a widespread pattern of attempts to compensate for restricted quality of life and frank unhappiness through basic comfort-giving but health-harming substances: high-impact foods; smoking; and other drugs, notably alcohol.

c) <u>Consumption for competition</u>. People increasingly counter potential threats to their standing in the community by emphatic public statements in their lifestyle and consumption of visible goods. Children are now vehicles for establishing adults' reputation as good parents; this leads to a competitive ratcheting up of <u>children's lifestyle</u> which places families under considerable financial strain. Not only is this <u>competition stressful</u> for adults, it has a secondary effect of focusing young adolescents' attention on how well they are measuring up against their peers in image and attention-getting behaviour, thus distracting them from the real influence on their future life-chances, how well they are doing in school. Conspicuous consumption brings in its train a rising total of <u>indebtedness</u>, often at highly disadvantageous rates of interest.

d) <u>'Copelessness'</u>. Large numbers living in these 'neighbourhoods of relegation' were reported as (even reported themselves as) suffering from poor <u>coping and self-organization</u> skills. These were so commonly combined with <u>poor morale and low expectations for the future</u> that it seemed valid to coin a neologism integrating the two: 'copelessness'. This is basically a spiritual condition, a form of existential despair.

6. Conclusion: the female family, 'distributed parenting' and 'socioporosis'

a) The marginalization and impoverishment produced by deindustrialization impacts on the capacity to reproduce itself of that part of the society which is least well integrated into the economic system in a way that threatens to perpetuate, even exacerbate, that lack of integration. The interaction between these communities and the state structures for parenting support in a deindustrial context produces 'distributed parenting'. This is a system composed of the 'female family' and the 'social father', a child-raising partnership adapted to securing the interests of both partners, but whose interests coincide in being more focused on short-term survival of households than on the long-term development of children. Poorly socialized children are an outcome of state policy.

b) Distributed parenting is unable to carry the load of adolescence. The tension-handling challenge of adolescence is beyond the capacity of families operating psychosocially at subsistence level. The amount of environmental 'variety' to be regulated by the family 'system' requires a more complex structure and more cultural capital than the female family. Developmentally, therefore, it is not up to the task of managing the post-industrial dependence of offspring into the late teens.

c) 'Adolescence deficit' has different consequences for girls and for boys. A teenage girl living out an adolescence without the required level of support has both the motive and the opportunity to escape. The motive comes from the unresolvability of the developmental tensions in families unequipped to handle adolescence. The opportunity is provided by the fact that mothers are socially defined as independent adults. Thus some teenage pregnancies, even if accidental, allow the teenager to truncate adolescence and hasten adulthood. A poor teenager 'keeps her baby' more often than better-off teenagers because the baby is not a long-term career liability but an immediate social asset: it promotes her to 'the sisterhood of mothers'.

For teenage boys there are no short cuts to adult status. Typically in British working class culture males who do not succeed in escaping their material dependence on others may never convincingly establish their manhood socially. Psycho-socially they may remain adolescents indefinitely.

d) Distributed parenting separates the two strands of gender development: socio-developmentally, young men and young women are no longer made for each other. The female strand loops back on itself before the socially appropriate adult has been formed and starts the reproduction cycle prematurely. The male strand is prolonged indefinitely into a future with no basis for the transition to socially acknowledged manhood. A pre-mature adult and an eternal adolescent are no basis for marriage and family; marriage and (nuclear) family are increasingly less in evidence. So we ask: was the Parsonian nuclear family conditional upon male 'breadwinner-wage'-type industrial jobs? And is the ox-bow scheme as an evolutionary niche generating new forms of reproduction, soon to

become established in other social categories as there, too, long-term partnerships between the sexes become unsustainable?

e) In physical medicine, systems become disordered, but it is the person who gets sick. Although principally localized in areas of advanced marginality, <u>distributed parenting is a disease of the whole society</u> because this uncoupling of the two gender developmental strands forms part of the process of '<u>socioporosis</u>', a hollowing out of societal structure by the 'separate development' of dead-end socially excluded communities with decreasing amounts in common with the wider society. Modern society is integrated by functional interdependence. This research reveals that, in communities which are functionally superfluous to their society, a similar functional disconnectedness is becoming common between poor families and schools, between adult men and women, and between adult men and their children. Broken links at the macro level are soon reproduced in systems at the micro level. Systemic change is never localized. Problems are indeed joined up.

III INTRODUCTION

Background: Family, lifestyle and health in Dundee

The need for this research arose out of the concern of the Director of Public Health of the Tayside Health Board with the apparent failures of health promotion initiatives with the poorer section of the population of Dundee, especially with the younger age groups. These failures seemed to confirm the general experience that many of those young people whose long-term health stands most to benefit from following health promotion/education guidance are resistant to such guidance. The Dundee evidence of failure to take health promotion messages on board was visible in such young people's behaviour in eating, drinking, substance abuse, and sexuality.

In the 1980s, under a regime in which it was held axiomatic that health, like wealth, was the reward for self-disciplined individuals acting on their own responsibility, the main reaction to this failure had been to take steps to increase the effectiveness of the health message. The reasoning underlying this strategy was both rationalistic - 'if they really understood they would alter their behaviour' - and individualistic - 'behaviour is the outcome of individual decisions'. Broadly speaking, the theoretical background to such approach is psychological[2] (for reviews of such work see (McAlpine *et al.* 1995a), (McAlpine *et al.* 1995b)).

However, this project started from a different perspective. The fundamental idea was that young people were behaving in the way they were because in some way these behaviours were socially rewarded (or the contrary behaviours were sanctioned), because that was how important members of their reference group behaved, and expected them to behave. The fact that many such behaviours carried risks to health might have been in some sense 'known' to the young people concerned (Tayside Health Board 1998: 11). But their capacity to act on this information might have been restricted because their behaviour as individuals was expected to conform to the norms of their peers and the wider community.[3] In scientific terms, the basic problem here is that behaviours which health promoters see as 'health' behaviours are defined in everyday contexts as sociability, relaxing, having a good time, acquiring an enviable reputation, enjoying food one likes, and so on. The project would seek out the definitions of what was going on in their own lives and those they observed at close quarters from a purposively selected gallery of participants in the local drama 'family life and its health implications'.

For the funders one virtue of a sociological approach was its strategic cost-effectiveness. If, as seemed to be the case, families inhabiting certain socio-environmental niches in Dundee were at risk for a linked set of health disorders in both the short and the long term, it was logical to focus attention 'upstream', so to speak, seeking to identify a possible source of the set, as against trying to forestall each disorder individually. In fact it was recognized that each of the disorders mentioned above had clearly identified associations with social factors in the more advanced epidemiological literature (Timmreck 1994). In commissioning some sociological research, therefore, the funders hypothesized that there might be some factor or factors related to the social and cultural circumstances

of the high-risk families which not only were fostering less than optimal health behaviours, but in some cases seemed to be threatening the viability of family life itself.

The Problem Stated

The hypothesis guiding the proposed pilot was as follows. Discussions with health practitioners in North Dundee had brought out that young people at risk of poor long-term health outcomes (poor nutrition, addictions, sexually transmitted disease, early pregnancy) were frequently under-involved in what may be called 'pro-social functioning communities'. In other words, communities which supported the transition from being a child in a nuclear family to becoming accepted members of a range of adult organizations (e.g. a new stable family of their own, paid employment, leisure activities, religious and voluntary organizations, or political, civic and neighbourhood associations). Such young people were constantly at risk of being pushed to the social 'margins': they were likely to be unsuccessful at school, hence unlikely to get employment or into further/higher education or training; they were likely to have more problematic families of origin, with higher than average rates of divorce/separation, of addicted parents, of violence/abuse in the home, of poor money management and home-making skills.

The lack of functioning communities to support such adolescents heightens the importance of the alternative communities they build for themselves. These groups typically indulge in exaggeratedly 'adult' behaviours, consuming in an assertive way the substances and practices that our culture 'marks' as adult: drugs (including tobacco and alcohol) and sexuality (Tayside Health Board 1998: 15); (Tayside Health Board 1997: 60). It was suggested, therefore, that the poor health behaviours of such young people might be better seen as by-products of identity-building strategies within a cultural environment with comparatively restricted opportunities for socially-approved self-expression as 'near-adults'. In epidemiological terms, the identity-building behaviours become an intervening variable between social structure/social process and specific health outcomes/disorders. If this hypothesis were to be empirically confirmed, the target factor for intervention in such a situation would be the social matrix of the behaviour rather than the behaviour itself (e.g. the early teenage identity-building system rather than smoking).

The urgency of the problem was seen to lie 1) in the damaging health consequences of such behaviours as addiction and under-age pregnancy; 2) in the fact that, once established, culturally-reinforced behaviours are notoriously hard to change (Becker 1963); and also 3) in the characteristic property of behaviorally deviant sub-cultures to be attractive to those who find themselves marginalized from the mainstream by non-possession of full membership qualifications (education certificates (Willis 1977), labour-marketable skills, resources for consumption). If it emerged that there were marginalising dynamics at work for young people in Dundee, the size of the population associated with high-risk health behaviours could only continue to grow. For it was now obvious that this

cultural pattern is not only effective in recruiting vulnerable peers, but also that it reproduces itself across the generations. Health workers in North Dundee had observed that addicted teenagers disproportionately had addicted parents; the parallel was true for under-age mothers. From a public health point of view, this continuity was highly undesirable.

While the primary focus of this research was the dynamics associated with community membership of young people, findings could also provide valuable insights into the family and community situations of old people, of single-occupant households, and of people requiring community care under recent legislation. The funders had already expressed their concern that these categories were also at risk of poor health outcomes (Coid 1997).

Aims, Approach, Methods

The aims of the research were:

- to build a broad-brush understanding of the social resources and cultural dynamics of one community in North Dundee with a disproportionate number of families in which live those young people whose lifestyle typically leads to poor health outcomes in the short to medium term;

- to formulate a theory or model of the way in which the social environment in such communities has health consequences;

- to produce a submission for funding for a further in-depth study to test and/or take further the insights and conclusions of this pilot.

The approach adopted in the research was grounded theory (Glaser & Strauss 1967), (Pidgeon 1996). Grounded theory was the approach of choice for two reasons. First, it is an approach which honours the meanings of those researched, and thus collects as data the ingredients of the interpretative patterns whereby a particular social environment is construed (and therefore constructed) by its members. Being the opposite of a 'context-stripping' approach, it was well suited to a study which hypothesized a problem in the social environment but had no hypothesis as to the actual form that problem might take. It was also well suited to a research project likely to re-enter that environment in the form of findings and proposals for action by those researched.

> This 'approach to qualitative research is particularly suited...to the study of local interactions and meanings as related to the social context in which they actually occur....As one aspect of the close and detailed inspection of specific problem domains, grounded theory places great emphasis upon an attention to participants' own accounts of social and psychological events and of their associated local phenomenal and social worlds.' (Pidgeon 1996: 75, 76)

Secondly, grounded theory is predicated on the idea that theory is important, that the facts of social life do not speak for themselves in some common-sense way but require to be ordered and interpreted before they have value as science. When it was formulated it promised a middle way between the two distortions of sociological research pilloried by C Wright Mills in 1959, the high-in-the-air flights of 'grand theory' and the

decontextualized fact-grubbing of 'abstracted empiricism' (Mills 1959). Somewhat akin to the hermeneutic circle in textual studies, the emphasis is on the inductive-deductive iteration, deriving constructs from the data (the 'grounded') and looking back at the data through those constructs (the 'theory').

> [Grounded theory is] 'generated by (or grounded in) an iterative process involving the continual sampling and analysis of qualitative data gathered from concrete settings, such as unstructured data gathered from interviews, participant observation and archival research.' (Pidgeon 1996: 76)

This approach to theory generation is particularly suited to pilot studies, where the questions may not be precise, and to low-budget studies, where there may be insufficient time for elaborate data analysis, or interview transcription.

The methods of data collection were one-to-one key informant interviews (Gilchrist 1992) and archival research. Given the time constraints, interviewees were opportunistically selected within certain designated target categories, the target categories being linked to the theoretical sampling strategy characteristic of grounded theory research. The strategy was to build up an 'in the round' picture of family life in the deprived parts of North Dundee by means of interviews with residents and with representatives of every major category of organization connected with those populations. This in-the-round perspective was referred to by the research team as the 'arena perspective'.

Some segments of the circle remained blank. Interview refusals came from the Benefits Agency and from those employers of local people who were approached. The Education Department was unwilling to allow the researcher the opportunity to approach young people for permission for a one-to-one interview; teachers are not allowed to give even personal views without prior permission from the Director of Education. Five approaches to the Director in the three months of the fieldwork were not sufficient to secure this permission. These three blank sectors in the data are all of importance for the model proposed from the research, which should be evaluated accordingly.

Clearance had been given by the Tayside Ethics Committee for a safeguarded approach to minors who were either pregnant or mothers, the approach to come through local GP practices. In the event no interviews with minors were secured. Most of the mothers who were interviewed were contacted via the GP practices, especially through their attached health visitors. Some mothers who were approached declined to be interviewed; some agreed but failed to be in when the researcher called at the agreed time, or were unwilling to answer the door. That so many were not contactable by phone[4] produced particular difficulties about arranging mutually convenient interview times; the consequent lack of certainty about suitability of the time and about continued willingness to be interviewed made the process of visiting homes very time consuming. Other mothers/young women were recruited to the sample opportunistically, given their potential contribution to rounding out the 'arena perspective' being sought for the study.

Interviews were semi-structured and broadly aimed to secure an answer to the question 'What is going on in family life in North Dundee?' Topics of especial interest were roles and relationships within the family, family history, employment and work, eating practices, health (including sexual health, diet, mental health, and preventive measures), educational experience, and life in Dundee. Interviewees were encouraged to tell their own stories and give their own views. They were told that the research was for the health service, that their comments would be confidential, that they could terminate the interview at any time, and that they could decline to answer any question without giving a reason. Professionals and agency workers were not asked about their own family life, but several volunteered information about it, especially those who had been brought up in Dundee. The research was introduced to the mothers and young women in the form of: "I'm interested in finding out about families, family life, health, and life in Dundee. Whatever you can tell me about these subjects would be helpful. Maybe I could start by asking about your family..." The fact that the researcher was qualified in the 'attending person'-centred approach (after Egan (1994) to counselling was of value in handling a few cases of distress in respondents when talking about painful personal circumstances. The natural flow of these interviews could also be impeded by the demands of young children and by the fact that the TV was on in every home, most with the volume at a level making normal conversation difficult.

Notes were taken during the interview and typed up at the earliest opportunity, usually on the same day. These were discussed in weekly meetings of the team, and emerging themes were identified by the data analysis processes of constant comparison and inductive-deductive iteration. Following up on emerging themes led to decisions for new theoretical sampling approaches, the results from which were analysed in the same way. The fact that the interviewer had herself spent childhood years and had extensive working experience in Dundee was of inestimable value for these interpretative sweeps. One joint working document was produced for clarificatory purposes, on the family.

The archival research and the report writing-as-research have been the responsibility of the principal investigator. The quality of the interview data became apparent very early, and the potential for the pilot project itself to make an original contribution to the scientific understanding of the changing family environment has guided the writing process. Extensive contextualization of the Dundee situation in both local history and larger socio-economic theory has been required. The unbidden emergence of the clinical entity model as the grounded theory with a potential to integrate the findings in a medicine-friendly way prompted supplementary reading in the history of disease. However, for reasons of space, discussion of most of the comparative research within which the study could be put in perspective has been held over for the intended follow-up research.

IV. THE MODEL: 'DISTRIBUTED PARENTING' AS A SOCIO-MEDICAL CLINICAL ENTITY

Introduction

1. The research commission: form and implications

> 'There is a need to move away from the almost exclusive focus of research on individual risk, towards the social structures and processes within which ill-health originates, and which will often be more amenable to modification.' (Lancet 1994)

The principle of an ecological approach to illness behaviours, as here enunciated in an editorial in *The Lancet* in 1994, lay behind the proposal by the Tayside Director of Public Health for some research on family, lifestyle and health in North Dundee. The issues of concern – continuingly high teenage pregnancy rates[5] and low rates of breast-feeding, high rates of hospital admissions in the winter, a majority of babies now being registered to unmarried parents[6] – were not ill-health as such, but, taken together, prompted questions about the functioning of the family in the deprived areas of Dundee. As mentioned above, given that the same areas were also producing high levels of more directly illness-inducing behaviours (smoking[7], diet) which were also not responding to health promotion initiatives, the brief stated that the research should be sociological.

At this point it may be convenient to lay out in some detail the contrast between a properly sociological approach and a socio-medical approach, as presented in the research proposal accepted by the Tayside Health Board.

Broadly speaking, there are two differences between the sociological and the socio-medical approach:

- a) the more obvious one, a focus on the collective socio-cultural <u>level</u> versus the level of individuals (even if aggregated); and

- b) contrasted <u>directions</u> of reasoning.

As made by Aneshensel and her colleagues, the latter distinction is between

> 'sociological models that focus on the...health <u>consequences</u> of patterns of social organization and sociomedical models that emphasize the social <u>antecedents</u> of...disorders....Sociological inquiry begins with particular social structural arrangements and looks forward [i.e. conceptually] toward a broad range of potential consequences; the sociomedical paradigm begins with a particular disorder and looks backward toward a broad range of potential antecedents of that disorder.' (Aneshensel et al. 1991: 166-67)

Hence, despite being concerned with issues of health, the emphasis in what follows is on the social structural environment from which a possible complex of health-related behaviours appears to emerge, rather than on the behaviours themselves. In seeking to identify some processes with identifiable effects it is complying with <u>The Lancet</u>'s prescription, to seek out social causes that may be amenable to modification.

While, as has already been explained, the research fieldwork followed the grounded theory approach guided by the very broad question 'What is going on here?', one epidemiological distinction already underlay the choice of an environmental-level approach. This is the distinction between an epidemiology of <u>incidence</u> and an epidemiology of <u>cases</u>. The distinction has significant implications. For, as Rose pointed out in distinguishing between the questions: 'Why do some individuals have hypertension?' and 'Why do some populations have much hypertension whilst in others it is rare?', the questions require different kinds of study, and they have different answers. To answer the second question 'we need to study the characteristics of populations, not those of individuals.'

> 'The two questions require different kinds of study and have different answers. The first question is about why <u>individuals</u> vary, the second is about why <u>populations</u> vary. It is a public health question, and has to do with the population mean. For what distinguishes the two groups is nothing to do with the characteristics of individuals, it is rather a shift of the whole distribution – a mass influence working on the population as a whole. To find the determinants of prevalence and incidence rates we need to study characteristics of populations, not characteristics of individuals.' (Rose 1985)

Illustrating by reference to the DPH's first concern, teenage pregnancies, applying this distinction the research question would come out as follows:

- **NOT** "Why do some Tayside teenagers get pregnant?" (cases)

- **BUT** "Why do some populations in North Dundee have high rates of teenage pregnancy while in other Tayside populations it is low?" (incidence).

For research purposes, North Dundee was identified as a distinctive population, with a distinctive health-behaviour profile, in much the same way as populations in areas where the drinking water is very soft/deficient in iodine/rich in fluoride would have distinctive health profiles. This means that no amount of answers to the question 'Why do some teenagers get pregnant?' would serve our purpose. Hypothesising a population effect entails a search for a population cause.

Importantly, this epidemiological step had already been taken within the Health Board when the research was commissioned, issuing in the brief to investigate the family and its circumstances. Why is this important? Because it indicates a preparedness to follow through the implications of working at the societal level[8] when it came to the shift from research outcomes (whether pilot or subsequent research) to prevention. Having finally taken on board the need to move scientifically 'upstream' would make no sense unless the practical back-up moved upstream too: notably the organizational resources and community leadership capacity of the Health Board in respect of initiatives for prevention.

> 'These two approaches to aetiology – the individual and the population-based – have their counterparts in prevention. In the first, preventive strategy seeks to identify high-risk susceptible individuals and to offer them some individual protection. In contrast, the 'population strategy' seeks to control the determinants of incidence in the population as a whole.' (Rose 1985: 34-5)

As a final preliminary to introducing the organising framework of the report, the way in which the <u>form</u> of that framework fulfils the research brief needs to be specified. After so much insistence on the innovatory sociological cooking, it may seem odd to sit readers down to a staple medical dish. In positing, as the outcome of this pilot, a proposal for follow-up research which would be both more illuminating theoretically and more firmly grounded empirically, the brief was in effect asking for a hypothetical explanatory model to test, as a whole or in selected key domains. In order to perform this launching function for a Phase 2, such a model would find structure in the data, would go beyond problem labels to their generative processes, beyond symptom complexes to the underlying structural and functional pathology. Genuine guidance to those requiring to select among a plethora of potential research questions could only be given by an intellectual construct at the global level. Of course, answering an aggregate of sub-questions would be a contribution to knowledge; but it would fail to suggest interventions which could impact on the whole, would fail to meet needs identified as needs of the population, not of affected individuals. Would fail, that is to say, to meet <u>The Lancet</u>'s hopes for outcomes from upstream research.

Doing justice to the brief requires a model in which all the possible 'players' in the field are articulated in a system in which as many as possible of their properties, their moves and the outcomes of these moves are interconnected in a plausible way. The clinical entity proposed below thus follows in the tradition of centuries of clinicians, seeking to combine clinical and pathological observations with theoretical assumptions in a form which would make sense of what they thought they saw.

2. On the 'clinical entity': utility, form, and content

First, to precede a brief review of the notion of clinical entity, based entirely on its formulation in a classic paper by Otto Guttentag (Guttentag 1949), some remarks on its utility in this report.

Any possible utility depends upon an acceptance of the strengths and limitations of an argument from analogy. Finding metaphor-style templates in what is known with which to try to describe, even explain, what is not known is one of the mind's basic skills. Scientists differ from the ordinary run only in trying to be more self-aware in carrying out the process. For the philosopher Max Black, analogy is one of five types of model: scale(/iconic); analogue; mathematical; theoretical; archetypal.

> '<u>Analogue</u> models represent "some material object, system, or process designed to produce as faithfully as possible in some new medium the structure or web of relationships in the original. Furthermore, an adequate analogue model will manifest a point-by-point correspondence between the relations it embodies and those embodied in the original: every incidence of a relation in the original must be echoed by a corresponding incidence of a correlated relation in the analogue model". Thus the analogue model "shares with the original not a set of features or an identical proportionality of magnitudes but, more abstractly, the same structure or pattern of relationships". (Gilbert & Osborne 1978: 2, quoting Max Black 1962)

Thus the basic strength of the analogue model is its capacity to represent relations (e.g. of the analogue clock face to show the relationships of hours, minutes, etc.: physicists using the solar system as an analogue model of atomic structure was another[9]). However, there must eventually be a limit to the relations between two beings designatable as similar; so every positive analogy has a point where the negative analogy takes over. Knowing where that point is a sign that the scientist knows the structures of both beings in depth.

> 'In designing a model, emphasis is usually placed on the "positive analogy", although much insight can be gained from a study of the negative analogy, i.e. where the model breaks down.' (Gilbert & Osborne 1978: 3)

There are clear defects to the organism/society analogy. But it has the virtue of suggestiveness: it can always make one think. In adopting the clinical entity as an analogy, the intention has been to foster the formation of hypotheses, to try to bring medical readers to a novel conception in health science by means of a thought form with which they are used to thinking about the fundamentals of their practice. It is a means of allowing medical scientists to see structure in culture, in social behaviour, a field which usually they regard as beyond their margins of legitimate professional enquiry. This cannot continue, if today's diseases are to be confronted with any degree of preventive imagination. It is now necessary for the social sciences and medicine to develop an integrated perspective in appraising the background conditions of health and disease. For the sociological fieldworker and the clinician can both find themselves in a situation where they risk being overwhelmed by the 'formless welter' (Walshe 1950) of signs they cannot read and of symptoms they cannot classify. By extension, the social policy-maker and the public health policy-maker then find themselves without the causal framework within which to formulate policy and to mobilize resources. The clinical entity brings form to the welter. It is an exercise in classification, the basis for subsequent acts of identification, diagnosis, prognosis, intervention, prevention.

> 'Classification will here be defined as the ordering or arrangement of objects into groups or sets on the basis of their relationships. These relationships can be based on observable or inferred properties. Some philosophers, mathematicians, and statisticians also employ the term 'classification' for what is here called 'identification', the term being defined as the allocation or assignment of additional unidentified objects to the correct class, once such classes have been established by prior classification. Thus we 'identify' an object as being a chair, or a plant as being a buttercup. (Sokal 1977: 187)

Once accepted as a classification, the subsequent acts of identification for which a clinical entity then becomes the basis are 'diagnoses'. A diagnosis assigns a patient to an identified condition in the overall classificatory system of medicine. Errors of diagnosis can take one of two forms: either the patient is allocated to a diagnostic category that is mistaken (i.e. there is another (correct) category for those signs and symptoms, perfectly interpreted); or, as for so long in medical history, the patient can be allocated to a diagnostic category that is not properly a diagnostic

category, because there is no clinical entity underlying the signs and symptoms.

Once again, something important in the purpose behind our procedure needs to be understood at this point. Guttentag (Guttentag 1949: 484) explains the distinction between a diagnosis and a clinical entity:

- to <u>diagnose</u> is 'to visualize an individual patient in his totality' – comprehending the individuality in one patient, <u>all the different things</u> one patient has;

- to <u>establish a clinical entity</u> is to 'comprehend a group of patients as similar' through the physician observing factors and making reflections – comprehending the uniformity in patients, <u>all the same things</u> observable across a group of patients.

The clinical entity is logically prior to diagnosis; without a clinical entity there is nothing to diagnose <u>to</u>, no prior classification of 'symptoms, signs, and other abnormalities' enabling identification of the disease:

> Patients do not present to the physician with discrete, already identified diseases. Rather, they present with syndromes composed of a variety of symptoms, signs, and other abnormalities; these presenting syndromes are almost always non-specific, in the sense that they may be caused by any of several disease entities. It is the object of diagnostic effort to identify the disease responsible for the patient's presenting syndrome. (Harvey *et al.* 1979: 3)

Metaphorically speaking, to diagnose is to put a key in a lock. With a sufficiency of symptoms correctly associated, there is a lock, and the lock opens the door to treatment, to prognosis (Ryle 1948b: 278 et seqq.), possibly to prevention. Failing such a sufficiency, the lock does not open. The lock is the clinical entity, the keys are the possible diagnoses. A diagnosis without the appropriate clinical entity can be no more functional for treatment and prevention than is a key without its uniquely matched lock. Symptomatic treatment is the best one can aim for.

Guttentag notes that there is a division of labour in the matter of clinical entities: it is characteristically the business of the researcher to generate them, and that of the physician to use them in practice.

> 'The clinical entity plays different rôles in research and practice: the research clinician is concerned with its development, while the practicing physician is concerned with its application. The former uses single individuals as material to visualize a clinical entity; the latter...uses single clinical entities in order to visualize the individual.' (Guttentag 1949: 487)

This report is a report on research. It is therefore an attempt to provide the basis for future social diagnosis and practical therapeutics by organising the welter of symptoms to be detailed in the subsequent sections into a 'socio-clinical entity', an identifiable form in the 'pathology' of a society undergoing acute environmental pressures of a new kind. The rationale is nonetheless medical: seeking to generate a clinical entity derives from the perception that the social environment of the poor is awash with symptomatic treatments but parched for strategic, intellectually economical interventions of a practically therapeutic kind.

The content of the clinical entity is presented by Guttentag under five headings.

i.   Constitutional factor

Immediately, with the constitutional part of the analogy between social communities in pain and individual patients, we run into the inescapable tension involved in scientific work with wholes and parts, and thus into the temptation to escape that tension by plumping for either a top-down (individual behaviour expresses the properties of the larger category) or a bottom-up (there is no such thing as society) analysis. Unlike medical efforts, in which the focus always returns to individual organisms, social policy has to select out the part or parts of society needing intervention. After selection it is sometimes forgotten that these are still parts and that their behaviour can only be properly understood when reintegrated back into the whole (now re-conceptualized as a system). They have their individuality as parts, but as parts they are also subject to an organising dynamic from the whole. Biologists trying to preserve the idea of whole organisms from the reductive formulations of chemists[10] and physicists, and educationists trying to preserve education from similar reductions by psychologists, both demonstrate that the over-assertion of the part is a generic intellectual problem, not one just for social analysts.

> 'In general, theories of isolated parts can be applied to nearly isolated parts. But theories of isolated parts applied to the parts in vivo, in their full, complex, interrelated status in the whole, are another matter. Then, the simplifications and modifications permitted by observation of the part in isolation may well fail to correspond to the condition of the part as it actually exists. The model is no longer merely an incomplete model but a misleading one. (Schwab 1957: 39)

In fact, medicine does recognize the threat of being decomposed from below by excessive faith in the measuring approaches of the fundamental sciences, and also recognizes the corresponding necessity for conceptual support in maintaining the focus on the higher-level complex integrated entity, the patient. Guttentag offers the notion of 'type' as a corrective to the tendency to diagnostic reductiveness inherent in laboratory-trained medical workers.

> '[M]edical research workers who are predominantly trained in classical physics and chemistry...are accustomed to consider their subjects of study as entirely materialized in, or exchangeable with, their standard of reference...A "type"..., a standard of a higher order than the subject under study, integrating several independent solitary characteristics into an individualized unit, plays only a transient role in the identification of a chemical compound....In medicine (and biology), however, it is types that form the background of identification.... [Footnote by O.G.: The word type is here used in its medical definition: "The usual form, or a composite form, which all others of a class resemble more or less closely; a model; noting especially a disease or symptom-complex giving the stamp or characteristic to a class."]' (Guttentag 1949: 486)

'Typing' is the process of 'seeing several single variable units as one' when the single objects/units are seen as 'non-measurable, individual wholes'. Typing is to be distinguished from 'averaging' where 'single objects under

study are measured and the frequency of some is the decisive factor in determining the general unit...Mean is the designation for the kind of general unit obtained by this method', whereas classical type is the designation for the kind of general unit obtained by typing.

> 'Norm (in biology) is the term used to characterize the actual content of a general unit obtained by either of these two methods. Therefore, depending upon the approach chosen, there are two kinds of biological norm: the frequency norm and the ideal norm.....The characteristics of the method of averaging and of the frequency norm (statistics) are more widely understood than are the principles of the method of typing and of the ideal norm. Since visualization and not frequency plays the decisive rôle in the method of typing, the manifestation of a first and only patient may be sufficient to envision a new classical type, a new clinical entity.' (Guttentag 1949: n. 487)

The correspondence in intellectual procedure between biology and sociology is here extremely close. Sociology uses the notion of type in much the same way.

> 'A type is an analytical model which is constructed to represent some social event, change, institution or class for the purposes of comparative study and for the analysis of particular examples of the general category of objects included under one type form....Above all, the type is an attempt to organize empirical data in preparation for the comparative study of it....We must distinguish ideal-types [a selection of those aspects of the phenomenon to be studied which are characteristic, distinctive or "typical"] from "average" types, which are constructed of traits which are common to all examples of the phenomenon.' (Hill 1970)

A constitution, therefore, is in general intellectual terms a typification. In social medicine it is a classical type, while in sociology it is an ideal type (as it is, for that matter, in psychiatry (Wiggins & Schwartz 1994). Presenting the housing schemes of North Dundee in the following 'visualization' is an attempt to construct this 'first and only patient' as an 'ideal type'. The scientific basis for typification as a medical procedure is here made explicit (to all seeming on good authority[11]) in order to justify classifying a hypothetical 'social disease' from a single case.

The section which follows this introduction aims to provide our community with a constitution. Just as a presumptive constitution allows the physician to 'locate' any particular patient in the universe of expected physical norms, even before the patient's history is taken, so constructing 'the ox-bow scheme' allows us to have a context for the morbid social process which came to be extracted from the fieldwork data and has been called 'distributed parenting'.

ii.   environmental (etiologic) factor

As explained above, this report is a sociological argument cast in a medical form. The reason for this is to honour the fact that while the basic aim of sociology is, as with any other science, to maximize understanding of the field demarcated by the discipline as its specific province,

> 'the final aim of medicine is to acquire a knowledge concerning etiology and concerning the consequent development of the morbid

process so as to be able to adopt the right line of action'. (Faber 1930: 212)

While sociologists have no certainty that anything may result from the publication of their work, clinical researchers do have as a working assumption that their findings may be acted upon. The social organization of Western medicine has seen an ever-tighter loop between research findings and clinical practice, especially when the research has had to do with causes. But throughout the history of nosography the supposition has been that the <u>right</u> line of action can only be assured if one's etiological constructions are correct.

The classic medical 'etiologic factor' is an infectious disease, which clearly moves from the environment to the individual when he or she, for instance, 'catches' flu. But poisons, dietary deficiencies and the occasions of accidents/violence are also identifiable as etiologic factors. For a society there are physical etiologic factors such as earthquakes or crop failures, but also socially-generated ones, such as war, economic change, technological innovations, cultural impacts, etc.. In the more 'advanced', (i.e. complex) societies, the impact of etiologic factors is differentially mediated by social variables such as class, education, colour, ethnic group, linguistic group, occupation, life-style, and so on. How something hits you depends on where you are standing, who you are standing next to.

In this report the etiologic factors are also related to technologico-economic transitions. The fallout from these transitions is personalized by being picked up from the experience of those whose lives they are transforming:

- the experience of redundancy;

- the experience of dyseducation (i.e. an education not adapted to the nature and needs of its recipients);

- the experience of culture-in-circumstances, the sense-making experience of local people in their contrasted perspectival frames.

iii. topographic factor

'Topos' means 'place'. Many diseases have a characteristic place in the body where they may be said to have their 'seat', from which the disease process unfolds.

> 'Literally interpreted' in medicine '<u>topographic</u> factor means a site of involvement. However, it is, of course, not merely the point at which pathological manifestations appear, but rather the central point of disorder, the prime one from the point of view of causal relationship (be it mechanical or psychogenic), or a nodal one from the teleologic standpoint. This prime or nodal point may shift during the course of events, resulting in a new entity...' (Guttentag 1949: 489)

Guttentag gives us sound advice when he distinguishes between the point where pathological manifestations appear and the point of disorder which is central from the causal point of view. The same manifestations at the same site may yet be from different causes (e.g. shortness of breath). However, the advice is not easy to follow. With 'social pathology' today

one might suggest that we are in the situation of doctors concerned with tuberculosis before Laënnec, confronting a welter of symptoms which appear to be associated but for which no precise causal mechanism(s) can be identified, leaving us unsure whether we are dealing with one disorder or many; whether they originate in the individual, the group, the polity, or the economy; whether there is symptomatic treatment, even a cure.

iv.   pathologic-morphologic factor

In his discussion introducing the pathologic-morphologic and pathologic-physiologic factors, Guttentag raises an issue where the analogy between the individual organism and 'the body social' frankly breaks down. This is the question of death. Death has two aspects, the physiological and the pathological.

> '...individual human life always takes an irreversibly finite course, regardless of sickness or health, but what we call the pathologic processes in this same organism may be reversible or irreversible....Basic concepts in general pathology (e.g., malignant tumor or fever) imply prognosis independent of that of the physiological course of life...' (Guttentag 1949: 490)

Any particular definition of a case of 'social pathology' (in its full sense of a pathology of the society, not in the restricted sense of a socially-induced illness) is an observer's construct, compatible with the theoretical assumptions and value commitments of the observer in question. Calling something 'pathological' implies an idea of how that society ought to be. The risk involved in making a judgement of social pathology, (self-consciously run in this exercise), is that what may be thought to be pathological for the society can turn out to be progressive. Rather than being the beginning of the end, something may be the beginning of a beginning, the first signs of an adaptation which may later carry that population to, e.g., more peaceful and comfortable circumstances. The end of civilization as we know it can be the beginning of a new civilization.

These general remarks are inserted at this point to explain why, when the report begins to consider the 'pathology' of the reproductive system of North Dundee in Section III, the whole exercise is articulated against a contrast model of a presumed adaptively ideal reproductive system, Talcott Parsons's functionalist model of the family as a personality factory for industrial society. This 'straw society' contrast is necessary in order to work around one small 'disanalogy' (negative analogy), work which allows us to preserve what is plausible about the clinical entity analogy (Oppenheimer 1965: 131). This disanalogy is that, unlike a human body, a society does not die, nor does it get sick, it just changes. The change may bring about heightened indicators of stress and functional difficulties of the kind that we can call 'sickness'. But at the end of the day calling it 'sickness' is still a metaphor, an aid to thought.

To return to the pathologic-morphologic factor. Pathological anatomy has been the science which investigated the changes in physical structure associated with the process of identifiable diseases. Historically it had as its objective the correlation of morphologic changes in the organism with the stages in the 'natural history' of the disease, famously in the wards and morgues of the Paris hospitals in the eras of Bichat and Corvisart (Faber 1930 ch.2). Observation, biopsy and necropsy are its procedures.

If we agree that a society does not die, no way can this research be described as a post-mortem on these communities. With analogical license we may suggest that it is a species of biopsy, essaying an account of structural change in the role system of the 'family' which is associated with the emergent pattern of socio-sexual reproduction called 'distributed parenting'. In so far as a structure is judged good or bad, healthy or pathological, by how well it can bear a load, the emergent pattern will be judged to be pathological because and to the extent that it seems to be less than successful at carrying through a process delegated to it by the social organism, the bringing up of adolescents. The issue is discussed in depth in Section IV, and more generally in the conclusion.

v.   pathologic-physiologic factor

If the pathologic-morphologic factor refers to structure, the pathologic-physiologic factor refers to function. In Medawar's formulation, we move from the organism as 'product' to its 'performance' (Medawar 1967: 27). Can this organism do all that it should, from the constitution or 'design' point of view? Is it up to the job?

Sometimes it happens that the organism may be functioning less than well, but no structural pathology can be established with which to identify the malfunction as a symptom of a particular disease.

> 'Organic and functional disturbances are often differentiated but both have, of course, a functional disturbance in common. The differentiation lies in the presence or absence of a structural basis for this functional disturbance.' (Guttentag 1949: 491)

For a disorder to qualify as a clinical entity, the functional disturbance has traditionally had to be linked to a structural pathology – one of the conventions of medical practice which brings distress to people who suffer from physical diseases before they are classified. Additionally, it has caused difficulties in many areas of psychiatry, not short of functional disturbances with no identifiable structural pathology (Sadler *et al.* 1994).

Deciding what to classify as a functional disturbance in distributed parenting suffers from the same difficulty as in clinical medicine: linking what can be common to many conditions to one specific disease. 'Identical physiologic disorders are not identical clinical entities' (Guttentag 1949: 491). A functional disorder can have a number of different 'causes', or no identifiable cause. While insisting that function should be tied to structure is what has made the clinical entity model so powerful a sifting agent in the formless welter of symptoms, it can also act as a disincentive to using it in situations where functional disorders could have numberless underlying social structural origins. Thus, while the constitutional factor, because of the lack of individuality in a society, is the most awkward to draw analogical insights from, this is the weakest part of the analogy, taken strictly on its own. There is little that selecting some functions rather than others can do to validate a proposed clinical entity: the validation has to come from the gestalt. As with making sense of a corrupt or incomplete manuscript, a continuous iteration back to the whole and its meaning is the only way in which to decide on the details. The social clinician, no less than the physical, is in the business of hermeneutics[12].

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1. SOCIAL-CONSTITUTIONAL FACTOR

Introduction: On social constitution

In etiological thinking, seeing the physical constitution as important was part of the reaction against the over-emphasis on the infective agent as the necessary <u>and sufficient</u> cause of a disease. Constitutional pathologists followed the lead of Pasteur, who in 1880 demonstrated that the same diploccocus microbe which caused inflammation of the lungs could be identified in the mouth of a healthy child. (Faber 1930: 187) Same agent, different outcome – the difference had to lie in the immunity/susceptibility of the host. Subsequent clinical research has produced a number of conditions which are now well known to be linked to constitutional pre-dispositions of individuals, e.g. gout, migraine, tuberculosis, etc..

Given that one key place where the community/organism analogy breaks down is in the fact that communities differ from individual organisms in not having i) a delimited independent existence and ii) a predictable life-course from birth to death, but rather resemble environments in their pattern of continuous change and seamless integration into ever-wider environments, it is important to remember that constitutions can be acquired (pre- or post-natally) as well as inherited[13]. In fact, the constitution of our community, our 'social organism', is entirely acquired. It is the creation of history rather than of nature.

1.1 'Advanced marginality' and 'the ox-bow scheme'

A first characterization of the constitution of North Dundee will be taken from a portrayal of the <u>general</u> conditions facing those parts of industrial cities which are being pushed by the evolving world economy into a position of 'advanced marginality'. While it may not be possible to fulfil the medical analogy completely by locating social groups each on their individual physiological time-line, it is possible to identify their place in the overall 'evolutionary' pattern of socio-economic development. Thus it is possible that in writing about the deprived neighbourhoods of Dundee one is not describing anything peculiar to Dundee but presenting an account which, give or take some local cultural idiosyncrasies, could equally well apply to, for instance, Hartlepool (Morris 1992) or Coventry (Baldwin & Carruthers 1998)[14]. The thesis presented here asserts that advanced marginality is a structural condition which comes to formerly industrial cities as a consequence of profound shifts in the global division of labour, **NOT** because of presumed moral weaknesses in the populations concerned. As a medico-social 'constitution' it is acquired from the interplay of internal systemic characteristics with the external context. But in this interplay, as Max Weber said, the economy leads, and is not led.

Loïc Wacquant (Wacquant 1996) identifies six distinctive features of the crystallising, still inchoate regime of advanced marginality visible in 'neighborhoods of relegation'. From the Chicago/Paris evidence, advanced marginality is characterized by the accumulation in the same distressed urban areas of extreme poverty and social destitution, ethnoracial divisions (linked to colonial history) and public violence[15]. Far from it being a possibility that these neighbourhoods will be re-aggregated into

the mainstream of economy and society, in Wacquant's view – failing 'the elaboration of novel forms of political intervention' – worse is yet to come.

> 'The qualifier 'advanced' is meant to indicate that those forms of marginality are not <u>behind</u> us and being progressively resorbed, whether by 'free market' expansion...or through the arm of the welfare state, but rather that they stand <u>ahead of us</u>....If new mechanisms of social mediation are not put in place to reincorporate excluded populations, one can expect that urban marginality will continue to arise and spread, and along with it the street violence, political alienation, organizational desertification, and economic informalization that increasingly plague the neighborhoods of relegation of the metropolis in advanced society.' (Wacquant 1996: 123)

While it may be argued that the housing schemes of North Dundee do not have these problems on anything like the scale of the South Bronx or Vitry-sur-Seine, the important thing from the scientific point of view is that they do have the problems. The degree may be less, but there is similarity in kind. The dynamics of advanced marginality have begun to bite on these North Dundee communities; they are acquiring a constitution of a new type. The shaping power of the international economy, the power which a century and a half ago made Dundee into a world production centre of certain products, has now unmade it.

> What is left behind [after the exodus of manufacturing]...are the former employees....Globalization brings with it increased economic integration at the international level while producing deep fissures in national communities. There are winners and losers in this new game. The winners are the economic "core": the knowledge- and information-oriented industries, poised to ride the third wave of technology. The losers are those pushed onto the periphery of the economy. (Moran 1995)

Globalization brought, and globalization is taking away. What gets left behind is advanced marginality.

1.1.1. Wage-labour as part of the problem.

In the not-so-old old days, just getting a job was to have won a position on the ladder which led away from poverty. Nowadays, 'the growth of part-time, 'flexible'[16], variable-schedule positions with fewer benefits, negotiable extension and benefit clauses, revised wage scales, and the various avenues pursued [by employers] to avoid the standard, homogenizing effect of state regulation of wage work', all point to 'the erosion of the integrative capacity of the wage-labor relation' (Wacquant 1996). In other words, even getting a job nowadays may not be enough to haul residents of neighbourhoods of relegation out of a subsistence-level existence. As we shall see, many of the people who feature in this research had jobs, but few had jobs which raised their standard of living much above subsistence levels. In the Dundee context this erosion of the monetary return to labour signals a revival of the financial conditions of the older old days, the pre-war conditions of lay-offs, part-time working and reduced hourly rates of pay in the jute mills. As in those days, the greater part of today's jobs are low-paid jobs for women; as against those days, there are now hardly any jobs for children and young people, not only lowering average household earnings but also adding 4-6 years per

child to the family economic burden. Labour market conditions still have demonstrable consequences for family life.

1.1.2. Functional disconnection from macro-economic trends

Given the highly economistic view of social management solidly established in governing and academic circles, Wacquant's most important observation for British readers is that, since economic growth is increasingly 'jobless', the end of the road has been reached for traditional remedies of the ilk of New Deals and Marshall Plans. Not only is spending one's way out of recession no longer acceptable to the all-powerful market, but the potential tide of prosperity so induced barely trickles into the ox-bow schemes.[17].

> 'Advanced marginality is increasingly disconnected from short-term fluctuations in the economy so that expansionary phases in employment and consumption have little durable effect upon it. Social conditions and life chances in neighborhoods of relegation in Europe and the United States changed very little, if at all, during the boom years of the 1980s and early 1990s, but worsened noticeably during recessionary phases....[G]iven current levels of productivity increases and emerging forms of "jobless growth", it would take miraculous rates of economic expansion to absorb back into the labour market those who have been durably expelled from it.' (Wacquant 1996: 124-5)

Another way of putting the same dynamic is to see it as a definitive 'loss of good jobs' for waged workers. A different take on the American evidence comes up with an identical picture to that presented by Wacquant: slump or boom, the big corporate employers continue to shift huge numbers from the high-wage, politically protected core into the low-wage, politically weak periphery of the labour market.[18]

> '[Under-employment and a steady decline in the number of good jobs] include involuntary part-time work and working below the level of training, skill, and experience that workers would expect in a balanced economy. There is an important difference between, on the one hand, short-run reliance on such jobs in times of layoff or cyclical decline, and, on the other, a permanent reduction in the number of good jobs that the economy provides.
>
> Evidence is strong that in the post-1965 period there has been such a reduction, shifting more people, many permanently, out of the core and into the periphery of the labor market. They are especially vulnerable to intermittent unemployment and chronic job insecurity.
>
> Between 1987 and 1992, a total of 5.6 million workers who had been with one employer for three years or more lost their jobs; in the 1980s, the <u>Fortune</u> 500 reduced employment by 3.4 million. This wave of corporate downsizing accelerated and widened in the 1989-92 economic decline but, <u>contrary to experience in earlier business cycles, did not stop or reverse direction when the level of economic activity began to rise; it continued virtually without letup</u>.
>
> While corporate profits increased 11 per cent in 1994, following a 13 per cent increase in 1993, corporations reduced employment by 516,069 jobs in 1994, close to the level of 552,292 in 1991, a recession year. Company after company, including those with large

profits, continued to cut....As good jobs shrink in number, the secondary labor market grows and the periphery becomes the only destination for increasing numbers of workers.' (Rosen 1996: 35). Emphasis added

That it was their jobs that these workers were losing rather than the work that their employers no longer wanted doing became all too apparent to a group of seven factory workers from Tennessee when they discovered their jobs alive and well and being done by politically more vulnerable people at a fraction of their wage, across the Mexican border.

'After presenting ourselves at a General Motors facility {in Matamoros], we were invited in for a brief tour and an interview with the plant manager. We saw hundreds of young people (85% female, with an average age of twenty, according to the manager) working on car radios in a huge barn-like space that seemed to go on for ever. Members of our group were accustomed to factories at home that were being allowed to deteriorate over time; they were accustomed to workforces where the most junior employees in the cohort had well over a decade of seniority. It was sobering for them to see with their own eyes the scale of the resources being shifted to Mexico, and the armies of young, quick workers being marshalled for the tasks at hand.

Leaving the industrial park, we climbed back into our vans and went in search of where the workers lived. We were within minutes of a neighborhood, or "colonia," that was essentially a squatter camp. It looked like nothing so much as an aerial bomb site. The landscape was barren and rubble-strewn. We saw sparsely-scattered water taps shared by hundreds of people in a community with no electricity, nor any organized system for solid waste disposal. We were graciously invited into a one-room home where a single mother and her two children slept on a short bed wedged between thin plywood walls. It occupied close to half the floor space of the house, while a block of ice in a cooler served as the only refrigeration in the rank and fly-blown heat. We saw workers wearing the shirts and logos of familiar US companies as they made their way home from work...' (Ansley 1995: 85)

Who can read the second paragraph and not be put in mind of the reports from public health officials denouncing the fever-nests of nineteenth-century Britain? While they had left Tennessee grieving for the loss of their own jobs, what they saw when they found them again in Mexico had several of the party in tears. They recognized, too, that it was the corporation's search for profit that linked their own community's sudden economic marginality to the 'industrial revolution' on the Mexican border. Globalization had taken away, and globalization was giving – but at a fraction of the former rate.

1.1.3. Territorial fixation and stigmatization.

In cities all over Britain and North America there have been cases of buildings not yet forty years old which have been demolished by the public authorities, in most cases not because they were structurally unfit for habitation, but because nobody would actually live there. These buildings have a symbolic significance for public health medicine at the turn of the millenium. They should be seen as the modern equivalent of the mid-nineteenth century infirmaries whose apparently ineradicable chronic

infection (dubbed 'hospital gangrene') led to proposals that hospitals would have to be demolished and rebuilt every thirty years. They are scandals to science, vanished monuments to our incapacity so to manage communal living that certain streets, certain buildings do not end up becoming the 'focal sepsis' sites of 'sink estates'. Dundee has such sites.

> **30**[19] Getting in with the wrong crowd happens because of where you live. Round here, all sorts goes on. Burglary, boys getting slashed in the streets, fighting in the street, there is always trouble in the Macalpine Road. We lived in the Ardler Multis before, that wasn't much better, they've been blown up now anyway.

Places that people fight shy of become 'fixed' in the public mind as the sinks of bad behaviour and hopelessness (East 1998). This effect is created by the powerfully differentiating effect of the economy in interaction with urban development policy (Byrne 1995).

> 'Rather than being diffused throughout working class areas, advanced marginality tends to concentrate in well-identified, bounded, and increasingly isolated territories viewed by both outsiders and insiders as social purgatories, urban hellholes where only the refuse of society would accept to dwell. A stigma of place thus superimposes itself on the already pervasive stigmata of poverty and...discourses of vilification proliferate about them.' (Wacquant 1996: 125)

Not only do certain areas acquire a bad name which becomes impossible to shake off, but efforts to do so by moving the presumed 'causes' of the bad name only disseminate the problem, as a North Dundee social worker had observed.

> **2** The vetting and letting is a bad policy. They tried this "putting bad families in among the good families" policy[20], but it was just like in America, all the good families moved out. If you are black, you can't change that; same here, these people can't change, so the good families move away.

Finally, it must be remembered that these differentiating effects of the modern economy are superimposed on the social-psychological processes of identification with one's 'territory' and aggression towards those from other areas characteristic of working class districts (especially those with strong ethno-racial compositions (Dubrow & Garbarino 1989)).

> **24** There were continual problems in the stair from boys, mainly 11-15s. Most of it was showing off, lots of graffiti. Much of what they were doing was marking their territory. They were breaking and entering the unoccupied flats, lighting fires and the likes. (Voluntary community worker)

> **40** People still see the schemes as communities in their own right, like villages or something. It's still very territorial, all the schemes. A lot of folks won't go into the town because they're afraid. Young people will say: 'I'm not going to The Corner, the Hilltown Huns'll be there, it's a Hilltown hovel.' Young people are still afraid of rival gangs, especially guys. People don't see why they should go into the town [for contraceptive etc. services] ; but they don't like using local services either, in case people see them going in. (Social worker)

The three processes taken together (with serious violence and intimidation factored in) may go some way to explaining the sort of outbreaks that took place in West Newcastle in 1991.

1.1.4. The dissolution of place.

While some territories become fixed as bad places to live in, even to visit, Wacquant also proposes that there is a general process under way in which 'place' itself is getting weakened as an organising category in the culture[21]. Increasingly people are less concerned about what goes on <u>in the place</u> where they have their address, more concerned about what goes on – especially things with a negative potential impact on their fulfilment or security – within a certain radius <u>around them</u>. Another major source of ideas with regard to how people evaluate the space around them is the whole field of discussion associated with 'risk' (Beck 1992): 'It is...important to recognize that it is an essential part of the psychological makeup of the late modern individual to evaluate things around him or her <u>as risks'</u> (Wilenius 1999): 37. Again, there are signs of this trend in our data.

> **JW** What is good or not so good about where you live?

> **28** It's not so bad really, I suppose, there's not much to do round here, but I'm not into going out, so I don't bother about that. There's a lot of trouble from the bad families, but we live up the road from them, so it doesn't bother us. (Single mother, 19)

Fostered by the retreat into the privatized household and rising feelings of insecurity, local politics, the politics of place, is being overtaken by people wanting to 'protect their space' – or, alternatively, if their attempt at 'voice' is too long ignored, to 'exit' the area (Hirschman 1970).

> **15** A lot of stress is caused by the other properties round about, not necessarily the houses that people are living in themselves. People find it difficult living next to empty houses, gardens that aren't cared for, grass growing out of the rhones, graffiti – it's things like that which people want to move away from. (Voluntary association worker)

Once again, for those who see in a return to the 1960s idea of community development the answer to the manifold problems grouped under the label of 'social exclusion', this is not good news. In the privatising late-modern economy, with everybody living out their consumption dreams in detached virtual boxes, the good neighbour becomes the one you never see or hear – and who never sees or hears you. The hyper-individual entails the fragmented community, whether or not the hyper-individuals physically move out.

> **1** I'd like to move to Edinburgh. I've tried for jobs there. It's much bigger – you could be yourself there because no one would know you. I really don't want to be here forever with no career, no opportunities, no nothing. (Single non-parent, 20)

1.1.5. Loss of hinterland

By 'loss of hinterland' Wacquant means the loss of the possibility for workers temporarily displaced from the labour market to 'fall back on the social economy of their community of provenance' , in the case of recent arrivals in neighbourhoods of relegation, or else to

> 'rely on collective informal support while they wait for later work which, moreover, may never come. To survive, they must resort to individual strategies of "self-provisioning", "shadow work", underground commerce and quasi-institutionalized "hustling"... which do little to alleviate precariousness, since "the distributional consequences of the pattern of informal work in industrial societies is to reinforce...contemporary patterns of inequality"...' (Wacquant 1996: 127)

Since one of the special features of Dundee is that it is many years since it had any power to attract significant numbers of wage workers, the specifically 'hinterland' aspects of Wacquant's point here are barely relevant. However, the matter of the erosion of collective support for those rejected from the labour market would seem to apply to Dundee, albeit much of the load is now spread more widely over the population as a whole, with much of this support in Britain and many European countries now coming from the social security system. Here again, the decline in the level of support and the tightening of the rules regulating access to social security do seem to have stimulated the development of an informal economy[22], though there seems no prima facie reason to suppose it to be any larger in Dundee than elsewhere, for example North Kent (Pahl 1987). For obvious reasons our evidence in this regard is slight.

1.1.6. Symbolic and social fragmentation

As Mrs Thatcher's treatment of the unions and the early 1990s makeover of the Labour Party and its repositioning in terms of its intended electoral support has made abundantly clear, the British working class as a social force barely outlived the mining and manufacturing which brought it into existence.

> 'It [advanced marginality] therefore lacks a <u>language</u>, a repertory of shared representations and signs through which to conceive a collective destiny and to project possible alternative futures. Aging industrial laborers and lower-level clerks made expendable by technological innovations and the spatial dispersion of productive activities, human rejects of the social services and criminal justice systems, long-term recipients of public aid and the chronically "homeless", disgruntled offspring of the declining fractions of the working class faced with the unexpected competition of youth from racially stigmatized communities and new immigrant inflows: how may a sense of common condition and purpose be forged when the press of social necessity is so diversely configured? This absence of a common idiom by which to unify themselves symbolically accentuates the objective social dispersion and fragmentation of the new urban poor. (Wacquant 1996: 128)

Great writing, but grim reading. Where does one go with that? Certainly, this is the worst case scenario, more characteristic of metropolitan centres like Chicago and Paris than of the post-industrial spaces of northern England or Scotland. But the point about being unable to forge a collective destiny or even to discuss alternative futures is both true and fundamental. One question that it raises is how are the communities in which live people under such press of social necessity to find the leadership without which no significant response to their plight is likely to be forthcoming? Or even to obtain forums in which local people could be

motivated to articulate their contrasting perceptions and demands, and thus perhaps begin to move towards some form of collective identity?

1.1.7. The 'ox-bow scheme'

Let us bring 'advanced marginality' down to local reality. Looking at the map of North Dundee, a compelling parallel forces itself upon the reader. The 1930s-constructed by-pass, the Kingsway, is the river of wealth and consumption flowing between the European industrial core and the flourishing oil city of Aberdeen, (in 1993 there were approximately 65,000 oil-related jobs in Grampian Region (Lee 1996: 222)). In the place of this inter-city artery, one could visualize a sinuous local highway curling its way from Menzieshill to Douglas, the lifeline into the city and beyond for the residents of all the housing schemes traversed en route. But there is no such highway. Aberdeen's artery has become Dundee's axe. Left isolated behind their trees, embankments and industrial buildings, the peripheral schemes have accumulated all the externalities of the economy of the arteries, of the kind so well summarized by Wacquant. Cut off from the river of wealth, these communities suddenly stood out from the map like the ox-bow lakes of the school geography lesson, but lakes whose apparently irreversible slide into redundant marginalization prompted the thought that, in the absence of feeder streams and regular rainfall, they risked condensing into swamps.

What are the facts which gave rise to the metaphor? Very briefly, the most salient, taking employment as the point of departure. The Dundee employment picture is so distinctive, whether you look at it in class terms, in gender terms, in historical terms, or in geographical terms, that almost nothing in the city can be understood without this frame. Of the four Scottish cities, more even than Glasgow, Dundee has been a working class town, with employment disproportionately weighted towards low-earning, insecure manual jobs and lacking that professional superstructure that would have provided some counter-cyclical employment and investment to protect against the impact of the frequent downturns in the jute industry (Rodger 1985)(7). Furthermore, Dundee has always been a women's town; employment has been weighted towards women since the days of linen manufacture (Miskell 2000: 52) (Rodger 1985). This remains true in today's era, now that the hospitals, the council and the universities have replaced jute, jam and journalism as the big employers. Nor has the promise of Dundee's position as the geographical focus of Angus, East Perthshire and North Fife been realized in the sphere of consumption, as Perth has become the retail centre of the area. Such retail and service jobs as there are, however, are mostly taken by women, often several part-time jobs being needed to make a viable income. This contrasts with the picture even fifty years ago, when both factory clerks and shop assistants were predominantly men. For our purposes one feature is key: the progressive economic and occupational marginalization of men. Never an abundance, male employment is verging on a desert. With this goes something we may christen the 'job-desert paradox': the fewer men have grown up in a house with a full-time employed man as a role-model, and the lower their state of preparedness for the realities of employment, the higher the expectations today's young men appear (as reported below by

staff of the employment service) to have of the jobs they believe they are entitled to.

With regard to deindustrialization, Dundee has had two distinct waves. Because they overlapped in time, these are not usually identified as separate. It is important to do this, however, because the two waves were distinguishable in giving employment predominantly to men or to women. The first wave is the long wave of the decline of the jute industry, already discernible by the 1890s but not completed until the 1980s. This industry overwhelmingly gave employment to women and children, preferentially employed because they did not qualify for a full adult man's wage. Two symptoms of this preference not to employ adult men are worth noting for their consequences for family life in the city. The first is that in the peak years of employment in jute, 800 males a year lost their jobs in the mills when they turned eighteen, the age of qualifying for the full adult male wage. The second is that, in Scotland, the Dundee jute mills were the only significant manufacturing interest to adopt the half-time education system, a requirement of the Factory Acts that children under 13 could only be employed if they spent an equivalent amount of time in school (usually one provided at the expense of the employer (Bolin-Hort 1989: 268)). Thus in 1901 the rates of Dundee children between 10 and 14 engaged in paid occupations were approximately three times those of Aberdeen and Glasgow and approximately seven times those of Edinburgh.

> In Dundee, of the children who had paid occupations, 60 per cent of the boys and more than 70 per cent of the girls were employed in manufactures of jute and other hard fibres. For the boys this was a 'dead-end' occupation, because of all males engaged in occupations in Dundee fewer than 20 per cent were engaged in this type of employment. (Carstairs 1968: 327)

The second wave of deindustrialization has been the severe contraction amounting to virtual disappearance of those industries brought to Dundee after it became eligible for loans and grants under the Distribution of Industry Act of 1945. Firms such as National Cash Register, Veeder-Root, Astral Refrigerators and Holo-Krome were providing such significant amounts of well-paid employment for men (4,000 new jobs between 1961 and 1965) as to allow the following optimistic statement in 1968:

> The basic change in the [Tayside] area's industrial structure since 1951 has been in the manufacturing sector: contraction in the textile and some older industries has been largely offset by expansion in a more diversified range of new industries….The newer industries have been more weighted towards male employment than those of the past, and generally, manufacturing industry has been improving the balance between male and female employment. (Campbell 1968: 340)

The electronics and assembling jobs which promised so much have proved unreliable in the new global context of intense competition between countries in tax breaks, currencies and labour costs; the 1960s flagship NCR was once again laying off hundreds at the time of our study. By 1998, manufacturing had slipped to fourth in the ranks of sectors giving employment, after health and welfare services, education, and other administration. For less well qualified workers, these employers tend to

have more work for women than for men, so in essential respects the situation in the post-industrial economy reproduces the pattern of gender employment of the jute industry, but without the compensating 'labour aristocracy'-type jobs in ship-building and textile engineering. What this amounts to is that it has become very difficult for an unqualified man to find a job with which he can support a family.

Cities are work engines. Cities without work are abandoned in favour of those with work. Dundee grew because it became a lead player in a flourishing industry with world-wide markets; as jute and its successor industries have declined, Dundee's population melts away. With even middle-class employment now so insecure, the growth pole of the area with regard to young married families with children living in modern owner-occupied accommodation is Kinross, whose principal recommendation for those who wish to minimise risks of being without earning power is being within commuting distance of Dundee, Perth, Stirling, Falkirk, Edinburgh, Kirkcaldy and Glenrothes. Another reason why the young married employed move out is that the stock of family-size housing in suburbs in Dundee is very low, with a corresponding over-abundance of one and two room apartments – of necessity, since historically Dundonians could only afford to pay small amounts in rent, being so lowly paid (Rodger 1985) – in 1908 63 per cent of Dundee's population was living in either one- or two apartment dwellings (Harris 2000)).

Though geographically located in Dundee, the universities, the hospitals, the professional agencies and technology parks now resemble those 'enclaves' of industrialization implanted in third world countries in the 1960s, so cut off from the surrounding society as to be christened 'cathedrals in the desert'. The people who work in these knowledge-rich institutions, outposts of a production system rooted in another world (and, as perceptively phrased by Ernest Gellner, 'symptoms of another state of mind' (Gellner 1964)), flow in and flow out of the city on the daily commuting tides. The drift of the well paid, securely employed towards places like Kinross and the attractive small towns a half-hour commute from Dundee is therefore also contributing to the intensification of the city's 'working class' character, with corresponding effects on its shops and its schools[23] as well as its housing market (Taywatch Bulletin 1 1996: 2).

The public housing schemes built for the working class population up to the early 1970s have suffered no less than others elsewhere from the forced sales and under-maintenance of the last twenty years. While some of the worst has been demolished, much of what remains came across in our research as generating its own share of stresses with regard to such issues as security of person and possessions, sound-proofing, heating, and access to shops and services. Objective indicators give the same picture. According to Scottish Office analyses, urban deprivation in Dundee got worse between 1981 and 1991.

> In 1991, of local authorities 'with more than 10 per cent of their enumeration districts classed as deprived, only Dundee...is outside Strathclyde. Almost a fifth of the enumeration districts in Dundee fall within the worst 10 per cent of deprived areas in Scotland. This

compares to the position in 1981 when 14 per cent of the Dundee enumeration districts were in the worst 10 per cent in Scotland'. (Edgar *et al.* 1996: 38)

While some of the deprivation is associated with old inner-city areas, the greater part of the deprivation was associated with council housing areas.

Within Dundee, '[f]irstly, deprivation is predominantly a phenomenon of peripheral housing estates and, to a lesser extent, the old inner city areas. Secondly, output areas containing mostly local authority housing predominate. Thirdly, three distinct types of housing are represented as deprived namely – pre 1919 tenements (lower Hilltown), inter-war and early post-war council housing estates (Mid-Craigie, Kirkton, Douglas, Linlathen), and system built/high rise council housing (Whitfield, Ardler)....

The distribution of "high dependency" neighbourhoods are concentrated in council housing areas – Whitfield, Camperdown, MidCraigie and parts of Douglas and North Fintry. Their deprivation is strongly associated with single parent families, unemployment, youth unemployment and dependency.

The distribution of 'poor families' neighbourhoods has a more dispersed spatial pattern and includes both council estates (Ardler, Charleston, Kirkton, Linlathen) and older inner city areas (Lower Hilltown and Rosefield St/City Road). Their deprivation is most strongly associated with large families and families with children in non-earner households. Unemployment remains high but is not as strong as in the previous neighbourhood type. (Edgar *et al.* 1996: 38-9)

In some ways contributing to the stresses and in some ways compensating for them, the different housing schemes are reported as having rather the character of villages, with strong family continuity and solidarity, at least among the females. This fixed identity in an obligatory community, while furnishing a valued support structure for those trying to discharge complex family responsibilities with meagre resources, was not always welcome to young people trying to spread their wings and become somebody in their own right, to develop their own self. As we shall see, since educational success has become almost the only way out of the schemes, once the relationship with school became unproductive young women seemed resigned to the fact that they were destined never to reach Edinburgh or another 'proper city'. From this point they would have little reason to resist fitting in with local and peer-group norms, including those to do with sex and parenthood. Like any other ecological niche, in the ox-bow scheme one adapts or does not survive.

1.2 De-industrialization as de-urbanization

As formerly industrial cities (London and the majority of British cities north of the Trent) de-industrialize, they de-urbanize. As industries relocate inwards towards the European core or out to the Asian periphery, they leave behind them disintegrating cities, visible in a growing polarization between increasingly well-off areas and increasingly poor areas. While the city as a whole is affected by population outflow, and therefore loss of local taxes, the people living in the poorest areas

characteristically find themselves with unfindable jobs, unsellable houses, 'failing' schools, unlettable retail units in unprofitable shopping centres. They also find themselves with a whole new catalogue of health problems. Living in a failing city can seriously damage your health[24].

As every school-child knows, the Industrial Revolution brought about the urbanization of Britain, crowding formerly agricultural workers into the 'fever-nests' of Whitechapel and Cowcaddens (Russell 1933). With the coming of advanced marginality, what was once a solution to physical disease (spacious housing estates almost in the country) is now producing the 'noxious psychological factors of communal environment' long expected (Halliday 1943: 370) for communities without resources, identity or purpose. Structurally, the solution to the problem of urban infectious epidemics was the mid-20th century dispersal of the poor from central concentrations without the carrying capacity for the numbers trying to live there to an archipelago of low-density peripheral estates. This is now giving rise to a process of re-villagization, a concentration of the economically marginal into 'well-identified, bounded and increasingly isolated territories' (Wacquant 1996: 125). Estates which were built as dormitories for a proletariat which worked a five and half-day week have become the 24 hour a day universe of a new generation confronting 'mass joblessness amounting to outright deproletarianization for large sections of the working class (especially youths)' (Wacquant 1996: 123): industrial workers' housing for workers without industry. Thus, whereas the dynamic of industrialization was a dynamic of urban integration, the dynamic of de-industrialization is also a dynamic of urban disintegration (political reinforcement of economic tendencies turning post-GLC London into a geographical expression). The periphery (including, in the UK, the small country towns within commuting distance) gains weight relative to the core, and the post-industrial city itself becomes 'residual', a concentration of the wrong kind of buildings for the wrong purposes for the wrong people in the wrong place, an inhabited museum of artisans, artefacts and architecture from another era, when Britain was 'the workshop of the world' (Massey 1986).

These urban structural changes must also be relevant to understanding the new combinations of disease and illness (including social pathology (Ryle 1948a)) in their spatial patterning. Just as the governing elites of the 1850s, local and national, failed to foresee the public health consequences of 'the evil so frequently observed, of allowing a village to grow into a town without providing the means of civic organization' (Palmer 1998: 550), so also the governing elites of today have not yet understood how to meet the de-urbanization of cities and the re-villagization of their peripheries with forms of civic organization which will secure some purchase on their associated health problems. These health problems would appear to be associated with a continuing over-adaptation by the scheme populations to mores and ways of life adopted as survival mechanisms by the generations crowded into the killing streets of nineteenth century slums.

In the absence of opportunities to develop and exploit better adapted forms of inclusive sociality, members of marginalized communities fall back on a dependence on inherited forms of social self-management.

However, tried and tested through the industrial era though they may have been, the mores and culture of the former manufacturing working class have become dysfunctionally anachronistic in the era of advanced marginality. As will be seen in great detail below, these inherited habits, now radically ill-adapted to the reality of the wider society, have become part of the burden which keeps them down rather than being support which keeps them up. Over-adaptation, as is well known, removes adaptability – ironically, the quality above all others selected for by the new economic world order [25]. The results of this mismatch are demoralization and 'copelessness' (see below, Section 5).

Speaking strictly about Dundee, it is important to be clear about exactly what is being claimed here. The history of the Dundee working class is a history of strength, initiative, challenge and self-reliance to an exceptional degree (Smith 1995; Merchant 2000). That field research on a working class increasingly without work should reveal a community having difficulties in adapting to a different environment is entirely to be expected ("Change the environment to its opposite and every piece of wisdom becomes the worst of folly" – W. Ross Ashby). Therefore the claim in what follows is a general claim which happens to be grounded in research about Dundee, to wit, that people become 'disabled' – i.e. functionally ill-adapted to the new socio-economic environment – by living in a backwater with no viable connection to the means and opportunity to develop and exercise their talents. There is no suggestion that such backwaters are the result of some peculiar concentration of disabled/ dysfunctional people in Dundee. To put the matter in perspective, the effects on Dundee of the dynamic of marginalization would appear to be being replicated a million-fold across the whole of the former Soviet block – health problems included (Whitehead *et al.* 1998).

In summary contrast, then, whereas the huddled masses concentrated into the industrialising cities found themselves periodically engulfed in floods of infectious diseases, the residents of peripheral areas of de-industrialising cities find themselves permanently enmired in a swamp of chronic disabilities – intra-individual, individual, inter-personal, and social. As is well documented in the epidemiological literature, the behaviours and life circumstances associated with these environmentally induced disabilities are often themselves productive of organic and psychiatric disease in the medium to long term – e.g. lung cancer, cirrhosis, cardio-vascular disease, diabetes, depression (See chapter on behavioral and chronic disease epidemiology in Timmreck (1994), also (Link & Phelan 1995), (Syme & Berkman 1976), (Pearce 1996), (House *et al.* 1988)). There are few effective therapies for these conditions and treatment can rarely restore fully effective functioning of affected individuals. Whilst with some of the 'fever nest' diseases, once you had had it, you had had it and were protected against getting it again, once you have a heart problem, that's you with a heart problem. This chronic character of today's disabilities makes prevention even more imperative. There is still something to learn from the 'can do' optimism of the first generations of public health progressives who, once they realized how the 'downstream' could be protected by 'better social organization', persuaded their political communities that the investment was worth while.

> 'Disease is largely a removable evil. It continues to afflict humanity, not only because of incomplete knowledge of its causes and lack of individual and public hygiene, but also because it is extensively fostered by harsh economic and industrial conditions and by wretched housing in congested communities. These conditions and consequently the diseases which spring from them can be removed by better social organization....Public health is purchasable.' (Editorial [n.d. – c.1900] in the Bulletin of the Department of Health of New York City, quoted (Sicherman 1979)

The challenge for 'removing' today's diseases is to be able to factor up our scientific understanding by a whole level in the hierarchy of being: to be as effective thinking about the social level as we are about the individual level. Hygiene is no longer a question of the conquest of water (Goubert 1989), but of coping with the consequences of variable human demand in a high-tech society. Achieving a 'higher hygiene' able to confront today's social pathology requires us to move 'up' the hierarchy of being, and also 'up' the causal stream; as has become clearly recognized, prevention of these disorders requires interventions 'upstream', at the point where they originate (1994). 'Upstream' in the particular case of this community's acquired constitution means addressing the <u>total environment</u> (including the subjective factors, people's <u>reactions</u> to it) of a community which is disabling because it is disabled, and disabled because redundant.

1.3 The 'distributed parenting diathesis'

Focusing down towards the more specific level of the family and its style of life and circumstances, there is a useful adjunct to the clinical entity model from constitutional pathology, namely the idea of 'diathesis'. We need this concept to allow us to present 'distributed parenting' as a constitutional disease. First, however, a definition of constitutional disease.

> 'A constitutional anomaly is...a divergence from the normal in build or functional capacity of the organism, either in its entirety or in its separate parts....As is generally recognized there is no hard and fast line between the normal and the abnormal, but medically speaking one would be inclined to demand a certain unfitness, a lowering of the efficiency of the individual or organ concerned in order to speak of a constitutional anomaly, a constitutional disease.

> Such constitutional anomalies are often due to hereditary disposition, but they may also be acquired, before or after birth....[T]he various constitutional anomalies are also clinical concepts, clinical entities arrived at like other clinical concepts, by means of anatomical or functional diagnosis. (Faber 1930: 198, 203)

Pausing only to suggest that Guttentag would probably think 'diagnosis' less apt than 'observation' and 'reflection' as the route for arriving at a clinical entity, let us follow J A Ryle, the first professor (1943) of social medicine at Oxford, as he frames the connection between constitution and diathesis.

> 'Every man is endowed at birth by his parents and ancestors with a type of constitution built of anatomical, physiological,

immunological, and psychological material which will help to determine his course through life and his reactions to environmental stress or injury. With the aid of family histories and observations of physical and mental types we may learn to recognize or predict certain liabilities in the way of disease. Gout, asthma, pernicious anaemia, migraine, epilepsy, and tuberculosis all depend in some degree upon such constitutional variations, which are quite comparable with other biological variations, and, like them, transmissible, and which in medicine are sometimes called diatheses.' (Ryle 1948b: 16)**26**

Analogically speaking, 'distributed parenting', the clinical entity to be described in the remainder of this publication, is the diathesis; the 'area of advanced marginality'/ox-bow scheme is the constitution. One speaks, therefore, of the 'distributed parenting diathesis' occurring in association with the 'ox-bow scheme constitution'. As will be illustrated in detail in Section III, distributed parenting as a clinical entity has its 'site' in the reproductive system of the ox-bow scheme community. Thus the full scientific definition runs as follows: the distributed parenting diathesis is a constitutional disease of the reproductive system of the ox-bow scheme.

How does one square the claim that distributed parenting is a constitutional disease with the above discussion of the indispensable causal contribution of the shifts in the global economy? The key notion is what Ryle refers to as 'liability'. What is inherited (and, pace Ryle, acquired) as part of the constitution is not the disease itself, but a disposition to react in a special way to the possible extrinsic causes of the disease.

> 'By a constitutional disease we should therefore imply not a general as opposed to a local disease, but one dependent upon peculiarities of constitution or the qualities of the germ-plasm. Diathesis is defined in Dorland's Medical Dictionary as "a natural or congenital predisposition to a special disease"....To maintain conformity with biological concepts I have suggested that a diathesis should be considered as 'a variation in the structure or function of tissues which renders them peculiarly liable to react in a certain way to certain extrinsic stimuli'.' (Ryle 1948b: 428)

Thus, in the organism/community analogy of our model, the effects of the global economy are mediated to the peripheral housing estates of British cities through the institutional linkages of the market and the state. In impacting on their populations these effects become the 'extrinsic stimuli'. The 'disease' they cause is not, therefore, an immediate effect of the extrinsic stimuli, but an ultimate effect a) of the extrinsic stimuli impacting on a constitution of a certain kind, and b) of the reaction of that constitutional system to the stimuli. In the strict sense, a disease is not the agent itself, but the body's reaction to the agent. It's not the diphtheria germ (the 'seed') which kills the child, but the toxins the child's body (the 'soil') generates in reaction to it.

> 'Clearly [a disease] is not merely a symptom or a group of symptoms; it is not the local injury nor the general poisoning which gives rise to the symptoms; nor yet the bacterial invasion which gives rise to the injury (or the poisoning) which causes the symptoms. Might we not define a disease as "the whole consequence of a conflict between man (or animal) and the noxious

agencies in his environment"? This includes the concept of "soil" as well as of "seed", and indeed of all the intrinsic and extrinsic factors at work. Sydenham said, "A disease, in my opinion, how prejudicial soever its causes may be to the body, is <u>no more than a vigorous effort of nature</u> to throw off the morbific matter, and thus recover the patient."' (Ryle 1948b: 14). Emphases in original.

The importance of this definition for our purposes is that it suggests that there may be value in understanding distributed parenting as in some way a 'salutotropic' response; that it may contain some 'wisdom of the body social' in respect of trying to recover the patient by throwing off some morbific matter; that it may be the beginning of health rather than of pathology. It is an intellectual bridge between medicine and sociology, and taps into the warning already given that we are scientifically honour bound to try to overcome the disanalogy between a body which dies and a family form which changes. If we come to ask the question "What is the meaning of the new form of social reproduction called distributed parenting?" clues as to an answer may be sought by trying to divine its 'wisdom', asking whether it may be modelling the societal environment in a novel way. However, that is for later. At this moment we need to acknowledge the disorders as 'vital reactions' to the environment.

2. ENVIRONMENTAL (ETIOLOGIC) FACTORS

The limits to our potential are largely set by the society in which we grow to maturity. We depend on a supportively challenging environment for the opportunity to realize our potential. The environment in which we have put all our eggs is the city. Cities are man-made, the poor parts no less than the smart parts. Ox-bow schemes are therefore our creations; they could be other than they are, and the potential they realize in their inhabitants could also be other than it is. Today these schemes are much criticized, but in tones which often imply that they are hazardous objects of nature, like comets or icebergs. It is the thesis of this work that they are the concretization of our own inability to see things as wholes in their contexts. Rather than natural objects, they are as much the outcome of theories as the <u>Titanic</u> itself. The difference is that all the theories which came together to construct the <u>Titanic</u> were ordered by an understanding of the functional requirements which constructed a contemporary luxury liner. But, when it comes to our efforts to create a civic environment for poor people, the society we thereby create is fragmented and rendered at cross purposes by our dependence on partial understandings. Take the children of the poor as a case in point. Emboldened by psychology, our society empowers state servants to remove children from family environments deemed injurious to their developmental potential, but at the same time, cowed by theological economics, we watch passively as the holy hidden hand effects gross material, moral and cultural injury to the families themselves. Surely it is possible to be a bit more comprehensive in our thinking than this.

Manageable challenge is key. One way the ox-bow scheme as a piece of social engineering generates incapacities to play social roles of a higher order of complexity is by depriving residents of social institutions of a higher order of complexity with which to engage. That which does not confront us cannot aid our self-definition. That which is not required is not developed. In what follows, the basic argument is a generalization of the Vygostkyan insight that <u>children develop by internalising the socio-intellectual process around them</u> (Vygotsky 1994). On this theory, an impoverished environment typically produces less able inhabitants.

In this section three principal causes of the clinical entity 'distributed parenting' are identified. Distributed parenting is a vital reaction to environmental stressors. Like other diseases it is salutogenic in its intent, but in its process injurious to both our societal ideal of the family, the gender relationships held to underpin it, and the development of many children. The character of the stressors is here explored. We begin with the major factor underlying the degradation of the schemes as environments for human flourishing, redundancy.

2.1.   Redundancy

The clinical entity model proposes that redundancy acts specifically on the social organism, much as an infectious disease would do on the physical organism. How it does this will become clear in this section.

Redundancy was not an explicit objective of the data-gathering process. However, so much material, and material of such obvious significance, relating to employment was collected incidentally as to require integration into any description of the environmental context of family/community functioning. In order to connect the employment picture to the family/community setting considerable further research was necessary, principally on the economic history of Dundee, but also on the details of the current employment situation in the area. The factor of overwhelming significance to emerge from the research was the impact on the pattern and quantity of employment of the deindustrialization of the city.

From a public health perspective, it is important to see that redundancy in the ox-bow schemes is largely a consequence of deindustrialization, and that deindustrialization is a whole order of magnitude more severe than recession. In a nutshell, deindustrialization makes whole productive sectors permanently redundant. Everything just stops. When these sectors are highly concentrated geographically, as was frequently the case in the first wave of British industrialization (textiles, mining, shipbuilding and heavy engineering), the experience of redundancy envelopes the whole community. That redundancy attacks the very core of people's sense of being needed, of having a right to be here.

> 'What does "redundancy" or "superfluous" mean? Redundancy is five persons for a game of bridge or ten persons for a baseball team. It's three persons to carry a suitcase, six to carry a trunk, or twelve to move a piano….It's a senior-class play that calls for twenty with a class of eighty, an athletics program with places for eighty in a school for eight hundred, recreational facilities for eight hundred in a community of eighty thousand. To put it generally, redundancy occurs when increases in the number of persons in a given setting leads to decreasing opportunities for participation and satisfaction for each individual, when available manpower exceeds the number required for the job.' (Chickering 1971: 214-15)

The mode of action of redundancy as a pathogen is first to remove the opportunities for participation in gainful employment, and then to diminish the expectations of an improved standard of living through one's own purposeful activity. First the structural opportunities for participation decrease, then people adapt to that by lowering their expectations of significantly affecting their situation by their own efforts; they lose their sense of agency. Psychologically speaking, people react to having no function by learning to be helpless (Seligman 1975). In communities where redundancy is widespread this debilitating, 'infection'-like dynamic is clearly understood: material and cultural impoverishment spreads throughout the system, compromising people's coping abilities and compressing their time horizon to the ultra short term. This respondent, for example, recognizes that it is a set of related facts, attitudes and behaviours that is involved.

> **41** Poverty seems to me to be the key to life, to affect how one is able to cope with life and see beyond the present. So many of them live just for now. It seems to be really difficult to have any sense of the future. They have no security, no ambitions. Any security – money, loves, relationships – the whole lot. Poverty and education – that seems to be at the root of it all. Rich/poor, educated/

uneducated. That's the difference between [middle-class area] and [council estate]. (Minister of religion)

Drawing a biomedical parallel: as with such pathogens as diphtheria, the specific action of redundancy is seen in two consequences:

a) in the <u>impact</u> of the pathogen, experienced as losses (loss of resources; impaired social legitimacy of unemployed adults of working age; loss of structures organising household division of labour, time use, loss of career and social mobility strategies; loss of employed people as models for social emulation, etc.), and

b) in the <u>reaction</u> of the components of the social organism to these impacts, visible in material deficits (poorer diet, less travel and visiting/entertaining, colder and damper houses, inferior clothing) and in individual psychological manifestations, (especially depression and addictions), and in a thinning in the linkages between such functionally complementary social structures as family/school, social networks/job recruitment, careers/ marriage; in unrealistic financial regimes, family disturbance/breakdown, etc.).

Speaking metaphorically, when the community loses its place in the wider economic system, families and individuals behaviourally 'somatize' the impact as degraded functional capacity and poorer group and personal integration[27]. In this socio-clinical entity we also find a parallel with the biomedical world: the pathogen's effect is not uniform; there are susceptibilities and immunities.

Prior family work experience, good or bad, seems to have had strong carry-over effects into the succeeding generation. One respondent, having grown up with an entire family role modelling being in paid employment, had always expected to work. She realized that this in itself made her different from many of her contemporaries.

11 I look back and wonder what it was that made the difference in my life. All my female relatives had always worked in the mills, and the men worked at the docks – my dad was a stevedore. The other men were labourers or worked in construction. Neither of my parents had what you would call a good job, but I suppose we grew up expecting that we would work, because that's what my parents did. Then work became more and more polarized: NCR, Timex, the shipyards, everything which came behind the mills has been and gone now. I can't imagine what it must be like for those who've never known their parents to have a job. (Youth worker)

By contrast, a younger respondent had had parents who had not had much work and was reacting fiercely against it with a determination to make her own way in the world.

1 I would do anything rather than be on the dole. I looked at my mum and dad from when I was quite young and said to myself that I didn't want to be like them. I don't want a council house, 3 kids by the time I'm 21, mum in a dead end job, dad not working (Single non-parent, 20)

Everything which came behind the mills having been and gone has indeed left redundancy as the permeating experience of many families. This

dispossession not only takes work away from people, but leaves them with unusable, unwanted skills.

> **6** We're now seeing families where nobody works. Three generations where no one has a job. Most of the Dundee work these days is general labouring, I suppose for the men it always has been. If they have any skills they are outdated, skills which they had are now part of Dundee's history. It was the women who had most of the skills, in the mills and that sort of thing. Now even if they have the experience, they don't have any qualifications and that's what employers are looking for. (Employment service)

A youth worker made the general link between redundancy and family life, pointing out how changes in the labour market had impacted on the latest generations of families, leaving the mothers as the still point of an unstable world – but leaving men with not very much at all.

> **21** A typical family? Well, something like three mums, (that includes the granny and auntie or big sister), four dads – and the latest man is one of them – and about ten kids. I know that is an exaggeration, but that is the kind of thing we are coming up against.
>
> The mum seems to be the only constant in the family and she gets help from her family quite a lot. The mum is in charge. The dad may think he is, but the kids don't. You often hear them talking about "..., he isn't even my dad…" The women seem to be the real do-ers in the families. I suppose there are typical old style families, the kind that you or I grew up in, but the difference now, is that the dad doesn't go out to work. It must be hard for them, the man doesn't really have a role. (Youth worker)

Realistically enough, when discussing the issues of family, lifestyle and health in this community, many respondents contextualized their remarks by describing the impact of employment on these issues. Close-to-the-ground detail emerged on the kind of labour market operating for this and for previous generations, for both women and men. The common view of this labour market as disproportionately working-class and female found support in those interviewed. Today's labour market differed from earlier ones in the difficulties faced by youth (of which more detail below), and the difficulties faced by the unqualified. Given the long tradition of youth employment in Dundee, with its accompanying disregard for educational qualifications, this particular evolution of the labour market has caught the first post-industrial generations of young people, especially the men, somewhat unprepared. One interviewee categorized most of the jobs available to the unqualified as 'menial'.

> **41** They are all in menial jobs - it's degrading, things like cleaners, security guards in shops, window cleaners, some have jobs in shops. The ones with good jobs are ones with a trade, joiners, mechanics, that sort of thing - they've served an apprenticeship. The women sometimes have two or three jobs - all part time. They take on extra jobs to make ends meet. They have a wee job at the Spar shop or a cleaning job. (Minister of religion)
>
> **6** Most of them are in the service industry. That and retail work, there are a lot of women working at two or three part-time jobs. Some of the men will be things like security guards, the women

work as cleaners, that sort of thing. The Council employs a fair number of folk too, but a lot of their jobs are never advertized, so we don't get to hear about them. (Employment service)

Two observers thought the employment changes had been so significant that you could no longer use the term 'working class' in Dundee. They also agreed that these changes had been difficult for local people to come to terms with.

11 We used to be the aspiring working class, but there is no such thing anymore. When we were young, both my parents worked and they were trying to get on. I think there is a lot of despondency in the town, about the town. (Youth worker)

18 There are a lot of what I would call 'peh' [pie-eating] families, working class ones. You can't really talk about 'working class' now though. There is a fall in the population and high unemployment. I think that there are more jobs for men than there used to be, small businesses, engineering. There are more call centres coming to Dundee, but they are mostly women's jobs. These families have always been very reliant on the lady of the family for her wage. There have been huge changes for the city around work. It hasn't been easy. (Police officer)

We see here the view that the dependence on working-class women working was a local tradition of long standing. Many mothers, it was widely believed, worked because they had to. They had families to raise, and no support from men to do it with. The following is a representative view.

6 There are more jobs for women, well maybe not, but there are a lot of women who are working. They are the ones who are keeping the family going. There are a lot of them who are separated or divorced, some who are widows too, I suppose, and they often have the kids to bring up, so they have to work. (Employment service)

Another of the local traditions which appears not to be helping companies make the transition to new-style enterprises is the ingrained distrust of management, particularly when their power is increased by the great number of unemployed men looking over the shoulders of those with jobs. One manager had found that the high levels of unemployment brought about by the recent recession had made workers highly defensive and little inclined to get involved in anything more than the absolute minimum they were paid to do. Interestingly, despite his disappointment at the defensiveness of the workforce, he nevertheless regards the new sense of 'company' which he wishes to see establish itself as of a piece with the 'union spirit' formerly so strong in Dundee.

19 I see a change in people at work. For a while we had a fair workforce that strived to make things better and sometimes things did get better. Now it seems that there are so many people who are unemployed, we have the pick of the crop and their attitude is different. We have a good workforce, which is obviously good for us, but they are different, they went through a bad spell of looking out for themselves and there was no sense of the company about the place. I would like to think that we've turned the corner again and that things are a bit better. We've had to work hard at

introducing the idea of a company where people are valued and valuable and listened to. People are very suspicious of that. Gradually we are seeing our absences are down and people seem to be a bit more willing to contribute more than the absolute minimum. For so many folk, there is an understandable fear that they have no job security and they won't get involved in what's going on. We have had to needle people constantly to encourage them to do that, to break out of the narrow-minded view and to see other people as well. It would be good to think that we could recapture some of the union spirit that was so strong in Dundee before.

We don't have a high turnover of staff, there isn't enough employment in Dundee for that to happen. The age group that we employ want a job to work for. To some extent, it's a shame, if people were more free to move, it might create a happier workforce rather than people just doing the job because they have to.

Clearly this company's jobs were highly sought after – those who got them hung on to them. In large parts of the service sector things were rather different. A number of young women in our (opportunistic) sample had tried hairdressing as their entry to the labour market. Few of them had remained in it.

35 I worked in a hairdressers, straight from school. I didn't need to go to college because I got an apprenticeship. [Partner, now husband] had a job as a mechanic from when he left the school. (Married parent, 20)

31 I've been working in Tesco for a year, just 19 hours, but at least it is money. I went to college to do hairdressing, but I had really bad dermatitis and I had to give it up. (Single parent, aged 17)

32 I worked in the hairdressers for a while when I first left school, that was OK, but I got bored with that and I worked at Butlin's for a season, doing all sorts of things, mainly reception work. When I came back from that, I got a job in a bar. That's what I was doing when I got pregnant. I always thought that I wanted to do hairdressing, but once I was actually there, it wasn't as good as I thought it would be. It was quite boring actually and the money was terrible. I wanted to do something different, but I didn't know what, so I thought the best thing to do was to try lots of different jobs. (Single parent, 20)

This inability to settle at one thing was, according to one respondent well placed to know, quite a common Dundee thing, so much so that the local Council now operated a dual labour market, only making available to external applicants jobs where it did not matter if somebody upped and offed after a few days.

6 The problem with a lot of Dundee folk is that they don't stick at things. They get a job and then they move on in a couple of weeks or even sooner sometimes. The Council don't want that kind of thing, they want people that they know that they can rely on. So they fill the posts internally and then if there are jobs left then we will get them. More often than not, they are the more menial jobs. (Employment service)

Another common labour market entry point for girls was working in a shop, though this often seemed not to yield the desired levels of job satisfaction.

> **33** When I was at school I wanted to work in a shop, I got a job in a shop when I left, but I got sacked after 3 days. I couldn't be bothered so they sacked me. [Sister 1] works in an old folks home, she quite likes it, but I couldn't do that kind of thing. [Sister 2] has just started work at the Bingo, she's only been there a week, but she is really liking it. I might look for a job once we move, it would have to fit in with his hours though, 'cos my mum won't be there to keep the kids. (Married parent, 19)

One respondent had realized that it was her lack of qualifications which was restricting her to working in shops.

> **30** I got a job in [shop], It's pretty crap, but it's a bit of money. I worked in Willie Lows when I left the school, but it shut down and I was made redundant. Working in shops is not really what I want to do, but I would need to go to college to get some exams. (Single parent, 23)

Lots of school-leavers had wised up to this need to get enough 'exams' and were delaying joining the labour market while spending time in further education. Even in Dundee leaving school to go to work was no longer the taken for granted decision.

> **18** I don't think that there is the same rush for people to get a job as there used to be. When I left school you needed to know what you were going to do. Now a lot more young people seem to go on to further education while they make up their minds, you hear about them 'taking a year out'. In my day people just went into the bank or something without really thinking about it. There are jobs for those who have a mind to work. They don't need to work to support their family, but they can if they want to. (Police officer)

The more further and higher education become the trend the more difficult it will become to place in work those who have not been able to fit within the behavioural parameters set by the ordinary secondary schools and who have therefore completed their compulsory education at special schools.

> **25** Kids find it difficult to go on from here. It's not that they are disadvantaged, but they are difficult to find work for. (Education service)

As has been the general experience in the industrialized European countries since the onset of deindustrialization in the 1970s, the greatest difficulties in finding work are faced by the least well qualified young people. At the same time they are no less ambitious for the fine lifestyles held out to them by the consumer society than their more highly qualified peers. The discrepancy between the lifestyle expectations fostered by the mass media and the labour market opportunities actually available for the unqualified prompt a variety of responses from the young, some of which are perceived by older, employed people as dysfunctional, both for society in general and for the young individuals themselves. An inability to settle in to a working routine was widely commented on.

7 Some of them get jobs, the few who have standard grades find them a bit more easily, but they blow it. They get chances and they just waste them. You wouldn't believe the number of them that get jobs and leave after a few days or within the first week or two. Others get paid off, because they've kept the job but they are so unreliable, always coming in late, not coming in at all, not phoning in, that sort of thing. Employers won't put up with that from them. (Employment service)

One observer noted the continuity of this impulsive behaviour between school and work, and suggested that young people had some kind of threshold for their first employment below which they were not prepared to sink. This meant in effect that they refused to accept the labour market's valuation of them as workers.

21 If they do get jobs, they don't tend to stick at them. If they behave at work the way they do at school it doesn't surprise me. A lot of mega huffing happens, and not just the girls. They tell the teachers to fuck off and storm out of class. If you do that to a boss, you'll be out. Most of them complain that they are expected to do a lot for not very much, but don't we all!

We had a girl who was between highers and sixth year. She was a bright girl and she was interested in doing law. She got a sort of scholarship thing which gave her holiday work in a law office and got paid for it. She lasted 3 days. It was "boring, all filing and making tea - and for that money". They seem to want more than just a salary, they want to get something out of everything, and now. Most of them could be in some kind of work, but they won't do just anything. (Youth worker)

More than one respondent implied that young people's job expectations were not related to any 'realistic' self-assessment, i.e. one congruent with the assessment made of them by the labour market. Hence they had a psychological interest in discrediting more realistic peers who were prepared to lower their sights and take the menial jobs on offer, as a stepping stone to possibly better jobs later on, and even in depreciating jobs they may have taken themselves as not 'really' their proper level of employment.

JW: Do they have plans, ambitions for their lives?

40: To get a job, go to college. To play football for Celtic or Scotland. A big team. These are the measures of success. Many, though, are disillusioned about ever getting a job.

Why is that?

Most of them have no qualifications - that stops them. And a lack of confidence, poor self-esteem, poor social skills -- and no jobs of course - almost forgot that.

JW: Are there no jobs then?

There are jobs, but a lot of young people will only work in the 'right' jobs. I know a girl who left school and took a job as a cleaner; she did it for a whole year and she has moved on now - got a better job because she showed she could stick a job. There's a real reluctance to work your way up. It's seen as demeaning. This girl was slagged rotten, treated like an outcast - it's just not what you do. (Social worker)

> **19** The younger ones have a different attitude altogether. I know you can't generalize but you hear it from all over. We took a young bloke on. He made it clear that it wasn't what he was after, he wanted to earn 'big money', as he said. In the first month, he had fifteen days off. We had taken him on a temporary contract and at the end of that time he was asking what chance we thought he would have of having his contract extended. He just didn't think that there was anything wrong in the way he'd behaved. He hadn't been genuinely ill on any of his days off, most were due to sleeping in or over-indulging the night before. It's probably just a cultural thing. (Manager in company)

This manager had some positive recommendations to try to change the odds against young people as they struggled to get into the way of jobs, and to realign themselves with the working day.

> **19** We would like to see a return to apprenticeships, the New Deal might help with that. It would be good if we could get them straight from school and give them some hope of meaningful employment. We need to try to get young folk off the night shift, and get them back into the habit of a normal working day, rather than going to bed at 5am and getting up at 3pm or whatever, a lot of them seem to live like that.

One observer thought that the expectations/reality mismatch derived from 'the loss of the work ethic'.

> **5** People have high expectations of rewards, but lack motivation to act on these expectations. People don't seem to be willing to work for the things which are important to them. They have lost the work ethic. (Police officer)

Those whose unsuccessful efforts to find work for themselves brought them to the Employment Service met the latest version of the work ethic, New Deal. The principle seemed to be to use the client's dependence on state support as a means of inculcating the work discipline of today's labour market.

> **8** There are jobs for people, they just need to have a new approach to work. If they don't make the effort, then jobs will be found for them. That's the idea of New Deal, they have options: college, work experience. If they don't choose, then we choose for them. If they don't make a go of it, or if they deliberately mess it up, like if they get paid off for misconduct, they will have their money stopped for six months. Some of them think that they will just take anything and then not turn up or go in late and that will be a way out, so we've had to see that that won't be allowed to happen. Some of them have partners who are working or they have unpaid jobs on the go, some will have other income which usually means that they are selling on stolen goods or something along those lines. (Employment service)

Unfortunately, at the time of this interview (July 1998) we did not have to hand the information that the U/V ratio (the number of unemployed people after each job vacancy) in Tayside was 6.9, down from 8.9 in January 1998 (Taywatch 9: 7). In a situation in which there was one job for every seven people officially registered as wanting it, it would have been helpful to know how to interpret the statement "There are jobs for people…"

As can be seen, the relationship between the less qualified young people and the labour market is thoroughly intertwined with their relationships with the benefits system. The departure of large employers of unqualified labour from the community has cast the benefits agencies in the role of providers of subsistence. In addition, whereas traditionally working class parents got jobs for their children by 'speaking for' them to the supervisor/foreman of their own workplace, the expulsion of so many of the parents of these young people from the labour market has required the employment service to assume the parents' role of teaching job-getting skills.

> **8** We try to get to know them so we can find out what barriers they might have to getting a job. It's different for everybody, but there are some things that many of them have difficulties with: no qualifications, no skills, never worked before, they haven't got a CV, they've no interview skills. Some of them have other problems too, homelessness, drug or alcohol problems, depression. Some of them won't tell you these things but you can pick up the gist of it from other things that they say. People don't mention health, unless it's something which will keep them from getting a job, then they usually mention that right away. (Employment service)

With the retreat of exam-driven schools from practical concern with the employability of their exam failures, the employment service in marginal areas appears to be becoming a multi-functional labour market process all on its own: propaedeutic, disciplinary, remedial, promotional, networking. The function in relative decline appears to be the original idea behind the 'labour exchange', giving direct access to jobs. Surprisingly, job centre staff seem to be surprized when their clients take them at face value as centres for jobs, (perhaps in much the same way as the same people may have assumed that the school was going to educate them).

> **7** It comes back to them wanting something for nothing, they want relationships but they're not prepared to work for them. They see everything as their right, they come in here saying that it 's their right to see us and it's up to us to find them a job. It's never up to them. They won't see their responsibility in it at all. (Employment service)

> **8** We can do things to help, like filling in application forms, doing CVs, motivation courses, we'll even help them by making appointments for them. Some you can tell are just not interested. They have this attitude, "It's up to you to get me a job" – we knock that on the head right away. We want to try to help them, but in such a way that the next time they can do it for themselves. But some want everything done for them. New Deal is supposed to be addressing that. Some won't turn up for interviews even when it is all arranged. I suspect that quite a few of them are already working and claiming, so you can see why they're not interested in getting something else. (Employment service)

> **9** No wonder they come in hoping for great, really well-paid jobs. They are all unrealistic, but you can understand it all the same. They must feel very let down by us, all we do is tell them the same thing week after week. They don't take much responsibility for it all themselves, mind you. They expect us to do the work for them. (Employment service)

Given both the erosion of the moral basis of the state by the Thatcher governments ('greed is good', 'no such thing as society', etc.) and the employment-related functions performed by these agencies, it seems reasonable to suggest that some learned behaviours from the traditionally adversarial relationships between factory/mill employers and manual employees seem to have been transferred to these agencies. The work ethic may have gone the way of the work, but a 'benefits ethic' appears to be evolving in its place.

> **39** There has been a change in attitude to state benefits since I started working. People talk about 'getting paid' instead of 'getting a giro', as if being unemployed or on the sick is their work. Now people expect the state to pay for their unemployment or ill-health rather than accepting it as state support. Everyone milks the system -- 'it's what you do' -- it's almost as if you are 'daft if you don't'. The overriding feeling seems to be that 'that's what it's there for.' The attitude is that getting money from the state is 'your right' and getting as much (or more) than the next person is perfectly acceptable. Everyone 'diddles the system', people aren't even shy about it -- living as a couple but claiming separately for maximum benefit -- working in 'casual' jobs and claiming unemployment benefit. Whatever the latest scam is -- everybody is at it. The scorn comes from those who are best at this to those who are somehow seen as inadequate or just plain stupid, if they don't. No one fears being found out -- as if the sheer size of the problem would negate any possibility of 'the social' tackling fraud. I think this goes on right across the city – it's not exclusive to the schemes where I have worked. (Community nurse)

> **34** There's lots of scams going on. The attitude is things are there to be had, you are considered daft if you don't milk the system and get what you deserve. I'd say more do than don't when it comes to fraud, and that's what it is. Even we see it here, with families that we know, they try it on with the milk tokens. If you say anything, they make it clear that it's not your business. It has just become a part of the culture and it's not condemned because everybody does it. (Social worker)

One commentator described these behaviours as family-transmitted situational survival strategies; what has caused the new impasse situation is that you can longer 'work your way up'.

> **15** It used to be that what you did or where you lived made the class divide. Now I think it's got much more to do with what you value. You learn that from your family. I question whether you can ever change that, in the way that you used to be able to work your way up. Now I think that your situation dictates what you have to do to survive. Everyone signs on and works on the side, everyone is in the same boat, you have to do the same, there's a lot of peer pressure to conform. You wouldn't want to be going against the grain, folk would think you were daft, if you didn't work and claim when you can get away with it. (Voluntary association worker)

As might be expected, there is a transfer of learning, with the same 'enterprise culture' strategies being applied to people's health problems as to their employment problems. Again, part of the drive is people comparing what they get with what others get.

> **17** Health-related allowances take up a lot of our time too. There are a lot of health problems, arthritis, back pain, DLA claims, alcohol problems, drug problems. Older people tend to have joint problems, bad hearts and asthma or chest problems. I'd have to say that there are only a few that I see, who I would consider to be in really bad health. There is a lot of "Mrs. So and So gets it, I think I should be entitled..." They don't see themselves as desperately ill, but they think it is worth a chance to get extra money. I hear all the criticisms about the doctor not backing up their claim, and they will just shop around until they get the right doctor. I think there must be a lot of pressure put on doctors to refer people to the hospital, or for people to be admitted since an admission to hospital or seeing a consultant really adds weight to your claim[28]. These things are all seen in a favourable light. (Voluntary association worker)

One observer thought that the unemployment benefits system had evolved inappropriately for its potential role in communities where people were really poor and most work was insecure. It had become over-elaborate and unimaginative, making it unable to function as a flexible yet dependable staff to support you in making your own way[29], more as a jump-through-the-hoops vehicle which either carried you along or left you by the roadside.

> **24** The system lacks imagination so much and people are really poor, that makes it difficult for them to get work for all sorts of reasons. The system should be able to support the unemployed so that when a job comes, they can just step into it. Benefits should be a background support, rather than people's main income, then people could more easily get back into working without having to go through all the hoops they have to. (Voluntary community worker)

These views found support from people whose job was to apply the system. One went through the calculations an unemployed man might do to decide whether taking a job might make him poorer.

> **9** For a lot of them, the benefit system doesn't encourage them to get work. The whole system is against them if they get a job, the benefits are suddenly taken away. Most of the jobs that they could do would bring them in about £150 a week. Their rent alone might be £60 or £65, then they've got council tax and maybe C[hild] S[upport] A[gency] will want money as well. What are they supposed to live on? They end up being worse off because they won't get housing benefit, or the CSA will be after them as soon as they start earning. There is no incentive to work when you will be worse off and in a crap job which is taking up all your free time. You can understand that. I feel really sorry for the young single men, they really seem to be out there on their own. The benefits that they've had have been a big cushion for them and that is taken away. (Employment service)

A second also felt that the Child Support Agency was providing a real disincentive to work for men who happened to be fathers. Strictly from their own point of view, in prioritising the principle of revenue over that of employment it was making their work 'really difficult'.

> **6** For a lot of the lads I see, in the 25-plus age group, the CSA is a big problem. If they get a job, they'll only have their money taken

off them straight away anyway, you can see their point. Six out of eighteen I can think of straight away are caught in that trap. There's no point in them working, they're getting their rent paid and so on, why should they look for work? The CSA is a shambles. It makes our job really difficult.

The young dad in this 'family' is perhaps not about to get much positive reinforcement from earning his own living.

> **31** [Child, aged 2] doesn't see his Dad at all. His Dad was around on and off until [child] was about six months old, but since then I think he's only seen him a couple of times. I just heard from his Dad, that he's got his first job, so I'll be on to the CSA to see about getting money off him. (Single parent, aged 17)

Job satisfaction was not widespread; few respondents with the usual range of poorly-paid service jobs got much from them beyond the money. However, those individuals who had managed to find a job which fitted their skills and life-situation found in it an important source of pride and self-respect.

> **26** I wanted to be a hairdresser or a Nursery Nurse, I went to the Careers Service and the guy said "So does everybody". I was really put off. I worked in a café for a while and then I got into Levis.
>
> I would say that I am more ambitious now, I really enjoy my job in [clothes shop]. I think I could work my way up in retail management. I didn't think I would like it, but there's lots of variety. People think that it's just being a shop assistant, but we are sales advisors and people do ask your advice. I feel that I am dressing people, not just selling clothes. I feel like I am doing something worthwhile. I'm trained to give advice, and you can really talk to the customers. I'd say I take a pride in my work. (Single parent, 27)
>
> **24** I got talking with him and it turns out that he is a jobbing gardener. He is a trained landscaper and we managed to fix up a couple of jobs for him, which he's done really well. You wouldn't believe the change in him, just through doing a couple of jobs. He's a brilliant worker, but he'd been out of work for three years and had just become so fed up with things, that he'd stopped trying, I suppose. By feeding him back into the system, we've managed to get him known and give him a bit of pride back. (Voluntary community worker)

By contrast to these stories of pride regained, here is a graphic first-hand natural history of the reverse process, the slide into chaos of a life when it loses the key anchors for self-esteem of work and family.

> You are out of work and gradually your network changes, you can't go to the pub as often as you used to, you can't afford to buy a round so you stop going and you don't mix with people who are in work[30]. You spend more time with those who understand your situation, you drink at home or at a pal's house, that way you know what you can afford, you can talk about things which you know about, not like being in the pub with people who are moaning about their work when you don't have any. There is protection for you in being with others who understand your situation. None of us likes to be different. For many people it starts with family breakdown, I've seen it with [X]. His marriage broke up. But it can happen at

any age. He doesn't care about himself now, he's got into all sorts of stupid trouble, he's become aggressive about the way he is. It started with petty crime, then got on to more serious stuff. Most of it has just been really silly stuff. It all seems to come from how he feels about himself, he just doesn't seem to care about himself – it's as if his sense of self-worth has gone. He's had opportunities for work but he blows them too, and before you know it, his whole life seems to have fallen apart.

These contrasting examples suggest the possibility that, were the opportunities for rewarding and respected work to become more general, many of the problematic behaviours referred to above would simply disappear. Such an eventuality would support the claim of the clinical entity model that such behaviours as the 'benefits ethic' are typically reactions to a particular environment; more concretely, that the benefits ethic is a cultural adaptation of a vigorously competitive social group to the loss of those jobs which formerly provided the basis for their competitive social mobility strategies (Wacquant 1996). People are trying to make the most of the situation they are in, one which in this case happens to have insufficient paid employment.

2.2 Dyseducation

Despite repeated efforts, the three month time-span of the research proved insufficient to obtain permission to interview staff working in mainstream local authority schools. In consequence the material presented in this section comes principally from users of the schools and from those working in other public agencies. In consequence it may appear somewhat unbalanced towards the critical.

Before laying out the analogical place of education in the clinical entity 'distributed parenting', it may be helpful to review the school experience of our sample of the principal population of concern in this research, young mothers in areas of advanced marginality. It makes sobering reading.

31 I had good exams. I was at [– Academy] till I sat my standard grades and they said I could stay on [when I got pregnant], but I went to --. I absolutely **hated it**. I sat my highers, but I didn't pass any of them. Well, I got Ds, which I think is just a kind way of telling you that you've failed. (Single parent, 17)

35 About school? Apart from that **I hated it**, not much. I just thought it was totally irrelevant. I wasn't interested in the subjects, I thought they could have treated animals better and they could have taught you about the kinds of things that would help you. Money, how to sort out your money, how to do your bills, how to fill out forms, that sort of stuff. Instead, it was all about the Romans or the Wars or dancing at PE. Useless!

I liked it at Primary, they were always nice, but that doesn't last.

I didn't like school, you'll have gathered that. It was as much about the way that they treated you as what they taught. It was just bad. (Married parent, 20)

30 I should have had more sex education at school. I had some stuff at primary, but once you are at the big school, it's pretty poor. **Everyone hates it.** The teachers treat you like dirt, so nobody would listen to them anyway. (Single parent, 23)

32 I don't think I ever had ambitions, to leave school I suppose. **I hated school,** and the last year I never really went. We were moved around so much, I was at Menzieshill, Lawside and the Linlathen, they were all awful. I truanted most of the time, but eventually my mum and dad found out and they let me be off because they knew how unhappy I was. I got out as soon as I could. (Single parent, 20)

JW What do you think being healthy means?

33 That's quite difficult, I suppose it would be about eating healthy stuff and taking care of yourself. I might have known more about that from school, but **I hated it** and I skived off most of the last two years. I was on a day sheet and everything, my mum was going mad about it. I wasn't really interested in any of that stuff.

JW Did you get any sex education at school?

Well, the others did, but I wasn't there.

33 JW What ambitions do you have?

I want the kids to grow up with a good education and a bit more money than I have. (Married parent, 19)

27 I've never really had an ambition, I don't think. At school, well, **I hated it**. (Single parent, 40)

Six out of the seven women who a) were interviewed as a mother, and b) mentioned their schooling, used the word 'hate' when talking of their school experience.

Two of the respondents elaborate slightly on the reasons for their hatred of school, which seems to amount to the fact that they felt that the school hated them[31]: "the way that they treated you", "they treat you like dirt". One specifically contrasts this experience at the big school with her experience at primary, which she liked because "they were always nice". This perception was supported by an education service worker who gave reasons why the experiences might be so different.

20 Primary schools are generally thought of as quite good, you are known as an individual and most will have some sort of relationship with the teacher. You are in one place, you aren't expected to move around and get unsettled every half hour or 45 minutes. (Education service)

Without wishing to encroach on the argument to do with culture and circumstances below, it would certainly appear that these young women have effected a similar kind of transfer of adversarial relations from factory to school as we have just suggested has happened from factory to benefits agency. There is perhaps a bit of a cultural programme for this still current in Dundee, deriving from the historical fact that generations of girls (and of many boys) would have made the transition from school to factory at about the same age as they now make the transition from primary to secondary school. This would have required them to learn to stand up for themselves, to start taking responsibility for their own self-

preservation amongst adults who had no reason to make them exceptions to the prevailing norms, norms which would have governed their own experience of the entry to work. The summary way in which these girls rejected those who were not accepting them becomes more understandable in the light of these considerations, especially since they may well have experienced the big school as a species of 'subject factory' (the Romans, the Wars, uncaring teachers just trying to get through the day), rather than as a place for personal relationships with adults who treated them as individuals rather than like dirt.

One recent graduate from adolescence gave a perceptively nuanced account of the importance of winning a teacher's regard, and of how motivating of effort could be "even a wee remark".

> JW What part did your schooling take in your life?

> **1** A big part – or it should be. I don't think teachers realize that it is so important to young folk. After all, you are there for a big part of every day. Most of the teachers don't care. They just want to get through the day like everyone else. My mum used to say that they were the best days of my life. They were, you have no responsibilities, nobody watching over you, but they weren't the happiest. You get to meet up with your friends and that, but it was only good when teachers took an interest in you. Even a wee remark made you feel good and you would make a bit of effort for them. But it doesn't happen often, well, one or two of the teachers would try to be nice, but the other kids make it difficult for them, if there's a lot of carrying on. (Single non-parent, 20)

One of the ways in which young people who are not getting the wee remarks that make them feel good can get back at the teachers is by 'carrying on' – doing their best, in a kind of sibling-rivalry way, to make things difficult for those who are. Since those who do well in school stay on and move up into university and get good jobs, the following report of jealous disruption being carried outwith the school brings out the character of this conflict between social categories of children as political, as about access to resources. The girl in the house may be no 'better' than her mates at the moment; but she is almost certain to be better off than them in twenty years time. This political character is sometimes hidden from us because on the surface the terms of the contrast are so often moral ones, foregrounding how different children decide to become different kinds of people (diligent vs. feckless, e.g.). But this astute twenty-year old tracks ultimate responsibility for the children's lack of ambition back to the parents, to the lifestyle choices they make without considering how they will impact on their children's life-chances.

> **36** There were kids throwing things at the house and round in the back garden tipping the bin. They were ringing the door bell, that sort of thing. They'd all had a drink and they know [younger sister], she was really scared, that's why I phoned the police in the end. I wouldn't worry about standing up to them, I know who most of them are anyway. Most of them are good kids who have got in with the rough lot. They have no ambition, nothing to look forward to. I think they are getting at [sister], because she has decided to stay on at the school, and I suppose they think she thinks she is better than them because she has. Maybe she is. They don't realize that they have had the same choices. The parents make choices for

themselves, without thinking about how they will affect the children and then the children don't have an example to follow. (Single non-parent, 20)

Teaching single-handedly in large classes (both constitutive features of the classroom system as an efficient technological form) makes teachers unable to respond to being disrupted by pupils 'carrying on' except repressively: behaviour slips, exclusions, etc.. Making schools into market players (e.g. by exam league tables) has made school managers more prepared to support this social dumping the interests of good ratings. One effect of this policy has been to make the behaviour of education service professionals[32] very similar to that of the over-defensive workers in the local company as described by their manager (see above). Logically enough – similar environments select for select behaviours.

> **20** A lot of [school-age mothers] are very disillusioned with their education. There is not a lot going on for them in school. I think it is difficult for teachers, I have colleagues who work in mainstream schooling and they only operate on a 'need-to-know' basis about kids. We could have people here for several months and their class teachers wouldn't know that. Pupils are the ones who pass on other information about each other; guidance staff usually know what is going on. (Education service)

In this more repressive context pupils whose aim is to make things difficult for other pupils end up making things difficult for themselves – penalized for being disruptive, they blow the chance to use the education system to make something of themselves, something that today's labour market will reward[33].

> **3** Folk aren't daft, they are not as lacking in sense as it might seem. Given the right chance, lots of them could have made something of themselves. Teachers can only do so much. I know when I went into schools, some classes were just awful. Some were okay, but there was always a disruptive element. Most schools now have attendance and behaviour slips to be signed each lesson. (Community nurse)

The above respondent makes sense of people's apparent lack of sense by saying they didn't get 'the right chance'. It would seem that, to succeed in school today, most children need their parents to make the right chances for them. Having parents who both know this and can do it makes the difference between surviving and not. School success is a team game played by families; the playing field may happen to be in school, but winning comes from home[34]. Middle class parents are under no illusions about being able to depend on the school to give their child all that they need in the way of an education, any more than they assume their children will give themselves music lessons or football training. In consequence of having these chances made for them, their children grow up 'vibrant', purposeful and ambitious, able to make relationships with both their peers and adults. Social capital wisely invested creates human capital.

> **41** [In middle-class area X] young folk are different, they have a stability... security maybe. They have ambitions. I think these are sown in primary school. They have chances, opportunities to do things: football training, music lessons, that sort of thing.

> Relationships - boyfriends/girlfriends, they are part of life, but the big thing is their hopes, their ambitions, if you like. The young folk were really "vibrant". It sounds silly but they had some life about them, a sense of purpose – you could talk to them about things, I could relate to them. University, going to university is a big thing. People seem to have an... I don't know... you might say,... an organized approach to life. Parents make sure the kids can make the most of their education, they give them space to study, encourage them with homework to help them get to Uni. (Minister of religion)

One professional acknowledged that, left to themselves, even better-off young people would probably avoid going to school. As a parent one just had to make it clear that this was not an option.

> **20** I think about my own kids. My son is in his third year at [-Academy]; if he had the choice he wouldn't go to school. It is our expectations as parents that make him go. It just happens to be something that our family places a lot of importance on. If kids don't have that kind of support from home, you can understand how it would be difficult for them. (Education service)

Observe the interesting slide whereby the support for the school against what her son would actually like to do is thought of as support for him – which, in terms of his long-term future, of course it is. He has to invest, involuntarily, in his own future. A respondent (16) who was still at school thought that skipping school would bring serious trouble in her family. She revealed that she too had understood the connection between staying in school and fulfilling her ambitions – for travel, for a professional career. Those who couldn't be bothered in school wouldn't 'get anywhere in life'.

> **23** Nobody in our family smoked, I would have got into serious trouble.
>
> JW What else would you get in trouble for?
>
> Skipping school. Sometimes I try to stay off if it's really bad weather because I can't be bothered walking down there, and sometimes [sister] will write a note if I haven't done my homework or whatever.
>
> JW Is school important?
>
> Yes, it's very important, you need to have been through school to get any place these days. You definitely need a good education. A lot of folk can't be bothered with it, but you can see that they won't get anywhere in life. I'd like to do social work or primary teaching. If I could I'd like to travel a bit first. Most of my friends are the same, most of them have ideas about what they'd like to do. (School pupil, 16)

Poor people, however, are described as acting as if they have not yet realized that educational success is not a take it or leave it business, as it might have been when every year brought Dundee a thousand new manufacturing jobs. The legacy handed on by parents who had no success in school themselves is often crippling to their children. We may be here confronting the latest evolution of Britain's 'two nations' saga, as it reproduces itself into the post-industrial world.

41 Education, too, that's a part of it, I think. Folk get off to a poor start and that's it. They have a different value system. Education, learning - they don't see it as important to them. It's as if it was beyond them, and so it will be beyond their kids - it has no value for them. They don't make it easy to learn - they're all sharing a room, five kids maybe, how can they get peace to do their homework or whatever? Nobody will make space for them – in the living room to study, for example. Here education just isn't important, people have practical skills. The teachers are not so much teaching as baby sitting – it's all they can do to keep things under control. Even if they got the chance to teach, the kids aren't interested anyway. Poverty and education - that seems to be at the root of it all. Rich/poor, educated/ uneducated. That's the difference between [middle-class areas and the schemes]. (Minister of religion)

12 If they were able to get an education, that would be a way out for them, but so few of them are actually expected to do well. Some of them seem to manage despite their parents. A lot of parents don't really believe in education. (Medical practitioner)

Their children's subordination to peer culture reinforces the self-harming behaviours.

8 Even at school, kids don't seem to be encouraged to stick in. No one wants to be different from their pals[35]. (Employment service)

'Middle class' and 'working class' are the terms of the contrast so far utilized. However, there have always been children from working class families who have 'stuck in' and profited from school attendance and often gone on to great achievements in later life. In terms of our model, this means that the external etiological causes are not uniformly determining of human affairs. Individual susceptibility and immunity are important – 'an aspect of cause resides also in the individual' (Halliday 1943: 371) However, even here, there is often at least one parent working hard, and often making considerable sacrifices, to make chances for the children and 'make space' for the homework.

40 I'm working-class, I was born in Douglas. We weren't well-off but I moved up through going to college and the jobs I've done. But I started out like a lot of these kids. I did well at school, my parents really encouraged us, we were expected to "stick in". It was important to my mum particularly, since it was a chance she never had, she wanted it for us. She was really clever, Dux of the school, but her dad died when she was twelve and she had to work to keep the family, she was the oldest. I think she just kept her ambition for us, she made chances for us that she'd never had, so we were given space to do homework and help with school work so we could do well. (Social worker)

Such a family background adds credibility to her view of those families who failed to encourage education. A valuable addition, however, is the insight that part of the problem can be a more general one of authority in the family (see below, Section III): that children can become domineering and the parents don't challenge them when they declare they're not doing the work.

JW: How would you say that education is encouraged or enabled, either in home or school?

40 I wouldn't say that it is encouraged anywhere, even at school! Parents don't take any interest in it, they just don't see it as something important. Either that or kids are too domineering; they just say they're not doing it and no one challenges them. It's hard for them at home, a lot don't have any space to do homework, there's too many distractions and other things which are more interesting – TV, video games, that kind of thing. Young people wouldn't sit down at the table to do homework like we would have – they don't sit down at a table. They don't even eat at a table.

The partly joking comment that even the schools don't encourage education for these children points us towards a definition of 'dyseducation'. It is that state of a community served by a school or schools in which there is, as a consequence of a mismatch between the provision made by the school(s) and the character and approaches of the children, a deficient preparation for the challenges posed to those children by the major systems of modern society. In effect, these children are being handicapped (if not disabled) by being sent to someone else's school. After twenty years of political obsession with 'customer focus', the terms of reference of schools serving disadvantaged communities would seem still to be rather oddly drawn. Or is 'serving' the wrong word?

2.3. Culture-In-Circumstances

The deficit of complex work and educational institutions, involvement with which is itself developmental in the broadest sense, is compounded by a deficit in transmitted skills in relating and communicating beyond the immediate circle. The most deprived have thus become part cause of their own deprivation. Not only are they handicapped for entry to the global level by the adaptation they have made to the local level, many found themselves disabled with respect to the institutional help that was available. This was reported as most salient at the level of culture: many of the most significant shifts in the broader society (e.g. in gender relations, attitudes to work, to education, to public behaviour) seemed to be passing ox-bow scheme residents by – inevitably, since they lacked the institutional apparatus to gear them in to these global processes in real-time, real-world situations. Their being blocked off from moral and cultural 'retooling', so to speak, should lead commentators to be very cautious in their judgements on the residents of the schemes. As Aristotle pointed out, we learn to be moral beings by being required to act morally by the community we belong to; if that community is reduced in its variety of opportunities for moral action, moral behaviour will be similarly reduced. Whilst it is commonly the case that we blame the inhabitants of these restricted environments for their behaviour, a properly scientific investigator has to look causally upstream, and seek out the architects of the environment. In this work it has not been possible to go that far. But the cultural critique that follows needs to be seen as an evaluation of the mismatch between behaviour and circumstances.

For cultures (in the anthropological sense) are active adaptations to circumstances. They do things for people, principally to do with allowing them to maintain a coherent world-view in the face of challenges to their capacity to control their environment, from whichever realm: the spiritual,

the natural, the social. Cultures evolve <u>pari passu</u> with the circumstances of the respective social group. There is a constant dialectic of mutual determination between a social group and its culture, an iteration between culture and people. People evolve new behaviours and ideas which become to a greater or lesser degree culturally established which then in turn affect the people. As generally understood, nobody can escape their culture entirely, while at the same time no culture is entirely determining. Culture has effects; but there is slippage: both some degrees of freedom to innovate, adapt and elaborate away from the norm; and some freedom to hold back, linger longer in the old ways while societal norms move ahead.

The question at issue arises from the tendency of cultures in modern society to be nested, like Chinese boxes. Where there is a difference between wider and local, too strong an accommodation to the local culture makes for difficulties in keeping up with the global culture. From our respondents there emerged accounts of two powerfully self-limiting cultural accommodations to the circumstances of advanced marginality:

- a fatalistic acceptance that nothing they did would make much difference, that they had seen the end of 'the aspiring working class';

- a corresponding limiting of their horizons of concern to the most proximate zone of easily secured pleasures and satisfactions: oral gratifications (to be considered in Section V), and the media.

2.3.1. Fatalism and the fading of the future

We have seen above that a major evolution in the circumstances of the social group living in the housing schemes of North Dundee, (as of the great majority of such schemes all over post-industrial Britain), has been the loss of the bottom rungs of the ladder of social mobility with the departure of industrial manufacturing jobs from these areas. In this kind of area, deindustrialization had downgraded people's agenda from upward mobility to survival. From planning your life to living for the day.

> **15** It used to be that what you did or where you lived made the class divide. Now I think it's got much more to do with what you value. You learn that from your family. I question whether you can ever change that, in the way that you used to be able to work your way up. Now I think that your situation dictates what you have to do to survive. (Voluntary association worker)

What evidence do we have from this research as to the evolution of the culture of the people affected by this change?

The predominant impression of the world-view prevailing in this area picked up by the agency workers who work there would appear to be of a general fatalism and people adaptively reconciling themselves to a world without a future.

> **39** It's like everything else about their lives -- they live in the immediate, for the moment – they have no sense of future. I think this comes from their constant disappointment with life -- a certain desperation which they seem to have. You see it with shopping: folk never have food in, they buy for the next meal, nobody shops for a week. There's no planning. We're into the second generation of this, because girls don't see anything different. They've no way

of changing. That's why we are always getting phone calls from folk running out of money. They can't budget. (Community nurse)

A social worker supported the community nurse's view that the extreme present orientation was a learned response to past disappointments, but suggested that one source of the 'disillusionment' was the way in which 'officialdom' fails both to act on what people have expressed as their preferences and to allow the people to actually be part of the process of regenerating their life-world. This dispirits people.

> **2** People talk about the apathy of Dundee folk, but I think disillusionment would be a better way to describe what people feel. Many activists have described how people have felt in the past, but then officialdom goes off and does something completely different. The spirit has been knocked out of people. There must be other ways of doing regeneration. The paternalistic attitude still exists. People still have the mentality that if we give people something, like a nice new play area, then it'll just be vandalized or spoiled. If people were actually encouraged to be a part of it, that would be a start. Poor collaboration between agencies makes that difficult to achieve. Everybody needs to work harder at working together with local folk. (Social worker. Cf. Power & Tunstall (1995))

Another community nurse had concluded that the things which mattered to this group were things which helped enliven the present. Aspirations for the future, for themselves or for their children, there seemed to be none. In her judgement this made for "a very mundane existence".

> **3** I think it's a very mundane existence. TV is a big thing for them. Having Sky, a car, any car, those are the things which matter to people. They don't seem to have any real aspirations regarding their lifestyle or work. They don't seem to have aspirations for their kids. A lot of them aren't even bothered if their kids are at school. They don't get up in the morning to get them there. Some houses you go into there's no books, there might be magazines or newspapers. They will all have videos or computer games.

She was also clear that there was a downward drift in morale among her more deprived clients, contrasting the present unconcern about filthy homes with earlier generations' readiness to show willing in maintaining a clean environment. The incentive to try to improve things for themselves had gone. She confessed that at this point she lost her capacity to understand her clients and their apathetic reaction.

> **3** It's difficult to describe poor social circumstances, they are just poor wee souls a lot of them. They often have very little in the house in the way of furniture, empty rooms, no carpet, maybe a couple of chairs but always a TV and video and hi-fi. I often see their beds too, often a bed base without a mattress or a mattress on the floor. Some of the houses are squalid; a few are immaculate, but most are filthy. I find that so hard to understand; poverty is one thing, but filth and not washing, I can't understand that. Years ago, people didn't have much in the way of money, but they kept their houses and themselves clean. They would keep the stair clean, even if it was just throwing a bucket of water over it, they made the effort. Now you rarely see that. More and more, people seem to be able to sit back and live with it: dirty glasses,

empty cans, overflowing ashtrays. People have no incentive to try to improve things for themselves. (Community nurse)

With regard to a parallel downward drift in ambitions, the height of the ambitions of some young people known to a youth worker was to get their own giro.

> **21** Young people don't talk about any ambitions. I have heard some of them talk about "getting their own giro", that's because the mums get the child benefit and some of them think it should go to them.

Even a non-health related worker could see how a short-term focus on just getting through the day caught people up in behaviours with a negative long-term impact on health. Rather than doing something about it, such people adopted the 'It won't happen to me' way of looking at things.

> **14** People have low standards generally so I don't think that they will see health as important. In fact I think it is probably last on their list. Even money for the meter is a low priority, so I can't imagine that they spend much time thinking about looking after themselves. A lot of people have the "It won't happen to me" way of looking at things, so I suppose they will be the same about their health. Most of them are living lives where they have to smoke, it's the only pleasure that they get. They are all living for today, they have enough to worry about for the day, never mind the future. They don't view things in the long term at all. (Council services worker)

Confirmation of the prevailing fatalism comes from two single mothers, of 19 and 23 respectively. Slightly uncertainly, the second young mother heads off possible attributions of, e.g., negligence by explaining how when it comes to health, luck rules – "whatever you do won't make a difference anyway".

> **28** I don't think about health because I don't know anyone who is ill. If there was heart attacks in my family, that would be different, I'd think about it then.
>
> JW What would you do, once you'd thought about it?
>
> Well, there's nothing you can do, is there, you just have to hope it doesn't happen to you and if it does…well, I don't know really. (Single parent, 19)
>
> **30** It is just up to the individual themselves to get their lives better, it's nobody's fault really, they've just had bad luck I suppose. Even if you eat well and you can be in the best of health, you can still die of a heart attack, so whatever you do won't make a difference anyway. In my family, my grand-dad has had heart attacks, he's had heart bypass operations and he has a pacemaker. What can you do to stop that? If it's going to happen, it will. (Single parent, 23)

A social worker used a very similar phrase to sum up the attitude of those who passively accepted whatever health condition they happened to get: "these things are just the way your life is".

> **34** Then there's the…lot who will send their kids here with ears that are running and you will just about have to force them to go [to the

doctor]. They're the ones who haven't had their injections, they never get organized enough to get them done. They don't seem to see health as their responsibility. They need some guidance as to what they should be getting the doctor for and what things they should be doing for themselves. They are only interested in illness, not health. If they aren't ill, they don't think about health. They need direction from an early age, an example to follow. I can only see it getting worse, because this lot will grow up to be just as bad as their parents. It's like most things in their lives, they probably don't see it as a problem until it really interferes; most things they just have a sort of passive acceptance to. These things are just the way your life is.

This question of the ambient culture of disillusionment and resignation to whatever happens will be gone into again in the sub-sections on mental health and on copelessness of Section V, the Pathologic-Physiologic Factor. The two treatments, however, have different emphases. Whereas in Section V the emphasis is on how these factors are <u>expressions</u> of functional deficits in these social groups, here the emphasis is on their <u>causal</u> quality. Because a dysfunctional social group can be at once environment, host and 'disease', this is still scientifically valid, though it would be heterodox for strictly biological conditions. Etiologically, fatalism has been interacting with redundancy and dyseducation to create a multi-pathway pathogen particularly noxious to the reproductive system of this community, as we shall soon see[36].

2.3.2. Privatization and the eclipse of community

Another factor amplifying the effects of redundancy and dyseducation on reproductive behaviour which received much emphasis in the interviews was what sociologists refer to as 'privatization'. This manifested itself in two related sets of behaviours:

- people's high level of concern with their 'own wee bit', their own immediate (and if possible controllable) space;

- elevated levels of consumption of television and associated media delivered to the home.

The argument of the model here would be that these behaviours are pernicious adaptations, in other words, they are at one and the same time <u>solutions</u> to a felt problem of diminishing control in people's wider social arena, but <u>causes</u> of an ever growing degree of social incapacitation (and, in fact, physical disorder). The negotiating and diffuse sociability skills for which the upper working class were once highly regarded are disappearing from the repertoire as the roles and social institutions in which they were developed (unions, church and chapel, friendly societies, leisure associations) disappear from their lives. Hence local people lose any sense that the future will be something they will have a hand in making (West & Sweeting 1996).

As a police officer pointed out, people who were already in the private housing market had more of an interest in their own wee bit than those in public housing.

18 The things that matter are the basic creature comforts, TV, video games, nights out, bingo, these are the working class things

to do. The others tend to own their own houses and they want to do things to the house. A lot of people try to improve their own wee bit. Open-plan areas have gone and people want their own wee bit to look nice.

Private or public, preserving the wee bit as their own had led an increasing number of people to buy guard dogs -

> **40** Community spirit? That's a rarity in families. They just look out for themselves and their own. A selfish existence, you can see that with the dogs, big dogs, they all have big dogs. They're just interested in their own place, never mind anyone else. It's not a status thing it's to protect their property, to stop break-ins. So many have had break-ins. So it's a way of having protection and scaring/warning folk off. I can think of a family recently where someone visiting got bitten by their dog , an alsatian. It was kept out the back. They never used their back door or garden because the dog was there. It was semi-wild, I suppose. It was OK with the family, but no one else. It bit this girl, who was just visiting, 'cos she wasn't one of them. It's really scary, but so common.

> The other thing about families is the TV. The TV's on all the time, that's what people do, watch TV. (Social worker)

- and to put pressure on the council to provide fencing.

> **14** Another thing that some will talk about in relation to health is safety. Fear of crime is still a big worry for a lot of people and they will tell you that it makes them sick with worry. The biggest single thing that we get asked for is fencing. People want their own bit of land round their house. It would prevent a lot of trespass and some people would really like it because they would have their own bit to take care of. Others just don't bother. That affects the others who live round about them. Again, if your neighbours don't take their turn of cleaning the stair then everyone gets into the 'Why should I bother?' mentality. The good people give up. I'd like to think that there is some of that community-type of responsibility coming back. (Council services)

One observer pointed out that whereas formerly in Dundee it had been material living conditions which had been the form taken by the housing problem, today it was social relationships and 'bad behaviour' which people wanted to get away from. People's aspirations were no longer so much for a quality of house as for a quality of neighbour, for themselves or for their children – the <u>social place</u> was as important as the <u>physical house</u>.

> **15** People talk about the history of Dundee. I think things are worse now in some ways. Housing used to be crushed together in a small space, there was a lot of overcrowding, but not really any bad behaviour. People were very poor and health was affected, kids didn't have shoes, there was a lot of TB and rickets. Then people were gradually rehoused to better housing in the schemes. Now, obviously, the physical things have been dealt with, but there are so many problems which remain, there is just not sufficient quality housing for people in the places where they would want to live. (Voluntary association worker)

> **26** The boys are the most important thing in my life. More money would help, but I wouldn't say that I was greedy. I suppose I'd

prefer to live somewhere nicer, Balmullo maybe, or Broughty Ferry, that's where most folk seem to move to, to get out of Dundee. I'd like to be close to the city for when the boys are bigger, but I'd prefer that they didn't have to go to school here[37]. There isn't anything specifically bad about [scheme], but some of the schools could be better; the classes are crowded and lots of the kids are really cheeky and rude. I don't want the boys to become like that. Some of the wee ones in the street are so aggressive, I don't want mine to grow up like that. (Single parent, 27)

5 I have stayed in Dundee, to be close to my wife's family, they would defend Dundee with a passion. But for all that, they would find it very difficult to find something good to say about it.

People are always going on about the physical environment and the problems which that causes, but I'd say that you can change the environment relatively easily, but you can't change the people. That remains the responsibility of individuals and families. (Police officer)

Such returning community spirit as one respondent had been able to observe had usually started off as tenants groups trying to control disturbances caused by local young people. Rather than 'community spirit' it seems evidence of a declining tolerance of disturbance/risk on the part of older people. As people become more privatized, even street football changes its meaning.

40 I've been here 10 years now or roundabouts. I think community spirit is creeping back in. More locals are becoming actively involved. It's mainly older people, though, 50s plus – definitely no one under 30.

JW: Any idea why that is?

Don't know really. A lot of these things start off as tenants groups, they come together through that, and young people wouldn't be involved in those. In fact young people often have a bit of a battle with them; they're usually what the tenants are up in arms about: the noise, drinking, football, that kind of thing. Young people have a lot of hassle from them, so that would put them off, I'd say. They would presume that they wouldn't be welcome. (Social worker)

4 I can remember the summer nights when everybody who lived round about would play football in the streets – 27 all by half past ten! Those were good times. It's such a shame that kids can't do that now. There is a perception of violence and vandalism. We were safe playing footy together, although there was always a gang used to hang about at the shops, but they didn't bother us. It's the way that the good things don't carry on and the important things get missed that worries me. (Social worker)

Although people did not seem to make deliberate efforts to 'build community', they did appreciate what was already there.

19 I'm not sure what priorities people have, probably having satellite or cable TV, these are big things for most folk. Most men are regulars in the local pub. People tend to stay where they feel comfy, not go out of the area. You might go into the town to go to the Rep or something, but that wouldn't be on a regular basis. (Manager in company)

To be more precise, how much you appreciated community was probably dependent on how old you were – the 'one big village' character of Dundee was at least one young person's pet hate.

> **1** Everybody knows everyone else's business. I was bullied at school and other folk knew about it even though I hadn't told them. My cousins were all at the same school, so they take it home with them and it gets talked about. It's just one big network of contacts. It's one of my pet hates, people talk about Dundee being a big village and that's how it is, it's a terrible thing, there's no privacy. [Scheme] is like a village itself, people have a good memory and that's how everyone knows what is happening, you go to the pub and people say, "I know your mum", or they are friends of your cousins or something like that and before you know it the story is round about. (Single non-parent, 20)

An alternative to collective self-mobilization, perhaps in tenants groups, as a means to control disturbances was to involve the police. One police officer regretted that people no longer seemed able to settle local issues by talking it out together. In contrasting the present situation with the high sociability levels that prevailed when he was growing up, he fingered the TV, video games and computers as a contributory cause, having the effect of isolating people from each other.

> **18** People are too quick to go to agencies to get their problem sorted, they need to put up a united front. It's an easy option to get someone else to work it out for you and then if it doesn't work, it won't be their own fault. If people took the time to talk to each other a lot of problems could be solved. We get a lot of neighbourhood disputes, over things that could be sorted out if people just took the trouble to talk. TV has caused a lot of isolation; now people choose just who they will talk to and this makes it difficult to develop any kind of neighbourhood spirit.
>
> When I grew up, people used to have a lot to do with other families. There were always folk popping in and out of the house. You just don't see that sort of thing now. People didn't lock their doors, your neighbours knew that they would be welcomed. Community spirit isn't what it used to be. The children don't mix so well, we used to all play footy in the street. Now you have to force kids to take part in that kind of thing. I see it with my own. I think a lot of that comes from video games and computers; kids are more used to their own company and aren't good at getting on together. (Police officer)

Another police officer had a similar view of the anti-social effects of TV, with a particular concern about the life-narrowing effect of soaps.

> **5** TV is such a big influence in their lives. Lots of them will tell you that that is what they do all day. Some houses you go into have satellite dishes and [bare] floor boards. Some of the schemes, the satellite dishes are the most prominent feature, and you notice the houses that don't have them, rather than those that do. People talk about soaps a lot. If they were able to get involved in other things, they might take a broader view. I can think of a girl that I managed to get involved with a Duke of Edinburgh scheme. All she used to do was watch TV, and all she talked about were various characters in TV programmes. Within a few months her life had really

blossomed. You wouldn't believe the difference in her. She just needed to be shown that she could be something different.

Another professional visitor to houses in the schemes was so concerned at the way in which people appeared to be fusing their lives with the soaps, where the one thing you never saw was a normal life, as to worry about the quality of humanity being engendered by the TV.

> **10** There is a real lack of humanity. It's just like the soaps but in real life, everyone bickering, shouting at each other, having sex with everyone else and lots of drinking. I would say that the soaps are a huge influence in peoples lives. You never see normal lives on TV. It is a big thing in their lives, when I go on [domiciliary] visits, the TV is always on, it's rarely turned off or even turned down, if you are visiting and trying to talk. There is quite often an audience watching the TV and you are just expected to carry on your business round about them. No one is ever introduced. They don't seem to censor what children watch, I've seen some pretty awful things on for children when I've been in houses, mostly videos, I think. They seem to watch a lot of quite violent stuff, things I wouldn't be happy for [my children] to watch. (Medical practitioner)

The toxicity of the TV was seen to be its combined power to fully absorb whilst completely enervating. Continuous suspension in that medium blocked out alternative message systems, the systems which gave scope to children to blossom into somebody else. The imaginative life of children's minds no less than the social life of their families was held in suspension whilst the TV was on. This negative effect was perhaps not seen by parents themselves because of their dependence on its positive contribution. Functionally, TV becomes a mechanical co-parent – while the children watch it, it watches them. With access to satellite, cable and video, the choice is huge and almost entirely under domestic control. Parents can switch off.

> **2** TV has a part to play in all sorts of things, relationships included. It's what people see on TV that they live out. It kills creativity, because it does for you in so many ways. It entertains you, you don't have to do anything, it's a passive, easy option. It kills conversation, not just because it took the place of a chat, but because when it's on then other people, the kids, for instance, have to be quiet. Also they don't learn how to play, that's part of growing up. It's all watching videos or playing computer games. It destroys children's imagination. But it suits parents, because they can just let them watch, they don't have to do anything. The TV will watch your children for you. (Social worker)

The most extreme verdict was that the culture emerging in areas in thrall to TV was in serious respects profoundly cut off from the values and institutions putatively informing wider British society.

> **10** Nothing that really matters to people is important: not health, not marriage, not religion, no institution. People have no spiritual values. Being Sky subscribers seems to be important. I can't think what else might be. (Medical practitioner)

Mainlining on TV cuts ox-bow scheme people off ever further from the chance of rejoining the social mainstream. It provides solace, not solutions.

2.4 Conclusion

Before understanding fully how the three etiological features of the ox-bow scheme as a social environment have their effects it will be necessary to see what those effects actually are. This is an inconvenience of the way Guttentag structures the clinical entity as a scientific tool for reasoning from causes to consequences, rather than as a practical tool for tracing effects to causes. However, some brief anticipations may be helpful.

From redundancy derive a lack of material resources and an over-abundance of time. These have a double effect on the culture by setting up a mismatch between what people might like to do, given their close acquaintance with privileged lifestyles from the media, and what they are actually able to do. Being excluded from access to institutional means with which to get from wanting to having in its turn fosters fatalism, the sense of not having a future. We shall see, however, that this is not equally true for everybody: the lack of resources for a high consumption lifestyle is not an impediment to starting a family (or, more accurately, having children). For women, therefore, self-fulfilment is not blocked by poverty in the same way as it is for men. The consequences of the etiological factors are experienced differently by men and women.

The effects of dyseducation on the reproduction system of the ox-bow scheme are similarly differentiated. While educational blockage and lack of qualifications restrict both men's and women's opportunities to participate in the modern economy, no exams are needed to start a family. In general, therefore, it is the narrowing of alternative opportunities which both precipitates many young families in these communities and gives them the internal character they have: a pattern where few parents seem able to raise their children in a fully autonomous way, where the timing of the arrival of children is not related to a long-term resource-management strategy, and where men's lack of cultural and material resources excludes them not just from the labour market but also from a secure and lasting role as fathers to their own children. In the next two chapters we shall see that many of the most deprived families in deprived communities diverge more than somewhat from the presumed family ideal of today.

3. TOPOGRAPHIC FACTOR:

The reproduction system of the ox-bow scheme

For the biological/social analogy to work, it is necessary to adopt a perspective on the family which is congruent with the perspective adopted on the systems of the body. While this is feasible enough, it is worth flagging up that such an approach, known among sociologists as functionalism, is not the most well regarded now, and has not been so for a generation or more. This is principally because its base assumptions are seen as socially unrealistic. To say that societies are in principle intended to be as harmoniously integrated as bodies are, and that they remain structurally unchanged, is seen as neglecting both conflict and history.

Talcott Parsons offers a powerful compensation for his undoubted reluctance to focus on conflict in his sociological analyses by a pronounced sensitivity to change at the evolutionary level, to the relationship between an entity and its environment. While little interested in history, Parsons was very interested in systemic change. Therefore, notwithstanding its limitations, his model of the family appears the most appropriate template against which to carve out the features of the family system of the ox-bow scheme. It is also appropriate in so far as it has become the taken-for-granted norm in medial and political discussions of families today. Despite its slide down the statistical prevalence table the cereal packet family remains normative in public culture. If the ox-bow scheme suggests we should be prepared to say goodbye to it, at least everyone knows what it is we are saying goodbye to.

Parsons situates the family as one of a set of social institutions which have evolved in recent times into performing differentiated but complementary functions in and for society. Formerly the family was at one and the same time a political, religious, economic, educational, military, emotional and reproductive agency. By the 1950s, when Parsons was writing, the nuclear family had become as specialized in emotional and reproduction work on behalf of society as factories had in economic work and armies had in military work. The functionalists in general argued that each institution had to play its part in harmony with the others, otherwise the society as a system would malfunction, even collapse. Parsons was of the view that it was the emergence of the dynamic industrial economy which was driving the new form of the nuclear family: geographically mobile, of two generations, child-centred, 'structurally isolated' from links with extended kin, functionally oriented to the primary socialization of children and to the emotional stabilization of adults in a continuing exclusive marriage. By primary socialization Parsons was referring to two basic processes: the internalization of culture, and the structuring of the personality. He is well known for having referred to the modern nuclear family as 'personality factories'.

This last feature of his work is one reason why a parsonian framework makes sense for presenting this research. Whatever things he may have got wrong, Parsons' linking together of personality development and the economic system has become ever more relevant as the post-industrial service economy sweeps away more and more old-style work settings where what you did was what mattered, not how you did it. Today, as we

have seen, flexibility, communication and conceptual skills, self-management under stress, are all key requirements for labour market success[38]. Parenting quality affects all of these.

The rest of this report is therefore framed by the assumption that families contribute to society by acting as its principal system for reproducing society, primarily by socialising children, making them both able to find their place in society, and to contribute to it. Society in return supports families with citizenship-based contributions from other specialized functional systems, such as security (both financial and personal), education, cultural and leisure, and so on. 'Distributed parenting' as a clinical entity is thus counterposed to an ideal type family as presented by Talcott Parsons.

In this Section III, the disorder in the reproductive system is presented under four headings:

1. asocial sexual conceptions

2. an asocial conception of parenting

3. enlarged influence of peer groups

4. excessive delegation of family functions outside the nuclear family

3.1. Asocial sexual conceptions

A family as an entity, a social group of real people with shared hopes and mutual commitments, intends to endure[39]. The group endures in order that the members can survive. A family is a survival mechanism. Once integrally linked to the acquisition and distribution of property, European-model families were seen more as wealth-holding lineages than as the child- and emotion-centred arrangements with which we have become familiar in the era of earned incomes, and whose socio-evolutionary triumph as the specialist human capital development agency for post-war industrial America Talcott Parsons tried to explain. However, whatever their economic base, families with children are the future-builders par excellence. For that to be successful, a number of crucial stages in development of the members of the younger generation have to be appropriately sequenced. Pre-eminent among these stages is the time when they themselves begin to reproduce. A strategically developing family ensures that reproduction by the next generation takes place at the optimum time for the assets (both material and cultural) they will have available. Reproductions which occur at times inappropriate to the socially specified pattern of access to the society's assets suggest that the families where these reproductions occur have either a) located a different set of assets to other families, or b) have no future-building strategy behind their reproduction.

In this sub-section, evidence is presented which suggests the existence of a mismatch between the timing of sexual conceptions among a proportion of young people and their access to the resources necessary to provide for children. The evidence also suggests that a proportion of North Dundee teenagers' sexual behaviour is not under family control[40]. This implies that these families are not strategic, that they are not building towards an

envisaged future. Currently discussed as the 'problem' of 'teenage pregnancy'[41], in the light of our functional model this conception/resources mismatch should be understood as potentially operating for women of any age from any background[42]. The key distinction between a 'social' and an 'asocial' pregnancy is not age as such but the degree of fit between the timing of the conception and the social resources potentially securable for the baby. With a good fit, child does well and family does least badly ('badly' because children in our society are always a cost, not an asset, economically speaking); with a bad fit, both child and mother may have needs which require to be met outside the nuclear family.

The idea of an 'asocial conception' may best be illustrated by a contrast model. Here is a young woman (aged 20) who places her possible sexual activity in a life-plan and a set of values which are highly related to the social framework in which she lives, both family, friends, and institutions. She is a sexual being, but she is also in control of her sexuality in order the better to achieve the things which can be achieved before marriage and children, which she has probably relatively clearly located in terms of who she will be with and what she will be doing in the years ahead. This is not the pattern of the sexual behaviour which will be described in the pages which follow.

> **36** I've never had sex. I've been on the pill for a couple of years[43], but when the opportunity has been there I've just not thought it was right. We'd talked about it and agreed not to. I'm not saying I wouldn't have sex before I was married, but I want it to be special, rather than just something that you rush into and regret. None of my friends have either, I'm careful of the company I keep, so that helps, because you never get any pressure from them to do things.

The most straightforward example of an asocial pregnancy is one which starts under conditions of effectively zero decisional control by the woman. Rape would be the complete type; we have no cases in our sample. A certain distance behind comes intercourse when drunk, of which we have several mentions.

> **28** I do drink, but only socially. I was drunk when I got pregnant. I had been on the pill, but it made me feel funny, my mum wasn't keen, she thinks it mucked up her insides, so I didn't take it regular. I think it was the drink that caused my pregnancy. (Single mother, 19)

The actual experience of sexual intercourse for many girls had been the reverse of good, according to one medical practitioner, who also noted how often the girls had been drunk at the time, sometimes to such an extent they didn't know whether they had had sex or not.

> **10** It's so telling when you talk to girls, specially when they come for PCC, if you ask them how they feel about it. Some of them are quite open and will tell you that they feel like shit. You can tell so much even from the way they talk about it when they come to see you. Some of them don't remember how it was since they were drunk, some don't know whether they've actually had sex or not, again because they were so drunk.

One consequence of conceiving when drunk is that the woman may not tell the man what has happened. In this well described case, the pregnancy was terminated, largely due to the inability of the 15 year-old's parents to give effective support. A propos our discussion of fatalism in Section II above, note the insistence on her luck.

> **30** I've only had sex with one other person, and I got pregnant then too. Just my luck! I'd been on the pill, well, on and off it, none of them seemed to suit me. I was fed up so I stopped taking it and I got pregnant. We'd tried to be careful, he wouldn't use condoms so we just had to be careful and I suppose I was just unlucky. I was working then and I had to give up my job. It wasn't much of a job anyway, I was only working in a shop. I was pregnant at 15, from the other lad, but I hadn't done my exams or anything and my mum thought it would be best if I got rid of it. My parents couldn't really have helped, so it was the best thing, I suppose. The dad didn't want to know. We weren't really together, he left, so I reckon he wasn't worth having anyway.
>
> JW What did he say when he found out you were pregnant?
>
> I never told him, he doesn't know. He'd left by the time I found out and my mum thought that I was best just to get rid of it anyway, so it wouldn't make any difference to him anyway.
>
> JW Had you been going together long?
>
> Na, it was more of a spur of the moment thing, we were at a party and I was drunk, we both were. (Single parent, 23)

Spur of the moment intercourse is reportedly quite prevalent among the mid-teens. The combination of (probable) inexperience and the less than tranquil atmosphere of their parties would work against competent contraceptive performance.

> **23** Never had sex yet, never wanted to. Most of my friends have, often at parties. I don't think they use contraception, it's all too spur of the moment for that. The guys wouldn't use them anyway, either because they are too wee or they don't know how. (School pupil, 16)

Even in today's highly individualistic society it must be regarded as a handicap for a child not to have any idea who his or her father was (<u>vide</u> current pressure from now adult AID conceptions to be able to discover the identity of the donor, their biological father). One of the hitherto taken for granted self-locating links to social networks is just not there for them, thus making more likely a certain thinning of the texture of their social environment. One young mother had herself been the fruit of an asocial conception. Her account is most eloquent.

> **28** I never knew my dad. She didn't really know him very well, I think it wasn't a proper relationship, not like I have with [partner]. The other dad, the dad that I thought was mine, he up and left. She was with him before my dad, she left, and then he left. Now she says that she can't be bothered with men, she's better off without them. She can do without having to tell them what to do.
>
> My grand-dad and [partner] are the only real men I know. That's my mum's dad, they live just ten doors down from us. We don't

really talk about things – well, they are quite old, but he's mum's dad, so he is important, I suppose. (Single parent, 19)

A perceptively plausible hypothesis from this 20 year old consequentially-causally relates a fellow-student's ingrained attention seeking both to her five children by the age of 21 and to her not having known her father.

> **36** I think they are just crying out for attention. There is a girl I know who was the year above me at school, so she'll be 21. She has five kids, all with different fathers, and her own mum has a family that is just the same. She never knew her dad. She was always really attention seeking at school. I suppose she is looking for the perfect man out there. I don't think she'll find him. (Single non-parent, 20)

Once again, the unknown father and early child-bearing are associated in this account, from the 16 year old still at school. She generalizes the majority of cases of girls she knows with babies to their being affected by 'bad backgrounds', lucidly sketched.

> **23** I know a few girls with babies. One girl who I was quite close to had a baby when she was 15. She hadn't planned to get pregnant. I suppose she just got in with the wrong crowd. She didn't really have a family, she lived in a home, and she didn't know her dad, so the baby was really important to her. I think it was stupid, a real shame, she was clever, she could have done so much with her life, but I suppose that was what she must have wanted. It's mostly people from bad backgrounds that seem to have the babies[44].
>
> JW Could you say a bit more about that?
>
> Well, most of them, their parents are separated. Most of them don't get on with their parents, or are just left to get on with things themselves, there are lots of them like that. They get in with the wrong crowd really easily, their parents have no jobs, and the police are often involved. They are round all the time because they're mixed up in underage drinking[45], or vandalism, some of them for lighting fires. I know people who have done that.

The lack of fathers, though still worthy of mention in the following account, is just one of the factors which taken together make up the 'poor everything' of the backgrounds of girls who have babies while still of school age.

> **20** Girls come here who are pregnant and very quickly you realize that pregnancy isn't their main problem. They seem to live in families which have lots of other problems. I would have to call them poor families. They are financially poor, but it's more than that, they have poor everything, particularly poor relationships within the family. A lot of them are living with single parents and there are various men on the scene, rarely their own father. I don't think the girls feel loved. There isn't an emotional bond there, even although they would tell you that they love their families. It doesn't appear to be reciprocated. (Education service)

'Living in a home', having the state as parent (1989), is itself a form of less than complete social membership. No surprise, therefore, to find someone delegated to do the state's parenting in just such a home confirming the parenting difficulties both sexes get into when they leave (Corlyon & McGuire 1999). For the boys, the cycle seems to be in one

respect worse: those who have not known their father shall not know their child.

> **25** Huge numbers of the girls we have get pregnant within a year of leaving and huge numbers of the boys become fathers. Most will have had very little contact with their own fathers, or have very difficult relationships with them. For many of them, we are the only adults they've ever had a relationship with. One of the things that the lads will talk about is the problems they have getting access to their children. Most of them will have no regular contact with their children. (Education service)

Moving on, there is a second aspect of asocial conceptions, one more closely relevant to the functionalist model of the family underlying this report, and it is this: as we are about to see, the social environment is one where there is a fairly general acceptance both of births outside marriage and of births to very young women. The implication is that either the model is inappropriate, or that there are in fact two societies, one subscribing to the functionalist view that children are planned for and produced at the best possible moment for the family concerned, and one not subscribing to this view, possibly because, to keep to the terms of our earlier analysis, the predictability of the resource environment presupposed in such timing has gone. Family planning makes little sense when there is no basis for planning anything else.

In terms of the model, it may be useful to contrast our population, where there seems less commitment to linking the timing of births to the optimum moment for resources available for that phase of family building (possibly because all moments are equal for the unqualified poor), with the population of women with well-paid service sector jobs, who are clearly delaying their family building while they extend their phase of capital building, financial and social[46]. Again, the macro-level situation would appear to be sending such women a clear message: in an environment where continuous corporate downsizing makes good jobs harder to find and where children's eventual employability requires heavy and sustained investment from parent(s), make sure there are lots of acorns in the nest before starting the babies.

The following individual has obviously not been led to worry her head about the availability of acorns for her babies. More asocial than this it is hard to imagine.

> **42** We were doing a Primary 7 [11 year olds] class on safety recently. I was talking about personal safety, that's the kind of thing that might be talked about in families, where you should or shouldn't go. I was asking a girl about what she wanted to do, when she was older. She said she wanted to have a baby. I was a bit taken aback and said "But you're not old enough!" She said, "I've got my periods, my mum says that it's my body and I can have a baby whenever I like." (Police officer)

Asocial it may be, but unrealistic, no. The environment is prepared for the young mother. Several of the young women in our sample had a sister or a mother, or both, who had been a young mother.

> **1** Marriage isn't a part of peoples lives. It isn't a problem to have a baby when you are single because everybody does it, most families

have somebody young with a baby. My sister was pregnant at 16, but my mum had always said if we were pregnant we could tell her. They all thought it would be me, but I don't want to have kids. My sister was the quiet one so they were shocked at first. My dad cried, that's the only time I've seen him cry, that's after he went off it. But then they calmed down and said they would help.

She stayed at home with us for two years after the baby was born. My sister was just like my mum, she was pregnant at 15[47], and she didn't tell her mum, she didn't even tell my dad. No one knew until she went into labour. (Single non-parent, 20)

38 He wasn't a planned baby, I'd never really thought about pregnancy. Well, I knew that I could get pregnant, but I didn't really think it would happen. I had my own flat, so that made it easier than for some of the girls I know. He lived at his mum's until he got the training scheme that he's on now. My mum and dad are still in Douglas, my sister and her wee one are with them. She's just gone 18, her wee one is 2 but she's on her own so she's better being with them. I've thought about another one, we always said that we'd have them close together. That's how my mum did it and they're still young enough to have their own life, now we are grown up. She was just 17 when she had me. That's how we'll do it. (Single parent, 19)

33 I used to go out with [girl, 7 months]'s dad, and then he left and I went with him. I got pregnant, I didn't mean to, we weren't using anything. I said he should use condoms, but they kept bursting. I couldn't do anything about it, he used to force me to have sex.

JW What happened when they found out you were pregnant?

My dad said I should get rid of it, but my mum wasn't too bad. She was young when she had us, about 19, I think, so she couldn't say anything. (Married parent, 19)

28 "That's it, isn't it." That's what my mum said, when I told her I was pregnant. "You haven't got a life for yourself." She didn't either and that's why she was so upset; she cried for weeks after I told her. She wasn't angry, so much – more sad, I think. I never knew my Dad, she didn't really know him very well. I think it wasn't a proper relationship, not like I have with [partner]. She was 18 when she had my sister, so she knows what it's like. (Single parent, 19)

Another respondent, reflecting on the reason for the non-application of the contraceptive knowledge which young people actually have, also concludes that part of it is choice: mothers of sixteen have become an accepted part of life[48], and a baby is both lovable and a reason for trying to make things better in the future than they have been in the past. An antidote to exclusionary despair.

21 I don't think young people lack information about sex, not from what I see in schools and at [clinic]. It seems to be more a culture thing. They have the information, but something stops them from putting it into practice. It must be partly choice, it's quite acceptable to have a baby when you are just sixteen. They can get support from their friends and family and they will not be the first person that it has happened to. Most of them accept pregnancy as

> an occupational hazard of sex. They don't see termination as an option. You get the feeling that somehow they want to make things better for a baby than it has been for them. A lot of it seems to be about having someone to love, who will be dependent on them. (Youth worker)

Direct confirmation from a client that she did in fact have enough contraceptive knowledge in the following excerpt is followed by more evidence of how far such girls trust their luck.

> **32** Then I got pregnant. It wasn't that I had meant to get pregnant, but I was alright about it once it had happened. I knew all about contraception, and I knew where I could get it, but I suppose I just thought it wouldn't happen to me - you just don't, do you? (Single parent, 20)

> **27** I was on the pill with all of mine, but you know how it is, you forget to take it and you just throw caution to the wind. I suppose I didn't realize the seriousness of the implications of getting pregnant. You don't when you are young. (Single parent, 40)

At the far end of the spectrum of those who might be unsuccessful in preventing themselves becoming pregnant are those who actually have an interest in becoming pregnant. The most pressing reason for doing so seems to be to bring about an alteration in their situation in their families. Irrespective of its meaning in the societal scheme of things, pregnancy opens family doors. For these girls, few other things do.

> **25** Some of the girls will be thinking of a pregnancy because it will open doors for them. It might patch up a relationship with their mum and they will eventually get a house and support from the social. (Education service)

> **40** Two girls that I can think of just now who are desperate to get out of home, they're just 'used', really unhappy. They look at others with babies, who've got houses. It's just a huge temptation for them, dangling in front of them, a road out for them. I try to bring realism into the situation, but it's really hard. For example, a job's not an option for these girls. The only way out of the family home is pregnancy. It's pretty depressing for them.

> Young women have a rosy picture about having a baby, they all talk about what they'll get for it, what kind of pram, and they all have new stuff, the clothes, the excitement of pushing a pram. (Social worker)

Finally, there are some who would turn up in the teenage pregnancy statistics but who are more properly early family starters, with some of the steps out of the traditional sequence. This young woman – herself and her lad both in jobs, together for years, engaged before the baby's birth, now married – had their baby because they wanted a baby and 'there was no reason to wait'. This should not be classed as an asocial conception.

> **35** I live here with [son, 2] and my husband. We were 18 when we had him and we're trying for another one again. My family all live round about, so it's not so bad. My sister has just moved to Glasgow, she's got a wee girl that's ages with [son], and an older boy. She had her family young too, she was pregnant at 15½. I wasn't like her though. We'd known each other for years and we got engaged before [son] was born. We got married this June. We

planned to have a baby, there was no reason to wait. (Married parent, 20)

One person who was concerned with the meaning of pregnancy in the wider social scheme of things had concluded that the determination of this generation of young women to do exactly as they liked was reinforced by the asocial behaviour of famous people: even the stars of the front page were into it.

> **34** Well, now no one seems to have any regrets about what has happened, they go into sexual relationships with an "I want it so I'm going to have it" attitude, and if they get pregnant, well, so what. Their parents will stand by them, because they don't want others to think badly of them, and for some, at least, they are only copying what happened to their own mothers. I don't think they are any more mature than young folk of our day. I think they just have more confidence or more, I don't know, more of a couldn't care less attitude. They have more of that kind of confidence in themselves, but I sometimes wonder if it's just a cover up, for what they really feel. They certainly don't seem to have any more common sense, to go with the confidence. It's just not an issue to have a baby when you are very young, you see them on the front of the papers, they're stars, rather than outcasts, like in days gone by. (Social worker)

Having a baby when you are very young would appear to be less of an issue for girls in low-level service employment with no educational qualifications and living in restricted circumstances. Despite the fact, as we have seen, that their mothers can be very distressed at the news of the pregnancy, a large proportion do rally round and take on the onerous responsibility entailed[49]. However, we need to qualify the picture with an important population which was not targeted by the research, those who terminate the pregnancy. The 'real' reasons for the difference in the decisions about the pregnancies would in some cases be difficult to establish.

> **12** Girls that come requesting TOP always give a reason which seems plausible, but that isn't necessarily the underlying reason and we don't probe. More and more are having recurrent terminations. They are often unrealistic about contraception; they don't appreciate that most methods are only as good as the person who is taking them. It is easy for them to find excuses for not using contraception. (Medical practitioner)

> JW What reasons do women give for wanting a TOP?

> **10** A lot will say that they don't feel ready to have a baby. The other thing which we see a fair bit is one pregnancy very close to the previous one and they want a TOP then. A lot will have just split up with their partner. People will always tell you that they usually use contraception but just forgot on this occasion. Some will say that they wanted to see if they could become pregnant (a sort of fertility trial), but didn't actually mean to. Many still think it won't happen to them even if they don't use anything. (Medical practitioner)

One reason is well known, however; that unqualified girls from the most deprived communities have little in the way of alternatives. Their future in

the new global world order has narrowed to repetitive low-level work and motherhood. They have nothing to lose by anticipating motherhood.

> **17** A lot of them seem to live for now. They haven't got anything to lose, like we would, so they have no thought for the future. Whatever happens won't matter, they have no status to lose, so they are not throwing away anything. A friend of mine became pregnant at 17, there was never any question that she would continue with the pregnancy, she had too much to lose. It's not the same for these girls. (Voluntary association worker)

For girls in low-level service employment with no educational qualifications and living in restricted circumstances, the arrival of their baby was their big moment. The pram was the key symbol of their new status.

> **5** My son had his French fiancée over visiting in Dundee recently. She was very surprized at the number of young girls who were pushing prams around the city centre. She had never seen anything like this in France. (Police officer)

> **12** In Dundee, they start having their families younger anyway, about age 17-18, there isn't anything better to do. Their mothers did it, so they do it, and they all get support from their mums. Fathers are sometimes about, sometimes not. I don't think they see marriage as the norm. I see them in the town, in gaggles with prams up the Wellgate. We've known for a long time that these are problems which are associated with deprivation. (Medical practitioner)

> **28** She took me to the doctor's and I had a pregnancy test there. In the end, my mum said "Have the baby, if that's what you want." It was up to her in a lot of ways, because I look up to her, she's been through a lot, so she knows what's best to do. She was right, we have managed. As soon as she said that I started thinking about a pram.

> JW New or second hand?

> New, I'd never have anything second hand. A pram is probably the most important thing that you get, you wouldn't buy it second hand. I don't have anything for him that's not new. You wouldn't want to be seen with it.

> I think I was about five months pregnant when we got it - that was a great day. I felt so special. It was a really bonny pram, everyone said. It is quite unusual. I really enjoyed walking about with it, people used to look, because it was different from the ones most folk had.

> It's all worked out fine, I had a really easy birth. [Partner] and my mum were there. She kept saying, "You look great, you'd never think that you'd just had a baby." (Single mother, 19)

Attention so far has focused on female behaviour. From the respondents there was no evidence that the males were more socially concerned when it came to the conception of offspring. The fact that some of the young mothers seem to have established acceptable relationships with men suggests that there could be more to them than an intense preoccupation with sex. For external consumption, however, their behaviour was of beings whose 'whole world is ruled by their testicles.'[50]

24 Some of the older boys go a bit far with the sexual innuendo, well most of them actually, but that's just boys, their whole world is ruled by their testicles. They have to talk about sex, even some of the girls ask. They don't seem able to see a life without sex at the centre. (Voluntary community worker)

21 I hear the boys talking about sex quite a lot. It's quite clear that they don't need to find a girl attractive in any way to have sex with her. Not even animals behave like that, even they try to woo their mate. The attraction doesn't seem to matter, it's just the sex. "You're not fucking the face…". If you are going to get sex then it's worth it, regardless of what she looks like, you just get on with it and have it over and done with. (Youth worker)

22 The other thing I notice a change in since I started teaching, is the amount of sexual talk which is common place now. It seems that they talk about things from a younger and younger age. There are real extremes, you see it in class, the nice kids often don't know what the others are talking about. (Education service)

25 The schemes make it difficult to be different. You will definitely be slagged if you haven't had sex by the time you are 14 or 15. Most of the boys wouldn't use contraception because of bravado, it doesn't go with the macho image. There is a lot of pressure to grow up, to behave as if you are, even if you aren't, sometimes the boys here behave like wee laddies. (Education service)

40 Lads see sex - not relationships or girls, just sex. (Social worker)

34 We get wee lads coming in here for condoms. I used to say to them, "If you're only 15, you're too young", but now I realize that probably most of them are having sex anyway[51] and they might as well get the condoms if they are going to use them properly. It feels all wrong, as if they are just playing at parenthood. (Social worker)

The frequently free-floating, non-relational character of sex in these communities had independently struck each of the medical practitioners. For them, lives with sex at the centre had to be lives with relationships pushed to the margins. Both wished to see sex brought back into a role of expressing a relationship that already existed rather than being an entity in itself.

The first doctor envisaged a situation where sex would be just one of many important matters which would be talked about within the family, as part of the general process of family caring. Evidence from comparative research on Dutch families suggests that, broadly speaking, British families do not address the whys and wherefores of sexual life with their growing children to the extent required in this day and age (Ingham & van Zessen 1998). This neglect may derive from a failure of parents to realize that, because sexual behaviour in the wider society has changed so much and so suddenly, they now should be giving their children something their parents did not think they had to give them. Until recently there was such a blanket repression on pre-marital sex that the question of, so to speak, hands-on guidance in the matter for early teenagers would rarely have come up. But with the transition to post-industrial society and the end of the iron grip of 'respectability' (Himmelfarb 1995), the taboo has all but

disappeared. Social control now has to be replaced by self-control – but only in families where the children really feel cared about will they have any motive to buy into this. For the remainder, self-control is just losing out on what others are getting.

> **12** Sex education needs to be a lot more comprehensive. Sex is such a double-edged sword. It's made out to be such a taboo, yet it is everywhere, selling things. It needs to be part of the family, the sort of thing that people talk about at home. So many things do. I think a lot of these problems stem from a caring issue. There is a lack of care from home. They never seem to wonder why they've had a child. It is all about who is important to whom. (Medical practitioner)

The second doctor drew a connection between a possible re-integration of sex into relationships and a more general integration of respect into the way in which people were treated in society at large. Perhaps one of the reasons for the a-relational utilization of sex by so many young people was that they had come to view themselves as not worth relating to? Get treated like objects, behave like objects?

> **10** Education could be so much better, not just in schools, but homes too. Parents need to learn to speak to their children about things that matter, sex included.

> I feel we've come to a fork in the road where sex is concerned. We need to decide whether we are going to continue to say to young people that 'It's OK to have sex as long as you take precautions, to make sure that you don't get pregnant or get STDs', in other words make it a normal part of growing up, like we used to immunize girls against rubella. Or else we need to back-track, and start to encourage young people to think about why they are having sex, help them to try to understand what it means. I think we need to continue to give young people as much information as possible about their bodies, but they need to go back a step and learn about sex as part of a relationship, rather than as an entity in itself.

> They get about four weeks in their whole school career on relationships. It needs to be something much more fundamental. I often feel as if I am called on to say all the right things, but in my heart I feel that it's not really what we should be doing. It needs to be an education which runs through everything we do, the services we provide, the way we talk to people, the way we are with our families, everything. It's more a societal approach to treating people with value and respect. I think that has to be the reason why so many young people are putting themselves in the way of this kind of sexual behaviour. They don't feel any sense of their own worth.

Education as a societal approach to treating people with value and respect, running through every action and every encounter of every member of society, would in this view have as an outcome a 're-socialization' of sex. Sexual behaviour would lose its non-relational, something-else-you-get-at-parties character and become integrated into the self-expression of people whose sense of their own worth leads them to value others and to offer themselves to others in the expectation of being valued.

Sadly, self-respect in many children is withered by constant denigration of their abilities, even by their parents.

> **10** If all you ever hear is that you are stupid, you must grow up believing that you are stupid. If you believe that you are stupid, then you will behave in stupid ways; that's what people expect of you and that is the only way you can think of yourself. That's why you see so many young people who feel that they are pathetic and useless; and that's the way that they present. There must be something wrong that parents who speak to their children like that don't see the harm in what they are doing. The parents don't even seem to feel bad about it, it's probably what they had at home themselves.

Of European 15 year olds only the Estonians and the Slovakians have less self-confidence than the children of Scotland (King *et al.* 1996). One of the impediments to positive steps to redress the situation is the assumption that bringing up one's children to think they're stupid is a parental right, as the same doctor immediately went on to consider.

> **10** Some people will say that that's their choice and we shouldn't put our middle class values on them. But what about the choice of the baby growing up in that way? What about society having to support them and bail them out again and again? You can't have a personal choice without realising that it involves others too.

Just as one could argue for a less privatized approach to parenting in order to maximize the potential of each child, so one could argue for a less professionalized approach to schooling. Parents' choices involved long-term outcomes for others; so did teachers'.

> **2** It should be a joint thing, everyone has a part to play. Education needs to back up what happens at home and vice versa. Then it should go beyond the family to the community as a whole, shared values, extended families or support networks, churches, clubs, all these sorts of things having a share in the way young folk grow up in our society.
>
> We need to get away from seeing education as academic learning. It should be about gaining experience, maximising the potential that each child has, rather than trying to get them to attain some sort of recognized criteria or standard which says that they are educated. (Social worker)

This argument that parenting quality is a social issue because nowadays society has to pick up the pieces that dysfunctional parenting produces leads us to the second malfunctioning component of the reproduction system: parenting itself.

3.2 An asocial idea of parenting

Just as sexual conceptions could happen which were not positioned in a life-course framework of a family building its future, so the whole of the parenting process could also have floated free from being articulated with a family's strategic plans for the future. This would seem to have often been because the family had no strategic plans for the future. Behind all the complaints about family instability and disorganized families lies a

socio-pathological idiosyncrasy in parental behaviour: these were parents whose children were to some degree not being socialized, not being prepared for membership of the wider society. How could they be, if their parents were having such difficulty in securing their own membership?

While professionals gave more descriptions of disorganized behaviour than explanations for it, these had in common a distinctive accompanying tone, a ground bass of frustration at the incompetence and disorganization of parents. This expression of frustration must be taken as itself a research finding, not merely be seen as so much 'noise' to be trimmed off the 'signal' of respondents' descriptions of facts. It is a significant 'fact about the facts' (and the capacity to pick it up is one of the strengths of qualitative research). In reality the sense of frustration would appear to be the result of the perception of these agents of the state that they were working with people who were not fulfilling their part of the implicit contract underwriting their right to receive state services. Whilst they saw the service they were providing as supposedly a service of family support, they also saw that in many cases what they were supposed to be supporting was not actually there: parenting was not seen by all service recipients as a task to be performed by them on behalf of society. Such parents were felt to be to some degree defaulting on the 'responsibility' allocated to them by society to be the primary nurturers and socializers of future citizens. While, quite properly, professionals couched their criticisms of this defaulting as a breach of political contract, we can use their critiques as a framework for laying out the contrasting elements of socially 'responsible' and socially 'irresponsible' families; as a way of moving beyond describing disorganized behaviour towards explaining it.

In this sub-section, therefore, we first hear from professionals about their attempts to promote pro-social ('responsible') parenting and their experience of asocial ('irresponsible') parenting. We then review the key ingredients of pro-social parenting as they see it (largely, of course, from their own experience) before moving on to what the professionals view as asocial parenting. The perhaps artificial-sounding emphasis on its 'asociality' (rather than the more commonsense term 'irresponsibility') is a consequence of our choice of model: irresponsibility is a function of individuals, asocial behaviour signals a mismatch between societal expectations and group performance. Which is our concern.

3.2.1. Pro-social

One respondent thought that the crucial differences in long-term outcomes derived from the kind of family children were brought up in and the expectations they were subjected to by those families. Two families supported by the social work service were presented as contrasting ideal types.

> **34** I remember a girl a few years ago, we had the wee one here, her mum was just 15. She was just a lass herself, no dad on the scene [i.e. baby's father], but she recognized that she had made a mistake and set to getting on with it. She left school and looked after that baby. She had support from her family, but she lived on her own and made a good job of being a mum, from what I could see. The baby was well looked after, they didn't have a lot, but she loved that bairn, you could tell. She realized that it was up to her,

she was glad of any help that you gave her, but she wasn't always complaining that it was the social, the school, or whatever.

The wee girl has started school now, and the mum has got herself organized to go to college, fitting it in with being a mum, the best she can.

Then there's another girl, her mother is the same age [as the one just described], but the kid is brought up by her [grand-]mother, as if it were her own. The mum has no responsibility, she goes out with various different lads, we see them sometimes when she comes to collect the wee one. Her own family are a bit of a disaster, she doesn't know her own dad, and mum has different men on the go, all the time. That child is going to grow up to be just as irresponsible as its mother and granny before it. They complain constantly about the housing, the social, the school. Things are always someone else's fault.

The difference has to be the family and their expectations. (Social worker)

As we shall see below, the difference behind the difference would seem to be, to use a vogue term, the degree of 'ownership' of the child by the parent(s). The professionals' ideal is of a focused, professionalized and somewhat exclusive mother-child relationship: the first mum is presented as having 'realized that it was up to her', even though in fact it didn't have to be – 'she had support from her family'. And whereas the second mum is doing an effective job of making sure it is not up to her and doing her best to live her life as if she hadn't had the baby, the first mum puts her late adolescence on hold till the wee girl starts school. Being able to be responsible for the child is paralleled by the professionals with being able to be responsible for oneself and to manage one's immediate circumstances, not to dump responsibility for things going wrong on 'the housing, the social', etc.. And, an underlying reality, the emotional bond is seen as fundamental[52] – 'she loved that bairn, you could tell'.

That superb sketch came from a social worker. Alongside them, the front-line ambassadors for state-approved family behaviours are, and have long been, community nurses. Here we see two community nurses pushing their health promotion/health education/parenting promoting duties to the full, acting as society's envoys in the homes of the demotivated disillusioned, personally identifying themselves with a rewarding strategy for parents to try to ensure that they become committed to doing the best for their child. Community nurses are the most frequent point of interface between the society at large (and its evolving expectations as to what socially appropriate mothering is) and mothers who need support. Inevitably they use this contact as an opportunity to 'socially re-parent the parent', so to speak. Here are two nurses recalling attempts at positive reinforcement of what they perceived as good moves by their clients. It is instructive that they both realize how important it will be to the child how the parents feel about themselves.

39 Early intervention - when people are first pregnant that has to be the key, you need to instil the importance of their child, try to improve the self-esteem of the parents, to let them know that I thought it was important for them to have these things done for their children. (Community nurse)

3 A job isn't a priority, I'd say. People don't worry that they are not employed. One girl I worked with, she was 35, her man had been unemployed for years and he got a job through one of these schemes. It was only a security job, but I was there all excited and full of praise for him. They didn't seem that bothered. I felt really stupid. Things improved in the house for a while after that, they got a few new things, carpet, sofa, it was cleaner and tidier, but after a few months it had gone back to the way it used to be. (Community nurse)

Education also has programmes to positively reinforce prosocial parenting, which they refer to as 'good behaviour'.

22 We try to help them through SE programmes, try to encourage these things through discussion and setting personal targets. We try to recognize achievements, however small, and we work with parents to acknowledge good behaviour. We've developed a system that needs both school and home to participate. As usual, the parents who are most motivated to do it are the ones whose children have no problems or who are at the mild end of the spectrum.

It's the same with parents nights: the ones that you really need to see are the ones who aren't interested to come. I was thinking about a girl we have got in fifth year. She had worked really hard to stay on for highers and she had a pretty poor home background. It was parents night and she had wanted her mum to come but she said she wouldn't be able to organize it. They were shopping at Asda and on the way home they walked past the end of the road. She wanted her mum to come in, but she wouldn't because the ice cream which they had bought would be melted if they didn't go straight home. (Education service)

Another pro-social teacher had found it necessary to contest some of the bad behaviour that less social families had allowed their younger members to become used to – lying, for example.

20 They lie constantly and get away with it, it is a way of life for a lot of them, it goes on all the time at home and they don't think anything of it. It has become normal. They have no guilt about it, even when you challenge them about something when they say one thing and you see them do the exact opposite. They start getting very angry and throw it all back in your face then.

Here is some evidence that it may be majority social values that are being promoted in these settings – it wasn't only professionals and agency workers who criticized what they saw as laxity in some parents' disciplining of their children.

26 People have a completely different way of bringing up their kids now. The language that their parents use with them, they just don't care. You hear kids swearing in the street and the mum will laugh and say "Hear him". It's all a big joke. Then he'll do it another few times and she says "Stop it Mark", but she doesn't even sound as if she means it. There is an eight year old in our street that got brought home in a police car after shop-lifting at Asda. The parents think nothing of that. (Single parent, 27)

We have just seen that although professionals focus on behaviour in practice, there would seem to be an implicit theory that practice is an

outcome of underlying feelings, of whether and how far people actually <u>care</u>. Are children valued? Objective family circumstances were seen as eloquent testimony in this regard. Were the parents actually there for them?

> **7** One thing that comes up again and again is the number of girls that say they don't know their dad. I can't help but think that there are so many young people who have been really hurt in their lives, either by their families, or by their families just not being there. Young people don't seem to be valued, so few of them are living with two parents. (Employment service)

> **42** We were definitely a middle class family. My mum was at home all the time, my dad was really mollycoddled. We couldn't get everything we wanted, but we always had a cooked meal on the table and it was very rare that my mum wasn't at home when we got in from school. There was a feeling that she was there for us and I certainly felt valued by my family. My dad often got a different meal from the rest of us, I'm not sure if that was because he didn't like what we had or if my mum felt that he needed something a bit different. (Police officer)

> **30** There's just the two of us. I've been on my own with him since he was about 8 weeks old. He just didn't want to know. [JW: She turns to the son who has been listening and says "He didn't want to know, isn't that right?" Son, 3, tells me: "He's never been there for me."] (Single parent, 23)

Today's parents' memories of a mum who was there seemed strongly linked to her role in providing food.

> **19** My family were a bit different and I think that has influenced me in the way I've brought mine up. We always had food on the table, that was different from a lot of the folk I was at school with. I used to get a slagging at school because we used to get things like steam pudding, other folk never got things like that. I grew up in Kirkton, we were a big family. My dad worked on the docks, my mum never worked. My mum must have thought that food was important; we went without other things, they must have gone without a lot, but we always had plenty to eat, fruit and that kind of thing. (Manager in company)

Currently the evidence of being valued by parents seems to have shifted to the interpersonal plane: do they give time to their kids? Do they do things with them, listen to them? Material things seemed to be easily available, but were they becoming a substitute for time and attention?

> **36** It wasn't that we were spoiled, I think they are spoiled, they don't seem to have to work for anything or want for anything. My parents both worked, but one Christmas, I wanted a knitting machine and I didn't get it, they couldn't afford it. I saved up the next year and put some money towards it and got it then. A lot of the kids around here, they get everything, but they don't have much time with their parents. We used to spend a lot of the time together at weekends. I don't think we missed out on anything, with them working. We did everything together at the weekend. We used to go on picnics, or to Camperdown, not far but we had good fun. (Single non-parent, 20)

1 I think what matters to young people, is having someone to talk to, even if it is just about ordinary stuff, like what they did today. It's okay to tell your parents if you've got something to boast about, they want to hear about that, all right, but anything else, I'd just keep quiet. Even today, if I say anything, straight away, it's "Here we go again..." I know they are just thinking that I'm a pest, or my mum would say something like "Trust oor femly". Lots of folk feel like that, kind of depressed or even despondent. (Single non-parent, 20)

The absence of other categories from the research sample could make it seem that only poor children were short on time and attention from parents. In fact it may be a widespread phenomenon. One social worker had done a job swap which had exposed him to the children of really wealthy families; underneath the rich kid lifestyle he had encountered exactly the same hunger for time and attention as in Dundee.

4 People think that the problems that they have are all due to money, lack of jobs, poor housing. I'd have to say that I think that one of the major causes of unhealthy lifestyle in Dundee is bad parenting. I spent some time in --- as part of a youth work exchange. That visit helped me to see that money isn't the problem. These young people were from really affluent homes. The kind of activities that they were doing weren't anything like they'd get here: archery, clay pigeon shooting, yachting, those sort of things. It's a very Tory place, with a really wealthy youth service. The thing that struck me about them was if you spent time talking to them, they were just as messed up as the kids in Dundee. All the money, background and activities made absolutely no difference to the fact that they were basically screwed up. All they wanted was time with adults who wouldn't judge them and who would listen to the great things and the mundane things that were happening in their lives. They were just the same as kids in Dundee when it came down to it. The things which they wanted were their parents to listen to them and to spend time with them, rather than give them things.

This is an important piece of evidence. It makes clear, as did poor children's educational success, how much we are dealing with a non-deterministic system. Despite the general tenor of the argument being that a certain kind of environment has certain kinds of effects, the specificity of the etiological action is not total. Not everybody exposed to the environment demonstrates the effects; and some people demonstrate the effects where (as here) they have been exposed to a totally different kind of environment. The argument is one of presumed proportion – 'presumed' because only a completely representative sample could confirm the relative fractions.

What proportions you give to the various influences obviously depends on what you see as the overall picture; and each person's overall picture is relative to their standpoint. Police officers' relative exposure to the different behavioural classes of society cannot but give them a different picture to that acquired by, for instance, social workers. With perfect regard for the social ('it sounds') and scientific ('seem') proprieties, one police officer gave his picture.

> **42** I know it sounds really classist, but professional people just seem to love and care for their children more.

A social worker offered a contrasting case.

> **34** I'm probably being unfair. There are some who are what I call visible poor, they aren't well dressed, they are struggling to make ends meet, but they would give their kids their very last. They go without, so the kids can have. There's one family I can think of, the mum has 5 children all to different men and she has no partner at the moment. She is what I would say, very poor. She is a really caring mum, you'd have to say that she really cares for the children. Whatever she gets goes to the kids. The younger mums often see to themselves first. (Social worker)

The art of parenting is translating the love into care, what you feel into what they need. In practice today this requires, among other things, judgement in two proactive skills: setting boundaries, and encouraging ambitions. We have already (in Section II) met some vivid accounts on the importance for young people of having their ambitions encouraged. This is ideally a matter of communication to youngsters while they are growing from adults who can see the high ground because they've been there themselves. If somebody you respect shows you that the difficult is not impossible, motivation is much enhanced.

> **36** I knew a few years ago that I wanted to do Tourism or a Business Degree. I stuck in for it and did the right subjects. My auntie was at X— University and she always said that there was a gown in the loft for me. I thought about that a lot, so I suppose you could say that that was my ambition. I haven't gone to University, but I don't think my parents mind. They've always worked hard for things, my mum went to college, even when she was pregnant with me. I'm really proud of them, they were younger than me when they got married and they've built a life for themselves. (Single non-parent, 20)

Ambitions on their own (as we have already seen with some of the more starry-eyed job-seekers in Section II) are not necessarily positive. They need to be connected to a sense that the targets set can be achieved. Again, families can guide this learning experience for their children by exposure to graded reproductions of the market economy within the domestic sphere. This young woman had had several years of experience of learning realism in setting her consumption needs into their earnings framework before she ever hit the job market for real.

> **36** We always had our jobs to do. My pals used to be jealous of the pocket money we got, but we really got paid for the jobs we did in the house, ironing, doing dishes, things like that. We didn't get anything for nothing. Some of my pals grew up expecting to get things, we've never been like that. It was all we'd ever known so although we didn't always enjoy it, we did it, because we knew that we had to get our pocket money. I can remember feeling really pleased with myself for paying some of my school trips when we went to France and things, I was proud because I had worked hard for that trip. I'd do the same with my kids, it's a good thing to learn. I used to save some and buy clothes, if I'd earned the money, then it was mine and I could do whatever I wanted with it. (Single non-parent, 20)

Setting boundaries meant saying no to children. Mothers bringing up children on their own were obviously in a more difficult situation with limit-setting than ones who had a dad up their sleeve.

> **34** We see a lot of children who just don't know the boundaries, they've never had any rules set for them and they don't know how to behave. It's not just the younger mums. I'd say that there is a lack of parenting ability across the age span. It seems that kids get whatever they want, whether it just gives the parents an easier life or what, I don't know, but mums in particular don't seem to be able to say no to their children. If they want something they get it. (Social worker)

> **36** My mum was the one who kept us right in the day-to-day things, but if there was any major trouble, then she would say that she would be telling my dad and we knew that that was bad. You knew then, that you'd really done things wrong. We knew the limits, though. My mum used to say that she could take us anywhere and we'd behave, you couldn't say that about many children. You knew when you were pushing the limits and we would get a smack. I think on the whole we were pretty well behaved. (Single non-parent, 20)

Skill in parenting is like any other skill, best acquired in a situation where it is being extensively demonstrated before you need to start practising it for real (Lave & Wenger 1991). Once again this brings out the contrast between rich and poor families, but the wealth is more 'cultural capital' than financial. Only one family was interviewed in two generations, but it was apparent that the younger generation had been the beneficiaries of the inheritance of the parental generation.

> **19** Health was something that was important in my family, my parents talked about it, everyone knows someone who has had a heart attack. We were always told that smoking was bad for you and we knew that over-eating could cause heart attacks, although you wouldn't know it to look at me now! My family were a bit different and I think that has influenced me in the way I've brought mine up. We always had food on the table, that was different from a lot of the folk I was at school with. (Manager in company)

> **23** I did smoke in primary, for the look of it. Everybody that I mucked about with tried it to look good. I didn't inhale though. I always hid it from my dad, he would go mad if he knew. Nobody in our family smoked, I would have got into serious trouble. I used to drink a lot more than I do now, my dad doesn't really approve. My mum doesn't mind so much if we are actually with her. I suppose both of them are quite strict about it, they would rather that they were with us if we were going to be having a drink. I've only been really the worse for drink once or twice. (School pupil, 16)

Here we see one of the hardest parts of the parenting obstacle race, maintaining the guidance role while things which were an absolute no-no while the children were smackable become accessible options with their transition to independence. Since absolute vetoes on things one consumes oneself are a bit of a provocation to teenagers, the secret seems to be to titrate the exposure in slowly rising doses and, with drink, hiding to the maximum the chemical in the ritual.

> **36** We first had booze when we were in the house, at Christmas or whatever. We'd be allowed a watered down glass of wine. It's never been hidden in the house and I don't think either of us have ever been drinking in the street. I went to pubs from the time I was 17 and my parents always knew where I was. We were trusted and my parents trusted our pals. (Single non-parent, 20)

Superintending one's children's entry to sexual activity is somewhat of a fraught area, and evidence generally suggests that British families have largely relinquished the informational side to the state. However, where the state's provision falls short, parents face a dilemma: do it themselves? or leave it to chance and the inevitable peer group? As with drinking, parents wishing to have some influence over at least the beginning of their children's sexual career carefully scrutinize alternative sources of information and competing sources of influence. One professional, reflecting on his own family, pointed out that one reason for discharging his responsibilities as a parent in this sensitive area was to avoid his son mixing with the children of parents who he judged to have defaulted on this task.

> **42** Health is also about personal safety, I think people forget that. In all of these things there seem to be divisions between the posh and the poor kids. You even see it at places like The Corner [a teenage contraception and advice centre in Dundee]. A lot of parents wouldn't want their kids going there. I don't know that I'd be happy for my son to go there. I would hope that we would be able to talk to him and teach him a responsible attitude to sex and contraception, without him having to mix with some of the kids that go to The Corner.

In our scientific perspective, 'pro-social' parenting is pro-social, not because it is focused on producing morally responsible citizens, but because it aims to turn out young people who are equipped to make the most of the actual social challenges and opportunities they will meet. It is a question of adaptedness, not of morality, nor of 'middle-class values'. The prosocial parenting we have reviewed is very ordinary in its scope and concerns. However, as we shall see, the scale of difference in the outcomes can be disconcertingly large. Environments punish ill-adaptedness.

3.2.2. Asocial

Let us introduce the pro-social/asocial contrast by a compassionate insight from one of the young women in our sample. She says that the upbringing of children is a game; like any game it has rules; and, as elsewhere, one way to severely lower your chances of winning in the game is not to know the rules. Parents are supposed both to know the rules, and to be there for you, bringing you up. Lose parent, and/or lose rules – lose game.

> **36** Well, my mum and dad worked but they brought us up, they taught us how to behave and they showed us by what they did what was right and wrong. They talked to us about things and they encouraged us to talk to them about things that worried us. A lot of the people I knew at school, they didn't have both parents, they didn't talk to them, and the parents were often in trouble. So how could they know how to behave? I think some of them were just doing their best to bring themselves up, but the rules to the game

were lost, so they didn't manage to win. They were playing a different game to the rest of us. It's not their fault. (Single non-parent, 20)

The nub of the contrast between prosocial and asocial parenting as described by the interviewees lay in the question: how much bringing up is going on, and who is doing it? The mum who parents explicitly, who is actively there for her children, is also a prosocial parent for society; by contrast, the pro-self parent who possibly doesn't 'parent' at all, who tries to live her life as best she can, with her children being left to live theirs as best they can, tends to be asocial. Here the parenting deficit needs to be supplied by others; if not the asocial parenting can sometimes result in a frankly anti-social adult.

As we have already seen in Section I, Constitutional Factor, many families in the poorer parts of deindustrialized cities are lacking in stability, of which key characteristics are their poverty and being headed by a single mother. This makes it less likely that there will be a strategic approach to socialising the children in a functional, societally-adapted way. One agency worker, in reflecting on the clients served by the agency, observed that it was often these mothers' desire to lead their own lives which prejudiced the bringing up of the children.

> **17** Is there such a thing as a typical Dundee family? I don't know. The ones I'm dealing with are nearly all single mothers or are to all intents and purposes single, that's the way they see themselves. The statistics show it but it is borne out by my experience. They are the ones with the problems. They are often poor families, I don't know which comes first, the poverty or the pregnancy. None of them are well off, most are living in council or private rented accommodation. Most of them have emotional support from somewhere, usually their mum. Their own parents have often broken up, but the support seems to come from the maternal side. Some of them have quite young mothers themselves. I have almost come to expect the people that I see to be single with kids. Just talking to you, I'm thinking that there is a huge amount of broken homes, kids don't have a chance from the start. They aren't really brought up, their mother wants to lead her own life. (Voluntary association worker)

Traditionally working class youngsters got a job in their mid-teens and became contributors to the household economy. The disappearance of this economic possibility, reinforced by the loss of eligibility for social security benefits of this age group, has not seen all families prepared to extend their responsibility for the children in the house. A youth worker pointed out that such situations, especially when it was a step-family, could be so volatile that as young people became older they became significantly at risk of being put out from their homes, of being left by the wayside by adults working towards their dream. Prematurely put out from the nest, they were like baby birds with broken wings.

> **13** I used to see a lot of young people get put out from home, particularly in step-families, if they wouldn't pay board. The family would look really respectable but underneath there are all these kind of things going on. Then young folk have their independence, but they have no safety blanket, no family to fall back on. There are a lot of volatile families, where things are just waiting to happen.

> Sometimes it can be quite a trivial thing which causes the bust-up in the end. I suspect that a lot of them are actually quite neglected, they live in the same house as adults who are working towards their dream and meanwhile, their children are left by the wayside.

> Many of the ones who came to [young people's home] would be looking to be looked after. They didn't really want their own flats. I remember thinking once, that they were almost like baby birds that had been pushed out of the tree before they were mature enough to fly. There are a lot – and I mean a lot – of young people with broken wings, who have been badly hurt when they've been encouraged to leave the nest. (Youth worker)

More confirmation of young people's being largely responsible for their own upbringing came from two social workers, using almost exactly the same phrase: 'just pick things up'.

> **40** Children round here just grow up picking things up from the older ones or other folk. They're not really brought up or taught things. (Social worker)

> **4** Maybe taught is the wrong word. Most of it is just picked up. I don't think kids are really brought up in families round here, they just grow up in the same house as the parents and learn by watching how they behave. (Social worker)

Two police officers were of much the same mind. One had a close acquaintance with schools and had come to believe that very quickly in children's lives the environment becomes more important than the family background, that 'children are influenced from a very early age by their peers and the culture of the area in which they live, rather than being influenced by their families' (**5**). One product of this is that they learn not to have respect for authority and from early on they learn how to behave towards the police and other figures who represent authority. The second officer had also encountered both the upbringing deficit and the lack of family concern about behaviour.

> **42** The young people seem to fend for themselves a fair bit. There doesn't seem to be much bringing up going on. I've had to take kids home and there isn't much reaction that the police have brought their child home. Often, there would be more emphasis on the being caught, than on the wrongdoing. People were more bothered that their kid had been brought home, than the fact they had been up to something wrong in the first place. (Police officer)

If one of the key tasks of parenting in today's family is encouraging and motivating children, local children were seen as losing out.

> **3** Parents don't give their children any motivation, nobody encourages them, even to do good fun things like after-school football. It's as if the parents take no interest. They don't seem to be able to see that the things their parents did to them, they are now doing to their own children. (Community nurse)

> **20** For most of [the school-age mums], I'd say that pregnancy isn't a plan for the future, because they don't have any plans for the future. They lack parental support to reach any potential which they have, they don't have a preferred future. All they can see is more of the same. (Education service)

One thing working class parents were seen as very keen to encourage was independence at an early age.

> **22** So much of what we see in school are reflections of adult behaviours. I would say that less than 50 per cent of the pupils we have here have grown up within a nurturing home. They seem to be very independent from an early age, and that's what they are encouraged to be, because it's easier for the parents. You can understand it if they are on their own with kids, the more they can do for themselves, the better. I don't think it is something which is exclusive to Dundee, I would say that it is a society-wide problem. (Education service)

> **21** I see a lot of young children who seem to be grown up, but you know that they are not. They seem to be made to become adults as quickly as possible and you see wee girls in make-up, that kind of thing. (Youth worker)

A police officer felt there was a fine line, rather frequently crossed, between encouraging independence and parental irresponsibility. Parents tended to get trapped by encouraging, by reaction or by example, behaviours which were amusing when children were young but could be far from funny when they were older.

> **42** Parents seem to take the easy option every time with their kids. They don't stand up to them. At 1 or 2, it's bad enough when they give into them, but by the time they get to 11 or 12, the easy options have become much more dangerous. Putting your kid out to play in the street all day is potentially dangerous for a toddler or young child, but letting your 11 year old out to play all evening with their older friends could be fatal. Parents don't seem to take the upper hand with their kids, to prevent their dangerous behaviour. It starts with children picking up bad habits when they are really young, you hear kids swearing or mimicking their parents smoking and everybody laughs. They are all saying "What's he like!!" or "Isn't it cute when they are like wee old men". When they get the same reaction at 4 or 5, it starts to become a lot less funny and before the parents know it, they can't stop it. I often think that children are seen as playthings by some parents. They don't seem to realize the responsibility that they have to behave themselves, since the children learn from them.

This young mother (19) was delighted at a contrivance she had rigged so that her seven-month old could feed herself.

> **33** [7 month old] eats crisps, Quavers and Wotsits, that's the only other thing that she eats. She likes them because I can just give her a packet and she helps herself.

> JW Can she manage to take crisps out of the packet herself?

> Well, I do what I do with her bottle, I prop it up in the buggy, behind the strap, and I rip the packet so she can get them herself. Sometimes she needs a bit of a help. [18 month old] is just a pest. She won't feed herself at all. She just plays with it. It's maddening, you leave her to get on with it and you come back and she's got food all over the place. Now I just sit with her and make her eat it so she doesn't make a mess. I don't have time to be clearing up after her all the time.

Both the community nurses illustrated their concern at the way in which children today were being left to fend for themselves with a contrast example of how the kitchen could become a combined environment for both the adult's domestic tasks and children's learning.

> **3** Children are left to fend for themselves a lot of the time. They amuse themselves, running about outside, or in front of the TV. I've lost count of the number of houses I've been in where the baby is sat in the bouncy chair in front of the TV. Nobody seems to have their kids in the kitchen with them while they are working there like we used to. That was the way mine learned. They don't seem to realize the benefits of doing things like baking, with their kids. Mind you, who bakes these days? I can't see many of them buying flour and that sort of thing.

> **39** We're into the second generation of this, because girls don't see anything different. They've no way of changing.

> J.W.: So it's about learning by example then?

> It's about <u>how</u> you learn -- that's the bottom line. We learned through a combination of things -- by talking about things; direct discussion, by learning from mistakes, by getting support from our families to learn to budget, for instance, and through what we learned at school and what we saw others doing. It was a combination of all these things. People are losing out on all fronts today - parenting, cooking, all these things. Cooking, feeding the family is a perfect example. People don't cook, they don't eat together, it's all eating on the hop.

The eclipse of the learning home and its replacement by a fend-for-yourself existence for young people was seen as revealing itself most clearly in mealtime behaviour. Radically discrepant views were implied by respondents as to what mealtimes were actually about.

One view of the function of organized family mealtimes which relates to children's understanding of the wider world is that it is not only about eating, but also about talking and listening. Family mealtimes do not just permit people to take in fuel, but also to take on notions about how each member at the table sees and relates to his or her world. They constitute a mutual debriefing session which runs for years, and which might be the main vehicle for the construction of a shared world. With regard to mutual understanding, the cumulative differences over years between families which do and which do not eat together would be vast. But also with regard to understanding the social world, children who rarely hear the outside world discussed by adults in a routine manner will, relatively to their peers, have accumulated a considerable deficit of knowledge for decision-making as they move into an independent social existence themselves. Post-industrial families need to find a space in which to perform their evolving socialization functions: as communication occasions, for those with the cultural capital to invest, mealtimes have become of considerable cultural significance.

> **40** They don't even eat at a table - we've had to make a point at the Centre of having "meals" together with a lot of the groups which we do. I always enjoyed meal times when I was wee, you heard what was going on - your mum and dad talked about things. I try hard as a parent to make our mealtimes like that now. A lot of

young folk never get that - there's no place to sit down as a family. (Neighbourhood development worker)

33 We don't really talk about things, we're not that kind of family, we've never really been ones that talked.

JW What about at mealtimes, did you chat about things then?

Well, we never really saw each other, we were all in and out at different times, so we used to just sort it ourselves. My mum would make a tea for her and Dad, but we didn't have room for us at the table so we were better just helping ourselves and eating in the living room. (Married parent, 19)

She is not alone in having continued this individualized approach to family eating into her own family.

33 We mostly just help ourselves, like we always did. It was too complicated for my mum to try to cook for all of us, so we used to just get things for ourselves, it would just depend on what was in the house.

27 We never ate together at home, we were all in and out at different times. That's the way we do things now, too. I tend to eat after the kids and the older ones are able to fend for themselves. (Single parent, 40)

The individualization of household food consumption is also the fragmentation of the family as a potential communication/learning system. Perhaps some of the inability of a proportion of children to distinguish clearly between fact and fantasy mentioned by some respondents may derive from such children having become dependent on the TV for information for which other children have depended on their parents.

10 The other thing I see a lot of is a breakdown of eating habits, kids wandering around houses with bowls of crisps or cereal in their hands. No one seems to sit at a table for a meal. Apart from anything else, it's unhygienic. It must be a big loss in peoples lives, eating together. They don't have conversations, the kids get shouted at, so they can be heard above the TV. No one is talking to their children, there doesn't appear to be a lot of social interaction. (Medical practitioner)

3 It kills conversation, not just because it took the place of a chat, but because when it's on, then other people, the kids, for instance have to be quiet. (Community nurse)

Perhaps, reaching further into the conjectural, the substitution (if substitution it is) of meals in front of the TV for meals around a table is also symptomatic of a certain technologization of child-rearing, with associated depersonalization and privatization, in a manner parallel to that inflicted by computer automation on the world of work. If so, we need to add the electronic media to the pool of candidates listable in answer to the question: who is doing the bringing up?

3.3. Enlarged influence of peer group

Parents and peer groups are clear competitors for setting the targets and style for teenagers[53]. As the modern family becomes more specialized in its socialization role within society, the success of parents as co-managers of the ever-more prolonged period of adolescence can be crucially dependent on maintaining a grasp on how their child is managing his or her social relations with their age-mates. The big risks for mid-adolescents – alcohol,[54] smoking[55] and other drugs, crime, sex – are all social risks: they are to a large extent 'group determined'. As the group, so the behaviour: "I'm careful of the company I keep; that helps, because you never get any pressure from them to do things" (36). In this research it was clear that many parents had no ambition to compete with their child's peer group. What we might call the 'low intensity parenting' group[56], having given the highest priority to making their children able to fend for themselves since they were seven months old, now that they were almost out of the house, were hardly to be riding shotgun on the company they kept.

One obvious consequence of this recessive manner of playing their parenting role was the creation of a vacuum in the setting of norms and targets for early teenagers, especially important (because they had so much more free time than the studious children) for those who were not securely anchored in a pro-education group at secondary school. Some commentators saw that this norm-setting vacuum was compounded by the fact that there had been a comparative weakness in standing up to rival claimants over the children from an early age.

> **16** Things that matter to people are material things, consumerism. There is a huge media influence. Young people make demands because their peers have things, trainers and so on, even their own TVs. Parents have peers too, who they need to let know that they are doing right by their families. You see it in the pub, younger and older men, talking about that kind of thing. (Youth worker)

> **10** For young people, the main thing that seems to matter, is being cool, being accepted[57]. If you are in with the crowd in the first place, then you are able to get away with other smaller things which might not be seen as so important. A friend is important, being part of a gang – and wearing shiny trousers! (Medical practitioner)

Because of its aggressive marketing and of the power of its products to reinforce the self-concept of the socially fragile, an unavoidable source of difficulties for the parents of the current generation has been the designer label industry.

> **41** TV is everything - it's their lives. Most folk have Sky. All the kids are in designer clothes, putting their parents into debt. Parents give in to peer pressure, they are getting bothered about things younger and younger. (Minister of religion)

When violence is prevalent, being in with the crowd is not always a matter of simple personal preference. To be accepted is to be physically protected, as this social worker had discovered when he was a child.

> **4** I felt very different from other children and was often bullied, although there was a clear hierarchy of bullying and I was able to

realize that other children were worse off than me. I had friends; that made me higher up the hierarchy than many others, I had people who would stick up for me.

Fear of bullying was just as much a reality for girls as for boys.

32 Some of the schemes are pretty violent, that's bad. You canny even go to the shops for folk shouting at you or jumping you. It's not so much of a problem now [for me], they tend to go for younger folk. It happened to me when I was younger, a group of girls from the bottom of Whitfield did me when I was about 14. I just got a good kicking. My face mostly, but my body was aching after it. (Single parent, 20)

Even at 16, one informant had realized how much a poor sense of self lay behind the bullying gang phenomenon.

23 The main thing I don't like about Dundee is the violence. I've seen it a few times and it worries me. There's a lot of bullying goes on, a lot of people shouting at others, rough talk, crude things. I don't like that. You have to be with the in crowd if you're not going to get that kind of thing.

JW What is the in crowd?

You don't tell on others, you have to wear all the brand labels, look like everyone else to be accepted.

JW I get the impression that you don't agree with that?

To me you'd think they didn't have their own personality. I have confidence from being able to look at myself and say, "I choose not to be like you." That's great to be able to do that. It's my choice.

While parents may have felt the peer pressure on the material consumption front most directly, there was also pressure coming on to other areas of their children's lives of which they may have been unaware, but which was of potentially greater significance, for example in the area of sexuality.

1 I am different from a lot of my friends. Because I have a long-term boyfriend, although we go out every weekend, I'm not a slapper. Slappers are girls who are out every weekend looking for a lad. You're not allowed to be single, folk would think there was something wrong with you. If you have a baby, then it's okay to be on your own, because you have obviously been good enough for a shag. (Single non-parent, 20)

28 I used to hate sex. It's better now. It's just what you have to do, though, isn't it? Well, I mean everybody else is doing it, so you think you have to, too. (Single parent, 19)

25 The schemes make it difficult to be different, you will definitely be slagged if you haven't had sex by the time you are 14 or 15. There is a lot of pressure to grow up, to behave as if you are, even if you aren't. (Education service)

One far-sighted young woman, in appreciating how damaging to her ambitions in life a pregnancy would be, had also realized how having the wrong friends raised its likelihood.

36 None of my friends have [had sex] either, I'm careful of the company I keep, so that helps, because you never get any pressure from them to do things. (Single non-parent, 20)

Attitudes to work were another topic concerning which the peer group could make its views felt.

40 There are jobs, but a lot of young people will only work in the "right" jobs. I know a girl who left school and took a job as a cleaner; she did it for a whole year and she has moved on now – got a better job because she showed she could stick a job. There's a real reluctance to work your way up. It's seen as demeaning. This girl was slagged rotten, treated like an outcast – it's just not what you do. (Social worker)

But most self-destructive, from the long-term perspective of the community's need to get their children out of the ox-bow scheme and back into the mainstream economy, were attitudes to educational achievement. Here again peer pressure was applied, to the point of violence, against youngsters who broke ranks and showed their desire to continue on in school.

6 Some of the younger folk will see that the way out for them is through education, but most of them don't. It's a wasted opportunity, there is a lot of peer pressure not to achieve, and you don't want to be different from everyone else round about. It's not the fashion. (Employment service)

36 There were kids throwing things at the house and round in the back garden tipping the bin. They were ringing the door bell, that sort of thing. They'd all had a drink and they know [younger sister], she was really scared, that's why I phoned the police in the end. I wouldn't worry about standing up to them, I know who most of them are anyway. Most of them are good kids who have got in with the rough lot. They have no ambition, nothing to look forward to. I think they are getting at [sister], because she has decided to stay on at the school, and I suppose they think she thinks she is better than them because she has. Maybe she is. (Single non-parent, 20)

This next case is, besides being barely credible, somewhat complicated in respect of what was really at issue. Ostensibly about abortion, it is at least plausible that behind the fight about 'keeping the baby' there is a much more important (to the other girls) fight about keeping the mother, maintaining the community against desertion by those who could use the school as an escape route.

40 I know a 14 year old who is pregnant just now. Her friends are all really opinionated about what she should do. Last week at the disco they were 'discussing' it over the music, shouting about what she should do. They all have an opinion on it. They were all telling her not to "get rid of it". They were saying "awbudy'll help yeh, we'll help, and yer mum'll help". The girl was obviously disagreeing and she was getting more and more slagging, almost outcasted for not wanting to keep the baby. It was all very emotive stuff – "that's a living thing you are going to kill". It ended up in a huge fight - the others were kicking her and everything – we had to get the police. It was awful.

They'd all been drinking, of course. Earlier on the girls were pissed and some of them were stripping off on the dance floor – they just

> don't care. They think nothing of themselves – they see it as a big joke, they are not embarrassed or ashamed of their behaviour. Drink is a part of life and a big contribution to behaviour. The boys were stunned, shocked. They went quiet when the girls were carrying on, then when they started to fight they thought that was brilliant, of course. (Social worker)

What is going on in this extraordinary scene? Note the 'shameless' prelude, sociologically very telling. And note the sequel: the boys stunned, shocked, silent – completely out of it. So what is at stake, that such high emotions should be unleashed? Is she challenging the group with this view about the undesirability of keeping the baby[58], saying that she thinks she has the capacity to make a life for herself without being a mother, maybe move on to college, to a job (neither which she can do if she has the baby, at least not easily), out of Dundee, up the social ladder and away from them?[59] Was she felt to be implicitly calling attention to the futility of the impoverished and repetitious lives of the kind of mother she would have to be? And, by rejecting the life perhaps most of them will have, implicitly rejecting them? So these community-integration vigilantes react in kind, by rejecting her, and violently. So we have a second time when the police have to be called because children are attacking children: two occasions, one motive?

Among these random unscientific thoughts, one thing is certain: if the motive is as suggested, the behaviour is not irrational. Economically redundant and on the path to extinction, these communities will only reproduce themselves by physical reproduction, and the educational success of individuals is the greatest threat to that reproduction. In the absence of any signs of potential rescue from outside, peer groups working for the community of the trapped applying pressure on would-be escapees is reasonable behaviour. It is usually called self-preservation.[60]

3.4. Social reproduction/parenting work divided with public agencies

In this section attention falls on the way in which distributed parenting has increasingly come to involve publicly funded agencies and professional workers[61]. Working still within the framework of our adopted Parsonian model of the family as the designated agency for the reproduction function of a functionally differentiated society, we need to distinguish two kinds of parenting. First, the appropriate, fits-the-model kind, where the parent(s) may not necessarily keep it all within the walls of the family home but will maintain responsibility for it and control over it: let us call this 'nuclear parenting'. The second, 'distributed parenting', is where the parent(s) relinquish(es) control and responsibility, either designedly to some alternative person or agency, or undesignedly, letting parenting tasks go by default and having public agencies take them on to a greater or lesser extent. The claim of this sub-section is that the interview data gives clear evidence of two tendencies: a) for some parents in deprived areas to distribute parenting work across any person or agency who will accept it; b) for some parents in deprived areas to be relieved of parenting work by public agencies on the grounds of an inadequate

performance of the parenting role. Whilst these dynamics have different points of origin, they work to the same effect: distributed parenting.

Not to be missed is the relevance to policy-making of this section: a solution has here become part of the problem.

3.4.1. A culture of entitlement

One experienced observer went so far as to call the expectation that support with the day-to-day tasks of bringing up children was there for the asking a 'culture'. She went on to make a distinction between a service provided to support children and a service being used to make life easier for parents. She saw the 'culture of entitlement' growing around her as a consequence of strategic parents profiting from the first to create the second. In doing so they reveal to her how far they are from understanding the societal implications of having children in the post-industrial world – put differently, how 'irresponsible' they are.

> **34** I wish we could change this culture that we seem to have now, that everybody is entitled to things. We get girls saying, "I've got a right to have my bairn in here". They don't appreciate that there is a difference between rights and responsibilities. We have to assist and support families but they have no right to that help, I think they forget that. They think that they have the right to have the bairn taken off their hands for a couple of hours every day. They don't seem to know that a baby is a 24 hour responsibility and you can benefit from the support that might be available to you in particular circumstances, but that doesn't mean that you have a right to have your child cared for every day so that you can have a break, or go for your messages or meet with your pals. We get some girls who want to get their kids in here so they can go and spend time with their pals. They've had their babies and they realize what they are missing. They're not as responsible as you would expect parents to be. (Social worker)

She also shows us how this strategic utilization of publicly-funded support services was of a piece with other practices in the child-raising culture of these mothers, such as using other family members to take up a share of the burden of child care.

> **34** We get some who will send other people along to collect their kids, because they're busy. We never let the kids go unless the parent collects them and they all know that, but some of them will try it on. How can you be too busy to be a parent? Sometimes, they send kids, maybe their younger brother or sister, to get the child. They are often left to look after them in the house anyway. These are the kids that are just getting on with growing up; they just fend for themselves a lot of the time and bring the younger ones up with them, while they are at it. (Social worker)

She then raises a question fundamental to the whole question of the quality of parenting in modern society, in putting forward the view that it is extended parent-child contact which is the important process requirement of good parenting, but suggesting that this fact has not been taken on board by parents who seek to distribute the burden.

> **34** People don't realize that you don't solve the problems by taking the child off their hands. It might make things easier for them in

the short term, but it doesn't make up for lack of experience of the parent in the long term. (Social worker)

How pervasive was this perception of a culture of entitlement? Working with school-age mothers had brought one professional to an exactly similar conclusion, focusing on the same word – culture – and picking out the same combination of artfulness and irresponsibility.

> **20** So often you see them avoiding situations rather than dealing with them. It all feeds into this culture of other people will sort out the problem. Social work are forever being expected to pick up the pieces. These girls have all sorts of people helping them. They learn very quickly to play one off against the other and know the system and the scams. (Education service)

If indeed this strategic utilization of extra-familial agencies has become institutionalized as culture, that fact may go some way to explaining some other 'problems' in the provision of welfare state services. The benefits system is an obvious field for the application of these entrepreneurial skills, as we have seen. Again, what the state representatives would regard as 'fraud' is seen locally as a situationally-determined survival strategy for those for whom work as the ladder to getting on in life has been kicked away: hence the 'work ethic' has been replaced by the 'benefits ethic' as the field for demonstrating a strong sense of personal agency, actively avoiding passive acceptance of the sub-subsistence[62] benefit levels decreed by the state.

> **15** You used to be able to work your way up. Now I think that your situation dictates what you have to do to survive. (Voluntary association worker)

The culture of entitlement may also go some way to explaining a growing problem in the Health Service, the apparently casual utilization of GP services. The attitude of 'it's there for me, I'll use it' carries across the range of institutions and becomes general. Here are a social worker, a police officer and a medical practitioner agreeing that health was now seen as the doctor's responsibility, and in consequence people had no reservations about calling out doctors to discharge that responsibility when it was felt to be needed.

> **34** The thing about health is funny. There seem to be two types of family. On the one hand there are those who are never away from the doctor with trivia. They can't even wait to be seen. They will bring the child [to the day centre for children] in the morning and tell you that they had the doctor out the night before, because the child had a temperature. Never mind waiting till the morning to see if it's ill with it, they get the doctor out there and then. The child will be perfectly well the next day, when the parents are wanting them off their hands, here, for a couple of hours. There seems to be this attitude of, 'If I think I need a doctor, then it's my right to have it now'. (Social worker)

> **5** People aren't generally concerned with health, except in a "It's free, it's there for me" sort of way. That is the way people see the services which GPs and other health professionals provide. It is their right to have care from the GP and to have it now. People are very strong on the theme of what is theirs by right and don't seem to realize that there is the other side to that, responsibility: to use

the service appropriately, to do whatever you can to care for yourself, not to abuse the services or the service providers. (Police officer)

10 Health certainly isn't important to most people, they see their health as the doctor's responsibility. If anything goes wrong with their health then the doctor has the responsibility to make it better. That is his job. They don't see health as being an individual's responsibility. I expect a lot of that has to do with history - doctors were seen as powerful and encouraged the sick role. There seems to be a growing feeling now that challenges doctors' power. But for most folk that doesn't involve them having to take a more active part in looking after their own health. (Medical practitioner)

Exactly the same feeling was voiced by another police officer, but with neighbourhood disputes in the place of the GPs' night-time temperatures.

18 People are too quick to go to agencies to get their problem sorted. It's an easy option to get someone else to work it out for you and then if it doesn't work, it won't be their own fault. Doing things for yourself might cost time or money. If people took the time to talk to each other a lot of problems could be solved. We get a lot of neighbourhood disputes, over things that could be sorted out if people just took the trouble to talk. TV has caused a lot of isolation, people choose who they will talk to and this makes it difficult to develop any kind of neighbourhood spirit. (Police officer)

Here too it may be legitimate to ask if we are witnessing a further transfer of learning. In much the same way as people enlist whatever aid may be available in bringing up their children, so too they now seek to enlist external aid in resolving things which once, it is widely claimed, would have been resolved by internal community procedures. Collectively as well as individually, experience of living in these post-industrial communities is seeing an apparent erosion of skills. Or is it better explained as the learning of new skills? Of skills better suited to minimising risks and maximising returns in turbulent environments which have become almost impossible for local people to control? (East 1998)

There is contrasting evidence on this question of entitlement. Not everybody had concluded there was no point in accepting responsibility. One agency worker had observed an outstanding example of someone in adverse circumstances who was prepared to take responsibility for trying to get on in life. A key part of her perceived importance was that she was sending her kids 'the right message'. Realism about the local labour market, however, did restrict the perceived likelihood of her getting a better job to a 'maybe'. In the case of failure in this respect, of course, the message being sent to the children about the returns to effort will also only be 'maybe' right.

14 There is one girl I know who has tried so hard to do well for herself. She got a job as a cleaner, she has rent arrears and she is on her own with kids. But she took the job even although she is only working for a fiver a week. But she knows that if she sticks it she will get a good reference and then maybe a better job. Her kids will get the right message from her. There's a lot of kids missing out on the right information from home. I think a lot of families believe that it really is up to the social or up to the school to pass

on information about life to children. They abdicate their responsibility at every turn. (Council services)

3.4.2. A tradition of intervention

The dynamic driving the wider distribution of parenting duties between the family and the outside agencies is driven from both sides. As we have just seen, some parent(s) want to lower the burdens of child-care. They have as their counterpart public agencies who are charged with raising its quality to a socially acceptable level. Differing interests coalesce in one dynamic.

In fact there is a clear background within which this 'culture of entitlement' has emerged, namely a widespread experience of deprived families having to defer to public agencies in living their family life. It is now nearly a hundred years since the state, in its own interest (army recruiters for the Boer war had had to reject large proportions of men from the Scottish cities as unfit for service (Levitt 1997: 63), started taking socially intrusive measures to protect the health and development of babies and young children. Once the people's health had become defined as a national resource, unhealthy child-rearing patterns became the target of state officials with extensive legal powers.

3.4.2.1 The maternal function

One seventeen-year old mother had found herself in the no man's land between her own mother and the forces of the state in a battle on infant feeding.

> **31** The Nursery Nurse was too interfering; she was phoning the health visitor saying that I wasn't looking after him properly because I was giving him tinned spaghetti. The health visitor had told me that I could give him things like that, and it wasn't any of their business anyway, my mum had a lot to do with bringing him up then. (Single parent, 17)

The implication of the last comment would seem to be that when mum's mum is on the scene there is just no discussion. In a very similar case we hear the point of view of the professionals in the matter.

> **20** I'm thinking about a girl that we've got here at the moment. She wasn't feeding the baby properly, she didn't feed herself properly and her hygiene was dreadful. She didn't give the baby milk from a clean bottle, it would have the dregs of the previous feed in it, or would have been sitting around and she would just put more milk in it. The health visitor had told her, all the staff here had talked to her about it, the social worker had spoken to her. We were all reinforcing the same message and yet she was telling us that the social worker was saying such and such and we knew it wasn't true. She was saying that the health visitor had told her that the baby didn't need vitamins, which was clearly a lie. One of the nursery nurses here saw her giving the baby milk in a dirty bottle one day and we challenged her about it. The crux was that her mother had told her, "Don't listen to them, do what I do". (Education service)

Given their official remit, professional training and access to the latest knowledge, it is clear that the professionals are not going to yield on this nutrition question. What these accounts, and the one just below, make

one ponder is: what lies behind the obduracy of their clients who don't want to listen?

> **20** Nutrition is a nightmare. We have tried all sorts of ways of teaching parents. The girls who want to listen are the ones who have got it right already. Girls just don't seem to understand the importance of eating properly. We have a girl here at the moment, who has a standard grade in Home Economics, so she has been taught about food groups and nutrition. She is still giving her year-old baby spring rolls, cup-a-soup, lots of tinned food. We agreed that we would cook a family-type meal together and then the girls could have it for lunch and the babies could get it too. We did this, cooked shepherds pie. This girl still insisted that she give the baby the rubbery-looking hamburger which she had cooked the previous night and brought in from home. These are the same girls who are feeding their 6-month olds on chips. They can't get them on to solids early enough, even although they are told that it isn't the best thing for the baby. It seems as if they don't have the ability to put what they've learned into practice. I don't know how you get past that. We are expecting them to go against all that they've ever known and that is a big risk for them. (Education service)

Is the obduracy just a question of better or worse technical knowledge about food values: shepherds pie in the red corner, rubbery hamburger in the blue corner, verdict on points to be awarded by the nutritionists? Or is there some deep issue of cultural loyalty, family solidarity, or individual autonomy at stake, as this professional has the sensitivity to suggest in her closing comment? Has it been culturally normative in working class areas for young mothers to defer to their own mothers on child-care? Is it in fact the assurance of this support which allows school-age mothers to decide to continue with the pregnancy in the first place, their motherhood being always intended to be a joint effort? How is a girl supposed to react to having the de facto principal responsible person for her infant blown out of the water by what she probably experiences as self-righteous mystifying middle-class bullies? 'To go against all that they've ever known' is indeed a big risk. But if that is a possible reason for their resistance to 'putting what they've learned into practice', why hasn't the state parenting service wised up to the fact that there are anthropological questions of the deepest kind involved in health promotion with young mothers from working class communities? Infant nutrition is one of a number of areas – another, obviously enough, is the non-use of contraceptives by people informed enough to know better – where the current theory of public health is not fostering public health, because "it has not yet learned to read the new pattern of self-harming health behaviour, where people 'know' but do not act on what they know." (Coid & Ryan 1999: 29)

3.4.2.2 The paternal function

Until this generation, fathers in Western society generally were important figures. Whether you had one or not made a significant difference to your life; to have a good one has long been regarded as a great piece of good fortune. While distributed parenting describes a mother's role considerably tempered with supernumerary support, in distributed parenting the role of father would appear to have all but disappeared. It is general knowledge that the paternal functions of providing protection for the vulnerable against harm or abuse, providing physical shelter and subsistence,

mediating between the family and the wider community, and 'laying down the law', all have become problematic for working class men in the post-industrial era. Given the limited capacity of men who are unemployed or earning very little to carry the material needs of a dependent woman and young children, in deindustrialized areas 'their dependence has been increasingly transferred from male partners to the state' (Phoenix 1992): 82. In the absence of effective retraining for the new labour market, a deindustrialization policy turns out to be implicitly an anti-nuclear family policy.

In this first case we see a low-earning couple with a sickly child having to put family life on hold so as to fall in with the anti-father prejudices of the housing legislation.

> **35** I worked in a hairdressers, straight from school. I didn't need to go to college because I got an apprenticeship. [Partner, now husband] had a job as a mechanic from when he left the school. The only thing was, I was in a grotty bedsit, but we wouldn't have got a better house, if it hadn't been for the baby. The bedsit was damp and he's got asthma and a heart murmur, so we got a move. We didn't stay together then, it was easier for me to get a house on my own. (Married parent, 20)

In Section II we saw the recent catastrophic reduction in men's capacity to provide materially for their families through paid work, and it is not necessary to go into the detail of that again here. The argument there was a general argument, that the loss of manufacturing industry is a loss of manual jobs for men. With regard to Dundee in particular, of the two streams of deindustrialization mentioned in the section on redundancy, it has been the more precipitate, post-1970 collapse which has removed 'bread-winner wage'-level jobs for men. So a peculiarity of Dundee is that recent economic decline has had the effect of pushing one group of men into a cultural adaptation to redundancy which other men had been required to devise generations earlier. Exactly how this culture has been evolving, the form of manhood and the kind of men, does not seem to have attracted much research attention. The growth of the substitutive role of the state as the 'social father' to dependent children has concentrated public attention on the child-care/protection triangle of mother role, child, and social agencies, leaving fathers all but completely out of view[63]. One thing is most certain: men's loss of economic power has been followed with extreme rapidity by their loss of social position and functional value. In the family that is very poor their parenting role has been largely taken over by the state.

We have already noted the way in which parents have lost their role as managers of their children's entry to the labour market to public agencies. In two reports, one from a police officer and one from a former child, we see the police performing the child protection role conventionally attributed to fathers; in the second case we see the child getting a battering from the real father for having shown him up, actually in the police station.

> **42** The young people seem to fend for themselves a fair bit. There doesn't seem to be much bringing up going on. I've had to take kids home and there isn't much reaction that the police have brought their child home. Often, there would be more emphasis on

the being caught, than the wrongdoing. People were more bothered that their kid had been brought home, than the fact they had been up to something wrong in the first place.

I can remember an 11 year old girl who started to put the head on me one night. She was very drunk and we had a real job finding her mother. There was a younger one at home who had been left with a baby sitter of sorts. A male friend of the mother's, who the kids didn't know. After trying for most of the night, we eventually had to go to the auntie (mum's sister) she said we should try the clubs to find the mum. The girl was left grudgingly with the auntie. It was referred to the Reporter. (Police officer)

32 I got caught in the street by the polis when I was 12. I had been drinking with my pals in the street, we lived in Charleston then so we used to hang about at the Lochee High Street. I had phoned my mum to say that I would be staying at a pal's house. My pal's big sister bought us cider, Merrydown, that sort of stuff, and we were drinking for most of the night. I can't remember that much, but I must have been really pissed since I was found by the polis in the street at 3 o'clock in the morning. They took us to Bell Street [police HQ] and phoned my Dad to come and get us. He went mental at us, he was hitting me even in front of the polis and I got a hammering when I got home. My dad used to hit us quite a lot, even my mum. I don't think he does it now though. Nothing happened about the drinking, the polis just told my Dad to keep me out of Lochee and Charleston. (Single parent, 20)

This widespread use of violence on other family members was a way of asserting men's right to lay down the law in 'their' families, and one predicated on the assumption that their dependants had no alternative but to remain and put up with it. The capacity of the social father to provide greater benefits at lower cost have rendered the assumption invalid.

Perhaps this police officer, when working as a volunteer, had encountered the ultimate in deficit parenting: a child who wanted to go away with the team and who didn't think his mother would notice that he had gone.

42 Something else that I was thinking about, when we were talking about lack of care of children. I was involved with a summer mission in Lochee for children. There was a boy who was first in and last to leave every day. When the team were going home he was heart-broken that he couldn't go with them. I suppose it was just that they took a bit of interest in him, he wanted to go to Edinburgh with them. I honestly believed him when he said that his mum wouldn't notice if he was gone. (Police officer)

While the British state appears to have few concerns about the marginalization of men from their moral responsibilities for their children, it is not so indifferent to the loss to the exchequer of their financial 'obligations'. Recently, therefore, the state has put in place mechanisms to defray some of the costs incidental to its own adoption of the breadwinner role for mothers by a more tenacious pursuit of the biological fathers for maintenance. However, solving the Treasury's problem creates a problem for those trying to get unemployed men into work.

6 For a lot of the lads I see, in the 25-plus age group, the Child Support Agency is a big problem. If they get a job, they'll only have their money taken off them straight away anyway. You can see

their point. Six out of eighteen that I can think of straightaway are caught in that trap. There's no point in them working, they're getting their rent paid etc., why should they look for work? The CSA is a shambles. It makes our job really difficult. (Employment service)

As well as providing low-earning men with a material disincentive to work, in areas where for women motherhood is the only half-way fulfilling status in society, the <u>modus operandi</u> of CSA raises fairly obvious questions of justice, inasmuch as a man is required to pay irrespective of how far he might be in any real sense the father of the child (as against the genitor). As we have seen, in Dundee it can be suggested that a certain proportion of such genitors have been used as a biological means to an end.

> **25** Some of the girls will be thinking of a pregnancy because it will open doors for them. It might patch up a relationship with their mum and they will eventually get a house and support from the social. I think that most of them don't look for long term relationships with men, they are only seen as a means to an end. (Education service)

It is hard not to see the CSA/Benefits Agency double act as the ideal social father: the male breadwinner benefits without the male behaviour costs.

> **31** His dad was around on and off until [son] was about 6 months old, but since then I think he's only seen him a couple of times. I just heard from his dad, that he's got his first job, so I'll be on to the CSA to see about getting money off him. (Single parent, 17)

> **27** We don't live together, we can't get on. Some of it is because of my older son (18), he's always been hyperactive and he is very headstrong. But I get money for [son, 3] from his father, through the CSA. I couldn't rely on the money coming otherwise, he'd spend it all on drink. Any pressure, that's how he copes. (Single parent, 40)

Another way in which this woman felt she needed support from a male authority figure in her family role was with protection against her headstrong son. Failing a father, the police were cast in the role.

> **27** I've had to get the police a couple of times because of the way he treats me. They say I should put him out. I might have to, I have [son, 3] to think of too.

Whereas once the inspectors from 'the cruelty' were their only recourse, nowadays children themselves can look outside the family for 'good parents' who might afford them some protection against the 'batterings' they routinely received at the hands of their own parents.

> **1** I can remember threatening to phone Childline about the batterings that I got. My mum and dad just laughed at me. I would go away on my own and cry. (Single non-parent, 20)

3.4.2.3 the home function

Parents bring their children up, but they do so in the context of the family home. A home becomes an institution, with its own spirit and character and its effects on its members. When parents' capacity to look after their

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children falls short of what society expects, the home function responsibility is assumed by the state.

Thus another area in which the poor have extensive experience of state intrusion into their family life is having their children taken into care by the local council. Their children in effect acquire the state as parent, although it would appear that being 'taken into care' has long been seen more as a means to prevent harm or neglect than as a commitment to providing children with a home with a more beneficial dominant spirit and character than the one from which they have been removed. The multiplication over the years of intermediate agencies to support parenting by the actual parent(s) is evidence of the public authorities learning that taking children into care can create more problems than it solves. But with really dysfunctional families the principle that the rights of parents to bring up their own children in their own way are subordinate to the rights of children to receive a certain basic quality of child-care is applied, as in this unhappy case.

> **20** It is very likely that she will end up being in exactly the same situation as her mother. She has other children in care from neglect, an older daughter who has her children in care. The mother has alcohol problems and she prostitutes herself. The mum insisted that the baby shouldn't be immunized. 'My mum doesn't believe in it'. This girl used everybody here, she stole from us even. (Education service)

The local council needs to be replaced as a surrogate parent when children become 16. If the surrogate parenting has not been successful in diminishing the acting out behaviours, boys in particular can progress from the care of the council to the custody of the state.

> **25** The success of somewhere like [off-site education centre] is in the good relationships that it has with young people. I still see some of the pupils we had when we started, I've even been to visit some of them in prison. Now more of them go to Young Offender Institutions, but they like it there, because it gives them security, boundaries that they've never had, and three meals a day. Some of them have never had that either. The staff are caring, and they have their own room, with a grant to do it up how they want it, and they get their own TV. (Education service)

A number of voluntary agencies are used to provide young people with shelter. This youth worker clearly felt that these arrangements were less than desirable, presumably because these hostels have very little if any capacity to continue the parenting process. Their adolescent development is truncated, in a manner which has parallels with girls of school age who become pregnant.

> **25** Very few of the pupils we get here are from normal stable environments. We get lots of boys from children's homes; and each May we seem to get more and more who go into really dire situations when they leave here. The lot that just left, they are spread around the town in Lily Walker, the Salvation Army hostel, the Cyrenians. It gets worse every year. (Education service)

One of the limitations of substitutive non-family parenting shows up here: its fragmented and discontinuous character, deriving from the fact that it is organized as a bureaucratic service, with different functions being

handled by different specialists. The effectiveness of the family as the socialization agency par excellence derives from its integrated multifunctional character; in the ideal typical nuclear family home many things happen at once, because relationships are diffuse, not specialized. One minute of effective parenting can convey love, concern, reproof, guidance, humour, confidence-building, sibling-management, table manners, food provision, family-leadership modelling, and so on. Perhaps the only true 'joined-up' service. The management of the current state parenting service doesn't appear to see their services as long-term investments in future citizens so much as the expenditure necessary to prevent identifiable harm befalling young people at risk. As with any other state service, the public services accountant's paring knife is out to secure cost-effectiveness: the same quantity of harm prevention for less money. The ironic consequence is that the state's efficiency-driven parenting service ends up reproducing the same pathological child-rearing behaviour as the families for whose children they have assumed responsibility, namely accommodating children in a cost-offloading perpetual present rather than resourcing them for individualized, long-term, capacity-building futures.

These observations derive from trying to understand the true significance of the way budget restrictions were undermining the re-parenting service provided by public agencies. Social work, for example, seemed to be delivering an ever more restricted service with each ratchet up of the financial accountability mechanism.

> **2** There's been a loss of residential care facilities, the loss of children's homes, but no more money to support people working in the community. More and more of our job is administrative. It used to be that we had social work assistants who could get their sleeves rolled up and work with people, but there are less of them and less of that kind of work. That's what families need. People think that the social work department is all talk, you could see why they might think that. They see less of people actually doing the job. We have to have something real to point people towards, rather than some good notion. Something which actually enables people to get the help and support that they need. Child and Family centres could be a really good resource, but they are limited now in what they can do. They are just so under-resourced. They are ideally placed to have an ongoing input, it used to be that they worked with families with children under 12, but now it's all under 5s. That's not enough. Once they see how families are, they can plug them into other resources. Social work assistants used to be able to go into people's homes and give them support there, but that happens less and less. (Social worker)[64]

Replacing sit-down meals with a sandwich and juice may be seen as meeting budgetary imperatives without compromising nutritional needs; but it had the ancillary effect of replicating a 'domestic' situation already widely commented on as symptomatic of poor parenting in the kind of homes from which these children had come.

> **25** Lack of families is a big problem, even table behaviour goes. We used to have our dinner all together here and you saw how difficult it was for some of them just to sit at the table. Now we don't get that chance, it's just a sandwich and juice for lunch. But we do still

go away on residentials, and we still see the same thing, they don't know how to behave in that kind of arena. That's one role of ours that has been taken away. And that's a shame. (Education service)

Lack of families may have struck this worker as a problem for his charges. School-age mothers-to-be and young mothers had not struck another professional as having benefited greatly from having had families: now away from their families, many of them were living in a stable, non-abusive environment for the first time.

20 They need to have had a different upbringing, rules without abuse. Girls respond here, for many of them it is such a different environment, it's the first place that they have ever been that they have rules and they know what is expected of them. (Education service)

In her view part of the drive for independence associated with her young mothers was a desperate urge to get out of their parents' home, at the earliest possible moment.

20 They are all desperate to leave home at sixteen, even if it means going into homeless accommodation, so you get some place from there. Many of them will end up back at home anyway, some seem to realize more quickly than others that it wasn't as good as they thought it would be. You can't tell them, though, they have to have tried it for themselves before they will believe it. (Education service)

Her insight into the importance of getting out of the family home was amply confirmed by a young woman who had discovered that she had the personal resources of determination and initiative to escape without having children.

1 I don't want to have kids, I don't want to pass on the life that I had. If I could give kids a different life then maybe I would. I want to live my life, not throw it away on kids. I don't know why but I just realized that my life could be different and I was determined to do everything I could to have a life that wasn't like my parents. Getting out of home is the secret. For me, and for other young people, that's what made the difference. (Single non-parent, 20)

One of her reasons for wanting to move out was the poor quality of human relations in her family, exemplified in the fact that people didn't talk to each other. So the rarity of conversation in families was not only the view of professional outsiders.

1 The problem is people don't talk to each other. I look at [long-term boyfriend's] family and they are so different, he could say anything to them. My lot, if I had problems they would say, "Don't talk to me about it". They can't handle it. Either that or they're just not interested. In my family, I would talk to my cousins sometimes, because my lot don't talk, we never had family meetings about things, my mum and dad don't even talk to each other, they shout at each other, but they don't talk.

Professionals working with young people from such families found that the absence of conversation, whether about trivia or things that mattered, wasn't because young people didn't want it – very much the reverse.

> **40** Lots of young people seek out staff just for someone to talk to about things that are important to them. Families don't seem to talk much, about anything, but definitely not the things that matter to young people. I'll say to young folk, "What about talking to your mum about that?" (e.g. boyfriends, contraception/health worries/school problems/friends problems) They reply: "Ehh, that'll be right!" It's just not the done thing. (Social worker)

> **25** When I was young we did so much with my dad. I grew up in Lochee and we used to go to the footie every weekend, we just did things with him. Now I'm struck by the sheer abundance of need these boys have for a male influence in their lives. It can be a huge pull on staff time. (Education service)

Even workers in the employment service could find themselves confronted with young people reaching out for some adult attention, unable to contain their psychological neediness. Such workers feel they have been landed with a consequence of families not having trained their children to see that in the modern world every individual has to be self-responsible.

> **7** I often think that young people would do much better if they had someone to talk to. They quite often come in here and start telling us their problems. We aren't trained to deal with things like that. We try to encourage them, send them to The Corner, or places that are for young people. Some of them just seem so depressed, some of them obviously feel so hopeless, but you have to try not to get too involved, we're not social workers. It would be a lot better if their families would try to help them take some responsibility for themselves. They need to see past themselves, see that the way they do things is their own fault.

As already pointed out, to an exceptional degree in the UK, a long-established and privileged supporter of the family has been the school, collaborating in many of the nurture and socialization functions which, nevertheless, are constitutionally acknowledged to be the prerogative of the family. Traditionally, British schools have been acknowledged to have a certain capability to compensate for shortfalls in the family's child-rearing skills.

> **12** Health is not something which people think about. They say that it has to do with lack of money, but I believe that if they had the money, they wouldn't spend it on food. They don't get taught about the importance of eating well, those things. In days gone by, people would be living with an extended family and they would learn things like that from them. That doesn't happen now. They need to be taught how to live [in a healthy way] at school. But like most things, it will always be someone else's responsibility. (Medical practitioner)

While secondary schools have recently been viewed as less available for this role, primary schools were generally seen as positive in compensating younger children for the battering their self-esteem could be receiving from critical parents.

> **22** Primary schools are better at trying to boost young people. Their self-esteem may be taking a constant battering at home – and it must be, if the way parents carry on with their kids in the street is anything to go by, then school has a big role to play in trying to redress that. At primary, kids are still young enough to be

moulded and encouraged, despite what is happening at home. Once they get to secondary, the stuffing is knocked out of them. (Education service)

It has been recent changes in the political environment which have altered the terms of engagement for family and secondary school in areas of advanced marginality. In education the increased emphasis on exam passes had made the school both less enjoyable (see above, Section II.2) and developmental for the poorest children and less accessible to their parents.

2 It goes right back to the educational system. I despair of it ever being able to make a difference. Increasingly there is this emphasis on academic excellence, instead of kids being able to have a sense of enjoyment about being there. I wish that they could be getting more of an all-round education. Everything seems to be examinable these days, even music, PE. When will they realize that children need education for life, rather than just for the world of work, which will elude most of them anyway? They should learn about budgeting, parenting, child care, politics, other countries, things that would give them an interest and allow them to become well developed people. School just perpetuates the designer label existences that these kids have.

Education would say that they are trying to manage, like the rest of us, with fewer resources, but in fact, they have better resources now than when we were there. It just needs a change of emphasis. Families used to be encouraged to be involved in out-of-school activities, music lessons, Saturday sports, those activities, but you don't often get them now. They were things which children could enjoy, it helped them to see another side to school. (Social worker)

In addition to the financial stringency, recent changes in the political framework of education had left people confused as to who was doing what in the family support functions. Despite controversies about who had the right to dictate what happened in school assemblies, in the 1980s schools were shifted away from their long-time role as one of the agents of transmission of what might be termed 'civic religion', an ethic of social responsibility, and located in the market-place of service-providers who were to succeed or fail on the strength of their marketing skills and product performance. Under such circumstances, the simultaneous advance of sex education and retreat of moral direction must have been puzzling to parents, who when they were at school had probably been taught that they were connected.

39 School isn't a place to learn these things, it is not a venue for teaching major health issues. That should be done in the home. I believe people should stick to what they know best. School used to have a responsibility for 'moral direction', but things have changed over the last ten years or so - people's attitude to 'whose responsibility is it?' changed. Schools think the child is the parent's responsibility, and folk think they are professions' responsibility.' (Community nurse)

While this community nurse believes that major health issues should be taught in the home, experience suggests that the risk of not knowing which of two people is supposed to be doing something is that it gets done by neither. One single mother (23) had been less than lucky with her

experience of sex education, both from her own mother and the social agency entrusted with supporting families in this task.

> **30** I should have had more sex education at school. I had some stuff at primary, but once you are at the big school, it's pretty poor. Everyone hates it. The teachers treat you like dirt, so nobody would listen to them anyway. I spoke to my mum about sex once, she was drunk, that was the only time she could talk about things like that.

Here is another young woman (20) who had been left to fend for herself in sex education.

> **1** With sex, nobody really spoke to us about it, well we got about periods and that, but not the things you really need to know. We got no sex education at school. By the time we were all in third or fourth year we were all having it anyway. I learned what I know from magazines and friends.

Personal experience had brought one young mother to the realization that, if sex education was in some way supposed to stop you getting pregnant, the upstream place for prevention was not sex but drink. She too has an illuminating comment on the probabilities of different types of families actually discharging their responsibilities in this area. She is in no doubt about the class basis of the different approaches to parenting: in families without money 'the kids are just left to themselves'.

> **28** Sex education should be about helping people to be sensible about drinking or they should make it more difficult to get drinks so that girls don't end up pregnant.
>
> JW Who should be responsible for things like that?
>
> Well, the parents I suppose. The kids from the families with the money, they should know better, but in other families the kids are just left to themselves, so the schools need to do it too. (Single parent, 19)

Here is a school pupil who, somewhat uncertainly, acknowledges that her school pal, her mother and perhaps her sister would be the people she would talk to about sex. She believes that even her father would initiate a conversation if he saw that something seemed to be worrying her. Support-wise, she is in a totally different position – no agency is needed.

> **23** I'd talk to my pal at school about sex, I wouldn't talk about personal things like that at home. I would talk to my mum about it, it's easy to talk to her. I might tell [elder sister], I don't know. My Dad might ask if he thought there was anything going on, or if he thought I was worried about it. I wouldn't go to my doctor, you don't really know them. I don't remember getting any sex education, except in primary school. (School pupil, 16)

For perspective, we need a contrast model. How does nuclear parenting lead to responsible self-management and pro-social behaviour? 'Nuclear' parenting differs from distributed parenting in the fact that, with nuclear parenting, agencies and institutions supplement parents in the discharge of their responsibilities, while in distributed parenting they supplant them. The first is supportive, the second is substitutive, ranging from remedial through compensatory to a complete take-over (as when, with children taken into care, the state becomes the parent). Parents who hang on to

the whole of their responsibility for raising their children are not precluded from enlisting support from external agencies with different aspects of the task. But they retain overall management responsibility and control for themselves. Obviously the relationship which the child from each type of parenting system will have with external agencies is somewhat different, as this next young woman (20) reveals with respect to her experience with church-based groups. As she has already taught us, the girls whose parents had lost the rules for growing up seemed able to get contributions to their development needs from neither home nor external agency; but she was getting them from both.

> **36** We always went to protestant schools and I go to the protestant church now. I do the Brownies and I help at the Sunday School. They're important because that's what your values are built on, that's where we learned to behave and not steal and lie and things like that. We learned those at home too, but it's important to have good influences out of home too. Your parents could tell you anything, but if you are hearing it from other places too, it must be right. That's what I think anyway. I think people need to have values instilled in them.

What she had received was almost immediately given back, to the benefit of children of every sort.

> **36** We get all sorts [at the Brownies], there are some who can't really afford to come, but we manage to let them off subs and things without letting the others know. We have even managed to take them to camp, if they can't afford it. It's too good a chance for them to miss; when you see them all mucking in at setting the table or cleaning the dorm, you watch their faces and you know you're doing a good job. I think they might not know it, but [sister] and I think we are better girls for being able to be in things like the Brownies. I hope I can make a difference to some of their lives.

The implications of what we see here of this young woman's life are so important. The ironic consequence of her being brought up in this values-reinforced environment was that she was now volunteering to co-parent other people's children. Though not a mother herself, in becoming one of the surrogate 'providers' in the distributed parenting system, she has become the anti-type of her age-mates encountered above: mothers unwilling or unable to carry the full burden of meeting their own children's needs for care. Furthermore, she is confirmation that 'pro-social' parenting can indeed be pro-society, not just life-chances maximising for the individual child. Her parents' values investment in her is accruing dividends throughout the main, beyond the island of the nuclear family.

A final point. Given that the normative bases underlying that investment lay in the Christian church, the increasing fragility of the tradition of service from which she comes raises disquieting questions for those sensitive to the decline in social capital accompanying the erosion of Christian and other voluntary organizations. We have met the view that parenting quality is a social issue because society has to pick up the pieces that dysfunctional parenting produces. If social capital declines, the pieces increasingly have to be picked up by public agencies responding to political mandates. But if it is in fact the case that it is to some degree state action (e.g. through economic policy promoting deindustrialization,

benefits policy favouring mothers and children rather than families) from which originates some of the pressure which breaks families up, are we not left in a rather incoherent situation? That the state is having to invest increasingly in picking up functional fragments of family which it was partly responsible for breaking in the first place?

If this is so, it brings us back to our medical model of social ills.. Many illnesses and impairments are subsidiary consequences of behaviours not primarily seen as health behaviours. Health promotion initiatives focusing directly on the health behaviour as such are now seen as unrealistic, because naively rationalistic and decontextualized. Could not the same be said of the UK's implicit family policy? If family impairments are subsidiary consequences of policies aimed at other targets, would it not make sense, rather than devoting ever greater resources to putting the humpty-dumpty family back together again, to stop pushing it off the wall?

4. PATHOLOGIC-MORPHOLOGIC FACTOR
(Structure)

Having looked at the uncoupling of North Dundee families from their allocated specialist reproductive role for industrial society in the previous section, in this section we turn our attention to the implications of distributed parenting for the members of the family. In terms of the clinical entity model, the section is concerned with pathologies of <u>structure</u>, with deranged form. We focus more specifically on the family as a quasi-material form and how it is being squeezed into new shapes by the pressure to meet its environmental challenges. In the first sub-section attention focuses on the linked features of the eclipse of marriage and the increased instability of membership of the family. This leads us to consider the structural adjustment which in some respects compensates for but in other respects exacerbates this instability, a form of family in which the adult females are determining and the fathers are nowhere. The conclusion evaluates how well this structure is bearing up under the functional requirement of fostering young personalities able to find a place in today's society and economy.

4.1. The eclipse of marriage and family instability

The most obvious sign of the weakening of the family as a component part of the social structure in areas of advanced marginality is the decline in the number of families that are built around a couple who are formally married. In British society getting married was a public declaration of a couple's commitment to building a family together, and (usually) an accompanying declaration from the families of origin of each party, by their sponsorship of and attendance at the wedding, that this was happening with their blessing. Affairs/relationships were private matters, but marriage was for society. Unless that meaning has changed, the decline of pre-birth marriages is a pointer to a society in which people are less prepared, for whatever reason, to make the family-building commitment before the family-building starts.

In our population marriage was in decline. In 1997 Dundee became the first registration district in Scotland where the number of children registered to unmarried parents exceeded that registered to married parents. 30 years before, the equivalent figure had been 6 per cent (Coid, personal communication,1998). This 'eclipse' of marriage found confirmation in our interviews. A religious minister gave as reasons the people's concern that they wouldn't be able to honour the commitment, and the actual cost of the celebrations.

> **41** Often parents aren't married but having the baby christened gets them into the church. Marriage isn't big.
>
> JW Are people not getting married then?
>
> The evidence suggests not. It's expensive, isn't it - that's one factor. But also commitment, it's a commitment and folk worry about it not working out.

Another respondent agreed that there were material costs to be taken into consideration, but felt that the balance of people's ambitions was nowadays strongly tilted towards the ownership of material things and away from such non-material things as marriage.

> **3** Ownership of things is what matters. Marriage, things like that, they don't matter. Cohabiting is seen as being just the same anyway. There is nothing wrong with not being in a marriage. As long as you have things, that is what matters, it doesn't matter how you came to have them. These [non-material] things are all seen like contraception, they are a low priority because they don't see anything from them. They won't put a meal on the table, or money in your purse. (Community nurse)

This next couple had indeed got married for a very pragmatic and material reason, to be able to live in an army quarter.

> JW You decided that you would get married, is that better than living together?

> **33** The main thing for us was that we couldn't get a house if we weren't married and now we can. It's just the rules the army have.

A social worker agreed that young people today put no value on marriage, but claimed that the reason they didn't want to be even thought of as married was that they were in reaction against their earlier experiences of marriages and relationships, presumably observed in their families. Today's young woman was seen as oriented towards having both children and relationships with men on her terms, which did not include them living together. This strategic life-plan was congruent with the outlook of lads who, 'their whole world ruled by their testicles' (24), couldn't see past the girls as sex objects anyway.

> JW If health isn't important to people, what is?

> **40** Materialistic things cars, holidays - scaled down to a realistic level.

> JW: What about family or relationships?

> **40** Not marriage anyway - young folk don't put any value on marriage. Having a baby - that's important for a lot of them, but they don't want to be married or thought of as married. I'd say that would be what most of them would think. But their own experience of marriage or relationships isn't positive, it's not something young people really want to talk about.

> Girls want relationships, they want be with someone, but on their terms - not living together. A one-night stand is OK to get a baby. Lads see "sex" - not relationships, or girls, just sex

Marriage's one-time[65] significant function of 'legitimising' babies had become an anachronism in the face of the sheer numbers of families who had babies outside marriage. 'Illegitimacy' was never mentioned.

> **1** Marriage isn't a part of peoples lives. It isn't a problem to have a baby when you are single because everybody does it, most families have somebody young with a baby. (Single non-parent, 20)

Similarly, the one-time custom that getting married was the reason for leaving home (as it still largely is in southern Europe (Iacovou 1998) had

been rendered anachronistic by the easy availability of housing to meet the demand of young people who, as we have seen, are often desperate to get out the family home at the earliest possible moment.

> **8** People have no ambitions. Certainly not for marriage, a lot of them have moved out from home anyway, marriage used to be the only reason folk would leave home. Not now. I would say that about 50 per cent of the [young] people I see here are in their own place. (Employment service)

The diminution in the perceived importance of marriage was matched by an increase in the perceived amount of instability in families, 'broken homes' leading to 'reconstituted families'.

> **17** The ones I'm dealing with are nearly all single mothers; that's what the statistics show, but it is borne out by my experience. They are the ones with the problems. They are often poor families, I don't know which comes first, the poverty or the pregnancy. Many of them are single parents or are to all intents and purposes single, that's the way they see themselves. Their own parents have often broken up. Some of them have quite young mothers themselves. Just talking to you, I'm thinking that there is a huge amount of broken homes, kids don't have a chance from the start. (Voluntary association worker)

> **22** Typical families have changed down the years. The major shift has been that there are many more young people coming from broken homes now. Lots of them stay with mum and her partner, if she has one. Some will be with step-dads, but often it seems that the mum doesn't have one settled partner. I suppose you would sum it up by saying that reconstituted families are the norm now. (Education service)

A community nurse addressed herself precisely to the question of the transition from the ideal typical nuclear family of the 1950s to what she saw around her and pronounced that the transition was final and irreversible – we had to accept that that model had been superseded, there was no point in trying to change things.

> **39** The days of the Fifties when the family was an ideal family of mum and dad and two kids have gone. We need to accept that – instead of trying to change things. Nowadays there are lots of families with three dads, three children, one mum, three different fathers and sometimes a fourth now living with the mum.

As we can see, the structural instability of these families is most evident in the lack of continuity of the adult male in the household,[66] the evidence being a trail of different surnames among the children in any one home.

> **7** There are loads of young people with problems. They are often single parents and are often living with a single parent themselves. So the whole family is relying on benefit. It is becoming more and more rare that their parents will have worked. There are a lot of families with different dads, all the children under the one roof, but all with different names. (Employment service)

> JW: What can you tell me about local families?

> **40** They're big – three or four children, sometimes more, lots of single parents, mums with children and dads on their own with

children. Lots of cousins – people often have the same names "We're no sisters, she's mehy cousin!"

Seen from the young mother's point of view this instability was described as 'transience'.

> **34** I suppose the thing that strikes me about so many of the young mums that we see here is how transient so many things in their lives are. They seem to have various men who are in and out of their lives, it must be difficult for the children to know quite what they are to them. I mean they probably know that they are not their dads, but what do they know them as? We get kids here, even some of the very young ones who will tell you, "He's not my dad". I don't know if they just see them as mum's boyfriend, or what. Sometimes they will have different boyfriends in only a matter of weeks. A month can seem like a long-term relationship for some of them. (Social worker)

It wasn't necessarily only the adult males who were not consistently to be found in one particular household. 'Distributed parenting' could have a simple geographical as well as a social meaning.

> **22** What other things? I suppose just how disorganized families are. [One] thing that happens a lot, which is a problem for us, is that kids live all over the place. They will say that they couldn't bring the right books because they were staying at gran's house last night or that they have been spending a week with their auntie and they don't have gym kit there, things like that. There doesn't seem to be much stability in some of their lives. (Education service)

In one case, described by its reporter as 'probably a bit extreme', the parenting of one child was distributed across three separate households. The lack of stability in the rules of her environment was seen as producing some socially ill-adapted behaviour.

> **36** There's a wee girl in the Brownies, she lives with her auntie sometimes and she is ruined there, she lives with her mum sometimes and she gets away with murder there, and she lives with her dad and his girlfriend too. It's no wonder she is such a brat. She is so rude the way she speaks to us and she has big tantrums if she doesn't get her own way at the Brownies. I know she is probably a bit extreme, but the others don't know what to make of her. She doesn't have any rules to work to, or if she does they are changing all the time because she lives at so many different houses. We try to make allowances for her, but you feel for the others who are behaving properly. (Single non-mother, 20)

We have already met the dominant figure of gran in the life of these families. Another way in which the structural balance within nuclear families was upset was by the amount of parenting which she made herself responsible for, directly or indirectly. One social worker, in jest but not just for a joke, suggested that the typical family had three mums: the mum, the gran, and an auntie or big sister.

> **21** A typical family? Well, something like three mums, (that includes the granny and auntie or big sister), four dads – and the latest man is one of them – and about ten kids! I know that is an exaggeration, but that is the kind of thing we are coming up against. (Youth worker)

Several other respondents agreed that a key property of this family system is cross-generational parenting, where teenage mothers can, to a greater or lesser extent, make over the raising of their child to their mothers.

> **34** There's a girl here just now, the kid is brought up by her mother, as if it were her own. The mum has no responsibility…(Social worker)

> 13 A family can be anything, it doesn't have to be the mum, dad and kids, these days. There seem to be a few kids growing up with their grandparents, like their own, if the parents have been too young or aren't able to take care of them. (Youth worker)

> 31 The school wanted me to go back. They seemed to think that all I had to do was have the baby and then give it to my mum to look after. That wasn't possible because of my mum's health. (Single mother, 17)

The possible extreme consequence of this instability was the disappearance of generations altogether, as suggested by this observer.

> **24** One wee girl that I speak to was telling me one day "There's 22 people in our family, my sisters keep having bairns and bringing them home for my mum to look after." It seems to me a recipe for disaster, they are having babies at their first wave of maturity and by the time they [i.e. the children] reach theirs, the mother is ready for another family and is still fertile enough to have one. You end up with families that have no clear generations anymore. For some of the kids born in the second wave, their terrible twos, or thereabouts, coincides with their mother's menopause. A nightmare scenario! (Voluntary community worker)

We did not interview any mother quite in this situation, but we were told of a father.

> **31** [Partner's] dad left, when he was quite young, I think. He is with someone else now and they have kids, that's one of the reasons [son] sees his grand-dad, because his kids are the same age, he has a wee one that is only a couple of months older, so they play well together. (Single mother, 17)

Another way in which there could be structural deviation from the ideal typical parsonian model family was where, rather than the gran, it was big sister who took on some of the parenting responsibilities. While this has always been a feature of those families where the mother dies, or where a father rather than the mother ends up with the children, it had also been observed in homes where the mother was present (see above, Section III).

> **40** There are a few dads without mums. One I work with, the mum is alcoholic and off the scene, the family are supported by the social work department. The girls are older, 16 and 17, and they're responsible for a lot of the housework and for looking after the younger ones. That's my experience of a lot of families. The mum's maybe working, although they don't always declare it. Though even when the mum's at home the older ones bring up the younger ones. (Social worker)

Within working class families this devolution of responsibility to the eldest girl has a long tradition.

> **1** My sister was just like my mum, she was pregnant at 15, and she didn't tell her mum, she didn't even tell my dad. No one knew until she went into labour. My grandparents didn't really care about her. My mum was really brought up by her sister, not by her mum or dad. (Single non-mother, 20)

> **40** [My mum] was really clever, Dux of the school, but her dad died when she was twelve and she had to work to keep the family, she was the oldest. (Social worker)

Schools are aware that their pupils can in fact be discharging quite onerous duties as a carer at home before coming to school.

> **22** One thing which is a problem for a few young people is that they have to care for other children at home, or for a parent who is ill. They are expected to care for them and then come to school, that causes problems getting homework done, but also it means that they are often exhausted by the time they get to school. (Education service)

In exceptional circumstances even an older brother can find himself with responsibility for his younger siblings.

> **19** There is a bloke who lives here who is only 20 and he is looking after his own three young kids and brothers and sisters who are in their early teens. The neighbours all felt sorry for him and said they knew that it was difficult for him to keep tabs on what the kids were doing. They were often running around in the street, being cheeky, out late, and the teenagers did a lot of running about on bikes which annoyed the locals. (Manager in company)

4.2. The 'female family' and the eclipse of fatherhood

As we have seen, the instability of families was most visible in the 'transience' of their men. While this can create difficulties for children who have to live with a man who means nothing to them and vice versa, these same children are having to cope with living without the man who should mean something to them, and vice versa: their father.

Even when the father was still at home for his children, his contribution to family life was seen as restricted, his standing ambiguous. A substantial consensus emerged that women were 'in charge' of families. This was often qualified as being something peculiar (at least in its degree) to Dundee, and having historical origins.

> **11** Women are definitely the ones who run the families, it's always been like that. The men go to the pub and to the football. Outwardly, the men would like people to think that they are in charge, but most folk would know that the women are in charge. (Youth worker)

> **19** I think most families would not be an equal partnership, the woman probably does the bigger share of everything, but I reckon the man will take the credit. (Manager in company)

> **41** I don't know [where men fit into families]. Families are all built around the women. Here it's granny, mum, grand-kids. They all

> stay in the area and granny looks after the kids. Grannies are the central part of the family. She exercises the control over the daughters and grand-kids. The men work, if they work, and go to the pub. That's it. Lots of families are mum and baby. Some are living with their parents getting support. In Fintry that seems to be more the case than in Whitfield. There it seems that more of the families are immigrants - moved in from other areas of the town, more girls who've been put out by their own families. (Minister of religion)

> In families, I think the mothers are the disciplinarians. They run the house and the dad might step in if she can't cope. Most of the men are just wasters

One respondent thought that the dominance of women had as a consequence the marginalization of boys, for the reason just mentioned: that most men were seen as wasters.

> **4** On the surface Dad is in charge, but underneath it's the women that run things. The exception would be the families where Dad is a bully and he is violent. Boys are ignored within families. I think a lot of that is the fault of grandmothers. They don't see the dads as being any good and they imagine the sons will be the same. (Social worker)

With regard to control and decision-making within the family, the following first-person account corroborates what we have just been told. It is evidence that even at the potential moment of establishing a possible family, the father-to-be gives himself a recessive role by opting out of the family planning process. In the event, the outcome depended more on the grandmother's situation and experience than on anything else.

> **28** She took me to the doctor's and I had a pregnancy test there. We talked about having an abortion, me and my mum. [Partner] said it was up to me. My mum thought that would be for the best, she wasn't working, we looked through the Argos clubby [catalogue] and I knew that I wouldn't manage to buy all the things I wanted. But in the end, my mum said "Have the baby, if that's what you want." It was up to her in a lot of ways, because I look up to her, she's been through a lot, so she knows what's best to do. She was right, we have managed. (Single parent, 19)

After the baby is born, the grandmother's writ continues to run.

> JW What part does Church have in family lives?

> **41** Depends - again Granny is the boss. She's the one who says "Get the bairn christened". (Minister of religion)

We have already seen (in the section dealing with asocial conceptions) a consensus that many young mothers had grown up with minimal contact with their fathers. There seems to be a comparable consensus that this minimal contact has knock-on effects into the next generation: young mothers are acting towards the young fathers of their children so as to produce much the same result. In this family system marginal fathers become a constant.

> **15** Men tend not to be very involved with families unless they have had something positive in the first place to build on. (Voluntary association worker)

> **20** Very few of the [school-age mothers] are involved with the baby's father. That is seen as a fringe benefit, I'd say. It is such an important relationship, but so few of them have on-going involvement with their own fathers or have a father figure in their lives. Those who do, tend to be more middle class, the parents have their own house. (Education service)

> **3** I would say that Dundee families aren't really stable families. They are often just a mum and a baby, there may be a partner, he may not be the dad of the baby, and he may not be there all the time. A lot of that has to do with benefits though. The majority of the ones I see, even the ones with children, are single girls. Very few are married. Men don't seem to have much of a role. (Community nurse)

After sketching the girls' own 'dad deficit' situation, one observer used a striking phrase to describe the social structure that was emerging with the displacement of men: 'female families'.

> **10** The parents tend to be separate, the mum looks after the kids. Often there are several generations living together, mum, gran and her mum sometimes. Either they live under the same roof or very close by. You often hear "I don't know my dad". They will say that they don't see their dads, too. Very few of them seem to have a stable male influence in their lives, either mum's partner or their dad.
>
> Now, to some extent the girls make it easy since they don't encourage the boys to have any responsibility. They complain that they get them pregnant, then bugger off, but a lot of the girls say that they can manage without them. For many that is easy if they have extended families, but what about the others? The families are becoming female families. (Medical practitioner)

One person mentioned that the dads' mothers sometimes fought for access to their grandchildren. They were doing this for themselves, however, rather than for their sons. Perhaps the social construction of 'grandmother' locally is not just as the ultimate authority <u>within</u> the family, but also as the ultimate guardian <u>of</u> the family, the person held responsible by the community for protecting the interests of her descendants?

> **17** I see some men, some who are loyal to their families, some have a little contact with their kids, some will stick by their kids even if they don't see them very much. A lot of falling out happens over access to the children. Many of the mums don't want anything to do with the dads, and the kids and the dad lose out. Sometimes, I've seen grandmothers who are fighting to see their son's children, but they are doing it for themselves, they are the driving force, not the men themselves. (Voluntary association worker)

Though the families might be becoming 'female families', this did not mean that the young women excluded men from their lives in general, any more than their mothers had when they had been bringing them up. One social worker traced the difficulties that children might have in knowing what to make of all the men who passed through their mothers' lives back to their mothers' own unstable home life. There were men, but no fathers.

34 The other thing I think that must matter about families is whether they are settled or not. Some of the mums have more boyfriends than I had in a lifetime! What kind of example does that give to the daughters? You hear them saying just the same, we've split up, they have a row and the whole thing's off. They don't seem to know how to stick at relationships. They don't have a father laying down the law, like we used to, they maybe have a grandfather, and – I know this is all very value laden – but you just wonder what kind of an influence this is having on the girls?

Obviously, if young mothers feel adequately supported by the rest of the female family they have no real reason to place on the boyfriends the role expectations attaching to father of the family in the parsonian model[67]. The men are there for them, not for 'the family'. And when they feel like a change, they have a change, even if the man actually is the father.

30 I remember that I couldn't tell [son's father] about things, I mean, some things you just don't know how to start. I wanted him out, I'd gone right off him. But I didn't know what to say, so I started to bring another lad home with me. He soon got the hint. I let him know that way, I think it was for the best. (Single parent, 23)

Notwithstanding her taking the initiative in getting him out of the house by signalling to him that so far as she was concerned the relationship was over, this young mother still feels able to blame the father of her child for his failure to take an interest in his son.

30 There's just the two of us. I've been on my own with him since he was about 8 weeks old. [Son's father] just didn't want to know. [She turns to the son, 3, who has been listening and says "He didn't want to know, isn't that right?" Son says: "He's never been there for me." Researcher]

The questions of how far the young mothers encourage the fathers of their children to take any responsibility for their children, and of how much they teach them how to look after them (thus coaching them up as a possible rival to gran, it should be noted) need to be put alongside the question of the terms they lay down for their lovers to actually move in. Sexual access and domestic partnership were different relationships, and subject to different decisions. Two local observers thought that to graduate from sexual to domestic partner a man would have ideally to measure up on three dimensions: to be working, to be prepared to help in the house, to offer companionship (Edgar and Finlayson personal communication 1998) This next young woman gives a full and very delicate account of how she balances out the pluses and minuses of her lad's possible claims to live with her in her own house. (Given that her lad is unemployed the reservations expressed about his maturity and child-minding skills could be just a rationalization of the fact that the social father would penalize her financially if he were to move in.)

32 I don't get money off his dad because he doesn't work, but I get my pay. I manage with that and he gives me a fiver a week towards things for him.

JW What pay do you mean?

> Well, my Tuesday book, that money [her income support, child benefit etc.] It's the pay you get for having a bairn. I have enough to manage. (Single parent, 20)

(In parenthesis, attention should be drawn to the suggestive way in which a primary role of the father has here been linguistically magicked away by the self-enrolment of this mother in the 'family labour force' of the state – a generous and reliable provider indeed, compared with the father's pathetic token of a fiver a week for the baby's things. As having children in female families becomes superordinate to, rather than a side-effect of, being married, so the 'child benefit/family allowance' originally intended for married women becomes replaced in this mother's vocabulary by 'pay', money which she construes as financial recompense for her parenting work, for a job done for others. More on this below, while we return to her evaluation of her lad's domestic potential.)

> **32** He stays sometimes, he could stay as often as he likes, but I'm not ready for him to be here all the time. I've been with him for about two years, so I think we will probably be together. I don't know anybody that has been together as long as we have. I've known him since I was 17. I've had this house for about 6 months now, but I don't think we are ready to live together yet. He stays whenever he wants but he has his own flat in the town and I think it is probably better like this. I think we will stay together, he gets on well with my Dad and that, so I think we probably will be together. I don't think he's old enough somehow to move in, I think it would be better if we just carry on the way things are now. I'm on the pill so we won't have another one for a while, maybe when [son, 7 months] is bigger, I don't know.
>
> JW Does he give you a bit of a break from [son] when he's here?
>
> Not really, he doesn't really know what to do with him. He's fine for five or ten minutes, but if he cries then he gives him right back to me. I don't really get time on my own. My mum is too busy working and things. I couldn't leave him with his dad, he wouldn't know what to do about feeding him or anything. He loves him though, don't get me wrong, he just isn't sure about what to do with babies. A lot of men are like that I think. (Single parent, 20)

A very similar perspective was taken by this mother of two boys (3 years and 18 months) on their father's domestic potential. The case is different in that they were married and both the babies were planned. She also admits that 'he is a brilliant dad'.

> **26** He still sees the boys and I still get money from him for them. My friends are jealous because he's a brilliant dad. Things are better now but it wouldn't work if we got back together. I've got a routine now and I couldn't adjust to having him here too. When he's been back before, things are good for a couple of weeks, but he's a typical man, he can't keep it going longer than that. Money was always a problem, I couldn't sort things when we were together, now I have a budget and I know what I need for what. I couldn't keep tabs on the money when he was here. [My parents] don't approve of the relationship we have now. They think we should just try harder. They think that a dad should be at home for his kids. But things are better the way that they are. I see us as a family and we have happy kids, it's better that we are apart but

have happy kids, than be together and be miserable. I remember once, that we were shouting so loud at each other that we hadn't heard the baby crying and you can't have that. It's nobody's fault, it's just the way things are. (Single parent, 27)

However, despite his brilliance as a dad and the fact that he had a full-time delivery job, he was not able to measure up to her expectations on the domestic front, especially to her expectations of fair shares in the housework and her standards for family budgeting.

JW What drove you apart?

26 We fought all the time, mostly about money, but he wouldn't do his share of things in the house. He worked funny shifts and that made it really difficult, he would start at 3am and come home at midday. Then he would sleep all day and I would be left having to do all the housework and look after the boys.

In terms of the overall evolution of the local family pattern, these last two cases might be seen as both highly regrettable, in that both women had intact parental marriages. Even with that inheritance of role-modelled behaviour they seemed to prefer to live on their own with their children – "I see us as a family and we have happy kids". It may have been significant that the second mother suffered long-term from diagnosed depression.

If one looks for reasons why the men were judged as of so little value as a domestic partner, one reason given was <u>their</u> mothers. Young mothers could be very critical of the effect of their mothers on the fathers of their children. While this relationship is always potentially awkward (which the culture acknowledges by making the mother-in-law the primary joking relationship), the complaints were in fact more about the men themselves, about their subjection to the dominance of their mothers and their inability to make, from a position of personal autonomy, an authentic relationship with their partners. At the lowest level came the complaint that continuing to live at home fostered life-style expectations ('pub and pals') inappropriate to a man with family responsibilities.

30 I wish I could get out more, that would make a difference. It's not that I regret having him… well, I could take him with me if I wanted to go places, but I wouldn't do that. It's alright for his Dad, he's out all the time, down the pub or at his pals. It's not fair. His mum is too soft with him, he still lives at home and the only thing that matters to him is the pub and his pals. (Single parent, 23)

Another complaint was that living at the parental home gave her man the idea that he had the right to be looked after and that all his wages were for him to spend as he liked, which, again, was regarded as 'not grown up enough ' by the woman who'd borne his child.

28 I wouldn't manage without my mum. He [partner] still lives with his mum and dad too. We couldn't set up together, he just spends all his wages on himself, he's the same age, but he's not very grown up, you know. He's not grown up enough to live with, he'd be at work all night and asleep all day and expect me to keep the bairn and look after him. (Single mother, 19)

A similar accusation was levelled by this next mother, not herself from Dundee, who puts her family aspiration very crisply: that their child should have 'two parents, not a mother and a boy'.

> **37** His mum interferes, that's always been the worst thing about N-[partner, 19]. He lets his mum walk all over him. She treats him like shit sometimes and he never says anything. But I try and we just end up having a huge row. His dad isn't around, he knows him, but he doesn't see him. N-'s an only child, but she has lads of her own sometimes. N- means well, but he's pretty useless, he's really got no idea. He just acts like he's living at his mother's and looks for his tea to be made, leaves his clothes on the floor, and I'm trying to be a mother to him and to the bairn. We have rows about it all the time. I want her to have two parents, not a mother and a boy. Sometimes I think I'll just have to leave him and go back to [town]. If he comes too, fine, if no, it's his choice. (Single mother, 19)

The implication here that deciding to accompany her to her home town would entail his growing up and 'getting some idea' should not be missed. Part of the whole problem for this woman was actually Dundee – 'My ambition? to get out o' here, out o' this flat, this street, this toon. I want back tae [home town], N- or no'.

The illustrative value of this next example is in the detail with which the woman portrays the relationship between her (on and off for eight years) partner and his mother. Despite the antagonism, she recognizes that the older woman's being left on her own with her son must have contributed to her behaviour, and that this is now a problem she is going to have herself, tripled.

> **29** I'm on my own with the boys [6, 3, 1¼], but they see their dad, he lives locally. He never showed any interest in them when we were together and he left to go with someone else. We'd been together eight years. I'd no idea that there was anything wrong, we argued, but not any more than any one else that I know. He'd left three times before when the pressure got too much for him. When I was pregnant both times before, he couldn't handle the responsibility. His dad left home when he was young. I'm not surprized, his mother must be hell to live with. He didn't know how to treat me though. He hit me a few times when I was pregnant, I hit back. I think he'd had no dad for so long that he didn't know how to treat us, he didn't have a clue when his mum wasn't there to tell him what to do. I've such a difficult time from him, he's turned so nasty and his mother is an interfering bitch. She is always having a right go at me over nothing, that doesn't help when you are depressed. She is a really strong person, she was always right in there, in whatever we were doing. She always knew things that we had talked about, we'd no secrets. There was only the two of them. My mother-in-law's had quite a subtle influence, but I didn't realize that was what it was at the time. She used to have cosy wee chats with him about me, behind my back. I'd go out of the room to put the kettle on and when I came back in they would stop talking. It was obvious that they'd been talking about me.
>
> He was always saying things like "My mum did such and such." He didn't know what to do without her there to tell him things, he

needed to be looked after, told how to do things. He couldn't even drive, she had always taken him everywhere and he expected me to do the same. When I said he should learn to drive, she started taking him places when I wouldn't. If he had any problems in his life, he just ran away from them. I think he panicked and ran off. He was always a bit of a wimp. I feel sorry for his mother in some ways, since she must have had her own burdens, she was left to bring up him, just like I am, only I've got three times the trouble.

He was not what I grew up to expect from a father.

I'd lived with someone else, between him, he was really different. (Single parent, 33)

While generalizations are of course impossible, the vignette brings out the extent to which the mother-son relationship where there is no father can set up a turbulent relational environment for the son's future partners. A son who is too important to his mother usually has a mother who is too important to him. Even with such a tiny sample, the fact that a male child brought up by women either on their own or with recessive husbands turns out apparently rather inappropriate to the relational needs of the younger generation of women is cause for thought. The numbers of young women raising children on their own continue to grow, therefore also the number of isolated boys, facing the possibility that they can become too important to their mothers, as in this next mother-son (3) duo. Oedipal overtones apart, the little boy's being brought up as a species of trans-generational hybrid may make him a difficult partner for a woman his own age.

> **30** He's like a wee old man, he's always been more like an adult, my parents treat him like one of the grown-ups in the house. I suppose that was because we lived with them for a while. I lived with them while I was getting myself organized, they were always on at me to get my own flat. My mum was young when she had me, so she knew what it was like, but she married my dad, so it was OK for her. He was the only child in the house, he was more like one of us.
>
> It's good though because I can have a conversation with him, specially when I'm on my own, it's like talking to another adult, that was the way my mum always talked to him. People always say what a good talker he is, he has a good memory for things and he is always polite. He knows how to behave, I think he thinks he is grown up sometimes, the way he goes on.
>
> JW Did you think about getting married?
>
> Well, I might have done but I've been on my own for so long that I'm better off like this. He's all the company I need, he's like a grown up anyway, like I said. I can't be bothered with men, can't really be bothered having to think about someone else. It's what I want that matters, what we want, isn't it, son? (Single parent, 23)

As the generations succeed each other, and if the 'female family' plus 'social father' team achieves ecological climax as the most cost-effective parenting combination for young women in the ox-bow scheme eco-system, it is hard to see the biological fathers coming up with a convincing rejoinder to the competition, partly because their particular micro-niche in the ox-bow scheme gives them no resources with which to meet women's

demands, but also – one needs to look at this possibility – that by now so many of them have been brought up by lonely depressed females that they have no autonomous psychic or cultural drive to want a family of their own. When parenting becomes reduced to paid work, any sensible person will ask whether the job is worth the rate. In these circumstances it is hard to envisage young men pressing forward to take on the unrewarding burden which their own recent experience as children will have shown them is all that children are.

Family stability can be described in structural terms, of the continuity of the physical relationships among the constituent parts. But families are also seen as having important moral bonds, ideally reinforcing the structural-functional relationships of protecting, providing, caring, guiding and so on. Authority is probably the most significant intangible attribute of the relationship between parents and children. Without authority parents will not be respected by their children; without respect their role as models for behaviour and sources of guidance will pass to others, perhaps socially positive in their impact, but perhaps negative.

Many of our respondents were sensitive to the probability that the lack of balance between motherhood and fatherhood must have contributed to the loss of authority of parents over children. One social worker could see how the constant succession of men through some children's homes inevitably meant that there could be no father with the acknowledged right to 'lay down the law' for the family. What was the effect on the children of this absence of a consistent framework of expectations for them?

> **34** The other thing I think that must matter about families is whether they are settled or not. Some of the mums have more boyfriends than I had in a lifetime! What kind of example does that give to the daughters? (Social worker)

One outcome was a lot of children who did not know how to behave coming forward for relief parenting by the social work department from families where no one was in charge, where children didn't know where the boundaries were because they had never had any rules set for them. In such leaderless families, the children ruled.

> **34** The kind of things that we see a lot of are children who just don't know the boundaries, they've never had any rules set for them and they don't know how to behave. it's not just the younger mums, I'd say that there is a lack of parenting ability across the age span. It seems that kids get whatever they want, whether it just gives the parents an easier life or what, I don't know, but mums in particular don't seem to be able to say no to their children. (Social worker)

> JW: Who is the head of the family?

> **40** It's my impression that no one is really in charge. It often seems like young people run the show, they are so strong-willed and parents just give in to them, or lack the energy, motivation or interest to challenge them. No one really seems to lead the family, no one pulls them together but if anyone does, it's the mum. No one seems to tell young people what to do. (Social worker)

Slightly further down the bad behaviour line, a police officer had come to a similar conclusion. Easy option-seeking parents were not taking the upper hand with their children; the consequences became potentially more dangerous as they got older.

> **42** Parents seem to take the easy option every time with their kids. They don't stand up to them. At 1 or 2, it's bad enough when they give into them, but by the time they get to 11 or 12, the easy options have become much more dangerous. Putting your kid out to play in the street all day is potentially dangerous for a toddler or young child, but letting your 11 year old out to play all evening with their older friends could be fatal. Parents don't seem to take the upper hand with their kids, to prevent their dangerous behaviour.

In education, too, workers could observe children becoming skilled at getting what they wanted in the face of weak discipline from parents. This weak discipline was itself the outcome of a somewhat incoherent situation where, although men were seen as the supposed disciplinarians with respect to the children, the mothers were seen as running the family.

> **22** Women run the family, that has always been the way in Dundee, they have been the dominant ones. The men are the disciplinarians, the women will bend more for the kids. I think that is part of the problem, the mums give in to the children far too easily. Most of them are very manipulative. Parents don't seem to realize that there is a difference between discipline and abuse. Young people are very clued up on their rights and they are quick to quote that at home and school. The only thing about that is that parents don't enforce the responsibilities that are the other side of that coin.

Not surprisingly, the lack of clear and agreed roles, duties and boundaries among the adults within the more unsettled families was accompanied by poor communication, poor relationships, shouting and anger which sometimes exploded into fighting and violence. This kind of poorly structured family system was frequently the background from which came school-age mothers.

> **20** Girls come here who are pregnant and very quickly you realize that pregnancy isn't their main problem. They seem to live in families which have lots of other problems. I would have to call them poor families. They are financially poor, but it's more than that, they have poor everything, particularly poor relationships within the family. A lot of them are living with single parents and there are various men on the scene, rarely their own father. I don't think the girls feel loved. There isn't an emotional bond there even although they would tell you that they love their families. It doesn't appear to be reciprocated, the girls will talk about all the shouting which goes on, there seems to be a lot of anger in families and fighting, sometimes physical violence. My impression is that the catalyst is often something very trivial, quite ordinary things but the communication between family members is so poor that there is no possibility of the problem being resolved at an early stage. There is no sliding scale to deal with problems, either everything is all right or things are at fever pitch. There is no gradual build up of frustration which would allow things to be resolved at an earlier stage. Things seem to boil over very quickly and it often ends up involving the children when it had nothing to do with them. They

end up getting walloped for something they don't understand and which wasn't their fault. (Education service)

The disbenefits to children of being seen as all work and nothing for it could manifest themselves in how they were treated. Some parents receiving parenting support from the social work department appeared to one worker to be high on aggression and low on affection towards their children.

> **34** It's right through everything, it's the way they speak to their children, some of them are so aggressive towards the children, some of the language they use with them is terrible, you can see how the children are so poor at communicating too. A lot of their behaviour is very physical, they don't negotiate verbally. The ones who are from the better backgrounds are the ones who chat, the others often have very little conversation. Some of the parents have very little affection for the children, they drop them off in the morning and the only thing they say is "Get yer coat off", they don't say cheerio or give them a wee cuddle or kiss. It doesn't surprise me that they don't look for any affection later in life. Some of them will come to you for a cuddle, but it's rare. Most of them are very unsure about affection. They don't accept cuddles easily, or even a friendly pat on the shoulder. (Social worker)

It can be no surprise that families with this kind of cultural inheritance have children who not only grow up short on the verbal communication skills (see below, Section V.4) so highly selected for by today's organizations, from school onwards, but also cannot handle the everyday affections and conversations which are intrinsic to companionate marriage, the ideal typical basis of the modern nuclear family. Thus even an intact marriage can fail to meet women's needs for recognition and day-to-day exchange and support.

> **41** People are looking for someone to talk to. It's not that always they are on their own physically – but they are emotionally. Their partner isn't really there. They can't talk to the husband/partner. They just want someone to talk to. A lot of them find it very difficult to share their feelings - they don't have the ability to reflect on their lives. (Minister of religion)

> **1** In my family, I would talk to my cousins sometimes, because my lot don't talk, we never had family meetings about things, my mum and dad don't even talk to each other, they shout at each other, but they don't talk. My mum is busy with her work and my dad is busy being the man of the family. (Single non-mother, 20)

Here is an exception to this majority, a woman who has found a man to whom she can talk and who can listen and knows how to give her support. She finds herself required to learn how to live in intimate company all over again, to her distress.

> **29** I've got a boyfriend now, if you could call it that. I feel like I need to get used to men again. I have coped on my own for so long, even when we were together, that it will take time for me to feel less wary about letting them in on my life. He's in the same situation as me, he was dumped by his wife. He understands, he has two boys who are ages with mine, who live with their mum, but he sees them. He's a good listener, I get a lot of support from him.

> It makes you so afraid of your own feelings, I've been wrong before and it makes you tell yourself to be sensible and not to rush into things. I need to think about the boys too. They know that I have a friend who comes sometimes to keep me company. (Single mother, 33)

'...coped on my own for so long, even when we were together' – very fine. In the view of one young mother, families could be categorized into those that talked and those that didn't. She happened to come from one that didn't, and clearly thought there was nothing problematic in that. This would appear to be a model of 'family-as-co-op', providing the basic physical services of food and childcare on an as-needed basis, the load of labour unlightened by conversation. Being alone while being together.

> JW What things do you talk to your mum about?

> **33** Usually, I just ask her if I need her to keep the kids. We don't really talk about things, we're not that kind of family, we've never really been ones that talked.

> JW What about at mealtimes, did you chat about things then?

> Well, we never really saw each other, we were all in and out at different times, so we used to just sort it ourselves. My mum would make a tea for her and dad, but we didn't have room for us at the table so we were better just helping ourselves and eating in the living room. (Married mother, 19)

An important point in passing. Parsons would probably draw our attention to the fact that the model of 'family-as-co-op' is inevitably reduced in its socialization function. As we have seen, family conversation is as much a means for children to learn about the world and how to play their various parts in it as it is pure sociability. This implies that parenting which is perfectly adequate at the physical level of provision and security but short on the communicative interactions is likely to handicap, in terms of self management, the children who receive it, compared with their peers who receive better 'coaching', so to speak, about how to live their futures. Imitation would be almost all they had to go on; but imitation tends to limit adaptability, thus locking the more rigid imitator into a narrow range of behaviours, as with this young woman, as it turns out. Thinking about the doing of family in terms of distributed parenting would prompt one to look to see where this aspect of the socialization function ends up being performed, if at all. Patient and generous teachers, perhaps. Or grandparents. Or the peer group. Or the media.

Women being in charge of the family does not necessarily entail marginal men. There are many cultures (e.g. Jewish families) in which women have a predominant role in family life, but in which an overall balance between the standing of the sexes is maintained. This may not be the case in North Dundee. Our research produced some findings which suggest that in many families a trend towards the marginalization of men from family life has been under way for some considerable time. The most eloquent (because unconscious) statement about this came from a single parent of 27 who, when asked about her family, had to be prompted to mention any of the men.

> JW Can you tell me a bit more about who is in your family?

> **26** My mum, Gran, five aunts and loads of cousins round about here, there's about ten of us that are close.
>
> JW What about your dad, is he around?
>
> Yes, he lives with my mum.
>
> JW You mentioned your aunties, are they on their own?
>
> No, I have a couple of uncles.

An exactly similar picture of marginal men came from a single woman of 20.

> **1** Families are close knit, they stick together in trouble, everyone lives close by in the same scheme, aunties, big cousins, all live round about each other, people rarely move. Uncles and Dads don't really mix, the women are very close, the mum and her sisters.

The marginalization of men and the family's domination – if not monopolization – by women would seem to have become a self-amplifying dynamic, reinforced by the departure of male breadwinner wage jobs to Mexico and other points south and east, further amplified by the effectively pro-mother, anti-nuclear family stance taken by the bread-giver, the social father. A youth worker spelled out the logic of what was becoming a dire situation for many men: lots of men, in the absence of proper jobs, had never had the breadwinner role; but now older men had no work at all and younger men had no place in the family, of any kind. Men then compounded their difficulties: put into a gender-threatening situation of likely objective dependence on women, men reacted by trying appear so 'strong' they didn't need women.

> **13** Traditionally in Dundee, women were the bosses. Now there are jobs for both, it isn't as clear cut, but for many, their dads will never have done a proper job and young men fall into the gap; they don't know what they are meant to be. I don't think the men here have ever been the breadwinners. We seem to have a cycle of men who are displaced, older men who have no work and younger men who have no place - neither as breadwinner, authority figure, parent, partner. There seems to be a real history of powerful women here. That is where the attitude of a lot of young men comes from: you have to appear strong enough not to need the women. (Youth worker)

Displaced from work and with no place in the family, small wonder that these men hang on so tightly to pub and pals.

4.3. Role structure in distributed parenting: some cultural consequences

Viewed structurally, families as the specialized reproduction agency for a functionally differentiated society themselves have an interior, analytically describable in terms of roles (expectation sets). The post-war nuclear family continued to view as normative that fathers and mothers should already be husbands and wives. While the attachment of mother and father roles to the formal statuses of wives and husbands has been diminishing rapidly throughout British society, the degree of detachment that has emerged in this research as associated with young motherhood is

such as to require a different kind of explanation. What we have been observing as 'distributed parenting' are not the further effects of marital breakdown, since marriage itself is being largely disregarded, but a different kind of reproduction system. What, we shall soon need to ask, is it reproducing?

But the first thing to confront is this under-discussed question of the decline of marriage. In Britain until this most recent generation it has been the norm for marriage to precede child-bearing. One acquired the statuses of wife and husband before those of mother and father. In addition, even though post World War II the average age of marriage was low compared with, for example, southern Europe, in an era of full employment it was possible for boy and girl to become socially recognized man and woman before marriage, by taking on those adult privileges and responsibilities made possible by earning one's own living: coming and going as one liked, suiting oneself on everyday activities and decisions, even living in one's own place. So, in that high industrial civilization, mother and father were the <u>last</u> statuses to be acquired on the route to full adult status.

However, in areas of advanced marginality, things have most certainly changed. The conventionally expected resources and pre-conditions for marriage being difficult to secure in such areas, the barriers to entry to the communities of practice {Lave and Wenger 1989} of wives and husbands have risen steeply, visible in the statistics on the addresses from which parent(s) register new-born children. Today it is not unfair to say that the route to marriage remains much as it ever was, but that fewer people feel able to take it – " It's expensive, isn't it - that's one factor - but also commitment, it's a commitment and folk worry about it not working out". Marriage today – perhaps staying married as much as getting married – appears to be increasingly associated with participating in the primary labour market – having a good job, with relatively good prospects of it lasting or of being able to get another one. As such, it is only to be expected that in areas of low prosperity, with few people with posts in the primary labour market, there seems to be a low expectation of getting married – "young folk don't put any value on marriage. Having a baby - that's important for a lot of them, but they don't want to be married or thought of as married." "Marriage isn't a part of peoples lives."

How far is the economy the driver for these changes in family structure? Historically there is a strong association between marriage and prosperity.

> '"The number of marriages in a nation perhaps fluctuates independently of external causes, but it is a fair deduction from the facts, that the Marriage Returns in England point out prosperity little less distinctly than the funds measure the hopes and fears of the money market. If the one is the barometer of credit, the other is the barometer of prosperity, present in part, but future, expected, anticipated, in still greater part." This view was expressed by George Graham, the Registrar-General, in his 8th Annual Report for 1845, published in 1848. He argued that the fluctuations in the marriages of a country expressed the views which the great body of the people took of their prospects in the world and noted that the fluctuation could be clearly seen in the towns even when the variations of the annual marriage totals were

not considerable in the kingdom as a whole. D.V.Glass, in his study of marriage frequency and economic fluctuations also found that "the whole period, 1856 to 1932, showed a close connection between marriage and prosperity".(Brown 1978: 68)

Confining ourselves to areas of advanced marginality, the answer would appear to be that the economy affects family structure to a considerable degree. For it could be that it has been the very raising of the barriers to entry to the communities of wives and husbands that has prompted many teenage girls not to wait for a marriage that might never happen and go for motherhood anyway, once they got pregnant. To wait for a return of 1960s-style prosperity to enable them to 'get married and set up house' before having children has become self-evidently absurd: globalization apart, the working class were informed by the 1980s Conservative government that Britain was going to be a low-wage, high-insecurity ('flexible') economy and that the only thing they could rely on was that there was nothing they could rely on. Having been as good as their word, it may thus be partly an unintended side-effect of economic policy that, in this population, what used to be the last status to be acquired on the route to full adult membership of society, that of parent, has commonly become the first.

But not equally between the sexes. The key thing to observe about family structure when a girl who lives in an area of advanced marginality becomes a mother while still young is its lop-sidedness. As we have just seen in the discussion on the distancing of men from their children, only a small proportion of our opportunity sample of mothers has a 'normal' domestic relationship with the father of her child(ren). The norm seems to be that she is a parent; but he is just the genitor.

In family role terms, this is important. For it means that <u>what is being reproduced in distributed parenting is not families, but motherhood</u>. The 'family' that these girls start in their mid-teens is a vertical duo which retro-creates (provided the baby's arrival 'patches up' any rifts between the girl and her mother and she's not 'put out' to go and live in Whitfield) another vertical duo: baby and young mum; young mum and young mum's mum. The dependencies in this three generational triad are no longer diffusely mutual, but all run one way: upwards. The basic bonding axis of the 'family' has turned through ninety degrees: it is now not two parents but two mothers. The two women together are a parenting team in a way in which the girls and their lads/men – 'pretty useless', 'hasn't a clue', 'typical man', 'not old enough to move in', 'around on and off', etc. – as couples clearly are not. It is this reproduction of motherhood rather than of families which makes the term 'female families' so apt. Add in the social father and we really do have a different kind of family system. For the contribution of the social father (as the name implies) is also not directed to sustaining nuclear <u>families</u>, but <u>households</u> containing children, as is clearly understood by the young mum who refers to her 'Tuesday book' as 'the pay you get for having a bairn'. The British state's theory of parenting has fathers as of purely nominal value.

This skewed family role structure is reproducing motherhood at the expense of families in another way. It makes it difficult for men to claim, not only the role of father, but also the status of adult man. Having

children makes girls into women, but begetting them doesn't make boys into men. An unmarried girl who has a child unequivocally becomes a mother, and therefore also a woman. Both the local community and the state acknowledge them as such, and the status is ritually enacted up the Wellgate on a Saturday when the parade of young mums pushing prams can astonish visitors from France. But impregnating boys don't make it to fathers, let alone back to men, because in British culture having sired a child doesn't earn one full adult male identity. 'Holding down a job' is still the basic component of this, reinforced where relevant by being able to discharge a continuing responsibility for a family: being a breadwinner, in short[68]. But the fact that the young mothers (dependably supported by female family and social father) are so reluctant to admit their lads to the status of husband, combined with young men's own incompetence at the tasks of fatherhood, keeps these young men trapped in a closed circle where they are dependent for recognition of their male identity on other men: their compensatory rituals of pub, pool, and football – 'that's what men do':

Resourcelessness through redundancy and dyseducation is therefore producing a family system which deflects male identity behaviours away from being responsible for women and family, towards measuring up to other men. These hyper-male behaviours are precisely the behaviours which young women today wish not to have to put up with; so the mutually alienating cycle becomes self-reinforcing: women keep men out, men behave in such a way as to merit being kept out, ending with the absurd but logical situation where 'young men…have to appear strong enough not to need the women. (13)' While it is a sad irony that behaviours emphasising their masculinity alienate them from women, it is an even sadder irony that these (in effect anti-social) behaviours are to some degree fostered by the state.

In losing their 'dependants' to the state, men lose their social identity as men. At the same time, without men parenting loses its coherence as a diffuse multifunctional non-hierarchical voluntary association of two inter-dependent sexually involved adults and becomes a hierarchical two-generational single-sex work-team specifically focused on childcare. For a child experiencing parenting, these have to be radically different life-worlds. Without 'proper' parents the family loses its political independence, its right to internal self-regulation; it thus ceases to be the basic building block of society, but rather becomes, in its female form, a means by which the British state produces the next generation[69].

One final observation on this structure suggests itself, on its possible evolutionary significance. This is that there is a loss of 'cultural diversity', (in systems theory terms, of 'variety'), associated with the female family as ecological climax. For whereas the balanced nuclear family is the social reproduction of two families, the female family reproduces only one. The father's family, its myths and stories, its identifiable prefigurings of today's children in earlier generations, its capacity to challenge the child with an alternative pattern of role models and group mores, all this wealth is lost. Thus at the same time as the biological gene pool is extended, by instability of partners, the 'cultural gene pool' is restricted, by families

being reduced to one lineage of women. Such families become ***culturally*** inbred. Absent the father, halved the world.

5. PATHOLOGIC-PHYSIOLOGIC FACTOR
(Function)

Still working analogically from the clinical entity model as presented by Guttentag, we now pass to the logical corollary of pathological structure, pathological function. Despite structure and function being placed last in the sequence of describing the model, Guttentag says that 'The three factors of the clinical entity so far mentioned (the zoölogic-constitutional, the topographic and the environmental) can be grasped only through these two media' (Guttentag 1949: 490). Because a clinical entity is in effect a disease, its existence first shows in pathologies of anatomy and physiology, of structure and function. As for the physical organism, so for the social: problematic behaviours can become noticeable in two ways: firstly when "some actual or anticipated limitation of his freedom of action…leads the patient to the physician"; or secondly when the physician discovers the potential condition incidentally on the occasion of an examination. Which <u>functional</u> behaviours manifested themselves to this social-clinical examination as symptomatic of sub-optimal performance in the area of societal reproduction? As before, the reports of functional difficulties from the mothers themselves are taken as symptoms, those from the observers who work in the area as signs.

In this section are detailed four health-related phenomena which the research encountered while pursuing the principal focus on family structure and lifestyle: poor mental health, consumption for comfort, consumption for competition, and copelessness. While incidentally discovered, they are presented as an intrinsic part of the clinical entity 'distributed parenting', as both cause and consequence in a continuously reciprocating influence to and fro with the deformed role structure of the reproductive system. In terms of the analogy with disease, they should be compared with those symptoms of disease which are non-specific, such as loss of appetite, pyrexia, pain. As with organic disease, other societal malfunctions can also cause most of the following conditions. This shows that there are only so many ways in which a less than adequate degree of social integration can manifest itself, not that there can be no such thing as distributed parenting because its symptoms have already been classified with another condition[70].

The section opens with some illuminating general comments concerning health in the context of these areas of deprivation. There then follow insights into a variety of conditions which are having or will have deleterious impacts on peoples' potential to play their roles in the social reproduction system: poor mental health; consumption for comfort, leading sooner or later to ill-health; consumption for social competition, leading to financial ill-health; and 'copelessness', a syndrome fusing low morale and poor self-organising and coping skills.

Introduction

Several interviewees offered summary statements of the general health situation of residents of these areas. This social worker reveals an integrated multi-level model of health behaviour, where effects derive

from causes operating in multiple fields: in this instance, from individual health beliefs, from the compelling effects of the market, and from deficiencies in public provision of opportunities for exercise.

> **2** If they're not ill, then "Everything's fine." Health as a concept doesn't exist, it's more about not being ill. People don't think about wider issues, that things go wrong due to their lifestyle, diet, smoking or lack of exercise. People are smoked out, they can't even go the length of a meeting without needing to go out for a fag. Look at what is on sale in the corner shops, very little in the way of fruit and veg, a few soft apples and a limp bit of lettuce, if you're lucky. Whatever is there, is always a bit tired looking and you wouldn't really want to buy it. They will only sell what people will buy and you can't blame them, they have a living to make.
>
> It would be a generalization to say that people don't exercise, but there are difficulties for a lot of them, even just getting to somewhere to exercise.

From the fact that addictive/comfort-seeking behaviours are so prevalent, this community nurse also concludes that people do not consider health to be important.

> **3** Health can't be important to people or they wouldn't be living the way that they are. There are very few non-smokers and very few ex-smokers. They all drink and some have serious drug problems.

From a vantage point in the employment service, this next observer has developed a historically-sensitive explanatory framework for poor eating behaviours, again quite sophisticated in bringing in a number of interacting factors as potentially causal.

> **6** People just don't seem to care. It's the same their whole lives through, I've seen so many of them coming in here who are really obese, not just a bit overweight, I mean, really health-threateningly obese. They've grown up taking on their parents' eating habits and they just don't care that it's bad for them. Things have moved on, they seem to forget that, you can't still believe that lard pieces and that kind of thing are good for you. I suppose they grew up in a time when there were no concerns about food, their parents had survived rationing and they were giving their kids the best as they saw it, fried breakfasts, meat and two veg every meal. That was what the men expected. They've forgotten that their routine has changed and they're not working men any more. They don't have any exercise, the sort of thing that they would have got through doing a day's work. Now they spend their days playing pool, going to the boozer; and 'exercise' is sport like darts or pool. These are the macho things to be doing. The unemployed spend a lot of their time sitting about.

One particular health belief, termed the '"It'll never happen to me" philosophy' by an education professional, was widely in evidence, being mentioned by both young women and professionals.

> **20** Most of them are in rude good health. That's what makes it so difficult to discuss health with them. They do put themselves at all sorts of risk by the things that they do, though[71]. They have the "It'll never happen to me" philosophy. They think that they are young and don't want to be pregnant, so somehow that will prevent the pregnancy. (education service)

From the general we pass to the specifics. Of the functional difficulties associated with the stresses of these poor families, the most fundamentally disabling in the short term seemed to be the mental health problems.

1. Mental Health

In his recent enumeration of the factors associated with mental health problems, the Tayside Director of Public Health has to have been looking at the deprived housing schemes of North Dundee.

> 'Those most likely to have mental problems are women aged 18-24; those living in deprived environments; those in lower socio economic groups; unemployed men; people who have had adverse life events (e.g. bereavement or job loss); people with poor social support; and people who are permanently or temporarily ill or sick.' (Director of Public Health 2000: 41)[72]

It has been known for some time that poor mothers at home with children are disproportionately at risk of depression (Brown & Harris 1978). Beyond the simple fact of being at home with children, a number of factors either likely to result in or already associated with perceived poor mental health and/or mental illness were mentioned in the interviews: privatization and dependence on the media, communication and relationship difficulties, isolation as an effect of poverty/early motherhood, over-dependence on family, nothing to look forward to, lack of a sense of personal efficacy, anxieties about personal safety. While the factors presented may appear somewhat unrelated, it should be borne in mind that the research was very much exploratory in character. A number of possible connections might be worth pursuing with further research[73].

One structural factor mentioned by a youth worker was the negative effect on people's motivation to protect their health deriving from their relative failure in the competition for consumer goods with those in decent jobs.

> **11** I would have thought that health would feature in a lot of peoples lives, because so many of them are ill. For most people, they don't have the motivation to make the right choices about their health and that is why there is so much ill health about. A lot of people have mental health problems, for many they are just depressed because they don't have much going on in their lives. If you have a big population of working class people then I suppose that you are going to get a lot of people who are fed up with not having things, cars, hi-fis, all the things that people with decent jobs can afford. That must cause a lot of depression too.

These consumption items are not just evidence of getting on, they are also the means of having things going on in their lives[74]. In a consumer society, to exist is to consume; thus not to consume is a form of social non-existence. There is an important implication here for a contemporary theory of public health: that as the overall lifestyle level of a consumer society rises, the poor find themselves between the Scylla of exclusion and the Charybdis of debt. On the one hand, a potential consequence of seeing themselves unable to keep up with the general improvement in circumstances could be a social illness with some similarities to

hypothermia: 'Hypoconsumption syndrome'. Underconsumers get 'chilled out', unable to raise their head in society because they lack the current badges of belonging to the 'in crowd', hence feel marginalized and depressed. On the other hand, if they refuse to moderate their lifestyle according to their income and decide to invest in the social markers of success, they become enmired in debt, often at exorbitant rates of interest (APRs of 180 (one hundred and eighty) per cent, for example)

A 17 year-old who, before becoming pregnant, had been doing well enough at school to suggest that she was going to follow her sister into getting a good job and a car confirmed this perception, highlighting how for girls with educational potential the lifestyle price to be paid for having a baby at 15 is higher than for the less school-adapted, at least in the short term.

> **31** I had no sex education at school, some at school in 2nd year, but it wasn't really that helpful, if it had been I wouldn't be in this situation now. It's a shared responsibility really, but when it comes down to it, it is the girl who is pregnant and so I suppose she should be the one who is more careful. I am the one who is living with the consequences of that. I don't regret having him, but you can't really say that when you have them there. But I don't want to have any more.
>
> There are so many things I want and can't have, that's the price I've had to pay for having him. Things like clothes, having the house decorated, a good job, a car…I absolutely hate living in Dundee, I think it's a pure dump. There is nothing to do[75]. The shops here are awful. If I didn't have [son], I'd be away to a proper city by now.

Though only 17, this girl is already aware of the thinning of her social network as her friends move on to higher education, leaving her with the unrewarding company of other young mothers with whom all she has in common is being a young mother. In the following excerpts the isolation and loneliness associated with depression in young mothers can be seen constructing itself before our eyes.

> **31** I don't have any friends with babies. I sort of keep in touch with three of the girls from [young mothers school], but they're not really like me. My friends all thought it was great at first, but I don't think they envied me. I think they realized how stupid I had been and they didn't wish it was them. Now, they are all away from Dundee at university. If [son, 2] gets a full-time place at nursery, then I would like to go to University. I'm stuck in most nights, my sister babysits, she's glad to help, but glad that it isn't her. My sister was really disappointed, she is much more sensible, she has a good job, a car, and she's engaged to be married.
>
> 32 I don't have that many pals any more, mostly I just see my cousins, they have bairns too. (single mother 20)
>
> 28 I wanted to be a nursery teacher, but I never had any qualifications. I should have stuck in a bit better at school instead of spending my time talking to my pals. I'd like to go to college, maybe to get some exams or something. I'd like to go to college, be like my friends, it sounds like a laugh.

It's all been hard work. I love [son, 2], but I wouldn't advise other girls to have a baby so young [16½]. I think 25 would be a good age. You'd probably have more patience and you wouldn't want to be out with your friends so much by then. You'd have more money to spend on yourself. I've just bought a pair of £100 boots. [Partner] says that's selfish, but he spends most of his money on booze. He goes out with his pals a lot and drinks. I don't go out much with my pals so he can't say that. I don't have many pals, I'm pals with my mum. We confide in each other, we're more like sisters or best mates than mother and daughter. I don't keep up with any of my friends, I'm too grown up, I suppose. I wouldn't know what to talk about, I can't really join in with their conversations…Yes, I do regret it, I suppose. (single mother, 19)

Let us move on to another structural factor highly associated with living in areas of deprivation: poor housing. A voluntary association worker connected poor housing with poor health, both physical and mental.

15 Health and housing go together. In Dundee, it's often poor housing and poor health. Some GPs raise health issues, mostly to do with dampness, affecting people with bad chests, but there seems to be a physical connection between dampness, condensation and poor heath. Mental health suffers in a big way for people who live in poor housing, if you consider that to be health. There are lots of people who are suffering from stress and one of the things they will tell you is about their house.

15 A lot of stress is caused by the other properties round about, not necessarily the houses that people are living in themselves. People find it difficult living next to empty houses, gardens that aren't cared for, grass growing out of the rhones, graffiti - it's things like that which people want to move away from. A poor living environment, I suppose you would call it. It might not be making you ill as such but it affects your well-being. If you are worried about things like that it niggles away at you and grinds you down over a period of time. That makes you more irritable with your kids or partner, you are frustrated that you can't do anything about it. It must be really wearing, I can understand that.

Another source of stress at home, overwhelmingly for women and children, was violent treatment from men. One police officer suggested it was so prevalent that it was in effect accepted as normal.

5 Domestic violence is widespread. I feel that most people don't recognize it for what it is, don't see that it is an issue both of crime and health. For many women, it's just what happens.

One victim had also come to think it was normal.

1 I thought I knew what went on, but you don't realize how much violence there is, how much abuse. Physical and sexual. Mostly I just knew people that were battered. Everyone knows that that goes on. It's common. It happened to me often, it isn't serious, it's just what happens in families. We used to get the belt, lots of folk do.

Sometimes the abuse the young women had received at home was not so directly physical. It still had damaged them.

20 If you talk to them about the babies, most will say that they enjoy being a parent, "I wouldn't put them back", but most will also

> tell you that they wouldn't do it again, if they had their time over again.

> So many of them don't trust their feelings, a lot of them have suffered emotional abuse, although they don't realize that that's what it is. Most of them won't go to things under their own steam, but they will take all the support that's going, most of them are entitled to that. They need it to survive. (Education service)

The most telling evidence with regard to mental health, however, was the large numbers of references to clinical and sub-clinical depression: sheer sadness and misery, despondency which could lead to life-threatening despair.

> **10** I see a lot of very sad women and girls. They seem to be quite despondent, with miserable lives. They seem to lack love, trust, I think that is missing from people's lives. In the clinics we try to be respectful and kind and you can see the hostility go and they respond to a bit of gentle handling. Professionals need to try to take a different angle with these folk. (medical practitioner)

> **34** We also have a few mums, who are a bit older who are on their own with kids, most have had steady partners, but they are now on their own. A lot of the older girls have depression or anxiety problems and we have the kids here to give them a bit of a break. (social worker)

> **32** I can't remember ever feeling really good about anything, well when I had him, I suppose – just put that. I can think of loads of times when I felt really crap though! No I'm only joking. (single mother, 20)

> **6** It's sad, some of them have genuinely given up hope. There are jobs for those who want them, and for those who want to retrain. They need a bit of help to get them started, but that's available for them. (employment service)

Depression and anxiety are associated with self-harm. Self-harming behaviours emerge while children are still at school, and are not confined to the very poor. Worthy of note is that this guidance teacher suggests that the share of such behaviours of the young males may be being missed by her service.

> **22** The sort of problems that we get to know about are the self harm, overdoses, anorexia, bulimia, those sort of things. They tend to be the young people from the higher social classes. The others tend to be the ones who have problems associated with drugs or alcohol. They are nearly all girls which we see, boys are a lot less willing to talk. The guidance staff are all women at the moment which doesn't help. (education service)

She also points out the weakness underlying the assumption that young people can be either informed or educated away from these behaviours: it presumes high self-esteem, which this group precisely is most often lacking in.

> **22** I do think that health is important to them, we talk about it a lot in PSE. We have started to focus on mental health as well since stress is a big problem for a lot of them. We tell them about all the other things which are important to health, drugs, alcohol, sex, and give them advice. It's the same problem though, they don't have

the self-esteem to act on it. I often think it would be better if that didn't come from the teachers. We have started up a Health Drop-In at lunch times, the school nurse is involved in that. It's mostly providing leaflets and advice, we can't give out condoms of course.

Depression and low self-esteem in women is an important aspect of the overall health situation of the community because it affects their capacity to take the appropriate health initiatives on behalf of their children. This responsibility is part of the implicit contract between mothers as parents and the state as provider of basic preventive health services. Given their non-compulsory nature, unless the responsible adult presents the children for the services the children can acquire health deficits that will last a lifetime before they are in a position to do anything about it themselves. Offering an 'upstream' sociological hypothesis by way of illustration, one factor behind the poor dental health of deprived Scottish children could be the poor mental health status of a proportion of their mothers.

> **29** I think I probably am healthy, I don't smoke, don't drink too much and I try to eat well. Yesterday, I had, well I don't eat breakfast, but we had sausage and chips for lunch and stew, tatties and peas for tea. We all eat together. The wee one gets the same as the rest of us. They've had all their needles. I don't really manage to brush their teeth that regularly and none of them have been to the dentist. I have too much on my plate to think about that. It's difficult for me to make it a priority. (single mother, 33, with children 18 months, 7 months)

While bad teeth are obviously a distressing physical legacy for a young person to come to maturity with, so are the psychological deficits which some professionals working closely with young people from deprived areas believe they inherit. In many cases their families are seen as not performing their role as the functionally differentiated social sub-system specialized in developing independent selves and fostering emotional growth. Well-placed observers went so far as to claim that absolutely basic qualities were at risk, the one mentioning 'humanness', the other 'humanity'.

> **40** The one thing that I find really sad, in families and in young folk, is the lack of ability to express affection. It's just an absence of the ability to show warmth or caring. They can comfort each other if it's made into a joke - it's OK if you make out that you don't mean it almost. You see it with boys and girls - even if they're going out together, there's no holding hands, cuddling up or even snogging. There isn't even much mutual decency - they aren't even 'nice' to each other sometimes. The talk is all slagging, banter, rough language. Lads will call the girls "bitch", or "whore".[76] They aren't able to interact any other way. They are growing up in an environment where they don't experience any care or affection between people. A lot of them don't like to be touched - won't tolerate a hand on their shoulder as a way of comforting. It sometimes seems like the only contact they have with one another is through fighting or sex. That's it. The humanness has gone. (social worker)

> **10** There is a real lack of humanity. It's just like the soaps in real life, everyone bickering, shouting at each other, having sex with everyone else and lots of drinking. (medical practitioner)

It would seem that the social worker was right to point up male-female verbal communication as problematic. Even couples who had been together a long time had often not developed good communication.

> **41** I try to encourage folks to look after one another - they all have different gifts - but it's back to this thing about not seeing others' needs. People are looking for someone to talk to. It's not that always they are on their own physically - but they are emotionally. Their partner isn't really there. They can't talk to the husband/partner. (minister of religion)

Perhaps expecting problems if she raised the issue, one mother had recently got married without clarifying some rather fundamental issues about the family budget.

> **33** I'm struggling [financially] at the moment, but maybe now my husband [of one week] will help. I don't know, but I think if I asked him he might. Maybe I should ask him soon while he's still feeling good about getting married!
>
> JW Will his wages not be for you both?
>
> Well, I haven't asked him, but I suppose he might let me have some,

This next excerpt makes it possible to suggest that it is not as yet a general expectation in this culture that men and women should spend much time talking to each other: on the one hand the woman has found a male partner with whom she can talk about her problems and feel supported, while on the other she notes that it is barely possible to talk to her father. The question her experience raises is a poser: if the functionalist theory of the family presumes that the modern family is built around a (married) couple with the skills and the will to socialize their children to the high communication levels required by modern society, what happens when the couple themselves are short on the necessary skills? Where is the fall-back system for those graduating from families with communication skills deficits?

> **29** I used to work in an admin office. I'd like to go back to work, if I could. I will go back once the boys are bigger. It would help the depression, if I was able to get the kids looked after and get out to work. I'm feeling a bit more positive than I was, since I've started to see [N.]….My mum does help, I don't really talk about it. It would upset her too much. She doesn't live that close by (about 5 miles away) so I would need to make a point of talking to her. My dad is still around, but I would never talk to him. I don't think my mum even talks to him! I think they just stay together out of convenience, like a lot of older people do. I want more than that for my boys, I want them to be really happy, in all their lives. In good relationships, to have a good standard of living and to be able to get on. I suppose that, more than anything, I want them to be what I am not, happy with their lot.

It would be a mistake to give the impression that it is only men who are aggressive. We have already met several occasions on which teenage girls were physically attacked by other girls. In the report below it is difficult to see the response as proportional to the purported offence, but perhaps more related to the fact that the girls were young. Either way, the aggressive reaction is not without overtones of stress.

23 Some folk are just so aggressive, we were in the town and there was this really bonny baby in a buggy. We were just standing there and we spoke to the baby, its mum went off it. She was saying "Mind your own fucking business". We said we were just being polite, 'cos we thought we were and she starts on "Stop looking at meh bairn, what's it to do with you like?" We just walked away. That's what I mean, you think you are just being civil and something quite innocent turns into a whole lot of abuse and aggro. (school pupil, 16)

Lastly, for all that the mothers to be interviewed were not randomly selected[77], to have three out of eleven so depressed that they had tried (2) or had been thinking of (1) suicide must be cause for alarm. In all three cases, poor social relationships with significant authority figures were associated with the condition, in two of which the relationship with a CPN provided a positive compensation, as also did the opportunity to talk provided by the visit of the researcher. In all three cases, it was their sense of responsibility for children which were the effective deterrents to taking their own life.

26 I wish I could have the confidence that I used to that would make me feel better. I always seem to be troubled by depression, it helps just having someone to talk to, just talking like this is good. I've felt like suicide sometimes, I took an overdose about five years ago, but I couldn't do that to the boys now, even though I might feel like it sometimes. I think that the depression started when I was working in X--s, I had an awful supervisor, that seemed to trigger it. It's in the family, my Mum has depression, she doesn't even have anything to worry about. I often wonder if it is hereditary or is it just something that you get from them as you grow up, I don't know. I reckon it must be something that you are born with and people don't realize that, they're not very understanding, you get a lot of "Why don't you pull yourself together?" comments. My life insurance premium doubled because of the suicide attempt, I'm paying for it now, one way or the other. (single mother, 27)

27 I sometimes wish I could have my time over again. I feel so old, I think being overweight you look older and feel older than you really are. If I was able to be slimmer, I'd probably be healthier. My mum says that I'm not nice when I am thin, she says I'm argumentative and self-conscious, so I'm better being fat. I've been depressed for most of my life, since I was 18 anyway. I feel lonely and tired so much of the time and I'm tied to the house. I don't really have anyone to talk to, so I have a CPN. She's really good. I've never been in a psychiatric hospital though. I've often thought of suicide and I have tried it once, I took an overdose. Now though, I have to keep going for [son, 3]. (single mother, 40)

29 Health? It's about not having any problems I suppose, physical or mental. I've had post-natal depression for months now, but it wasn't picked up. I've such a difficult time from him, he's turned so nasty and his mother is an interfering bitch. She is always having a right go at me over nothing, that doesn't help when you are depressed. She is a really strong person, she was always right in there, in whatever we were doing. She always knew things that we had talked about, we'd no secrets. The main thing with health at the moment is the depression. I have the antidepressants and the

valium and they have helped, but I like having the CPN to talk to, that really helps. My health visitor is good too, but she's left now. I have thought about ending it all. I still do, but I couldn't, not for myself but for the boys [6, 3, 14m.]. [She became very upset and we had a break for a bit while she cried and spoke about how dreadful she was feeling - researcher] (single mother, 33)

2. Consumption for comfort

Not every unhappy person can benefit from the services of a CPN. In this section attention falls on the leading self-service comforting modes people select to hold at bay the deprivations of the hour, the regrets of the past and the unthinkability of the long-term: eating, smoking, and alcohol and other drugs. All are life-shortening.

> **42** The way people prioritize their spending is very different from my life. Most of it seems to go on fags, drink, bingo and satellite TV. (police officer)

> **1** Health just means not being ill, if you are ill you're not healthy. People don't realize that anything else is a part of health. Everyone has a fag or a drink, it doesn't matter in the long term. You live for today in Dundee. People don't think that they've got much of a future, they just live for getting their dole and going out at the weekends. (single non-mother, 20)

a) eating

Bad diet kills. But where do bad diets come from? Food performs many functions beyond those pertaining to simple nutrition; it is always culturally elaborated. In our population the cultural practices surrounding eating spoke eloquently of two requirements poor people placed on food. The first was the expectation that it should give *comfort*. Under conditions of financial poverty and environmental and cultural deprivation, food was one of few items which people could look to for some guaranteed release from the general stresses. The foods which are selected as most effective for this task contain high quantities of the dieticians' unfavourite ingredients: fat, salt, sugar, and artificial additives[78]. The second requirement was that it should be *convenient*, both to prepare and to eat. One aspect of this convenience was a widespread preference for food which could be accessed individually by the different members of the household; frequently people seemed to eat what they like when they liked. This included children, who were often referred to as learning to 'fend for themselves' with regard to meeting their household needs. A second, related aspect of food's convenience was being able to be served with a minimum of required resources. The 'traditional' meal cooked from raw ingredients to be served to a family group around a table is yielding before the convenience of the microwave, the preference for sofas over tables (some households don't have tables), and the attraction of the TV/video[79]. Take-aways are the extreme convenience food, as well as scoring high on comfort value. In other respects they are far from ideal – but these effects operate in the longer run.

One woman acknowledged that she was both overweight and a comfort eater.

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27 We eat soups. A lot of soup, and meat. They get sweets after a meal. I don't know why it is, but [son, 3] is always happier when he's got sweets. I think he must be a kind of diabetic in reverse, he needs to have sugar. I know I could do to lose weight, but I don't try hard enough and I'd say I was a comfort eater. I eat as well as I can, but I can't afford to eat as well as I'd like to. Well, I suppose I could buy the best of everything, if I cut out the junk. (Single mother, 40)

With younger women, one professional had observed what happened when the imperatives of image (requiring weight control) came into conflict with the pleasure principle: a diet skewed towards high-impact, low-value foods. Their babies could also suffer from their lack of respect for high value foods.

20 Most of them don't eat properly. They are all very conscious about weight and a lot of their behaviour about food is to do with weight control. There is a healthy meal available free at lunch times but most of them refuse that and will go to the tuck shop in the afternoon and have a couple of packets of crisps and a Mars bar and a can of juice. The pleasure principle is everything. They want it, they like it, they'll have it. It's the same with the way they feed the babies, giving them crisps, "aw, but they like it". They can't see something like that doing any harm so it must be OK.

Ease is the other factor which seems to dictate what you do. A tin of spaghetti bolognaise is the path of least resistance when it comes to feeding the baby, so that's what you do. (education service)

The above pattern seems to be based on good observation; it is confirmed by three young mothers, the first of 17, the second and third of 19.

31 I cook sometimes, but mostly I just make something for [son, 2]. I usually eat when he is in his bed, so I get peace.

Yesterday, I had: No breakfast

Soup for dinner.

No tea, since I was working

I had toast when I got to my mum's to pick up [son, 2] about 9 o'clock. I had a couple of packets of crisps during the day and some chocolate for my break at my work. I drink diet coke all the time and that fills me up. He doesn't eat much either, maybe cereal for breakfast, soup for lunch and ham or a sandwich for tea. He gets a snack at nursery, fruit or something; but he won't eat things like that at home.

38 We like toast, chicken pies, soup, things like that. He [son, 7 months] still eats the tins and packets, so he's no bother. We're not keen on veg or stuff and I tried him on a banana, but he just spits it out, so I'm not wasting it on him

37 I don't eat, you ken. I canny be bothered. I try to make a dinner for [partner], mostly we just have chips or toast. I give her (7 months) the tins and packets, she loves the chocolate pudding.

And by this social worker.

40 Nobody cooks anyway. They all "eat on the hoof" – pies, crisps, that kind of thing. If you talk to young folk they tell you that no one

cooks, nothing that involves ingredients anyway. It's all things that come ready-made, or unhealthy things, sausages, mince, fried eggs, hamburgers, pizzas. On the other hand folk won't eat anything else; mums wouldn't bother to cook if kids won't eat it, they give them what they know the kids will eat. Once we do things like cooking - we let them make things and they all sit down to eat - they can be persuaded to eat what they've made, and they enjoy it, they're proud of what they've made.

JW: You mentioned that food was unhealthy. Where does health come in to all this?

Nobody thinks about health. It doesn't come into people's lives at all. Young folk never talk about it - some girls will talk about their weight, but that's it.

JW Are girls dieting then?

Not what I would call seriously dieting - but they just have the usual obsession with being thin - even when they're not fat.

Even when the mother seems to have eaten relatively well, the baby could still get the soup and crisps.

32 I look after myself if that's what you mean, that's what health is about, isn't it. You need to eat well, exercise and get enough sleep.

I mostly have frozen things for myself, because that's easier, I sometimes have a dinner at my mum, cabbage or potatoes, something like that. He [son, 7 months] likes soup, I give him things like a tin of soup with bread in for his dinner and I can have the rest. Most of what he has are the baby jars and packets. He still has his bottles of course and he gets snacks, crisps, a biscuit or a banana. I never go to the dentist, but I would take him, when he's got teeth. I don't know if they are very keen on seeing wee ones, I've heard a few folk say that. (single mother, 20)

Children's resistances to individual foods could be a problem to a mother who had some knowledge of the more desirable dietary intake for children. Under such conditions subterfuges were resorted to.

26 I try to help the boys [3 years and 18 months] be healthy, I give them lots of fruit and veg. They don't eat much veg, but I balance that by limiting the sweets that they get. I always give them plenty of fibre, I give them fish fingers because that is protein and I give them beans with it for the fibre. At home we used to get fish fingers for a treat, my Mum didn't realize that it is actually good for you. We used to get things like mince, it was always a meat and two veg tea.

My boys won't eat potatoes so I give them low fat oven chips, I think they are just as good. They eat home-made soup so I put plenty tatties in that and they'll eat stovies. I eat with the kids because I think it is important for them. We don't have a table like we did at home, we don't have the room, but we set the bench in the kitchen and we eat there. (single mother, 27)

Less than desirable dietary habits had even come to the notice of a police officer, who also attributed some of them to ease-seeking by the parents.

42 I think that a lot of problems could be reduced if people paid more attention to what they ate.

> You see children with coke in the [feeding] bottle, they think that
> will be better than giving the baby tea or coffee. The intention is
> good in so many ways, but it's often driven by ease for the parents.
> A lot of children seem to be taking care of themselves. I've heard of
> people giving methadone to the baby to get it to sleep, or giving
> the baby Calpol to help it sleep. These are just modern day
> equivalents of the whisky in the bottle of days gone by. (police
> officer)

Once again, it had been noticed that the market did not provide what
people did not want to eat, and vice-versa.

> **11** One of the things that concerns me about health is just how
> unhealthy a lot of the food is, you don't just get fish and chips, it's
> spam fritters and chips, everything is so fatty. You see people
> buying fritter rolls, none of the schemes that I know of has a
> greengrocer, but I bet you could buy a fritter roll in all of them. You
> see the school-kids with deep fried pizza for their lunch, everything
> comes with added fat, done in batter. (Youth worker)

b) smoking

Smoking is now such a well-known health risk[80] that it is disconcerting to
hear it asserted that some people's lives are such that smoking is a
necessity. The health consequences seem to be discounted because they
only accrue in the long term.

> **14** A lot of people have the "It won't happen to me" way of looking
> at things, so I suppose they will be the same about their health.
> Most of them are living lives where they have to smoke, it's the
> only pleasure that they get. They are all living for today, they have
> enough to worry about for the day, never mind the future. They
> don't view things in the long term at all. (Council services)

One respondent implied that all the publicity about the harmful effects of
smoking might be being overpowered by all the publicity about the ever-
multiplying cures at the disposal of doctors. Otherwise it would be hard to
make sense of this kind of behaviour.

> **21** 'Healthy' is what you are unless you are ill. They don't think
> about who is responsible for health, but I would expect that if you
> were to ask them, it would be up to the doctor. I reckon the doctors
> are not entirely without blame; the medicalization of everything has
> encouraged that kind of attitude. They want a cure for everything,
> they go demanding something for their asthma and light a fag as
> soon as they get out. They expect the doctor to do something and
> there is a lot of anger if they don't, or if they put the responsibility
> firmly back on to them. (Youth worker)

Some respondents reportedly had the long-term consequences of smoking
demonstrating themselves in front of their eyes, in the form of older
family members with smoking-related disease, but still found themselves
unable to shake off the addiction.

> **32** My dad has serious lung problems, so he has had to stop
> smoking, the doctors have told him that his lungs will collapse if he
> doesn't. Everyone in my dad's family have lung problems, my uncle
> has had a bit of his lung removed from cancer. I've smoked since I
> was about nine or ten, at Primary school anyway. Everyone that I
> know smokes, my friends all did and my family. I suppose in the

first place I did it to look good, now I do it because I can't stop. I don't smoke much though, maybe 10-15 a day. I wish I could give up, for the money. Nothing I could do would make any difference to my health, I don't think, lung problems seem to be in my family. (Single parent, 20)

One health consequence that could manifest itself very quickly in the smoker's environment was children's asthma. Again, at least in the following case, the health beliefs about the connection between the two could bear investigation. If the belief that smoking 'helps' asthma is as widely diffused as the belief that dentists don't like to see young children, some targeted health promotion work may be in order.

33 Her [baby, 18 months] asthma is still pretty bad, it isn't affected by smoking I don't think, because everyone smokes in this house and not everyone has asthma. Well, my big sister has it, but she doesn't live here and [sister #2] and [sister #3] have it and they don't live here now, so I don't think it can be that. Mum has it; her chest is pretty bad, she can't walk to [sister #3's] any more, she has to get a taxi, but it's not so easy to give up, you know. The doctor has told her about it and to lose weight, but that's all very well for him to say. She has lost weight, she used to be about 17 stone, she's lost 3 stone in the last few years. She's trying to get her weight down for her lungs.

I smoked when I was younger, but I gave up when I was pregnant with [daughter, 3]. I used to smoke a lot when I was really depressed, my mum and [sister 3] do it to help their asthma. I don't have the money now. I'm needing all I've got for my messages tomorrow. I get fags every day. Sometimes, I'll share a packet with mum, if we're really hard up. (Married mother, 19]

38 Being healthy? I don't know really, smoking and that sort of stuff. We've tried to cut down the fags, we only have about 15 a day now. He [partner] had asthma as a baby, so it doesn't surprise me that [son, 7months] has got it. (single parent, 19]

One professional explored the question of how people viewed their responsibility for their health and that of their children, but in doing so admitted that he was one of the addicted.

4 People fail to see that they have a responsibility for themselves. You see it with health. Well most folk don't see their health, but people might bother for their kids. I try to be more careful since I feel a sense of responsibility to [daughter] and [son]. But I still smoke, I suppose I feel inadequate if I admit that I am addicted, so it's easier all round if I pretend that I actually want to do it. It's a trade off. "At least I'm not as bad as..." I've heard so many people describe their health in that way. They don't seem to realize that it doesn't matter what others are doing, but people can always justify their own behaviour. (social worker)

Given nicotine's addictive property, not everyone can give up when they are pregnant.

35 We both smoke, but not in the living room, we smoke in the kitchen to be away from him [son, 2]. I leave the door open a bit, so I can see what he's up to. All [partner's] family smoke, his mum and dad and his dad's wife - his parents are divorced and his dad married again recently. I couldn't give up when I was pregnant, I'd

smoked since I was 15 or 16, but I cut right down to 5 or 6 a day. I don't smoke much now, maybe 10 or 15. (married mother, 20)

Being a young starter seems to be highly associated with having older smokers in the family[81].

> **31** I started smoking about two years ago [at age 15]. I was bored I suppose. I don't really know why I took it up, but my mum and dad both smoke. I wish now that I could give up. (Single mother, 17)

> **42** Parents don't seem to take the upper hand with their kids, to prevent their dangerous behaviour. It starts with children picking up bad habits when they are really young. You hear kids swearing or mimicking their parents smoking and everybody laughs. They are all saying "What's he like!!" (Police officer)

This 16 year old was actually an extremely young starter; however, at an age when, 'older and wiser', she needed less reinforcement for her self-image, the family norm of non-smoking asserted itself and she gave it up.

> **23** I did smoke in primary, for the look of it. Everybody I mucked about with tried it to look good[82]. I didn't inhale though. I always hid it from my dad, he would go mad if he knew. Nobody in our family smoked, I would have got into serious trouble. I gave up for a while and then I started again in 3rd year. I only did it for a couple of months and then I stopped. I haven't smoked since. I began to realize that I didn't have to pretend to be something that I'm not. I asked myself and my pals, What does it do for you? Nothing. So there was no point. It wasn't a big deal to give up. The people I went around with, I had different friends, they didn't smoke and I didn't need to pretend to be like them. I suppose I just got older and wiser.

Even a group of school-age mothers did not take up the offer of help in giving up smoking, despite the fact that it came at the same time as it became all but impossible to smoke in their daytime environment.

> **20** Recently we've had to bring in the no smoking policy that has come from higher up. It used to be that they could stand outside and have a fag, but they can't even do that now. Most of them have been really good about it. We've offered them support to give up, but that's not what they want. They will just make up for what they miss later on at night or whatever. (Education service)

One local observer put smoking into a psycho-social context of people with lots of time and little motivation to be active about filling it, which lack of motivation we have seen elsewhere he attributed to poverty and lack of education. The telly filled the mind and smoking satisfied the body.

> **41** There is this lack of motivation. They sit about, just sit about and smoke and watch telly. There is this lethargy about life. (Minister of religion)

c) other drugs (including alcohol)

The principal drug that emerged in the research was alcohol. A primary ingredient in the exchange of hospitality, it also had a primary psycho-social context, men in the pub.

> **19** I'm not sure what priorities people have, probably having satellite or cable TV, these are big things for most folk. Most men are regulars in the local pub. (Company manager)

> **30** I wish I could get out more, that would make a difference. It's alright for his Dad, he's out all the time, down the pub or at his pals. It's not fair. His mum is too soft with him, he still lives at home and the only thing that matters to him is the pub and his pals. (Single parent, 23)

But not only in the pub. For men it would seem that the role of alcohol as a <u>de rigeur</u> emblem/token of generosity in exchange relations has constructed a pattern of sociability in which an attempt to limit one's intake would likely give offence. This 'sewing in' of excessive alcohol intake into the basic patchwork of social life is very bad news for health. It means that in many cases decisions about drink rates are all but removed from individual control: they are situationally determined, as binding as a religious ritual.

> **4** Mums are in charge of the food in houses and dads are in charge of the drink. It's all part of the hospitality. I'd go to friends and you would get a huge measure of whiskey as soon as you got there, then you would go to the pub for the night. Once that shut you would go on to the social club and then back home for another couple of those large whiskies. Mum would make something like cheese on toast or chips for the supper and then we would have a night-cap. Next morning, it would be up for a fried breakfast or bacon rolls, something like that. You couldn't refuse any of it. The charge would be "You think you're too good to have a drink with us...." (Social worker)

> **41** Families are all built around the women….The men work, if they work, and go to the pub. That's it.
>
> Health important? I think not. There is a vast discrepancy between the rich and poor, being educated and uneducated. I've done 8 funerals in the last three weeks, half of them - 4 - are men who died from liver problems or cirrhosis - all drink related. That really shocked me. It's a real pub culture for the men. That's what they do. (Minister of religion)

While a funeral must qualify as a significant demonstration event for the effects of drinking, the educational impact was rarely long-term. Two male observers both thought that, as with smoking, this was because most people rarely considered their health in the same frame of reference as their drinking; the drinking was an important part of making short-term existence tolerable, while health was not a problem until it became a problem, at some unspecifiable moment in the future.

> **19** For most folk, though, health isn't something which is on your mind a lot. People probably think about it more when they have been to a funeral and they are putting money in the collection for cancer research or heart and stroke research, but the next thing, they'll be down the pub knocking back the pints at the wake. (Company manager)

This second observer captures the paradox that people can identify themselves with a death but can't put themselves and their present

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behaviour into the behavioural trajectory which caused the death: they 'don't own their problems'.

> **13** I think health is something which people imagine is for the long term, if they think about it at all. They have to live just now, have a great time, you live for the day, survive the week. There are a lot of families and individuals living on the edge. I think there is a sense of "Well, if I live till I'm 40 and have cirrhosis, I'll deal with it then". There is no concept of prevention or of living for the future. There is a conflict of agendas, professionals have this great awareness of the damage that is being done by the way people are living now, but they have no co-operation from the punters. They don't own their problems. We have tried to adapt the message, to take account of their way of life e.g. suggesting healthy cheap options, but it doesn't get taken on board. I don't know how they are meant to find out about health, since they are all so unhealthy. They just see what is going on around them. When something goes wrong, there is a collective guilt, it starts with families and moves into the community where people live. They realize then, that it is too little, too late. But they want to make amends however they can and sometimes that boils over into collective anger at GPs or hospital doctors. When I worked in the Alcohol Project, you saw people rallying round someone who was on their way out. Everyone feels guilty because they know that ten years on, it could be them. On the surface, there is this façade of being able to handle it, but underneath there is a huge amount of individual suffering. I see it in the young men we work with. (Youth worker)

One worrying aspect of the fact that male patterns of drinking were situationally-determined, and thus so highly socially constructed as to be inaccessible to any form of individual control, is that aggressive confrontations and explicit violence were thickly woven into the pattern – even within the family. With chronically unemployed men, drinking and fighting[83] were part of the inheritance - 'belting your dad' was seen as a <u>rite de passage</u>.[84]

> **4** [My teenage friends'] dads rarely worked. Sometimes they had older brothers who didn't work either. They fought with each other in the family, they would talk about how they had belted their dads. That was part of the initiation into adulthood, being able to fight with your dad. Their dads sat about the house, or went fishing, that kind of thing.
>
> The physical violence is something that deeply concerns me. The way that these things are passed down in families, that and drinking habits. It's given as useful information: 'How to stand up for yourself, son'. That's the kind of thing that I find really worrying. (Social worker)

Compared with the male pattern, just going for a drink because one likes the pub atmosphere seems quite positive. This is an option which is available to women.

> **26** I've smoked since I was 14 or 15. Now I am only a social smoker, I only smoke at night. I've tried drugs, hash mostly and I once bought a £10 bag of speed, but it did nothing for me. I'd rather spend the money on booze. I drink in the house if someone comes round but I would never do it on my own. I like the atmosphere of being down the pub. (Single parent, 27)

However, long-term drinking could reduce women too to being unable to discharge their responsibilities as parents and lead the agents of the state to redistribute some of their parenting functions. Experience prompted one commentator to be pessimistic about the future of a young mother from such a background.

> **20** It is very likely that she will end up being in exactly the same situation as her mother. She has other children in care from neglect, and an older daughter who has her children in care. The mother has alcohol problems and she prostitutes herself. The mum insisted that the baby shouldn't be immunized. 'My mum doesn't believe in it'. (Education service)

We have already been told that people who are out of work find it easier to do their drinking, perhaps with similarly placed others, in less expensive settings than the pub. But here people may be pushed just as unavoidably into excessive consumption by the need for the narcotic effect, to dull the pain of being passed over by life.

> **24** There are a lot of problems from excessive drinking. One night [X-] went by with a carrier bag full of cans. Later I came back and found him lying unconscious on the grass out the front. There was a boy on a bike who knew him, so he showed us which was his house. I knocked on the door and his brother-in-law answered. He'd obviously had a bit to drink too, but he was able to come along and we got him back to the house. He's a brilliant worker, but he'd been out of work for three years and had just become so fed up with things, that he'd stopped trying, I suppose. (Voluntary community worker)

We have seen above that one task that can fall to the police in a distributed parenting community is to take drunk children home. Long before they are old enough to be admitted to pubs, some young people are determined to emulate adult behaviour.

> **19** Young folk will be just the same, since they can easily get their hands on cheap booze. You see all the broken bottles and tins of lager lying about in the streets, there are plenty of young people drinking around here. I expect it's whatever they can get their hands on: Merrydown, 20/20, whatever gets you the most pissed for the least money. (company manager)

Sometimes this kind of early start can have the fortunate outcome of providing a powerful piece of negative conditioning.

> **31** I don't drink much at all. I must have been about 13 when I had my first booze, in the streets with my pals and my pal had a big sister that would buy it. I've only been really drunk once and that put me right off it. (Single parent, 17)

Alcohol's property of disinhibiting the inhibitions has the result that alcohol-fuelled social events can throw into relief one or another social fact. The observer of the disco where the pregnant 14 year old was physically attacked by her friends pointed out how low self-esteem and drink interacted to produce such behaviour.

> **40** They'd all been drinking, of course. Earlier on the girls were pissed and some of them were stripping off on the dance floor - they just don't care. They think nothing of themselves - they see it

as a big joke, they are not embarrassed or ashamed of their behaviour. Drink is a part of life and a big contribution to behaviour. (Social worker)

A similar lack of concern for the consequences, whether for their health or for their educational progress, was observed with very young mothers' use of drugs.

20 They don't really think about health. The evidence is everywhere. They ignore any concern that we might show over their drug use. Two of ours missed their exams because of post-drug hangovers, being sick in the toilets, obviously quite unwell from it. It doesn't seem to worry them. (Education service)

As with education, serious use of drugs becomes an impediment to getting on through finding a job[85].

7 Drugs are a problem for a few. You know that they can't be actively seeking work when they come in stoned, all their time is spent trying to support their habit. If we can help by organising their money for them then maybe we can do something about the crime rate, stop theft I mean. A lot of the girls we see are ex-offenders, they've done a string of crime to get stuff to sell. (Employment service)

For those who had turned their face against drug use after observing the practice from close quarters, a principal motive could be a kind of 'reverse peer group' effect[86]: they found themselves unable to identify with users.

23 I've had one draw of cannabis, that's all the drugs I've ever had. I could get them easily if I wanted to, but there's no point, I don't need them, it's a bit like smoking, what do they do for you anyway? I know a couple of people who have taken Ecstasy, I just think that is so stupid. There's a lot of pressure to try things, but it doesn't interest me at all. (school pupil, 16)

28 Being healthy is the opposite of being ill, you have it but you don't really think about it unless it's a problem. I try to look after myself, I used to smoke, from when I was about 13, but I don't now. I suppose I just have different friends now and I've never used drugs, I could get them if I wanted to, but I don't want to mix with druggies. (single parent, 19)

35 Not interested in drugs. I've seen what they do, both my brother and sister have been in the drug scene, I don't want to be part of that. I'd rather spend my money on fags. There aren't any people on this landing that are involved with drugs, but I know there are in the flats. We are lucky, this is a good landing.

It would appear that cannabis is increasingly not regarded as 'really' a drug.

33 Mum and dad would go daft [if she took drugs]. [Sister] and [sister] and Mum smoke hash sometimes but that doesn't really count. (Married parent, 19)

32 I don't use drugs, well cannabis sometimes, but that's not really a drug. I know plenty of folk who are using the real things. (Single parent, 20)

3. Consumption for image

We live in a consumer society. This means we no longer live in a society of producers, a society which assesses your worth by what you do or make. Where once almost everybody who stepped out of doors to go to work could not avoid proclaiming their social class and/or their trade, in the streets and malls of today people seek to proclaim membership of consumption classes, the only requirement for which is to be able to afford the recognized badges of the different levels. In deindustrialized communities in which the majority of residents are trapped below a ceiling of promotability and earning power by lack of non-manual skills and of educational credentials, the badges of success in social competition have become the consumption items of higher earning groups, knowledge of which is mediated to them by television. Their dependence for a sense of membership of modern society on such badges as designer clothes, expensive furniture, conspicuous gift giving (especially at Christmas) and keeping up with the peer group arguably does the same kind of harm to their financial health as their smoking and drinking do to their physical health. As financial ill-health is an acute stressor for general health, this section offers some evidence as to the extent and seriousness of this new form of disease[87].

A perceptive diagnosis came from a 20 year old health agency worker - perceptive because of the way the outside (to be emphasized) is shown to be related to the inside (to be concealed).

> **1** Family life in Dundee is all about image. Getting enough together to get a holiday, or other things. You have to have the latest gear, you have to keep up, computers for the kids, flat screen TV, whatever. If you don't have them people would look down on you. In our house, it had to be a settee full of presents at Christmas. That was how my parents showed how well they did for their kids, plenty presents. You don't just need the same as others, you need more. They couldn't have us going out and telling folk that we hadn't got much for Christmas. It would have made them look really bad. It's all about image, you see. They still do it now, with other things, now that we are all away from home. It's double glazing, central heating, a new three piece, that sort of thing now. You would almost think that they were trying to cover over their lives. All this stuff makes them good on the outside, but on the inside, it's all battering the kids and fights with the wife. Not just arguments, fights, especially if the dad's been drinking.

A social worker echoed both the importance of image and the clear role of conspicuous consumption as a social proxy for absent private feelings of self-worth.

> **2** I'd say that increasingly image is important. I really dislike Christmas, because there is so much pressure for families to give what they think they have to. It's more about being able to say that they did well for their families[88] . People have no self worth, that's what image is all about. You cannot be valued as yourself, therefore you have to have other ways of demonstrating that you count.

The power of the moral pressure exerted by Christmas in both these accounts was confirmed by two young mothers and a community nurse:

30 I have to plan carefully, I don't have the money just to get what I want. I start to buy really early for Christmas, I've got him [son, 3] a computer already. It's at my mum's in case I get burgled again.

32 All the money I have goes on him, eh wee man [to the baby, lying on the carpet in his Next T shirt, Next jeans and Next baby shoes]. I worry about money most of the time, about how I will manage Christmas. I've been giving money every week to my Dad to keep for me so I'll have some to buy things for Christmas.

3 Christmas is an awful time, they'll tell you about all this stuff, all bought on the never-never. Things are made available to them, but they will be paying them off for ever. It's the only way they have of getting things when they want them. They don't seem to think that they should do without if they can't afford it.

These competitive lifestyle behaviours seemed to have become compulsory. In the world of ownership of things, people were forever afraid of being judged to have fallen behind.

18 Everyone has to have the best gear and that can cost a lot. You have to be able to give your kids these things. (Police officer)

1 People have really high standards, they want a good job so that they can get the things that their folks never had. They all have one goal, to be better than other folk.

Maintaining one's place in this compulsory lifestyle competition could in many cases only be sustained by borrowing money.

1 It's a big thing if you can work towards a couple of weeks abroad in the summer. People want furniture, that sort of thing, they are houseproud. Not in the sense of doing housework, more that they want things for their houses. If other folk get a new suite, then they have to get one, even if it means getting a loan. The problems only really start when you have to borrow to pay off that loan. There is a lot of debt. Everybody has a loan, it's just a way of life.

10 It all comes back to money. People need to prioritize what they spend their money on, instead of going after lifestyles which they can't achieve. Again a lot of that is down to the TV and people getting bombarded with adverts for interest-free credit or good HP deals, it gets thrown at them. People don't think ahead, if they want it they have to have it now. Folk are in so much debt. Some girls and older women use that as their reason for having terminations, they can't afford to be pregnant. (Medical practitioner)

41 The TV dominates the lives of the poor - it stunts any ability they might have to talk to each other. TV is everything - it's their lives. Most folk have Sky. All the kids are in designer clothes, putting their parents into debt. Parents give in to peer pressure, they are getting bothered about things younger and younger. This is a modern phenomenon. (Minister of religion)

In a situation in which having things is so important, one way of avoiding debt is to steal things from those who already have them. One way of avoiding prison is to steal from those who you can be pretty sure won't report it, under the noses of people who you have ways of making sure won't report you. No wonder people feel a reduced sense of personal

efficacy if they can be materially wiped out – the 'food out of the fridge' – and not be able to do a thing about it.

> **30** We lived in the Ardler Multis before, that wasn't much better, they've been blown up now anyway. I don't feel any safer living here, I was broken into the week after I moved in. They took everything, the TV, video, CDs, my trainers, his toys, even food out of the fridge. I have put locks on all my doors now. Nobody hears or sees anything, so it's not worth reporting. I didn't have any insurance, so there's no point in reporting it. (Single mother, 23)

Likewise for those who suffer personal violence but are advised by the police that if they try to do something about they will likely suffer more. It is good to be given insight into the social mechanisms underlying the persistence of 'one law for the rich, and another for the poor'.

> **32** A group of girls from the bottom of Whitfield did me when I was about 14. I just got a good kicking. My face mostly, but my body was aching after it. My mum phoned the polis, but they said I was better just forgetting about it because if they found out that I had reported them they would come after me, and I think they kent where I lived. I was too worried to do anything else about it. It happens all the time. (single mother, 20)

One positive fact about peer groups for teenagers is that they can function as collective defence groups against the widespread violence. It may partly be the need not to be isolated (and therefore at risk of being set upon by bullies) which drives youngsters into the consumption dynamic inseparable from membership of the in crowd. Two social workers confirmed the physical and social risks run by young people whose parents were not prepared to bankroll their peer group membership.

> **40** I wouldn't say there are many in [housing scheme] who don't have what I call non-essential items. All the kids have the right trainers, clothes, they all have their own TVs and videos in their rooms.
>
> JW: Where does the money come from for these things?
>
> They just seem to get them, parents seem to give in, or give up, willingly to get them them. The peer pressure is so great if you haven't got things, the right trainers, etc.. It's not just that you'll get a slagging, it's physical too, bullying and so on. They're made to feel outcasts, there's a few I can think of in the scheme, through lack of cash or support from their parents.

> **21** The must-haves? Designer clothes are the main things, I'd say. I heard two boys talking about a third whom they were ostracising because he was wearing stonewashed jeans. I spoke to them about it and they said "Well, they are last year's". It was obviously quite justified in their eyes.

Another social worker and a community nurse both saw this phenomenon as general; everybody made statements with their consumption, consciously or not. The consumer society is society-wide.

> **4** Most people's parents are the same, they have their priorities mixed up. Nowadays you'll see people with R reg. cars but their house will be scabby, they'll all have a video, they see that as an affordable luxury. Actually, they probably don't see it as a luxury at

all, they probably see it as a must have. They lack the ability to see beyond 'oor hoose, oor street, oor area'. What matters is having the right colour of shell suit or the right kind of track suit trousers. They are spending their money on what matters to them in the great scheme of things. We are just the same, we're all part of the same culture, whether it's upgrading our computer or hi-fi or whatever. We are just as immersed in what matters to us. (social worker)

For the community nurse, this necessity to make a statement through purchases opened the door for vulnerable people to be exploited by the giants of the consumption industry.

39 Image is everything in [Scheme]. That's no different from elsewhere -- whether 10 Downing Street or 10 [Scheme] Avenue. Professionals need to stop being so judgemental, stop seeing punters as any different to themselves. The only difference is the rung on the ladder. The desirable items are less grand - any car, as against a flashy sports car or people carrier. They are really no different. I take great exception to the judgement people make -- that our lives are more acceptable than theirs. Some of our hire purchase things would get paid, but they're still hire purchase just the same. Society thinks it's OK for us. It's the same with food and cooking, we all look down on our families for not cooking -- but the mums in Broughty Ferry who don't cook aren't thought of in the same light. Whether it's Marks and Spencer's or Farmfoods it's still ready-made or pre-prepared, it's just the quality that's different. People are paying off different consumer items -- but it's still an HP culture -- whether you are paying off your three-piece or paying off your house, or your home gym equipment, it doesn't matter. The clubby doesn't matter -- it's just a way of getting things you can't afford. Because people are made to believe that 'being somebody' rests with having certain things.

This leads to exploitation of people. Look at BT selling answerphones or other types of phone offers -- society uses the people on the scheme, it's exploitation of vulnerable people. They 'give away' things, knowing that people won't be able to pay, it will only be a matter of time before people get goods repossessed or have their phones cut off. That doesn't matter though - the vendors have got their commission for the sale. (community nurse)

Children learned to play their dual consumption role in family life from very early on: 'dual' from the fact that as well as being consumers in their own right they themselves were statements, advertisements for their parents' success, as we have just seen with the wee man on the carpet in his Next everything. Receiving so much, inevitably they learn to keep asking, and come to identify their parents with the giving of things.

4 Families are just part of the place where you live. They are people who give you things. That 10 month old, he had his Adidas trainers on. It would be better for his feet to have nothing on, but children have become an extension of their parents' fashion statements. They are part of the adult image. What is so sad, is that the real priorities are missed. (Youth worker)

16 Things that matter to people are material things, consumerism. There is a huge media influence. Young people make demands because their peers have things, trainers etc. and their own TVs.

> Parents have peers too, who they need to let know that they are doing right by their families, you see it in the pub, younger and older men, talking about that kind of thing. (Voluntary association worker)

The professionals' view was that the things were displacing the people, that material acquisitions were concealing the need for better relationships within the family. It was their very visibility that made consumer items such good evidence to put forward that people were 'doing right by their families'. But, in the community balance sheet, the relational side appeared to them to be invisible. For instance, although in agreement that money is important, this social worker also believes it to be significant that locally the experience of good relationships may not be widespread. So, if good relationships have to be worked for, how do people who've never known such a relationship know what to work towards? And where will the skills come from to work with?

> **2** This having to have things devalues relationships. Money becomes more important and having a good time is your aim, that's the norm, that is what everyone wants to do. The value of a good relationship is less important. It hasn't been people's experience, I suppose, and people come to think that it doesn't really matter if the relationship doesn't work out.

The widespread relational incompetence and rising importance of the personal ownership of things were seen to be having evolutionary impacts on local society. A youth worker presented a view which implied that the dominance of the local niche by conspicuous consumer culture, 'the Great American Dream', was bringing with it a new form of family: smaller, more resembling the media ideal of perfection on the outside, but internally more fragmented and less secure in its interpersonal relationships. The reduction in size and increase in privacy were also raising the pressure: individualism was gnawing away at group commitment.

> **13** Families are different now from the kind of family we were, in Menzieshill. They were big families. I knew a lot of folk who had five or six brothers and sisters. We all have much smaller families. I think families are more fragmented now, there seems to be a lot more of people looking out for themselves, buy your own house, these things would seem to be rooted in the image that you have to portray of having the perfect family set-up. It's all part of the Great American Dream. I've worked with girls who are only interested in getting the biggest pram possible from the clubby. It's exactly these things that people are trying to cover up. If you have a pram, or a stereo, or a TV that looks good, then you draw attention away from the fact that your relationship might be about to fall apart.

Shifting up a level diagnostically, this youth worker then put forward the view that public service agencies were evolving in a similar way. Just as the solidarity for which working-class Dundee was once famous has been replaced by a competitiveness which is as harmful to people's well-being as it is ruinously wasteful, so the formerly collaboratively integrated public services are now also in competition with each other, each devolved management trying to fend off cuts in funding by demonstrating effectiveness and maintaining their public reputation: 'image is

everything'. Where agencies have become obliged to fight for a safe position on a league table of cost-effective service deliverers, they have an interest in distancing themselves from resource-greedy high-risk cases who threaten to drag down their standing in the league. One consequence of this was an observed reluctance to waste resources in meeting the needs of young people in difficulties[89].

> **13** I don't think statutory agencies make things any easier, though. They seem to see young people as a group to be dealt with. We see it if we phone on behalf of young people, we often get a much better response, even if we are asking for the same thing. GPs seem to be particularly bad for that.
>
> More and more, these kind of agencies, schools are probably the worst, are obsessed with their reputation. They exclude more and more young people from the school system. We've seen loads more young people on part time time-tables, it's as if the schools don't know what to do with them. Young people know that, too. I don't know how it makes them feel. I saw a side of this when I worked in the Alcohol Project. Schools would say, we don't have a problem with drugs, booze, truancy in this school. They are just denying the problem, that doesn't mean that it doesn't exist. They are so concerned about what an admission of this kind would do to their reputation. It's becoming more like a business empire than an educational establishment. The image is everything, and they have to keep their place in the league. They have to be impressing people, even if it means denying the truth. The government keep that going too, what you see is more important than what is actually going on. You see it in the PPAs idea, what is happening is all surface and no substance.

What is the larger system within which these dynamics can be best located? One candidate is the model proposed as the organising framework of this report, the social reproduction system understood in its functional form, with the family as the core social agency specialized in socialization for society. The problem then becomes a bigger one, but also one more easily understood, because more complete. Not all post-industrial families, as we have seen, have yet developed the full range of skills and resources for the long-haul, adult-forming role newly allocated to them by a functionally differentiated society. In addition the redundancy effects being imposed by economic change on skill-lagged communities trap them in what becomes a vicious cycle of restricted family culture, educational failure, and social marginality. Rather than finding committed efforts to overcome this aggravating handicap, we are told that, at the moment that families with little experience of raising adolescents need their support most, schools begin to exclude their children and GPs begin to treat them as a low-priority category. Within their new resource-defending terms of reference, such behaviour needs no justification: it is simply the professionals' survival strategy. But within the larger social-system perspective of supporting the child-raising function in alliance with the family…- what do we conclude? Are these institutions there to defend themselves? Or to defend society as a whole, enabling it to manage the constant process of self-transformation made obligatory by the runaway global economic system? If the latter, why do we have an accountability system that rewards such institutions for neglecting their

basic tasks? As the youth worker had realized, when image becomes everything, substantive value gets pushed aside, whether within American Dream families or league-topping service agencies. People were being displaced everywhere.

4. Copelessness

The last pathologico-physiological (functional) deficit to emerge from the research requires us to invent a new term: 'copelessness'. Inductively derived from the data from this study, copelessness is defined as a syndrome in which two regressive social psychological features are typically found fused together, co-morbidly reinforcing each other: poor organization of self and others; and low self-esteem with no faith in the future.

To repeat, copelessness is an inductively generated category, appropriate to a grounded theory study. Its utility is that it reduces the complexity of the data. One can make better sense of distributed parenting when one has it, because it ties distributed parenting as a cultural manifestation to the environmental conditions which generate it. It is a mediating variable between the causal factors impacting on the constitution of deprived areas (Section II) and the consequential societally ill-adapted family behaviour noted in Section III. However, it actually manifests itself as performance deficit in family life; people cannot measure up to their adopted family roles[90].

Professionals often tend to assume that their role partners, (their clients), share their objectives, while of course accepting that they may need help to reach them. Clients who are not sure where they're going, or whether they're going anywhere at all, professionals seem to find frustrating. The research recorded frustration of this kind. Strong and sharply focused criticism emerged, from a cross-section of commentators, of the capacity for organization of family leaders in these communities. Because family leaders were so poorly organized, family-linking professionals found it difficult to do their jobs. Few of them were able to take such a holistic view of people-in-their-circumstances as this minister.

> **41** Poverty seems to me to be the key to life, to being able to cope with life and see beyond the present. So many of them live just for now. It seems to be really difficult for them to have any sense of the future. They have no security, no ambitions.
>
> JW: Financial security do you mean?
>
> Any security - money, loves, relationships - the whole lot. Poverty and education - that seems to be at the root of it all. Rich/poor, educated/uneducated. That's the difference between [the well-off areas and the schemes]. People don't seem to be able to motivate themselves - it's in every generation. People can't "get out of the bit", as they say here. People in [well-off area] had a purposefulness which came from stability. Money is a big part of that.

Money has moral value. Money provides stability. Money and stability foster purposefulness, especially in education. Money and stability underlie an educated purposefulness which allows people to see beyond the present (because the present is taken care of) and to start taking care

of the future, to stop living just for now but to become ambitious, motivated, to enter into relationships, to love. An integrated process theory of social health in a nutshell. Fairly accurate, too, to judge from this social worker's experience.

> **13** There are a lot, and I mean a lot, of young people with broken wings, who have been badly hurt when they've been encouraged to leave the nest. It was so different for me. I think my folks thought I would never leave home, I stayed until I was 20. I had a lot of security. I had time to get some sense of myself, to feel that I could believe in myself. They lack mature guidance so often.

The poor organization side of copelessness was frequently manifested by school-age mothers. So much so, one education worker gave it some causal value. In her view, 'teenage pregnancy' was an unhelpful category: the quality of mothering was not so much affected by the fact of their being teenage mothers so much as their being teenage mothers was a result of their general lack of capacity to organize their lives. As totally independent parents she found these teenagers were not a good bet for quality mothering: well supported they were in with a chance.

> **20** People talk about the problem of 'teenage' pregnancy. I think it isn't so much their age that is the problem - although it isn't ideal, by any means. But it wouldn't make much difference what age these girls were, they wouldn't be any more able to cope even if they were older. Their lives wouldn't be any more organized, they wouldn't be any better at coping, most of them won't have these skills regardless of their age. They are only more or less fortunate depending on the type of support which they have. That support is what makes the difference.

Here is another example of a professional reasoning through from manifesting condition (inadequate contraception) via an exemplary case study to some hypothesized causal factors (excessive pressures causing lives to lose organized structure). While there is professional frustration in the account, there is also considerable ethnographic insight and evident familiarity with the background conditions. This community nurse's conclusion is that in the final analysis ('the secret') being or not being able to organize themselves is an attribute of individuals. Living lives without structure left a number at odds with all forms of organization.

> **3** A lot of what we are able to do is limited because the girls don't co-operate. They will move house and not let us know, and then it will be our fault if they get pregnant. An increase in the domiciliary service would help a few, but there are still a hard core that we can't reach. The secret is the individuals themselves. For most of them contraception is a low priority, the lowest, in fact. They think that they will put it off until all the other things are dealt with: money, housing, rent arrears, court cases. They don't realize that they can't afford to put it off, or they will be pregnant.
>
> I've been seeing a girl in the homeless unit. She has two other children in care and she is fighting to get them back. She isn't interested in contraception, but she seems unable to see that the last thing she needs now is a pregnancy. I've tried to talk to her about taking the pill or having Depo until she is more settled and has got a house and her other ones back, but she isn't interested. She doesn't seem to be able to see the importance of taking the

pill; she's had it before and gets all mixed up with it, so she won't consider it again. She won't think about using another method, there are plenty of good things which she could choose from. Mirena would suit her but she won't even discuss it. They are poor compliers because they are not what we'd call organized.

I suppose they've got so many other pressures, they have no structure to their lives so it must be difficult to get organized. You just have to look at the number of times that I visit people who aren't organized. They know you are coming, but they've either forgotten or they haven't bothered to get ready. They aren't dressed, washed or ready. Sometimes they don't answer the door; or they will answer it, but not let you in because they're not up. They seem to manage to get sorted for specific things, like getting their giro, or going for their script if they are on methadone. It's almost as if they are only able to have one thing in their heads at once. They even do it with shopping, they'll have been out, but forget something basic. They only shop day to day. I expect that's because they don't have money for a week's shopping. They look in their purse every morning and shop with whatever is left after they've bought their fags. They just live day-to-day.

It is hard not to think that this account is also evidence for a widespread sub-clinical depression among lots of women who have neither the security behind them nor the motivating ambitions ahead to be able to do more than put one foot in front of the other. Here is a full-blown case.

37 Health? You must be joking. I dinae hae time to think aboot health. Ye ken I smoke and him 'n all. I'm depressed, I'm back on the tablets and the valium again, I'll kill him if not, some days I just feel that angry.

I worry about how I feel, that I canny see things getting any better. (single mother, 19)

It has been known since Marie Jahoda's research on Marienthal in the early 1930s (Fryer 1992) that unemployed people have particular problems in maintaining a sense of personal effectiveness. A voluntary sector worker painted a discouraging picture of the difficulties in this area faced by people he had worked with, even going so far as to use the term 'survive'.

15 There is a great sense of powerlessness for people in [poor housing neighbourhoods]. Many of them have been long-term unemployed and that affects what you can buy, you can't renew your clothes as often as you would like, the only thing you have is your house and where you live. You can see why people get into the "can't be bothered" mind set. I see a difference between those who have worked but now don't have jobs, to those who have never worked. Those who have had a job at some time seem to be better able to survive. I don't know if it's some sort of hope that they have that the others don't. I'd describe it as labouring with long-term unemployment.

The day-to-dayness of people's lives and the lack of planning had also been observed by a police officer and another community nurse. This community nurse also offered an explanation for people's tendency to live in the moment, that it was a response to disappointment with life, even desperation.

> **18** So much of people's lives are just lived on a day to day basis, they don't think ahead to getting a job. You see them in the corner shops, buying only enough for today. The lower classes don't seem able to plan their finances, they just blow it when they get it. (Police officer)

> **39** It's like everything else about their lives -- they live in the immediate, for the moment -- no sense of future. I think this comes from their constant disappointment with life -- a certain desperation which they seem to have. You see it with shopping, folk never have food in, they buy for the next meal, nobody shops for a week. There's no planning. We're into the second generation of this, because girls don't see anything different. They've no way of changing. That's why we are always getting phone calls from folk running out of money. They can't budget. (Community nurse)

Others also made the link with the behaviour of the parents. Lacking parental support for a different future made them more likely to reproduce their parents' past. It is a dark picture

> **20** You can understand that a lot of parents don't see [education] as important in the large scheme of things. Many of them will have had no experience of nurturing themselves; you could trace it down through families. You hear the girls talk about abuse in families and you know that there has been a history which goes back in the family of physical and sexual abuse. There is also a lot of intrafamilial abuse. If you are living as a product of these kinds of relationships, as a lot of these girls are, then where are your goal posts? For most of them, I'd say that pregnancy isn't a plan for the future, because they don't have any plans for the future. They lack parental support to reach any potential which they have. They don't have a preferred future; all they can see is more of the same. (education service)

When it came to explaining, the police officer was more drawn to a moral than an environmental account: it was the lack of self-discipline and acceptance that they were self-responsible that led to poor people's failure to manage their own lives.

> **18** For others in the lower classes, I don't think health really matters that much. They don't realize how much of it is their responsibility. It comes down to discipline, self discipline, management of your own life. People get into a rut and they just want an easy life.

Another police officer takes a similar view of causation, that people have lost the will, the motivation to work for the rewards they aspire to. The loss of 'the work ethic' bears considerable explanatory weight.

> **5** People have high expectations of rewards, but lack motivation to act on these expectations. People don't seem to be willing to work for the things which are important to them. They have lost the work ethic.

> 39 Folk are too busy to fit us in. That's the other thing, lack of organization is a problem. There's no work ethic, therefore no job, no structure to their day. If you don't get up till 2pm and are up till 5am or whatever, this leaves you little time to fit in to services which are 9 to 5. (Community nurse)

Concisely and precisely, the first community nurse lays out the basic terms of the problem of coping.

> **3** People don't seem to cope, they just go from one set of circumstances to another. It almost seems as if they don't have any control over what is happening in their lives, things just happen to them. They live beyond their means, they don't seem to think about simple things that would help, even in a small way.

The poor coping behaviour which was attributed by the community nurse to lack of motivation was couched by a medical practitioner in terms of values.

> **3** [Scheme] used to be full of patients on the dom., so we managed to get a clinic going up there so that people didn't have difficulty travelling. The numbers were so low that we closed after 18 months. It was an afternoon clinic but they would say that they weren't up in time. They knew that we would come looking for them. I have visited people six times before I've been able to get them in. After two visits now, I will write to let them know that I won't be coming back. You know that you are failing people, but you have to draw the line somewhere. It will always be our fault anyway, even if it is down to their lack of motivation.

> **10** I see the other side of it when I'm on the dom.. Girls in a wee room with a bed, a cot, a hi-fi, and a TV and video. The bed will have no bottom sheet on it and the duvet won't have a cover on it. The girl will be walking about in a dressing gown with a fag in her mouth. They never seem to be up when you go, even if they know you are coming. It sometimes seems as if they have no values at all.

If one's constant experience is of not coping, an understandable reaction is to try and minimize the damage by leaving as much as possible to anybody else whom they can persuade to get involved. We have already seen how much young mothers look to other family members for support. We have also seen how those functions that families can't cope with pass to the social agencies, who thus become metaphorically a form of socialization prosthesis, compensating for the perceived moral handicaps of absent values, lost work ethics and lack of self-discipline.

> **20** So often you see them avoiding situations rather than dealing with them. It all feeds into this culture of other people will sort out the problem. Social work are forever being expected to pick up the pieces. (Education service)

And if this handing on to the social agencies is not to be the cause of yet more disappointment and self-reproach, it makes sense not to have accepted that it was your responsibility in the first place.

> **17** If they have been in trouble with the housing, it is never their fault, even if it clearly is. And then they can't get rehoused. But they will never accept that it is their responsibility. (voluntary association worker)

> **24** It's so difficult to work out what's going on. People just don't take responsibility for themselves, it's always the council's responsibility. (Voluntary community worker)

> **19** They are all very quick to hand a problem over to someone else. Responsibility is never theirs. A lot of folk have such a selfish view. Things will always be someone else's responsibility, you can't get them out of that way of thinking. (Company manager)

An education service worker echoed the widespread observation that people were ready to pass the blame on to the social agencies, but added an important qualification: only if they had self-esteem would they be prepared to accept the blame themselves. The lack of self-esteem was a root cause of the irresponsibility. No self-esteem, no personal responsibility

> **22** Young people and parents are very quick to pass the blame to others for the way things are, it'll be the fault of the social worker or the school or someone else. You need to have self-esteem to be able to accept blame, so it's not surprising that they can't. I don't think we look at that side of it enough. I would say that it is very low self-esteem which is at the root of a lot of the problems which we have.

One employment service worker, whom we have seen earlier to be fully aware of the hopelessness and depressed state of many young job-seekers, sketched a complex picture of failure to cope with the requirements for getting employed which included both objective disadvantages (no qualifications or skills) but also a combination of irresponsibility and imperious demandingness which was replicating, once again, the behaviour of earlier generations. If mums encouraged it, there seemed no end to this self-defeating attitude.

> **7** A lot of them I can't see coping at all. They think they'll do fine, but they have a real lack of realism, and no qualifications or skills. The other thing they don't have is any concept of time. They don't turn up for their appointments because they have something more important to do. What is more important than coming to get a job sorted out? They get that off their parents. I see this generation being exactly the same as the last. They want everything now, demand to be seen as soon as they come in. It doesn't matter that they were supposed to be here yesterday and didn't turn up. They must be seen now. You get all the usual excuses: "I didn't wake up", "It was my mum's fault, she didn't wake me". Mums often encourage that. No one takes responsibility for themselves, it'll always be someone else's fault.

Both the community nurses also felt that the lack of 'discipline', the do-as-you-please attitude to life, was learned behaviour, passed down in families. In contrasting it with her own family practice of devolving graded self-management opportunities to her children, one implicitly detailed what she thought was absent from the parenting of families without discipline: their families were not learning organizations.

> **3** I don't think the way they live is only about [lack of] money. They are quite happy getting their giro. It's money for nothing. They don't have to get up early, they can do what they want, when they want. I think they've had a lack of discipline in their lives. It's passed down, or not, from one generation to another. They learn from their own parents, either directly or by example. My lot, for instance, learn about care and responsibility by having a pet, learned about money by having a wee job, saving up for things that

they wanted, that's the kind of thing that they seem to be missing out on. They need to be taught these things from an early age; if not the chance has gone.

The second also saw learning as the bottom line, and agreed about the importance of fitting the challenge to the developmental stage. Each window opened only once; miss it and the appropriate skill was lost for ever. This was what made their remedial education work so hard.

> **39** It's about how you learn -- that's the bottom line. We learned through a combination of things -- by talking about things; direct discussion, by learning from mistakes, by getting support from our families to learn to budget, for instance, and through what we learned at school and what we saw others doing. It was a combination of all these things; people are losing out on all fronts today.
>
> It's the same for parenting, cooking, all these things. I think that for everything we learn, there is an optimum time - if that is missed then it is gone for good, you can't get it back. That's what we are up against, trying to make people learn outwith that optimum time bracket. We are losing skills forever.

So both these nurses see a socialization deficit from the parental generation turning into a learning deficit in the younger generation; unlike their own children, their clients' young were not being pushed into graded sequences of life experiences from which the learning was consciously extracted by parents, the skill acquired being thus made transferable. Those who can't learn can't socialize others; those who have not been socialized can't learn. If this is a correct interpretation of their view, they see some of their poor families as trapped in a learningless loop, from which the only means of exit is what they cannot provide. Here again there is an ironical parallel: just as the parents were unable to teach their children how to learn, so the professionals working with these families are unable to teach them how to teach. Their job is to look after children, not families. Even though they can see that successive generations of children are suffering from what they are not getting from their families, community health professionals cannot remedy this at the family cause level, but are restricted to the child consequence level. Like social work, they have to pick up the pieces, though they may be watching the falling apart process over years of domiciliary visits.

One of the voluntary association workers perceived that an unwillingness to accept responsibility was prejudicing people's rights to enjoy another of the services that they were eligible for by virtue of their citizenship. Here, too, a complex interaction was traced between people's irresponsible behaviour and being brought up in families in which they did not get valued, did not believe in themselves, or care for themselves. The rule we are offered is that only people who care for themselves can care for things which are not theirs. We are back to self-esteem.

> **15** I don't know how you change things at a ground level, there is an underlying attitude which needs to be overcome. It used to be that people appreciated having a council house, they treated it with care, looked after it. Now people see it as a right, but they are not prepared to accept their responsibility for looking after it. You come across the "It's not mine, I don't care what happens to it" attitude

quite a lot. We've even had to introduce legislation to deal with anti-social tenants now. People need to recognize that things will only change if they change that kind of attitude. A lot of it seems to come from people's upbringing, they don't have any family values. I think you have to start by making people believe in themselves, if they felt that they cared about themselves, they would care about other things, their houses included, and their environment.

The link between low self-esteem, being fed up with their life, and people's inability to care for their home had also been made by a medical practitioner.

> **10** I visit a lot of houses with sticky carpets. The standard of living is very poor sometimes, lack of cleanliness and often very untidy. If you can't even be bothered to keep your place clean, that makes me think of poor organization, poor self-esteem. I suspect that a lot of it has to do with poor self-esteem, but for some it is a lack of life skills. They have never learned how to look after a house. Others just seem to be that fed up with their life, they can't be bothered, even if the house is unsafe.

A local authority manager, having observed immaculately clean homes kept by poor people, was also of the mind that these standards were more affected by psychology than by having money. They had pride, a belief in themselves.

> **14** There are others who are poor, but their houses are immaculate. They have standards for themselves, and even though they can't afford to redecorate, the house will be kept clean. I think they have a sense of pride that others don't, a sense of themselves. Others don't seem to think that there is anything wrong with the way that they live.

Is it reasonable to extend this line of reasoning and say that, as it is with care for house and home, so it is with respect for their bodies, for their personal reproductive destinies? Were young women 'unsafe' about contraception because they were 'that fed up with their life'? If a contraceptive method is only as good as the person taking it, and there are some people whose selves don't feel at all good, is it surprising that risk-taking among this population is so pervasive and contraception is so ineffective? Those closest to the problem were thinking such thoughts.

> **12** Girls that come requesting termination of pregnancy always give a reason which seems plausible, but that isn't necessarily the underlying reason and we don't probe. More and more are having recurrent terminations. They are often unrealistic about contraception, they don't appreciate that most methods are only as good as the person who is taking them. It is easy for them to find excuses for not using contraception. (medical practitioner)

> **39** I don't understand why girls don't prevent pregnancy - I really don't believe that they can't access contraception. Gender plays a huge role. Some girls seem to think that this is just what they do. Some families are still ruled by powerful men and women have no confidence to resist. Younger girls don't know how to say 'no'. They have no confidence, no self-respect. (community nurse)

> **10** It needs to be an education which runs through everything which we do, the services we provide, the way we talk to people,

the way we are with our families, everything. It's more a societal approach to treating people with value and respect. I think [that the lack of being so treated] has to be the reason why so many young people are putting themselves in the way of this kind of sexual behaviour. They don't feel any sense of their own worth. (medical practitioner)

Can anything be done about this damaging psychological condition affecting so many people living in poverty? How does one bring people to respect themselves when they don't experience respect from others? An obvious beginning was felt to be to stop treating children with contempt, making them feel worthless.

10 If all you ever hear is that you are stupid, you must grow up believing that you are stupid. If you believe that you are stupid, then you will behave in stupid ways, that's what people expect of you and that is the only way you can think of yourself. That's why you see so many young people who feel that they are pathetic and useless - and that's the way that they present.

Moving into the proactively positive, a youth worker's view was that the best way to avoid copeless teenagers was for them to have received personal recognition through meaningful relationships as children.

13 These are young people who are vulnerable because they don't have the self respect that they are entitled to since it has been denied them through their experience of families, school, agencies etc. The thing that would probably make the biggest difference in their lives, would be someone listening to them, from an early age, having relationships with people who mattered to them. It goes back to that slogan, respect yourself. I think we should be saying respect young people and they will respect themselves.

Spot on, so far as this twenty-year old is concerned.

JW What would have made a difference to you, or to other young people, do you think?

1 Someone taking an interest. Otherwise all these feelings come out in anger, or depression. I didn't want all their presents, I wanted a cuddle when I was upset, that would have done me the world of good. Or things like someone sitting down with you at tea time and asking you about what you've done today, even if it was boring things, it would show that they were interested in other things than themselves.

Some good news for the next generation was that the small numbers of school-age mothers were being given the skills to control behaviour through positive interactions with their baby. Good news in that such a positivity-driven relationship is more of the kind that the post-industrial family is rewarded for by post-industrial society. The children should be better adapted to handling the higher levels of inter-personal dealings characteristic of the service economy. And less copeless.

20 We've been using a thing called Video Interaction Guidance, which focuses on the positive interaction between the girls and their babies. We use it as an illustration of how they should behave with the baby. One of them said to me, 'This isn't so difficult when you see how it's done'. You can see the pleasure in their faces when they see the baby responding, it's a real thrill of the moment for

them. It's a way of showing them that they have the ability to control behaviour in a positive way.

As well as the mother-child relationship, attention was also being paid to teaching the girls to cope with others in a more general way.

> **20** Many of the mums are trying very hard to change, but they don't know how. Their way of dealing with people is always very confrontational. We try to have assertive management of things. We encourage the girls and staff to sit down and work through things, looking at the consequences of actions. They don't know how to do that.

Someone had been appointed to give other teenagers the chance to develop through a positive relationship with an adult for whom responding to their needs for talk <u>was</u> part of the job description. Giving them time was giving them respect.

> **40** My remit is to do development work with young people; they know they can drop in for support, and they do. That can be the down side of the job, some young folk will come in every day, looking for you to talk to, for help or support. I think it's meeting a need for them, for respect, being treated kindly, well. Someone giving them time. So many of them are in a kind of limbo, they have left school, they have no work, or only part-time jobs, maybe they're trying to move out of home or whatever, they just have no one to talk to. So many of them are in families where there is no time to talk, or no one to talk to, no one is interested in them, there's no space to talk. It's particularly bad for older ones; the younger kids are the priority because they're more demanding, so the older ones' needs are ignored. The older ones have to look after the younger ones so often. (Social worker)

Unfortunately for some young people, especially boys, there is a risk that their access to such a resource can come too late. Severe damage may already have been done to the very part of their functional capacity through which this youth development work was intended to bring results, namely their ability to communicate. Their own behaviour, and the view of human nature which determines that behaviour, threatens to cut them off from healing opportunities held out to them by society. Paraphrasing Seligman, they have learned to be unhelpable. For as one communicates, so one is.

> **40** You see the need in all sorts of ways: the lack of social skills, they don't know how to communicate. So many of them, the boys in particular, shout all the time, instead of just talking. It's how they have to behave at home to be heard, either over the telly or the other kids. If they're not shouting, then they're aggressive or very defensive, as if you were giving them a row. I think that they only get spoken to if they're in trouble, so that's how they speak to us. Sometimes you're just asking a simple question and straightaway they're right on their high horse about it. They've no social chat, they don't just 'talk'. They're often suspicious if you talk to them - people just don't do that. They can't talk to one another. It's sad, very depressing. (Social worker)

> **25** There's a lot of patter between them, they don't have much proper communication. They don't really walk out together, like you or I would have done. Most of the way they talk to each other, or

talk about girls, is fairly crude, sexualized talk. They don't seem to know how to relate to each other. They are very suspicious of any one trying to get close to them. You can see that they are not used to touch. (Education service)

21 The other thing that I notice, is how poor most of them are at having a conversation. They don't know how to talk to one another, never mind adults. It's not just that they are shy with us, you hear them with their pals, it's all a slagging match, quite aggressive language, lots of sexualized talk. But they can't maintain a conversation with other people. In schools, what I see is probably fairly typical, the boys talk with boys and the girls with girls. The way they talk to teachers and to adults in general, is appalling. I was walking to work one day and a girl who couldn't have been more than 3 or 4 was sitting in the street. She shouted at me "Gie'us some money ye junkie bastard". I ignored it of course! But she must be hearing that at home, where else is she going to pick it up from? They are so rude, I know not all teachers speak well to the kids, but they are so disrespectful. They seem to have no fear, they don't think or care about the consequences of their behaviour. (Youth worker)

Another close observer had noticed the same pattern, and wondered whether the cause for the lack of social skills in boys was their sense of inadequacy, a general sense of not being 'good enough'. Self-esteem again.

41 They seem to lack social skills, boys and men. Not just the adolescent "can't speak to anyone when you're 14 or 15" kind of thing. That's more to do with being shy, embarrassed about growing up. This is different. It's a lack of communication skills, they can't seem to talk to people on an equal level. They're really poor communicators as men are - can't talk about feelings or whatever. But it's more than that, they just can't talk about things. I have an idea that somehow they don't feel "good enough". (Minister of religion)

An agency worker who had worked with young men had noticed how much their inner lack of confidence expressed itself in harmful behaviours, towards self and towards others. Clearly, any family system producing this sort of behaviour could not be regarded as meeting the functional needs of modern society; hence some of them end up in society's most explicit exclusion system, prison.

13 We started working more closely with young men, The Lost Boys group. The only ownership they have is with other lost boys. Together they busy themselves with self abuse, whether it's alcohol, slagging each other, drugs, violence. There are so many young men who have no confidence at all, things haven't moved on at all. Even big groups of young men don't have the confidence to change things. They don't have the history of strength that the women have, to build on.

I suppose a lot will express themselves through crime, it's a way of making a name for yourself, having an identity. You see it in the courts, young men up for serious crimes and there will be girls looking on as cheer leaders almost. The whole thing becomes a kind of human soap.

'Lost Boys' have just as much need as ever to demonstrate strength, but no means with which to do so. Like an engine racing when drive contact with the road has been lost, they redouble their efforts to show they're men in a social arena which no longer has any respect for mere manliness[91]. The outcome is an almost farcical ganging together in a 'lads lifestyle' to imprint their spoor on the neighbourhood[92]. Their effect on their audience is almost certainly the reverse of what they intend.

> **40** Young women are a bit more able to communicate and contribute in groups. We see it here. Even those who come from fairly horrendous circumstances can join in to some extent. The boys - well, they just play pool. It's just what young men do. They have nothing else.
>
> Last weekend 20 or 30 of them turned up at our under 18s disco. Some are looking for girls, most just have nowhere else to go. A lot of them are barred from pubs, mostly from fighting - that sort of thing. We didn't let them in, so they sat outside with their bags of carry-outs, just sitting drinking and shouting abuse at the folk going past.
>
> JW: What do other young folk think about that?
>
> Some think nothing of it - it's a laugh, it's what boys do. Others - mostly the girls - are adamant - you see them looking and they'll say "I dinna want to be like them". A definite decision to avoid that kind of lifestyle.

Once again, in reviewing the functional impairments reported by our respondents, we end up with disoriented young males, making themselves unattractive in a hopelessly ill-informed effort to attract. It is a concluding statement of how the constitutional disease of the reproduction system in the ox-bow scheme is cruel in its distortion of sound instincts, but also cues a transition to a more general conclusion as to distributed parenting's impact on society at large.

6. CONCLUSION:

The female family, distributed parenting and 'socioporosis'

Human evolution takes place at the level of culture rather than of 'nature'. Mind is what matters. Rather than organisms, it is cultural properties and social behaviours which get selected for by environmental change. When socio-economic niches alter, if the social groups occupying them can relinquish their current socio-cultural behaviours and learn new ones, they can make the transition to successful inhabitation of the 'new' niche. The process differs from biological evolution in that variants of very few other species have much power to adapt to a different environment. The non-adapted organisms die out and occupation of the niche passes to better adapted mutations, if there are any, and to other species. Arguing analogically from biological to cultural evolution we conclude this review with our attention still focused on the link between system structure and environmental structure[93]: dying, surviving or thriving, the question remains one of 'fit'. The analysis thus far of the fit between the North Dundee reproduction system and the wider social environment prompts some disturbing conclusions.

We have seen that the redundancy and dyseducation associated with deindustrialization impact on the capacity to reproduce itself of that part of the society which is now least well integrated into the economic system in a way that threatens to perpetuate, even exacerbate, that lack of integration. The evolutionary outcome of the interaction between the internal dynamics of these communities and the state structures for parenting support, as they both try to react to the impact of deindustrialization, is 'distributed parenting'. While in some ways the ox-bow scheme family system tries to reproduce itself as though deindustrialization had not happened, it fails to do this because the men, in becoming so much more marginal in the economy, get excluded from the families in which formerly they would have been the fathers.

The special learning which their historical experience has brought to formerly working-class women in Dundee is leading them to make a negative evaluation of what males have to offer in a post-employment world. The worst-case scenario for the male in this world is to be unvalued as a child, unwanted as a partner, and unavailable as a father. What we have uncovered is exclusion within exclusion, a self-perpetuating cycle of 'family breakdown', which in turn is an identifiable consequence of redundancy moving down from the economic level through the institutional to the interpersonal. Lost industries mean lost jobs mean lost roles - including the societal bedrock roles of protector and provider, husband and father. Lost boys become displaced men. Men's rising rates of depression and self-harm (Platt 2000) come as no surprise when seen in this context. They have been scrapped.

The situation is aggravated where social exclusion entails developmental deprivation, as for those boys growing up in what were called by one medical observer 'female families': families where there are actually no adult males available to the learning boy from whom to take self-constructing guidance. Children are increasingly recognized to be active agents in their own development. But nevertheless their learning has still

a large part of imitation. For this to happen boys' adult gender role models have not only to be positive, they have to be there. We have seen that being there is becoming increasingly difficult for them.

In consequence, as the environment disconfirms the expectation of sufficient waged work for the unqualified to build families with (there is family-supporting work for some but not for all), some collective learning takes place, leading one part of the reproductive system to shift its base away from the excluded bread-winners towards the family-building resources that <u>are</u> available, those offered by the social father.

Only <u>one</u> part, because in fact these resources are delivered on terms which privilege a new quasi-family form over the no-longer normative two-gender-based family form[94]: the female family. We should see the female family as an environmentally-induced adaptation to a post-industrial, post-employment family-building environment. The female family metamorphosis is as much evoked by the resource structure of this environment as the eye is evoked by light. It is crystallized out of the open possibilities in the social field of reproduction by the structure of rewards and constraints; it is not a random, internally-originated construction authored by those who happen to be trying to live family at the moment. North Dundee females are not responsible for the female family. It is a contextually created system, therefore a societal achievement. We all made it.

The female family is evoked by the ox-bow scheme environment in much the same way as thyroid hyperplasia is evoked by iodine-deficient water (Ryle 1948: 75-6). And in much the same way as some thyroid hyperplasias become goitres, a proportion of female families can be seen to be leading to structural alterations which could be classified as 'disease'. 'Distributed parenting' as a clinical entity in the reproduction system of this society is generating a more general systemic pathology. This is because, functionally speaking, the typical female family is overloaded. It is societally required to do more than it has the social and cultural capital to do.

One reason for the shortfall is that many female families are headed by one-time teenage mothers, who find themselves thrust into the parenting role before they have acquired much life experience, before they have built up an adequate domestic infrastructure, often before they have completed their education. We found that their parenting was often a team act with their own mothers, to whom they deferred on child-rearing matters, and who in their turn had often been young mothers themselves. In terms of wider general knowledge about childhood, it was sometimes not a strong team, considering the scale of the challenge it faced.

For, in addition to having too many functions to perform, some of these functions are contradictory, notably in the matter of managing dependence vs. fostering independence in children. Going full tilt for maximally independent children at the earliest possible age (the Dundee working class tradition) confronts parents in this family system with a real problem when they have to live full-time with their adolescents (the first generation this has happened to – until the late 1970s mid-teenagers went to work straight from school): they can find no good reason to

justify why suddenly all the autonomy and free choice has to be limited. This is why so many of the health risks of North Dundee are associated with adolescents prematurely taking on adult patterns of consumption (smoking, alcohol, drugs) and behaviour (sexuality, violence, deviance).

To focus specifically on teenage pregnancies, one reason why they occur disproportionately in this population is because the parental generation fail to manage the shifting trade-off between freedom and control through the adolescent years. They are thus deprived of any significant influence over their children's sexual apprenticeship. We have seen that the difficulties all families have in this area are compounded for those families a) where autonomy from adult tutelage has been accelerated, b) where the daughter has lost her grip on the educational ladder, and c) where her nuclear family has broken up. The distributed parenting model would have us see asocial conceptions to teenagers as a late developmental mutation in the families of adolescents rather than as a premature formation of a new family. The fact that so few of these conceptions do in fact lead to the formation of new nuclear families but so many to the extension of established families is not unimportant in this regard. The key site for therapeutic intervention, therefore, is not the relationship between the two young people (there often isn't one), but the system of the girl and her parents.

Getting back to general principles – with an overloaded structure, what takes the heat out is differentiation: break the load up into separable fractions, separately do-able. 'Distributed parenting' is the name we gave to the tendency of families in our population either a) to parcel out to others and/or b) to be relieved by public service organizations of some of the parenting tasks they were unable to do. In these differentiated families, it seemed to be mainly the functions related to the socialization of children that the outside 'agencies' (extended family, public services, peer groups, media) tended to take up, leaving the hard-pressed mums to concentrate their energies on basic survival, on keeping the household together on limited resources. Here again, this is probably community-learned behaviour, earlier generations of mothers having been forced to look to the basics when sheer survival was itself a huge challenge.

However, while distributed parenting is a rational response to overload for highly stretched parents, for today's children it appears to be dysfunctional. Parental withdrawal from strategic socialization undermines a main social function of the family in modern society, that of being a 'personality factory' (Talcott Parsons), producing young workers able to compete for the rewards of an individualistic consumer society. In evidence, we have seen how often children from the most deprived families were depicted as psychologically ill prepared for taking control of their lives, being especially ill equipped in the areas of inter-personal communication, working strategically to achieve objectives within the context of formal organizations, exploiting educational opportunities while they still had them, and building intrinsically satisfying relationships with the opposite sex. Shortfalls in these areas compromise their capacity to take on today's adult roles, and hence negatively impact on their self-esteem. Ill-prepared teenage girls demonstrate their acknowledgement of likely failure in the competition for upward social mobility with high rates

of pregnancy; adolescent boys, in addition to being involved in this, are vulnerable to addictions, mental health problems, unemployment and involvement with the justice system. Both young men and young women, blocked from potential exit from areas rendered marginal by the global economy, contribute to the reproduction of a community now deprived of a productive purpose, entailing continuingly large dependency expenditures.

But distributed parenting is dysfunctional for adolescents outside the home as well as in it. Accomplishing the tasks of today's adolescence requires young people to have access both to a large pool of adults and to a wide cross-section of near age-peers; failing this they will be short on opportunities for experimenting with relationships and behaviours, experimentation which allows the young adult-to-be to select those that fit the emerging identity and to drop those that don't. For taken-for-granted access to a pool of multiple adults and multiple peers in which to prove one's competence and to extend one's roles, school attendance is essential.

> 'As school becomes increasingly important, there is the struggle to avoid a sense of inferiority and mediocrity, to be able to exercise one's industry and competence, to make the initiative come to something that fits into a broader society. And on the heels of this another crisis is soon generated: concentration or diffuseness, the adolescent's struggle, continued in altered form through life, between a sense of one's own identity and the wish to be engaged, to belong, to play many roles.' (Bruner 1962: 46-7)

Today's protracted adolescence presupposes being in school. Mixed-sex secondary schools and adolescence have emerged together as an interdependent cultural dyad, each fostering the continuing development of the other, and each supporting the capacity of the other to perform its socio-developmental function, both for society and for young people as individuals. School is the complementary ecological niche to the family, the two together providing a kaleidoscopic tension of identifications interior to the young individual which fosters <u>both</u> a capacity to choose <u>and</u> the capacity to grow to be able to live out the consequences of choosing (both capacities very visible in the three determined young women in our sample who were not mothers). No school, no pool – just the restricted micro-pond of home and pals – and truncated development.

The watersheds in psychological development function as they do by causing tension[95]. As discontinuities accumulate the old accommodation to circumstances becomes disrupted, unsustainable. The expectation of a growth of powers makes us wish to choose at the same time as the pains of growth force choices on us. Where successful resolution of the tension is the precondition of a developmental transition leading to the acquisition of a higher capacity, the individual who has escaped the tension by a regressive or pathological (e.g. psychotic) choice moves on to the next stage of their life with the task of the previous stage unachieved and the psychological virtue appropriate to that stage unacquired. For a natural psychological reaction to the incapacitating anxiety of an unbearable tension is to try to escape. But if 'personality' is the outcome of outcomes desired from the modern nuclear family according to Parsons, and 'identity' is the acquisition of a successful adolescence according to

Erikson, where does that leave 'unsuccessful adolescents', escapees from the nuclear family who have not been able to achieve their full potential in the encounter of self with circumstances?

There are two different answers. Answer no. 1 refers to the females, answer no. 2 to the males.

6.1. Distributed parenting's effect on female adolescence: it is prematurely terminated

A mid-teenage girl living out an adolescence in which her family, friends and teachers are not providing sufficient positive support to enable her to manage the challenges of changing has both the motive and the opportunity to escape. The opportunity is provided by the facts a) that she is sexually mature enough to become a mother, and b) that mothers are socially defined as independent adults, with a right to considerable autonomy and support in discharging their maternal responsibilities. The motive arises out of the difficulties of being an adolescent girl in the ox-bow scheme, an environment with little in the way of support mechanisms for managing the mid-teenage transition. In a culture which has difficulties respecting and responding to adolescents, the tension inherent in hanging in there so as to 'do' adolescence properly becomes all but unmanageable. Teenage girls from areas of advanced marginality 'keep their babies' more often than better-off teenagers because the baby is a cultural asset: it promotes her to 'the sisterhood of mothers' (Wilkinson 1998), where everybody has to take her seriously in her own right. Rather than 'interrupting' her life, becoming a mother re-starts it, but at a higher level of social recognition than received by the 'slappers' of the week-end parties[96] or the girls who get kicked to bruising outside the corner shop. With her all-new clothed baby in a bonny pram she feels some pride, perhaps for the first time in her life. In developmental terms, the need to escape the tensions of an unsupported adolescent transition pushes individuals towards being either an adult or a child. In a culture which cannot get children self-sufficient early enough, regressing towards childhood is not a possible escape. This is also not a culture which provides much in the way of eriksonian psychosocial moratoria. Adulthood appears to be the only way out. But the full, socially approved path to modern adulthood is obstructed by her lack of qualifications and the area's lack of second-chance opportunities for her to mastery-learn the world. When forward motion is blocked, escape on a tangent. Many young mothers appear to be on an adulthood-seeking tangent out of adolescence.

From this a question arises with respect to young mothers from deprived areas. If adolescence in the classic parsonian nuclear family[97] evolved as a psychosocial development stage in which highly complex feelings, knowledges and behaviours could be safely developed and become an integral part of a new young adult, allowing her the individually differentiated selfhood with which she could enter any part of modern society, is to truncate adolescence to forgo developing those feelings, knowledges and behaviours to the required level? And thus to forgo the social mobility opportunities which today are open only to differentiated

selves, the 'personalities' whom Parsons saw as the functional product of the nuclear family? In other words, rather than simply running together her anticipated young adulthood with her late adolescence, such a young mother may actually be terminating her adolescence with its tasks (according to Erikson, largely concerned with identity) only partially completed. So if there really is a functional prerequisite-type logic underlying the development of adolescence in modern society, there may be penalties to pay for non-completion, not only economically (exclusion from primary labour markets), but also psychologically in the form of insufficient individuation to survive independently of close supportive relationships, typically (for Scottish working class women), the relationship with her mum[98].

On this understanding, dropping out of school may be double jeopardy for teenage mothers. Not only do they lose the paper qualifications, cognitive tools and social skills with which to break into the primary labour market, they also foreclose on their own developmental opportunities in the cultural play-and-practice space we call adolescence. So, drop out of school, lose out on adolescence – and fall out of the psychosocial developmental mainstream.

The young mother's solution, therefore, is the wider society's problem – not because of what the baby 'costs' society in benefits in the short term, but because of what the mother pays in her own development in the long term. Investing her energies in her baby rather than in herself may be more fulfilling for her, but it is less progressive for society. This is because the anticipated reproduction of individuals in the form of babies is in contradiction with the ever-extending resocialization and reproduction of society through education. In so far as British society is mediating a post-industrial resocialization process to its younger members through the school system, having a baby when very young takes the mother out of that process. As an adult she therefore is 'pre-mature', semi-finished; as a socialising parent she will likely form socially incompletely absorbable children. How can she give them what she never got herself? In a community with a critical mass of such mothers, the post-industrial resocialization opportunities mandated by the national political elite largely pass the youth of the community by, with knock-on effects into the next generation. And this in a manner analogous to the way in which the older adults of the community have been passed by by the income opportunities attached to the global economy. Beyond the high banks of the ox-bow scheme the revivifying river of worldly understanding flows inaccessibly by, in the same way as the global river of wealth.

To understand the full extent of society's problem, we need to see this reproduction system at all its levels. At one and the same time a new birth reproduces

an individual who will have to overcome many obstacles to individuate and find personal acceptance and fulfilment;

a family which can with difficulty produce adults complex enough for the challenges of post-industrial society; and

a community crippled by dependency.

We have claimed that the price the 'anticipated mother' pays for her pram-pride is foreclosing on the cultural development required to engage with the modern economy and to profit from its opportunities – a cultural development that is now adolescence-specific. This is so not just because that developmental phase coincides with secondary school, but also because one of the developmental tasks of modern adolescence is the development of a more highly elaborated form of gender relationship, a beyond-the-body form of gender relationship whose precondition is more highly elaborated personalities. 'Boy meets girl, boy talks with girl, boy and girl become friends' (Ingham & Van Zessen 1998) is a more evolved interaction pattern than the drunken arelational couplings of 'slappers' and boys whose 'whole world is ruled by their testicles'. It is also a kind of gender culture which is evolutionarily adapted to both the labour market patterns and the communicational demands of post-industrial society. But it is a culture which requires its semi-isolated safe niche if it is to develop. With school and college being two key niches, becoming a young mother, as one above has ruefully acknowledged, is to select herself out of the niche and its educational opportunities, both in the sense of labour market qualifications and in the sense of personal development. Double jeopardy.

But there is triple jeopardy. The price the anticipated mother pays is not the whole of the cost. She is not only losing out in her own long term, she is also setting up her child(ren) to lose out. For she is set on a course of reproducing, because of her dependence on the female family, a pattern of motherhood and a culture of family which, for all its virtues, is becoming ill-adapted, even anachronistic. Together with others like her, she is also reproducing the community – but as it is and has been, not as it needs to be if it is to re-establish productive linkages with the global economy. Anticipated motherhood thus extends the life of functionless communities which are historically marked for extinction, populating them with children more and more extraneous to the mainstream culture.

So, to say that the young mother's solution is society's problem is to point to the way in which anticipated motherhood forecloses on the socially mandated stage of cultural capital building in favour of a socially discrepant trajectory of constructing a mutant form of family, the management of which will usually exclude mothers from completing their own psychosocial development and can sometimes push them into the functional pathologies of mental ill-health, unhealthy consumption, and copelessness. These metathetelic adults are then responsible for managing the development of a new generation of children from birth to adulthood – but to which adulthood? The full post-industrial version (socially adapted, for all its limitations)? Or the ox-bow scheme version?

6.2. Distributed parenting's effect on male adolescence: it is indefinitely extended

What of the adolescent males? How does distributed parenting affect the developmental path of boys? We have seen in Section IV that the ox-bow scheme is no more propitious an environment for development for adolescent boys than for adolescent girls, especially for those from non-educogenic homes. But boys have no choice to escape at a tangent; for

boys whose adolescent environment pushes them towards the negative there are no short cuts to adult status. Very much the reverse. Not only is social adulthood impossible to accelerate, for many men it remains permanently unattainable. In our society the door to social recognition of manhood still opens only to those in a recognized work status. Males who never succeed in escaping their dependence on others never convincingly establish their manhood <u>socially</u> – hence the extremes to which they go to establish it <u>physically</u> and <u>symbolically</u> (drinking, fighting, group acceptance in gangs/drug subcultures/pubs, domestic violence, sexual predation). The significant minority of males who fail to achieve the socially acknowledged identity of men continue 'pubbing and palling', being 'one of the lads', siring children and perhaps 'playing at parenthood', in an interminable extension of adolescence, imprisoned in a psychosocial vacuum which they are powerless to break and from which (an effectively self-inflicted) early death can be the only release:

> **41** I've done eight funerals in the last three weeks. Half of them are men who died from liver problems or cirrhosis – all drink related. That really shocked me. It's a real pub culture for the men. That's what they do.

6.3 Distributed parenting's toxin: uncoupled gender development leads to 'socioporosis'

In terms of our clinical entity analogy, distributed parenting is an attempt to recover the patient: the community fighting for its survival. But, as with real diseases, the fight causes the community to generate toxins in its system. One toxic effect of distributed parenting as a reproductive form is to separate the two strands of the dancing double helix which is gender development in a healthy society. The female strand loops back on itself before the <u>socially</u> appropriate adult has been formed and starts the reproduction cycle prematurely. Despite not having the material and human resources to maintain her development until the socially appropriate moment for building a new family, the marginalized teenager can promote herself out of her going-nowhere adolescence into the sisterhood of mothers.

In sharp contrast, the male strand is prolonged indefinitely into a featureless future, a psychosocial time-line without a morphogenetic point equivalent to becoming a mother for the efflorescence and consolidation of adult manhood. To be tautologous, social manhood as a morphological form requires the specific morphologically formative process; no man-making process, no men – just males. In distributed parenting societies the appropriate cultural elaboration of biological development required to 'complete' men fails to kick in, leaving males psycho-emotionally nomadic, with insufficiently complex points of attachment with which to integrate themselves into the primary social processes involving women and children. The consequence of the unravelling of the double helix of gender development is a generation of men and women who were not made for each other.[99] But again, private grief for individual men is public troubles for society at large. Without a basic cell in the community generating socially committed men as partners in the family-building process, the scheme social fabric itself begins to unravel, (thus eliciting 'protect the

vulnerable' patch jobs from the public services, whose effect is to edge men out from family building even more). Call it family breakdown, family instability, or whatever, the conclusion is inescapable: as a social sub-structure the ox-bow scheme is buckling under the burden of reproduction, visible in distributed parenting.

But the effect is not localized.

While the precise claim of this research is that the distributed parenting diathesis is a constitutional disease of the reproductive system of the ox-bow scheme, a more comprehensive diagnosis (diagnosis being 'to visualize an individual patient in his totality') would visualize distributed parenting as a disease of the whole society. This is because the separation into unrelated trajectories of the two gender development strands and the plethora of dysfunctional families which result from that separation lead to a process of 'socioporosis', a hollowing out of macro-societal structure by the 'separate development' of ingrowing communities with decreasing amounts in common with the wider society. Distributed parenting is a localized manifestation of a global dynamic. As the world system integrates economically it differentiates socially. This contradictory process generates these encysted micro-worlds with stronger and stronger barriers to overcome before their members can take part in the macro-world. These barriers, as we have seen, are often self-created as survival strategies, natural reactions which medically we should see as part of the sick community's 'attempt to recover the patient' (Sydenham). Our findings would suggest that a key mechanism for this self-defeating evolution is a family system functionally detached from the wider society

- turning away from resourceless males and towards the social father to meet material survival needs,

- but turning in on itself in the search for solutions to adult-teenager developmental problems for which it lacks the cultural resources itself and for which it receives no help from the social father.

Physically reproduced in very short generations almost without increments of societally-appropriate learning[100], these families then replicate the problems of incomplete psychosocial development and incompatible gender development twenty years on, the underlying causes of the failed development/gender incompatibility not having been addressed.

In summary, the family as a sub-system in the North Dundee body social, supposedly functionally specialized in socialization, appears to have buckled under the deindustrialization stresses, and in many cases shattered completely, leaving the child-related pieces to be picked up by public bodies (III.4), and the psychological pieces (V.1) to a variety of comfort and compensation mechanisms (V.2-4). The question as to how the men will be picked up, and by whom, does not yet seem to have been asked.

'Socioporosis' derives from the internal fragmentation and consequent loss of strength and flexibility of redundant communities in their reproduction function. This loss of structural strength is particularly visible in two reactions to the load incurred in producing would-be today-adapted young people for social inclusion:

- the incapacity to resist inter-personal relational distortion (e.g. difficulties in communicating, violence and bullying, drunken intercourse);

- institution-related fracture (e.g. school failure, 'job unreadiness', sub-optimal handling of public organizations).

As happens also in the organic realm, the two disorders interact in an amplificatory way. This makes for a complex patient. Iatrogenic disaster awaits the purely symptomatic intervention.

The aim of this report as a piece of writing-incorporating-thinking has been to discover the complex diagnosis that should properly be available, in North Dundee and possibly elsewhere, for family disorders associated with advanced marginality of post-industrial communities. It was not expected that a new socio-clinical entity would be an outcome of a pilot for in-depth research. But a rethink was prompted by the fact that extant analyses do not seem to have got to grips with the dynamics underlying the symptomatic labels with which problems were being framed for intervention, labels which were all too often being made to act up as diagnoses. Here, as in the days of cupping and bleeding, the available remedies seemed to be constructing the disease. So, while one should not claim too much from a pilot, in this case one should not ignore the significance of the evidence we have. Even such a small sample as ours shows that the problem of young mothers is a complex one. Sometimes it is good all round that a teenage girl has a baby; sometimes it is good for the mother but not so good for the baby; sometimes it is good for mother in the short term but bad for her in the long term; sometimes it is good for the mother, for her family and for the community, but not good for the wider society. And there will be other sometimes. So some sub-categories in an accurately classified category of 'teenage pregnancy' may be a problem; but teenage pregnancy is not always a problem, and to foreground it as though it were <u>the</u> problem just closes off other avenues of scientific speculation. Perhaps one of the reasons why our teenage pregnancy rates are so high is that we have become transfixed by our high rates of teenage pregnancy.

A high rate of teenage pregnancy in a community should be seen as a proxy variable, a symptom of a social condition. Social conditions require social remedies. The therapeutic problem for the social physician up to this point has lain in the incomplete identification of the patient's condition deriving from the failure to classify the disease. What is now required is for social medicine to re-examine the patient with distributed parenting as an available diagnosis. We can then move forward on the matter of developing social remedies. Such social symptoms as teenage pregnancy should then subside.

However, there is an alternative which, though there is no space to explore it in depth, it would be sociologically neglectful not to speculate about. It might perhaps be the case that, far from being a pathological symptom of the copelessly poor, distributed parenting is the indicated socialization system for all women who cannot afford not to work, even married women. For this is indeed a child socialization system well adapted to the deteriorating labour markets of post-industrial societies[101].

The main difference between the scheme mum and the professional woman is in who gets to pick up the pieces they can't carry: the scheme mum depends on, and therefore must defer to, those who will do it out of love, loyalty, duty or otherwise for nothing, whereas the professional woman maintains more control over the process through the power of her money. But neither woman is able or willing to invest more than a certain proportion of her own life in bringing up her child(ren); the parenting calculus has changed. The ever-escalating costs are not matched by benefits. Doing family 'properly', 1950s-style, seems to be getting progressively beyond the will and/or resources of more and more individual parents.

So, if distributed parenting is indeed the coming socialization system, perhaps we should now be composing our farewells to the classic nuclear family and expect to see increasing rates of 'asocial conceptions', older as well as young, rich as well as poor. Adding these asocial conceptions to our marital breakdown rates prompts the thought that in the future we may have to learn to welcome their fruits as in effect the children of society as a whole, not the private responsibility of the biological parents. Society must learn to be solicitous for all its children, and invest in their flourishing; otherwise, as we now see in southern Europe, the new parenting calculus means there won't be any. We would then import adults as fully finished components for our work systems, thereby saving, at current estimates, c.£50k. per person in investment costs.

This is speculative, but not in principle unscientific. Acknowledging that the high-investment nuclear family (as the 'normal' family) was organically related to high-wage 1950s industrialism would be in accord with the scientific principle that, within a system, when a pattern alters, the changes affect the pattern as a whole[102]. Never is one feature altered without altering everything else.

On this reading, deindustrialization may be a form of societal extinction. So, farewell factories and families both?

V NOTES

[1] For the sake of readability, the presenting symptoms and signs of today's post-industrial Dundee are presented in the main text, while insights into similar 'patients' elsewhere and into the wider context are largely restricted to these notes. Thus the notes should be seen as evidence of contextual validity and external generalizability.

[2] Though also a psychologist, Ingham proposed that the rationalistic assumptions underlying much research on young people's sexual behaviour left no space for important social and structural influences on that behaviour. (Ingham 1994)

[3] A well-known example is the difficulty health promoters have had in trying to get mothers to reduce the family's consumption of high-fat and/or high sugar foods when the food in question has powerful social symbolic meanings (Douglas & Gross 1981); (Van Otterloo & Van Ogtrop 1989).

[4] Young single mothers setting up home on a very restricted budget have to prioritise among essentials. According to (Speak 1995) a phone comes fairly far down the list.

[5] Continuingly high teenage pregnancy rates were not so much seen as a public health problem in themselves. Concern arose from the lack of impact on the rates from the interventions currently espoused and funded by health services, as evident both in Dundee (still the case today – see (Director of Public Health 2000): Section 4.6.1 and Figure 39, pp.44—5) and in the UK more generally (NHS Centre for Reviews and Dissemination 1997). Such resistant figures suggested the generating mechanisms had not been adequately understood by the health service scientific community – no aetiology was emerging from the epidemiology.

While this research would wish 'asocial conceptions' to be identified as the proper problem for concern, the principal aetiological factors for early 'teenage pregnancies' in our population would seem to be: a) girls' absent fathers, b) dyseducational schools, and c) excessive alcohol intake around social occasions which became sexual encounters.

[6] According to recent work by John Ermisch, this would be expected from Dundee's labour market situation: '...poorer local employment opportunities encourage pre-marital childbearing and discourage the formation of cohabiting unions, which delays marriage...[because] first marriage rates are much higher among cohabiting women than those without a live-in partner.' (Ermisch 2000)
http://www.irc.essex.ac.uk/pubs/workpaps/wp2000-26.php

[7] 'Scottish men and women continue to experience rates of lung cancer which are amongst the highest in the world....Incidence in the most deprived areas of Scotland is twice that in the least deprived areas.' (Sharp & Brewster 1999)

[8] 'Epidemiology, the study of the health of human populations, is by definition a social science.' (Terris 1985): 15. In his chapter on the social determinants of disease in the 13th edition of the definitive textbook of public health, Leonard Syme argues that conflicts and contradictions in the evidence on social determinants of disease might be eliminated if social epidemiology were to adopt a more appropriate disease classification scheme. (Syme 1992: 695)

[9] Robert Oppenheimer claimed that 'analogy is indeed an indispensable and inevitable tool for scientific progress'. By analogy he meant 'relation and interconnection', 'a special kind of similarity which is the similarity of structure, the similarity of form, a similarity of constellation between two sets of structures, two sets of particulars, that are manifestly very different but have structural parallels'. (Oppenheimer 1965: 129)

[10] 'Physical and chemical knowledge can form part of biology only in its bearing <u>on previously established biological shapes and functions</u>: a complete physical and chemical topography of a frog would tell us nothing about it as a frog, unless we knew it previously as a frog.' M. Polanyi, quoted (Matson 1964: 165)

[11] Eric J. Cassell and Mark Siegler, the editors of a book of conference papers on 'Changing values in medicine' (Cassell & Siegler 1985), preface it with the following dedication: ' 'This book is dedicated to Otto Guttentag. Virtually alone he explored the philosophical basis of medical practice and the role of the physician for decades before others began to follow, We honor his work, we honor his understanding, and we honor his example.' p.iv

[12] 'Now, the proper frame of mind for discovering the meaning of a typical human situation is not the "objectivity" of the naturalist, but the intelligent sympathy of the exegetist, the interpreter. It is the frame of mind itself that has...to be changed.' (Eliade 1965: 12). Also '...basic psychiatric concepts should take into account the hermeneutic nature of the diagnostic process.' (Spitzer 1994: 177)

[13] 'Every morbid phenomenon, according to constitutional pathology, is the result of an injurious morbific factor in conjunction with a susceptibility

of the organism....the ultimate phenomenon is so complex that in each case of disease it can only be understood by an analytical study of all the factors involved. Not only must the morbific cause be investigated, but also the inherited as well as the acquired constitution of the patient...' (Faber 1930: 205-6)

[14] Or the three English housing estates studied by David Page in his recent research for the Joseph Rowntree Foundation, with a very similar overall picture emerging. (Page 2000) www.jrf.org.uk/knowledge/findings/housing/n120.htm . To give him due credit, Page is concerned to locate these social bodies on their survival time-line: 'The researcher concludes that these estate communities are "in the balance": If conditions fail to improve, households who mind most – and have the choice – will leave, making renewal more difficult.'

[15] Cf. '...in the area of urban health...European populations are becoming increasingly concentrated in cities (over 80% of populations are already urbanized), crammed together in living conditions that pour lifestyle and health concerns, environmental problems, poverty, alienation and the breakdown of social support networks into one great melting pot of problems. Solutions to the health problems this creates can only be found through policies and programmes carefully designed to deal with all these complex components – a high priority for the future.' (World Health Organization 1999) Looking at the social determinants of health in a European context, the parallels between Scottish housing schemes and post-1990 Central and Eastern Europe/Former Soviet Union are striking. Reasonably enough – are they not both post-industrial areas of advanced marginality? See (Bobak *et al.* 1999) http://www.who.dk./hp/ihd/verona/publications/bobak1.htm

[16] For a succinct review of temporary jobs in theory and practice see (Booth *et al.* 2000) http://www.irc.essex.ac.uk/pubs/workpaps/wp2000-13.php

[17] For discussion of why falls in unemployment seem to stop short of providing work for the long-term unemployed, see (Meager & Metcalf 1987).

[18] Similar policies were being followed in the UK. '...local employment decline in the [English] Nort[h]-West region has been intensified by this process of corporate internationalization and switching of production overseas. Around one-third of the manufacturing shop-floor labour force in the Nort[h]-West in employed by just 31 British companies. Between 1975 and 1982 these companies reduced their combined workforce in the UK by 422 000, and in the North-West region alone by 87 000. Over the same period these firms expanded their overseas workforce by around

163 000....The basic point is that, both directly and indirectly, the Thatcher government's policies have promoted and accelerated the 'internationalization' of Britain's ailing industrial regions. Both the recent wave of rationalization, and its specific regional impact, must be interpreted in a global context, against a background of transnational capital restructuring.' (Martin 1986: 267-8)

[19] The numbers introducing quoted excerpts are the identifying numbers for each interviewee.

[20] Housing authorities have little choice in this matter, since they are obliged to house people on the basis of need, and having young children makes a family a priority. Some fine-grained research from a University of Newcastle team (Clark *et al.* 1999) found that even small numbers of needy children could 'de-stabilize' a housing estate primary school, in four respects:

- young children entering the school were less prepared by their experiences in the home for the demands of schooling;

- the attainments of pupils in the school were depressed and more children had difficulties with literacy;

- increasing numbers of pupils displayed disruptive behaviour;

- it became increasingly difficult to involve parents in the life of the school or to count on support from parents for the schools' values and expectations'.
http://www.jrf.org.uk/knowledge/findings/socialpolicy/n39.htm

[21]Forrest and Kearns's review of work on English disadvantaged neighbourhoods would suggest that the situation there is not yet irrecoverable (Forrest & Kearns 1999)
http://www.jrf.org.uk/knowledge/findings/foundations/4109.htm

[22] The residents of 'Willowdene' in north-eastern England marked the arrival of the hard drugs economy in the mid-1990s as the time of a serious drop in the liveability of the estate. (Johnston *et al.* 2000)
http://www.jrf.org.uk/knowledge/findings/socialpolicy/o30.htm

[23] No secondary school in Dundee made it into the Sunday Times (6 November 1999) top fifty (by exam passes) secondary schools in Scotland, which was achieved by four schools in towns within commuting distance: Kinross, Kirriemuir, Monifieth and St. Andrews.

[24] The extreme example of health inequality is the desperate health status of the African American population, as presented by Nobel prize-winning

economist Amartya Sen: 'It is quite remarkable that the extent of deprivation for particular groups in very rich countries can be comparable to that in the so-called "third world". For example, in the USA, African Americans as a group have no higher – indeed, have a lower – chance of reaching advanced ages than do people born in the immensely poorer economies of China or the Indian State of Kerala (or in Sri Lanka, Jamaica or Costa Rica for that matter). The African Americans as a group [i.e. not just the inner city residents] are overtaken in terms of the proportion of survival by some of the poorest people in the world.' (Sen 1999: 20) See also (Wilkinson 1996)

25 'Good adaptability in the individual is one of the expressions of health....Whether they be expressed by a good or poor physique or a high or low immunity to infection or stable or unstable emotions, health-liability and disease-liability must always be due to the combined effects of genetic and environmental opportunity. Good <u>adaptability in the social organism</u> is again a sign of its health.

This brings us a reminder that when we speak of local or general "fitness" or "adaptability" as expressions of normality or health, we should ask ourselves not only how the state has been come by, but also in what situations it is to be maintained. "Fitness or adaptability for what?" is a query which must be included in all our health assessments.' (Ryle 1948a: 72-3) Emphasis added.

26 Another condition a vulnerability to which is potentially genetically transmissible, and which therefore qualifies as having a diathesis to it, is schizophrenia. 'Schizophrenia runs in families largely for genetic reasons. On this basis Rosenthal...proposed that the etiology of schizophrenia should be conceptualized in the context of the diathesis-stress model. In this model, the environmental factors are not specific to schizophrenia, whereas the genetic (diathesis) factors are. That is, genetic factors predict a specific risk of schizophrenia. Environmental stress, in contrast, is common to many disorders and is not specific to schizophrenia - i.e. the environmental component is not "schizophrenogenic."' (Fowles 1992: 305)

27 These performance deficits at the aggregate level get mistakenly categorized as 'social exclusion', mistakenly in that such groups are not <u>excluded from</u> society so much as <u>relegated to the inferior level</u> of a dual system. For some useful references on social exclusion, see (Lee & Murie 1999)

28 This description may be relevant to one of the public health findings prompting this research, the high levels of hospital admissions in Dundee compared with other areas. Rather than being a true indicator of higher levels of ill-health, these could be e.g. a proxy indicator of high levels of poverty among social groups who, unable to access income-raising

opportunities in the local economy, are therefore prompted to extract a rent from their illness.

[29] Some very thorough research in England supports this concern with the lack of flexibility of the benefits system, in this case focusing on its inability to support the informal child care arrangements most lone mothers are forced to make because of the marginal nature of the work they undertake (short-term, low paid, with varying shifts and unsocial hours). (Noble *et al.* 1998)
http://www.jrf.org.uk/knowledge/findings/socialpolicy/spr458.htm

Earlier (also very thorough) research on young single mothers' difficulties in setting up home in Newcastle-upon-Tyne concluded that 'Social policy does not distinguish between the different sub-groups of lone parents and does not recognize the additional needs and difficulties of [the youngest] group, especially in trying to establish an independent home.' Particularly curious is how Income Support is assessed; 'The vast majority of young single mothers were dependent on Income Support. Having a higher percentage of children under school age than other lone mothers they have a greater need of child care. Their young age means they have little in the way of work experience to help gain them employment. They are also less likely to receive maintenance, so the combination of part-time earnings, Family Credit and maintenance is a less viable option. Income Support is age-related with the youngest and most vulnerable women receiving the least financial assistance.' (Speak 1995)
http://www.jrf.org.uk/knowledge/findings/socialpolicy/sp72.htm A propos, a recent survey of policy in the area of youth and parenting found considerable incoherence. (Jones & Bell 2000)
http://www.jrf.org.uk/knowledge/findings/socialpolicy/590.htm

[30] Not mixing with those in work makes individuals more likely to suffer psychological distress and lowers an individual's chance of moving out of unemployment, Carmel Hannan found. '...policies which isolate the unemployed into ghettos (for example, council housing schemes) do much harm and may play a large part in keeping the unemployed, unemployed' (Hannan 1999). Lydia Morris also found concentrations of unemployment in particular kinship and friendship networks in Hartlepool (Morris 1992). The manner in which social disadvantages accumulate can be seen if to these analyses of isolated unemployed men's lower chances of finding work is added Sarah Holloway's finding that poorer mothers in Sheffield were more isolated through their almost exclusive dependence on family networks and therefore were less well informed about the educational opportunities for their pre-school age children. (Holloway 1998)

[31] The intensity of these women's dislike for school and the extreme avoidance behaviour it led to bears out Andy Biggart's finding (with Scottish 1996 school leavers) that the consequences of low attainment in school were worse for young women than for young men. 'Amongst young

women, the differences between low-attainers and those with better qualifications were clearer. They appeared to form a more distinct group compared to the better qualified young women, and had the most deprived social backgrounds; they received less parental encouragement and were much more likely to truant and hold negative attitudes towards school and the teachers.' (Biggart 2000: 4)

[32] One possible response to this problem is to mobilize social workers to act in a mediating role between parents and schools. As a policy option it would seem not have a serious future (Vernon & Sinclair 1998), for two reasons : a) the statutory priority of child-protection work is currently leaving social services departments with very limited resources for preventive work with families; b) 'Such was the stigma attached to involvement with these services that [Vernon's and Sinclair's] respondents doubted parents' willingness to accept social work support when problems arose.'
http://www.jrf.org.uk/knowledge/findings/socialpolicy/SPRO28.htm

[33] Some time spent battling with an uninterested labour market stimulated regrets about their school behaviour among young men surveyed about their attitudes concerning gender and work. 'One of the most common themes emerging from the interviews was the regrets that the young men felt about school. They felt that they had played rather than worked, had had a laugh and had not thought about the future. They now saw school as a missed opportunity. Many of the young men gave the impression that school, exams and what teachers said were of little importance, and the school curriculum of little relevance to their lives.' (Lloyd 1999)
http://www.jrf.org.uk/knowledge/findings/socialpolicy/559.htm

[34] Witness such combat manuals, targeted at the league-table watching classes, as John Rae's Letters to Parents: how to get the best available education for your child (Rae 1999).

[35] More than thirty years after Colin Lacey (Lacey 1970) identified working class masculinity values as a major factor in the self-selection out of education by Hightown Grammar schoolboys from working class backgrounds, 'Notions of masculinity appeared to play a significant part in the majority of these young men's poor use of school. Having a laugh, resisting teachers' influence, acting tough and the displacement of emotions away from appearing weak and vulnerable were recurrent themes'. (Lloyd 1999)
http://www.jrf.org.uk/knowledge/findings/socialpolicy/559.htm

36 A biological parallel would be infected cows interacting with poor dairy hygiene and malnourished children to make milk a similar multi-pathway pathogen for 'a disparate galaxy' of organic diseases (Hill 1965: 297).

37 Balmullo would put her within range of one of Scotland's top fifty secondary schools by exam results, Madras College in St. Andrews.

38 'The vital importance of parenting: In tomorrow's information economy, the quality of parenting will assume greater importance.' (Scase 1999: 21)

39 For how long a family intends to endure is socially highly variable, ranging from a few years to many generations. Informative discussion of these variations can be found in Netting et a. (1984), where also can be found valuable criticisms of this commonsense practice of ascribing intentions to entities other than individual human beings!

40 The historical evidence would suggest that how far the parental generation maintained control over their children's sexual activity (thus, implicitly, how strategic they were being about the development of the family) was a complex matter, with significant variations between regions and times. The economic situation was key: 'Sexual morality in Scotland...was in practice largely a function of the authority relationship between parents and children, and the economic circumstances of both.' (Smout 1976: 80). American teenagers recently surveyed about drugs abuse distinguished between 'hands-on', 'half-hearted' and 'hands-off' parents in terms of their day-to-day practices in controlling their children http://www.msnbc.com/news/533982.asp?cp1=1 .

41 The most authoritative findings on 'teenage pregnancy' as a problem are presented in the June 1999 Report by the Social Exclusion Unit (The Social Exclusion Unit 1999). The data refer to England, but the analysis was 'shared by' the Scottish Office. For a well informed response, see (Joseph Rowntree Foundation 1999). Kiernan (Kiernan 1995) investigated the social, economic and educational backgrounds of young parents and their post-birth experiences; while strongly based on a large sample, she pointed out that the fact that the subjects were all born in 1958 meant that their experience of being teenage parents had been in the mid-1970s, a different world to that of the 1990s.

42 Pitching for more attention to be paid to the accounts of how they live which are produced by young mothers themselves, Ann Phoenix 'argues that a negative focus on mothers under 20 is common because little attention is paid to the circumstances in which most mothers under 20 live. As a consequence any problems they experience are attributed to

age rather than to structural factors such as their employment histories and prospects. The attribution of the 'problem of young motherhood' to youthfulness serves to individualize it, and as a result any difficulties seem to be young women's own fault.' (Phoenix 1991)

43 This case confirms the finding (in a survey of changes in the initiation of adolescent sexual and contraceptive behaviour in the USA between 1978 and 1988) that having a more highly educated mother was the only condition where a girl would be likely both to delay first intercourse and yet be protected for it (Cooksey *et al.* 1996).

44 'Membership in a minority, usually an economically and socially deprived group, is also a major risk factor [for sexuality-related risks in female adolescents]. It does lead to the tendency to achieve a sense of identity and worth through early sexual activity and motherhood, which provides the adolescent with social assistance and affiliation with a peer group sharing the same lifestyle.' (Haka-Ikse 1997:468). On the tendency of girls from troubled family backgrounds to choose a risky/deviant male as a partner, to take sexual risks with him and to invest disproportionately in the relationship, see (Pawlby *et al.* 1997).

45 Recent Home Office research on England and Wales supports her observations a) that frequent underage drinking is associated with other forms of social deviance, and b) that parental influences are important: 'Overall, a fairly small proportion of those aged 12-15 drank frequently, but these young teenagers were much more likely to engage in other types of delinquent behaviour. Those who took drugs, smoked regularly, had problems with school attendance or disliked school were more likely to be frequent drinkers. Offenders were also more likely than non-offenders to be frequent drinkers....The findings suggest that parental drinking may have a strong influence over their children's drinking. Children whose parents drank frequently were more likely to be frequent drinkers themselves.' (Harrington 2000)
http://www.homeoffice.gov.uk/rds/pdfs/r125.pdf

46 'In a survey of nearly 700 adults who had not had children, more women than men thought it important to be financially secure and established in their careers before starting a family. The number of women choosing not to have children has risen from 15 per cent to 18 per cent in the past two years, reflecting profound social changes and the increasing number of women reluctant to step off the career ladder...' 'Maternal instinct "is extinct for one woman in five"' Independent 27 October 1999

47 Cf. an English study from the mid-1980s: 'Two-fifths of respondents' own mothers had first given birth before they were 20 and it was usual for

them to know siblings, friends and peers who had also had children in their teenage years.' (Phoenix 1991: 93)

[48] Research recently undertaken in Doncaster, a town with high levels of teenage pregnancy in a context of social deprivation, also found neighbourhoods in which a decision to have the baby was made easier by the local prevalence and visibility of teenage motherhood. (Tabberer *et al.* 2000) http://www.jrf.org.uk/knowledge/findings/socialpolicy/n50.htm Cf. (Smith 1993)

[49] As was found with the mothers of young mothers in Doncaster by Sharon Tabberer and her team. (Tabberer *et al.* 2000) http://www.jrf.org.uk/knowledge/findings/socialpolicy/n50.htm

[50] See (Wood 1984) for an illuminating discussion of boys' sexual talk as evidence both of their attempt to remote-control girls' bodies and of an alienated view of those bodies, citing Paul Willis's view that it originated from the culture of the shop-floor but is now widespread throughout working-class culture. Compare (Halson 1991) and, for a more neighbourhood view as to the origins of sexual values, (Thomson 2001): 'Through an exploration of sexual values we have shown how the values of the middle class commuter belt (equality, authenticity, educational achievement and androgyny) are consistent with socially mobile futures in which sexual experience and risk taking are deferred. In contrast, young people living in an isolated public housing estate are tied more directly into values of embodied capital (hardness, good looks, risk taking, experience) that are valued in the present, but which may thwart mobility and support early parenthood.'.

[51] Confirmed by a journalist interviewing teenage boys on North Tyneside in 1998 (Marks 1998).

[52] A perception confirmed by contemporary research from the West of Scotland Twenty-07 Study (Sweeting & West 1996) which found that 'Young people who reported more conflict with parents (regardless of family structure) were more likely to have health problems and lower self-esteem. They were also more likely to smoke, to have done less well at school, and were less likely to be students.' http://www.jrf.org.uk/knowledge/findings/socialpolicy/SP95.htm

[53] Sociological research in the last ten years has become more emphatic that children themselves are active agents in their own development (for bibliography http://www.keele.ac.uk/depts/crp/pages/biblio/biblio.htm), most visibly in the ESRC Childhood 5-16 Research Programme, under the coordination of Alan Prout (currently of Stirling University, though for the

Programme's web page see
http://www.hull.ac.uk/children5to16programme/index.htm). This reflects
a parallel process under way in British social policy and family law (Smart
2000)

54 Research has shown 'that drinking is linked with the need for social
acceptance and imitation of the peer group. Similarity seems to mean
reinforcement of their masculinity and toughness for boys and a reduction
of social anxiety for the girls. This implies that for both sexes drinking is
closely associated with the influences of friends and with anxiety.'
(Hamblin 1980: 120)

55 See (Bell *et al.* 1999)

56 A statistical study of young people in the West of Scotland (i.e. the
Greater Glasgow conurbation) with respect to structure, time and conflict
in their families found the 'most consistent relationships occurred in
respect of "family time". Young people who spent more time with the rest
of their family were less likely to smoke or to have tried illicit drugs. They
were more likely to have left school later, to have some qualifications, and
to be students, with women less likely to have been pregnant by age 18.'
(Sweeting & West 1996)
http://www.jrf.org.uk/knowledge/findings/socialpolicy/SP95.htm

57 A recent study of the relationship between smoking and self-esteem in
Scottish 13-14 year olds found that self-esteem and [a good] self-concept
were indeed associated with group membership, with 'isolated' and
'disaffected' youth reporting lower self-esteem. (Glendinning & Inglis
1999)

58 It is officially accepted (e.g. by the Office for National Statistics, as
reported in The Guardian 9 December 2000) that, apart from in London,
'Young women who became pregnant in areas with a high level of under-
18 conceptions were more likely to have the baby than an abortion. But in
parts of the country where teenage pregnancies were uncommon, up to
two thirds ended with an abortion.' Researchers on young mothers in
Doncaster (Tabberer *et al.* 2000) also found reports of hostility to abortion
in their population.

59 Similar research (Pavis *et al.* 2000) on social exclusion of young people
in rural Scotland found that graduates 'mainly looked for jobs in the
national, rather than local, labour markets. These young people reported
an increasing social distance between themselves and those who had not
attended university. This reflected a combination of emotional and
psychological separation prior to attending university and exposure to

different ideas and ways of life once there.'
http://www.jrf.org.uk/knowledge/findings/socialpolicy/210.htm

60 A similar dynamic of local networks in a disadvantaged neighbourhood reinforcing that neighbourhood's social exclusion in relation to the wider area was found (Johnston *et al.* 2000) in 'Willowdene', a local authority housing scheme on Teesside where 'since the 1970s the dramatic economic restructuring of local manufacturing industry has stripped away the economic security which underpinned social cohesion'.
http://www.jrf.org.uk/knowledge/findings/socialpolicy/o30.htm

61 The recent evolution of social policy in Scandinavia (Moss *et al.* 1999) raises the interesting possibility that the apparent 'pathology' of British disadvantaged families being unable to maintain a monopoly of parenting functions may in fact be more a consequence of the slowness of the British state in responding to an obvious deficiency in social justice – the inequalities in life chances caused by women's acceptance of child-care responsibilities (see Dex *et al.* (1996)) – than of the limitations in the parenting capacities of poor families so minutely detailed by the professionals who work with them. Accepting this would be to extend the reach of the social model of disability to social practices such as parenting, to acknowledge that in family life too there are discriminatory barriers functioning to produce a disabled minority in our society: 'The social model of disability argues that people with sensory and physical impairments, people with learning difficulties, people who experience mental/emotional distress, older people are all disabled by the economic, social and environmental barriers and the discriminatory attitudes which are a feature of our society'. (Morris 1994)
http://www.jrf.org.uk/knowledge/findings/socialcare/SC2.htm.

62 For this see (Long *et al.* 1996: 23-28))

63 For a similar observation in the field of child care and protection work see (Daniel & Taylor 1999)

64 The perception that pressure on resources and a redrafting of their role towards care <u>management</u> rather than care <u>giving</u> has been pulling social workers away from direct work with clients is confirmed by a study looking at young people in care who go missing. The research found that when planning and coordination became their principal task the reduction in direct contact with the young people being looked after made it more difficult for social workers to achieve a holistic understanding of their needs (Wade *et al.* 1999).

A commissioned review of provision for looked-after children found to be widely prevalent the view that children's human rights were of secondary

importance to business efficiency for social work departments: 'Many of the young people consulted said that social workers did not have enough time for them, and that when they did see their social worker, they felt they weren't being listened to. Social workers expressed the same concerns. They felt their caseloads were too high to give children the attention they needed; that there was barely enough time to fulfil their statutory duties to carry out reviews, fill in Looked After Children forms, and arrange alternative when placements break down.' (Morris 2000) www.jrf.org.uk/knowledge/findings/socialcare/380.htm

[65] In 1971, nearly half of British teenagers who conceived outside marriage then had a 'shot-gun wedding'. In 1991 only 1 in 20 did so. (Burghes 1995)
http://www.jrf.org.uk/knowledge/findings/socialpolicy/sp84.htm

[66] The children of the superseded male(s) could find themselves in an insecure position with their replacements. 'In depth interviews with families living on local authority housing estates in Staffordshire found that:

- Almost all agreed that a 16-year old boy who was in conflict with his mother's new partner should be the one to leave home, rather than the partner....

- Young people whose families had been disrupted by parents separating and forming new relationships were most likely to have become homeless because of conflict between themselves and their parent's new partner or because their parent wanted "to make a new life". (Smith, Gifford et al. 1998)
http://www.jrf.org.uk/pressroom/releases/160398.htm

[67] A model, it should be remembered, explicitly associated with the explosively mobile populations of post-war America, with nuclear families setting up home often thousands of miles from grans and aunties.

[68]'When asked to identify the most important attributes and roles that defined a man, the young men were...traditional in their thinking. Having a job, defending their family and being a good father were seen as central. (Lloyd 1999)
http://www.jrf.org.uk/knowledge/findings/socialpolicy/559.htm 'Most families preserved a "traditional" approach to male and female roles in which mothers' and fathers' activities were complementary....Many fathers...seemed comfortable in a position "on the sidelines" of family life, "earning their place" through their role as provider – a role which appeared to afford a certain status and the respect of other family members.' (Warin, Solomon et al. 1999)
http://www.jrf.org.uk/knowledge/findings/socialpolicy/659.htm

69 It was the 1930s South African anthropologist Isaac Schapera who realized that, in the politically dependent situation in which local tribes found themselves, the missionary and the colonial administrator had become as fully part of the tribe as the chief and the witch doctor. 'Distributed parenting' builds on this insight, seeing local servants of the UK state with power over the destiny of poor families as effectively part of the family: the 'social father'.

70 'Symptoms...express a disturbance of function. Although they are often caused by organic disease they do not express the disease but the disturbance of function which the organic change produces. The same symptoms may thus be produced by functional error or structural flaw. While not specific for diseases, symptoms are, nevertheless, specific for functional errors, and these errors, for the most part, depend upon an exaggeration, a depression, or an inhibition of normal reflex phenomena. The dyspnoea of great effort in health is physiologically similar to the dyspnoea of small effort in heart disease. The angina of anxiety or tobacco excess or anaemia has the same physiological basis as the angina of coronary sclerosis, although none of its gravity....It is by the character and behaviour of the symptom and by its associations that we differentiate. Giddiness may be due to cerebellar disease, to slight organic changes in the labyrinth, or to transient circulatory effects. Again, it is not on the symptom itself so much as its severity, duration, and associations that we base our diagnosis.

The conception of symptoms as the signals of functional disturbance may seem a very elementary one, but it is none the less important. It is as such rather than as the listed characteristics of disease that we should wish to view them. We should constantly be asking ourselves 'What does this symptom mean?', not 'What is it a symptom of?' (Ryle 1948b: 72-3

71 One plausible argument has been put forward linking these health-risking behaviours with the need to achieve an autonomous adult identity and emancipation from the parental world, but one achievable within the restricted sphere of control available to young people in conditions of economic hardship. Their significant feature is that they use young people's own bodies as the vehicle of pleasure, access to which is relatively cheap. (Pini 1997)

72 Similar factors (drug abuse, poverty, unemployment and poor housing) have been identified as linked to higher reconviction rates for offenders. (May 1999) http://www.homeoffice.gov.uk/rds/pdfs/r97.pdf

73 For an overview of mental health issues in distressed communities see (Buss and Redburn 1988)

74 From the 400 stories gathered from people with experience of the mental health services in Tayside, it emerged that 'People wanted....to be listened to, to have personal attention and active, interesting and full days.' (Director of Public Health 2000: 41) www.show.scot.nhs.uk/thb/publications/arep9899/phar9899.pdf

75 In a recent survey of Scottish young people's perceptions of mental health, boredom was given as the most common reason for feeling mentally unhealthy, 'particularly by young people from the most deprived area'. (Armstrong, Hill et al. 2000)

76 Writing at the same time and about the same population as Talcott Parsons, Erik Erikson claimed that 'to a considerable extent adolescent love is an attempt to arrive at a definition of one's identity by projecting one's diffused ego-image on another and by seeing it thus reflected and gradually clarified. This is why so much of young love is conversation.' (Erikson 1965: 253-4)

77 However, a nationally representative analysis (Buchanan & Ten Brinke 1997) of data from the National Child Development Study (all children born in the first week in March 1958) found that for women an experience of severe social disadvantage as a child was associated with mental health problems at age 33. http://www.jrf.org.uk/knowledge/findings/socialpolicy/sp125.htm

78 Of potential concern in this regard should be a recent WHO Europe finding that the highest figures of young people who reported eating potato crisps every day were recorded in England, Ireland, Northern Ireland, Scotland and Wales, ranging from 45% to 78%. (WHO Press Release 2000) http://www.who.dk/cpa/pr00/pr0001e.htm

Less stringent legislation results in UK potato crisps being more highly flavoured with additives than e.g. their Italian equivalent. They are also highly associated with non-meal-related drinking of alcohol, a less prevalent phenomenon in southern Europe.

79 A WHO international survey of adolescent health found that 'Students who watched more television were more likely to consume so-called junk food.' (WHO Press Release 2000) http://www.who.dk/cpa/pr00/pr0001e.htm

Understanding this kind of situational interlocking between a health-indifferent and a health-harming behaviour (as here, TV watching and bad diet – cf. above, succeeding (sc. non-failing) schools and early teenage conceptions, and below, hospitality and excessive alcohol intake) is not

possible from analysis of routine medical statistics in a biomedical interventionist framework. The key fact to be associated remains outside the frame. If social behaviours make for illness, health-oriented medicine needs to become (once again? – Virchow in 1849 thought it then was) a social science.

[80] Of all registered cancers in Tayside 1985-1994, lung cancers for the City of Dundee district were 28 per cent for men (colorectal cancer 13 per cent), 15 per cent for women (breast cancer 21 per cent). In both cases these Dundee rates were three or more percentage points higher than the other Tayside districts.(Director of Public Health 2000: 37) http://www.show.scot.nhs.uk/thb/publications/arep9899/phar9899.pdf

[81] Confirmed by (Brynin 1997), who emphasises the power of the example given by older siblings.

[82] In a recent study of teenage smoking in Scotland, regular smoking was associated with respondents' perceptions of their friends' levels of smoking. Over two thirds of regular smokers disclosed that the majority of their friends smoked, compared with only one fifth of non/ex/occasional smokers. (Bell, Pavis et al. 1999)

[83] See Joyce Canaan's essay on this topic in (Mac an Ghaill 1996)

[84] Obviously enough, conflict at this level of intensity would with difficulty be containable within the home, thus requiring one of the parties to leave, usually the child – weaker, poorer, usually unqualified, and thus likely to end up homeless. '...interviews with young people who had become homeless – and with some of their parents – confirmed that friction within families played a major part in their being evicted or deciding to leave home....Eviction of young men from the family home had sometimes been precipitated by being caught stealing from their parents or by physical confrontation with their fathers.' (Smith, Gifford et al. 1998) http://www.jrf.org.uk/pressroom/releases/160398.htm

In her Scotland-wide research in the early 1990s, Gill Jones found that 'younger people [setting up home] were both more vulnerable and in need of support, and the least likely to receive it from their parents'. (Jones 1995) http://www.jrf.org.uk/knowledge/findings/socialpolicy/sp70.htm

[85] (Pavis, Platt et al. 2000)

[86] 'While involvement in a peer group seems to improve communication skills in the youngest group, it is associated with increased risk behaviour among older groups. For 15-year olds the amount of time spent with

friends is a decisive predictor for smoking and the experience of drunkenness.' (WHO Press Release 2000)
http://www.who.dk/cpa/pr00/pr0001e.htm

[87] Cf. Deborah Orr's article 'The culture consuming us all' [i.e. consumerism] The Independent 22/8/2000: 'Can it be that we are largely unhappy, broadly dysfunctional and all attempting to have lives that are not possible for us?'

[88] 'Participation in consumer markets is important to one's sense of self and social status as an adult. It is likely to be delayed by the increasing economic dependency that many young people now face. Research shows that young people rely more and more on their families for financial support and there are suggestions that families may try to cushion their young people from the worst effects of poverty...by supplementing their spending.' (Morrow & Richards 1996)
http://www.jrf.org.uk/knowledge/findings/socialpolicy/sp98.htm

[89] Cf. '...researchers from the Open University have found that grant-maintained schools were able to improve their examination results over the past decade principally because they managed to take in fewer pupils with social disadvantages.' (Pyke 1999)

[90] For a similar concept – 'social-breakdown syndrome' – functioning to organize findings for another category of people finding themselves pushed to the societal margins, see (Kuypers & Bengtson 1973). Briefly, 'social-breakdown syndrome suggests that an individual's sense of self, his ability to mediate between self and society, and his orientation to personal mastery are functions of the kinds of social labeling experienced in life...[T]he elderly in Western society are susceptible to, and dependent on, social labeling because of unique social reorganizations in late life, e.g., role loss, vague or inappropriate normative information, and lack of reference groups. Consequences to the dependence on external labeling – generally negative for the elderly – are the loss of coping abilities and the development of an internalized sense of incompetence.' (p.181) The crucial similarity between the two syndromes is that they are people-harming adaptations to noxious social organization.

[91] For extended examination of the way in which the narrowness of hegemonic masculinity is now a social and mental health concern, see (Frosh, Phoenix et al. 2001)

[92] The apparently widespread presumption in the British adolescent mind that there is an association between being drunk in public and being grown up may underlie the finding that 'Perceived drunkenness is lowest

in France, Greece, Israel, Portugal and Switzerland, while in England, Northern Ireland, Scotland and Wales it is consistently high'. (WHO Press Release 2000) http://www.who.dk/cpa/pr00/pr0001e.htm

93 'We cannot really separate an organism from its environment. It's not merely the impossibility of defining a precise physical boundary, but all we perceive about an organism involves the world external to it.' (Pantin 1965: 87)

94 '**1** Marriage isn't a part of peoples lives.' '**40** Young folk don't put any value on marriage. Having a baby - that's important for a lot of them, but they don't want to be married or thought of as married.'

95 'In our culture...youth....cannot just relax and wait for the passage of time to turn them into adults. Maturation is not a preprogrammed process that unfolds automatically; a young person has to learn habits of thought, action, and feeling that are often difficult and unnatural. This is a process which, not surprisingly, is cause for much tension and conflict.' (Csikszentmihalyi & Larson 1984: 11-12)

96 '**1** Slappers are girls who are out every weekend looking for a lad. You're not allowed to be single, folk would think there was something wrong with you. If you have a baby, it's okay to be on your own, because you have obviously been good enough for a shag.'

97 Parsons explicitly acknowledged that the ideal typical nuclear family he described was not universal, even in 1960s America. "It may...be reasonably supposed that a major factor in the vicious circle to which the lower class, white and Negro alike, is subject lies in the field of relations between the family and the solidarity and influence systems with which it articulates. My essential point is that this is a two-way and not a one-way relation. By nearly every criterion 'family disorganization' is particularly prevalent in the lower class. Not only is this one principal source of the other social problems in that group, but in another sense it is not an isolated phenomenon. It is in part a consequence of the low input to lower-class families of influence in the form of 'social acceptance': from the point of view of the higher social groups they are 'the wrong kind of people.' (Parsons 1965: 48)

98 This research did not enquire into the effects associated with bereavement suffered by women on the death of their mothers. However, from the emerging understanding of these families as psychosocial systems with a comparatively low internal boundary between mother and daughter, one could hypothesise that there might be greater than average distress and associated dysfunctions at that point in their lives.

99 However one defines it, Hutson and Jenkins may have been observing something of the same phenomenon in their study of the transition to adulthood among the unemployed in South Wales. While they found the transition 'surprisingly unstructured by gender', the difference lay 'in the apparent ability of some males to put 'full' adulthood off or, and this is probably a better way of putting it, in their scope for irresponsibility. Whereas women's adulthood is more heavily weighted towards socially defined <u>responsibilities</u> – in particular for children – men seem more likely to enjoy the <u>rights</u> attached to adult status. This situation is probably encouraged by unemployment, although such a conclusion must remain more of an impression than a defensible finding.'(Hutson & Jenkins 1989: 155). One party irresponsibly putting adulthood off and the other party taking it on early has to be a formula for difficulties in the union they may be trying to form.

100 42 'You look at a place like Kirkton, young people aren't encouraged to be any different than their parents. Therefore, they don't see themselves as doing anything different than them. What they see is what they become.'

101 I have presented an account of how this might be happening at the Annual Conference of the Society for Infant and Reproductive Psychology, Birmingham, September 2000. For abstract see Ryan (2000).

102 'The pattern is a global pattern of the whole organ, and, when it is altered, the effect is never quite localized. There is a sort of nearest neighbour situation.' (Waddington 1969: 176)

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