Blighted Lives: Deindustrialisation, Health and Well-Being in the Clydeside Region

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For *20 & 21: Revue d'histoire* vol. 144 "Désindustrialisation", Oct-Dec 2019, edited by Marion Fontaine and Xavier Vigna

English version (translated to French for the journal)

One of the most common definitions of health is that adopted by the World Health Organisation (WHO): 'Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.'[1] Elsewhere I have commented on some of the ways that the long drawn-out process of deindustrialisation in the UK impacted on the body and affected health.[2] In this article I take this discussion further by drilling down to focus on and examine in more depth one particular local region – the Clydeside area centred on Glasgow, Scotland's largest city. It was an area dominated by docks, textile manufacture, chemicals, iron and steel works, engineering, shipbuilding, and coal mining with a long history of ill-health and deprivation linked to levels of poverty, overcrowding and environmental pollution. The process of plant, shipyard, steel works and pit closures associated with deindustrialisation undoubtedly added a further dimension to what has become known as the unhealthy 'Glasgow effect'.[3] This essay explores these connections, investigating how and why deindustrialisation affected morbidity and mortality in the Clydeside region, as well as 'social well-being' (WHO). This conversation has tended to date to focus largely around statistical data, especially the epidemiological evidence.[4] The methodology deployed here is to combine a quantitative approach with a qualitative one, deploying personal oral testimonies to explore the embodied meaning of job loss for this generation of post-war manual workers, 1945-2000.

Clydeside was the powerhouse of the Industrial Revolution in Scotland and was an intensely proletarianised region, with a reputation for militant workplace and political cultures, becoming known as 'Red Clydeside'. However, industrial retrenchment characterized the second half of the twentieth century as plant, pit and shipyard closures dominated the employment landscape. In the early twentieth century there were 39 shipyards on the Clyde employing around 100,000; by the end of the century there were just two working yards on the Upper Clyde employing

[1] In the preamble to the WHO constitution, accessed at http://www.who.int/about/mission/en/
[2] Arthur McIvor, "Deindustrialization Embodied: Work, Health and Disability in the United Kingdom since c1950", in Steven High, Lachlan MacKinnon and Andrew Perchard (editors), *The Deindustrialized World*, Vancouver, 2017, pp.25-44.
[3] The 'Glasgow effect' relates to the idea that the city and the Clydeside region have higher mortality rates than comparable places, such as Manchester and Liverpool.
[4] See, for example, the work of the *Glasgow Centre for Population Health* (GCPH) at http://www.gcph.co.uk/

around 2,000. Glasgow's docks effectively disappeared by the late 1980s: A Glasgow docker Owen MacIntyre recalled there being around 3,500 dockers when he started in 1965 and only around 500 when he took his severance pay and left the industry in 1983.[5] Gone also were Glasgow's world-leading locomotive construction and chemicals industries (once both boasting the largest works in Europe). And virtually all of Clydeside's coal mining, textile manufacturing, steelmaking, engineering and machine tools capacity were gone by the end of the 1990s. In 1951, industrial jobs (over 550,000) accounted for over 50% of the total in Glasgow; by 2001, this was down to just 20%.[6] Scottish coal mining employed nearly 90,000 in 1950.. The last deep coal mines in Clydeside closed in 1989 (Barony, Ayrshire) and in Scotland in 2002 (Longannet, Fife). [7]

The result was sharply rising levels of unemployment. Unemployment in Scotland had run at around double the UK average from 1945 through to the 1960s. Male unemployment rates in the wider Clydeside conurbation rose from 10% in 1971 to peak at 21% in 1984 and in Glasgow soared from 13% in 1971 to 26% at peak in 1988.[8] There was also an associated shift in response to market pressures towards lower cost, more flexible labour on more precarious terms of employment, and a concerted managerial offensive to increase workloads, attack trade unions, and undermine the labour contract.

'Killing Us': Deindustrialisation and health

Scotland currently has the unenviable reputation of being the 'sick man' of Europe. A recent Glasgow Centre for Population Health (GCPH) Report commented that 'Scotland has both the lowest life expectancy, and the widest mortality inequalities, in Western Europe' and that: 'Mortality in West Central Scotland (WCS) is higher, and improving more slowly, than in all comparably deindustrialised regions in Europe'.[9] Poverty and deprivation have been identified as the key determinants of this carnage upon the body but analysts reflect that this is 'an extremely complex phenomenon'[10] and whilst deindustrialisation is clearly implicated in this excess mortality experience there is still debate on the *specific* role of deindustrialisation and its impact on health. Significantly, the *rate* of deindustrialisation was particularly high in Scotland, leading researchers to suggest that the *severity* of deindustrialisation in Clydeside was one important factor accounting for its poor health record.[11] Taking the 1931 Occupational Census as the base point, by 2001 Scotland had lost

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[5] Owen McIntyre, interviewed by David Walker,13 August 2009 (Scottish Oral History Centre Archive, subsequently cited as SOHC Archive)

[6] David Walsh, Gerry McCartney, Chik Collins, Martin Taulbut, G. David Batty, History, *Politics and Vulnerability: Explaining Excess Mortality in Scotland and Glasgow*, Glasgow, GCPH, Report, May 2016, p. 31; David Walsh, Martin Taulbut and Paul Hanlon, *The Aftershock of Deindustrialisation – Trends in Mortality in Scotland and Other Parts of Post-industrial Europe*, Glasgow, GCPH, 2008, p. 18.

[7] Jim Phillips, "The Moral Economy of Deindustrialization in post-1945 Scotland" in High, Mackinnon and Perchard, *The Deindustrialized World*, pp. 315-7.

[8] William F. Lever, "Deindustrialisation and the Reality of the Post-industrial City", *Urban Studies*, 1991, 28, No. 6, p. 993.

[9] Walsh et al (2016), pp. 3, 15.

[10] Walsh et al (2016), p. 7.

[11] Walsh et al (2008), pp. 118–23, 128–29.

47% of industrial jobs, whilst England had lost 30%.[12] Moreover, and importantly, those who continued to hold down their jobs in contracting and declining industries also felt heightened levels of pressure and stress with the 'rationalization' of work and the disciplining effects of mass unemployment. Whilst employers and managers were the perpetrators of closure policies we also need to understand the wider context of what has been termed 'neo-liberal political assault' upon the working classes from the late 1970s with Thatcherism.[13] Areas such as Clydeside with such a dependency upon heavy industries and the public sector and with historically high levels of poverty and deprivation were amongst those places in the UK worst hit by Thatcher's marketization and anti-trade union policies. Glasgow and Clydeside, researchers have argued, were more *vulnerable* to a wide array of political, economic and social processes in the 1980s and 1990s that had a degenerative impact on health and mortality.[14]

Long-term unemployment directly contributed to degeneration in health and earlier death. A recent report by NHS Scotland estimated that unemployment increased premature mortality by 63%.[15] Morbidity was also clearly associated with unemployment and labour market insecurity, with symptoms including high blood pressure, ulcers, weight loss, weight gain, obesity, heart disease, and alcoholism.[16] In a Scottish study of the 1981 Census population and mortality from heart disease epidemiologists demonstrated that 'male unemployment shows the strongest association with mortality'[17]. In a British study covering 1971–91, Mel Bartley and Ian Plewis demonstrated the cumulative impact of spells of unemployment on higher rates of heart disease in later life.[18] Craigneuk was the community adjacent to Ravenscraig, Scotland's largest steelworks that closed in 1992. More than a decade later (2004) unemployment in the area stood at 34% and Craigneuk featured in the worst 10% of wards in Scotland for various indicators of deprivation and ill-health.[19]

Epidemiological, sociological, and ethnographic research has shown that characteristics associated with worklessness frequently included levels of distress, depression, and low self-esteem; also implicated were apathy, anxiety, psychosomatic symptoms, low life satisfaction, negative mood, insomnia, alcoholism, and parasuicide.[20] Suicide rates among unemployed men

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[12] Walsh et al (2016), p. 62.
[13] See Alex Scott-Samuel, Clare Bambra, Chik Collins, David J. Hunter,
Gerry McCartney, and Kat Smith, "The Impact of Thatcherism on Health and Well-Being in Britain", *International Journal of Health Services*, 2014, 44, 1, pp. 53–71.
[14] Walsh et al (2016) ; Mhairi Mackenzie, Chik Collins, John Connolly, Mick Doyle, Gerry McCartney, "Working-class discourses of politics, policy and health: 'I don't smoke; I don't drink. The only thing wrong with me is my health", *Policy & Politics,* 2015, p. 4 consulted at http://dx.doi.org/10.1332/030557316X14534640177927.
[15] Consulted at http://www.healthscotland.scot/health-inequalities/fundamental-causes/employment-inequality
[16] Paul Bellaby and F. Bellaby, "Unemployment and Ill Health: Local Labour Markets and Ill Health in Britain, 1984–1991", *Work, Employment and Society*, 1999, 13, 3, pp. 464–65.
[17] I. K .Crombie, M. B. Kenicer, W. C. S. Smith, H. D. Tunstall-Pedoe, "Unemployment, socio-environmental factors, and coronary heart disease in Scotland", *British Heart Journal*, 1989; 61, p. 175.
[18] Mel Bartley and Ian Plewis, "Accumulated Labour Market Disadvantage and Limiting Long Term Illness," *International Journal of Epidemiology*, 2002, 31, pp. 336–41.
[19] Community Renewal, "The Craigneuk Report", June 2007, pp. 2-4. Consulted at http://www.communityrenewal.org.uk/wp-content/uploads/2015/09/communityrenewal_craigneukreport_07.pdf
[20] Tim Strangleman and Tracey Warren, *Work and Society: Sociological Approaches, Themes and Methods*, Abingdon, 2008, p. 256.

were around double the rate in the general population.[21] Loss of work was identified as responsible for low self-esteem, shame, embarrassment and stigmatization. Work was seen as *inhibiting* illness and its loss as creating vulnerability. Cumnock (Ayrshire) miner 'Tommy' expressed this poignantly:

> See if I'd been working? I'd never have any bother because you were that used to working and it kept you fit. So if you're not working, what are you doing? Your system's shutting down. And that's what's wrong with all these men round about here.[22]

Deindustrialisation and fractured manhood

A Scottish shipyard worker, John Keggie, reflected on the 1984 closure of Robbs shipyard in Leith, Scotland saying: "Ah mean, we saw people who were fit strong men after the closure of the yard basically doin' the shoppin', shovin' prams around Leith ... And a lot o' them went downhill very quickly, because their life had been taken away from them wi' Leith closing."[23] This narrative alludes to identity and health disintegration, to what Angela Coyle has referred to as the "unsexing of men."[24] This was a recurring motif in oral testimonies.

Heavy industrial work forged masculinity, and a "hard man" style of masculinity was particularly defined in working-class communities like Clydeside in the heyday of industrialisation.[25] A Scottish industrial worker expressed this evocatively in an oral interview: "Men are used tae breaking bricks, building walls, lifting things wi' cranes, awe heavy and muscle stuff so they're losing a bit oh that, so their macho image is no longer there, is it?"[26] Ex-Clydeside shipyard worker Donald McGilveray reflected on being unable to fulfil the traditional working class masculine provider role: "we no longer were breadwinners … and we had our partners working. I was a kept man."[27] Going "downhill" (as John Keggie put it) could lead to depression, self-harm, alcohol and drug abuse, and sleeping tablet and tranquillizer dependency. Some Clydeside shipyards, including Yarrows, introduced a breathalyzer test in an attempt to control the escalating drink problem.[28] The damage that alcohol did to health was also reflected in its connections to domestic violence and to the rising incidence from around 1960 in cirrhosis

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[21] G. Lewis and A. Sloggett, "Suicide, Deprivation and Unemployment: Record Linkage Study," *British Medical Journal* 7 November 1998, 317, p. 1283; P. L. H. Mok et al., "Trends in national suicide rates for Scotland and for England & Wales, 1960-2008", *The British Journal of Psychiatry*, 2012, iii, 200, p. 246.
[22] Mackenzie et al (2015), p. 10.
[23] John Keggie, interview with Ian MacDougall, May 6, 1997 (SOHC Archive), transcript p. 3.
[24] Angela Coyle, *Redundant Women*, London, 1984.
[25] For a discussion of this, see Ronald Johnston and Arthur McIvor, "Dangerous Work, Hard Men and Broken Bodies: Masculinity in the Clydeside Heavy Industries, c1930–1970s,", *Labour History Review*, August 2004, 69, 2, pp. 135–52.
[26] Mr. Paterson, in Hilary Young, "Hard Man/New Man: Re-composing Masculinities in Glasgow, c.1950–2000," *Oral History*, 2007, 35, p. 78.
[27] Oral History Interview, Mr Donald McGilveray by Rebecca McGilveray, 19 September 2017 (SOHC Archive).
[28] John Dolan, interview with Susan Morrison, April 3, 2008. I am grateful to the project principal investigator, Elaine MacFarland, for making this interview available.

of the liver and other liver diseases. The rate of such alcohol-related disease for Glasgow was almost 30% higher than the Scottish average by the mid-1980s.[29]

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Peter Warr's influential 1987 investigation argued persuasively that job loss was a significant primary stressor responsible for deteriorating mental health.[30] Other studies have implicated insecure, precarious work – common before and in the aftermath of plant and pit closures.[31] The impact on men is connected to deeply entrenched notions of masculinity and their threatened breadwinner status. This crisis of identity was also a recurring motif in the oral testimonies of former heavy industry workers on Clydeside mirroring the experience of male steelworkers in South Wales collected by V. Walkerdine and L. Jimenez.[32] There remains much to be done to understand the health implications of processes of rupture, identity disintegration, shaming, and adaptation associated with deindustrialization, for both male and female workers.[33]

That factory, shipyard and pit closures in the Clydeside region had a negative impact on psychological and physical health and well-being is irrefutable. Industrial chaplains counselled many workers facing redundancies, and a recent oral history–based study of their role in Clydeside workplaces revealed evidence of deep psychological scars. These men were "emotionally hurt".[34] Glasgow industrial chaplain Reverend John Potter reflected: "Unemployment was, err it's savage for a lot of people. You know it undermines them economically but also personally because so much of the dignity that people are involved in is work wise ... when you're unemployed you almost become a leper in the eyes of a lot of people."[35] This is a powerful and emotive narrative about the 1980s, drawing upon the "leper" metaphor to evoke the impacts that loss of work could have.

In common with their urban neighbours in Glasgow, redundant coal miners in Clydeside witnessed a sharp deterioration in their health. For some this was reflected in the rise of limiting long-term illness; for others the consolation culture of alcohol and drug abuse.[36] Young men were denied opportunities to progress into adulthood. Expected and customary job and life-

[29] N. Kreitman and J. Duffy, "Alcoholic and Non-Alcoholic Liver Disease in Relation to Alcohol Consumption in Scotland, 1978-84", *British Journal of Addiction*, 1989, 84, p. 612. See also "Scotland's Drink Problem" *British Medical Journal* (Editorial), 1973, 4, 64, p. 212.
[30] Peter Warr, *Work, Unemployment and Mental Health*, Oxford, 1987.
[31] David Waddington, Chas Critcher, Bella Dicks, and David Parry, *Out of the Ashes: The Social Impact of Industrial Contraction and Regeneration on Britain's Mining Communities*, London, 2001, pp. 212–14; Tim Strangleman, "Networks, Place and Identities in Post–Industrial Mining Communities," *International Journal of Urban and Regional Research*, 2001, 25, 2, pp. 259–60.
[32] Valerie Walkerdine and Luiz Jimenez, *Gender, Work and Community after Deindustrialisation*, Basingstoke, 2012.
[33] See the forthcoming PhDs of Rebecca Saunders (Teeside) and Rory Stride (Strathclyde) which focus on the impact of deindustrialisation on women in Teeside and Clydeside.
[34] Father Kennedy, interview with Susan Morrison, March 18, 2008 (I am grateful to Dr. Morrison for supplying a transcript of this interview).
[35] Reverend John Potter, interview with Susan Morrison, January 29, 2008.
[36] Waddington et al., *Out of the Ashes,* pp. 85–87; Ken Coates and Michael Barratt Brown, *Community under Attack: The Struggle for Survival in the Coalfield Communities of Britain*, Nottingham, 1997, pp. 47–49; Geoffrey Pearson, *The New Heroin Users*, Oxford, 1987; Alex Mills, interview with Arthur McIvor and Ronnie Johnston, June 19, 2000 (SOHC Archive, 017/C1).

courses were dislocated, and certainty and security were replaced with a void. One response of some younger miners was to move and transfer to remaining viable pits, resulting in increasingly aged mining communities and the rupture of family support networks. And the loss of work was profoundly emasculating, as studies such as Daniel Wight's anthropological research in a Scottish mining village indicated.[37] Perchard has recently identified "the prevailing psychological and deep cultural scars of deindustrialization" among Scottish ex-miners, who were 'broken men'.[38]

Vulnerability, disability and job loss

Certain groups, including older workers and people with injuries, illnesses and disabilities, were particularly vulnerable to the long-term unemployment, work rationalizations, and intensifications generated by deindustrialisation and the adverse effects it had upon health. The recession resulted in a shakeout of workers with disabilities, who found it more difficult thereafter, as C. Lindsay and D. Houston have argued, to find alternative work in competition with able-bodied workers.[39] In the designated most deprived areas of Glasgow, which included deindustrializing communities like Springburn and Shettleston, health indicators like life expectancy were at their lowest and these areas recorded almost twice as many disabled people (18.1%) as less-deprived areas (9.4%).[40] In the coal industry after nationalization in 1947, the National Coal Board (NCB) initially had a progressive inclusion policy of reabsorbing employees who had been disabled from their occupations in light work underground or on the surface.[41] As pits closed and mining jobs disappeared, however, workers with disabilities found themselves more marginalized. They were less mobile than younger, fit miners, and were more dependent on family support networks embedded within the community, which were themselves diminishing as younger, fitter family members left these communities to search for work elsewhere. National Union of Mineworkers (NUM) president Nicky Wilson reflected on the position of disabled miners in a recent 'witness seminar' in Glasgow. Wilson started work in 1967 at the Cardowan pit in Ayrshire, which employed 1,800 people, including a "substantial proportion of disabled men." He recalled that at that point the NCB and the miners ensured that disabled workers were re-employed, including many of those with mental health problems: "These guys were always looked after as well." Younger, fitter miners usually assisted the elderly and people with disabilities on the job as an integral part of the community's moral code of respect. 'You carried men as they got older', one Scottish miner recalled, whilst another commented: 'When you get older in the pit the younger men kind of looked after the older

[37] Daniel Wight, *Workers Not Wasters: Masculine Respectability, Consumption and Employment in Central Scotland*, Edinburgh, 1993.
[38] Andrew Perchard, "'Broken Men' and "Thatcher's Children': Memory and Legacy in Scotland's Coalfields," *International Labor and Working-Class History*, Fall 2013, 84, p. 80.
[39] Colin Lindsay and Donald Houston, "Fit for Purpose?" in Lindsay and Houston (editors), *Disability Benefits,* pp. 233–35.
[40] Glasgow City Council Briefing Paper, *Population with a Disability in Glasgow* (Glasgow, February, 2011) accessed at http://www.understandingglasgow.com/assets/0000/5028/PaperEstimateofGlasgowPopulationwithDisabilities2008.pdf.pdf
[41] R.M. Archibald, "Coal Mining: Non-Respiratory Problems," in Archibal Ward Gardner (editor) *Current Approaches to Occupational Health 2,* Bristol, 1982, p. 31.

ones'.[42] Wilson continued: "That unfortunately disappeared as we moved into the 1980s, when things got harder and there was more tension between the employers and the unions and a lot of those good things that had been there for years disappeared."[43] Other personal testimonies corroborated this evidence.[44] It seems that deindustrialization resulted in growing social exclusion and marginalization of the disabled in these disintegrating coalfield communities.

Survivors under pressure: the difficult struggle for health

The disciplining effects of high unemployment on the work rate and productivity of those 'survivors' in work through downsizing was explicitly recognized and welcomed by the Thatcher government.[45] These policies could have quite far-reaching negative impacts upon health and well-being. A number of empirical studies have demonstrated deleterious impacts on psychological health and well-being as a consequence of deepening 'work stressors' associated with downsizing, longer work hours, managerial pressure, and lack of autonomy and control of work under changing production regimes, such as forms of 'lean' production, and 'total quality management.'[46] Managerial power was bolstered by growing unemployment and a raft of Thatcherite neoliberal economic policies: deregulation and privatization combined with anti-labour legislation in the 1980s and 1990s that eroded workers' rights, including rights to compensation for injuries and disease, a move paralleled elsewhere.[47] This was frequently described in workers' narratives as disconcerting and destabilizing change, and sometimes as a threat to cherished craft skills, independence on the job and health and well-being.[48] For example, some unemployed Clydebank workers took the option to migrate to work in the North Sea Oil industry despite its notoriously dangerous conditions and 'gung ho' long hours work culture – what one narrator described as 'physical suicide'.[49] Other interviewed workers on Clydeside reported that "corners were cut" and risks to health were taken, such as handling of asbestos without protection, not using machine guards, and cutting coal 'dry' (without water sprays to suppress the dust).[50] The shifting power balance could increase risk-taking in the dwindling manufacturing workplace. One study in 2006 found occupational injury rates to be almost 50 percent higher in Scotland than the national UK average.[51] Workers who did not go along with the 'cutting corners' macho work culture could also risk being censured as

[42] David Carruthers, interview (SOHC Archive 017/C23); Harry Steel, interview (SOHC Archive 017/C9).
[43] Nicky Wilson, oral evidence to a SOHC Witness Seminar, April 28, 2014 (SOHC Archive).
[44] For example David Guy, interview (SOHC Archive 017/C44).
[45] See David Stewart, *The Path to Devolution and Change*, London, 2009, p. 53, citing letters between Nigel Lawson and Margaret Thatcher.
[46] Peter L. Schnall, Marnie Dobson, and Ellen Tosskam, eds., *Unhealthy Work: Causes, Consequences, Cures*, New York, 2009.
[47] A.M. Robinson and C. Smallman, "The Contemporary British Workplace: A Safer and Healthier Place?" *Work, Employment and Society*, 2006, 20, pp. 87–107; Robert Storey, "Beyond the Body Count: Injured Workers in the Aftermath of Deindustrialization" in High, Mackinnon and Perchard (eds), *The Deindustrialized World*, pp. 46-67.
[48] See, for example, Andrew Brunton, interview with Ian MacDougall, January 17, 1997 (SOHC Archive).
[49] Cited in Kenneth Roy, *The Broken Journey,* Edinburgh, 2016, consulted online at *https://books.google.co.uk/books?id=8589DQAAQBAJ&pg*
[50] See Ronald Johnston and Arthur McIvor, *Lethal Work*, East Linton, 2000, pp. 106–9; Arthur McIvor and Ronald Johnston, *Miners' Lung*, Aldershot, 2007, pp. 237–72.
[51] Health and Safety Executive, *British Partnership in Health and Safety*, London, 2006.

effeminate within the peer group. Dissent, moreover, in the context of mass unemployment, could be met with dismissal and replacement as managerial attitudes hardened.

In this context, black and ethnic minority migrant workers were among the most vulnerable to bodily damage and were clustered in the most dangerous and unhealthy downsizing industrial jobs – as with the Irish Catholic community in Glasgow. Catholics dominated the most dangerous work on the docks and on construction sites across Clydeside as well as the highly dangerous work of asbestos insulation – the 'lagging' of pipes and boilers across the shipyards, locomotive and others works across the city.[52] Following this pattern, from the 1950s new waves of Pakistani migrants could be found clustered in toxic heavy chemical plants in Glasgow – jobs that were increasingly unpopular with endogenous Scottish workers.[53]

Working-class or 'shop floor' environmentalism has been neglected in the literature. Trade unions were capable of fighting on two fronts: to protect jobs and to protect bodies. In the wider context of deindustrialization and downsizing, however, some trade unions came to prioritize saving jobs over the safeguarding of workers' health. This might be perceived as a pragmatic trade-off, although some saw it as legitimizing 'murder' in the workplace. Disempowerment led to more workers taking more risks, and to more accidents and longer exposure to chronic occupational disease risks, such as in the notoriously toxic coke ovens in the steel works like Ravenscraig, implicated with a cancer risk from the 1970s.[54] The outcome was that in the deindustrialising industries on Clydeside during the rundown period, working conditions deteriorated and inequalities widened between occupational health and safety standards in the older, obsolete, and declining heavy industries and those in the new 'sunrise' sectors, such as light engineering and electronics. With regard to the 1980s and 1990s, Wichert has argued that "there is consistent, international evidence for the detrimental effects of the experience of *both* job insecurity and work intensification on psychological health and well-being."[55]

In Scottish coal mining, as Perchard has shown, management felt pressure to produce and reach NCB targets as demand fell and international competition increased, and invariably transmitted such pressure downward to the coal face.[56] Work intensification and increasing job precarity led to higher levels of stress.[57] Ex-miner Alex Mills testified to the impact of such change in the Ayrshire coalfield in an interview in 2000:

> New development everywhere. We had a lot of men that were injured there. Because they brought them in from the other collieries without giving them the requisite training.

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[52] See the comments of Hugh Cairney cited in Ronald Johnston and Arthur McIvor, "Narratives from the urban workplace" in Richard Rodger (editor), *Testimonies of the City*, Ashgate Press, 2007.
[53] Interview Neil Rafeek with Bashir Maan, 9 May 2003 (SOHC Archive).
[54] Ilona Kacieja, Director, *Red Dust* (2013), consulted at https://www.youtube.com/watch?v=D_9xNJ9ENb0.
[55] I. Wichert, "Job Insecurity and Work Intensification: The Effects on Health and Well-Being," in Brendan Burchill, David Ladipo, and Frank Wilkinson (editors), *Job Insecurity and Work Intensification,* London, 2002, p. 110 (emphasis added).
[56] Andrew Perchard, *The Mine Management Professions in the Twentieth Century Scottish Coal Mining Industry*, Lampeter, 2007. There were dissenters, and Perchard's work argues in a very nuanced way the complexity of managerial decision making in the industry.
[57] Waddington et al., *Out of the Ashes,* p. 52.

Because it was intense mechanization that they had introduced onto the face lines. It was different from the conventional method."[58]

Production was increased, Mills recalled, but "at the expense of men's health."[59] Ayrshire machine coal shearer William Dunsmore commented that they worked in dangerously dusty conditions because "the management was on top of me for production. Production, production, production."[60] The period after the defeat of the miners' strike in 1984–85 witnessed the emergence of a new pattern of industrial relations and work practices, with management (now British Coal) empowered and the National Union of Mineworkers neutered.[61] Employment of outside contractors increased, non-unionism grew significantly, and the union was undermined by internal divisions. This was intensified with privatization and the fragmentation of coal mine ownership from 1994. Emma Wallis's study in 2000 found that health and safety standards had deteriorated markedly in the privatized era of coal mining from 1994.[62] Other studies confirmed that the growth of precarious employment was associated with a deterioration in occupational health and safety standards.[63] The traditional protective role of the miners' unions atrophied in this environment, which saw rising stress levels and real disincentives to accurately report injuries, while the true level of industrial disease remained obscured by the hemorrhage of workers from the industry.

Liberated and rejuvenated bodies

Whilst the negative impacts on health and mortality of losing industrial jobs, long-term unemployment and pressures upon 'survivors' in industry during the long 'run-down' are clearly evident and identifiable in classic deindustrialising conurbations like Clydeside, there is more to the story. There were *some* positive life-enhancing effects of this transition to a post-industrial world. Industrial work, especially on assembly-line labour processes where workers had little control and autonomy, could be monotonous and alienating, and escape from the drudgery of such work was welcomed by some and contributed to a sense of release and well-being. And where redundant industrial workers did manage to adapt to their changed circumstances and re-train and shift to more rewarding work this could have positive impacts on self-esteem and mental health. James Ferns recent work on the adaptations of workers made redundant when the largest steelworks in Clydeside closed down provides evidence of this.[64]

There were also substantial long-term health benefits of economic mutation from dangerous, polluting, and unhealthy work in mining and manufacturing to more environmentally innocuous

[58] Alex Mills, interview with Arthur McIvor and Ronnie Johnston, June 19, 2000 (SOHC Archive, 017/C1).
[59] Alex Mills, interview with Arthur McIvor and Ronnie Johnston, June 19, 2000 (SOHC Archive, 017/C1).
[60] William Dunsmore, interview with Ronald Johnston, July 11, 2000 (SOHC Archive, 017/C16); and see McIvor and Johnston, *Miners' Lung,* pp. 242–48.
[61] Waddington et al., *Out of the Ashes,* pp. 130–31.
[62] Emma Wallis, *Industrial Relations in the Privatised Coal Industry*, Aldershot, 2000.
[63] Michael Quinlan, Claire Mayhew, and Philip Bohle, "The Global Expansion of Precarious Employment, Work Disorganisation and Occupational Health: A Review of Recent Research," *International Journal of Health Services*, 2001, 31, 2, pp.1-39.

[64] James P. Ferns, *Workers' Identities in Transition: The Impact of Deindustrialisation among Scottish Steelworkers from the 1990s,* Unpublished Masters of Research thesis, University of Strathclyde, 2017.

services and professions.[65] One study of a shipyard closure in 1991 found that hospital admissions records indicated that the health 'deficit' from unemployment was outweighed by the reduction in accidents.[66] Released from physically exhausting, hazardous, noxious, and contaminated work (and surrounding neighbourhood) environments, some bodies could recuperate. A sense of liberation was expressed in some oral narratives. Among coal miners, there was definitely a multilayered response to the demise of the industry, which was mourned at one level and welcomed at another, based on recognition that there was 'blood on the coal.' Asked how he felt about pit closures, a Scottish miner interviewed in 1999 commented: "Looking back noo, ah mean, wi' the health problems that all miners had ah think it's the best thing that ever happened. It should all have been open cast years and years ago."[67] Another responded to the same question: "Well, mind you, anybody that worked in the pit, the parents used to say, 'I won't have my son working in the pit.' So it would be a false philosophy to say it was a pity they disappeared."[68] Scottish miner Joe Bokas, interviewed in 1999, said: "Glad it's forgotten about ... Death traps ... Oh, no, ah'm delighted tae see it's finished."[69] Similarly, a recurring motif in Scottish steelworkers' oral testimonies was the danger and risks endured on the job working with molten metal.[70] Jim McCaig, an ex-steelworker from the iconic Ravenscraig Steelworks (the largest in Scotland), retrained as a teacher and reflected in a recent interview:

> I used to make jokes every day of my life with my colleagues [teachers] who were complaining about their conditions of employment and their salaries and I would stand up and say: Look, you guys don't have a real job, this is not a job, this is a vocation ... you're never gonnae get an explosion, you're never gonnae get killed, you don't breathe foul air and you're better paid than we were in the steel industry.[71]

In these testimonies, the lived realities of participants who had experienced the toxic and dangerous work first-hand temper any sentimental nostalgia as they evaluate and reflect upon the positive and negative impacts of the loss of 'heavy' industrial work.

This does need to be kept in perspective. Significantly, in workers' own accounts, such 'emancipation' narratives were definitely in the minority compared to the dominant 'deterioration' narratives. Moreover, the data indicates that it was difficult for most displaced industrial workers (especially middle-aged and older ones) to get alternative work in the better, cleaner, and more benign (on the body) service-based economy. The most common route for those displaced from industry in Clydeside was into lower-paid, more precarious, and less skilled manual work, or on to state benefit dependency – with all that implied for self-esteem.

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[65] D. Loomis, D.B. Richardson, J.F. Bena, and A.J. Bailer, "Deindustrialization and the Long Term Decline in Fatal Occupational Injuries," *Occupational and Environmental Medicine*, 2004, 61, 7, pp. 616–21; A.S. Ostry, M. Barroetavena, R. Hershler, S. Kelly, et al., "Effect of De-industrialisation on Working Conditions and Self-Reported Health in a Sample of Manufacturing Workers," *Epidemiology and Community Health*, 2002, 56, pp. 506–9.
[66] J K Morris, D G Cook, "A critical review of the effect of factory closures on health", *British Journal of Industrial Medicine* 1991, 48, p. 7.
[67] David Graham, interview with Ian MacDougall, October 30, 1999 (SOHC Archive), transcript p. 117.
[68] James Dempsey, interview with Ian MacDougall, April 22,1998 (SOHC Archive), transcript p. 178.
[69] Joe Bokas, interview with Ian MacDougall, September 16, 1999 (SOHC Archive), transcript, pp. 101–2.
[70] Ferns, *Workers' Identities in Transition*, pp. 48-51.
[71] Jim McCaig, interview with Gillian Wylie, October 16, 2013 (SOHC Archive, 054/1).

The direction of the dominant narrative, moreover, was to document, to express (often very poignantly), and to lament and mourn the loss of work that was so absolutely central to identity construction, to social relationships, and to the maintenance of livelihoods, however dangerous and unhealthy the work might potentially be. Their work was central to industrial workers' identities and its loss was usually felt profoundly. In the heyday of industrial work, tolerating the intrinsic dangers of the job and competing in production could, moreover, further validate traditional working-class masculinities. Tough, dangerous work was valorising and part of what made working class breadwinners feel like 'real' men. To be sure, this too was changing over time as male identities softened and mutated and more symmetrical family structures emerged in the later twentieth century. For most, nonetheless, the health deficit of losing industrial work and of long-term unemployment (or for the young the lack of opportunity and economic security) far outweighed the risks of working, even in the most hazardous and polluted of the heavy industrial workplaces.

Resilience and agency

A final point might briefly be made about agency and resilience. The deleterious impacts of job losses on health and well-being were articulated by the labour movement whilst workers' advocates and communities did mobilise to mitigate the worst effects of these processes. This is quite well documented for Clydeside and was manifest in a range of actions and agencies, most notably through trade union activity, strikes, sit-ins and work-ins, community struggles, the 'Right to Work' campaign and the local injured and diseased workers' movements. Those affected in deindustrializing communities reacted to these potential and actual assaults on their livelihoods and their bodies. The Upper Clyde Shipbuilders work-in on the Clyde in 1971, the 1981-2 factory occupations across Clydeside and perhaps most famously, the miners' strike of 1984–85, provide evidence of a vigorous defence of working class rights and living standards – of ripples of 'Red Clydeside'.[72] Other studies have identified variable responses and outcomes to deindustrialization processes across different countries, with community resilience greater, for example, in Canada and France than the USA.[73] National identity and the degree of class awareness in Scotland, paralleling France to some extent, strengthened resilience and enabled the challenges to livelihoods created by deindustrialization to be more effectively mitigated than elsewhere.

What I think has been particularly neglected, however, for Clydeside as elsewhere, and perhaps merits more attention and might be part of our research agenda moving forward, is the extent to which deindustrialising communities mobilized around health issues. The politics of the body is largely missing from this story. Wichert has argued that friends, family, community and trade unions could assuage work intensification and job insecurity, having a "buffering effect."[74]

[72] Andy Clark, " 'Stealing our identity and taking it over to Ireland': Deindustrialization, Resistance and Gender in Scotland", in High, MacKinnon and Perchard (eds), *The Deindustrialized World*, pp. 331-347; Jim Phillips, *Collieries, Communities and the Miners' Strike in Scotland, 1984-85*, Manchester, 2012.

[73] Michele Lamont, *The Dignity of Working Men: Morality and the Boundaries of Race, Class and Immigration*, London 2001; Steven High, *Industrial Sunset: The Making of North America's Rust Belt, 1969-1984*, Toronto, 2003.

[74] Wichert, "Job Insecurity and Work Intensification," p. 94.

Injured and diseased workers' movements certainly emerged across industrial economies, campaigning to protect bodies at work, improve unhealthy work environments, and get decent financial compensation from perpetrators to victims and their families. This was part of a growing workers' rights and environmental rights movement, where the body (and nature) was increasingly prioritized. An example would be Clydeside Action on Asbestos, formed in 1984 to represent the largely unemployed and disabled victims of asbestos-related disease and the families of those dying from mesothelioma.[75]

Much depended, however, on the capacities of trade unions which frequently assumed the advocacy role in relation to both occupational health and unemployment. It has been argued elsewhere that the British coal miners' unions in their heyday were particularly aggressive in campaigning on health issues, playing a key role, for example, in occupational health and safety compensation struggles, preventative strategies, and the shaping of protective and welfare legislation.[76] This paralleled the National Union of Mineworkers well documented commitment to protecting jobs that culminated in the miners' strike of 1984–85. The Trades Union Congress in the United Kingdom, as Vicky Long has shown, was also very proactive in the 'healthy factory' movement and (together with the Scottish Trades Union Congress) in the 'Right to Work' campaigns, which included several one-day strikes and marches in the 1980s.[77]

Trade unions and community activism, allied with radical medicine and sympathetic politicians, undoubtedly alleviated the threats to health and safety in deindustrialising communities. In Scotland, for example, devolution of power from 1999 with the creation of the Scottish Parliament created space for more effective intervention, for example, in preventing plant closures, preserving remaining industrial capacity (for example in shipbuilding and steel) and protecting workers' rights to compensation for industrial injury and disease, which were so patently eroded elsewhere during the long run down associated with deindustrialisation. On the other hand, in a wider milieu of economic insecurity and precarity, risks might be tolerated by workers to save jobs, especially where monetary rewards were offered to incentivize this trade-off. There was a constant tension in the deindustrialising workplace between the desire to directly protect the body at work and the impulse to save jobs and livelihoods, and to maximize earnings while the opportunity existed. Hence, for example, the paradoxical existence of both an anti-asbestos and a pro-asbestos lobby within the labour movement. Growing unemployment, neoliberal economic policies, deregulation, and the marginalization of trade unions from the 1980s all contributed to an erosion of workplace activism and to deterioration in health and well-being for those blue-collar workers in contracting 'heavy industries' and working-class communities at the sharp end of deindustrialisation.

Concluding comments

[75] For more detail see Johnston and McIvor, *Lethal Work*, pp 174-6.

[76] See McIvor and Johnston, *Miners' Lung,* pp. 185–236*;* Dave Lyddon, "Trade Unions and the History of Health and Safety in British Mining," *Historical Studies in Industrial Relations* 2014, 35, pp. 157–79.

[77] Vicky Long, *The Rise and Fall of the Healthy Factory*, Basingstoke, 2011.

Deindustrialisation adversely affected health and mortality in complex ways and we require further research to unpick these relationships. The evidence for the Clydeside region suggests that deindustrialisation was one of the key causal agents in the widening gap in morbidity and mortality between Clydeside and the rest of Scotland. In 1980-82 mortality in Clydeside was 17% above the Scottish average; by 2000-2 it was 30% above the average.[78] Getting beyond the statistics, or 'body counts', the testimonies and voices of participants (in autobiographical and oral interview accounts) provide a sense of the multilayered range of lived experience, of identity disintegration, of adaptations and mediations, of the intricacies of these relationships, and of the extent and limits of workers' agency in the face of corporate closures and rundowns that so profoundly left their mark on the bodies and minds of workers, their families, and their communities. Whilst not uncontested, the *quantitative* data demonstrates that loss of work – and especially long-term unemployment - was bad for health and well-being, whilst the *qualitative* evidence shows that workers were invariably aware of this deleterious impact on their identities and their bodies and who and what was responsible for it.

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AM: I have edited this and introduced this more explicitly in the Introduction

Together with a dominant narrative of loss and health erosion there also co-existed a more muted but clear 'liberation' story of emancipation from monotonous, soul-destroying jobs and from dangerous and toxic industrial jobs, like those in coal and steel. The transition to more interesting, creative, safe and healthier jobs was articulated by some narrators as a positive development. Pit disasters couldn't occur if there were no pits. The legacy of the industrial era cast a long shadow, however, in the long-term chronic disabilities caused by the work (such as respiratory disease and occupational cancers). Working class communities afflicted by the latter also had to face the mental trauma and physical damage to health caused by the job losses and job insecurity that went hand-in-hand with deindustrialisation. Furthermore, surviving employed workers during the protracted downsizing of manufacturing and mining felt the pressure as work intensification and stress levels deepened and the protective matrix of trade unions and the paternalist state in the 1980s and 1990s atrophied.

Plant closures and resultant job loss registered on bodies in profound ways, being deeply and painfully traumatic for those steeped in a strong work ethic. Where industrial work conferred dignity and meaning, then its loss was traumatising and health-eroding, gnawing away at workers' sense of well-being. Former workers felt stigmatised as 'wasters' and 'scroungers'. Vulnerable groups were hit hardest, including older workers, migrant labour, and people with disabilities, who became increasingly marginalized. This contributed to the widening of social class and regional health inequalities in Scotland (as elsewhere), most evidently from the late 1970s onward. While invariably workers, unions, and communities pulled together to mitigate the impact of all this on their bodies (and we need more research to elucidate *agency* here too), the combination of work-related disability and mental and physical ill health related to job loss took its toll, and indeed continues to scar these disintegrating, deindustrialising, and post-

[78] Alistair Leyland, Ruth Dundas, Philip McLoone and F. Andrew Boddy, "Cause-Specific Inequalities in Mortality in Scotland: Two Decades of Change", *Public Health,* 2007, 7:172. Consulted at: https://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-7-172

industrial communities. An oral history methodology can play an important part in helping us to understand this. The experience of deindustrialisation in Glasgow and the Clydeside region suggests that we can learn much from the past by listening carefully to the voices of those who bear witness.

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AM I've cut most if it as advised – but retained a point I'd like to emphasise and close with related to oral history…

That ok?