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**EXERCISE IN THE  
FEMALE LIFE-CYCLE  
IN BRITAIN, 1930–1970**

**EILIDH MACRAE**



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Eilidh Macrae

# Exercise in the Female Life-Cycle in Britain, 1930–1970

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*For my mother, Margaret Anne Macrae*



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## LIST OF ABBREVIATIONS

BBC	British Broadcasting Corporation
BMJ	British Medical Journal
CCPR	Central Council of Physical Recreation
EIS	Educational Institute of Scotland
EUSC	Edinburgh University Special Collections
ICI	Imperial Chemical Industries
MMM	Margaret Morris Movement
NAS	National Archives of Scotland
NCT	National Childbirth Trust
PE	Physical Education
SCPR	Scottish Council of Physical Recreation
SED	Scottish Education Department
STV	Scottish Television
SYHA	Scottish Youth Hostels Association
WCG	Women's Co-operative Guild
WLHB	Women's League of Health and Beauty

## Introduction

Betty was born in Glasgow, Scotland, in 1932 and had a very active early life during which she enjoyed cycling, swimming, badminton, and tennis. She recalled the ways in which her involvement in these activities was enhanced or curtailed by various factors throughout her life, such as her social circle; the connections she had in her community; her access to local facilities; and the stage of the life-cycle that she was going through:

I also learned to swim because [my school] had its own pool and that's where I learned to swim. And em, so therefore myself and a group of friends, we went swimming sort of ye know, once a week over at the Baths. Em, so really it was school, high school that started me off ye know, sort of thing. Um and then em, well, when I left school eh and I went to the City Assessors, they had a badminton club and em I joined the badminton club and eh played, oh *a lot* of badminton! Once again I got into the team and they were in a league, so as well as your ordinary club night you were here, there, and everywhere playing the other clubs that were in your league, eh, so as I say I was out at badminton, ye know, a lot. Um, took up tennis, we used to joke and say we played tennis in the summer and badminton in the winter. We cycled every Sunday too. It needed to be really bad weather for us not to go, we went even if it was raining ye know, and eh it was always, we went to the coast, ye know we'd go to Troon, we would go to West Kilbride, we would go to Ayr, we would go, we did all the sorta coastal places, ye know. And it was eh, it was great eh, it was great fun. When we got to wherever we

decided we were going we, em, we didn't just rest at that, the first thing you did was you undressed and went in for a swim in the sea! (laugh) And then you had yer 'eats', you, we took our own eats with us, ye know, that's what we used to say, that was the only thing that kept us going, knowing that like after we'd done the cycling and after we'd done the swimming, ye know, we can get our food now! Ye know (laughing) Gosh it was great ... And then what happened was eh, ye know, couple of the boys met up with some girl, ye know, and they were 'a couple' sort of idea, so they weren't doing the cycling on a Sunday they were away with their girlfriends, sorta thing, ye know? So, as I say, *it petered out*, but it was because people were pairing off with other people and that kind of thing, ye know ... And, well, once I was married, there was a gap of doing things.<sup>1</sup>

Muriel, born in Paisley, Scotland, in 1937, also remembered her physical activity altering as she went through life, particularly during her years of marriage and motherhood:

But I don't remember actually being very, being *able* to be very active, after [I started work] because ... then of course I got married in '61 ... so that's, and then once the kids came along it ... the opportunities were just not there to join clubs and be sociable at that. I didn't find it. Cause they [the children] were all quite close together.<sup>2</sup>

Margaret, B., an interviewee born in 1948 in Huddersfield, England, similarly saw her own physical recreation come to a halt in her early twenties:

I can remember being able to play out, without really, with very little supervision. So I can remember, probably, several hours playing out, adventure in fields, in gardens, edges of rivers (laugh) this sort of thing, unsupervised play, and returning home for the next meal. There was no sort of, um, danger about playing out unsupervised and going beyond the garden, that was okay. Um, primary school, physical education I can remember regular activities and that was things like country dancing, gymnastics, rounders, games outside, eh, athletics, and I can remember really enjoying that sort of activity. ... Just a local primary school on the outskirts of Huddersfield, a brand-new school actually, that primary school was a brand-new build, so that would be in the 1950s, eh, so it was well-equipped. [...] I did join a hockey club, in Lancashire, and I did go for county trials in Yorkshire and I was selected to play for Yorkshire at county level. I only made it through one season and I thought I can't do this seven days a week without any other, anything else going. And, much to my

father's disappointment, I gave up the hockey completely ... [I was] 22. [...] By then I'd met my future husband and if I'd been doing all physical education [teaching] and all hockey I wouldn't have been able to see him.<sup>3</sup>

The life stories of the interviewees who contributed to this research reveal the complex ways in which women interacted with exercise and sport throughout their lives in the twentieth century.

Gendered social and medical discourses framed women's experiences of exercise at each stage of the socially and physically guided female life-cycle between 1930 and 1970. When we look at exercise experiences in Britain from the perspective of the female life-cycle it is clear to see that there were barriers toward female participation at every stage. Educational and public exercise facilities were often largely unsuited to the physical and practical needs of women and girls who wished to make exercise part of their lives. Young adolescent girls—coping with physiological changes and the practicalities of managing their bodies in their early years of menstruation—were seldom practically accommodated within British schools, making exercise participation an uncomfortable experience. Many adult women found that they had to have crucial workplace connections, disposable income, a network of sporty friends, and childcare support if they hoped to make physical recreation part of their lives as wives and mothers. But despite these practical restrictions on female exercise, there was certainly space for individuals to direct their personal choice and determination to overcome barriers within these discursive and practical frameworks. As will be shown throughout the following chapters, ideas of the naturally 'fragile female body,' unsuited to vigorous exercise, did not match the strong, competitive sporting selves which many of the female interviewees in this study projected through their interview narratives.

### FASHIONS, FEMININITIES, AND FITNESS

Skillen has argued that the emergence of the 'modern woman' or 'flapper' girl in the inter-war years—and the changing fashions and ideals which accompanied the arrival of this 'modern woman'—had a substantial impact on the way in which women's sport and exercise was able to develop.<sup>4</sup> Flappers popularised new fashions which showed more of the female body than earlier clothing styles, with shorter hemlines and material which draped to reveal the female body and the way it moved.<sup>5</sup> These modern fashions encouraged a fresh ideal female body shape—a slim, 'boyish' fig-

ure—which in turn meant that many women wished to sculpt their bodies and their lives to fit with this particular femininity ideal of the young, fun, and active girl. It has been argued that through the rise of this new modern ‘beauty culture’ and the work of female-friendly fitness groups such as the Women’s League of Health and Beauty (WLHB) and the Keep Fit Movement, a ‘modern definition of femininity’ was established in the 1930s which married the terms *health* and *beauty* and championed the slender physique: this had major repercussions for women’s exercise.<sup>6</sup> For decades medical professionals had looked on women’s bodies primarily as reproductive vessels, and a woman’s role—or future role—as a mother took precedence over all other life aspirations she might have had. Matthews argues that this ‘uterine tradition’, where women were viewed principally for the reproductive contribution they could make to the race, was gradually being broken down by the 1930s.<sup>7</sup> She suggests that beauty-culture trends helped to promote and legitimate the idea that modern women had a right to take pride in and take care of their health and beauty for themselves personally, and not just so that they were fit enough to bear children.

Similarly, Zweiniger-Bargielowska’s research into the mass phenomenon of female fitness, which was witnessed in England in the 1930s and headed by the Keep Fit and WLHB classes, has shown that the ideal woman of this decade was a ‘modern, emancipated race mother’.<sup>8</sup> Zweiniger-Bargielowska has argued that the ideal 1930s woman was physically healthy and certainly fit to bear healthy children, but also in control of her own fertility and not simply a ‘breeding machine’.<sup>9</sup> Simultaneous with the rise of beauty culture and its accompanying ideology was a growing official awareness of the nation’s general lack of physical fitness. This culminated in a 1937 fitness campaign which was implemented throughout England, Wales, and Scotland and geared to both men and women.<sup>10</sup> The campaign was based around the Physical Recreation and Training Act of 1937 and was an attempt to awaken the nation’s moral obligation to keep fit. Fitness propaganda was developed by the newly established National Fitness Councils of England and Scotland and distributed throughout the country in the form of posters, leaflets, and short films.<sup>11</sup> With these developments it appeared that access to and experiences of sport for all British people would be enhanced over the coming years. However, the Second World War halted the fitness campaigns and, crucially, reduced the steady flow of grant funding which was supposed to help improve the poor standards of British fitness through the development of local and national sports facilities. The 1930s aspirations of government



officials to inspire and financially support the path to a fitter and healthier Britain were obstructed over the following years by war, modified national priorities, and increasingly complex post-war social relations. As will be shown in Chap. 5, it wasn't until the 1960s and 1970s that there was any evidence of real state interest in and support for sport and physical activity in Britain. In the early 1970s the British 'Sport for All' campaign was launched in an effort to reach those groups of people whose lives were still untouched by sport. Women, and particularly mothers with children, were outlined as one of the target groups of this campaign.<sup>12</sup> This book will track sport and physical activity experiences between 1930—when this modern, healthy femininity ideal was apparently developing—and 1970, in order to investigate some of the reasons why women were still identified as one of the 'target groups of non-participants' at the 1972 launch of 'Sport for All'.<sup>13</sup>

The reference to 'Sport for All' is perhaps misleading, as the word *sport* conjures images of team games and competitive sport which are not necessarily the primary focus of this research, and certainly were not the key focus of the 1970s campaign which urged British citizens to take up physical recreation more generally. The terms *physical recreation*, *sport*, *leisure*, and *exercise* will all be used throughout the following chapters as we look into women's general exercise experiences and the ways women interacted with physical activity throughout their lives. As we look at the many and varied ways women were able to access exercise, certainly some of these experiences did involve organised sport, but other experiences *had* to be more informal to allow these women access. For example, some women spoke of having to shift the regular swimming club schedule of their youth to an occasional swim with their young children once they became mothers; but they still found a way to access physical activity. Many of the exercise experiences could not be categorised as regular 'organised sport' but rather were informal, ad hoc, and structured to fit around work or family life. With this in mind, we look at the many and varied ways that women accessed physical activity and exercise throughout their various life stages. We will look into female experiences of physical education (PE) and then physical recreation in later life, such as weekly classes or taking part in a local amateur league, rather than more professional experiences of sport such as being a member of a national sports team. Within this context my definitions of physical recreation or exercise should be understood as incorporating Keep Fit or aerobics classes, dance classes, outdoor individual sports such as hiking and climbing or those sports which utilised the countryside, informal

team games and amateur team sports, and swimming—essentially anything which the interviewees, government officials, and contemporary medical researchers considered to be ‘exercise’.

### EXERCISE IN THE FEMALE LIFE-CYCLE

As a result of few major improvements to sporting facilities, and limited shifts in the gendered social relations which shaped women’s sports participation throughout their life-cycle, there was much continuity in the ways that women and girls in Britain experienced sport and physical recreation between the 1930s and 1960s. As there was little official interest in developing sports programs during the Second World War and immediate post-war years, British women were faced with a situation where they were being encouraged to ‘get fit and keep-fit’ by national campaigns, but, as women, their sporting options were limited in scope.<sup>14</sup> The research of Matthews and Zweiniger-Bargielowska suggests that the WLHB and Keep Fit movement classes certainly appeared to be popular throughout Britain in the 1930s but, as we will see, regular fee-based classes such as these were often unsuited to the personal budgets and family commitments of women of all ages and social classes.<sup>15</sup> For older married women with children the difficulties of finding childcare and funds to attend the class could mean that regular classes such as these—which could often last two to three hours on a weekday evening—were quite impractical.

Evidently, being in a position to access sporting facilities and having the personal incentive to make an effort to seek out opportunities for physical recreation were qualities which were often shaped by the particular stage of the female life-cycle that a woman was going through. Historical and sociological studies by Smith, Langhamer, and others have shown that throughout a woman’s life access to leisure and sport can often be severely affected by key life events such as marriage and motherhood, and often in a far more pronounced way than the life-stages of marriage and fatherhood affect a man’s access to leisure.<sup>16</sup> So I have taken the female life-cycle as a framework to investigate the ways through which women and girls came into contact with exercise and sport at various stages of their lives between 1930 and 1970. Not only will the book examine issues such as accessing sports facilities, it will also look into how the physical particularities of the female body impacted exercise experiences at each of the life-cycle stages, and particularly how factors such as menstruation and pregnancy

affected experience. Both Zweiniger-Bargielowska and Matthews suggest that ideas about women's bodies were changing in the 1930s, but it will be argued here that the socially and physically guided life-cycle of the female body continued to structure the way that many British women and girls experienced sport and exercise.

It will be argued that between 1930 and 1970 a woman's ability and desire to bear children was looked on by officials and many members of the public as the most fundamental facet of her being. Contemporary medical and social discourses overlapped on this point to such an extent that this assumption affected the way women were treated by the state, by educators, by doctors, by their peers, and by their partners throughout life; and it affected the way that women viewed themselves and their physical capabilities. The majority of women would indeed quite happily go on to become wives and mothers, but when the idea that all women were destined for motherhood was coupled with contemporary medical research which argued that certain straining physical or mental activities, such as exercise participation, might damage a woman's chances of being able to procreate successfully, social constraints on female activity were developed. These medical discourses played a fundamental role in framing women's exercise experiences throughout the mid-twentieth century, and they will be discussed in more detail later.

These dominant discourses affected the ways through which sport was presented to girls at school and the ways women were able to experience sport and recreation in their later adult years. The almost inevitable life-cycle of a mid-twentieth-century woman through her physical and socially guided life-stages of child, adolescent girl, single young woman, wife, pregnant woman, and mother intrinsically shaped her experiences of exercise in a way which often cut across geographical and class barriers.<sup>17</sup> The oral testimony gathered for this research showed that women who managed to gain access to sport and exercise throughout all of their life-stages were exceptional, and they often relied on work and family contacts or crucial social connections to secure time for their participation. I will argue that prior to and indeed beyond the years of the 1970s, the gendered social and family relations which framed female exercise experiences continued to restrict the ways women could interact with exercise throughout their life-cycles. Yet, crucially, the evidence gathered shows that British women did have ways to access exercise between 1930 and 1970, and there were opportunities for strong sporting identities to be maintained. These sporting identities were not necessarily supported by government policy, work

patterns, or gendered-dominant discourses, but there were spaces where these women could express and preserve their sporting selves. The scope for female sporting opportunity was gradually developing: these were decades of transition for women's exercise participation.

## METHODOLOGY

This research has drawn on a wide range of sources in order to understand the way women accessed and experienced exercise throughout the twentieth century. A number of written sources have been examined, such as newspapers; government reports and documents related to physical education, youths in society, and women's health; and medical journals. These sources have been analysed through a process of critical discourse analysis. As Rosalind Gill has noted, there are a number of methodological approaches which fall under the banner of discourse analysis, yet all of the methods are based on the principle that language is not an objective means of communication through which the world can be described. Rather, it is argued that language is socially constructed and to some extent determined by the contemporary discourses which apply to authors' social context and shape their knowledge of the world.<sup>18</sup> In keeping with Foucault's theories regarding power relationships, critical discourse analysis aims to show how language is used in texts to reinforce power inequalities in society: therefore it will be argued here that the documents and reports regarding women's exercise which were produced by the government were framed by socially constructed gender inequalities present in wider society.<sup>19</sup>

I have also utilised medical journal articles to investigate contemporary medical views regarding women's bodies and shifts in medical discourses throughout the years. As published medical journals perhaps fail to give a complete picture of the views and day-to-day practices of the medical community as a whole, other primary sources such as educational films, popular handbooks, magazines, and personal correspondence of certain medical practitioners—such as Margaret Morris, a specialist in maternity exercises—have also been used to investigate this area. Contemporary films have been particularly useful with regard to establishing an idea of which types of exercise government officials deemed to be acceptable for women and girls and how they chose to advertise new activities. Nevertheless, it must be stressed that written materials and contemporary primary sources which provide us with an insight into exercise experiences of British women are mostly lacking or, at best, fragmentary and

ephemeral. Thus, crucially, the oral history interviews which were conducted for this research are most telling of the exercise experiences of women on the ground. Through these interviews we gain some understanding of how women and girls interacted with the educational, public, and private sports facilities which were developed throughout the period.

Oral history interviews were carried out with 21 women, and their testimonies frame the arguments of the following chapters.<sup>20</sup> Most of the women were living in Scotland at the time of interview but were born and raised in various parts of the United Kingdom; however, it is worth noting that many of the experiences reported occurred within a Scottish setting. In practice this had little impact on the evidence itself as the focus of this book was on experiences of and access to exercise in relation to the female life-cycle, and this physical female life-cycle was something that was common to most women throughout Britain as a whole—or even the Western world in general—and not a particular ‘Scottish’ experience. The same is true of much of the social and cultural discourse which structured the experiences of these women: these were British experiences, but evidence from central Scotland has been examined in more detail as a case study. The interviews were semi-structured so that the women did not stray far from the topic of their experiences of and contact with exercise throughout life. This semi-structured interview schedule was arranged around a life-narrative form: a narrative pattern which most of the interviewees followed naturally, but which allowed for the flow of the interview to be guided to a certain extent by what the interviewee felt to be most relevant to their own life story. For example, in Chap. 2, which deals with adolescent experiences, there is a focus on the lack of health education and feminine hygiene facilities for schoolgirls. When discussing school-day exercise experiences many of the interviewees brought the discussion round to their memories of their first periods and their ignorance about the menstruation process and the bodily changes they would be faced with as females. It was clear that for some of the interviewees a lack of understanding of their own bodies and their bodily capabilities had played a major part in the ways they had experienced sport at this stage of their lives.

The semi-structured interview schedule evolved over time in response to the testimony of the participants. For example, Helen was one of my first interviewees and when I asked her to tell me about her experiences of exercise in school she also spoke of the unexpected body changes she experienced during these years of puberty, such as menstruation—which she

had little understanding of at the time—and how these factors linked into her experiences of exercise during this stage of life.<sup>21</sup> Menstruation, and knowledge of the inner workings of the female body during adolescence and beyond, were topics which did not originally feature on the interview schedule, but given the way in which Helen naturally brought her narrative round to this topic without being explicitly prompted, I felt it justified to alter the interview schedule to reflect this ‘body’ focus for all subsequent interviews. This organic development of the interview schedule allowed me to focus on and draw out those themes generated by the interviewees themselves, thus enhancing the richness and validity of the data.

Though the physical and socially guided female life-cycle has shaped the focus of this research, the later life-stages of menopause, and ageing in itself, have not been covered. Many of the interviewees clearly felt comfortable speaking about their current and recent experiences of exercise in their later years of life, but given the time period of focus in this study—between 1930 and 1970—most of their experiences of exercise in later life had occurred beyond my defined time period. Nonetheless, some very interesting points were made by the interviewees in relation to their access to exercise during their years of retirement and once childcare was no longer an issue for them: we see many of the gendered barriers towards participation being broken down in these years, whilst simultaneously the body itself is being ‘broken down’ by ageing and opportunities for exercise are restricted by real physical disabilities. It is beyond the scope of this research to make any conclusions in reference to exercise experiences during these later stages of the female life-cycle, but we will return to this topic briefly in Chap. 6.

Whilst it has been stated that this research investigates the years between 1930 and 1970, within the interviews very few of the women spoke at length about their exercise experiences in direct relation to the events of the Second World War. Most of the women were born in the late 1920s and 1930s and thus were children or adolescents during the war years, and so few of the interviewees outlined the war years as a great event in their own lives. They were unaware that school equipment and teachers might have been in short supply, as this was the only school experience of which they had personal knowledge and they had no point of comparison. Having said this, some of the older interviewees remembered the war making a small impact on their exercise experiences. One interviewee recalled having to make exercise clothing out of black-out curtains on account of rationing throughout these years.<sup>22</sup> Another remembered being moved by

her parents to a more rural school because of fear of bomb threats; and this rural school had better outdoor sports facilities.<sup>23</sup> But the lack of discussion of the war itself and the way it affected the lives of these women was often quite striking. For example, Betty was born in 1932 and so would have been an adolescent during the later war years, and whilst she spoke at length about her school experiences, she did not state at any point in her interview that her school days took place during the war or that this had affected these experiences.<sup>24</sup> Indeed, this situation was most interesting, as through research into oral history theory I expected to encounter much more evidence of the impact of ‘collective memories’ within the testimonies of the interviewees, particularly as this time period covered the Second World War.<sup>25</sup> I assumed that the enormous social impact of an event such as the war would mean that the interviewees would at least provide some often-quoted references to the austerity of the period and some anecdotal evidence of the way the war had affected them personally; but Betty, and many other of the interviewees, failed to mention it. As noted above, this was probably due to the fact that because of her young age during the war, it had made little impact on the flow of her own life narrative. Roberts witnessed similar results in the oral testimony she gathered to examine the experiences of women and families between 1940 and 1970 and she felt it would be poor practice to make any generalisations ‘about the effects of the war on the lives of our respondents given such sparse and contradictory evidence’.<sup>26</sup> With this in mind, the limited oral history evidence of wartime experiences does not allow for many conclusions to be drawn about the impact of the Second World War on exercise experiences for British women. Indeed, the collected evidence suggests that the Second World War was not significant in terms of change to the lives of women within this particular age cohort: it may have had a greater impact on the sporting lives of older women, but not for the majority of interviewees in this study. Consequently, the following discussion will make some passing references to the war years but they will not be covered in great detail on account of this lack of evidence. Nevertheless, the discussion provides a broad scope of material relating to the 1930s and the decades which followed the Second World War, and thus identifies continuities and changes in female experiences of and access to physical recreation throughout the period.

As stated above, the geographical focus of this study is Britain, with a case study of evidence centred on experiences of women in central Scotland, incorporating a variety of rural and urban evidence. The women

ranged from working-class to upper-middle-class backgrounds, with the majority falling into the lower-middle-class bracket, and this class distinction was based on their parents' occupations.<sup>27</sup> Incorporating testimony from women with a range of backgrounds enhances our understanding of the ways that social class might have impacted access to and experience of exercise. We will see that social class certainly had an impact in many ways, but that often the physical and socially driven female life-cycle had more of a common structuring effect on exercise experience.

Initial contacts with potential participants were made through the distribution of information sheets to community centres and church halls; by attending fitness classes for older people and distributing information sheets in person; and by contacting retired PE teachers through Students' Associations who passed my details to suitable interviewees and asked them to contact me. All participation was voluntary and pseudonyms have been used throughout to protect the identity of the interviewees. The information sheet stipulated that this project actively sought women who felt they could contribute to my research on exercise experiences from a variety of perspectives. All of the women interviewed outlined themselves as being 'sporty' or physically active at one point or throughout their lives. The exception was Anne A., who stressed that she had little interest and was unconfident in her sporting ability throughout most of life, and her experiences provide an alternative view to the 'sporty' model. The interviews were conducted in private settings, either in the participant's own home or a private room in a community centre.

Of the 21 women interviewed five were PE teachers at some stage in their lives, and thus had an exceptionally keen interest in sport, and one woman was an instructor in the WLHB. The remaining 16 interviewees had come into contact with exercise in an amateur or informal way throughout various stages of their lives, with some identifying themselves as exceptionally 'sporty' women for whom regular exercise was a key facet of their identity.<sup>28</sup> For many, their sports participation and physical achievements were outlined as prominent aspects of their sense of self, and we will see that this often framed their life-narrative and the extent to which they were determined to ensure they maintained their sports participation when faced with major life events such as pregnancy, marriage, and motherhood. Equally, some other interviewees who classed themselves as 'sporty women' nevertheless saw their participation fall away for a few years as they embarked upon marriage and motherhood. In these testimonies, when their years of marriage and motherhood were discussed, their



identities as wives and mothers were prioritised in their narratives over and above their identities as sportswomen. We will see how these women negotiated their sporting identities with their marriage and motherhood commitments and whether their home and community environments and social networks were supportive of their involvement in exercise at the various stages of their life-cycle. Not all of the women have been quoted directly, but all of their testimonies informed the arguments which follow.

Whilst oral history is an invaluable source for a topic such as this, the use of oral testimony has certain theoretical implications which must be appreciated. In her seminal 1979 article on ideology in fascist Italy Luisa Passerini stressed that during the interview process oral historians would do well to acknowledge the 'subjectivities' of everyone involved.<sup>29</sup> We must be aware of the viewpoints, beliefs and assumptions which are brought to the table and which ultimately help to form the testimony. Passerini was following the trends of contemporary anthropologists such as Clifford Geertz and Dennis Tedlock, who promoted the awareness of subjectivity within research practice, and also the existence of 'intersubjectivity,' where the interviewer's own subjectivity intertwines or indeed conflicts with that of the participant in the creation of the interview dialogue.<sup>30</sup> Since their introduction into oral history theory, these concepts have been utilised by historians such as Penny Summerfield, who has stressed that our analysis should incorporate an awareness of the 'voices that speak to' the participants during the interview, both the literal voice of the interviewer and the discursive voices of the present and past through which the participant constructs versions of her self.<sup>31</sup> Nevertheless, whilst not denying the importance of the historian's awareness of subjectivities within the interview process, Michael Roper suggests that when our interpretation focuses largely on the role of culture in shaping the individual's subjectivity, we may tend to become quite detached from our work, overlooking the reality of the events and the real human emotions involved.<sup>32</sup> Our interpretation can consequently lose some of that crucial experiential quality which the oral historian is privileged to have at hand.

The recounting of the physical experiences of the participants in this study will certainly have been shaped by the form of the semi-structured interview, by the memories still available to each of the participants, and by my personal transcription of the interview and subsequent analysis. My personal identity as a female academic researcher will certainly also have shaped the testimony, and some of the participants evidently assumed I would be pursuing this project from a feminist academic perspective. On

the surface, this did not appear to affect the success of the interviews or my ability to build rapport with most interviewees, but there were hints throughout some of the interviews that my attachment to a university was intimidating. For example, Christine was a working-class interviewee from the district of Cardonald in Glasgow, Scotland. The interview I carried out with her yielded a fruitful testimony, but she evidently felt it necessary to consistently underline her own personal strengths and to stress that these strengths were not in academia, exclaiming at one point when I asked her which schools she attended: 'I didn't move, I did not move out of Cardonald. Not very bright, sorry'.<sup>33</sup> Nonetheless Christine felt comfortable enough to discuss her varied experiences of sport and exercise throughout her life, and so her feelings shown in the above quotation did not seriously hamper the research process. In any case, in the subsequent chapters I have negotiated the presence of subjectivities and intersubjectivities within the interview itself and in the subsequent analysis.

There has also been much debate amongst oral historians regarding the place of individual memory as it relates to collective memory.<sup>34</sup> Kansteiner has suggested that insofar as 'autobiographical memories are inseparable from the social standards of plausibility and authenticity they embody ... there is no such thing as individual memory'.<sup>35</sup> But as Anna Green notes, Dawson and Thomson's theory of 'composure', or the process whereby an interviewee attempts to compose a narrative which is plausible and pleasing in relation to both the public and their private memory, has provided 'considerable insights into the cultural, social and psychological dimensions of remembering'.<sup>36</sup> Given the important place which sport and physical activity played in enhancing the self-satisfaction and personal identities of many of the women who were interviewed for this study, it is imperative to acknowledge the place of individual memory within the collective. The impression of women's exercise which can be gleaned from government documents, contemporary films, and medical sources produced in the years between the 1930s and 1960s suggests that generally women were 'naturally' most suited to, and most drawn toward, 'graceful' exercise such as that practiced by the WLHB or at women's Keep Fit classes. The evidence presented in these primary sources alone suggests that most British women were uninterested in competitive or vigorous exercise, and that, in any case, their 'fragile' female bodies were unsuited to vigorous sport. However, the individual experiences and memories of many of the women who were interviewed for this study challenge this official government portrayal of women's exercise. With this in mind, the following interpretation will

incorporate something of the cultural influences at play on these women in both the past that they describe and the present-day discursive framework from within which they tell their story, whilst not overlooking or trivialising the details of their individual stories and identities.

## THEORETICAL FOUNDATIONS

Theories such as social constructionism and the sociology of scientific knowledge improve our understanding of how gendered biases functioned and were reinforced at different levels of society through the actions of the state and the medical community, especially in relation to sport and leisure practices. Hargreaves has argued for the overwhelming importance of the idea that the primary role of the female was as mother and homemaker, whether or not the idea reflected the reality of the female situation.<sup>37</sup> Indeed, the importance lies in the penetration of this idea into the views of the medical community, and in the ways it might have affected medical research, theory, and guidance for women in sport. Kuhn's outline of the 'paradigm-dependent' world of scientific research has aided our analysis of the social construction of medical knowledge, heightening our awareness of the need to be analytical and wary of terms such as 'scientifically proven' and medical 'knowledge': 'Concerned with scientific development, the historian ... must describe and explain the contingencies of error, myth and superstition that have inhibited the more rapid accumulation of the constituents of the modern science text'.<sup>38</sup> In an analysis of medical views regarding the physical makeup and capabilities of the female body, such an awareness of the social construction of scientific knowledge is vital. As Kuhn has argued, in the 'paradigm-dependent' world of science, new researchers were often trained along traditional lines and old models were often used to frame new research.<sup>39</sup> If a particular exemplary scientific paradigm was originally tainted by certain social beliefs and this paradigm had nevertheless structured the path of research for years, this scientific research could never really be free from the original biases. Thus Kuhn outlined the 'community nature' of scientific research and its production of knowledge, suggesting that all science might not actually formulate 'truth' but must be looked at as a product of the community it emerged from.<sup>40</sup> This can be used as a means of interrogating that which was espoused by the medical community of the 1930s and beyond as longstanding scientific 'fact'.

Feminist researchers have built on Kuhn's theories of science to attempt to understand the relationships among science, the state, and the

subordination of women. Harding has investigated past misuses of science and the role of medical knowledge in the subordination of women and consequently has suggested that prejudices and gendered biases enter the field of science at the level of ‘identification and definition of scientific problems, but also in the design of research and in the collection and interpretation of evidence’.<sup>41</sup> Similarly, Haraway has proposed that all scientific knowledge should be regarded as a type of ‘situated knowledge’ which is essentially a product of its environment linked to its locality and social setting, and embodied in the individual who generates such knowledge.<sup>42</sup> It is clear that Haraway and Harding’s theories are relevant in the context of twentieth-century medical men and their ideas about the female body. Between the 1930s and the 1960s the medical community played a fundamental role in structuring women’s exercise experiences, and we will see that many of the medical restrictions which were placed on sporting women were socially constructed and highly gendered.

Postmodernist theory has shaped much of the sport history which has recently emerged from Europe, North America, and Australasia. Researchers such as Douglas Brown, Malcolm MacLean, and Douglas Booth consistently reevaluate and interrogate their primary evidence within postmodern theoretical frameworks, particularly when working with ‘elusive and indeterminate sources’ such as fictional literature, autobiography, or film.<sup>43</sup> In a similar vein, we can turn to Michel Foucault’s theory of ‘biopower’ and the work of other poststructuralists and postmodernists when considering the power of medical knowledge in society and its impact on women’s sporting experiences. Foucault refers to the ‘knowledge relationship’ of power over women’s bodies and the way in which the power of medical knowledge and medical understandings of the female body have structured female roles in society.<sup>44</sup> These theories provide a framework for discussion of exercise experiences throughout the female life-cycle. Experiences of exercise were often shaped and restricted by medical understanding of the female body, yet we will see that alternative discourses provided some scope for determined individuals to break free from these restrictions.

Since her ground-breaking histories of exercise science and sport were published in the 1970s, Roberta Park has continued to have an impact on the development of women’s sport history.<sup>45</sup> Her work also influenced the next generation of sports historians—which included Patricia Vertinsky—who have made further contributions to the history of women’s sport in Britain and North America. Vertinsky’s seminal work, *The Eternally Wounded Woman*, and her subsequent studies, integrate sports-participation histories

with issues related to understanding of the body, the self, and the ways that medical and social discourses shaped female sports participation.<sup>46</sup> Indeed, many historians have made use of ‘the body’ as a theoretical concept.<sup>47</sup> As Abrams and Harvey have noted, ‘the body’ is not a constant; rather it has been discursively shaped at different times and places and can be looked on as a product of its age: Foucault outlined the body as ‘the inscribed surface of events’.<sup>48</sup> This focus on the history of women’s bodies in relation to historical experiences of health and fitness has been followed by Mary Lynn Stewart in her study of female physical culture in France between the 1880s and 1930s. Stewart argues that whilst medical discourses were prominent, women’s health manuals, magazines, and literature probably had more impact on the ways that French women viewed their own bodies and their physical capabilities during these years.<sup>49</sup> As with physical culture in France, the North American experiences of physical education and post-school exercise have been tackled by a number of prominent sports historians who acknowledge the intersection of the body and the self in sporting experiences.<sup>50</sup> However, British sport and exercise history, and especially the history of women’s leisure and informal physical recreation, has been progressing at a slower pace.

Physical recreation in twentieth-century Britain is a research area which, whilst still in its infancy, is nevertheless growing. Ina Zweiniger-Bargielowska has recently tapped into the wide range of government sources relating to this topic in order to investigate the links between ‘manliness, physical fitness and patriotism in interwar Britain’.<sup>51</sup> On a related theme, Budd has examined the ‘vague and often contradictory health regimen’ that was male physical culture in the late nineteenth and early twentieth centuries, arguing that despite the British people having a largely anti-militaristic culture in comparison to some other nations at that time, athleticism was still often discursively connected to national defence.<sup>52</sup> Mangan, Springhall, and Warren have shown how the culture of ‘Muscular Christianity’ in the nineteenth century shaped the education experiences of middle-class boys, linking the aggressive and competitive aspects of games to ideals of middle-class masculinity and the competitiveness of the public sphere.<sup>53</sup> Matthews has researched the rise of women’s physical and beauty culture in relation to the popularity of the WLHB, but her work is restricted to this one organisation.<sup>54</sup> Hargreaves’ research also focuses on women’s sport in Britain from a sociological perspective, and she has argued that as far as twentieth-century sports participation is concerned ‘we need to challenge the fabrication of a consensual “shared expe-

rience of women”’. Yet her study of British women’s sport also suggests that women were ‘manipulated *and* resistant’ to cultural frameworks.<sup>55</sup> I will build on this point to show that physical and social life-cycles shaped many women’s sporting experiences, but that there was certainly also room for negotiation and agency under certain circumstances.

Langhamer suggests that a preoccupation with certain set definitions of what constitutes ‘leisure and sport’ has meant that many historians have misunderstood female leisure and failed to investigate it appropriately. Through her research into mid-twentieth-century female leisure experiences in England she has argued that stage in life-cycle certainly affected how women were able to structure their leisure time and involve themselves in recreation activities both within and outside of the home, and her research has informed the arguments which will be presented here.<sup>56</sup> But Langhamer’s work examines leisure in general and does not focus solely on physical recreation experiences, and so this research expands on her work in order to explore how the social and physical female life-cycle impacted the ways that women and girls were able to interact with exercise and sporting leisure.

Zweiniger-Bargielowska’s detailed study of cultural and government developments in British sport and recreation between 1880 and 1939 contributes to our understanding of the series of events which triggered the fitness campaign of the late 1930s. She shrewdly argues that the identification of 1930s England as the ‘Hungry Thirties’ provides only a partial representation of this decade, overlooking the prominent role which national fitness and the new image of the modern, healthy female played in cultural representations of these years.<sup>57</sup> Charlotte Macdonald’s extensive research into the fitness campaigns of England, Scotland, Canada, New Zealand, and Australia has shed light on the inner workings of what were, ultimately, unsuccessful campaigns to raise national standards of fitness and health during the 1930s. Macdonald tracks the rather limited impact of these campaigns from 1930 to 1960, and her research has enhanced our understanding of the intersections of national politics, the views of the medical community, and popular culture in the history of national fitness.<sup>58</sup> Her work also provides guidance for present-day fitness campaigners and policy-makers as she details those past methods of government intervention which ultimately failed to enhance national fitness and should not be repeated.

Callum Brown has also contributed to the development of research into Scottish experiences of physical recreation, particularly through his focus on the rather under-researched decades following the Second

World War. Brown's study of the Scottish Office and sport in the twentieth century points to the central position of women's physical recreation in the policy objectives of the official and voluntary bodies who attempted to improve national fitness between the 1950s and the 1970s. Brown argues that, largely thanks to a number of voluntary organisations in Scotland as opposed to official government actions, amateur sport had become a 'feminised space' by the early 1970s, with clean changing rooms, bright indoor sport areas, and an appreciation for the right of all women to have access to such facilities.<sup>59</sup> However, despite Brown's work in this area, the historiography still lacks a critique of the experiences of British women who came into contact with sport and exercise between the 1930s and the 1960s. Stephen Jones has argued that despite much of Britain's sport being organised by voluntary bodies, the allocation of funding and the dissemination of official sporting ideals into wider society through state finance and sporting propaganda meant that the state had much control over the way physical recreation was experienced on the ground.<sup>60</sup> Therefore, through analysis of the oral history testimony which was gathered during this project there will be an opportunity to expand on Brown's research and investigate Jones's theory by assessing the extent to which actual female sports participation mirrored the state's declarations of the types of exercise in which British women should be involved. Skillen's research into girls' physical education and women's sports participation has greatly enhanced our understanding of the intricacies of female physical recreation throughout the interwar period.<sup>61</sup> She argues that the sporting experiences of women of these decades were certainly shaped and often constrained by distinctions of class and gender, but she shows that female participation in Britain nevertheless increased across all sports between 1920 and 1937, and determined women generally found a way to take part.<sup>62</sup> I will expand and follow on from Skillen's work by taking a life-cycle perspective and examining issues such as whether women were catered to in terms of appropriate changing and washing facilities in school, and how accessible sporting facilities were to older women throughout the various stages of their life-cycles between the 1930s and the 1960s.

Amongst historians 'the history of the life-cycle has always been considered as gendered'.<sup>63</sup> From as early as the seventeenth century, the middle-class male life-course was thought to vary from man to man, being largely shaped by economic and social circumstances.<sup>64</sup> The female life-cycle was more intimately bound up with female biology and the socially guided life-roles of wife and mother.<sup>65</sup> Ageing processes and life expectations for certain

stages of the life-cycle have varied throughout different historical contexts. In recent years, the use of life-cycle stage as a sociological framework has proved problematic given the much more varied life-paths which both men and women have access to in the twenty-first century.<sup>66</sup> But despite the modern sociological aversion to this concept, it certainly has relevance for historians. Barclay and others have shown how culturally established life-cycle stages and the social expectations of each of these stages shaped women's life choices and experiences throughout the twentieth century.<sup>67</sup> Though they also stress that caution should be taken when using the life-cycle as a research framework, I feel that the physical and social expectations of life-cycle stage are appropriate tools with which to investigate women's experience of sport between 1930 and 1970. As the following chapters will show, medical and social understanding of the female body served to restrict and constrain women's sporting experiences and access to physical recreation throughout the twentieth century. These restrictions were reasoned out in different ways at each stage of the physical and socially guided life-cycle but were either grounded in medical understandings of the capabilities of women's bodies or linked to the highly gendered social roles of the household. Yet some individuals pushed against the boundaries of these life-stage expectations and consequently contributed to the gradual widening of women's access to sport and physical recreation throughout the life-cycle.

### SOCIAL DISCOURSES OF THE INTERWAR YEARS

The 1930s witnessed a growth in female fitness classes as shown by the popularity of groups such as the WLHB, which by 1938 had a female membership of 170,000 spread between Britain, Australia, Canada, and Hong Kong.<sup>68</sup> The WLHB was established in London in 1930 by Mary Bagot Stack, an exercise enthusiast who developed the league's system of movement with increasingly larger groups of women over the following five years until her untimely death in 1935, when her daughter, Prunella Stack, took her place as leader of the league.<sup>69</sup> The WLHB played a part in popularising exercise classes on a national scale and helping these classes to become 'acceptable' forms of recreation for 'feminine' women.<sup>70</sup> This 'fitness craze' and the particular way in which women's sport was socially perceived, displayed, and experienced in these years can be explained in part by the social and medical discourses of this decade and those of the earlier twentieth century. The gendered expectations of women throughout various stages



of the life-cycle were all the more pronounced in the interwar years, and this affected both the way women interacted with sport and the way that women's sport evolved in the 1920s and 1930s. Greenfield and Reid have argued that in an attempt to urge a return to normality in the decade which followed the end of the First World War, Britain placed enormous importance on the supposedly 'natural' male and female roles within both the public and private spheres. Through the 1920s the work of the housewife was 'professionalised', and marriage and motherhood were solidified as the primary goals in life for all women.<sup>71</sup> Throughout the previous century the 'separate spheres' discourse had gained ground, and it was still prevalent in the early twentieth century. During the years of rapid industrialisation in the eighteenth and nineteenth centuries the boundaries between the 'harsh, cruel public sphere' and the 'safe, family-friendly private sphere' were sharply drawn. Within the discursive ideal women were urged to maintain a constant presence in the household in order to ensure that it was maintained as a place of quiet respite for their husbands who tackled the 'perils of the public sphere' on a daily basis.<sup>72</sup> The separate-spheres discourse prevailed in the early twentieth century as the ideal for family relations. For many working-class families this ideal was quite inaccessible, but the prevalence of this discourse as the benchmark of respectability meant that it percolated down from middle-class circles to impact not just the family relations of women of all social classes, but also their social and physical freedom. But alternative discourses of family relations certainly existed during the 1920s and 1930s. We can see this from the presence of many working married women from poorer families, or in the existence of households which were headed by lone parents, and in those households which welcomed lodgers or extended family members into their home to help with costs, and who therefore certainly did not follow the ideal.<sup>73</sup> The economic hardship and unprecedented unemployment levels witnessed throughout Britain in the 1930s, when almost 3 million people were unemployed by 1932, ensured that the domestic ideal was out of reach for many families who would have been pleased to find work for any family members, male or female, if it would bring an end to their plight.<sup>74</sup> Yet the separate-spheres discourse was omnipresent in the way that it not only affected and influenced family relations but also the actions and ideas of powerful individuals who, in believing that women and men were naturally suited to separate spheres, ensured that the social and political framework of society reinforced this 'natural' state of affairs. Whilst the granting of equal franchise rights in 1928 could be viewed as a step forward with regard to women's social and political

power, in practice this development probably had little real impact on the lives of contemporary women.<sup>75</sup> The political arena itself was still largely male-dominated and actual and perceived barriers continued to structure women's lives and the life-course they were destined to take.

Yet Bingham's research into interwar 'modernity' and gender relations suggests that it is unwise to interpret these years as a time of clear 'backlash' against the women's movement and a simple return to the separate spheres discourse of the nineteenth century.<sup>76</sup> Bingham suggests that though there was hardly a revolution in gender relations in the 1920s and 1930s, there were a number of important changes witnessed in terms of the growing leisure and social opportunities which were on offer to women as these decades progressed, and he directs us towards the work of Soland, Langhamer, and Zweiniger-Bargielowska for further evidence of such changes.<sup>77</sup> Central to the development of women's sport and leisure, the 1920s and 1930s saw a reworking of the ideal female body as a 'slender, supple and youthful body'.<sup>78</sup> This new femininity ideal spoke to contemporary trends which steered young women away from the restrictive boundaries and clothing of Victorian and Edwardian years and toward a freer and healthier ideal.<sup>79</sup> This form of femininity was epitomised in the late 1930s by the svelte, slender body and social values of Prunella Stack, who became the leader of the WLHB in 1935 at the age of 20 and who was something of a celebrity throughout the nation, where she was known as Britain's 'Perfect Girl'.<sup>80</sup> Similarly, the glamour of the cinema impacted greatly on clothing and fashions of the age and contributed to the trends in beauty culture which saw a merging of the terms *health* and *beauty* and enhanced both working-class and middle-class aspirants to follow the trends of their screen icons, not only in their make-up and hairstyles but in the way they maintained and presented their bodies.

In 1938 the *Picture Post* featured an article on women's swimming which proclaimed that 'Swimming is not only a sport. It's a useful beauty treatment too'.<sup>81</sup> In the following year the same magazine included a feature on the beauty therapists at Helena Rubenstein's New York Beauty Clinic and it was stressed that 'on top of all this they must be able to give their clients sensible advice about diet and exercise, for beauty is no longer a thing of the face alone, but of the whole body'.<sup>82</sup> From 1937 *Woman's Magazine* incorporated a regular 'Health and Beauty' feature, and *The Scotsman*, an Edinburgh based newspaper, often linked fitness and beauty by publishing various speeches by National Fitness Council members which stressed this connection:

All healthy women desire to be as beautiful as they can. They want good figures, a good carriage ... they know that without a fit body a beautiful face is no more than a sham, produced out of the powder-box and the paint-box. (Laughter and applause.) Beauty, if it is to last, must be built on a foundation of perfect health (Applause). Scotland needs more beautiful girls; therefore it needs healthier girls.<sup>83</sup>

It was certainly becoming more acceptable for women to take a pride in their bodies and enhance their fitness whilst still remaining 'feminine', as the most glamorous women throughout the world were embracing the idea that fitness and beauty were two sides of the same coin.

However, the image of female fitness which was being portrayed in popular culture was rather restricted. Public support was consigned to those sports and exercises which were intrinsically feminine inasmuch as they did not involve aggressive competition, overexertion, or manly clothing. The WLHB and the Keep-Fit classes led by the various local branches of the movement throughout Britain were extremely popular amongst women in the late 1930s, and these were forms of exercise which conformed to the suitably feminine sporting model outlined above.<sup>84</sup> Women who attended these classes were informed that they would not compromise their femininity by doing so. In the national fitness campaign of the late 1930s a promotional film *Scotland for Fitness* urged women of all social classes to attend their local keep-fit class to encounter this 'well thought out scheme of movement [which helps] members to acquire good balance, and posture and suppleness.'<sup>85</sup> Women were not urged to try any other sports but directed only towards this form of flowing and graceful choreographed movement. The Keep-Fit class would be performed within an all-female group in an indoor space, away from prying eyes, or rather it could be said that these classes were held within a somewhat private space or a form of 'private sphere'.

It was assumed by the officials who developed the fitness propaganda used in the national fitness campaigns that in order for the majority of females to take up physical recreation they had to be assured that their participation would not upset their image of domestic femininity and grace. The National Fitness Councils of England and Scotland certainly took this on board and we can see that the national press portrayed female bodies in this same way. A 1938 article in *The Times* about a Swedish gymnastics team entitled 'Gymnastic Poise and Grace' gave an example of the way in which articles in the national press were written to

reassure women that gentle gymnastics would not create a manly figure: ‘the music control and rhythm required for these was exceptional, yet the girls themselves look the reverse of a “muscular” type, and proved that gymnastic work with apparatus is not necessarily body-building’.<sup>86</sup> Whilst women were not prohibited from participating in some suitable forms of exercise, their physical freedom was restricted to fit within this framework of femininity and this meant that public discourses made it difficult for women to test the physical limits of their own bodies by taking part in competitive or vigorous sports. Of course, the existence of those social discourses which dictated that physically competitive aggression was unwomanly, and the presence of those medical discourses which argued that overexertion was physically dangerous for a woman, suggest that women would have found it difficult to involve themselves in sport and exercise generally. Society was not wholly supportive of a woman’s right to take part in competitive exercise, and in particular, any exercise which might upset her ability to carry out her motherly duties. Women of the 1930s were steered away from what were considered to be ‘manly’ sports involving physical contact or aggressive competition. These social beliefs regarding which sports were womanly and suited to the particularities of women’s bodies originally stemmed from medical understanding of the female body, which in turn had itself been shaped by gendered social discourses.

### MEDICAL MEN AND WOMEN’S EXERCISE

In a number of ways women’s bodies were constrained by the legacy of the separate spheres discourse between 1930 and 1970. Within this discursive framework of the interwar years it was assumed that women of all social classes were naturally suited to and destined to follow their life-path toward becoming a wife and then a mother. Procreation, within marriage, was viewed almost as a civic duty and a clear contribution to the race which women must make.<sup>87</sup> It was the belief within social, medical, and political circles that all women would eventually fulfil their fundamental life-roles and become mothers, and so the nation could not condone any actions or decisions on the part of a woman which might upset her natural path toward motherhood. In the late nineteenth and early twentieth centuries this motherhood discourse not only impacted the way women were treated in the workplace, through techniques such as the marriage-bar, but it also affected their experiences in the world of

sport, as medical researchers believed that physical exertion could damage a woman's reproductive ability.

Whilst the women of the early twentieth century might not have resigned themselves to the restrictive boundaries of the separate-spheres ideologies, when such notions were coupled with powerful medical discourses which showed that strenuous work and activity outside of the home could upset a woman's childbearing capacity, this attitude became all the more dominant. Since the 1850s and the spread of the popular 'ovular theory' of the functioning of the female body, many medical men viewed women as uncontrollable entities directed by nature and the 'impulse of the ovary'.<sup>88</sup> Moscucci has proposed that the growth of gynaecology in the nineteenth century reflected and reinforced the prominence of the idea that a woman's sexual functions affected and directed her mind, behaviour, and entire being.<sup>89</sup> It was proposed that women were 'naturally' quite incapable of the restraint and rational behaviour that was required for success in the public sphere, but perfectly suited to carry out their reproductive functions if they adhered to the advice of medical men. The female nervous system was thought to be most fragile, and bodies generally were conceived as having a discrete supply of energy to fulfil all of life's functions, and this for women was to be the fundamental director of their life roles.<sup>90</sup> Particularly in the sphere of fitness and sport, women were often medically advised not to take part in 'vigorous' exercise, as it would detract from their energy bank and affect their ability to perform their 'natural' duties of motherhood.<sup>91</sup> This viewpoint was maintained in medical circles throughout the 1800s and the early decades of the 1900s, as shown by a 1928 article in *The Lancet* medical journal which stated that women were unsuited to violent exercise and athletics due to 'their more delicately organised nervous system'.<sup>92</sup> This article was written by Dr Adolphe Abrahams, who is now largely recognised as something of a pioneer in clinical sports medicine as his research made a considerable impact on the birth and development of sports science. But it is telling that Abrahams, who acted as medical officer of the British Olympic Teams between 1912 and 1948, was fully supportive of the idea that women were naturally more 'delicate' and thus less suited to vigorous sport than men.<sup>93</sup> In the article noted above Abrahams outlines his thoughts on whether women should have access to the physically demanding sphere of sport, and it would seem that his views were structured by his adherence to the 'energy bank' theory of the female body. He appears to have viewed women's bodies primarily as reproductive vessels and thus he felt their energy

had to be retained for the physical demands of motherhood rather than being wasted on dangerous vigorous exercise: '[women's] ... greater disposition to psychical disturbances, not to mention the diversion of energy from channels for which it is specially required, are factors conducive to overstress.'<sup>94</sup> Evidently, despite the energy bank theory probably having little scientific basis, it had prevailed for so long in medical circles that it directed the ways that medical men formulated their opinions and advice regarding the female body. Within some medical circles it was proposed that rather than women's bodies being 'naturally' unsuited to vigorous exercise, the years of restrictions and constrictions on the female body, chiefly in the form of corsets and tight lacing, had weakened the female form and produced generations of females physically unprepared and unsuited to strenuous physical activity. These medical theorists—such as the prominent medical researcher and physiologist Leonard Hill, who was knighted for his services to medicine in 1930—believed that society had gradually made women 'naturally' weaker; but in any case these researchers agreed with Abrahams on the fundamental point that vigorous exercise was dangerous for the contemporary female, even if they had their own ideas on how this situation had arisen.<sup>95</sup>

In 1930 Abrahams advised that although women's cross-country running clubs were by this time 'commonplace', long-distance running was 'on the whole discouraged'.<sup>96</sup> Furthermore, there was much debate on whether it was dangerous for women to exercise during menstruation and pregnancy, contributing to the maintenance of the idea that women were 'ill' during these times of life:

There are some women who can take hard and tiring exercise, including tennis and riding, without disturbing pregnancy, while at the other end of the scale some are unable to get out of bed without running great risk of starting a miscarriage.<sup>97</sup>

In Chap. 4 it will be argued that by the 1950s and 1960s both social and medical attitudes towards physical exercise during pregnancy were shifting, and we will see that in some circles women were being encouraged to keep their bodies fit and healthy during pregnancy in order to ease the delivery of their babies. Yet it is evident that moderation with regard to exercise and activity was still the key recommendation of most medical men in the early 1930s. According to many members of the early 1930s medical community, the physical dangers of vigorous exercise for women

appeared to outweigh its benefits. Whilst the opinions and research of the medical community seemed to have been shaped by social beliefs that the primary function of the female body was motherhood, by bringing these ideas into the medical sphere and moulding them as scientific ‘facts’, doctors ultimately legitimated and contributed to the maintenance of this idea in wider society. Therefore, within the context of female sport and fitness, which was a strand of the beauty culture movement, women’s bodies were still primarily viewed along the lines of the ‘uterine tradition’.<sup>98</sup> The cultivation of female beauty was perhaps becoming more acceptable to society but there was little support for those females who might have wished to test the limits of their bodies and build up their physical strength. The physical emancipation of the female body was yet to be realised and in this case it was restricted by the contemporary medical understandings of the female body and the perpetuation of the idea that women were mothers—or potential mothers—first and foremost.

Nevertheless, debates about the suitability of women’s exercise had been circulating throughout the 1930s, and in 1939 the publication of an article in *The Lancet* entitled ‘Woman and Sport’ suggested that some doctors were warming to the idea that women’s bodies were strong enough to cope with ‘violent’ exercise. In reporting the findings of a study by the medical subcommittee of the National Fitness Council for England it was stated that although ‘the Committee had endeavoured to obtain adverse criticism on violent exercise for women and girls’, this had been ‘without success’.<sup>99</sup> Adolphe Abrahams was the chairman of this subcommittee and he reported his findings from the study where ‘not a single example was forthcoming in which disadvantages of violent exercise were admitted or advanced ... there was no suggestion of relative sterility, of troublesome pregnancies or of difficulties in delivery’.<sup>100</sup> Yet even Abrahams admitted that ‘in this country there is a deeply rooted traditional opposition to violent exercise for women. Such opposition may be on physical, physiological, psychological or merely aesthetic grounds; and contrary evidence has little effect on prejudice.’<sup>101</sup> Abrahams may have been right, particularly in reference to some members of the medical community who appeared to have quite conservative views regarding the compatibility of women’s bodies and physical exercise. For example, the following year witnessed the publishing of Dr S. K. Westmann’s *Sport, Physical Training and Womanhood*, which maintained the idea that ‘too great indulgence in sports designed for men is not favourable for the child bearer of the race’.<sup>102</sup> Whilst Abrahams dismissed Westmann’s views, proclaiming that he and his colleagues ‘were not convinced by much of Dr Westmann’s thesis’,

amongst certain members of the medical community Westmann's work was praised.<sup>103</sup> The *Glasgow Medical Journal's* review of the book noted—

Women require to be reminded, as Dr Westmann does in this study of the subject, that by reason of their sex and ultimate function in life, they are debarred from certain activities which can be indulged in with impunity by the male ... biological facts must be faced.<sup>104</sup>

Similarly, the review in the *Edinburgh Medical Journal* commended Westmann's focus on the dangers of sport in relation to a woman's reproductive functions:

The author very naturally concentrates on the anatomical dissimilarity between male and female ... Considerable attention is devoted to the maternal functions and the influence which they exert on the possibility of the female taking part in competitive games.<sup>105</sup>

Although there were certainly those within the medical community who were avid supporters of exercise for women, the reviews of Westmann's book show that there was no clear consensus within the British medical community as to whether vigorous exercise could damage the female body. The justification for this incompatibility was based around the uterine tradition that a woman's body had a primary reproductive function and no unnecessary physical activities should disrupt this purpose. In a 1937 letter to the Editor of *The Lancet* Abrahams had offered an opinion which went some way in explaining the attitude of officials and doctors to women's fitness:

The problems of getting fit and keeping fit must be preceded by the question "fit for what?" Fitness, I take it, means satisfactory adaptation to one's environment, using that term in its widest sense: and the part played by exercise as by a number of other agencies is necessarily varied, individual, and limited.<sup>106</sup>

If doctors and officials continued to view women's bodies primarily in relation to their capacity for childbearing, then policy-makers, physical educators, and the general public would have seen little reason for the boundaries of women's exercise to be expanded. With the prevailing scientific discourse that vigorous exercise had the potential to damage a woman's reproductive ability it was unlikely that women would be encouraged



to take part in such activities. As there were many who believed that participation in vigorous, competitive exercise was dangerous for the female body, consequently encouraging this type of physical freedom would theoretically lessen the 'fitness' of the female, making her less suited to her 'natural' environment and motherhood duties. Therefore this evidence suggests that the physical freedom of the female body and the way the female body was viewed in official and medical circles had developed little throughout this decade.

As the major reproductive responsibility of the nation was seen to be assigned to women, with men playing a limited role, it had to be ensured that women's bodies were not pushed so far as to upset their ability to carry out this role.<sup>107</sup> The fear of the unknown was a prominent structuring factor, and as doctors continued to warn against the supposed disastrous effects of vigorous exercise on the female body, fear probably structured the actions of many women, as the majority of those participating in physical recreation would have had little desire to upset their reproductive abilities. It would only be through defiance of both the advice of the medical community and of official prescriptions of the suitability of certain sports that women might branch out into new physically demanding areas in their physical recreation. Therefore, throughout this decade and beyond, the physical actions of women's bodies were still very much structured by the assumption that women were mothers first and foremost. The physical emancipation of the female body was restricted by the prevalence of contemporary scientific, and social ideas which reinforced this view of women. Ultimately, any future expansion of options for women's physical recreation in Britain would be dependent on a discursive shift regarding the way women's bodies were viewed in official and medical circles and the way in which women personally viewed the capabilities of their own bodies.

As will be shown in the following chapters, the women who were interviewed for this study had a variety of experiences about how important exercise was to them at each stage of their life-cycle and how physically capable they felt throughout their various life-stages. This often had much to do with external influences on their exercise experiences and the sources of encouragement or discouragement which they encountered. But it is clear that the experiences of all of these women were shaped by their physically and socially guided life-cycle stages to a certain extent, and their exercise experiences were certainly gendered. Between the 1930s and the 1960s there were shifts within some social and medical circles regarding

how the capabilities of women's bodies were viewed during certain life-stages—such as pregnancy—but official attitudes toward the female body remained quite static throughout the period, and this affected the way women and girls experienced exercise.

## BOOK STRUCTURE

The following chapters will be structured around the physical and socially guided female life-cycle, working through adolescence, the post-school years, pregnancy, and motherhood. Chapter 2 will examine the ways in which girls were educated about their own bodies and their physical capabilities at school between 1930 and 1960, taking into account official perceptions of the adolescent female body and how these may have affected girls' experiences of exercise. This chapter discusses provision of feminine hygiene facilities in schools and the state of sex and health education throughout the post-war years. It analyses contemporary medical sources and the physical and health education materials in relation to the oral history testimony which was gathered on girls' PE experiences. The argument will be made that the school environment within which most girls would first have been exposed to exercise would hardly have been conducive to the formation of a healthy relationship between girls and their bodies.

In Chap. 3 the discussion flows to the post-school years and the ways young women at this stage of life incorporated physical recreation into their routines. This chapter will use oral history testimony to investigate the extent to which these ideals of physical recreation matched the reality for young women: it will show how a girl's social class, family situation, and working life impacted her experiences of exercise during this stage of the life-cycle. Moving through the bodily life-cycle, Chap. 4 will discuss the ways that the interviewees negotiated menstruation as sporty adult women, and the ways that they dealt with pregnancy whilst attempting to maintain a relatively active lifestyle. Using educational and informative films produced by the Department of Health; medical journals and medical handbooks; papers and correspondence of medical practitioners; and oral history testimony relating to experiences of exercise during pregnancy, this chapter will argue that the mid-twentieth century witnessed a slow but gradual shift in the way that pregnant bodies were viewed in society. Whilst in the late nineteenth and early twentieth centuries upper- and middle-class women who were not working had been encouraged to keep their bodies as sedentary as possible as they brought their pregnancies to

term, from the 1930s onward certain individuals within medical and social circles began to encourage women to keep relatively active throughout their pregnancies and use physical activity as a way to prepare their bodies for labour. Chapter 4 will argue that these developments contributed to a gradual freeing of the female body to participate in physical activity throughout all stages of the life-cycle.

Chapter 5 will look into the ways that marriage and motherhood affected the exercise experiences of the interviewees who embarked on these life-stages between the 1950s and late 1960s. Due to the ages of the interviewees the majority had their children sometime between 1950 and 1970 and so the inter-war and Second World War years will be somewhat neglected in this chapter as a result of the lack of sources which were available for these earlier years. Yet despite this, Chap. 5 will show that between the 1950s and late 1960s there were notable shifts in the ways that the social relations within marriage and the commitments of motherhood impacted a woman's opportunities for accessing physical recreation during this stage of the life-cycle. This chapter will show that there were a variety of marriage and motherhood experiences amongst the interviewees: the extent to which they were able to participate in exercise was shaped by their social class, the locality within which they embarked on married life and whether this was urban or rural, and how much they deemed sport to be a primary facet of their personal identity which could not be abandoned upon marriage. Evidently, this life-cycle stage had the most profound effect on exercise experiences for all of the interviewees. Through an analysis of government correspondence and publications it will be shown that British officials were actively attempting to improve access to exercise for *all* family members from the 1960s onward. This chapter will argue that the developments in sports provision which were witnessed throughout Britain in the late 1960s and early 1970s would certainly have had a positive effect on the exercise experiences of many women of all ages, but gendered social and family relations continued to frame the ways women experienced exercise at various stages of their lives.

## NOTES

1. Betty, oral history interview, 17/5/10.
2. Muriel, oral history interview, 11/10/10.
3. Margaret B., oral history interview, 27/7/10.

4. F. Skillen (2012) “‘Woman and the Sport Fetish’: Modernity, Consumerism and Sports Participation in Inter-War Britain”, *The International Journal of the History of Sport*, 29:5, pp. 750–765.
5. Skillen, ‘Woman and the Sport Fetish’.
6. The WLHB and Keep-Fit Movement provided all-female exercise classes where calisthenics and graceful dance movements were performed to music. For further discussion of the WLHB see: J. J. Matthews (1987) ‘Building the Body Beautiful: The Femininity of Modernity’, *Australian Feminist Studies*, 5, p. 17; I. Zweiniger-Bargielowska (2011) *Managing the Body: Beauty, Health, and Fitness in Britain 1880–1939* (Oxford: Oxford University Press), p. 238; E. H. R. Macrae (2015) ‘Risky or Relaxing? Exercise during pregnancy in Britain, c1930–1960’, *Women’s History Review*.
7. Matthews, ‘Building the Body Beautiful’, p. 17.
8. Zweiniger-Bargielowska, *Managing the Body*, p. 238.
9. Zweiniger-Bargielowska, *Managing the Body*, p. 238.
10. For more on national fitness campaigns see C. Macdonald (2011) *Strong, Beautiful and Modern: National Fitness in Britain, New Zealand, Australia and Canada, 1935–1960* (Wellington: Bridget Williams Books).
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12. J. F. Coghlan and I. M. Webb (1990) *Sport and British Politics since 1960* (London: The Falmer Press), p. 119.
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15. Matthews, ‘Building the Body Beautiful’, p. 17; Zweiniger-Bargielowska, *Managing the Body*, p. 238.
16. J. Smith (1987) ‘Men and women at play: gender, life cycle and leisure’ in J. Horne, D. Jary, and A. Tomlinson (eds) *Sport, Leisure and Social Relations* (London: Routledge), p. 53; C. Langhamer (2000) *Women’s Leisure in England, 1920–1960* (Manchester: Manchester University Press); C. Brackenridge and D. Woodward (1994) ‘Gender inequalities in leisure and sport in post-war Britain’ in J. Obelkevich and P. Catterall (eds) *Understanding Post-War British Society* (London: Routledge), pp. 192–203; R. Rapoport and R. N. Rapoport (1975) *Leisure and the Family Life Cycle* (London: Routledge).
17. This life-cycle reflects the ‘expected’ life-cycle of a woman by the state and society between 1930 and 1970, and of course throughout these years there were a significant number of women who were unable, or chose not, to have children. As pregnancy and motherhood were life-

cycle stages for the majority of the interviewees, and they clearly had a significant impact on exercise experiences, they have been addressed here.

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19. A. Peräkylä (2005) 'Analyzing Talk and Text' in N. K. Denzin, and Y. S. Lincoln (eds) *The Sage Handbook of Qualitative Research* (London: Sage Publications), pp. 869–881.
20. Biographical details of the respondents can be found in the Appendix.
21. Please see the Appendix for Helen's biographical information.
22. Rona, oral history interview, 4<sup>th</sup> October 2010
23. Elspeth, oral history interview, 7<sup>th</sup> October 2010.
24. Betty, oral history interview, 17<sup>th</sup> May 2010.
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55. Hargreaves, *Sporting Females*, p. 288.
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57. Zweiniger-Bargielowska, *Managing the Body*, p. 281.
58. C. Macdonald, *Strong, Beautiful and Modern: National Fitness in Britain, New Zealand, Australia and Canada, 1935–1960* (Bridget Williams Books: Wellington, 2011).
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79. I. Zweiniger-Bargielowska, ‘The Body and Consumer Culture’, in *Women in Twentieth Century Britain*, p. 188.
80. Stack, *Zest for Life*.
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82. ‘The School of Beauty’, *Picture Post*, 11<sup>th</sup> February 1939, p. 33.
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## Physical Education Experiences

When I was in primary [school, I was] coming down the road for lunch to Grandma's one day. And there was myself [...] and there was this girl who was about two or three years older, and we were coming down the road, and I don't know what we were talking about, but she said to me, 'Do you know, when you get to a certain age, ri—', and I remember the word, 'Rivers! Rivers of blood will come from you'.<sup>1</sup>

Adolescence and the onset of menstruation can be one of the most uncomfortable and confusing physical life-cycle stages. Girls encounter a number of bodily and emotional changes at this time of life, and in the mid-twentieth century these changes were often combined with an acute level of ignorance about what these body developments meant and how the body should be managed throughout these years. This chapter will investigate this within the context of girls' experiences of physical education between the 1930s and 1950s and the ways in which a lack of access to health education and feminine hygiene facilities affected exercise experiences at this time of life.

In recent decades historians such as Jennifer Hargreaves, John Welshman, Kathleen McCrone, and Charles Webster have made significant contributions to our understanding of the history of British physical education.<sup>2</sup> Similarly, Sheila Fletcher's research has vastly improved our knowledge of the origin and specifics of the 'female tradition' in English physical education.<sup>3</sup> Much like more contemporary sociological works such as Sheila

Scraton's *Shaping up to Womanhood*, Fletcher's work demonstrates the merits of examining the PE lesson from a gendered perspective, and focuses on the crucial role that female PE teachers played in the birth and development of the subject.<sup>4</sup> Verbrugge's research on North American PE experiences adds much to the field, particularly through her focus on the body and her examination of 'gym periods and monthly periods' between 1900 and 1940.<sup>5</sup> Marland also looks at the earlier period of 1870–1920, but from a British perspective, and with a focus on the health of girls in terms of their school, work, and home experiences.<sup>6</sup> David Kirk's numerous works have provided a postwar perspective which enhances our understanding of the history of British PE, and in particular the gendered dimensions of the teaching culture within this sphere.<sup>7</sup> Kirk's research into Australian school sport also contributes to the growing body of work which looks at the history of physical education internationally, but our understanding of the experiences of PE school students themselves is still in its infancy.<sup>8</sup>

Recent studies by Fiona Skillen have improved this situation for the interwar period. Skillen's work examines state intervention in girls' physical education and she highlights the presence of eugenicist, moral, and social influences within the newly established Scottish PE curriculum of the 1930s.<sup>9</sup> Yet we still have little understanding of how the postwar PE lesson was experienced by those adolescent girls who took part. Therefore this chapter will contribute an original perspective to this growing historiography of British PE history by using government, medical, and oral-history evidence to explore the schooling of the young female body between 1930 and 1960. It will argue that many schools lacked appropriate facilities to cater to the particular needs of adolescent girls taking part in PE lessons. By not recognising these adolescents as the physically mature young women they were and providing for them accordingly, officials presented these girls with what was often an uncomfortable and unattractive first contact with physical exercise.

By the 1930s most schoolgirls in Britain had access to some form of physical activity and were being urged to appreciate the importance of exercise in day-to-day life. From the turn of the century onward, a system of physical education had gradually been established which, by this time, had come to incorporate various forms of team games, gymnastics, and even swimming. A range of sources have been consulted in order to gain insight into the ways that civil servants, female PE teachers, doctors, and the pupils themselves interacted with this PE system. Particular reference will be made to the experiences of nine of the interviewees, born between 1913 and

1948, who came into contact with physical education as adolescent girls and attempted to negotiate this school environment and curriculum whilst undergoing the often unforgiving physiological changes of adolescence.<sup>10</sup> The school-day experiences of these women varied sharply in accordance with their social class or the locality within which they spent their adolescent years: they attended a wide variety of schools and were from both middle-class and working-class backgrounds, and as a result we can see that social class and locality certainly affected the way in which girls experienced the PE lesson. Biographical information can be found in the appendix but I will briefly outline the backgrounds of these interviewees here.

Norah was born in 1913 into a middle-class family in Helensburgh, a small town in Argyll situated around 20 miles from Glasgow, Scotland. She attended school in Helensburgh and was then privately educated at a boarding school in England for the senior years of her secondary education. Norah then attended Dunfermline College of Physical Education—the only PE College in Scotland, to which we will return later in this chapter—in the 1930s before embarking on a short-lived career in PE teaching followed by a more sustained part-time career as a Scottish country dance instructor whilst she brought up her family. Elspeth, a doctor's daughter, was also born into a middle-class family in 1927 and attended boarding school in Dunkeld, a rural town near Perth, Scotland, before going on to train as a nurse in Edinburgh.

Betty grew up in a lower-middle-class household in the Glasgow area and enjoyed sport in her spare time as a child and then whilst she worked for Glasgow Corporation before her marriage. Like Betty, Rona also came from a lower-middle-class family in Glasgow and she later went on to attend Dunfermline College and become a PE teacher. But both Betty and Rona attended their local schools in Glasgow, unlike Norah and Elspeth who were privately educated. Another of the interviewees, Helen, grew up in West Lothian in the 1940s, and Mary grew up in Stevenston in Ayrshire in the late 1940s and early 1950s: both Helen and Mary were brought up in working-class families and attended their local state schools where they took part in the sporting opportunities on offer to them. These working-class women kept up their sporting interests during adulthood as much as was possible given work and family commitments.<sup>11</sup>

Anne D. grew up in Aberdeenshire in the late 1940s, Linda in Uddingston near Glasgow in the late 1950s, and Margaret B. in Yorkshire, England, in the 1950s and early 1960s. These last three women had middle-class backgrounds but still attended their local state schools, and

they all went on to become PE teachers. None of the interviewees were Catholic and so they all attended the non-denominational state schools on offer in their locality, and it is therefore these types of schools on which the following discussion will focus. Having said this, some of the interviewees came into contact with the Catholic school system as PE teachers, and so a brief reference to this will follow later in this chapter. The adolescent PE experiences of all of the interviewees were within all-female pupil environments as boys and girls were timetabled separately for PE after they reached secondary school. This separation was a clear acknowledgement of the imminent physiological changes which education officials and doctors believed would alter the ways in which boys and girls experienced exercise, and alter the effect that certain types of exercise, such as competitive games, would have on their bodies and character.<sup>12</sup>

Yet, despite their varied experiences with regards to the PE class itself and what was on offer to them, there was one element of adolescence which was common to all the interviewees: they had a lack of understanding of their own female bodies and were often unprepared for the physiological changes they encountered during puberty. With a lack of appreciation on the part of officials with regard to providing information and facilities to aid the physiological transition of adolescence, and a prevailing taboo of discussion of such issues in the home, many of these girls had to manage their body changes secretly, and often with great distress and confusion.

### THE DEVELOPMENT OF PHYSICAL EDUCATION

A girl's experience of physical exercise within the 1930s school could vary sharply throughout Britain, mostly in accordance with the type of school she attended and whether it had the funds to provide equipment for a varied PE lesson. In 1930 Miss A. N. Kyle, of the Dunfermline Physical Training College '1928 set' of graduating teachers, and a recently appointed PE teacher at Renfrew High School, stressed that she still enjoyed teaching there although 'the promised Gymnasium [had] not materialised so far'.<sup>13</sup> Similarly, in 1932 Miss I. Dickson of the '1929 set' appealed to her fellow PE graduates in the Old Students' Association Magazine for anyone who had 'an old [pommel gymnastics] horse to spare? However dilapidated? They are very scarce up here', this being in her teaching post at Inverurie in Aberdeenshire where gym equipment was apparently in poor supply.<sup>14</sup> In the same year Miss I. R. Carmichael was employed in six schools in Renfrewshire based in Greenock, Gourrock, and Port Glasgow, noting

that although the work was very interesting it was ‘nearly all outdoor’, suggesting that of these six schools few had indoor gym facilities.<sup>15</sup> This evidence of poor gym equipment or even a complete lack of indoor gym facilities in some schools is notable when we consider David Kirk’s proposal that ‘from the 1880s up to the 1950s, gymnastics was the main content of physical education programmes in government schools’.<sup>16</sup> If facilities in some schools were so poor that a Swedish gymnastics class performed in an equipped gymnasium was an impossibility, and the British weather was less than favourable to outdoor work, as would often have been a reality throughout the school year, it is doubtful as to whether girls could have had a wholly positive and varied experience of physical exercise throughout their school lives.<sup>17</sup>

Nevertheless, as Skillen has argued, prior to the 1930s the government had been aiming to enhance the position of physical education within the school-life of the child, with their efforts being realised in the new Scottish curriculum introduced in 1931.<sup>18</sup> The importance of the physical training of the young body had been prominent in the minds of some educators for decades. The Swedish gymnastics system—developed by Per Henrik Ling in the nineteenth century to enhance the body in a remedial and aesthetically pleasing way—was popularised in Britain by Martina Bergman-Österberg, a Swedish gymnastics teacher employed by the London School Board from 1881 to show London teachers how to incorporate gymnastics into their curriculum.<sup>19</sup> In 1885 she launched her own London training school for female PE teachers, the Hampstead Physical Training College, and promoted the idea that gymnastics had to be a crucial part of upper- and middle-class education.<sup>20</sup> From the opening of Bergman-Österberg’s pioneering training college for women, the prominent female role and interest in this sphere was established, with the Scottish equivalent opening as the Women’s College of Hygiene and Physical Training at Dunfermline in 1905.<sup>21</sup> In the years prior to the establishment of Dunfermline College, prospective Scottish PE teachers had to travel to the English colleges for their training.<sup>22</sup> Encouraged by the findings of the *Report of the Royal Commission on Physical Training in Scotland*, published in 1903, the Dunfermline Trust sought to form a PE training college to contribute to the efforts being made to improve the deteriorating health of Scottish children.<sup>23</sup> Andrew Carnegie, the successful Scottish-American businessman and philanthropist, was born in Dunfermline in 1835, and despite emigrating to America with his parents at the age of 13 he strived to ensure that his place of birth maintained a positive reputation in the world:

the establishment of the Dunfermline College of Physical Education—through funding supplied by Carnegie—is testament to his sustained links to this town in Fife.<sup>24</sup> It was assumed by the men who formed the committee of Carnegie’s Dunfermline Trust that the opening of a PE college in Dunfermline would not only enhance the physical health of Scotland’s children by increasing the local pool of available teachers, but it would also bring prestige and benefit to the community of Dunfermline.<sup>25</sup> As a result of these links to Carnegie, the women’s PE College at Dunfermline quickly developed a prominent reputation as an elite institution.

The various British PE colleges also developed a reputation for producing young female PE teachers who were well-mannered, enthusiastic, and who were quite certainly ‘ladies’. Perhaps in an attempt to counteract the view that an enthusiasm for sport and exercise encouraged masculine traits in a female, PE colleges such as Dunfermline College, and its English counterparts like Anstey in the midlands, Bedford, Liverpool, and Chelsea encouraged their students to nurture their feminine qualities by maintaining a good carriage, ‘voice control’, and general female respectability.<sup>26</sup> Many of the interviewees who attended PE training colleges in the 1950s and 1960s made references to the strict atmosphere within these colleges. Once these women left their sheltered college environment and could compare their experiences to those of their contemporaries who attended other higher education institutions during the same decades, it became clear to them that the regimented discipline of their college was rather old fashioned, especially for those who attended college in the late 1960s. Linda, an interviewee who attended Dunfermline training college in the early 1960s, stressed that both her and her fellow students were quite aware of how strictly regimented their college lives were. Looking back she wondered why exactly they conformed so easily:

But, em, you know, we were very much more a conformist generation I think ... So when your kit list came really very little of it fitted you. But within days of arriving we had to lay our kit out on the bed and somebody from the year above, or the year above that, came to inspect that your name was on everything. Your name tapes had been sewn on. Now I mean can you imagine first years at what would nominally mean, there’s no degree you couldn’t do a degree you did the diploma, eh, somebody on a similar course now? If somebody came and asked to see, you know. But very, very regimented.<sup>27</sup>



Interestingly, Linda suggested that her and her fellow students were probably all a little ‘tomboy-ish’ upon arriving at college, and she was aware that many elements of the college environment were similar to what she imagined a finishing school for ladies might be like:

It was a very, em...a bit, em, ladies’ finishing school...

Q: So how did, em, was that just something that came with the general everyday, they, I mean did you have classes in ‘finishing’ or anything like that? (A: oh no, no.) It was just the way you were supposed to be?

A: Just way you were supposed to be. You had to stand up every time a lecturer came into the room. In fact, in the halls of residence you had to stand when the warden or whatever she was called came in, we all, you had a set seat for your meals so that was where you sat, and then we’d all go in five minutes before the mealtime and then she would appear and we’d all to stand. And you could actually be put out of the dining room eh and have no meal if you scraped your chair, if you stood up and your legs caught and scraped the chair behind you ... That, you know, silly things like that. But, em, considering that, you know, probably there was a, a, I suppose a certain semblance of tomboy-ish-ness to probably most of us, em, they certainly tried to make us much more like. I mean ... [one of the girls] was brought into the head’s office and spoken to about her accent cause she’s [from] Fife ... , and ‘Miss Barclay, you have to do something about the way you speak’. That, em, there was certainly a certain, I suppose snobbery to the place. But you know, quite strange, attitude to the whole thing.<sup>28</sup>

Thus, Linda’s training in the early 1960s still had elements of the discursive construction of ‘acceptable’ activity for women which had been established decades previously. As Jennifer Hargreaves argues, since the nineteenth century and the formative years of female sports participation women had been expected to display ladylike characteristics if they wanted to participate in physical activities.<sup>29</sup> But however outdated these ladylike characteristics might have been in relation to the actions and behaviour of some other young women in the transitional wider society of this period, those women who wanted to enter into the somewhat elite world of physical education had to conform. Certainly, this training was considered to be quite elite in that within Scotland there was only one college with limited places and girls who played games like hockey to international standard often found themselves flocking to Dunfermline in order to find paying work.<sup>30</sup> Many of the girls at this college were the best in their field in

Scotland, but as there was no way in which they could make a living from their talent in sport alone, as was also the case with male sportsmen of the period, their main choice of occupation tended to be PE teaching, as Anne D. recalled of her teacher training in the early 1950s:

Probably discovered then that what I thought I'd been good at I wasn't so good at, because Dunfermline College at that time, there were only 60 in a year and they attracted girls who had been perhaps hockey internationalists. People had gone to Hutchy<sup>31</sup> and you know, the big kinda schools in Edinburgh and Glasgow. So I was a very small fish in a big pond (laugh). Cause I thought, what I thought I had been good at I wasn't all that good at, you know, cause they did take the cream of [the crop] ... You had to have the academic qualifications, but at the same time if they were, you know, top of their sport, they'd probably got a better chance of getting in. Nobody could afford not to have a job, you know you couldn't be a [full-time] hockey internationalist, I mean it was all amateur ... you weren't paid for it.<sup>32</sup>

The PE colleges were highly regarded due to the combination of attracting talented sportswomen and providing training which encouraged refined manners and behaviour. Over the years it had been established in the wider Scottish society that Dunfermline was a respectable place to study and PE teaching was a suitable career for a woman, but perhaps it could be suggested that it only remained acceptable so long as the female teachers maintained these feminine behaviourisms and encouraged the girls they taught in their school classes to do the same.

The strict regime witnessed by students at Dunfermline was similar to that experienced by PE students at English institutions. Like Linda, Margaret B. referred to the strict discipline at her college at Eastbourne in the south of England, which she attended between 1966 and 1969. She acknowledged that her and her fellow PE students conformed to the strict uniform and discipline of the college whilst being simultaneously conscious that things were changing elsewhere. Throughout these years Margaret and her fellow students were aware that fashions were changing and established attitudes were being questioned, but following the rules of the college was vital if they wanted to succeed in this field:

Q: What about when you went to train in college then, what kinds of things did you wear then?

A: Even stricter [than in school].

Q: Really?

A: Even stricter. There was a long uniform list came together with a book list and advice about particular bits of equipment that we would need. And all the suppliers were in London, so you got, you had to have a dance uniform which was a leotard, black, and then for gymnastics it was a different-coloured leotard, which was blue. You had a navy blue cardigan and then you had what was called a teaching cardigan which was a different colour altogether. So when you were doing teaching practice you had to wear that cardigan, together with the short divided skirt style in very dark blue and the pleating had to be immaculately pressed, knife-edge stuff. For outdoor wear if you were doing hockey or tennis or any outdoor games that uniform had to be immaculate again, with the particular footwear for that activity whether it was hockey, netball, lacrosse, em, and all the summer stuff.

Q: Right, so even when you were in lessons and learning and things like that there was still a uniform then?

A: At College? Yes, very strict. And there was just slight differences when you were out doing teaching, but basically the same core uniform. We even had what looked like a, a nursing cape; all the nurses wore very long full capes then as part of their uniform and we all had nursing capes that were in different colours for different colleges, so if you went to a big event like Wimbledon or an international hockey match you were required to wear the college cape and then you could identify other colleges.

Q: Yeah. Did you quite like wearing these kinds of things then or?

A: It was on the cusp you see of, 1966–69 I was training, so you, you were in a transition period of a bit of rebellion against such strict regimes because even the halls of residence were very strict with wardens and very tight restrictions on when you could go in at night and all locked up at a particular time, and boyfriends having permission for visiting hours. Men not allowed in rooms. Very, very strict. But it was changing. So yes, you conformed with the, with the uniform, but at the same time, if you were going to academic lectures the hemlines were going up, the dress was very free, and people were demonstrating their individuality.

Q: So you conformed to the discipline but there was a consc—, you were quite conscious that there was an alternative there, elsewhere and things?

A: A life outside. It was transition in the college cultures from being almost like an extension of a girls' boarding school, very restricted, to freedom.<sup>33</sup>

Here Margaret refers to both the idea of the 'conformist generation' that Linda mentioned and this new transitional period where things were starting to change. She suggests that during the late 1960s she was still part of a conformist generation, although elsewhere others were rebelling and

certain cultural values were shifting. But clearly, these cultural shifts of the late 1960s and beyond were gradual and a number of increasingly complex discourses were simultaneously present throughout these transitional decades, and this will be discussed further in later chapters. That both Margaret and Linda were in some way aware that their college training environments were restrictive suggests they were living in a transitional period, as interviewees who attended the college in earlier decades made little reference to any strict regimes. Indeed, Norah, who attended Dunfermline College in the 1930s, only had good things to say about her training, describing it as ‘a lovely training, just great.’<sup>34</sup> Whilst there was quite a gap between Norah’s early training in the 1930s and the experiences of Margaret and Linda in the 1960s, their descriptions of the uniform standards and behaviour expected of them during their training were all very similar. It was not until the later decades of the 1970s and 1980s that young women were allowed a little more freedom whilst training in these establishments.

The PE colleges retained their strict uniform and discipline regime for some time despite changes elsewhere. During her interview Margaret suggested that this was perhaps because many members of the PE community felt that they should be identified with the medical profession rather than the teaching profession. This elite, distinct identity had to be maintained through uniforms and a professional attitude:

Q: So the P.E. colleges were quite distinctive with that then?

A: Yes.

Q: Why do you think that was?

A: Well, they’re all very individual and independent in a way, yes, they were associated probably with a university so I.M. Marsh in Liverpool was associated with Liverpool University but it was an independent, free-standing college. The same with Chelsea in Eastbourne, the same with Dartford in London. They all were independent and had a very clear identity. And in fact, the link was more strongly connected with the medical profession than it was with a straight university. Because at that stage when I was still at college, the qualification we had for the anatomy and physiology was at such a high level that it was accredited to the physiotherapy in qualifications, and you could actually transfer from physical education to physiotherapy and have a much shortened course because you’d already done the anatomy and the physiology to that, that level.<sup>35</sup>

Thus the colleges appeared to have a strong reputation for respectability and producing a certain kind of enthusiastic, committed female teacher. Margaret recalled her own PE teachers at school who inspired her interest in the subject:

They were of a breed, they'd all been trained in specialist women's physical education colleges in England and there was a sort of breed, a sort of, particular type of physical education teacher. They were enthusiastic, they spent a lot of time after school doing extra things, and it wasn't uncommon for a school to have four or five hockey teams that played matches every Saturday morning.<sup>36</sup>

This 'female tradition' of PE, where female physical educators dominated this teaching sphere, helped to create the *illusion* that girls' physical education was suitably advanced and that, consequently, girls' physical health was well catered to, perhaps even more so than that of the boys.<sup>37</sup> Yet looking back at the earlier decades of the twentieth century from the 1920s onwards, the form of PE which girls were exposed to was limited and based on strict principles which perhaps did well to promote a certain restricted and controlled type of female physicality, but did little to excite and encourage girls to seek out their physical potentials.<sup>38</sup> The Swedish gymnastics of Per Henrik Ling formed the basis of much of the PE class in the early decades of the twentieth century, where precise free-standing movements were performed on command.<sup>39</sup> This kind of remedial gymnastics tradition was quite specifically female at this time in that very few male teachers took an interest or played a part in the spread of this form of exercise through British schools, and those that did focussed more on the German system of gymnastics where apparatus was used to build strength and agility.<sup>40</sup> Rather there was a simultaneous, but quite detached, trend in male physical education whereby boys were trained in the 'upper class games ethic' through the playing of sports such as rugby football.<sup>41</sup> Since the late nineteenth century educators had made attempts to instil middle-class boys with that illustrious quality of good British 'character' through the moralising process of playing team games. Therefore this form of school exercise had a strong historical attachment to these particular schools, such as the fee-paying Glasgow schools which Mangan and Loughlan focussed on in their study into this phenomenon.<sup>42</sup> However, whilst games had been gradually assimilated into the curriculum for middle- and upper-class boys by the early twentieth century, games

and girls were not deemed to be quite so compatible. Most games were employed to encourage competitiveness, physical strength, and confidence, and these were the prime values which the teachers in the upper- and middle-class boys' schools hoped would be ingrained in their pupils. Yet, these were characteristics which did not sit well within the educators' views of the ideal schoolgirl, particularly when these schoolgirls were eventually to become mothers and wives.

In the first few decades of the twentieth century women were viewed primarily as the mothers or future mothers of the race and the separate spheres discourse prevailed.<sup>43</sup> The far-reaching power of this discursive construction had repercussions in all areas of female life and it most certainly had an effect on the type of contact that could occur between young girls and sport. Mangan and Loughlan have suggested that competitive sport, within the context of the boys' school and when combined with good mental schooling, was viewed as a healthy way to ensure that boys throughout Britain had a good grounding in the mentality of confidence that was popular with their southern English counterparts, and it was assumed this would set them up well for their eventual goal of employment in the south.<sup>44</sup> But there was little social requirement for schoolgirls to take on games in the same manner, it being assumed that after school, even if they did take up a working life periodically, they would ultimately be restricted to the domestic sphere once they embarked upon marriage and motherhood. The enhancement of employability through the encouragement of a competitive nature and personal confidence were not characteristics which were assumed to be required of the British wife and mother of the early twentieth century.

Despite this, some leading girls' schools significantly increased the variety of activities which could be 'acceptably' introduced into the girls' curriculum during these early years. As Fletcher has shown, a solid collection of girls' public schools had been established in Britain by the late nineteenth century.<sup>45</sup> Much like the new women's colleges which were opened in the 1870s at Cambridge and Oxford, the English institutions of female learning were shaped by middle-class ideals of quality and respectability within which the contemporary form of girls' PE could thrive.<sup>46</sup> St Leonard's school in St Andrews, Scotland, was a private school for girls founded in 1877 and, in keeping with the style of PE in similar English schools, the pupils here were introduced to a wide variety of games such as hockey, lacrosse, cricket and tennis.<sup>47</sup> Private girls' schools had the means to provide their pupils with this wide variety of games and activities, but

this varied PE programme was largely only a reality for the few wealthy or well positioned rural schools where space and funds were in no short supply. Yet, there was a particular team game on offer during these years which could be easily played in urban state schools as it required little equipment and was deemed to be particularly ‘suited’ to girls.<sup>48</sup> Netball was a suitably feminine and popular game amongst teachers and pupils alike. Being a relatively cheap game requiring few pieces of apparatus and being playable both indoors and out, it could be enjoyed by girls in those schools where activities such as hockey games played on proper pitches were an unattainable dream. The experiences of girls growing up in Britain in the 1930s, 1940s, and even 1950s were varied and seldom strictly reflected the recommendations of educationalists or even the official curriculum, but all the interviewees in this study recalled playing netball at school and so it appears to have been a widely accessible sport.

The women who were interviewed for this study attended a range of schools in Glasgow, Aberdeenshire, West Lothian, and Ayrshire in Scotland, and also Huddersfield in Yorkshire, England. Those who happened to be from a locality where the main school was not particularly modern had significantly different experiences to those who attended fee-paying or newly built schools. Throughout the interviews it quickly became clear that a girl’s social class did not necessarily play a fundamental role in shaping her exercise experiences; rather, how modern her local school building was or whether her childhood was spent in an urban or rural locality were all the more relevant. For example, Anne D. grew up in rural Aberdeenshire in the 1940s in a middle-class family and developed a great love of sport through her participation outside school, later going on to become a physical education teacher, but we can see from the following interview excerpt that the facilities in her own school were quite poor:

Q: ...What were the facilities like, you played hockey and things, did you have your own pitch...?

A: No (laugh), the school was ancient. Eh, we, we had a field which really belonged to the big estate. We played in front of the big house which was unoccupied. [...]

Q: Was there any, where did you get changed or did you just come...?

A: Under the tree (laugh). Uhuh, behind the bushes.

Q: ...just at the side, yeah.

A: There were no changing rooms, no.<sup>49</sup>

Despite coming from a relatively affluent family where her father owned a successful shoe shop, Anne attended a local school, which was still relatively poorly equipped for sport, and this affected her PE experiences. Of course, those girls whose families were affluent enough to allow them to attend any of the well-equipped private girls' schools would clearly have had more varied PE lessons, but the majority of participants in these interviews were from lower-middle-class or working-class families where the regional distinction was more applicable. Even so, these regional distinctions could be striking: other interviewees recalled the existence of changing rooms, and some even had their own swimming pools and showers, such as Bellahouston Academy in Glasgow. Similarly, Margaret B. attended a girls' grammar school in 1950s Yorkshire and this new school was particularly well equipped:

I was in the girls' grammar school ... the only thing we shared [with other schools] was the swimming pool on campus, we had all our own sports facilities. So there was a hall with lovely wooden floors for dance, and dancing, there was a purpose-built gymnasium with all the changing rooms, there was eight tennis courts and I think three or else four hockey pitches, and that was each [grammar] school [in the area].

So certainly Anne's experience of school facilities in Aberdeen was not necessarily standard for girls throughout the rest of Britain in the 1940s and 1950s. But what does appear to have been standard throughout this time was the general understandings of the physical capabilities of girls' bodies, and lack of knowledge or appreciation of their inner workings, by both the girls themselves and officials who had the power to structure their experiences at school. We can see the striking continuity of this lack of knowledge or appreciation of the particularities of the young female body from the mid-1930s through to the 1950s, and even beyond. But still, from the early twentieth century education officials had been developing the way in which schoolchildren came into contact with sport and exercise at school. They certainly acknowledged the physiological differences between the sexes in their production of the curriculum, albeit perhaps not in a way which would have helped girls to manage their adolescent bodies whilst they *participated* in this curriculum.



## PHYSICAL AND HEALTH EDUCATION

In the early 1930s the health of the British child had been a concern of the government since the turn of the century, and from 1907 the new School Medical Service had been playing its part in aiding the situation through inspection and treatment of the British schoolchild.<sup>50</sup> The School Medical Service had been established in 1907 in England and Wales and 1908 in Scotland as a result of the Education (Scotland) Act of 1908. This all came about after the findings of a 1902 Royal Commission looking into the health of schoolchildren had uncovered an unsettling degree of physical ill health amongst the urban populations.<sup>51</sup> The causes of the health problems were thought to be, amongst others, overcrowding, lack of fresh air, poor diet, and insufficient official inspection of public places such as schools and workplaces.<sup>52</sup> Through the new medical inspections, a physical education programme and the distribution of free meals and milk at school, in the first three decades of the twentieth century the government attempted to both cure the already unhealthy schoolchild and prevent the supposedly inevitable deterioration of the healthy child.<sup>53</sup>

Nevertheless, from their introduction in 1907 the realistic improvements that could be reaped from the inspections themselves were limited. The inspections were brief and ideally designed to outline serious physical problems such as deafness or physical disability, but many health problems would have gone undetected. Statistics published in 1929 appear to support this lack of detection. The Annual Report of the Department of Health for Scotland showed that from the school medical examinations of 1929, within which 33.3 percent of all Scottish children were inspected, supposedly only 6.1 percent of these children showed signs of poor nutrition, 0.1 percent had obvious signs of tuberculosis, only 1.8 percent of the inspected children had head lice, 5.8 percent had poor eyesight, and 3.7 percent had any skin diseases.<sup>54</sup> However, in reference to these statistics, the medical doctor and historian Morrice McCrae has noted that 'based on my own many years' experience of Scottish children, I find these figures almost incredible. I would have found them surprisingly good even 30 years later.'<sup>55</sup> It would appear that the detection of physical defects was not assured by the school medical inspection.

Even when physical defects were identified in a child, treatment of the defect was not necessarily forthcoming. Before 1918 medical inspectors could advise parents to seek medical treatment for their child but the parents may not have had the funds, or indeed the trust in the opinion

of the medical expert, to follow it up. This changed in 1918 when local education authorities were advised to provide limited forms of treatment for the children when necessary, such as provision of spectacles and hospital treatment for those with tuberculosis or heart disease.<sup>56</sup> Yet even in the 1920s and early 1930s the poor health of the British schoolchild was still viewed as a great concern within the medical community. A 1932 article in *The Lancet* based on a speech delivered to an audience at the Royal College of Physicians of London by Dr L. P. Jacks, the principal of Oxford's Manchester College, showed something of the concerns of contemporary medics regarding young children: 'a large proportion of these human bodies show unmistakable signs of being *damaged*, not in the sense of being mutilated, but in the sense of being defective, devitalised, and inadequate'.<sup>57</sup> The economic depression of the 1930s, and unprecedented unemployment figures of almost 3 million people out of work in the United Kingdom by 1932, certainly contributed to the rapid deterioration of the health of many British children during this period, and local authorities had to adapt their PE recommendations in relation to the financial difficulties of various sectors of the nation in these years.<sup>58</sup> The 1919 PE syllabus for England and Wales outlined suitable clothing that should be worn for lessons, but stressed that children could make their own versions themselves if necessary; or, as was the case in Lindsey in Lincolnshire, England, children could borrow gym shoes and clothing from their school, but this was not a widely available option.<sup>59</sup> In the winter of 1928 in South Wales there were reports that a lack of adequate footwear had led to very low levels of PE participation, so clearly many children would have found it physically uncomfortable and sometimes impossible to properly participate in the gymnastics, drill, and games that were expected of them in the PE class. Throughout the 1930s officials also acquired a stream of evidence which showed a stark prevalence of diseases of malnutrition amongst children from the poorer social classes, and particularly amongst those families affected by unemployment. In 1934 the government made an attempt to combat this through the introduction of free school meals and milk for the most impoverished children.<sup>60</sup> Yet, despite these developments, officials were not prepared to provide substantial public funds to improve the state of facilities and supply of sports equipment in state schools at this time. Moreover, it was noted by certain officials that nutrition should be the primary focus over and above any interference into sport and the physical education system, as it was dangerous to encourage a malnourished individual to exercise.<sup>61</sup> As the 1930s progressed, there appeared to be a growing enthusiasm amongst officials for

improving physical fitness amongst Britons as demonstrated by the national fitness campaign of 1937, which aimed to enhance the fitness of all people in Britain, though mostly those above school age, and yet there were various factors which delayed any substantial development of public sports facilities at this time.<sup>62</sup> The onset of the Second World War in 1939, followed by extended rationing into the postwar years, and the Labour government's prioritisation of economic recovery and national security over investment and development of sports facilities, meant that it would be the mid-1960s before any significant public money was directed toward the improvement of school and public sports facilities.<sup>63</sup> Therefore, as a result of huge regional variations in terms of access to funds and space within which to make improvements to facilities, the overall picture of British PE remained largely unchanged between the interwar and postwar years.

As has been noted above, the facilities available to schools varied widely across Britain. Skillen has shown that in the interwar period there were great gaps between what the syllabus advocated for the ideal PE lesson and what was possible given the poor level of financial support available to fund any advances.<sup>64</sup> There were also a variety of styles of physical exercise which could be called on in the lesson, but although some officials strongly believed that children's bodies were degenerating in their urban environments and that something should be done to rectify this situation, they also believed that only certain carefully devised physical programmes were appropriate. In 1930 the school medical inspectors were still convinced of the importance of remedial gymnastics and massage as administered by the medical officers and PE instructors in schools, and there was a prevalent belief that through these measures they could 'cure' the health problems of schoolchildren. For example it was decided that the programme for a 1930 conference attended by education authorities and experts in PE 'should deal with ... Remedial Gymnastics mainly', with four days of classes on 'remedial gymnastics and massage' for 'school medical officers and physical instructors (men and women)'.<sup>65</sup> At this time officials appeared to be retaining their focus on corrective gymnastics and massage with an aim to cure the defective young bodies of Britain. But the curricula of the early 1930s suggested a step in a new direction.

The 1933 PE syllabus for England and Wales reflected the Chief Medical Officer George Newman's enthusiasm for a move away from 'formal corrective work in physical training' to *preventative* training, which encouraged healthy bodies from the outset and would ultimately reduce the need for corrective medical treatment.<sup>66</sup> The emphasis of this

early 1930s syllabus was on posture, gymnastics, and games, and showed a switch away from purely remedial exercises and military style drill. The 1931 Scottish curriculum aimed to go even further and tailored the PE class to enhance the ‘moral and social training’ of the child. With this in mind, team games such as hockey, football, and netball were encouraged to satisfy the ‘self-testing, competitive, and cooperative impulse of pubescent and adolescent years’ from within the controlled PE environment, presumably so that children did not seek to inappropriately satisfy these impulses in other areas of their social life outside of the school. All children were to be encouraged to take part in the team games but it was still stressed that ‘on physiological grounds, the elements of keen competition in the case of girls require careful control’.<sup>67</sup> Within this document, no exact reasoning was given to explain the physiological science behind the dangers of competition for girls. However, the reference to the element of ‘control’ required by girls who took part in those competitive sports deemed suitable for their constitution, such as netball, harks back to the belief prevalent for centuries that women, as emotional creatures, were unsuited to the competitive public sphere.<sup>68</sup> But to note the importance of this control to be based on ‘physiological’ grounds suggested to contemporaries that this guideline was formed from the factual findings of medical experts, and thus should not be questioned. The idea that violent competitive sport was incompatible with the female form was still ingrained in the contemporary discursive framework, and this idea had its roots in the medical and social discourses of the recent past.<sup>69</sup> Whilst in the nineteenth century exercise had been introduced into girls’ schools as a way to ensure girls did not become physically weak by spending too much of their time mentally overexerting themselves, by the early twentieth century the worry had switched to the dangers of over-exertion through physical activity. The headmistress of Croydon Girls’ School, London, encouraged athleticism in girls but warned that they should maintain ‘moderate and sensible use of games and athletic pursuits’.<sup>70</sup> Although around the 1930s the attitudes of some doctors toward women and sport were changing, they still had a long way to go before general medical circles, teachers, and the wider public accepted that vigorous exercise could be both safe and beneficial to girls’ bodies. The adolescent body, and the physical capabilities of girls who were going through the changes of puberty, were topics which were to be debated within medical circles for years to come. Certain medical studies from as late as 1947 maintained arguments which stressed that the physiological changes of

puberty impacted the athletic performance of girls, and that their PE lessons should be structured with this in mind: ‘so far as running ability is concerned, puberty has an adverse effect. ... Girls’ performances over the 50-yard dash worsened between the ages of 13 and 16’.<sup>71</sup> Education officials were now reasonably open to the idea that, like boys, girls should be given the chance to play ‘suitable’ team games in PE, but when viewed from within the wider social and medical discursive framework, this could only be possible if certain gendered guidelines were upheld and, most importantly, if the female body was not damaged in the process.

Despite various advances in the medical community’s view of the compatibility of women and sport, in the 1930s women were generally primarily viewed as the mothers or future mothers of the race, and if vigorous exercise was thought to damage this fundamental female function it could not be condoned.<sup>72</sup> Throughout these years many debates centred on the potential damage that sport could do to the female body, and from the PE curricula of the 1930s it would appear that both the male and female adolescent years were viewed as distinctive developmental stages which had to be carefully considered in reference to physical education:

A consideration of the physiological and psychological changes that take place within the organism during the outset of pubescence and adolescence, as well as the widening differences between boys and girls in these respects, should be primary factors impressing a distinctive character on the training of each of the sexes. The physical education of boys and girls of post-qualifying classes should accordingly be in the hands of specialist teachers of physical training—men and women respectively.<sup>73</sup>

Whilst the early physical education of the child in elementary school was practically identical for boys and girls up until the age of 12, officials identified some necessity for a clear distinction of the sexes to be made on the onset of puberty.<sup>74</sup> This must have had an effect on the way in which girls viewed their involvement in exercise from this point forward. It is evident from the curriculum’s earlier reference to the particular ‘physiological’ makeup of the young female body, which required careful care and ‘control’ throughout games, that the distinction lay in the vigorous and competitive nature in which it was possible for some games to be played. Girls were not to be encouraged to be competitive in the same way as boys, and for some girls there must have been a certain fear of the physical damage which they could inflict on themselves if they increased their speed,

played for longer than advised, or let their competitive spirit run wild. But what seemed to be clear throughout the interviews was that it was not the dangers of competition that young girls were worried about; rather, they worried about their bodies more generally and how they would practically manage their menstruating bodies whilst at school. Despite considering girls' bodies to be physiologically different, this was one very real aspect of the young female body which the officials seemed to have overlooked.

### KNOWLEDGE OF THE BODY

Helen, an upper-working-class interviewee who grew up in the village of Uphall in West Lothian, Scotland, in the early 1940s, noted that she enjoyed the games which were on offer in her school but she was not so fond of the militaristic gymnastics classes which were still a feature in her school:

A: But I enjoyed the netball and I enjoyed the hockey, yeah. I enjoyed all the things I took part in.

Q: What about the gymnastics type things and the, and the wall-bars was that, did that appeal to you?

A: Well, it didn't, but not as much as against it, ye know. I preferred the games, take part in the games, rather than going up the wall bars or the ropes, but I managed to do it and twist round and go up the wall-bars and things. But, eh, I just did it 'cause we did it as a class but, eh, I preferred the games and liked to take part in games.<sup>75</sup>

It was during Helen's discussion of her enjoyment of games that she naturally brought her narrative round to the particular way in which she experienced games as a young woman with a developing body. Despite being very physically active at this time of life, Helen noted that on reflection she was quite ignorant about the functions of her own body generally whilst growing up. This was a prevalent theme throughout many of the interviews and there seemed to be a sense that the reality of the inner workings of the female body, puberty and reproduction were things which could still not be openly discussed when these women were experiencing adolescence. Helen noted a lack of health education in the school and at home, and this is shown through her telling of the shock when she first started her period and was clueless about the entire process:

A: Aye, well I was just active. I mean, I suppose nowadays they know more about things than we did. Because, at thirteen when I got my periods I didn't know what they were, ye know? My mother had to explain it. And it's just, twelve, thirteen when I got it, I wondered just...

Q: So did your mum chat to you about that?

A: Uhuh, and when I got it I said, 'I've hurt myself', and she says 'No, you haven't'. She...I recall that. That I said, 'I've hurt myself', and she says, 'No...you haven't'.

Q: And she explained, yeah.

A: And I wasn't aware of. Hadn't talked to other girls about it. I mean, nowadays I know it would be different. In those days I got it and I didn't know what it was...And [then]...she explained it.<sup>76</sup>

There is a clear feeling in Helen's testimony that times have now changed for the better in terms of girls' knowledge of the physical workings of their bodies. She made a distinction between then and now, and implicitly praised the subsequent introduction of detailed health education in schools, outlining the era of her childhood as a time of ignorance for girls. Indeed throughout the 1940s and even on into the 1960s and beyond there was discussion about the benefits and dangers of the introduction of sex and health education into schools, but little progress was actually made in this area and an official curriculum was not established during these years. In earlier years government concerns had been raised about the prevalence of venereal disease during the First World War and this prompted growing interest in developing the provision of sex and health education for adults and, ideally, also to youths in schools through instruction by their teachers. In England and Wales the National Council for Combating Venereal Disease, later named the British Social Hygiene Council in 1925, was funded by the government to educate parents, youth leaders and teachers, and encourage human biology teaching in schools, allowing for visiting speakers to discuss key issues.<sup>77</sup> However, as a result of there being no official standard that schools had to meet in relation to this, and with the government simply encouraging the British Social Hygiene Council and other groups to spread the word rather than setting this out as part of the curriculum, provision was extremely varied throughout Britain. Some children in rural areas received no instruction whatsoever, and the same was often also true of different schools within the same local authority in England. The School Medical Officer in Leicester, a city in the midlands of England, noted in 1930 that some senior girls' schools provided no

instruction to their students, whilst others gave ‘definite instruction’ in areas such as body organs, ‘self-control and modesty’.<sup>78</sup>

In Scotland, there were certain campaigners within the official sphere who attempted to convince the Educational Institute of Scotland (EIS), the teachers’ union, of the benefits of the inclusion of this form of education more formally. In 1943 the Scottish Council for Health Education was set up ‘to promote and encourage education in healthy living’.<sup>79</sup> Within this remit, it aimed to enhance health education of young people and a Continuing Committee was established to research and devise a suitable scheme for schools. Yet, despite uncovering some findings which certainly supported the introduction of a detailed health education curriculum, still the EIS failed to use its power to alter the situation.<sup>80</sup>

A speech made by Tom Fraser, the Under-Secretary of State for Scotland, in 1949, clearly stressed that the contemporary code for day schools noted that health education was to be taught in an ‘appropriate form throughout the child’s school life’.<sup>81</sup> Nevertheless, it was not clear which subject teacher or department was responsible for dispensing these integral life-lessons, and with the lack of a national syllabus it was at the discrepancy of each individual head teacher as to what information should be provided. Research by the Continuing Committee in the late 1940s had led to the conclusion that—

The head teacher is a key person in the health education programme in schools. His direct interest, or lack of it, determines success or failure. His enthusiasm stimulates that of his teachers and without it their efforts may lack purposefulness and perhaps also lag.<sup>82</sup>

Consequently, the health education lessons that were given to girls could vary widely in relation to what the views of their head teacher were regarding the necessity of instruction in this area. Yet the Continuing Committee had been carrying out much research in an attempt to yield findings which would prove to the EIS and the general teaching community—including head teachers—that detailed health education should be a basic and essential element of the curriculum. In 1947 and 1948 they carried out a series of ‘pilot experiments’ of extended health education in selected schools in Glasgow, Edinburgh and Aberdeen. The first Glasgow experiment ran in 1947 and involved 15 primary schools and some 12,000 pupils, whilst the second Glasgow test of the following year covered 14 post-primary schools and a total of 13,000 pupils throughout the city.<sup>83</sup> Both of the



Glasgow experiments involved the 'survey' technique, where the conditions of the children's bodies were put under surveillance when possible through inspection generally during lessons, but most specifically during 'the ideal conditions of the stripping room at the gymnasium'.<sup>84</sup> It was proposed by the Committee that improvement had been seen in the general conditions of posture, cleanliness, and appearance of the pupils once the inspection process had been put into practice and once the children had realised inspection would be a daily occurrence. However whilst this process might have enhanced the general appearance of the children and introduced them to the importance of personal hygiene, it did little to explain the basis of this importance. Their understanding or knowledge of hygiene and the workings of their bodies would not have been improved by this method alone.

Health and sex education courses were also piloted with girls in two Edinburgh schools in 1947 and 1948. Norton Park Secondary School carried out a series of 40-minute weekly lessons with girls between 12 and 15 years of age during the summer term of 1947, and these were administered by Anabelle Duncan, a qualified midwife and experienced teacher. Duncan was also a member of the Alliance of Honour, a purity organisation established in London in 1903, and it was under the auspices of this group that she carried out these lessons. The interest of the Alliance of Honour in the health education of children was grounded in their aim to ensure children received the 'correct' information on sex and the body.<sup>85</sup> They tried to help youths to appreciate the importance of a wholesome family environment, and to ensure they understood the real responsibilities and consequences which might be attached to physical actions, so that they would have enough knowledge to resist their temptations to investigate and act on their curiosities.

The second scheme was with 15 to 18 year old girls at Leith Academy in 1948, and in both of these pilot schemes parents were initially contacted and invited to a group meeting where they could raise any concerns or grant their approval before the lessons took place, and indeed before they began 'it was manifest that the scheme had the unanimous approval of the mothers'.<sup>86</sup> This approval was obviously crucial as a main reason behind the exclusion of sex education from the curriculum in the past had been the belief that parents would wholly disapprove.<sup>87</sup> Certainly the unanimous approval of the mothers who were involved in this scheme would suggest that official assumptions and beliefs of what parents ought to think with regards to their children gaining knowledge of sex in their early teenage

years were quite detached from the reality of the situation, and the mothers here were keen for their daughters to be better informed.

Throughout the three weeks of lessons the biological workings of the body, reproduction, health, hygiene, and the 'growing up' process were explained to the girls, although crucially there was 'particular reference to the family as the keystone of society' so that the educators could not be accused of encouraging promiscuity but rather of supplying facts to steer girls toward what they considered to be the right life-choices. Interestingly, in the final week girls were invited to anonymously put forward hand-written questions, and 236 questions were received, suggesting a considerable level of confusion or ignorance. As the reported findings of the pilot scheme noted, 'the questions immediately revealed that the girls were already primed in many of the facts by their mothers, but that the information was often misleading, if not false'.<sup>88</sup> Therefore, this underlined the essential need for health education within an official environment where rumours and doubt could be laid to rest on the acquisition of the facts, and where it could be ensured all girls would receive this crucial information which might not be supplied to them in the home. As shown by the experience of Helen, it could not always be ensured that the information would reach girls in time, and it would surely have been troubling and traumatic for a girl to experience but not understand her first period. For many girls growing up in the 1940s a lack of knowledge of the workings of their own bodies would have been a reality.

Understandably, when girls were told by their elders, peers, or by officials or 'experts' in society that vigorous physical exercise could damage the female body, they did not have the appropriate factual knowledge about the strength or physical workings of their own bodies to think anything else. The EIS was presented with the findings of the Continuing Committee's investigations but despite what appeared to be overwhelming evidence showing that standardised health education was badly needed within British schools, the Educational Institute maintained its previous stance, which was against inclusion. A representative of the EIS, Mr Allardice, explained in correspondence with the Committee that the EIS 'wanted to avoid ... the imposing of the scheme on the teachers of Scotland before they were ready for it and before a proper means of carrying it into effect had been thought out', suggesting that they were unconvinced by the efforts of the Committee in the pilot scheme. Yet the Continuing Committee were eager to stress that it was crucial that the scheme was not wholly discarded

but indeed simply better ‘thought out’ before it was fully introduced. Mr Frizell, of the Continuing Committee, noted his belief that—

Instruction in personal relations or sex education was long overdue ... there had been real cowardice on the part of all concerned ... generations of young people had gone into the world ill-prepared and with distorted views of one of the most vital matters of life.<sup>89</sup>

In this it would seem he was quite accurate. But there were ways for health and hygiene advice to be imparted to girls in the PE environment, and it was happening informally in some areas. Margaret B. recalled that in the school she attended in 1950s Yorkshire, girls were encouraged to shower after PE to keep clean and comfortable, and when Margaret became a PE teacher herself and taught in Ashburn, Middlesex, in the 1960s and 1970s she noted that some PE teachers would help girls with these issues:

If you were an interested person then you were feeding in things like hygiene because you were imposing or encouraging showers after lessons, so the hygiene bit was creeping in there. And if PE teachers were interested they used to be more approachable quite often than a lot of other members of staff in other departments, so they took on board some of the first-aid things, informally, or they might look after somebody that had a period pain, and informally, they were the ones before health and safety came in, that might dispense the aspirin or the paracetamol. And they also had first-aid kits in the department for bruising or cuts or minor first-aid but it was a sort of informal arrangement and there was no, there was no rules or regulations about that.

So the advice and guidance was *informal* and sex and health education programmes generally continued to be administered on an ‘ad hoc’ basis well into the 1970s and beyond, with much variation in content and detail of instruction throughout the country.<sup>90</sup> Thus, the era of doubt and ignorance experienced by Helen in her schooldays of the 1940s continued and affected the experiences of girls for years to come.

### A LACK OF FACILITIES FOR THE YOUNG FEMALE BODY

Whilst failing to supply an adequate level of instruction in health and hygiene to girls growing up in the 1940s, it would also appear that girls were seldom catered to in terms of the provision of facilities which would

help them to keep clean and healthy whilst at school. The speech given by Tom Fraser at an April 1949 conference attended by officials interested in the health education profession commented on the poor facilities of the contemporary Scottish schools: ‘insufficient wash-basins, inadequate latrines, too few clean towels—prevent the schools setting the high example which plays such an effective part in education’.<sup>91</sup> Mary, a working-class interviewee who went to school in Stevenston in Ayrshire, Scotland, in the late 1940s, recalled the poor facilities at her school where the washing amenities themselves were unclean and unattractive, and she felt she was not catered for appropriately ‘as a female’:

Q: What about changing rooms and...?

A: These were minimal, ye know. They weren’t, they weren’t really, there was limited showers and they weren’t very good or nice or clean or anything like that, so I would say that the standards of the changing rooms were very poor.

Q: What about things, mirrors or anything like that, washing?

A: No, that wasn’t, you were never catered for as a female, a young female ye know. And, eh, it was bare.<sup>92</sup>

Mary’s indication that she was not catered for as a ‘young female’ points to her belief that there was a lack of understanding by officials of the growing-up process for girls and the ways this process could have been made easier and less traumatic.

Certainly, a key element of personal hygiene for young girls at school, given that many girls were now staying on at school beyond the early teenage years, was keeping clean and comfortable throughout menstruation. Yet, a study carried out by the Menstrual Hygiene Subcommittee of the Medical Women’s Federation and reported in *The Lancet* in May 1949 showed that the situation in schools throughout Britain was far from adequate.<sup>93</sup> In an attempt to collect information about the methods available for the acquisition of sanitary towels and for changing and disposing of them within school, the Subcommittee had approached Dr Nora Wattie, the assistant medical officer of health for Glasgow. Wattie selected a cross-section of schools to be included in the study, with 53 individual schools being selected. The medical officers responsible for each of the schools were asked to fill out a short questionnaire which would enlighten the Subcommittee as to the current situation. The results showed that within the six rural schools examined in Scotland sanitary towels could

be obtained from the school nurse or teacher, but not from the private facility of a slot machine, and there were no bins provided for the disposal of these towels when they needed to be changed.<sup>94</sup> The situation was equally poor in urban schools where, of the 47 examined, 19 had no school facility from which towels could be acquired, and 41 of the 47 schools provided no bins for the disposal of towels.<sup>95</sup> Three of the urban schools reported that girls could dispose of their towels by handing them to the school nurse if needed, but this was hardly an appealing route for the pupils. Moreover, the facilities for changing towels were not conducive to comfort and privacy: ‘quite a number of schools, including some large ones with young children of both sexes, have no lavatories with doors that lock’.<sup>96</sup> The members of the Subcommittee were conscious of the failure of the contemporary education system in its provision for adolescent girls and, significantly, they were aware of the damaging effect this could have on day-to-day school-life and especially during activity:

Wearing a towel too long causes chafing and soreness, with associated discomfort and pain on walking and running: moreover, inability to change when it is known to be necessary sets up an anxiety that may be a panic fear, lest soiling of underwear becomes staining of outer clothes.<sup>97</sup>

In order to be consistently comfortable with their bodies whilst at school it would be necessary for girls to be able to keep clean and dispose of their sanitary towels discreetly. Anne D. remembered that in her school in rural Aberdeenshire in the early 1950s not only were there no facilities to aid menstruating girls, but until girls were in the senior section of the school they had to use outside toilets:

Q: During periods and things were there any sorts of bins for anything or?

A: Oh, no, not that I can remember of at all. I was just. In fact, I can tell you something. The toilets were in the playground (laugh) ... Outdoor toilets. Except when you got to final years and the final year girls had a room ... We had a little cloakroom, with two toilets and pegs to hang your coat on ... So that was a, that was the privilege of being in the final years ... that we had a little room and the boys had a room. We had two playgrounds, girls’ playground, boys’ playground, bike sheds, and toilets.<sup>98</sup>

In Helen’s memories of her adolescence and menstruation at her school in West Lothian she noted her good fortune that she could go home at lunch to change, as for those girls for whom a home-lunch was not pos-

sible menstruation may have been a much more awkward and uncomfortable time:

A: Well sometimes you might not do the whole day, but I think I would be lucky, could go home for lunch, I could go home and get back. So, different if it was a girl there the whole day—

Q: From further away.

A: Further away. But, eh, we could get home and back. It was a rush but we could do it I think, those days, yeah. But yeah, these are the wee changes that are different from that time to—

Q: Now.

A: To now. Aye, you see. But I remember that.<sup>99</sup>

Helen also remembered that physical education was compulsory at all times, even during menstruation: ‘Uhuh, you know cause when they came round and that, sometimes it was maybe kinda awkward but, eh, you just did the things and I suppose you had them [periods] with PE and things like that’.<sup>100</sup> Similarly, Betty, an upper-working-class interviewee from Cardonald, near Glasgow, noted that when she was at school in the late 1940s menstruation was not considered to be a valid reason to be excused from physical education:

A: Well just the old-fashioned thing which I know doesn’t really apply was you didn’t go swimming when you had your period. You’d always to take a note in to the teacher to say why you weren’t, eh why you weren’t, ye know, doing swimming. But eh, that wasn’t an excuse for like eh—

Q: For anything else, no?

A: No, that wouldn’t have been accepted.<sup>101</sup>

Whilst this may have shown girls that menstruation was not necessarily a time in which they should view themselves as ill and physically incapable, the facilities within the schools did not seem to be adequate to ensure all girls would be comfortable enough to take part even if they felt well enough to do so. If there were no suitable means or facilities where towels could be changed as regularly as needed, sport participation during menstruation would indeed become uncomfortable and unpleasant. This situation would not set girls up with an appropriate view of the capabilities of their bodies and it probably contributed to the negative way in which some girls viewed their physical capabilities during menstruation, making them much less likely to take part in any activities during this time of

the month in their later life. This mirrors developments elsewhere in the West, with Verbrugge noting that throughout the first half of the twentieth century physical educators in North America had a consistent stance in favour of *moderate* physical activity during menstruation, and it could not be used as a reason to be excused from gym. In any case, moderate activity was the norm for girls and it was unlikely that girls would have been engaging in ‘violent physical exertions’ at any stage of their monthly cycle as, much like in Britain, girls were not encouraged to engage in strenuous exercise that might ‘sap their vital energy’ and result in ‘internal derangement’ of their vulnerable wombs.<sup>102</sup>

The oral testimony evidence from Britain also suggests that physical and health education in 1950s Catholic schools was far from adequate. Callum Brown has argued that 1950s Britain saw general cultural conservatism and, specifically, an intensification of Catholic identity. For Brown, this period witnessed ‘some of the fiercest imposition of Christian moral codes created by priests and secular orders of nuns on children’.<sup>103</sup> Contemporaries have recalled their experiences of religion in the 1950s as ‘repressive and guilt-inducing’.<sup>104</sup> Certainly, from oral history evidence it would appear that in terms of prudishness regarding the body and a lack of dissemination of knowledge of bodily functions, hygiene, and health, like the majority of British schools the convent schools also did not provide girls with much information. Moreover, as the teaching experiences of the interviewee Rona show, the strict rules regarding the discussion and display of the body certainly hampered the PE experiences of girls at these schools:

A: Over the year I [...taught at] the Convent of the Sacred Heart ... Secondary teaching. And I remember going in there on a Monday afternoon. And you opened the door and the smell, it was awful [...] perspiration. And the nuns went silently around and she showed me the gym and, my God, I think there was two wee wall bars up there and a buck and she said she’d send the class in. And they came in with thick woolly stockings, straight skirts, and a jumper.

Q: Oh, to do gym?

A: To do gym.

[...]

But I did notice, there was a window, eh, the door had a window in it and every now and then you would see the, one of the nuns passing by.

Q: Passing by to...?

A: Checking up what you were doing. I mean, they couldn’t no more go over a buck or a horse or anything.

Q: In that skirt.

A: Weren't allowed to show bare legs or anything like that.<sup>105</sup>

Presumably the girls would have been seriously restricted in what they were physically capable of on account of the uniform they had to wear whilst taking part as 'woolly tights and straight skirts' would hardly have allowed for freedom of movement. As a PE teacher Rona also felt restricted by the atmosphere of this school and the constant watch of the nun who she felt was 'checking up' on her. It is unlikely, particularly as an early-career teacher, that Rona would have felt comfortable introducing new movement techniques or vigorous exercise and athletics into the lessons with these pupils. Girls in other schools at this time tended to wear 'gym knickers', as noted by Catherine from Glasgow in her interview when she discussed her school experiences in the early 1950s: 'You had to just wear this blouse and tuck your stuff into these big baggy knickers! (laughing) It wasn't very, ye know ... sort of (laughing) practical, in a way, but that's what you had to wear!'<sup>106</sup> Whilst the 'baggy knickers' would have been extremely impractical during menstruation, they did allow for athletic freedom of movement that the girls in the Catholic school would not have had. When discussing this school Rona went on to say that she felt basic hygiene was not being encouraged in this school on account of the strong stench of 'perspiration' as she entered the premises. Whereas elsewhere, when she began teaching in non-denominational schools in Glasgow, she recalled being directed to encourage the children to have showers after lessons:

A: I, they couldn't, thick straight skirts, woolly stockings. And that's when you went into the door, eh...

Q: Not a nice atmosphere.

A: Not nice at all, I mean I don't know whether they had any hygiene talks or anything like that. But, em, it was very... The very first year that I taught, I had seven primaries, I had Carolside down the road there, and it was just a new school built eh, that was '51 I got it, had only been built in '49 but, oh, it was very, very utilitarian. It was, you know, concrete floors and brick and the brick had been painted. They just hadn't the supplies or anything. But they had showers in it, a battery of showers ... Cause it was a mixed class [but they were separated for that]... And I used to put them through this, it was a, in one end, and battery of showers, and out the other end...



Q: But there were showers, and that was just after a gym lesson or something they'd have to use the showers?

A: Uhuh, just to get them into the sort of idea. They didn't give you much time, you'd only got about thirty-five minutes. You'd take your lesson, get them in there to be dried and out, you clock watched all the time, you know. But that was the only school I was in, any primary school, that had showers.<sup>107</sup>

Thus evidently the degree to which health and hygiene habits were incorporated into the PE lesson could vary widely with regards to the type of school a girl attended, the moral code within this school, and the facilities which were on offer. Encouraging and teaching hygienic habits and offering an opportunity for children to wash at school would have been beneficial in these decades of the 1940s and 1950s given the lack of access to washing facilities in many homes. In the 1940s, 40 percent of homes in Hull, 50 percent of homes in Glasgow, and 52 percent of homes in Salford were without baths; and in Stepney, London, the number of working-class families with no bathrooms stood at over 90 percent.<sup>108</sup> The distinct lack of health and hygiene education in convent schools appeared to be a running theme and whilst the situation was certainly similar in other schools at the time, as the majority of girls who attended PE lessons in non-denominational schools in the 1950s were wearing the notoriously uncomfortable and impractical gym knickers; still the strict covering of the legs and body appears as a rather extreme alternative. These Catholic institutions were perhaps focussed more on enforcing moral codes of respectability than providing proper clothing for physical activity. Similarly, Val, an interviewee who was born in Clydebank, Glasgow, in 1945 and interviewed by Lynn Abrams for a separate research project, referred to her Catholic upbringing and schooling where she was primed in moral life lessons but failed to be educated in some basic, practical facts, particularly in reference to health, hygiene and the body:

VC: All this keeping yourself pure for Christ and all of this kind of nonsense

LA: *Did you understand what that meant?*

VC: No, because they started talking to you when you were 11, but by the time you made sense out of it you'd heard it so often, it was just a fact [LA: like a mantra] yeh, it just was rather than something you could discuss or talk about. And again mother was no good at all at that kind of thing, no good at all, you know.

LA: *Well, I suppose going to that kind of school she assumed you were getting all that moral education from the nuns.*

VC: Well, we got moral education but we didn't get any practical education, we didn't get any facts.

LA: *No sex education.*

VC: None at all.

LA: *Did you even get anything about periods and stuff like that.*

VC: No, no nothing at all.<sup>109</sup>

As has been shown throughout this chapter, the taboo subjects of menstruation and reproduction were overlooked by most schools at this time and young girls were not looked on or catered to as young women, even when their bodies had matured and were functioning in the same way as adult women's. Val also remembered the shock when her period returned the following month after menarche: her mother's minimal explanation of the process had not gone so far as to explain that this would be a monthly occurrence:

VC: Absolutely horrendous, yes, even my mother found it extremely difficult and did it very, very badly. I knew I would have one but I didn't know I was going to have more.

LA: *Oh, God, what a shock.*

VC: Yes, yes [laughs] ... but she never made it clear that this would happen again, and again there was no one to talk about it because you didn't talk about these kind of things.<sup>110</sup>

As evidence of the variety of school experiences which girls could be exposed to throughout these decades, we can compare Val's experiences to those of Elspeth, who attended a girls' boarding school in the 1940s. Elspeth's school appeared to be very liberal in comparison to Val's, particularly when we consider the understanding of the female body which was almost forced on Elspeth within the close confines of her communal living accommodation at school. When I asked Elspeth about her time at boarding school and whether being constantly surrounded by other girls affected the way she felt about her body, she stressed that she believed this environment helped her be more comfortable with herself and the female body generally. As a result of her life experiences she suggested that girls who were coddled and given lots of personal space and privacy, and who were not exposed to other female bodies, were naturally more self-conscious about their bodies and nudity:

Q: ...So can you remember anybody, I mean were there changing rooms and things like that? Can you remember feeling...You seem to say it was quite open?

A: Absolutely, very open, there was no such things as changing rooms. I mean it was a house that was adapted. And I assure you, and we all slept in dormitories we all, you know, in fact, you know, you'll think it was terrible but because we were only allowed a bath every, every third day or something because of the water situation, we used to get into each other's baths. And they were great big old-fashioned ones, em, and you could, you could get two people in very easily, three people if you wanted, you know (laugh). No one, just no one thought anything of it.

Q: So you weren't particularly self-conscious then?

A: Oh, not a bit!

Q: That's probably down, well, to the circumstances, a very particular atmosphere in a boarding school so that's ...

A: It is, it is, it is. And I notice that, for instance, [my granddaughter] ... she's so prudish you know, and so modest. Well, again, of course, I mean I had four girls and did they bother? Not a bit, but she has two brothers. So she is, you know, much more modest and shy about her body, which, you know, as I say if you've four girls, you know, they just don't bother. <sup>111</sup>

None of the other interviewees made assessments of social and family environments affecting a woman's comfort within her own body or with female bodies in general, but Elspeth's comments are intriguing. Even more so when we take into consideration the findings of Summerfield and Crockett in their study of women in the Second World War. Summerfield and Crockett carried out oral history interviews with 40 women regarding their memories of the war years.<sup>112</sup> Interestingly, they noted that some of their interviewees experienced challenges to their understandings of social and sexual norms during wartime. In particular, women who entered the Services stepped into a new living space where their privacy would be somewhat lost, with their bodies and habits of hygiene fully exposed in the communal living huts. Their interviewees referred to prudishness amongst women of different classes, with some lower-middle and working-class women apparently being more likely to be uncomfortable with nudity and exposure of the body than women of higher social classes. Thus, similarly to the women in Summerfield and Crockett's study, Elspeth had felt that the unavoidable lack of privacy in the boarding school made her familiar and therefore comfortable with the female form, and she viewed these early experiences as having a positive influence on her personal relation-

ship with her body throughout her life. Undoubtedly, working-class families who also lived within close living quarters, with whole families living between one or two rooms, might have had similar exposure to the female body and its workings, but with no forthcoming evidence to this effect it would be unwise to make any conclusions here. But in any case, despite what could be assumed to be quite a strict upbringing in the boarding school environment, Elspeth was perhaps more 'free' from certain body issues than those who had had the freedom and privacy, or indeed the secrecy and ignorance, which often came with staying at home throughout the school years.

Certainly, in Val's experience the adolescent female body and its workings were inappropriate topics of conversation in school and uncomfortable topics at home, thus nurturing an environment of secrecy and taboo in relation to these issues. Indeed, as Delaney et al. have noted, one of the main reasons that taboos against menstruating women and fear of menstruation are kept so strong within society is because these practices are 'rigorously taught to youngsters'.<sup>113</sup> Val felt she could not discuss these issues or express her discomfort to her peers on account of there being 'no vocabulary' to discuss these matters in. These issues were so taboo that there were no acceptable words with which to describe and discuss them without appearing vulgar, and as a result girls remained ignorant or ill-informed. Her reference to the lack of provision for menstruating girls on her school premises supports the argument made above that schools in the 1950s were failing to adequately provide for the educational and practical hygiene needs of girls:

*LA: [...]presumably when you were at school you were all starting your periods [mmm] but did you ever talk to each other about it?*

*VC: Never, never, never, never mentioned that you were uncomfortable, you crept about Woolworth's trying to buy these things without anyone knowing you were buying them.*

*LA: There would have been no facilities at school?*

*VC: None at all, none at all. There was nowhere to put them, nowhere to get a clean one, there was nothing. No nurse to go to and say, 'oooh, I've got...!' There was nothing, you just survived, it was horrendous. It's the one thing I got right for my daughter. This will never happen to anyone of mine you know, yes, oh, that was horrendous. The second one was quite a shock [laughter].*

*LA: It must have been quite scary when you don't know what's going on with your body.*

VC: Yes, and you've no language to ask questions in.

LA: *That's right.*

VC: It's a lack of vocabulary, in so much of this thing, so much of the sex thing, and the boy thing again, you'd no vocabulary.<sup>114</sup>

Thus, through a lack of adequate education in both health and sex education within the school and home environment, many of the girls growing up between the 1930s and 1950s in Britain would have had a low level of knowledge of the workings of their own bodies. The facilities and health education programmes in many British schools were not conducive to a supportive environment for girls in the first years of puberty. This would not have aided the situation of girls who were already unhappy or uncomfortable with their bodies and its changes, and it is doubtful as to whether it would have enhanced their experiences of physical education.

From the interviews it would seem that active adolescent girls during these years were not acknowledged by education officials for what they really were: young women. They were seldom provided with facilities which made their daily school experiences more comfortable and encouraged them to be hygienic. This is particularly interesting when we reconsider the fact that at this time officials were outlining girls' adolescent bodies to be quite fragile, and it was generally suggested that girls at this time of life were going through certain 'physiological' changes which meant they *needed* to be cared for in the correct way. Paradoxically, officials outlined girls' bodies as being weak and fragile on account of their bodily changes in adolescence, but simultaneously some officials and educators seemed to be oblivious to the presence of these same bodily changes in so far as providing facilities which might have catered to the needs of girls at this stage in life.

## CONCLUSION

As a result of the various national economic priorities which delayed investment into public and school sports facilities, British PE remained largely unchanged between 1930 and 1960. Nevertheless, gradually from the 1960s onward a conscious decision was made by official bodies to invest in community and school sport. Consequently, a series of financial collaborations between central and local authorities brought about the establishment of various multi-sports centres and national sporting facilities which changed the way physical education and community sport interacted, and the scope of opportunity for girls' PE was certainly improved as a result

of this.<sup>115</sup> Yet between 1930 and 1960 there continued to be an absence of sex and health education as an integral component of the curriculum, and the introduction of such teaching into any school remained at the discretion of the head teacher. From the 1950s, representatives from feminine hygiene companies, such as Tampax, would occasionally be invited to come and speak to groups of adolescent schoolgirls, partly as a sales technique but also for educational purposes. Linda, an interviewee who was born in 1944 and grew up in Uddingston in central Scotland, recalled the Tampax representative visiting her own school in 1956: ‘In second year we had a talk from the Tampax lady and we all just looked at her with great disbelief’.<sup>116</sup> Thus, there was an option for head teachers to invite experts to the school to speak on these sensitive subjects, but even with this system health instruction would still only be implemented on an ad hoc basis, and this remained the situation for decades.<sup>117</sup>

The general level of ignorance of the inner workings of the female body at this time is striking. There was still no official way through which all girls would get access to useful biological information about their own bodies and until this came about girls would be relying on what they were told by their peers, or if they were lucky, what their mother explained to them. What is clear is that until girls had enough knowledge about the female body they had no way through which they could decide what their own capabilities were. The school curriculum, which was shaped by what were now largely outdated medical discourses, told them that ‘manly competitive or contact sports’ such as football, rugby, and some athletics were not suitable for girls, on physiological grounds. Understandably, when girls were told by their elders, peers, or by ‘experts’ that vigorous physical exercise could damage the female body, they did not always have the appropriate factual knowledge about the strength or physical workings of their own bodies to think anything else. Until girls had the biological information at hand to know that competitive sport could not rob them of their ‘womanliness’, they would be reluctant to get involved.

Officials had to recognise that adolescent girls were really young women who needed to be treated as such, and until then the situation for active girls in school would continue to be far from adequate. This idea of the lack of understanding of the female body and appreciation of this situation contributes to our understandings of women’s relationships with their own bodies and how this affected female participation in sport. We should appreciate that throughout the mid-twentieth century the official school environment often failed to adequately nurture young female bodies and cater for girls

to allow them to comfortably participate in sport to the best of their ability. Those girls who viewed themselves as ‘sporty’ were often encouraged by an individual outside of school, such as a family member, or by a particularly enthusiastic PE teacher who had access to good sports facilities and could nurture their talent.<sup>118</sup> But for those who had been schooled in the belief that vigorous sports were unsuitable for girls, there was little scope for them to develop their knowledge in this area without personally pushing the boundaries of their own capabilities. Yet fear of damaging their bodies would have been enough to stop many girls from venturing beyond what was officially recommended and testing the limits of their bodies. We can perhaps see more clearly why the ‘sportswoman’ was a difficult concept for society to grasp and why it was so important that there were some determined young women who tested the physical capabilities of their bodies and helped to show their communities that the female body and sport were highly compatible. Chapter 3 will develop these arguments by challenging this official view that the adolescent female body was essentially fragile. It will investigate female experiences of exercise outside of school and the ways in which social class, family connections, and social networks affected access to and experiences of exercise in the immediate post-school years.

## NOTES

1. Rona (Born 30/09/1930), oral history interview, 4th October 2010.
2. Hargreaves, *Sporting Females*; J. Welshman (1998) ‘Physical Culture and Sport in Schools in England and Wales, 1900–1940’, *International Journal of the History of Sport*, 15, pp. 54–75; K. McCrone (1988) *Playing the Game: Sport and the Physical Emancipation of English Women, 1870–1914* (Kentucky: University Press of Kentucky); C. Webster (1983) ‘The Health of the School Child During the Depression’, in N. Parry and D. McNair (eds) *The Fitness of the Nation: Physical Education in the Nineteenth and Twentieth Centuries*, (Leicester: History of Education Society), pp. 76–81.
3. S. Fletcher (1984) *Women First: The Female Tradition in English Physical Education 1880–1980* (London: The Athlone Press).
4. S. Scraton (1992) *Shaping up to Womanhood: Gender and Girls’ Physical Education* (Buckingham: Open University Press).
5. Verbrugge, *Active Bodies*.
6. H. Marland (2013) *Health and Girlhood in Britain, 1874–1920* (Basingstoke: Palgrave Macmillan).
7. D. Kirk (1992) *Defining Physical Education: The Social Construction of a School Subject in Postwar Britain* (London: The Falmer Press); D. Kirk

- (2002) 'Physical Education: A Gendered History', in D. Penney (ed) *Gender and Physical Education: Contemporary Issues and Future Directions* (London: Routledge), pp. 24–37; D. Kirk (1993) *The Body, Schooling and Culture* (Victoria: Deakin University Press).
8. D. Kirk (2000) 'Gender Associations: Sport, State Schools and Australian Culture', *International Journal of the History of Sport*, 17:2, pp. 49–64.
  9. Skillen, 'A Sound System of Physical Training', pp. 403–418; Skillen, *When Women Look their Worst*.
  10. See Appendix.
  11. Many of the interviewees found it difficult to maintain their sporting interests when they embarked upon marriage and motherhood and this will be discussed in Chap. 5.
  12. National Archives of Scotland (NAS), ED8/15 *Report of the Third Advisory Council on Education in Scotland: Sub-Committee on Physical Education and Character Training in Schools* (1932), p. 2.
  13. Edinburgh University Special Collections (EUSC) (Currently not catalogued) *Dunfermline College of Hygiene 1914–1936, Old Students Association, Dunfermline Physical Training College, 18th Annual Report: 1929–1930*, p. 26.
  14. EUSC *Dunfermline College of Hygiene 1914–1936, Old Students Association, Dunfermline Physical Training College, 20th Annual Report: 1931–32*, p. 19.
  15. EUSC *Dunfermline College of Hygiene 1914–1936, Old Students Association, Dunfermline Physical Training College, 20th Annual Report: 1931–32*, p. 16.
  16. Kirk, 'Physical Education: A Gendered History', p. 25.
  17. In the 1960s officials acknowledged that due to poor Scottish weather there was a greater need for enclosed sports facilities: NAS ED27/449 Official Working Party on Sport: Assistance for Sport (Wolfenden Report), *Scottish Education Department: Note of Meeting of Working Party on Sport and Physical Recreation held on 16th January 1961*.
  18. Skillen, 'When Women Look their Worst', p. 17.
  19. S. Fletcher (1985) 'The making and breaking of a female tradition: women's physical education in England 1880–1980', *The International Journal of the History of Sport*, 2:1, p. 30.
  20. Fletcher, 'The making and breaking of a female tradition', p. 31.
  21. S. Fletcher (1987) 'The making and breaking of a female tradition: Women's physical education in England 1880–1980', in A. Mangan and R. J. Park (eds) *From 'Fair Sex' to Feminism: Sport and the Socialization of Women in the Industrial and Post-Industrial Era* (London: Frank Cass), p. 148.
  22. I. C. MacLean (1976) *The History of Dunfermline College of Physical Education*, p. 34.



23. NAS, ED71/23, *Report of the Royal Commission on Physical Training in Scotland* (Edinburgh: HMSO, 1903), pp. 27–8.
24. MacLean, *The History of Dunfermline College of Physical Education*, pp. 1–30.
25. MacLean, *The History of Dunfermline College of Physical Education*, p. 34.
26. Norah, oral history interview, 11th November, 2010.
27. Linda, oral history interview, 25th October 2010.
28. Linda, oral history interview.
29. J. A. Hargreaves (1985) “‘Playing like gentlemen while behaving like ladies’”: Contradictory features of the formative years of women’s sport’, *International Journal of the History of Sport*, 2:1, pp. 40–52.
30. Rona, oral history interview, 4th October 2010.
31. ‘Hutchy’ is the local word used to refer to Hutchesons’ Grammar School for Girls in Glasgow, a fee-paying private school.
32. Anne D., oral history interview, 28th October 2010.
33. Margaret B., oral history interview, 27th July 2010.
34. Norah, oral history interview.
35. Margaret B., oral history interview.
36. Margaret B., oral history interview.
37. Fletcher, ‘The Making and Breaking of a Female tradition’, in *From ‘Fair Sex’ to Feminism*, p. 148.
38. Scraton, *Shaping up to Womanhood*, p. 13.
39. Fletcher, ‘The Making and Breaking of a Female tradition’, in *From ‘Fair Sex’ to Feminism*, p. 147, p. 152.
40. Fletcher, ‘The making and breaking of a female tradition: Women’s physical education in England 1880–1980’, p. 30.
41. D. Kirk (1992) ‘Curriculum History in Physical Education: A Source of Struggle and a Force for Change’, in A. C. Sparkes (ed.) *Research in Physical Education and Sport: Exploring Alternative Visions* (London: Falmer), p. 221.
42. J. A. Mangan and C. Loughlan (1988) ‘Fashion and Fealty: The Glaswegian Bourgeoisie, Middle-Class Schools and the Games-Ethic in the Victorian and Edwardian Eras’, *International Journal of the History of Sport*, 5: 1, pp. 133–5.
43. Davidoff and Hall, *Family Fortunes*.
44. Mangan and Loughlan, ‘Fashion and Fealty’, p. 135.
45. Fletcher, *Women First*, p. 16.
46. Fletcher, *Women First*, p. 16.
47. *St Leonard’s School Magazine, 1920–1938* (St Leonards School Archive), in Skillen, ‘When Women Look their Worst’, p. 32.
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52. *Report of the Inter-Departmental Committee on Physical Deterioration*, 1904, Cd. 2175, in McCrae, *The National Health Service in Scotland*, p. 13.
53. Skillen, ‘*When Women Look their Worst*’, pp. 21–2.
54. ‘School Medical Examinations, Scotland, 1929’, *Annual Report of the Department of Health for Scotland, 1929*, in McCrae, *The National Health Service in Scotland*, p. 13.
55. McCrae, *The National Health Service in Scotland*, p. 142.
56. McCrae, *The National Health Service in Scotland*, p. 143.
57. L. P. Jacks (1932) ‘The Liberal Education of the Body’, *The Lancet*, 26th November, p. 1146.
58. Stevenson and Cook, *The Slump: Britain in the Great Depression*, p. 53.
59. Welshman, ‘Physical Education and the School Medical Service in England and Wales’, p. 38.
60. Stevenson and Cook, *The Slump: Britain in the Great Depression*, p. 53.
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70. Marland, *Health and Girlhood in Britain, 1874–1920*, p. 143.
71. ‘Education of the Body’ (1947) *The Lancet*, 26th July, p. 139.

72. 'Treatment of Cases of Abortion' (1930) *The Lancet*, 20th September, p. 654; 'Menstruation and Athletics' (1932) *The Lancet*, 13th February, pp. 357–8.
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82. NAS ED/48/178 Health Education Curriculum *The Scottish Council for Health Education: Report of the Committee on Health Education in Schools* (Edinburgh, 1950), pp. 22–3.
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90. Davidson and Davis, "'This Thorniest of Problems"', p. 244.

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115. Chapter 5 will provide a full discussion.
116. Linda, oral history interview.
117. Davidson and Davis, "‘This Thorniest of Problems’", p. 244.
118. As shown in the interview with Margaret B. where PE teachers were particularly influential. This will be explored further in Chap. 3.

## Experiencing Exercise as a Young Woman

During the 1920s and 1930s the British public witnessed the spread of the ‘modern girl’ body ideal and a growing popularity of keep-fit and exercise amongst many young women.<sup>1</sup> The provision of public sports facilities—such as playing fields, tennis courts, and swimming baths—was also gradually improving in many urban localities.<sup>2</sup> Young people, of both sexes, were cycling and hiking through the British countryside as members of the rapidly expanding Youth Hostels Association.<sup>3</sup> The number of young adults participating in sport was certainly growing, but exercise experiences were still gendered. We will see that sporting experiences and patterns of sports provision were shaped by conservative public discourses of femininity and respectability, yet oral history testimony also shows us that there were alternative discourses in existence which sat at odds with the official picture of the fragile female body. These alternative discourses were often difficult to access, but through supportive sporty networks of family or friends, crucial workplace connections to sport and exercise facilities, or determination to maintain participation despite perceived barriers, many women were able to keep up their exercise participation in their post-school years.

Government officials, and certain members of the public, had clear ideas of the types of recreation which were suited to girls outside of the school environment. Within official circles the adolescent female body was understood to be physically fragile, not just within the context of PE, as shown in Chap. 2, but also outside of school; and consequently girls were

seldom encouraged by officials to test their physical capabilities by taking part in vigorous competitive sport at their local social clubs and in their social life. Contemporary advertisements and official campaigns from the 1940s and 1950s encouraged young women to involve themselves in the various suitably feminine physical recreations at their girls' clubs, such as dancing or keep-fit, but more vigorous sports were not encouraged, and the provision of public sports facilities during these years reflected these restricted official ideas by being rather limited in scope.

However, the oral history testimony questions the official picture that all young women were 'naturally' physiologically unsuited to vigorous and competitive exercise. Many of the interviewees welcomed opportunities to test their capabilities and felt that their bodies thrived in sporting environments. Whilst officials steered young women toward certain kinds of 'suitable' exercise, there were alternative discourses which offered more varied physical recreation options that went beyond these official recommendations. Thus, despite the discursive limitations about the kinds of activities regarded as suitable for women, the women themselves often rejected or disregarded them. Popular practice and dominant discourses did not always coincide. But, as will be shown throughout this chapter, crucial social, family, or work connections and encouragement often played key roles in facilitating access to leisure. Without such connections, or a certain determination to seek out exercise opportunities, young women would have found it very difficult to access sporting circles once they had left school.

Within the relatively enclosed school environment access to regular exercise had become an expectation, but in the late 1930s and 1940s there were only a few officially sanctioned places where young women could gain access to physical recreation after they had left school. As noted in Chap. 1, the rising popularity of classes run by the Women's League of Health and Beauty and the Keep-Fit Movement, and the efforts made by the National Fitness Council in cooperation with the press to promote these classes to women, show that there were certainly some appropriately feminine spaces where young women could exercise outside of school and in their post-school years.

But these spaces, and the exercises performed within them, were gendered. Apart from the few former pupils' school teams for hockey and netball and the availability of public baths and tennis courts, few of the female interviewees recalled any official, well-advertised places where they might have gained access to either organised or casual physical recreation

as young women. This adds another layer to the findings of Skillen who has argued that the working classes had access to a wide variety of public sports facilities, such as tennis courts and swimming baths. My research into women's experiences suggests that knowledge of and access to these facilities was not straightforward and was often dependent on access to local social networks.<sup>4</sup> The interviewees in this study did, however, almost all manage to get access to some kind of exercise, but this was often due to their particular circumstances or connections. For example, some interviewees gained access to the physical recreation facilities of a local business because they or a family member were employees of the firm. Other interviewees gained access to school activity halls through their own occupations, as was the case for many of the interviewees who were teachers. But still, many of the rural interviewees found that as a result of locations during their post-school years they often had to take it upon themselves to provide physical recreation for their community, particularly if they lacked access to a village hall or funding to enhance existing facilities. One such example of this was given by Norah, who lived in Helensburgh, a town in Argyll and Bute, Scotland, during the 1940s and 1950s. Norah recalled that the dance class she set up for the locals initially had to be given in her friend's house where there was a hardwood floor, as she could not get access to a community hall for the class.<sup>5</sup> Evidently, much like the level of physical education on offer to girls in school, throughout the 1940s and 1950s physical recreation for young women in Britain could vary widely in relation to social class, regional locality, or family situation; and public sports provision varied sharply throughout the country.

### BRIDGING THE GAP

Throughout the 1940s, many government officials believed that the immediate post-school years were a critical time of life when good or bad habits might be taken up and incorporated into the routine of a young person.<sup>6</sup> To encourage physical recreation in adult life young boys and girls had to be shown by officials and their community that there were places where they could participate in activities and that it was acceptable for people of their age to participate in exercise as a recreation. The early intention of William Alexander Smith when he founded the Boys' Brigade in Glasgow in October 1883 was to 'bridge the gap' of recreation and fill up the spare time of those boys who had left school at 13 or 14 but felt that they were now too old for their previous recreations of Sunday School

or church clubs.<sup>7</sup> This idea of the necessity to ‘bridge the gap’ between school and work by sustaining exercise participation throughout these years and creating school-to-club links was certainly relevant to the lives of both boys and girls in these decades, and this continues to be a theme of British sport policy in the twenty-first century.<sup>8</sup>

Access to local clubs and information which showed that clubs and classes were available to girls and women outside of school was vital. For those girls for whom local clubs and recreation grounds had perhaps not been a part of life during their school years, it was important that information reached them which explained that facilities were available. One such way in which this happened was through advertisements in the press of local dancing and keep-fit classes on offer to women. In 1938 women in Devon, in the south-west of England, were reminded that the Women’s Institute’s ‘Keep-Fit classes’, so popular last winter’ be recommencing the following week.<sup>9</sup> In 1940 these same reminders continued to appear in the local press, but they were now being framed in terms of a way for women to remain in strong health during wartime: ‘You must keep fit. No woman can be of much use to her country, especially in war-time, unless she keeps fit’.<sup>10</sup> An advertisement for an Edinburgh school of dancing was featured in *The Scotsman* in 1938 and stressed that the offered keep-fit classes were geared toward ‘business girls and older women’.<sup>11</sup> Similarly, in 1937 women in Paisley, near Glasgow, were encouraged to attend the beginners’ class at the Jack Douglas School of Ballroom Dancing on the High Street as ‘a few more ladies [were] required to complete this class’.<sup>12</sup> Indeed, throughout the 1930s and 1940s, newspapers often featured advertisements for dance and keep-fit classes for women, but when these advertisements were geared toward ‘business girls’, they might not spark the interest of working-class girls who had just left school and were looking for interesting and affordable recreations. Short public-information trailers and films were another useful way of catching the interest of the nation’s cinema-goers, and officials also infiltrated these public spaces to encourage young girls to spend their spare time wisely.

One such film which aimed to encourage young working-class women to put their free time to good use whilst enhancing their moral and physical well-being was the two-minute film *Girls’ Club Appeal* which was made in 1939 and was broadcast at cinemas before the main feature. The film itself, in black and white but with sound, was shot in Glasgow and showed images of the club’s young women on day-trips to Loch Lomond and taking part in various useful skill and recreational classes



at the Association of Girls' Club premises in Glasgow city centre.<sup>13</sup> The narrator of the film immediately stressed that the majority of girls attending the club would be 'tired workers seeking rest and recuperation', suggesting the club was geared to appeal to working-class girls who wished to escape the city chimneys to spend time in a clean, friendly, all-female environment. The film showed girls reading books in comfortable arm-chairs, attending cookery and dressmaking classes, and being introduced to basic first-aid and child-care.<sup>14</sup> Whilst many of the activities carried out by club members in the film were linked to the nurturing femininity and motherhood discourses which were still so prevalent in this period and often dictated the types of activities which were deemed to be suitable for young women who would be expected to go on to become wives and mothers, there were a few interesting additions. There was an emphasis on the benefits of experiencing the outdoors as the girls were shown smiling and laughing whilst sailing as a group on Loch Lomond, and when interspersed with shots of smoking city chimneys it is evident that these scenes were intended to portray the club as a healthy, safe space where girls could enhance their well-being. Keep-fit and Scottish country dance classes were also featured at some length, and the enjoyment of the girls involved was made quite clear. Here was a place, detached from the school environment, where young girls could participate in enjoyable classes, activities, and excursions which would ultimately enhance their health and happiness. Notably, these were all-female spaces where girls could 'bridge the gap' in their recreational activities in the period after school and before they embarked upon the full-fledged adult life of marriage and motherhood; and within this environment they would have access to physical recreation in the form of keep-fit and country dancing. As this was a club geared toward younger women, an introduction to exercise classes within this particular type of environment was appropriate, particularly if some of the other recreation classes of the time, such as the Keep-Fit Movement, were frequented by women of all ages and not specifically young women. The girls' club might be just the place where young women would feel they belonged and that this type of physical recreation was suitable for them. As Maxine from Cardonald, Glasgow, noted in her interview, when girls reached a certain age the youth clubs they had previously attended started to be frequented by younger children and the older girls felt out of place, preferring to then go and seek other forms of entertainment.<sup>15</sup> These girls' clubs were set to appeal to the young woman who had left school to start work but still wanted to spend time with others her own

age and involve herself in rewarding and enjoyable recreational pursuits, and film appeals were a useful way of showing girls exactly what was on offer to them in these clubs.

As Proctor has noted in her study of youth recreation in London, the girls' club movement had quite a presence amongst young Londoners, incorporating some 33,000 London girls in 1932, and we can see that dance and keep-fit were offered more and more in these clubs as the 1930s progressed.<sup>16</sup> Of my interviewees who were young women in the late 1930s and 1940s, the dance and keep-fit classes were certainly prominent in their memories of physical recreation on offer to young women during these years. In particular, the experiences of the interviewee Norah may be indicative of the power of the idea that a certain type of visible femininity and grace was required in women's physical activities. Norah was born in 1913, attended boarding school in England in the 1920s, and then trained at Dunfermline College of PE in the 1930s, going on to teach PE briefly for two years before moving her focus to leading Scottish country dance classes, which she then led for over 40 years. Dance was clearly a passion of hers and her enjoyment of this activity was apparent all throughout the interview as she often led the discussion back to this topic: 'But it really was dancing that I was keen on. Even, even when I was a child, I was at all sorts of dancing classes, and it was much more than on the PT [physical training] side'.<sup>17</sup> Interestingly, when discussing the benefits of country dancing she noted that one of the main things she enjoyed about it was that it was not competitive, and it was perhaps this which steered her toward these kinds of activities and away from team sports: 'See, that's not quite the same as the like of sports things. Sports things are so competitive. That, well, we had competitive things we had, eh, some, I didn't go in for competitive work though, I didn't much like it.'<sup>18</sup> This could be due to Norah's own personal taste and a love for dance and movement, but it is notable that she stressed that it was the 'competitive' side of sports that she was not keen on. Norah would have grown up and carried out her college training in an environment where girls were discouraged from taking part in competitive team sports as competition was supposed to be physiologically damaging to the female form, as was discussed in Chap. 2. Norah noted that she did not 'like' competition and whilst she did not explicitly refer to the unsuitability of highly competitive sports for the female body, it is interesting that for someone who attended PE training college and was clearly keen on physical activity, she stressed that she was not interested in competition. This could perhaps be indicative of the

environment of her early life which steered her away from such activities, or of course it may just be a reflection of her own personality and interests. Yet, Norah's aversion to competitive sport is interesting within this 1930s context when we appreciate that girls were not only discouraged from taking part in competitive sport at school but also, as the following evidence will show, even outside of the school context, as certain officials steered girls away from vigorous or competitive sport.

### PHYSICAL REACTION IN THE COMMUNITY

Religious groups had access to buildings or halls where youth clubs could be held and for some it would be a familiar place, and moreover an 'acceptable' place, where recreation hours could be spent. Indeed, as Fleming has shown in her study of Jewish women, religious social clubs were often frequented by young people in the 1930s and 1940s, and they were looked upon by the wider Jewish community as acceptable places of recreation for suburban Jews.<sup>19</sup> From the experiences of my interviewees it would appear that these types of recreational spaces were particularly important, and well-used, in the new suburban housing estates which gradually developed throughout Britain in the twentieth century. Interwar legislation, such as the Housing Acts of 1923 and 1924, stimulated the private building industry by providing subsidies which encouraged the construction of spacious, planned housing schemes such as those developed at Knightswood and Scotstoun in the west end of Glasgow, and Carntyne in the east.<sup>20</sup> It was in Carntyne, which was considered to be one of the more affluent housing estates of the east end of Glasgow, that one of the interviewees, Maxine, spent her early years. Maxine grew up as an only child in the 1940s in an upper-working-class family, attending Carntyne Primary School and Whitehill Secondary School in Dennistoun, Glasgow, before becoming a clerical officer in the Health Service and eventually moving on to auxiliary work for the maternity services at Glasgow's Southern General Hospital. Maxine married in her thirties after a ten-year engagement and she did not have any children but continued to work throughout her married life. It was clear from Maxine's interview that as a young girl her local church provided her with much of her physical recreation and as her parents were keen hikers she was exposed to a supportive network where exercise as recreation was part of daily life. High Carntyne Church of Scotland gave its young church members access to various physical activities through the Brownies,

Guides, and Mixed Youth Club and Maxine was a member of each of these groups at various points throughout her childhood and adolescence.<sup>21</sup>

Community links and networks surrounding the local church certainly also played a part in the exercise experiences of Christine, who had lived all of her life in Cardonald, a suburb in the southwest of Glasgow largely occupied by a working-class and lower-middle-class population. Christine was born in 1937, and throughout her childhood and adolescent years, and beyond, she attended the Church of Scotland's Cardonald Parish Church, which gave her access to many recreations and activities as a youth. She grew up in a working-class family with one older brother where her father worked as a maintenance engineer and her mother as a dressmaker. During her early years she attended Angus Oval Junior School and Cardonald High School before leaving school to immediately start her work as a dressmaker. When we look at Christine's early experiences of exercise in the 1950s, it is evident that sport, exercise, and physical achievements were important aspects of her working-class childhood. Christine thoroughly enjoyed her time in the Brownies, Guides, and Girls' Brigade and the opportunities for camping, games, and outdoor activities that were part of the experience in these clubs. But as she noted, the options for children in the area were limited with only a small number of clubs like these on offer, and it was through the connections in her church that they were available to her:

A: Well, there wasn't all that much to do, to be quite honest with ye. I mean, yes, the boys were in the Boys Brigade, the Scouts, and things. We were in the...well, I was the only one that was in the Brownies, my best friend wasn't in it, she wouldn't go to anything like that so...

Q: So did you go to that on your own to start with?

A: On my own, yeah, uhuh, and then you meet friends and meet people and whatnot.

Q: How did you, was it your, your mum and dad who wanted you to do that or did you want to do it?

A: It was just through the church I think, just...You went to Sunday school and in those days you'd to wear a hat, so, that tells you how long ago it was (laugh). Eh, yes, I just went and just through that.<sup>22</sup>

Government officials worried about the danger of too much overlap between the ideals of church and state, but they did recognise the interest which religious organisations had taken in providing games and activities for youths and the belief that this would aid 'in the moralising and social-

ising of youth [through] the expenditure of surplus energy both physical and emotional'.<sup>23</sup> But more generally, there were still aspects of physical recreation that officials felt should be structured and regulated.

Penny Tinkler has suggested that in England during the Second World War the themes structuring state leisure provision for girls actually moved away from an explicit focus on preparation for motherhood and marriage: instead the state urged both boys and girls to enhance their citizenship and community involvement more generally. But Tinkler maintains that the activities which girls were steered toward were still implicitly gendered, with girls being organised in civilian rather than military-linked groups.<sup>24</sup> Throughout Britain, distinctions in leisure recommendations were certainly made on the basis of gender. Toward the end of the war and in the years immediately following it there was evidence that both the Scottish Youth Advisory Committee—a subset of the Education Department—and the Scottish Association of Girls' Clubs still understood there to be clear distinctions between the types of activities which were physically and socially suited to girls and those that were most suited to boys. In particular, at an Advisory Committee Meeting in 1945, the members discussed what many of them deemed to be the current 'problem' of contemporary youth clubs allowing or even encouraging girls and boys to take part in the same physical activities:

Referring to Dr Boyd's description of the different rates of maturity of boys and girls and the consequent physical strains to which girls are subject, Mr Bell remarked that insufficient attention was paid to the physical and emotional differences between the sexes ... there was a tendency in youth organisations for girls to imitate boys and try to engage in the same activities. Mixed physical training groups were developing in some organisations.<sup>25</sup>

The Committee was concerned about the 'physical strains' which would be placed upon the young female body if youth organisers continued to encourage mixed youth clubs to perform physical training as a group. They appeared to be particularly wary of physical strain on the body during these crucial years of physical development: 'girls are more susceptible to over-strain during adolescence than boys are because of the greater changes which their bodies are undergoing in preparation for motherhood'.<sup>26</sup> These officials perceived the destiny of every young girl to be in her future position as a mother, and thus the appropriate development of the female reproductive system during puberty in preparation for this

period of motherhood was of primary importance. In contrast to those members of the contemporary medical community—such as Adolphe Abrahams mentioned in Chap. 1—who were starting to appreciate the benefits of physical activity for the female body, the doctor who was consulted by the Committee for their report stated that biologically girls were less fit and less physically able than boys and their activities should be structured accordingly.<sup>27</sup> Consequently, the Committee's 1945 report recommended that in the early teenage years girls should be encouraged to lead leisurely lives free from physical strain, but if this understanding of the young female body was passed on to the girls themselves it certainly would have affected the ways they felt about exercise:

There are strong reasons, therefore, for the view that special care should be taken to protect girls during adolescence against both physical and mental strains and that they should be permitted to lead freer and more leisurely lives in comparison with boys of their own age and with members of their own sex at earlier and later stages of development.<sup>28</sup>

At a 1949 youth club leader conference held at Dunblane, Scotland, boys' and girls' club leaders were asked to discuss the issue of physical exercise in clubs and a number of youth leaders were of the opinion that 'with regard to physical exercises and sports ... a clear demarcation could be made, adequately summed up by saying that manly sports are unsuitable for girls'.<sup>29</sup> This is telling of the environment within girls' clubs and the types of facilities, equipment, and coaching that girls would have experienced. The games and activities which Christine and Maxine participated in at their youth clubs suggest that organised sports did not necessarily take a privileged place in the itinerary, although they may have had access to some informal exercise through the games which were played. But, these clubs were not the only social environment within which girls would have had access to physical recreation outside of school, and it would appear that there were a variety of alternative discourses from within which girls could structure their activities and form their physicality.

### THE FRAGILE FEMALE BODY?

Amongst the interviewees there were some who viewed their adolescent years as a time when they did have to be careful with their bodies, and this would fit with the view of the female body which was transmitted by

officials as noted above. For example, Margaret H. was born in 1921 and grew up during the 1920s and 1930s when swimming for girls was encouraged, but her interview showed that she had reservations about certain other sports. Margaret lived most of her childhood in Craigton in South-West Glasgow, before spending much of her adult life in London from the Second World War onward. Despite attending the fee-paying Hutchesons Grammar School in Glasgow as a young girl with the aid of a scholarship, she spent most of her early life as part of a working-class family which had many financial difficulties. Margaret's father had had part of his leg amputated when he was a young boy and he found it very difficult to find regular employment in the city, resorting to ad hoc tailoring work to keep the family afloat. Margaret recalled that this situation hampered her experience of sport at school where some of the activities, such as hockey, required a fee to play and thus were inaccessible to her given the family's financial situation.<sup>30</sup> Though there were economic constraints on her activity, Margaret had the means to take part in swimming during her childhood, which she thoroughly enjoyed. She was able to take part in this activity both at her school and outside of school where her father could accompany her in the pool: 'But he was a swimmer. He was quite well-known, you know, round about Glasgow, I think, because he could do all sorts of things having only one leg'.<sup>31</sup> Margaret noted that whilst she enjoyed swimming and swam regularly she was not worried about damage or strain, although she did hint that, as she understood it, some other activities might have prompted physical strain in girls: 'Oh no ... I was only swimming and I didn't think you could do much damage there'.<sup>32</sup> During Margaret's youth, swimming was one of the activities believed to be particularly suitable for girls, perhaps due to the protective support which the water would give the body as it moved. Physical educators praised this form of recreation and hoped in particular that it would be retained as a recreation after pupils had left school, and this was also linked to efforts to enhance levels of public health and hygiene: 'Any system of bathing should be so linked to the use of public facilities that pupils do not lose habit of bathing during adolescence when the majority of them have left school'.<sup>33</sup> The idea that certain sports were more suited to girls' bodies can be linked to the experience of another of the interviewees, Anne A., who grew up in Cardonald, Glasgow, in an upper-working-class family in the late 1940s and early 1950s. Anne attended school in the early 1950s and left at 14 to attend college, where she trained to be an invoice typist.<sup>34</sup> After a few posts out of college she began work as an invoice typist for an engineering firm and remained in

this job until her fifties. Despite being exposed to many activities in her youth in both her family and school environment, Anne disliked what she called ‘aggressive sport’ and was disinterested in contact sports, even when the contact was just between hockey sticks:

A: I quite enjoy watching hockey but, no, I would never, no.

Q: Was it something about it?

A: It’s aggressive sport.<sup>35</sup>

The fragility of the body was an implicit theme throughout Anne’s interview. She referred to memories of not receiving enough support at school to enhance her confidence with swimming, and having little confidence in the ability of her own body to push herself further in sport and exercise:

A: So I didn’t enjoy going swimming because they used to, eh, we had a PE teacher, I think she was alright for the ones who *liked* swimming [...]. If they were going in for their, their [swimming] badges, ye know. The ones who couldn’t swim had to just jump from the deep end! Which I didn’t ... ye know ... [...] She was alright for *them*. And, eh, the people that took hockey, the ones who *liked* hockey.<sup>36</sup>

Her early experiences of sport were not positive, despite having had access to a variety of sports within and outside of school, and as a result she found it difficult to talk about the subject and compose a coherent narrative of her experience. When urged to expand upon the reasons she did not enjoy exercise, she found difficulty articulating herself, though she was adamant that she was personally unsuited to sporting activities:

Q: What was it about it that didn’t appeal to you?

A: Eh, I don’t, I don’t think I could hit, well, I could hit a ball but I didn’t like, I can run but...Oh, I think I didn’t like playing tennis though. And I didn’t like sports no.<sup>37</sup>

Thus, for Margaret H. and Anne A. ideas about the fragility of the female body, or of their own bodies in particular, were instilled in their consciousness from an early age; and, especially for Anne, the school sporting experience only served to build upon an already dysfunctional relationship with sport and exercise. Anne felt that there was a lack of support in the school environment for those less physically skilled and this shaped her view of her self and her physical ability during this stage of life and for some years



to come. It is not clear whether this situation was bound up with more widespread ideas about the fragility of the female body as espoused by the officials in the Committee noted above; but it tells us that this was not just an official opinion of the female body, and some girls did feel that their bodies were fragile or particularly unsuited to sport. Of course, Anne's situation was perhaps more tied up with her own issues of self-confidence. But this leads to the question of what constitutes the self in these circumstances and whether bodily self-confidence is ultimately tied to or detached from self-confidence more generally. In relation to her research on contemporary female embodiment, Iris Young has argued that women are 'inclined' or rather conditioned to experience their bodies in a particular way which is more timid, careful, and less physically engaged than the way in which most men experience their bodies: 'We often experience our bodies as a fragile encumbrance, rather than the medium for the enactment of our aims'.<sup>38</sup> Young suggests that women have been conditioned to think of their bodies as fragile entities and their physicality often reflects this. Certainly the experience of Anne would add weight to this argument in relation to the physicality of girls growing up in 1950s Britain. The combination of timidity, the lack of a supportive environment, and a shortage of natural or immediate skill for sport would surely, in these 'fragile' adolescent years, lead to a negative attitude toward participation in sport and exercise at this time in life. Although Anne's experience was somewhat unusual within my sample, it should be recognised that I actively sought women who had been particularly involved in physical recreation throughout their lifetime, in order to discover their pathways into sport and exercise. Anne was approached in order to include the experiences of someone who did not categorise themselves as an avid sportswoman. Her response showed that the body experiences and body relationships of young girls growing up in 1940s and 1950s Scotland were not clear-cut and could vary sharply in accordance with the contemporary school environment, family environment, and personality of the individual. Indeed, when Anne's understanding of the capabilities of her own body during her adolescent years was compared with that of some of the specifically 'active' women interviewed, it became clear that it was certainly possible for some young girls in the 1940s and 1950s to feel confident in their physical ability during adolescence, despite the existence of official discourses which aimed to steer girls away from physically demanding exercise and toward 'safe' feminine activities. It is crucial that we acknowledge the existence of

an alternative discourse which contradicted the officially sanctioned view that the female body was essentially fragile.

In contrast to the experiences of Margaret H. and Anne, some of the other interviewees, such as Christine and Margaret B., had such high levels of physical activity in their youth that it is hard to assume they were worried about damaging their fragile adolescent bodies. Margaret B. grew up in Yorkshire in the 1950s and could be described as having had a particularly healthy relationship with sport, exercise, and her own body, as she enjoyed sport from an early age. She left school at 18 before moving south to train as a PE teacher at the Chelsea College of Physical Education at Eastbourne on the south coast of England. Margaret attended a brand-new secondary school in the late 1950s which was fully equipped for sports of all kinds, and she found a supportive and encouraging network for her own sporting talents through the school physical education teachers and within her home environment where her father was particularly encouraging:

Well, physically active? My father was, yes. He was a cricketer and a badminton player. My mother not so much, but my father, yes. So he was very supportive and encouraging and really not too worried that he had two daughters; we were both physically very active, and we both ended up being specialist physical education teachers.<sup>39</sup>

Margaret's father gave her and her sister support to keep active and involve themselves in sport, and it would appear that he was not taken in by the idea that girls were essentially unsuited to vigorous sport. As a sportsman himself he was aware of the benefits sports participation could bring to life and, in Margaret's opinion, he was somewhat oblivious to the idea that his children might not have sporting ability because of their gender. His idea of the young female body appears to contradict the official view taken by the Committee, and whilst we cannot assert how widespread this alternative view was amongst men in the 1950s, it is nevertheless interesting and important that some parents encouraged their daughters to test and enhance their physical ability. It was also particularly striking that when asked to describe how she felt about her body during adolescence, Margaret B. replied with such certainty about her own physical capabilities that the official view of girls as universally fragile during this stage of life seems very wide of the mark:

A: When I was an adolescent? .... Strong, could conquer the world. Knew that I could improve, there was masses to do, masses to learn. And I wanted to improve my standard of performance in everything.

Q: Were you quite competitive?

A: Yes. Still am. (laugh).<sup>40</sup>

Of course, Margaret was a talented athlete and her talent warranted the interest and support of her PE teachers. This was quite a different experience to Anne, but Margaret's bodily confidence and athletic talent is still notable when we compare it to the official view of the universal fragility of girls' bodies and their supposedly limited physical capabilities. Christine from Cardonald, whose involvement in church activities was noted earlier in this chapter, described her young self as 'a good all-rounder, not brilliant at anything, but I was a good all-rounder at many sports', with the most prominent being swimming and running.<sup>41</sup> Interestingly, like Margaret B., Christine's father and brother seemed to play some part in instigating her love for sport, with her father regularly taking her group of friends swimming:

A: Well my dad, it was my dad, he used to take us [swimming], ma dad and my brother and I. And we'd go and we'd take a few friends. And then whoever's father was not working or whatnot he would take us.

Q: So he would take the group, right, and was it mostly the dad that took the groups or?

A: Em, no, no not always, just my family cause ma mum, she had asthma and whatnot.<sup>42</sup>

As well as enjoying swimming, which was supposedly a 'suitable' activity for girls, Christine was also a keen runner. Her running was initiated in school through the sports days where she was proud to represent her school as a talent:

Running for the school, ye know, which, that was a big thing in those days, running for the school. Yes, I've actually done something [in life] now (laugh). Sort of thing it's, self-satisfaction, I think that's what you could say.<sup>43</sup>

Thus, access to running, firstly through the school and then as a community activity, allowed Christine to develop a positive sense of self and another layer of her self rooted in what she could achieve physically. As

a working-class girl who was not academically inclined, running gave her a sense of ‘self-satisfaction’, and it would appear that a large factor in her involvement in sport was her supportive family network. Christine retained her interest in running beyond her school years and it is notable that her father was supportive of her involvement in this activity, and throughout the interview she did not mention any memories where her gender had directly or negatively affected her exercise experiences. She grew up within an environment where sport was part of daily life and activity was encouraged:

A: Uhuh, and ma father, he was a football trainer so he, em, he used to come with us and, eh, ye know he would watch for us coming round [in the race] and if any of us had cramp he used to rub our leg and, bite a lemon, which we always threw away, we never ever told him, but em. No it was a family, ma, dad, and we all sort of, it was a family.<sup>44</sup>

The experiences of Margaret B. and Christine point to the relevance of a supportive and encouraging family environment in the formation of positive and healthy relationships with exercise and the body. Margaret and Christine both had male family members who supported their involvement in sport, and they were never made to feel that they could not participate because they were girls. Perhaps this was an unusual situation for this time period as it is unclear how widespread this alternative supportive discourse was in the general experience of girls growing up in the 1950s. But the existence of this alternative discourse, and the importance of it in the lives of both a working-class girl, Christine, and a middle-class girl, Margaret, is notable.

As well as a family framework which was supportive of her sporting activities, Christine found a group of friends who were equally interested in physical activities and together they would swim, skate, and cycle:

A: When I was a teenager, yes, I used to go. We used to go down to Irvine, as far as Irvine and that was miles and miles away.

[...] We’d just go for a cycle run, well, we would stop, have an ice cream or something or whatever we could afford, and then we would just cycle back, ye know. It was just more or less for the cycle run: the enjoyment.<sup>45</sup>

Interestingly, whilst Christine remembered a childhood full of exercise, she recalled that her best friend was not interested in the activities she

was, saying later in the interview that she personally had to 'find [her] own way there' if she was determined to keep up sporting activities, as her friend 'played with dolls and ... played with different wee things but no she wasn't a sporty person at all, no'.<sup>46</sup> This showed that Christine depended on this group of friends mentioned above, which included her brother and some other adolescents of both sexes, and without access to this group through her brother and the support of her father, who would take the group swimming on a weekly basis, she might have found it more difficult to keep up her physical activities given that her best female friend was uninterested in physical pursuits.<sup>47</sup> The fact that Christine could not convince this friend to join her in these activities perhaps suggests that the encouraging network of support from her other friends and family played an important part in impressing on Christine the idea that physical recreation was an enjoyable and, in particular, a normal pastime for girls.

Indeed, despite Christine's suggestion that 'there wasn't all that much to do' in her community apart from the activities which were bound up with the ideals of the church, even within her own interview she noted a number of other physical activities which were available to her in the community, such as the swimming and running noted above. The other interviews also showed that for girls who were not introduced to physical recreation in the community through their church, or for whom the particular ideologies attached to the uniformed clubs such as the Guides or Girls' Brigade were not attractive, there were other options. These other options did not necessarily take the shape of the ideal youth club outlined by the Advisory Committee, but from the oral history interviews, it would appear that they certainly appealed to some youths and gave them a positive introduction to exercise. The interviews also showed that for adolescent working-class girls a lack of extensive funds to contribute to recreation was not necessarily an automatic barrier to sports participation. With the support of an active family Christine could swim regularly, and she enjoyed running, which was an inexpensive recreation. But for those girls like Margaret B and Christine who enjoyed exercise as adolescents, the supportive network of encouragement for their sports participation was crucial, regardless of their social class and background. The importance of a supportive environment in enhancing a girl's access to and enjoyment of exercise can also be seen in the experiences of some other girls growing up in 1940s and 1950s Britain.

### ACCESS TO RECREATION: SUPPORTIVE NETWORKS

Another of the interviewees, Janette, gained access to physical recreation in the community through a local athletic club where her family and friends were members. Janette grew up in the 1940s in an upper-working-class family in Cardonald in the southwest of Glasgow. Her talent for sport, specifically tennis, and her encouragement from family and friends led her to maintain a strong interest in physical recreation throughout her adolescent years. Janette recalled that her interest in tennis was sparked at the age of 11 when she was given lessons by a family friend at the local Cartha Athletic Club, of which she soon became a member. For her family and friends this athletic club was the main attraction and meeting point and they were all involved in some activity here. It was part of her social life, detached from the school environment and local enough to be incorporated into her regular routine:

Well I've got a friend ... she joined Cartha much about the same time as myself. And that's where we really spent our spare time. My husband also played football at Cartha, so we, more or less, that's where, you left the house you went to Cartha, came home, and that was more or less it.<sup>48</sup>

Yet Janette stressed that whilst her circle of friends were keen on physical recreation 'not an awful lot' of people in the local community were involved with the club and sport generally.<sup>49</sup> Evidently, whilst local athletic clubs were available and accessible to some upper-working-class girls like Janette, they were not necessarily the first port of call for recreation. Nevertheless, we can see that at this club young girls were able to maintain an interest in sport outside of the school environment, and they were encouraged by club members to improve their technique and skill. For Janette, the main sport of choice was tennis, which of course had been considered to be particularly 'suitable' for girls for many years, but what is notable is the encouragement and facilities which she had access to in her community to enhance her interest in tennis. There were physical recreation facilities available and open to young girls in the outlying suburbs of Glasgow which were detached from school and the church. Yet Janette's memory of the club would suggest that not many girls took advantage of these facilities, perhaps because they were too expensive or perhaps simply because it was not 'the norm' within their circle.

Elsewhere in Britain, and particularly in more rural locations, access to facilities for sport could often vary widely in relation to the employment demographic of the locality. For some of the interviewees, access to facilities and the production of a positive view of exercise was affected by their regional locality and the accessibility of sports facilities, in terms of both literal accessibility and encouragement from friends, family, and the surrounding community. Helen was an interviewee who spent her childhood years in an upper-working-class family in the village of Uphall in West Lothian, Scotland. This was a village where the majority of community members were employed at the shale-oil-producing company Scottish Oils Limited, and locals were provided with housing and some recreational facilities by this company. Helen lived in Uphall from her birth in 1929 until she married at the age of 30 and moved to Cardonald, Glasgow; and her memories of Uphall suggest that during the 1940s and 1950s the village community was well provided for in terms of recreational facilities.<sup>50</sup>

Helen noted that the Scottish Oils Limited housing complex provided workers and residents with a considerable degree of access to recreational pursuits such as bowling and tennis, whilst badminton could be played sporadically in the local church hall.<sup>51</sup> She was introduced to tennis at the leisure complex set up for employees, and although it was supplied by Scottish Oils, anyone in the community could use the courts. It was here, at a mixed club for people of all ages, that Helen first took an interest in tennis when she was 13, and she remained a member of this club until she moved away at the age of 30. This is particularly interesting, as the leaders of the boys' and girls' clubs had noted at their 1949 conference that 'older girls tend to leave the Club more than older boys, apparently because they have more to do at home, or perhaps they tend more quickly than boys to search after adult pursuits'.<sup>52</sup> The club leaders suggested that attempts had to be made to retain the interest of these girls, although no solutions were put forward during the conference itself. It is perhaps understandable that girls would lose interest in a club where they were surrounded by younger children who were interested in different things, especially during their mid-adolescent years when they would feel particularly mature in comparison. Indeed, Maxine recalled that she and her friends left the church youth club when they were about 15 years old, or as soon as they felt they had outgrown it: 'I think it just, uhuh, there were other folk comin' in and we were older kinda thing, ye know, that was why'.<sup>53</sup> In Jephcott's sociological study of leisure and young people in 1960s Glasgow, she found that girls who had reached their mid-teens quickly lost interest in youth clubs as they felt out of place

amongst younger members.<sup>54</sup> Whilst the youth club leaders appeared to be resigned to the inevitable loss of interest from older girls, it is interesting that Helen's tennis club involvement was retained far beyond her teenage years. Helen outlined that the distinction between this club and others was that it was mixed, with both male and female members of all ages:

A: [...]Even in the, growing up at the tennis it was a mixed, it was a mixed club....

Q: So it had always been like that?

A: Always like that, and people younger and older than yourself.<sup>55</sup>

This probably helped her to retain interest in tennis beyond her adolescent years, as she had always been able to see that it was acceptable for older women to play tennis within this club environment and she never had reason to feel she had outgrown the sport, something which might have been the case if she had been introduced to tennis at a youth club or at school. Coming from a working-class family in a rural village it might be assumed that without the existence of the extensive recreational facilities provided by Scottish Oils, Helen's early exposure to and experiences of physical recreation might have been much more restricted.

Like Helen, Janette from Cardonald, mentioned above, maintained her interest in physical activity beyond her years at school, and the mixed age range of those who attended Cartha Athletic Club with her may have affected this. Certainly, these girls were exposed to family and social circles where adults were involved in sport and physical activity. They would have been influenced by those adults around them for whom sport was not something that was played only during the school years or when on holiday in the countryside, but was a suitable form of recreation which could be played often. It would probably also help if the facilities were available locally, as Helen commented that the tennis court was particularly attractive because 'it was very handy', and could be accessed regularly.<sup>56</sup> These girls had the opportunity to take part in physical activities as part of their everyday lives and they could see the ways in which it could fit into their lives beyond their years at school and the youth club. For the interviewees in this study who perhaps had not had the most positive experiences of exercise in the physical education class at school, the community athletic or tennis club could provide an encouraging environment where an interest in sport could be nurtured. Some of the girls mentioned in this chapter were given the opportunity to take part in a variety of activities as they



were growing up and there were many diverse environments within which they could find and practice their activities, some of which would still have been on offer to them after their school years.

In contrast to the image of female physical recreation which was put forward in official circles, the oral testimony gathered showed that not only did many young women feel capable of participating in vigorous and competitive sports, but some girls had more of an interest in these types of activities than the suitably feminine activities which they were steered toward by some medical men and government officials. In any case, as young girls, it was still relatively 'acceptable' for them to take part in *moderate* sport and exercise. Yet, despite their strong interest in sport in these early years, many of the interviewees found it difficult to access physical recreation when they became young women and had started a working life. Those who could gain access to exercise after they had left school often relied upon crucial social, family, or work connections in order to do so; and interviewees without such connections often saw their participation halt after they left school. Indeed, Christine from Cardonald recalled that she did not 'remember actually fitting anything in' when she started her dressmaking job after leaving school despite thoroughly enjoying exercise during her school years.<sup>57</sup>

### POST-SCHOOL ACCESS TO EXERCISE

Whilst class and gender played a role in structuring access to exercise in the post-school years, where an individual lived and whether the area was urban or rural also played a part in their levels of participation. As we saw earlier in this chapter, Christine was a working-class interviewee who gained access to plenty of opportunities for exercise, but she also happened to live in an urban environment where swimming pools and community halls were close at hand. Evidence collected from other interviewees showed that sports participation restrictions based on social class distinctions were often all the more heightened in rural settings.

One of the middle-class interviewees, Elspeth, had grown up in the rural town of Buchlyvie in Stirlingshire, Scotland, interspersed with time at a rural boarding school. Elspeth's father was a doctor and he had been very keen on healthy living, encouraging regular family physical recreations such as hiking, teaching his children to swim in the sea, and introducing them to golf at an early age. Of course, whilst Elspeth grew up in a rural community where there were few official facilities for community sport, her middle-class upbringing gave her access to other more expensive sports,

such as golf, which would not have been available to her working-class rural counterparts. It would appear that recreation opportunities in a rural community often depended on the existence and the adaptability of a village hall, or personal connections which could expand the range of spaces where activities could take place, such as the connections which Norah from Helensburgh had which enabled her to start a country dance class in a friend's spacious home.<sup>58</sup> Similarly, Elspeth recalled that when her own children were young, a friend in Buchlyvie set up her own country dance class for the children in the community and Elspeth's daughters attended this during the late 1950s and 1960s:

Well, it was a house down the road here, yes, yeah. It wasn't in a hall. I mean, it was in her house and so it was a bit ... I suppose when I think of it now it was a wee bit elitist, you know, it was just all your friends, but if it'd been a hall then maybe more people would've come, I don't know.<sup>59</sup>

So evidently within this middle-class rural community social connections played an important role in enhancing recreation opportunities for young women between the 1940s and, in the case of Elspeth's children, up until the 1960s. Growing up in a rural community meant that much of Elspeth's own physical recreation made use of the countryside and thus her recreation did not fare well when she moved to a city in her later teenage years and had to adapt to a training schedule which was not conducive to the upkeep of regular, social, physical recreation. Elspeth did not feel at home with city life and city opportunities for exercise when she embarked upon her nursing training in Edinburgh in the late 1940s, and she found it difficult to find recreation which suited her in the city. Notably, she did not think of joining a girls' club, keep-fit, or WLHB class when faced with the dilemma of tracking down a new physical recreation in the city, instead she went in for cycling and tennis but she missed the outdoors and the social aspect, which was an important element of her hiking at home in Buchlyvie:

That was a town, and I'd never lived in a town, a city, and I didn't much like it. Played tennis a little bit and had a bicycle there and used to go out, em, cycle out and do runs on, a, on your day off. But very often I would be doing it myself because your friends weren't necessarily off at the same time and they wouldn't necessarily have bikes. So I would do that solo.<sup>60</sup>

Similarly Betty, an upper-working-class woman from Cardonald, Glasgow, who was born in 1932, had enjoyed physical education at school and been part of the hockey team at Bellahouston Academy in the early 1940s, and she carried on with her hockey through the former pupils' team whilst consistently embarking on lengthy Sunday cycle runs with a mixed-sex group of friends.<sup>61</sup> Betty inherited her bicycle from her sister-in-law free of charge, and coming from a working-class family she stressed that she could not have participated in this form of recreation without this gifted bike. Cycling was clearly a popular pastime amongst adolescents in her area as Betty had a large group of friends with whom she would cycle on a Saturday afternoon; and Christine, who was also from a working-class Cardonald family, had the means to purchase her own bicycle and similarly would embark on regular cycling excursions: 'I went out on the bike a lot, [...] the crowd went out on bikes.'<sup>62</sup>

The experiences of these women would suggest that dance, keep-fit, or WLHB were not necessarily the first port of call for women seeking physical recreation in the late 1930s and 1940s, despite the impression which is presented to us through films like *Girls' Club Appeal*. There seemed to be considerably more variety. Nevertheless, for many young women access to this variety of activities was dependent on particular circumstances and the funds available to them. Cycling, which Elspeth, Betty and Christine all enjoyed, was dependent on the ability to purchase a bicycle, and the dancers in Norah's club were charged a fee to help pay for the hall. In most circumstances many of the recreations referred to by the interviewees would only have been available to upper-working-class or middle-class women unless useful personal connections allowed these physical recreation horizons to be widened, as in the case of Betty and her gifted bike. Moreover, Betty's involvement in the former pupils' hockey team was a result of her prominence in this sport whilst she was at school, and it is debatable whether she would have had access to this activity at all as an adult without the school connection. Indeed, it quickly became clear from the interviews conducted that not only were social connections important in aiding access to recreation, but one of the most strikingly useful connections to have was a relationship with a local business which provided recreational facilities for the workers and their families.

## SPORT IN THE WORKPLACE

Many of the interviewees stressed the ways in which workplace sports facilities had enhanced their opportunities to engage in sport and exercise throughout life. As noted earlier in this chapter, Helen grew up in the village of Uphall in West Lothian and she benefitted from the recreational facilities provided by Scottish Oils Limited. After having grown up with tennis and badminton facilities being provided for her and the community by one paternalistic company, Helen was fortunate to be able to take up her first job as a shorthand-typist in an Edinburgh office of the National Coal Board, which also provided physical recreation facilities for the workers in the form of tennis and badminton:

They had a, a facility [...] they had a tennis court down the back which we could play sometimes at lunchtime but, eh, we played badminton [...]. We played some other clubs and played in the odd team, ye know, in matches. But it was only [...] It was just we played occasionally and we found out there was a team wantin' to play and we'd play them but, it wasn't a regular thing. And then, I kept the tennis up. And then I came to Glasgow and I could, for a while I didn't play tennis, I kinda gave up the tennis 'cause there was no facilities here.<sup>63</sup>

As can be seen from this excerpt, the workplace facilities appealed to Helen as they were close at hand and could be used on an ad hoc basis, with no need for a joining fee or commitment to a set weekly class. The fact that this 'wasn't a regular thing' seemed to appeal to Helen and her way of life. Certainly for other women of a similar age who might have been trying to juggle work, marriage, and motherhood, access to facilities as and when they could manage to spare the time would probably have been a huge benefit in the quest to find suitable physical recreation. Yet what is clear is that access to recreation, in Helen's case certainly, was dependent on access to these types of facilities through her workplace; and on her move to Glasgow where it might have been assumed there would be more facilities on offer, she interestingly noted that she gave up tennis as she was not aware of the existence of any local facilities which were available to her. Contrary to Helen's assertion that there were no facilities for tennis in the Cardonald area, several of the other interviewees recalled the existence of public tennis courts in and around Cardonald, such as the public tennis courts at Bellahouston and Barshaw Park in Paisley.<sup>64</sup> Therefore it is notable that Helen gave up tennis at the same time she married and moved to

a new locality where she had yet to build up solid friendship networks; and these points may have played a greater part in her departure from tennis than a lack of access to facilities. As an upper-working-class woman, Helen felt that she depended on the provision of workplace facilities in order to keep up her physical recreation. Skillen has argued that during the inter-war period the provision of affordable, public sports facilities in Glasgow and Edinburgh offered working-class women access to recreations that they otherwise might not have been able to experience.<sup>65</sup> Whilst the evidence from my interviewees would certainly confirm Skillen's findings and suggest continuities between the interwar and post-war period, Helen's experience is particularly interesting. It shows that whilst affordable facilities were on offer in the city, access to these facilities and knowledge about these facilities would often be dependent on personal connections and links in the community. Access to physical recreation might not only be affected by gender and class but also by an individual's involvement in the social networks of the locality.

When we think of British sports policy of recent years a major feature has been social inclusion and nurturing the development of social capital amongst individuals through sport and community integration.<sup>66</sup> With Helen's experience we can see a clear example of an individual who felt excluded from society and failed to develop social connections in a new locality, and this had a direct impact on her access to exercise in her community. We will explore this further in Chap. 5, but it is worth noting here that when looking at barriers toward sport for women, we are tackling the same issues today that were present in Britain over 50 years ago.

Easy access to facilities was crucial if women were to be given the chance to develop a role for physical recreation in their day-to-day lives. Middle-class women who had the funds available to join ladies' golf sections and purchase the required equipment, or young women like Betty who had attended a school which encouraged former pupils to keep up their activity through the former pupils' hockey team, had access to a variety of physical activities. Yet for those young working-class women who had limited funds for their own recreational pursuits, public tennis courts or easy access to cheap facilities was crucial. Moreover, as shown by Helen's experience, it was also important to have a social network within the community which made accessing these public facilities a more comfortable process. A newcomer to the area might find it particularly difficult to break into these new social circles. The 'drop in' basis of the public tennis courts would mean that a woman who was new to the area would have

to find a partner to play tennis with in order to use the facilities and this might not be a straightforward process. This meant the actions of paternalistic companies like Scottish Oils and the National Coal Board, who did provide facilities for workers, were all the more meaningful to those who benefitted, and the accounts from some of my interviewees would suggest that these provisions certainly enriched female lives.

As Helen Jones has noted, industrial welfare had been a presence in some British workplaces from the early nineteenth century, with some employers providing extensive recreation schemes for their workers. By the interwar years, and specifically by the 1930s, the industrial welfare schemes of some companies provided employees with benefits like holidays with pay, canteens, pension schemes, and—of particular interest to this study—access to recreational clubs and facilities.<sup>67</sup> By the late 1920s the biscuit trade of Britain provided its workers with substantial welfare and recreation schemes, and indeed some of my interviewees with parents working in this industry referred to their parents being able to play tennis on a regular basis as a result of workplace provisions.<sup>68</sup> Jones has argued that whilst the welfare schemes of the nineteenth century were a response to the rapidly industrialising capitalist society, those of the mid-twentieth century were an attempt to cover up the increasingly dehumanising aspects of the jobs as the companies expanded in scale and the work became more monotonous.<sup>69</sup>

As Ballantine et al. have shown in their study of the 1911 strike at the Singers sewing machine factory in Clydebank, Scotland, welfare schemes were often implemented by employers as a response to antagonism from the workers in an attempt to calm threats of future strikes.<sup>70</sup> Indeed, a similar attempt to placate workers was made by employers at Imperial Chemical Industries (ICI), who had factories throughout Britain in the inter-war years. In reference to ICI's profit-sharing scheme for workers, set up in 1929, Henry Mond, the heir to the ICI fortune, explained in an inaugural meeting of the Works Councils that—

One of the things which worried me as we got larger and larger and made this big merger was how can we keep in contact and make you all feel that you are part of a living human organism and not part of a machine.<sup>71</sup>

As a result of actions to overcome this worry, ICI became known for its emphasis on benefits in return for explicit loyalty to the company through the higher grading of older, more loyal workers. These actions deliberately

undermined the actions and power of the unions, helping to keep workers in line as the company grew and the day-to-day work became more and more monotonous. Yet as Skillen has argued, viewing industrial welfare schemes purely as attempts by employers to control the leisure of their workers does not account for the workers' own agency and their ability to snub these activities and facilities if they did not appeal to their wants and needs.<sup>72</sup> Skillen found that workers not only took full advantage of the facilities on offer to them but often involved themselves in the administration and organisation of these clubs, tailoring them to their needs. My oral history evidence suggests that this trend continued into the post-war period where in the 1950s the directors of ICI at Stevenston in Ayrshire, Scotland, conceded to the calls of a female employee, Lottie, for the need to introduce more young workers, and specifically female workers, to sport.<sup>73</sup> Lottie and her sister, another employee, then coordinated workplace physical recreation schemes to ensure young workers would get access to the types of physical activities they were interested in and in this way we can see that, in this case, workplace provision of sport and exercise was very much linked to the wants and needs of the workers themselves.

Mary M. lived in Stevenston all her life and had been initially very keen on physical activity in her childhood both within and outside of school, where she was encouraged by her father, who was an amateur athlete, but who died when she was ten years old. Her family situation then went through drastic emotional and financial changes which required her to abandon her education at 15 to keep the family afloat financially:

A: I had to go in, my father died, my mother was really, really on her knees with the cost of living, no real profession, so I had to go into ICI factory and I worked there for four years and I hated every minute of it, uhuh, I did.

Q: What did you do there?

A: I worked in, in the production line to begin with and then I moved onto the labs, and I left ICI totally when I was, about 19, 20 [...] That was when I got married ... So I was leaving school round about the age of 15 and went into a horror situation which was the worst time of my life.<sup>74</sup>

Mary viewed this period of her life as a traumatic 'horror situation', but her later teenage years were 'saved' by the introduction of recreation facilities for young workers at ICI, and she refers to this in very fond terms:

A: [They were] keen on introducing people to sport at that time and I was very, very grateful to a person called Lottie who ran the hockey team and she also ran athletics as well. And she encouraged me, noticed me, and that's how I got involved. And it was the saving grace.

[...]

Q: Why do you think they started the team there at work?

A: Well, they realised that, em, it was just after, well it wasn't just after the war years but it was in the 1950s. And you know if you didn't, even if you went to a senior secondary school it wasn't always the case that you went to university, money was scarce. And, eh, all my, my colleagues ye know some, one or two but not all of them went to university and they were well capable of it. So it meant that they, factories at the time were getting young people in there who really had not been able to develop their skills and their potential. And Lottie and her sister knew this, spotted this. And they were working in the labs at ICI and asked the recreation department if they could introduce young people to sport. And they were taken on and that became their remit.

Q: Right so they just did that full-time?

A: They did it full-time, uhuh, they did.

Q: So it became a really big thing at the—?

A: Oh, yes, it became a great thing. I mean they opened up athletics, hockey, badminton, tennis, swimming, eh, for boys and girls. And, eh, they were all young, they were all in their, ye know, 16, 17, and 18 and so on, eh, who participated. And it was, for me, it was, it was like a flower opening up, it was just the saving grace. It introduced me to something I knew I would be fairly successful and would love, and I took full advantage of it.<sup>75</sup>

As Mary points out, young working-class people in her locality in the 1950s were missing out on chances to develop their talents and physical skills after they left school due to a lack of available facilities. After Mary was reintroduced to sport in the workplace physical recreation quickly became a prominent part of her life, helping her to develop a concept of her 'self' which was detached from the daily drudgery of a job she hated and was instead based upon personal physical achievements and the nurturing of her rediscovered athletic talents. Mary's personal testimony shows us that access to sport through the workplace could also play a part in enhancing an individual's health and happiness by allowing for and providing a space where physical achievements could be carried out and a positive sense of self encouraged through the development of physical talents. It is also notable that Mary was encouraged to take part in athletics and hockey at the recreation club during her later teenage years and whilst above school



age. As a young working-class woman, having access to hockey beyond her school years would have been highly unusual except from within this workplace environment: participation in hockey was particularly expensive as it required a full team, a pitch, and equipment. Similarly, it was unusual for girls to be involved in athletics beyond the school years and there was still much controversy attached to the idea that athletics were suited to the composition of the female body.<sup>76</sup> In any case, we can see that the existence of workplace sports provision put in place by the British biscuit industry and companies like ICI, the National Coal Board and Scottish Oils provided young working-class women with perhaps their most accessible and comprehensive opportunities for sports participation.

Mary explained that her interest in out-of-school activity was not only sparked off at the recreation ground of ICI but it was kept up there for some years as the facilities were made available to her even after she had left the company. Skillen has illustrated the ways in which interwar private sports club membership costs, combined with the travel and equipment costs which might also be necessary, resulted in private club membership being inaccessible to upper-working-class and even some middle-class women.<sup>77</sup> Thus, in terms of expanding the role which sport could play in the lives of working-class women in the 1950s, it was important that access to the ICI recreation grounds was free and Mary stressed this in her interview:

[They] would come into the section of ICI where I worked, and they'd come into the, the dining room, and you know they would come and sit down at a table and tell people that this was available. There was a newsletter, and they encouraged people to come. And, quite a number of people, ye know, who wouldn't, well of course there wasn't the same opportunities to go to fitness clubs and places like that, but money was tight, and this was free. And that's why they encouraged people to come because it wasn't gonna cost them [any] money at all.<sup>78</sup>

There were activities for both men and women, but it was the female coordinators who urged Mary to get involved, and with the presence of these female coordinators it can be assumed women's needs were met or there were at least attempts to make provisions for them. Moreover, the existence of a club that a person could drop into as and when time allowed was very attractive, and with the majority of attendees being employees the club activities were scheduled around their working hours. But it

should be stressed that women who had access to workplace provision of sport were a fortunate group. For many other young women who went onto other kinds of work or further training after school the scheduling of physical recreation, and an inability to commit to a weekly class or club, could pose a problem. In particular those women I interviewed who had trained as nurses between the late 1940s and early 1960s all made reference to the difficulties they experienced in trying to make physical recreation part of their routines when they were faced with unpredictable shift schedules and long hours of training. The majority of these interviewees were middle-class or upper-working-class, but despite being in perhaps a more privileged position in terms of access to funds to provide for their recreation, their working routines meant that finding suitable physical recreations could be a challenge.

### BALANCING WORK AND PHYSICAL RECREATION

As McGann et al. have shown in their study of the history of nursing in Britain, for much of the twentieth century nursing was largely a female occupation specifically popular with young, unmarried women who perhaps viewed it as a temporary occupation for the years until they got married.<sup>79</sup> As ‘temporary’ workers with few rights, the young women who made up the bulk of the nursing population could be easily exploited, underpaid, and subjected to a substantial amount of regimentation both within and outside their working environment.<sup>80</sup> Specifically, as trainee nurses were housed in hospital accommodation, often working unsocial hours on long shifts, their lives would revolve around the hospital, and therefore their out-of-work lives were to some extent constrained by the high standards which were expected of them in their profession with regards to respectability. This would presumably make it difficult to build social networks outside of their profession or keep up recreational activities on a regular basis as members of clubs or teams. It might be assumed that women in the nursing profession would have little opportunity to build up substantial physical recreation routines in their lives during their working years, although arguably the physical nature of a nurse’s job would perhaps enable her to get a considerable degree of physical exercise whilst working. However, though my interviewees certainly stressed the difficulties in trying to establish physical recreation routines whilst training and working as nurses, what was most striking was the determination

of these women to keep up certain activities they enjoyed, and the way they managed their daily routines to incorporate activities. For example, Muriel, a middle-class woman who grew up in Paisley in the 1940s and trained as a nurse at Glasgow's Western Infirmary from 1955, found ways to structure activities around her planned shifts and she generally managed to find other keen young nurses to join her for these physical recreation pursuits which included hockey and badminton:

A: [...]But I do remember that...we used to work what you call split-shifts, you know, you worked from eight till half twelve and then you were off till five o'clock and then you were on till nine, and in the afternoons we used to go and play in that hockey pitch I was talking about: Park School up at the top. Where, we just went up ourselves, you know. We used to gather a crowd together and run up Byres Road, run back down again and change, back on duty, exhausted, and work till nine o'clock.

Q: Right, so how, em, how did you get access to those, were they just open to the public?

A: Well, it [was] a contact of some sort.

Q: Right, okay.

A: But we, we had the facilities. And also, we had the facility of playing badminton in the Church Street Baths. [...] And there was a badminton court, and we used to go and play after we came off at nine o'clock.

[...]

I just remember doing it and thinking, my goodness, where did we get the energy to do that after we'd (Q: the whole day) working very hard.<sup>81</sup>

Not only did they find the energy to regularly fit in these physical recreations but, whilst training and lodging in the nurses' accommodation, Muriel and her colleagues put together their own country dancing class which suited their own circumstances:

A: [...] Country dancing we did as well I had a friend [...] and she was a great country dancer. She used to come of an evening, after nine o'clock, and we used to clear the space outside the sitting room area and have a country dance, just for fun.[...] She would just take us through the dancing.

Q: Right, so you just did that yourselves then?

A: So these three things we just initiated ourselves because we were quite keen.<sup>82</sup>

Muriel and her friends really were 'quite keen' to keep active and they went out of their way to ensure they had access to physical recreation. But

again, their access to this recreation was often based upon useful connections and friends who could help provide instruction or facilities, and these options would probably not have been open to women who did not have 'a contact of some sort'. But this begs the question of why Muriel and her colleagues were so determined to ensure physical recreation remained part of their lives and why they went out of their way to access it.

When prompted to speak about the reasons they exercised and whether they were content with their bodies as young women the interviewees supplied a variety of responses, and Muriel gave us an insight into why her drive to keep fit was so strong at this time:

Q: [...]Were you quite happy with your body and things, with the way...?

A: Yes, yes. Yes, I hadn't a huge problem with the shape of my body, I had a problem sometimes with the size of it (laugh). You know, I was always aware that I was plump (Q: Right). I think that was the word, yes, I was plump, and it was always a question of, you know, just controlling, still is, but you know, em, that was all really, I didn't want to be fat, so...

Q: So were you conscious that exercise could help that as well?

A: Yes, yes, oh, yes, certainly.

Q: And was it something you discussed with your friends or your peers, or?

A: Do you mean weight or?

Q: Yes, just all these kind of things.

A: I don't remember, there wasn't the same, em, pressure to be slim ... or thin even. And being an active, very kind of active job of nursing, you know you didn't tend to, although the food was very good, you could eat a lot, there weren't a lot of very fat people there. It wasn't a big issue I don't, I really don't remember it as an issue. Em, when we went to the Western we had to em get measured for uniforms (Q: Right) and that was really quite distressing because obviously they put on an extra four inches everywhere and you thought 'I'm not really that size', so yes I do remember, you know, being aware of my size. But I wasn't hugely fat, I was plump. But I wanted, didn't want to get fat and I knew that all this exercise would help.<sup>83</sup>

Here Muriel stressed that when she was a young woman the societal pressure to be slim was not as prominent as she perceives it to be for young girls in more recent times, and yet some of her other statements tell us that body shape was somewhat of a concern for her personally as she made conscious attempts to exercise and thus have some control over the size of her body. Despite her statement that there 'wasn't the same pressure to

be slim', Muriel clearly had personal expectations and standards which she strived to uphold.

In the twenty-first century there is a certain visibility of body shape, and dieting issues are in the media and consequently in our collective consciousness as a society. Certainly, in reference to their memories of the 1950s most of the interviewees outlined a distinction between what they considered to be the lax attitude toward body shape back then when compared to more recent times. Yet, as will be shown below, some of the interviewees also contradicted this statement elsewhere in their interviews. It is thus important to be aware of the possibility for crossover and intertwining of collective and individual memories in the production of interview narratives. For example, historians such as Annette Kuhn and Lynn Abrams have illustrated the way through which a single person's memory of past events, and specifically of certain time periods such as the 1950s or 1960s, might be informed by exposure to memories of family or friends and contact with public representations of these decades.<sup>84</sup> Indeed, in certain parts of her interview, Muriel ascribed to the popular collective memory of the past as a time when people did not worry about their body shape, but she contradicted this memory elsewhere when she spoke of exercising to control her body size, and this was also the case in many of the other interviews. Perhaps the majority of these women viewed exercise purely as a social activity which had added health benefits and perhaps body issues were not as prominent in the 1950s as they are today, but these women were certainly conscious that exercise could help them to manage their body shape in their youth. For some reason, perhaps due to the fear of an accusation of vanity from the perceived audience of their interview, it appeared that it may not have been acceptable to state that this was their main motivation for exercising.

In any case, whilst it is important to be aware of the intertwining and at times contradictory motives put forward by the participants when explaining their personal impetus for keeping fit, some of their responses to these questions were particularly interesting, particularly when placed in their 1950s context. Christine from Cardonald was one such interviewee who responded to the 'motivations' and 'body-shape' questions with answers which suggested that it was very possible for a girl to have a positive relationship with sport whilst maintaining a somewhat dysfunctional relationship with her own body in terms of body satisfaction:

Q: Body shape or were you conscious of that kind of thing?

A: Well, only because I didn't have one, yes! No (laugh) and I can, oh, it did tell on me, it did, and I mean I've got one daughter like that as well.

Q: Very slim and...

A: Yes and small. So they took me for one of their sisters. When I went to the parent's night they thought I was, "Why was your big sister there?" That was true, I got that, that was just me. And I've got one of ma daughters is like that [...]she's got no bust either [...]

Q: And that made, you were quite conscious of that in that respect?

A: Oh, I was very conscious of that, yes.

Q: Where you quite self-conscious, even though you're doing all these things in your shorts?

A: Oh yes, because I had shorts and, oh, well, shorts didn't bother me; I had good legs, but, the tops. You used to see girls and what lovely figures, here was me flat as a pancake. I did, I used to try and get exercises, what do you do exercises and, look at my brother's, he used to do exercises, used to look at his books and see what I could get for ma bust (laugh). It never worked [...]. However, I was good at something, so that, I was quite happy as long as I...I maybe didn't have a figure but I was good [at running].<sup>85</sup>

As a young woman Christine was conscious of her body shape but her concern surrounded her general stature and bust, which she considered to be too small. She did not feel womanly and carried out particular exercises in the hope that they might enhance her bust. Christine grew up in the late 1940s and 1950s when the shapely and busty figures of Lana Turner, Jane Russell, and Marilyn Monroe personified the trend for an hourglass figure. Indeed, Grogan has illustrated the way in which the bust–waist–hip measurements of the winners of the 'Miss America' beauty contest point to a growing trend between the 1920s and 1950s for the 'ideal woman' to have a larger bust. The Flapper fashion of the 1920s translated to an average bust–waist–hip measurement for this decade's Miss America winners of 32–25–35. By the 1950s the winners of the competition had an average measurement of 36–23–36, as the ideal woman's waist was reduced and her bust expanded.<sup>86</sup> The 1950s also encouraged the sophisticated and very slim body types of Audrey Hepburn and Grace Kelly, but Christine seems to have aspired to the shapelier, hourglass ideal of these years.

There were multiple variables which played a part in encouraging an individual to aspire to a certain body shape, or indeed to take an active—and often destructive in the case of eating disorders—role in sculpting their bodies in relation to a set ideal. But what can often be seen is the way in which

a woman like Christine, despite having a positive relationship with sport, still, for at least part of her life, had a dysfunctional relationship with her body. After she realised that exercises would not help to expand her bust Christine focussed on the sense of achievement which sport could provide her with. It is notable that for many of the particularly keen sportswomen their motivation for participation was linked to the sense of achievement which sports participation gave them and not necessarily to the maintenance of a certain body image, although this was surely a consequence of participation. These women showed talent for sport and through nurturing their talent enhanced a positive sense of self.<sup>87</sup> Sport and exercise added to their lives not just by improving their inward health, managing their figure, and providing social recreation, but also by providing a sense of achievement and physical ability in their lives.

Like Muriel, Betty similarly ascribed to the collective memory that diets, exercise, and body shape were not prominent in the minds of young women of the 1950s, and she viewed exercise as a fun, competitive, and exciting activity which was more about achievement and recreation than the goal of losing weight.<sup>88</sup> Of course, Betty was a slim young woman, probably as a consequence of being so physically active; thus losing weight was not her immediate concern. But the competitive aspect of her activity played an important part in retaining her interest, and this is particularly interesting in the context of the 1950s. We have seen that young women were not only capable of viewing their own bodies as strong and physically able even when government officials outlined girls' bodies to be weak and fragile, but it is also clear that some young women were interested in competitive sport, despite it being officially portrayed as physiologically unsuited to their young female bodies.

## CONCLUSION

This chapter has shown that whilst contemporary films and official documents give us a very distinct vision of the relationship young girls were expected to have with sport and their bodies during the late 1940s and 1950s, evidence from the interviewees themselves suggests there were a variety of alternative discourses and variables which could help to structure a girl's body relationship and her physical recreation patterns. Officials guided young girls either toward youth groups, where leaders were advised to be wary of vigorous sport for girls, or to keep-fit and dance classes where girls were certainly encouraged to exercise, but in a non-competitive and

visibly 'feminine' manner. The girls were also expected to be *naturally* drawn to these kinds of activities as opposed to more vigorous and competitive forms of physical recreation. But these official pronouncements did not match up to the experience of the interviewees. Young women who grew up in working-class urban communities in the 1940s often gained access to physical recreation through their church, where they enjoyed the chance to compete in the team games or badminton which would be on offer at the church hall. Some of the more affluent working-class girls could also afford to join athletic clubs, but girls who were members of these clubs recalled that they were not overly popular with other girls in the community. Nevertheless, working-class girls also had access to activities like cycling or swimming, especially if their parents were willing to accompany them to the local pool. So working-class girls could not only find access to alternative forms of recreation to those officially sanctioned activities, but often they actually sought out these activities over the supposedly more appealing keep-fit and dance classes.

Indeed, some of those women who did enjoy keep-fit and dance actually found it rather difficult to access these classes: the timing of the exercise classes did not suit their lifestyles.<sup>89</sup> Therefore, women also had to be prepared to set up their own classes if they wanted to ensure they had access to regular exercise which fitted their routines, as was the case with Muriel and her nursing colleagues. Furthermore, it is evident from this chapter that both working-class and middle-class women often had to rely upon surrounding family members or friends to support, encourage and join in with their sporting pursuits. Without access to a supportive network the ability of girls to participate in sport, both from a psychological and physical perspective, might have been somewhat hampered.

In more rural communities class divisions were especially apparent and we can see the significant role that access to supportive social networks played in enhancing access to facilities and certain activities. In some rural towns workplace provision of sporting facilities certainly enriched female lives. For those working-class women living in rural communities where there were no workplace facilities, there was of course the option of rambling and hiking in the surrounding countryside, but in terms of organised games such as badminton or country dance classes, the existence of a village hall that was open to all was quite crucial. Without good local facilities, access to social networks became all the more important and the experiences of Elspeth and Norah showed us that certain physical recreation



classes would only have been on offer to middle-class women who were part of a particular 'elite' social group within the community.

Supportive and encouraging environments have also been shown to be important in initially enhancing interest and participation in sport. Whilst officials outlined young women's bodies to be essentially fragile and unsuited to competitive sport, and although some of the interviewees did feel this way about their bodies, we have seen that within a particularly supportive environment girls could learn to acknowledge their physical abilities and feel positive about the physical power of their own bodies. We have also seen that whilst the sculpting of the body was an important aspect of sports participation for some of these young women, for the majority, nurturing their talent and physical achievements and the development of a positive sense of self were more relevant than maintaining a certain body image. Indeed for Christine, one of the most active women, a positive relationship with sport did not necessarily translate into a positive body relationship; and thus the sculpting of the body into an ideal was neither the goal, nor indeed the outcome, for many of the interviewees who exercised regularly. For these women sports participation was a social activity which had a positive impact on their lives in many ways, but not always necessarily in physically visible ways.

This chapter has shown how certain officials viewed the bodies of young women to be essentially fragile and unsuited to vigorous or competitive sport, and how some young women challenged these assumptions by going out of their way to gain access to a variety of physical recreations. In the following chapter it will be argued that many of these same women also challenged assumptions about the fragility of their female bodies during key stages of the female life-cycle, such as during menstruation and pregnancy. Chapter 4 will investigate the ways in which pregnant embodiment, or a woman's physical and social experiences of pregnancy, would have altered between the 1930s and 1960s. Throughout these years the standard 'sedentary' pregnancy of the early twentieth century was gradually challenged by certain groups and individuals who felt movement and exercise could help rather than hinder a woman's pregnancy and labour.

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## Pregnancy, Menstruation, and Active Women

As the women of the mid-twentieth century moved through their life-cycle, they encountered a number of bodily and practical restrictions on their experiences of exercise. We will now look into the ways in which women between the 1930s and 1960s coped with the practicalities of managing menstruation and pregnancy whilst attempting to maintain an active lifestyle. For those women for whom physical achievement through sport and exercise was a key element of their personal identity and sense of self as young women, this sporting self may have struggled to prevail when faced with the bodily ‘betrayal’ of menstrual debilitation and whilst sharing the body and the responsibility of the life of another during pregnancy.<sup>1</sup>

Throughout the interviews, as I asked each woman to reflect on her contact with exercise throughout life, some of the women had trouble constructing as fluent a narrative of their early marriage and motherhood years as they had for earlier stages in life; but this was often because the interviewees knew this research required them to focus on their exercise experiences. At this life stage the independent sporting selves of their younger years had to negotiate with their new identities as wives and mothers. Their leisure patterns and access to opportunities to take part in activities had altered with their changing roles; and consequently this previously major part of their identity was, if not removed completely, certainly now a lesser facet of the way they viewed themselves during this time of life.

Despite this, a few of the interviewees were able to maintain their sporting identities as they moved through marriage, pregnancy, and motherhood. Balancing their active lives with the various lifestyle and bodily changes they encountered throughout the years were key themes in their interviews. For some of these women, their link to a particular active community or type of physical recreation, such as the Women's League of Health and Beauty, served to structure their life experiences and, specifically, the ways they dealt with, managed, and thought about their own bodies and their capabilities. As adult women coping with menstruation and eventually, for the majority of my interviewees, pregnancy and birth, they inevitably had to deal with a variety of physical conditions, and so now we will look at their exercise experiences from this angle.

### MENSTRUATION AND EXERCISE

For centuries there had been very little understanding of how or why menstruation occurred, but it was seen as an important and natural regulator of the body and its absence was viewed with concern by doctors and as a sign of disease.<sup>2</sup> Yet throughout the nineteenth century menstruation gradually came to be viewed as a pathological process. Middle-class women were encouraged by doctors to take rest and let their bodies recuperate from what was considered to be the internal trauma of menstruation.<sup>3</sup> Lander and other researchers of menstrual history such as Emily Martin agree that medical views of the female body and its capabilities during menstruation have sometimes been linked more with superstition and 'old wives' tales' than scientific evidence, and this affected the ways in which women were to experience exercise and activity during their menstrual periods between the 1930s and 1960s.<sup>4</sup> Various competing medical and social discourses shaped the way society viewed the physical capabilities of menstruating women throughout these decades, and the way women personally viewed their menstruating bodies.

Lander has argued that social and medical views of the menstruating female body were often shaped by superstition, and she suggests that medical views of the female body also often mirrored social and economic changes in society. For Lander, the views held by doctors regarding the capabilities of women's bodies during the menstrual period, and how debilitating it could be for the body, can be directly linked to the economic value which women offered society during those time periods and whether their presence was required in the public sphere: 'material

necessity as much as scientific knowledge shapes the content of medical doctrine'.<sup>5</sup> Indeed, this phenomenon can be seen within the medical discussions relating to female factory workers in the Second World War. Throughout these years women workers were needed in order to sustain and build up factory production levels after male workers were called to the armed forces, and periodic monthly absenteeism from work could be harmful to production. Certain members of the international medical community published research which, in keeping with the contemporary economic value which a healthy female worker held in society, argued that menstruation was not physically debilitating for women and could be easily managed in the workplace.

In June 1941 the editors of *The Lancet* entered the contemporary medical debates regarding the compatibility of menstruation and activity in the adult female body in an article entitled 'Women Workers and Broken Time'.<sup>6</sup> Evidence was put forward by Dr Margaret Dobbie-Bateman, who later became an honorary founder member of the Society of Occupational Medicine and was a well-regarded individual in the sphere of industrial health.<sup>7</sup> She argued that despite women supposedly consistently showing a higher sick-rate than men in the working environment 'the gynaecological sick-rate was not high, and ... no special consideration for women was needed during the menses'.<sup>8</sup> She then went on to note that despite this—

In Canada 9,000 working days are lost yearly by women owing to menstrual troubles .... There is a widespread belief among elderly and middle-aged women that dysmenorrhoea [a gynaecological condition causing severe uterine pain] is natural and inevitable; a belief which finds no counterpart among younger women who have been accustomed to play games during menstruation and to expect no discomfort from a natural function. The greatest time loss in industry from dysmenorrhoea is found among sedentary workers, and physical exercise, performed regularly, helps to prevent it.<sup>9</sup>

Her colleague, Dr Sybil Horner, then suggested that many working women could be accused of feigning menstrual discomfort and pain in order to be able to take longer intervals during their working day: 'a rest-room under the care of a simple-minded untrained attendant appears to be an invitation to enjoy dysmenorrhoea for some hours with a cup of tea, at even fortnightly intervals'.<sup>10</sup> So these female medical researchers were endorsing the idea that physical exercise, far from wreaking damage on the female body during menstruation, could actually be helpful, and a healthy

and fit woman might indeed experience more comfortable periods in comparison to the unfit woman. Yet they also argued that women tended to exaggerate menstrual pain and ‘no special consideration’ should be shown toward women during their period. In relation to her research of female workers in Britain during the Second World War, Summerfield has argued that, as in the Canadian factory environment, ‘there were no concessions to women’s biology’ in British factories; and thus, it would appear, women were often forced to bend the rules to meet the needs of their biology.<sup>11</sup> Similarly, Smith and Wakewich have argued that as the intensity of the war grew in Canada and female workers became something of a necessity, feminine hygiene products were developed and made available in female factory toilets through dispensers, consequently supposedly alleviating all the discomfort of menstruation so that the biology of the female factory worker did not disrupt production.<sup>12</sup> Through these techniques the menstruating female body was outlined as something which could be managed and controlled, and those women who could not control their bodies or were physically debilitated by pain during their monthly periods were branded as unhealthy and problematic, or were accused of feigning discomfort and pain. There appears to have been little understanding or appreciation for those women workers who may have suffered from the severe cramps, nausea, and physical debilitation of dysmenorrhoea. This was the case with Mavis, an interviewee of Smith and Wakewich, who was ultimately dismissed from her wartime factory work in Fort William, Canada, for ‘habitual absenteeism’ caused by her dysmenorrhoea: a physical issue which she felt uncomfortable discussing with her factory supervisor.<sup>13</sup> The prevailing taboos surrounding discussion of menstruation in both middle- and working-class circles, and a lack of social and medical understanding of the wide-ranging effects it could have on women’s bodies, meant that a number of women struggled to direct their bodies through the monthly cycle without disruption, especially when they were expected to perform physical tasks. Indeed the silence surrounding this subject in social contexts was mirrored in medical circles where a very limited amount of research was carried out into the effect of menstruation on the female body and, specifically, whether menstruation and physical exercise were compatible.

Isolated pockets of research had been devoted to investigating the compatibility of menstruation and exercise in the early decades of the twentieth century, but with such varying results that it is difficult to establish any sort of medical consensus. In 1927 Billhuber published the results of a lon-



gitudinal study of 14 female students at the University of Michigan, aged 17–22, who had been measured for any drops in their motor ability whilst taking part in sports during menstruation compared to at other times of the month. Billhuber concluded that the menstrual cycle did not affect the motor ability of sporting women.<sup>14</sup> Almost 30 years later a more extensive 1956 study, also carried out at the University of Michigan, found that reaction time and arm movement speed had no notable change when the 122 college women in the study were menstruating when compared to other times of their cycle.<sup>15</sup> A number of similar studies were carried out in North America and Europe in the 1960s, for example, Pierson and Lockhart's research in Los Angeles which found no change in the reaction and movement time of a group of 25 menstruating women.<sup>16</sup> But whilst many researchers in this field found menstruation to have little or no effect on the physical performances of sporting or active women, almost as many researchers concluded that menstruation could have a seriously detrimental effect on a woman's physical capabilities. In a series of research pieces published in the early 1960s, Katharina Dalton argued that menstruation was responsible for a slowing of reaction time and physical efficiency in the female body.<sup>17</sup> Therefore in the 1950s and 1960s there was no clear medical consensus with regard to the effect monthly periods had on the athletic female body: some medical researchers argued that monthly periods could be wholly debilitating for women; and others argued that menstruation had little direct impact on physicality and that any physical symptoms had psychological origins.<sup>18</sup>

In 1964 the recently established *British Journal of Sports Medicine* published a review article of research into this subject. It stated that within medical circles there was not only a lack of interest from British researchers on the relationship between menstruation and sport but even the 'extensive' continental literature on this topic: 'express[ed] conflicting opinions and [was] obviously influenced by age old beliefs and superstitions'.<sup>19</sup> There was a prevailing level of disagreement as to whether the root of any interference in performance should be attributed either to a woman's physiology or to her psychology. Lander has pointed to North American medical literature from the 1940s, such as the work of Maurice Fremont-Smith, which shows that certain doctors felt that whilst dysmenorrhoea was 'not serious in itself' it was still a serious medical problem as it brought women to 'fear and resent their function as women and pass on to their adolescent daughters a distorted attitude toward the specific biologic function of womanhood'.<sup>20</sup> Throughout the 1950s doctors were advised

to speak to their patients about any discomfort the patients felt, but also to assure them that they were not suffering from a serious disease, thus encouraging recovery through psychological means of what was deemed to be largely a psychological problem found amongst ‘neurotic women’:

An unhurried and sympathetic interview and obvious careful examination of neurotic women, followed by judicious reassurance of the absence of serious disease, are essential. [...] This serves as ventilation or explanatory psychotherapy and will frequently be a factor in the remission of symptoms.<sup>21</sup>

Not all women could be accused of exaggerating or imagining the symptoms of dysmenorrhoea, as shown by the experiences of a few of my interviewees who were exceptionally healthy and keen sportswomen who nevertheless experienced crippling monthly pains often accompanied by sickness and fainting.<sup>22</sup> Furthermore, during Emily Martin’s interviews with working-class and middle-class women of varying ages living in Baltimore, United States, in the 1980s, she found that many of these women’s lives were severely disrupted by monthly periods. Her interviewees who experienced discomfort or serious pain during menstruation spoke about the trouble of coping with their bodies and feeling betrayed by their body which they felt they had come to know, have control over, and understand: ‘I felt betrayed by my body when I started getting really serious or bad pains, I was irritated by my body, I felt betrayed and angry’.<sup>23</sup> Interviewees in my study referred to similar feelings of bodily betrayal. For example, Elspeth, a nurse from Buchlyvie in Scotland, was an interviewee who thoroughly enjoyed sport but recalled some painful period experiences from when she was a young woman in the early 1940s:

A: I actually had a lot of trouble with dysmenorrhoea, so I really, I wasn’t a happy camper when I had it, you know. But, and unfortunately it was passed all the way down the family, it’s, it’s...it’s a real curse actually. But I mean everyone’ll say “oh, but just take exercise”, well if you’re laid low I can tell you (laugh).

Q: When you’re in pain.

A: The last thing you want to do is exercise [...] Oh, well, I had sometimes, sometimes to go to bed. I mean I couldn’t, you know, I couldn’t hack it, because I used to be sick and whatnot, you know, I really wasn’t well.<sup>24</sup>

Mary S. was born in 1943 and grew up on a farm in rural Stirlingshire, and like Elspeth she experienced life disruption during menstruation. Both of

these women saw their sporting selves become physically incapacitated by their monthly periods, and in this way their experiences of sport were severely affected by their physiology and physical life-cycle:

A: The only problem I had was occasionally, when I had PE and I had, suffered terribly with period pains.

Q: Cramps?

A: When I was at school 'cause my brother was, my father died when I was 10, and my brother, who was 9 years older than me, he was forever getting sent for cause I had passed out.

Q: Really, that bad.

A: Uhuh, so.

Q: Pass out with the pain and feeling...

A: Pain, uhuh, that, eh, that's the only thing. And that was a pest, 'cause if I was like that, and I had a hockey match on, then I couldn't go. You know, that was the only way it affected me.<sup>25</sup>

As shown above many prominent medical researchers believed that women exaggerated menstrual symptoms in order to avoid work, or in the case of Mary and Elspeth it might have been said that these girls wished to avoid sports participation. However, from the way these women spoke of the importance of sport in their lives it is unlikely that they would have needlessly missed a hockey match or PE lesson. To dismiss these pains as psychological in nature was to overlook an often crippling facet of female biology which would benefit from proper medical investigation and the production of suitable medical remedies to aid activity during monthly periods. But the social taboos and lack of medical interest meant that these issues would receive little attention from the medical community between the 1930s and 1960s.

Despite the debates surrounding the root of painful symptoms and the effect of menstruation on athletic performance, Marrian's 1964 review article in the *British Journal of Sports Medicine*, mentioned above, concluded that there was no longer any question of exercise being physically *harmful* to a woman at any time of her cycle. Instead of warning against activity altogether, Marrian hoped that medical researchers would take more of an interest in this area so that therapies might be developed to aid menstrual symptoms amongst athletes.<sup>26</sup> We can see that whilst there may still have been debates as to whether menstruation affected a woman's physical performance, women were no longer being steered away from

activity during their periods in the way that they were in the late nineteenth century and early twentieth century.

By the 1960s the majority of doctors understood the menstruating female body and physical exercise to be compatible. Moreover, in popular culture, and specifically in advertisements in women's magazines for tampons and feminine hygiene products, it was clear that women were being encouraged to keep active during their monthly periods and to use these products to help them do so, and this will be discussed further later in this chapter. This was a significant shift in the sense that a woman's physicality was no longer deemed to be automatically at the mercy of her body's uncontrollable monthly cycle. Yet, an element of understanding was still lacking in some medical circles with regards to identification of the source of menstrual discomfort and pain. Doctors disagreed on whether the source of menstrual pain was physiological or psychological and a fabrication of the menstruating woman herself, and thus few medical remedies were developed for those women who were in pain. The volume of conflicting research findings regarding the degree to which menstruation might have affected a woman's physical capabilities suggested that women's bodies did not have a universally identical response to menstruation, and experiences varied significantly from woman to woman. It suggested that whilst some women might be seriously physically debilitated during their periods, others might equally feel little change in their physical capabilities during menstruation, and ideally both of these groups of women would be practically accommodated for through an understanding of the pain and discomfort they *might* encounter during their monthly periods. Significantly, during her 1980s interviews with North American women, one of Martin's interviewees described her feelings that there was a prevailing lack of social understanding of the different ways in which women's bodies can respond to menstruation. Thus we can see that not only did social and medical circles fail to fully appreciate the complexity of the female body between the 1930s and 1960s, but this situation continued into the 1980s and beyond in various Western social contexts:

[Would you like to see any changes in our society?] some people have cramps so severe that their whole attitude changes, maybe they need time to themselves and maybe if people would understand that they need time off, not the whole time, maybe a couple of days. When I first come on I sleep in bed a lot. I don't feel like doing nothing. Maybe if people could understand more. Women's bodies change, you know.<sup>27</sup>

For those women who did feel capable of physical activity during menstruation, as with the school girls in Chap. 2 who were in need of facilities to aid their physical comfort at school, these adult women also required help in society in order to practically be able to take part in sport. Specifically, these adult women had to be introduced to and have access to feminine hygiene products, such as tampons, which would help them to maintain some power over their ‘uncontrollable’ female bodies which might previously have structured and restricted their physicality and experiences of exercise.

As Delaney et al. have shown in their history of menstruation, *The Curse*, disposable sanitary napkins were first developed in the United States at the end of the First World War and were available from the 1920s. Other products were developed and made available to those women who could afford them throughout the 1930s, with the general claim from all advertisements that their particular product would aid the concealment of the woman’s situation by showing no ‘revealing outlines’.<sup>28</sup> Disposable tampons first became available to women with the invention of Tampax in 1933; and we can see that in the subsequent decades, women’s magazines, such as *Woman’s Own* in Britain, featured numerous advertisements and special offers which aimed to introduce women to these products. When tampons were first introduced their suitability for ‘respectable’ women, and especially young adolescents, was hotly debated; and thus many women, including many of my interviewees, were oblivious to the existence of these products until later in life, when perhaps a friend or a magazine article explained all.<sup>29</sup>

Given the impractical and uncomfortable nature of contemporary sanitary towels, the advent of tampons in the 1930s and their subsequent global mass marketing and availability aided the physical freedom of women and made it slightly more practical for them to be able to take part in physical leisure pursuits during menstruation, if they so wished. In contemporary magazines, albeit through self-serving advertisements produced by the Tampax and Lil-Lets companies, women were provided with information on these new products and even given the option for the delivery of a free trial packet to their home, in plain wrapping, of course.<sup>30</sup> The advertisements stressed the freedom which these products gave women and the practicality of the product. Given the trend in these times for more modern, streamlined designs in numerous areas of life, it made sense that these products would be pushed toward the modern woman who appreciated the benefits of practical designs based on scientific research that she could trust:

When you experience the comfort, freedom and hygiene that only Tampax can bring, you can well believe it was invented by a famous doctor. He studied the difficulties of women and designed Tampax to free them from all monthly discomfort.<sup>31</sup>

Whilst their marketing technique stretched the truth considerably in suggesting that tampons could relieve women of *all* monthly discomfort, as tampons played no part in relieving women of what could be crippling menstrual cramps, they did nevertheless allow women more freedom and comfort. Many of the advertisements suggest that women were generally, and quite understandably, apprehensive about trying these very ‘different’ products, but in any case they were an available option for the modern, active woman of the 1940s and 1950s who placed her comfort and freedom above convention. In fact, from the oral history evidence collected it could be said that in some circles it was deemed more unusual not to wear tampons than to wear them. Although the young women who attended the various physical education colleges throughout Britain were undoubtedly more physically active on a day-to-day basis than the majority of British women, it is notable that Rona, a lower-middle-class interviewee from Glasgow, remembered arriving at Dunfermline PE college in 1948 and being told by those in the year above: ‘Oh, you don’t use towels, you use Tampax’. Rona stated, ‘they were all initiated into that. Very few didn’t use Tampax’.<sup>32</sup> This ‘initiation’ process was a key part of their identity as modern, independent, educated women and smoking was another facet of this modern, sophisticated identity<sup>33</sup>:

A: They also initiated smoking ... Which was, “oh, you must smoke, you must”, it was a kind of thing [...]

Q: Was everybody smoking?

A: Well, a lot, very few didn’t. It was the wee orange du Maurier packets of cigarettes. I did, but it was sort of a sophisticated, you sat with a drink and a cigarette, it was, you know, you thought you were the bee’s knees.<sup>34</sup>

We can see the way in which the use of these ‘adult’ products such as cigarettes, alcohol, and, more discreetly, tampons helped Rona to establish her college identity and specifically her own adult identity as a member of the sophisticated, glamorous, and very modern Dunfermline College girls. This particular group of women had the opportunity to explore their independent adult identities in a unique environment. Their college

education, and delayed marriages, consequently prolonged their independence. These independent experiences were somewhat hampered by the close supervision the girls encountered in their hostel accommodation at college. Nevertheless, these young women were surrounded by peers who could share information and teach them ways of managing their adult female bodies in this active environment. Their bodily functions could not be kept hidden within their shared hostel, and this encouraged a necessary openness and inevitable discussion of managing the female body, which proved beneficial to the enhancement of their personal experiences of exercise through access to information about products which might have been otherwise unknown to them. This was quite an unusual situation and the majority of my other interviewees who did not attend PE colleges tended to mention their use of sanitary napkins rather than tampons when they were young women, which might suggest that whilst women had access to these products, they were still considered risqué in the 1950s except amongst those pockets of women who had no alternative and had to maintain an active lifestyle. These women had observed the benefits of tampons for individuals like them who had to remain physically active all through the month, and the contemporary magazines were playing their part in promoting these products and their benefits to the wider female population. Indeed, still to this day one of the main selling points for tampons is their contribution to the comfort and physical freedom of women, allowing freedom to participate in all sorts of activities, but particularly those which are physically active, and this was equally stressed in these early advertisements:

*And is it comfortable?*

It's wonderful—you really don't know you're wearing it. That's the best thing about Tampax. You don't have to start working out dates and all the rest of it—you just know you'll be all right.

*Even for dances, you mean?*

Of course! *And* tennis, *and* cycling! Just you try Tampax and see what a difference it makes.<sup>35</sup>

So with regard to the taboo subject of menstruation, contemporary magazines such as *Woman's Own* were helping to spread some knowledge of ways through which the female body could be managed. As shown in Chap. 2, this type of advice was severely lacking in the education of the

adolescent girl growing up in 1940s and 1950s Scotland, and so young women were certainly in need of such information.

We can see that not only were doctors understanding that some women felt comfortable and capable during menstruation and benefitted from the chance to take part in exercise, but the development and availability of feminine hygiene products also meant that options were there for active women and their physical activities were not automatically restricted by the functions of their female bodies. Yet what still appeared to be lacking in medical and social circles was an appreciation that menstruation could be a debilitating monthly curse for some women, while others might find that exercise helped their discomfort, or that a lack of painful cramps whatsoever meant that they could act and would expect to be treated as normal. Even in the 1960s, as shown by the review article in the 1964 *British Journal of Sports Medicine*, doctors and society more generally maintained superstitious beliefs about menstruating women, but as long as it was acknowledged that ‘there [was] no question of exercise being harmful to the woman even during her menstrual period’, with the aid of practical hygiene products and a determined attitude, some women from the 1940s onward were in the position to make exercise part of their routine all through the month.<sup>36</sup>

### PREGNANCY AND THE ACTIVE WOMAN

Given that the majority of the interviewees, no matter how active, went on to become mothers at some stage in their lives, we will now look into the ways in which women experienced, coped with, and were directed to understand pregnancy and their body’s ability to manage this physical condition. For centuries working-class women had been guided through their pregnancies with advice from other women in their communities or female family members, and though male medical ‘experts’ gradually became the source of guidance for middle-class women from the late eighteenth century onward, few of these informal or formal sources of advice had any real understanding of the inner workings of the female body or the ways through which a woman negotiated a pregnancy to term. In the eighteenth century medical men did not always receive training in midwifery and were seldom practically qualified to facilitate birth or to distinguish a ‘natural’ from an abnormal birth.<sup>37</sup> Early professors of midwifery aimed to entice other doctors to their profession by offering practical experience of witnessing and administering the birthing process,



and thus 'lying-in' wards were gradually established throughout Britain, with the first in London in 1739 followed by a ward at Edinburgh Royal Infirmary in 1756.<sup>38</sup> These early lying-in wards were primarily established to aid clinical research and medical knowledge of pregnancy rather than to aid the pregnant women themselves.<sup>39</sup> A similar ward was established in Glasgow in the late eighteenth century, and by the 1850s the Rottenrow Maternity Hospital was well established as a charitable hospital; it helped to deliver some of the more problematic Glasgow births by women suffering from rickets and pelvic deformity as a result of their poor diets.<sup>40</sup> But still, these maternity hospitals could only accommodate a small number of women and the majority of births happened at home.

The midwifery professors may have had limited direct contact with pregnant women more generally, but they still had set ideas about how a woman should manage her lifestyle throughout her pregnancy. In 1781 Edinburgh University's Professor of Midwifery, Alexander Hamilton, published his thoughts on the management of the pregnant female body:

Women when pregnant should lead a regular and temperate life carefully avoiding whatever is observed to disagree with the stomach; they should breathe a free open air; their company should be agreeable and cheerful; their exercise should be moderate [...]. They should avoid ... agitation of body from violent or improper exercises, as jolting in a carriage, riding on horseback, dancing, and whatever disturbs either the body or mind.<sup>41</sup>

Hamilton advised against 'agitation' of the body but proposed that women should keep active and mobile during pregnancy, especially if it helped them to have contact with fresh air. As with the management of the body's temperature and its fluid balance during menstruation, experts administered advice which was aimed to keep the pregnant body balanced internally. Between the eighteenth and early twentieth centuries, doctors encouraged women to take moderate exercise and get plenty of fresh air in order to maintain the body's internal balance throughout this critical period:

A lady who is *enceinte* [pregnant] ought to live half her time in the open air. Fresh air and exercise prevent many of the unpleasant symptoms attendant on that state; they keep her in health; they tend to open her bowels; and they relieve that sensation of faintness or depression.<sup>42</sup>

Despite the prevailing medical discourse that pregnancy was a 'natural' state for a woman, and birth an equally natural process, the particularly high maternal mortality rates of the late nineteenth and early twentieth centuries prompted experts and society more generally to view pregnancy as a pathological state which should be treated accordingly.<sup>43</sup> After 1870, general standards of health improved and most subgroups of the British population saw a decrease in their mortality rates, but the high rates of death persisted amongst mothers in childbirth and infants in their first year of life.<sup>44</sup> As Jane Lewis has argued in her work on maternity in the late nineteenth and early twentieth centuries, women of all social classes were fearful of pregnancy and the probable resulting health problems which they might encounter post-pregnancy. These were fears which were well justified given the conditions of maternity and the lack of professional support for most pregnant women.<sup>45</sup> The majority of births were carried out in the home up until the late nineteenth and early twentieth centuries, with local, usually untrained, midwives, neighbours, or family members helping women give birth throughout Britain.<sup>46</sup> However, as Tew and Oakley have argued, there appeared to be links between the growth and development of the profession of obstetrics and the way in which pregnancy and birth were gradually outlined as potentially problematic states which required medical support and intervention.<sup>47</sup> As middle- and upper-class women called for the pain relief and privacy which could be offered to them by a doctor in a hospital, the institutionalised birth became the ideal.<sup>48</sup> Of course, very few women were in the financial or geographical position which allowed them this type of birth and for the first few decades of the twentieth century most women continued to give birth at home with no option of hospital care.<sup>49</sup>

The early twentieth century witnessed a growth in advice manuals for mothers and medical interest in the links between a mother's actions and the health of her infant. Yet, support, advice, and education about the way in which the pregnant body functioned failed to reach large numbers of women, or if it did reach them they were unable to change their lifestyles. In 1914 the married, working-class 'respectable' members of the Women's Co-operative Guild (WCG) were asked to provide written details of their maternity experiences and the Guild leaders received 386 replies.<sup>50</sup> From the evidence provided the WCG concluded that—

During the months of pregnancy, the woman must learn by experience and ignorance, usually being told that all her troubles are 'natural'. In order to

scrape together a few shillings she often goes out to char or sits at her sewing machine or takes in washing; she puts by pence in money boxes, she saves little stores of tea, soup, oatmeal and other dry goods; when times are bad she goes without, providing for her husband and children before herself ... Up to the last minute before childbirth she has to wash and dress the children, cook the meals she's sometimes too tired to eat, and do all her own housework. At her confinement often only an untrained midwife is available, who sometimes has to make use of a child's help.<sup>51</sup>

Despite this situation, efforts were being made by certain doctors and volunteers to improve the welfare of mothers and infants. Through the growth of ante-natal clinics, milk depots for infants, and the distribution of information regarding how the pregnant body should be managed and what to expect during and post-birth, some pregnant women had access to options which might have aided their experiences of pregnancy.

In 1906, George Newman published his work *Infant Mortality: A Social Problem*, where he argued that improvements in the infant mortality rates would only be achieved through the provision of better food for mothers and children, and the education of mothers in infant care.<sup>52</sup> As noted in Chap. 2, the concerns over the nation's health at the turn of the century resulted in various actions being taken, and one such result of this was the emergence of the 'safe-milk movement' which took hold in various towns and cities.<sup>53</sup> After the first experiments into supplementary feeding of infants had proved somewhat successful in France in the 1890s, the first English depot was set up at St. Helens in 1899, and Scottish depots followed in Leith in 1903, and Glasgow and Dundee in 1904.<sup>54</sup> Yet it was soon realised that women who were in a position to provide their own milk for their babies were making use of the scheme, whilst those who were in most need of the milk were not utilising the services. The milk depot scheme ran its course but was brought to an end in 1910 when it was assumed that it was not helping those most in need and other schemes might be better served to deal with the underlying problem, namely, the education of new mothers in childcare and hygienic practices.<sup>55</sup> British ante-natal clinics were soon established in an attempt to bring about this education of new mothers.

After co-founding a refuge for heavily pregnant women in 1899, James Haig Ferguson, a specialist in obstetrics and gynaecology at Edinburgh's Royal Infirmary and Royal Maternity Hospital, went on to establish his ante-natal clinic in Edinburgh in 1915.<sup>56</sup> Through his experiences of monitoring pregnant women he had found that the health of mothers

and infants improved when they were given better food, space to rest, and medical supervision and aid as required. But as the typical early drop-in ante-natal clinics were described in a Carnegie Trust sponsored 1917 Report on the health of Scottish mothers and infants, it would seem that these spaces were hardly somewhere that a woman could rest and recuperate, but rather places where she would be rushed through as the doctor looked for any major problems in her pregnant body:

The premises in which these clinics are held consist of one room, divided into two by means of a wooden partition, and lavatory accommodation in the basement of the hospital. There is a separate entrance from a side street, which is on a level with the basement. The patients wait in the outer half of the room, and are seen by the doctor in the inner half. Assisting the doctor there are one of the resident doctors and two nurses. The consulting room is rather noisy and not very well lighted, having one window of translucent glass. Artificial lighting is by means of gas; the floor is covered with linoleum; a coal-grate and a sink are fitted in the doctor's room.<sup>57</sup>

Nevertheless, attempts were made to standardise the care offered in ante-natal clinics throughout Britain, and by 1929 the Departmental Committee on Maternal Mortality and Morbidity had issued a memorandum on the minimum standards which should be expected in ante-natal care.<sup>58</sup> It proposed that clinics should be able to predict 'difficult labours' through ante-natal examination, to diagnose, treat and prevent infection, treat patients with venereal disease, and 'recognise the educational effect of a well-organised clinic' by showing good standards of cleanliness and care. Certainly by the 1930s the benefits of ante-natal care and the importance of educating new mothers about their bodies and pregnancy was being recognised more widely in the medical community, as shown by this 1934 article from *The Lancet*:

We need to get our antenatal work into focus, remembering that the process of childbirth is a continuous one ... Antenatal care is an essential part of obstetrics, not a specialised stunt by itself, and the expectant mother is not an ambulant pelvis, but a woman with human needs, whose soul and body are closely interlocked ... let us not forget the mother.<sup>59</sup>

Educating these women about their bodies and how they should manage themselves during pregnancy was an important step toward allowing women of all social classes to have some assurance that moderate exer-

cise was safe during pregnancy. These clinics were playing their part in alleviating some of the 'fear of the unknown' dangers relating to pregnancy and childbirth by helping women to understand what their bodies were going through during this stage of life.<sup>60</sup> Yet, though mothers had access to ante-natal clinics, the 1937 *Report on the British Health Services* showed that only 17 percent of English mothers, 36 percent of Welsh mothers, and 35 percent of Scottish mothers were actually attending the clinics in 1937.<sup>61</sup> Huge urban and rural distinctions were also visible, as it was noted that 73 percent of London mothers accessed clinics, whilst the low figure of access for England as a whole showed that the city was a clear exception to the rule.<sup>62</sup> Therefore, in the late 1930s a series of acts were passed in this area to improve things further. The 1936 Midwives Act of England and Wales and the 1937 Maternity Services (Scotland) Act both helped to standardise services throughout Britain with the establishment of a salaried midwife service to establish this profession as an important feature of British health care. The Maternity Services (Scotland) Act aimed to encourage the cooperation of midwives, general practitioners, anaesthetists, and obstetricians so as to help provide a package of health care for expectant mothers in Scotland.<sup>63</sup> In contrast to the legislation passed in England and Wales in 1936, this 1937 Scottish act outlined that expectant mothers should receive local authority care in the form of 'examination and treatment during pregnancy'; supervision during childbirth; at least one post-birth examination four weeks after the birth; and 'the services of an obstetrician to advise and assist where necessary and practicable'.<sup>64</sup> The costs would be covered partly by the state and partly by the local authorities themselves, but in practice it proved too costly for some authorities and opposition from some GPs and the outbreak of war meant that many women failed to see the full benefits of this scheme in their locality.<sup>65</sup> Particularly, in both Dundee and Glasgow the reluctance of GPs to accept the salaried medical service which the scheme required meant that the new legislation was not fully implemented in these cities.<sup>66</sup> But as has been noted above, the progress of maternity care throughout the twentieth century showed that access to good advice, care, and support was growing for expectant mothers throughout Britain.

In *Good Health to Scotland*, a 1943 film made by the Ministry of Information for the Department of Health for Scotland, it was noted that one important development of these years had been the 'increased attendance at ante-natal clinics of expectant mothers'. Certainly, the 1937 figures for attendance at ante-natal clinics throughout Britain were high-

est in Wales and Scotland, though still generally low; but the option was there and many mothers now had the choice to utilise these facilities if they so desired. The Department of Health films from these years show us how women would have used these clinics in practice and what they could do for them with regard to enhancing their experiences of pregnant embodiment. The experience is clearly outlined in the 1945 film *Birthday*, also put together by the Department of Health for Scotland, which will be discussed further later.<sup>67</sup> Despite the probable gap in knowledge and understanding of the female body for adolescent girls in these years, as they went on into work and married life there was help and support there during pregnancy and early motherhood in the form of these clinics. As noted in Chap. 2, young women had little official access to information about reproduction at school, and depending on the willingness of friends and family to discuss such issues, a woman may have had to embark on marriage and motherhood with a very limited knowledge of her own body and its workings. Although information prior to pregnancy might not necessarily have been forthcoming, at least there was some form of official support network there for a newly pregnant woman.

The 1945 film *Birthday* charted the story of a young Glasgow factory worker, Mrs and Mr McBain, becoming pregnant during wartime and having to go through much of the process alone as her husband was in the army. The film shows the ways in which ‘old wives’ tales’ could affect the confidence and assurance of a woman with regards to the capabilities of her own body and its ability to cope with pregnancy in conjunction with usual day-to-day tasks. Mrs McBain is shown carrying on her factory job but being emotionally affected when she overhears older women discussing other pregnant women in the factory: ‘There’s Mrs Mackintosh.’ ‘Is that the one that had the miscarriage?’ ‘It was stretching up for those blackout curtains that did it, she’s expecting again, she better watch out, she’ll be having another mis.’<sup>68</sup> The film then shows Mr McBain receiving advice from a superior in the army who instructs him that the Maternity Services (Scotland) Act of 1937 ‘gave every pregnant woman in Scotland the right to ask for all the skilled attention she needs, and if necessary, free of charge’.<sup>69</sup> The film shows Mrs McBain attending a local ante-natal clinic, where she meets other pregnant women who tell her about their positive experiences of pregnancy with the help of the clinic. She is then taken in for her own consultation with the nurse where she is given the chance to ask any pressing questions about her pregnancy, and, notably, she asks whether she should carry on working. The nurse tells her that a doctor will advise her about when to stop working and how she

should go about applying for sickness benefit, which must have been a welcome aid for women who were worried about working whilst pregnant. This film showed women the step-by-step process of how they should go about seeking and taking advantage of the advice and assistance on offer to them as pregnant women in Scotland. Interestingly, the film also goes into some technical detail with regard to how a woman's body develops throughout pregnancy and the ways in which it might affect her and why. The film gives scientific details, but they are delivered in straightforward language; and if the pregnant women were still unsure about certain processes or stages of pregnancy they were encouraged to attend the clinic to receive this information in a friendly environment. It is questionable how the film itself would have aided women generally as they probably would only have had access to a film such as this if they were part of a women's group, guild, or club or had already started attending an ante-natal clinic. Yet the picture of 1940s Britain displayed in this film was a positive one, where pregnant women were being encouraged to seek medical information about their bodies, and not to take notice of unfounded and unsettling tales about the potential dangers toward an unborn child as a result of 'stretching up for those blackout curtains'.

The spread of information about the pregnant body and how women should prepare their bodies for birth was also a key focus of the work of Margaret Morris, of the Margaret Morris Movement (MMM), when she began to take an interest in the physiology of birth and facilitating women with their pregnancies in the 1930s. Margaret Morris, who was born in London in 1891, fit the 'modern woman' model of the interwar years perfectly through her interest in modern dance and costume.<sup>70</sup> After her introduction to ballet at an early age, Morris became interested in a more natural form of movement based on Ancient Greek poses: she developed this into her own Margaret Morris technique of modern dance, which emphasised the remedial properties of dance. In 1910 she established the origins of what was to develop into the Margaret Morris Movement technique, and throughout the interwar years Morris, and various other trained instructors, promoted this technique in classes throughout Britain.<sup>71</sup> Soon her interest moved to remedial exercise and she completed her Conjoint Massage and Remedial Exercise Training at St. Thomas' Hospital, London, in 1929. In collaboration with others interested in maternity and massage such as Minnie Randell, Sister in charge of the Massage Department at St. Thomas' Hospital, she subsequently devised a system of maternity exercises which could be carried out by women who were preparing to give birth and those who were in recovery from birth.<sup>72</sup> The International

Institute of Margaret Morris Movement offered a ‘Maternity and Post-Operative Exercise’ Diploma, and a handbook with the same name was published in 1936 for midwives, nurses, and patients to become familiar with the pregnancy exercises.<sup>73</sup> The handbook explained that it was geared only toward those women who were already well versed in the exercises through attending ante-natal classes, so as to avoid misuse. The classes were offered in a select few clinics throughout Britain and whilst popular and effective in these clinics, this alternative discourse of preparation for and education about pregnancy and the birthing technique would probably only have been accessible to a small proportion of middle-class women who had the time and energy to invest in such a technique.

Nevertheless, from 1935 the Stonefield Maternity Home in Blackheath, London, incorporated Morris’ techniques into their system of ante-natal and post-natal care, as did the Edinburgh Royal Maternity Hospital: so this method of care was developing in small pockets of British society. By the 1940s the Glasgow ante-natal clinic was offering similar instruction, as shown by the 1948 film *Before and after the Baby*, which was produced by Margaret Morris and shown in various ante-natal clinics throughout these years.<sup>74</sup> It is still likely that the bulk of ante-natal exercises would have been mainly accessible to middle-class women who did not have to work and could invest time in the exercise regime, but those working-class women who were able to give birth in the hospital also would have benefitted from instruction in the post-natal exercises. *Before and after the Baby* was an instructive film which, as the opening images of the film show, was intended to ‘arouse interest and the desire to co-operate in expectant and nursing mothers, to assist midwives *and* nurses who are teaching the exercises, and to show medical students the use of exercises in maternity work’.<sup>75</sup> It showed women an example of a place where ante-natal advice could be found, and images are shown of women being given advice by nurses at the Sandy Road clinic in Glasgow. The film then goes on to display and explain a series of exercises which could be performed in the ante and post-natal stages to encourage a successful delivery and recovery after birth. Most interestingly, given the taboo attached to the display of the pregnant female body at this time and for some decades after this, the ante-natal exercises are performed by a woman in the ninth month of her pregnancy who is dressed only in a bathing suit.<sup>76</sup> It is noted for the audience that this woman, Mrs Martha Arnott, was a former teacher of Margaret Morris Movement, and this may explain her bodily confidence, fitness, and flexibility, even whilst heavily pregnant. Perhaps if this film



was to be shown in a more public way, for example, in a public cinema, Mrs Arnott would not have been comfortable displaying her body in this manner, but given that the audience of the film would be doctors or other pregnant women in the relatively enclosed environment of the clinic, it is more understandable. In any case, it would certainly have been beneficial for pregnant women, doctors, and nurses to view a pregnant body moving with ease and exercising in an attempt to enhance the pregnancy and labour experience. As the film was produced by Morris, who was an expert in female physiology, the women who were exposed to this film would probably have been encouraged by her 'expert' status to appreciate that pregnant bodies were quite capable of physical movement and that certain exercises might aid the birth and the mother's recovery.

Like the doctors of previous years mentioned earlier in this chapter, Morris and her colleagues hoped to keep pregnant women moving healthily so that their internal fluids would remain in balance and their blood flow would continue unhampered:

The sequence of movements that form these exercises are all performed with deep (but easy) breathing, their main object in the *early* ante-natal period is to quicken the blood stream, stimulate the internal secretions, increase the general metabolism of the body and induce peristalsis; the alternate bending, stretching and twisting movements mechanically propelling onwards the waste products, and so preventing chronic intestinal stasis.<sup>77</sup>

As the pregnancy progressed, the Morris technique advised against vigorous exercise but encouraged movement and certainly did not advocate a 'sedentary' pregnancy:

The *later* ante-natal exercises are arranged to work all the muscles of the body as in the first group, but the body weight is reduced to a minimum and they are much less vigorous in character, the strength of the movements being gradually reduced, all extremes of bending, stretching and twisting being avoided, but every movement still being performed (though finally very gently) in order to keep the muscle sense.<sup>78</sup>

After the birth, patients were urged to carry out the post-natal exercises as soon as possible, though often from within their hospital bed initially so as to keep the body warm. But even from within the bed the women felt improvements and, according to the doctors who had incorporated the Morris technique into their wards, these women were supposedly able to

get to their feet more quickly than patients who had had no contact with the technique:

At Stonefield Maternity Home we have had the Margaret Morris ante-natal and post-natal exercises in use for more than a year and the results have been very satisfactory. We find that our patients are able to get on to their feet sooner than before and in most cases by the time the baby is six weeks old the abdominal wall has returned to its normal condition and the waist measurement is the same as before pregnancy.<sup>79</sup>

Through her instruction, Morris aimed to help women understand the physiology of birth and how exercises could help their bodies bring a pregnancy to term. She hoped to enhance women's understanding of their own bodies and inform them of why they experienced pain during birth and how they should respond to it. Indeed, as with those women in the earlier twentieth century who had little personal understanding of the workings of their own bodies and thus were fearful of vigorous or competitive exercise affecting their reproductive abilities, Morris noted that women were fearful of pregnancy and birth because they had little knowledge of their bodies and little information about what they would go through during birth. Many women had no access to information which could help them understand what was to be considered 'normal' during birth, and what were to be considered safe or dangerous activities for their bodies throughout pregnancy:

The time of delivery is usually looked upon with dread, sometimes with terror, and though much is done nowadays to get the patients into a good state of mind, it is not sufficiently appreciated that it is largely the fear of the unknown, and the resultant feeling of helplessness, that causes the dread. It helps enormously if it is explained beforehand that child-birth is a muscular function in which the woman should take an active part.<sup>80</sup>

Crucially, to help remove some of the 'fear of the unknown' attached to pregnancy and birth, Morris looked on her ante-natal classes as a place where women could meet others in the same condition and discuss their worries as 'meeting and working together helps to get rid of self consciousness and fear.'<sup>81</sup> There were certain taboos attached to the discussion of pregnancy. So having a place to go to meet other pregnant women where they could discuss their pregnancies and feel comfortable in their pregnant bodies was something which would have been missing

from the lives of many pregnant women in the 1930s and beyond. This will be discussed further later, but it should be stressed that Morris was providing a safe haven for pregnant women—albeit a select group—where their pregnancy would be enhanced and their confidence in the ability of their bodies would be developed. The physicality of the pregnant female body was enhanced in this environment.

### THE NATURAL BIRTH MOVEMENT

Attached to this trend in alternative birthing techniques was the growth of the ‘natural birth’ movement. The term itself can first be attributed to the 1933 publication *Natural Childbirth* written by Grantly Dick-Read, an English GP who supported holistic methods of dealing with pregnancy and childbirth and who aimed to emphasise the importance of the ‘physiological, psychological, social and spiritual aspects of reproduction’.<sup>82</sup> In contrast to those doctors who were gradually outlining birth as more of a pathological than a natural process, Dick-Read, Morris, and others who were supportive of the natural movement of the interwar years expressed their belief that birth was a ‘normal function’ which a physically healthy body should be able to cope with.<sup>83</sup> The various testimonials from doctors and gynaecologists featured in the opening pages of Morris’ *Maternity and Post-Operative Exercises* suggest that other members of the medical community were supportive of her work, and certainly the logic of physically preparing the body for pregnancy could hardly be denied:

In view of the advantages of special physical training for athletic contests, it seems reasonable that some form of preparation might serve to fit the expectant mother for the task before her and increase her confidence in her own powers ... The primigravida especially should know what to expect and what is expected of her, for confidence in herself is readily acquired once she understands her own part.<sup>84</sup>

Professor Johnstone, of Edinburgh Maternity Hospital, also put forth his support for the Morris technique in the book, stating that the adoption of her thinking required ‘recognition of the fact that pregnancy and labour are essentially physiological functions, and by careful attention to a multitude of details can be prevented from becoming “unphysiological.”’<sup>85</sup> Dick Read’s 1942 work *Childbirth without Fear* gives a further insight into his beliefs, as here he argued that women were socially conditioned to

fear pain and yet it was this fear which induced anxiety and consequently augmented the pain. He argued that by learning about what happens to the body during birth and why contractions are experienced, women could learn to be fearless of the process of birth, and thus through mental preparation for contractions through deep breathing and relaxation techniques, the birth supposedly had the potential to be an almost pain-free experience.<sup>86</sup> Whilst Dick-Read's theories were accepted by some members of the obstetrics and gynaecological community, Marjorie Tew has argued that in the 1930s and 1940s the majority of doctors were largely distrustful of the natural birth techniques. Most British physicians had little enthusiasm for the psychological methods, and Tew argues that this may have been because full adoption of these techniques might have made the profession of obstetrics obsolete.<sup>87</sup> Whilst this may have been the view of some doctors throughout Britain, we can see from the various testimonials and instructional films that some hospitals and ante-natal clinics throughout Britain were supportive of these techniques, and they saw the value in introducing women to breathing exercises and the more physical exercises that prepared the body for birth. Consequently, these institutions were playing their part in making the process of birth more manageable for women and reducing the debilitating impact pregnancy and birth could have on their lives. Indeed for some women, and particularly working-class women, there was no option of being debilitated by any of the physical symptoms of pregnancy or birth as working life had to continue to ensure family survival.

For working-class women between 1930 and 1970, the cycle of pregnancy, birth, and nursing throughout the early years of marriage could have crippling effects on their daily family struggle to maintain adequate living standards, which often relied on having a constant flow of wages from all able family members.<sup>88</sup> Before the 1975 Sex Discrimination Act was established to safeguard most of the basic rights of pregnant women in the workplace, working women could face a variety of responses when they revealed to their employer that they had become pregnant, and often they would lose their job.<sup>89</sup> Nevertheless, during certain decades of the twentieth century issues regarding pregnant women in the workplace were hotly debated, particularly in the years surrounding the First and Second World Wars when physically fit and able female workers were viewed as playing an essential role in the war effort. These debates focussed on issues of risk, to the mother but predominantly to her unborn child, and whether economic

productivity would be adversely affected by the employment of a pregnant woman.<sup>90</sup> By the late 1940s there was a consensus amongst medical inspectors of factories that most pregnant factory workers were capable of light physical work, and rather than being made redundant they *should* be permitted by employers to remain in their position as long as they themselves felt fit, with employers accommodating their physical needs by supplying them with suitable light work:

She should be removed from contact with toxic substances such as trinitrotoluene, benzene or lead compounds, and from heavy work, particularly where this involves muscular strain of an intermittent or jerky nature, and from work which—and this is very rare in my experience if thought is given to the remedy—requires continual standing. The ideal is, of course, in a ‘sedentary’ job to alternate sitting with standing, and we all know that exercise in moderation is good for the pregnant woman.<sup>91</sup>

But despite factory inspector recommendations there were no laws to govern employer actions at this time, and thus many women did not inform their employers of their pregnancies through fear of a dismissal which would send their family further into poverty. Whilst the above quotation stated that moderate exercise during pregnancy was safe and healthy, an air of risk still surrounded pregnancy in both medical and public discourses.<sup>92</sup> Working-class women were faced with difficult choices when they discovered they were pregnant as in most workplaces their job would not be safeguarded, and if they were involved in physically demanding employment the safety of their unborn baby could also be in jeopardy. Women who pushed the boundaries of ‘acceptable’ activity during pregnancy faced social scrutiny as they were seen to be endangering not only their own safety but that of their child, and indeed the future of the race. Thus, those working women who miscarried whilst working and had, through fear of dismissal, hid their early pregnancies and continued with heavy work, were blamed for bringing this on themselves through their risky physical actions.<sup>93</sup> At home, working-class pregnant women were supposedly less of a concern than in the working environment as it was ‘mostly possible for the housewife doing her own work to take spells of rest as and when she [felt] inclined’ in contrast to the factory environment where regular rest could not be guaranteed.<sup>94</sup> In any case, the same physical guidelines which were placed on middle-class women equally applied to working-class women, and these remained somewhat unchanged between

the 1930s and 1960s.<sup>95</sup> Pregnancy was a time when women should engage in light activity, such as the MMM ante-natal classes in the case of middle-class women or ‘light’ housework or factory work for women who had to continue in work, but women should never ‘strain’ their bodies and risk harming their unborn children.

Whilst the employment needs of wartime Britain prompted these discussions of pregnant women in the workplace, there were other wartime circumstances which ultimately enhanced the post-natal experiences of women. During the Second World War, the emergency maternity provisions which were put in place to help cater for pregnant women also played their part in enhancing the post-natal experiences of women and developing the system of care which pregnant women were exposed to over the following years. In 1938 around 40 percent of the births in Scotland took place in hospitals or maternity homes, but in the early war years this figure rose to around 60 percent, as the number of days in post-natal hospital confinement was reduced out of necessity and additional war-time accommodation was made available at mansion houses and castles away from the cities.<sup>96</sup> By the end of the war the majority of births were taking place in an institution, and the number of hospital beds across Britain had risen by 50 percent.<sup>97</sup> Consequently, new mothers were encouraged to get to their feet more quickly after the birth to vacate beds for newcomers, and this was actually shown to enhance their health and post-natal recovery. Though it was not until the 1950s that medical findings confirmed the benefits of movement after birth and the dangers of the entirely sedentary pregnancy, from the 1940s onward movements were being made toward a shorter post-natal confinement.<sup>98</sup> Moorhead has documented the way through which the average length of post-natal stay in a hospital decreased from 12 days in 1955 to 8 days in 1968.<sup>99</sup> This was something which the Morris technique had been encouraging since the 1930s through developing muscular recovery through exercise, so we can see that Morris was somewhat ahead of her time.

It is clear that doctors such as Dick-Read were supportive of these alternative birthing theories of the importance of muscular exercise and movement, but in the 1950s Prunella Briance—who had been unsatisfied by her own experience of maternity care after her baby died during childbirth—was also inspired by Dick-Read’s theories and attempted to make them visible to women more generally. Briance established the Natural Childbirth Association on 6th May 1956 when she placed advertisements in the personal columns of both *The Times* and the *Daily*

*Telegraph* calling for women to attend a meeting in London if they wished to learn about Dick-Read's childbirth theories and how the process could be improved for women.<sup>100</sup> Briance was inundated with responses from women who felt the same as she and groups of these women continued to meet monthly for the next few years, with the group gradually growing in size and influence and gaining charitable status in 1961 to become the National Childbirth Trust (NCT).<sup>101</sup> With this change in name came a change in philosophy, and the group shifted their focus to the theories of French obstetrician Fernand Lamaze and his idea of 'prepared childbirth', which he had developed in the 1940s.<sup>102</sup> Lamaze accepted that birth was a painful process but one which could be aided by distraction tactics of breathing and relaxation. There was a key distinction between Lamaze's theory, which accepted pain as an inevitability, and Dick-Read's philosophy, which some felt actually assigned 'blame' to women who experienced pain during birth as it suggested that women were in pain because they were unable to overcome their irrational, female fears, and anxieties.<sup>103</sup> Thus, through the spread of the Lamaze techniques, women were encouraged to prepare themselves for the birth by learning about their bodies. Therefore the NCT's support of this method meant that women throughout Britain were becoming more aware of the workings of their bodies and the ways in which they could make their bodies more powerful and capable of coping with birth.

For those women who perhaps did not have access to an NCT group or Margaret Morris class, there were some other ways they could get access to information about pregnancy and birth: namely, through contemporary women's magazines. Throughout my analysis of a random sample of *Woman's Own* from the 1950s and 1960s I was struck by the ways in which magazines like this might have contributed to the liberation of the female body in certain ways. For example, whilst my earlier discussion of the adolescent female body outlined the ignorance and generational silences regarding women's intimate bodily functions, it soon transpired that the editors of *Woman's Own* encouraged the dissemination of knowledge of the functions of the female body. They printed articles which may have helped to defuse some of the myths and discursive constraints which affected women's lives during pregnancy and menstruation. On December 8th 1955 Ruth Martin, the author of the weekly 'Woman to Woman Service' feature, presented the readers with an article which hoped to dissolve some 'Old Wives' Tales' related to pregnancy:

What nonsense! In your heart you know that these and similar stories are rubbish. Nevertheless, because you are only human, and because you are so desperately anxious that your baby shall be perfect in every way, you cannot help wondering sometimes if your baby will be born with some defect ... If only some mothers would accept a few basic facts, it would prevent so much mental anguish and fear.<sup>104</sup>

Martin then went on to discuss some of the most worrying pregnancy-related superstitions of the day, mostly related to how a mother's temperament or thoughts throughout pregnancy might physically damage her baby; and she dismissed the majority of these, although she did give useful practical advice such as the dangers of contracting German Measles during pregnancy.<sup>105</sup> The following year the 'Woman to Woman Service' featured an equally enlightening discussion of 'natural birth'. The term was explained in some detail and women were told what they could do if they wanted their birthing experience to be 'natural': 'just what is "natural" childbirth? We hear the expression so often these days, yet few people fully understand what it means'.<sup>106</sup> One of the interviewees from Cardonald, Norma, recalled the fashion for 'natural births' in the 1950s, although she also remembered that as soon as the pain became unbearable her desire for a natural birth subsided:

Well, I was into the, this easy birth or whatever they called it, natural birth! And you got books to read, and you would lie on the floor and do the exercises it told you to do, and you'd do the breathing and whatnot, and you went to the doctors and they told you what to do. So, when it came to the bit! (laugh) "Give me the—the Gas!"<sup>107</sup>

Norma did make reference to the 'books to read' before the natural birth and she had discussed the birth with her doctor, so there was certainly instructive literature and advice available for women; and the way she refers to being 'into' natural birth makes it sound quite like a popular trend. So perhaps the editors of *Woman's Own* were, as they would with any contemporary fashion, responding to readership interests and the trends of the day by discussing 'natural birth' in their pages. In any case, these articles presented instructive, honest, and lucid discussions of some of the most important topics in the lives of the vast majority of the magazine's readership. The ages of the women writing into the 'problem page' and the general topics covered in this magazine suggest it was appealing to



young women aged between their late teens and forties, and so attention to topics such as these would be filling a crucial gap in their knowledge. Furthermore, in general the oral history interviews carried out for this study would suggest that, apart from in the surgery with your doctor or at designated clinics, there were few situations in which it was appropriate to discuss pregnancy issues. For example Mary M. from Stevenston explained that during her pregnancies in the 1950s ‘the only way you discussed it was with another person round about the same age who was pregnant’, and not all women may have had such a supportive social network.<sup>108</sup> Thus, particularly given the generational differences in attitudes toward and knowledge about pregnancy, access to straightforward, sincere advice like that provided in these magazines was crucially needed if women were to enhance their pregnant embodiment and feel comfortable moving and exercising whilst pregnant.

Despite the spread of these birth techniques and the existence of the NCT, ‘natural birth’ was still an alternative discourse accessible primarily to middle-class women, and pregnancy was still a taboo subject in wider society outside these acceptable spaces of the clinics and women’s magazines. For example, on 4th February 1957 a film of a South African woman giving birth, with little medical interference, was shown for the first time on British television during the British Broadcasting Corporation’s (BBC) programme *Panorama*, and it received a mixed response from the public. Despite a clear warning to sensitive viewers before the programme began, in the days following the broadcast newspapers such as the *Daily Sketch* published complaints they had received from viewers who had found the programme: ‘revolting, beyond the pale ... tasteless ... [and] primitive’.<sup>109</sup> Yet, the BBC itself, although poised for an inflow of complaints from sensitive viewers after the broadcast, received only two official complaints from the public. Moorhead has argued that the lack of numerous complaints from the British public suggests that they yearned for information on this subject during a time when it was seldom discussed.<sup>110</sup> But certainly, pregnancy and birth were still taboo issues in certain areas of society. Linda from Uddingston, Scotland, who was born in 1944 and was almost 13 when the *Panorama* pregnancy film was shown, remembered being ‘told I wasn’t getting to watch. Panorama [...] were showing the birth of a baby and I was told to leave the room’.<sup>111</sup> Linda’s parents felt the images were unsuitable for a girl, but notably they themselves watched the programme and it was clearly a discussion point in the family. Linda knew what the content of the programme was despite being considered

too young to view the film itself. That the film was shown at all is telling of the transitional period witnessed in the late 1950s and early 1960s regarding attitudes toward discussion of pregnancy and birth, but the conservative views continued to dominate in British society. This attitude prevailed into the 1960s when, on 4th February 1965, the *Sun* newspaper printed a photograph of a woman giving birth and subsequently received a number of complaints which showed that some readers were: ‘shock[ed] and ang[ry] that such a picture should be flaunted in a daily newspaper for all and sundry to see.’<sup>112</sup> As Kitzinger has argued, birth itself appears to have been too closely linked with animalistic acts for most people in the 1950s and 1960s, and its association with sex and defecation meant that even within the ‘safe’ all female environment of the NCT group some women continued to feel uneasy about any discussion of labour and birth. Even after viewing educational birthing films through the NCT some women were still reluctant to tell others they had done so for fear of appearing unrespectable.<sup>113</sup>

In response to this, the group’s leaders made various attempts to make discussion of pregnancy acceptable to women more generally by inviting upper-class women to share their labour experiences. In 1964 Viscountess Enfield was asked to open the NCT’s new premises and speak about her own labour in just such an attempt to make discussion of pregnancy acceptable. Yet, as Kitzinger has argued, whilst this resulted in the NCT’s displaying an image of upper-class respectability, it may have alienated some of the working-class women, and in practice the Trust ultimately maintained a middle- and upper-class image which was often blind to problems women might face during their pregnancies which were related to issues of class or race.<sup>114</sup> Similarly, despite being encouraged to ask questions and learn about the process of birth, women who followed the guidelines of the NCT were still expected to be ‘good patients’ and be calm, reasonable, and respectable throughout their labour.<sup>115</sup> Thus, the issue of ‘control’ of the body is a key point here, and whilst the natural birth movement helped women gain some control over their bodies as it encouraged them to educate themselves about the birth process, still women were expected to comply with the instructions of experts when necessary.

Yet developments had been made as at the very least there were now a number of spaces and places where women could discuss and learn about pregnancy and birth, such as in women’s magazines and at the NCT meetings, Margaret Morris ante-natal classes, and ante-natal clinics in their locality. Moreover, whilst the *Panorama* programme and *Sun*

photograph received a few complaints, it is telling that there was a contemporary discourse which allowed for and supported this broadcast and publication, encouraging discussion of pregnancy and birth in wider society. From the very beginning the NCT had an aim to encourage women to share their honest experiences of birth and to learn about the medical and physiological aspects of birth so as to do away with the fear and damage caused by ‘old wives’ tales’ and the spread of false information related to these experiences. Through accessing knowledge of the body, women could gradually feel more comfortable and confident in their ability to make decisions about what was right for their own body. The work of the NCT was a key turning point in the way women thought about their pregnancies, as it encouraged them to seek and share information about birth, consequently enhancing the power they had to make their own decisions about what was best for them throughout pregnancy and during labour. In practice, their power during the birth might be hampered by the intervention of experts, but throughout the months of pregnancy those women who felt confident in the capabilities of their bodies might also have felt confident enough to embrace those alternative discourses related to pregnancy, such as that put forth by Morris and other doctors or physiotherapists, which encouraged women to keep active and mobile as they brought their pregnancy to term.

### PREGNANCY AND PHYSICAL EXERCISE

In her account of her own experience of pregnancy in late 1940s New York, Abigail Lewis recalled enjoying her long walks around the city whilst pregnant and not only feeling capable of taking mild exercise but feeling aware of the positive physical effect it was having on her body: ‘I feel pleasantly exhausted. Exercise seems to be as good for this condition as for any other.’<sup>116</sup> As Mittelmark and Gardin have argued, it was not until the 1980s that doctors began to advise pregnant athletic women to participate in exercise which was in any way more vigorous than the walks around the city which Lewis mentioned in her autobiography.<sup>117</sup> But, amongst the women interviewed for this study there were a number who were clearly against the idea that a pregnancy should be largely sedentary or that it was dangerous for women to keep active and participate in sport during this state. Elspeth was born in 1927 and was a trained nurse who had grown up surrounded by doctors, with her father and husband both trained GPs, and she was never under the impression that her pregnancy should be sedentary:

A: Well, I don't know but I was always brought up to think exercise in pregnancy was good. That you just lived a normal life and you didn't make a great fuss about it.

Q: And so you were surrounded by medics as well?

A: Absolutely, absolutely, absolutely. So that, you know there was no fuss, there was no "dear take a seat now", you know. Em, no I just went on in the normal way. I didn't, there was no fuss made about it. It's a normal thing it's (laugh); it's not an illness, you know.

[...] I had a dog, and I walked all the time. And I can remember even the day before I went [into labour], I had, she was I think about a week early or something and you know, that, the day before I was, you know, taking the dog for a walk, so I never took it easy like that.<sup>118</sup>

Similarly, Anne D., who spent her adult life as a PE teacher in Paisley, Scotland, and was pregnant in the early 1960s, continued to work throughout the early stages of her pregnancy as there was no replacement for her.<sup>119</sup> As a PE teacher her job involved a degree of movement and demonstration but because she was comfortable with her body's ability to cope with such activity, she was happy to continue with a moderate level of exercise whilst pregnant. Other interviewees listened to their bodies, understood their physical capabilities, and maintained involvement in their own form of physical recreation throughout their pregnancies. But significantly, these women were also aware that their actions were perceived by others to be unusual. We can see that prevailing taboos regarding exposure of the pregnant body, or even the covered outline of the pregnant body, would certainly have hampered a woman's relationship with exercise throughout her pregnancy. Many of the most popular female activities necessitated exposure of the body in some way. Women of more recent years who have experienced giving birth in specially designed birthing pools have testified to the relieving and soothing effects water can have on a pregnant body and the birth process itself, which would suggest that swimming and bathing may have a similarly positive effect on the pregnant body as the water helps to support the body but allows healthy movement.<sup>120</sup> Indeed, Linda—an interviewee from Uddingston, a town near Glasgow, who was born during the Second World War and went on to become a PE teacher—referred to the popular aqua-natal classes which her own daughter attended during her 1990s pregnancy, showing that in more recent years pregnant women have been encouraged by experts to exercise in water.<sup>121</sup> Yet, the taboos against exposure of the pregnant body

and its sexual and animalistic connotations were still prominent in the 1960s and 1970s and it meant that swimming in public during pregnancy was frowned on, as Anne D. recalled in her interview:

I just carried on regardless, I think. But I wouldn't have been doing anything terribly strenuous ... you mightn't have gone swimming because you see, there was a different attitude to pregnancy in those days actually, in the sixties. About showing bumps and things.<sup>122</sup>

Nevertheless, many of the interviewees who had been pregnant during the 1960s and 1970s spoke about living through a transitional period in reference to shifting attitudes and changing norms. Anne D. and Linda recalled shifting attitudes toward pregnancy in terms of how active pregnant women were encouraged to be, how openly it was discussed and how comfortable pregnant women were about showing their pregnant bodies, or even a covered outline of their pregnant bodies, in public.<sup>123</sup> Linda made comparisons between her mother-in-law's experiences of pregnancy and her own experiences, observing generational and cultural changes throughout the mid-twentieth century in terms of the extent to which a sedentary pregnancy was encouraged:

I mean, again I was probably the tail end of the, the Royal Family, who once they announced they were pregnant didn't appear in public. You know, there was very much a, you went into baggy clothes and big coats, whereas now they buy a t-shirt with a big arrow on it, you know, but it's just society ... But there was plenty exercise. So my youngest daughter I mean she went to aqua-natal before the baby was born. There was nothing at all like that [for me]. I mean the, the ante-natal clinic, you went for your blood-pressure and occasional blood-test and so on. And then there was the, the mothercare classes where you went for four weeks, once a week for four weeks before your baby was born to learn how to bath the baby and, but nothing to do with your own personal exercise or anything, I don't even think there was much said. Now, you saw a physiotherapist in the hospital, but then you were kept in a week nearly [after the birth]; well, I was in five days. Eh, my mother-in-law tells the story of the tenth day she was allowed to dangle her legs over the side of the bed. Whereas we were certainly encouraged to be up. Yes, we were certainly encouraged to be up. And a physiotherapist did come to see you, I think probably to check for varicose veins and things but eh, your pelvic floor, she would tell you about the pelvic floor exercises but other than that there was no class to go to or anybody really kind of trying to

find out if you were doing anything correctly or not ... Eh, and you were just left, no I would say you were probably left to your own devices quite a bit.<sup>124</sup>

It should be noted that the generational changes between her mother-in-law, herself, and her own daughter were very gradual and spanned over a time period of well over 50 years. Linda stressed that in her experience pregnant women in the 1960s still retired from public view and wore loose clothing to keep their pregnancy private: women did not draw attention to their pregnancy. She notes that she was 'at the tail end' of this particular set of attitudes toward pregnancy which suggests that she acknowledged further change after this time, but how sudden this change was cannot be clear. Her next point of reference is to her own daughter's pregnancies, where she was encouraged to keep very active and fit throughout her pregnancy, but this would have been in the 1990s. In any case, Linda was living in a 'transitional period' in relation to general attitudes toward pregnancy. Pregnant women received some instruction from the doctors surrounding them, from the ante-natal classes on offer in some localities, through instructive films, magazines, and books, and they were 'encouraged to be up', but still they were generally 'left to [their] own devices'. There was little interference in their pregnancies beyond those periods in which they would be in hospital, and indeed in the lead up to the birth Linda noted that there was not 'much said' to her about her pregnant body and how she should care for it to prepare for the birth. When we take into account the magazine articles which stressed the ignorance of women in relation to pregnancy and body issues and their belief in the 'old wives' tales', perhaps more medical interference, or at least support and advice for the pregnant woman, would have been useful. Of course, the presence of the physiotherapist in Linda's post-natal period would suggest there was some kind of support network there, but Linda still clearly felt she had been left on her own and that the network of care and help her daughter had in her pregnancy was much more adequate. Evidently, the NCT, Margaret Morris, and more general ante-natal clinics existed and were on offer to some women during the 1960s and 1970s, but Linda's pregnancy was largely untouched by these groups and they had little educational input on her pregnancy experience. As a lower middle-class woman who was particularly physically active throughout her life, Linda was the kind of woman who we would expect to have been involved in these alternative birthing techniques, but they did not reach her. Indeed, only one of the interviewees, Norma from Cardonald, recalled her adop-

tion of official ‘natural birth’ methods, and yet few of the women recalled having ‘difficult’ pregnancies. So whilst alternative pregnancy discourses of the NCT and MMM were present in society, there were also other ways through which women could tap into alternative pregnancy and birthing discourses, namely, through participation in exercise or physical recreation during their pregnancy. Like the methods put forward by the NCT and MMM to encourage a healthy pregnancy and birth, regular participation in any form of exercise also appeared to aid the pregnancy and labour experiences of the active women interviewed for this research. Indeed, the majority of the active interviewees who discussed their pregnancies made a point of outlining that they had encountered no difficulties with their pregnancies, which may point to the relationship between their healthy bodies and complication-free pregnancies.

Like Linda, Mary M. from Stevenston, Scotland, who worked at ICI as a young woman and made much use of the physical recreation facilities on offer to her there, was also aware of being part of a transition with regard to attitudes surrounding the pregnant female body. Mary referred to the opinions her mother’s generation held and tried to pass on to her when she was pregnant:

Q: What did people say about pregnancy and exercise?

A: Em, oh, aye, oh, you shouldnie be doin’ that, you shouldnie be doin’ this, and ‘you need to watch in case you have a miscarriage’, ye know. It was always, em, my mother in particular, ye know, had been reared in a sedentary pregnancy, ye know, and that was the norm.

Q: To take it easy.

A: To take it easy, and to watch until you were over three months and then as you, further you got on and on you just had to settle to this, with very, very little exercise whatsoever. Definitely no swimming.

Q: Really?

A: Because it wasn’t considered to be, oh, what’s the word, aesthetic to have yourself revealed, and, eh, that was just taboo. [...] Now swimming, because of your bulge, was not considered to be in good taste. That’s it. Em, hockey was totally out because of danger. Badminton you could fall. But you didn’t show yourself, I mean all my pregnancy clothes were loose clothes and, em, nothing like today where you see people with slim dresses on and showing the world that they’re pregnant.

Q: So it was very [...] was it just the norm, you kept yourself covered?

A: It was the norm. Em, you didn’t draw attention to it at all, and I grew up like that.<sup>125</sup>

Despite suggesting that this was ‘the norm’ for this period, during her interview Mary went on to show that there were alternative options there for some women. As shown earlier in this chapter, throughout the twentieth century medical researchers had shown that exercise was not detrimental to a woman’s chance of conceiving and moderate exercise during pregnancy did not harm mother or child, but in many cases actually improved a woman’s chances of carrying out a natural birth without too much medical interference. The pioneering medical researcher in the field of sports medicine, Adolphe Abrahams, had carried out a study of female athletes in the late 1930s within which ‘not a single example was forthcoming in which disadvantages of violent exercise were admitted or advanced ... there was no suggestion of relative sterility, of troublesome pregnancies or of difficulties in delivery’.<sup>126</sup> Yet Abrahams also stressed that the British public had ‘a deeply rooted traditional opposition to violent exercise for women. Such opposition may be on physical, physiological, psychological or merely aesthetic grounds; and contrary evidence has little effect on prejudice.’<sup>127</sup> The same was true of society’s view toward women’s participation in exercise whilst they were pregnant. Undoubtedly it would take a considerable length of time for new medical findings which were supportive of the compatibility of pregnant women and exercise to reach women on the ground, and it was not until the 1990s that a pregnancy ‘fitness industry’ was established in North America and Europe.<sup>128</sup> As Jette has shown, even in the twenty-first century the pregnant body is still considered to be ‘at risk’, but women are nevertheless encouraged to engage in moderate exercise, indeed the risks of not engaging in any exercise are also well documented.<sup>129</sup> In any case, the minimal research and lack of scientific consensus amongst the findings of those who did carry out research in this area during the immediate postwar years meant that these issues were seldom discussed in medical circles. Any research which did encourage participation in exercise and sport was unlikely to have a strong enough presence in the contemporary discursive framework for most women to be able to disregard the ‘old wives’ tales’ that continually reinforced the longstanding views of the fragility of the female body, and especially the fragility of the pregnant female body.

Keeping active during pregnancy was perhaps not ‘the norm’, but there was an alternative discourse in circulation which was linked into the ‘natural birth’ literature and advice, and endorsed by members of the medical community such as Adolphe Abrahams, Grantly Dick-Read, and Margaret Morris. This alternative discourse encouraged discussion of exercise during



pregnancy which would help the pregnancy itself, not hinder it. Mary used her own physical intuition to tap into a form of this alternative discourse on account of her own feeling that her body was not only capable but would benefit from exercise and sport participation during this time of her life:

Q: Right, okay. So did you, you're saying that you did do activity in the early stages?

A: Early stages I did, I played badminton, ye know, till about three months or something like that.

Q: So, so even though your mother had been so careful what made you?

A: Right, aye. Now, always, throughout my life I've never run with the herds. I've made up my own mind about certain things, ye know, and I've reasoned it out and because I kept on with certain amounts of activity whilst I was pregnant I was fine as a pregnant person. I never really had bad pregnancies or, or births. And I attributed that to me keeping myself active.

Q: Being fit, and cause you were fit anyway you were used to it so...

A: I was used to it yes, and it was relaxing to me rather than, than, eh, stressful.

Q: Right okay. And...was it a distraction as well, or, you were saying you never really had bad pregnancies?

A: No. I never felt as though I was in danger. I never felt as though my child would be in danger, and my doctors visits were always good and they never said no.<sup>130</sup>

So, for some women, the 1960s and 1970s were viewed as a time of transition where attitudes toward pregnancy and the capabilities of the female body were changing. Mary felt that this alternative 'active pregnancy' discourse was an option to her as she listened to her body and felt confident enough in the ability of her own body to cope with physical exercise during pregnancy, but of course we know that not all women were comfortable with this idea. Moreover, the moral and social scrutiny faced by women who kept working whilst pregnant was similar to that experienced by pregnant women who continued to exercise. For example, Mary S., from Stirling, Scotland, recalled continuing her curling during her pregnancies and the shock of her peers that she continued to do so. She had her children during the transitional period of the late 1960s and early 1970s and she felt comfortable enough with her own body and physical capabilities to keep active: 'I mean, I curled, even when I was pregnant, all the time I was pregnant I curled.'<sup>131</sup> Notably, Mary stressed that people thought she was unusual to keep up her curling throughout pregnancy,

but not due to worries about her internal health and the damage which exercise might place on her baby. Rather the worry was to do with slipping and falling on the ice: a serious risk in this sport, especially during later pregnancy. But even still, Mary noted that she was something of a pioneer in her group by deciding she was still physically capable of keeping up her recreation whilst pregnant and shortly after giving birth:

Q: [...] What about other people who were pregnant were they doing similar activities or—?

A: Well, no. There's not many people who...nowadays there are people who curl, but I mean when I was pregnant people thought I was off my head curling. Because it can, you know, in case I fell or something like that.

[...]

I was very active, eh, all the time I was having [my daughter]. And when I was having [my other daughter] she was September, she was born and I curled, curling's only a winter sport, so I curled till, it worked in really well, because I curled until the beginning of April, which was the end of the curling, and I was able to start in October after she was born.

Q: Oh, of course, yes.

A: So she didn't, my first daughter, she was January, that kinda interfered with the curling a wee bit (laugh).

Q: But you were straight back to the [curling]?

A: Uhuh.

Q: Right, and, eh, did it worry you, you were saying some people thought you were mad (laugh) for doing it?

A: Well I think, uhuh, because, em, yes cause I think people sort of, if you fell on the ice or—?

Q: On the ice I suppose.

A: Or something like that. Not because it's, not because you're gonna do any harm, but I mean obviously you, I couldn't have curled at em, it's a sport you can play maybe up till about four, five, six months, maybe.

Q: Cause of your balance and...

A: You're right, well it's not just that, you're right down low and you're sliding about a foot and if you've got a big tummy that's not [possible].<sup>132</sup>

Mary was fortunate to have access to her own car so she could regularly drive to an ice rink to curl with friends and find the time to keep active during her early years of motherhood. But crucially, her own mother was available to help with childcare and she stressed that she felt very lucky to have this support. Women like Mary M. and Mary S. felt they could exercise during their pregnancies because they were already adept at managing

their bodies through these sporting situations and their sport and exercise participation was part of their identity. Their access to these alternative discourses of active pregnancy came from a self-assurance in their physical ability, which had in itself come about from their involvement in exercise through the 'crucial connections' which introduced them to sport and activity earlier in their life. As noted in Chap. 3, these connections to the sporting world were brought about in various ways such as through access to workplace provision of sport, or family interest and encouragement which allowed initial access to physical activity and fostered a feeling of physical capability. As they carried on through their life-cycle, these sporting women negotiated their pregnant selves with their sporting selves and found the two to be compatible to a certain extent. Their access to this alternative discourse was not always dependent on social class, as we can see since Mary M., a working-class woman, gained access to sport through her workplace and consequently enhanced her own confidence in the capability of her body to keep active throughout all stages of life, including pregnancy. Mary S. was relatively affluent during her pregnancies and her access to a car enabled her to travel around to get to her curling meetings, but her involvement in the sport during her pregnancy was probably linked more to her already active life, which was brought about through family encouragement and the prevalence of community sport whilst she grew up.<sup>133</sup> These crucial connections played more of a structuring role in accessing this alternative active pregnancy discourse than social class. Yet, for those women who lived in rural areas where there was no sport provision or access to education about the pregnant body through facilities like the ante-natal classes, accessing this active pregnancy discourse would probably have proved to be almost impossible.

Interestingly, whilst both of these women viewed their decision to carry on with exercise during pregnancy as something which made them stand out from the crowd, there were some women for whom exercise during pregnancy was the norm and had been for years, namely, the MMM members as referenced earlier in the film *Before and After the Baby*, and members of the Women's League of Health and Beauty. Chris was an interviewee from Paisley, Scotland, who had been a member of the WLHB since the early 1940s when she joined at the age of 13, and she was still a member at the time of the interview when she was in her eighties. She recalled the way pregnancy and exercise were viewed by League members and teachers and stressed that members generally tended to keep up their

classes even in the very late stages of pregnancy, and she continued to attend classes during her pregnancies in the early 1950s:

Q: Now, when you were actually pregnant yourself, em, did you still exercise (A: oh, yes) and do you remember what people said about that kind of thing?

A: Yes, I got one of the pairs of pants from one of the stout ladies in the class so I could keep (laugh).

Q: So you kept up with the classes.

A: Oh, yes, I was pregnant. Both the girls until just a few weeks before they were due.

Q: And did you just carry on all the way through?

A: Just carried on.

Q: How did you tone it down or?

A: Oh, yes. [The League teacher] would say to me “Now don’t you do this”, you know, “this isn’t suitable for you” and, eh. But no I kept going all the time and I think that was why my pregnancies were very easy, never had any stitches, never had any bother. But I was lucky.

Q: Yeah so, in terms of, do you remember what people said, I mean was that quite unusual or?

A: In the League, no.

Q: Right, okay.

A: Although there weren’t so many had their families that they maybe had left by that time, moved away as you say, moved from the town, but no there were a few of us worked on and had a family.

Q: Right and around that time did people...outside of the League maybe, you were saying in the League it wasn’t that unusual, but, em, what did [other] people say about that kind of thing? Were they worried about that kind of thing?

A: I think they thought we were unusual (laugh).<sup>134</sup>

Despite her feelings that other people outside of the League viewed them as ‘unusual’ for keeping up classes throughout pregnancies, the prevalence of the League itself in Britain as a whole would suggest that the idea that the pregnant female body was still a physically capable body would have reached large numbers of women. By 1939 the international membership of the League had reached 150,000 and by 1950 there were over 1,000 League classes being held throughout Britain every week.<sup>135</sup> Chris was unclear on the exact numbers of women who were attending her own advanced League classes during these years but she implied the numbers were high. She remembered there were around 20 girls in the junior sec-

tion of the class when the majority of members would actually have been in the more advanced classes so there would be dozens of women, in Paisley certainly, who would have been exposed to a supportive environment for the active pregnant woman: a significant minority of Britain's female population. Moreover, Jean, the League instructor who led Chris's classes, carried on leading the classes during her own pregnancies in the late 1940s and 1950s, and Chris remembered this clearly:

A: She had a very narrow platform and she complained that there wasn't enough room for her and the bump in front. So she took some of the advanced girls up to demonstrate the exercise she wanted to do. Put you through the movement so that the girls could follow. But she demonstrated right up until she was due practically.

Q: And she, did she change the way she did it or did, was anybody in the class worried about her still teaching or was it just because of the League you thought...?

A: No, everybody just accepted that that was her, she just did it and you knew that she knew what she was doing, she wouldn't overdo anything. You know she was very, very good and very careful if you were pregnant. She certainly, you know, made sure that you didn't do the exercise. She knew how far to tell you, you know, "don't you do any more of this", that sort of thing. But, em, she was a great teacher.<sup>136</sup>

From interviews with Chris and another league instructor, Sarah, it became clear that a main aim of the League was not only to enhance the health of working-class and middle-class women but to enhance their knowledge about the body and its functions. As Chris noted in her interview, the League instructor was viewed as an 'expert' in society in terms of knowledge about women's bodies and their capabilities. These 'expert' women were contributing to the development of biopower in society in a way which was similar to the role that the medical community had played in restricting women's sport in the early twentieth century, but in this case female League instructors were breaking down restrictions surrounding the active female body. These women were legitimating and encouraging physical freedom throughout all stages of the life-cycle.<sup>137</sup> Indeed, in the late 1930s Jean trained full-time in London for two years in order to gain her qualification as a League instructor, and League instructors were well versed in the biology of the female body and potential risks. As noted by Sarah, a League instructor who trained in the early 1970s but had been a

member since she was taken to the League baby classes as a toddler in the late 1940s, League instructors were ‘experts’ in this area:

Because of the training we have, we do and I hesitate to say a physiotherapy course, but we do a great deal of the work that physiotherapists do. And obviously part of the ethos of our work as you probably saw is to have safe classes. And it is obviously safer if a lady in early pregnancy just chills it, you know. And that, dare I use the expression, relieves us of any responsibility if anything went wrong because a lot of ladies might not tell you that they’re in early pregnancy, if you see what I mean. But as I say, when I was pregnant there were girls in my class who were all pregnant together and they dropped off according to the size of the bump.<sup>138</sup>

As Sarah noted, there would be worry over responsibility or blame if a woman was to have trouble with her pregnancy whilst at a class, but the women were not completely discouraged from attending and the fact that the League instructors in the 1950s were leading classes whilst pregnant shows how far women themselves were willing to reject the sedentary pregnancy rule if an expert in society showed them activity was relatively safe. In this way, albeit in the enclosed and ‘safe’ all-female space of the League centre, women were being encouraged to keep up their activity and liberate their bodies through activity, even during pregnancy.<sup>139</sup> So as shown through the experiences of women living in the ‘transitional’ period of the 1960s and those women who attended the ‘unusual’ but nevertheless enlightening League classes, previously fixed and rigid attitudes regarding the incompatibility of pregnancy and exercise were changing.

## CONCLUSION

Throughout the mid-twentieth century women in Britain were gradually given access to information and support which may have enabled them to negotiate the continuation of an active lifestyle throughout the various stages of their life-cycle. The various medical research projects investigating the compatibility of menstruation and exercise had come to conclude that exercise during menstruation was not dangerous for the female body, although physical performance might be hampered, and that movement and exercise might help to ease discomfort during periods for some women. From the 1930s onward, the invention and subsequent distribution of tampons throughout the United States and Europe contributed greatly to the

liberation of the female body. Not only were experts supporting the compatibility of menstruation and exercise, but products were now available to women which would help them keep comfortable and mobile during their periods. From the interviews it would seem that many adult women in the 1940s and 1950s continued to use sanitary towels rather than tampons, whether because these were more freely available or because tampons were viewed as risqué. Rona from Glasgow only came into contact with tampons and was assured of their suitability for the active woman when she began her PE college course in 1948, and she found that the use of tampons was part of the identity of the modern, middle-class, young women of the PE colleges throughout Britain. It may have been unlikely that Rona would have been introduced to tampons if she had not embarked upon this college course, and certainly amongst the interviewees only the very active women referred to their use of tampons, others may not have felt they had much use for them as they did not necessarily have to keep physically active all through the month. In any case, whilst it would seem that only select groups of women made use of these products to help them keep active, the products were on offer to women generally and they would have made managing the functions of the female body considerably easier.

Yet within medical circles and amongst the general public there still appeared to be a lack of understanding of the diversity between women's bodies and the variety of ways in which menstruation might effect, or not effect, a woman's physicality. In some quarters there was a lack of understanding of the way in which menstruating could be extremely physically debilitating for some women, whilst others might encounter little or no physical or psychological disruption. In terms of understanding the female body and ensuring society catered for women's bodies appropriately, by the 1970s there was still much room for improvement in understandings of women's bodies.

Whilst there were certainly gaps in the maternity services offered to working-class and middle-class women in the rural and urban localities of Scotland, women's access to welfare and educational services related to pregnancy and birth were growing throughout the twentieth century. By the 1960s women had many places where they could access information about how to physically cope with their pregnancies, what to expect during labour, and how to prepare their bodies for the challenges ahead. Yet the use of ante-natal clinics was not universal and it is likely that many women in the 1950s and 1960s still embarked upon pregnancy and birth with little knowledge of what lay ahead for them.

Beginning in the 1930s Margaret Morris attempted to spread knowledge about the physiology of birth and the ways through which keeping active and doing certain exercises could help women give birth and recover quickly from labour. Much like the leaders of the National Childbirth Trust, Morris attempted to educate women about their bodies and prepare them for pregnancy and labour, ultimately enhancing the pregnant embodiment of the women involved. Yet it was still mostly middle-class women who were able to devote time to the natural childbirth techniques and ante-natal classes offered by Morris and the NCT. Whilst ante-natal clinics were open to all women, attendance was generally poor and thus these alternative birth discourses would probably have been taken up primarily by middle-class women. Within these particular spaces women had access to information about pregnancy and birth, but outside of these spaces there were prevailing taboos surrounding discussion of pregnancy and even any display of the pregnant body. Women who did not have access to ante-natal clinics or MMM classes may still have had to rely on what information they could glean from family members or pregnant friends. They may have had little confidence in the physical capabilities of their pregnant bodies, and with little access to information about what was safe for them to do during pregnancy they may have been discouraged from keeping active during their months of pregnancy for fear of miscarriage.

Nevertheless, it is clear that women who were already active as they embarked upon pregnancy had access to another alternative pregnancy discourse which encouraged movement and activity throughout pregnancy. Many of the interviewees who were already sure of their body's ability to cope with vigorous exercise felt comfortable enough during their pregnancies to keep up their physical activities. They consequently enhanced their birthing experiences and overall pregnancy experience by using exercise as a way to relax and keep healthy. Access to this confidence in the body may have been, as noted in the previous chapter, dependent on crucial connections at some point of life which had fostered a confidence in the capability of the female body to cope with vigorous exercise and the benefits exercise participation could have on daily life. These women faced social scrutiny and judgement from others because of their actions, but that they were able to keep active during pregnancy showed that the 1950s and 1960s were years of transition in terms of attitudes to pregnancy and the capabilities of the female body. These women had had positive relationships with their own bodies throughout their lives insofar



as they felt confident in the strength and capabilities of their bodies. Their belief in their body's health and strength had been encouraged by their exercise participation and this meant that they felt confident enough in the ability of their body to cope with exercise during pregnancy, particularly as they considered pregnancy to be a normal part of life which should not be viewed as an illness. Equally, for the women who were part of the Women's League of Health and Beauty, being exposed to a group where experts encouraged and set personal examples of the safety of keeping active during pregnancy meant that these women felt comfortable keeping up their activity whilst pregnant, thus showing that the various cycles of life for women did not have to interfere with patterns of physical recreation and an active lifestyle.

From the mid-twentieth century onward there were various ways through which a woman could enhance her experience of pregnancy and prepare her body for labour, and this often involved participation in some form of exercise or enhancing her knowledge of her own body's workings through ante-natal classes. All of these methods contributed to the development of the freeing of the female body and the ability of women to keep active throughout all life stages if they wished to do so without fear of judgement from others. But we have yet to look into the way in which these women integrated their active lifestyles into their new roles as mothers. The following chapter will examine the experiences of the interviewees as their sense of self altered again and they embarked upon marriage and motherhood. During this stage of the life-cycle, after pregnancy, they no longer only had to share their bodies with another but had to take on the responsibility of constantly caring for another individual and often putting their child's needs before their own. We will investigate whether the lifestyle of the modern active woman was compatible with motherhood in the postwar era.

## NOTES

1. For discussion of bodily betrayal during menstruation see E. Martin (1987) *The Woman in the Body: A Cultural Analysis of Reproduction* (Boston: Beacon Press), p. 77.
2. Martin, *The Woman in the Body*, p. 31.
3. Martin, *The Woman in the Body*, p. 31.
4. L. Lander (1988) *Images of Bleeding: Menstruation as Ideology* (New York: Orlando Press); Martin, *The Woman in the Body*, p. 34.

5. Lander, *Images of Bleeding*, p. 4.
6. 'Women Workers and Broken Time' (1941) *The Lancet*, 14th June, pp. 761–762.
7. 'Obituary: Margaret L. Dobbie-Bateman, MB, CHB, DIH' (1982) *British Medical Journal*, Vol.284, 27th February, p. 674.
8. 'Women Workers and Broken Time', p. 761.
9. 'Women Workers and Broken Time', pp. 761–762.
10. 'Women Workers and Broken Time', p. 762.
11. Summerfield, *Reconstructing Women's Wartime Lives*, p. 135.
12. H. E. Smith and P. Wakewich (2012) 'Regulating Body Boundaries and Health during the Second World War: Nationalist Discourse, Media Representations and the Experiences of Canadian Women War Workers', *Gender and History*, 24:1, p. 62.
13. Smith and Wakewich, 'Regulating Body Boundaries and Health during the Second World War', p. 62.
14. G. Billhuber (1927) *The Effect of Functional Periodicity on the Motor Ability of Women in Sports* (University of Michigan).
15. L. J. Youngen (1956) *A Comparison of Reaction Time and Movement Time Measures of Women Athletes and Non-Athletes* (Unpublished thesis, Michigan State University).
16. W. R. Pierson and A. Lockhart (1963) 'Effect of menstruation on simple reaction and movement time', *British Medical Journal*, 5333, p. 796; For further examples, see J. Marrian (1964) 'The Effect of Psychological and Motor Changes During the Menstrual Cycle on Women Athletes', *British Journal of Sports Medicine*, pp. 54–61.
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18. A. Decker and W. H. Decker (1956) *Practical Office Gynaecology* (Philadelphia: F. A. Davis Company Publishers), p. 154, in Lander, *Images of Bleeding*, p. 63.
19. J. Marrian (1964) 'The Effect of Psychological and Motor Changes During the Menstrual Cycle on Women Athletes', *British Journal of Sports Medicine* (1964), p. 57.
20. M. Fremont-Smith (1942) 'Essential Dysmenorrhea', *New England Journal of Medicine*, 14th May, p. 226, in Lander, *Images of Bleeding*, p. 63.
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22. For example Elspeth, oral history interview, 7th October 2010; Mary S, oral history interview, 12th October 2010.

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## Exercise During Marriage and Motherhood

In 1972 the national Sport for All campaign was established in Britain with the intent to raise Britain's standing within the international sporting world, improve community sports facilities, and bring about wider sports participation across all demographics.<sup>1</sup> In particular, the Sport for All campaign aimed to improve participation rates of certain 'excluded groups', such as people over 50, people with disabilities, and, notably, mothers with children.<sup>2</sup> It was instigated after a decade of key events in the British sporting world stemming from the Wolfenden Report of 1960, which had made recommendations for improvements to sport in Britain. From 1960 onward government interest and financial investment in sport developed, culminating in the production of various multi-sports centres in the late 1960s which, it was hoped, would cater to the sporting needs of all sections of society, and specifically families and mothers with children. With these developments in mind, this chapter will examine the experiences of the interviewees as they embarked upon marriage and motherhood between the 1950s and the 1970s, and the various sources of encouragement or obstacles to their exercise participation in terms of access to facilities, support, and childcare. As the majority of the interviewees were born between the late 1920s and 1940s, their childrearing years fell between the 1950s and early 1970s, and so we will focus on these decades.

For most of the interviewees, and for women more generally during the mid-twentieth century, the childbearing period was generally confined to a few years in the early years of marriage, with marriage itself taking place



when a woman was in her early to mid-twenties. As Anderson has shown, from the 1920s onwards a 'modern life-cycle' emerged as women began to produce on average just over two children in their marriage, compared to the average of five children for each marriage in the mid-nineteenth century.<sup>3</sup> The smaller family size was accompanied by a clustering of child-bearing into the first few years of marriage, which meant that from the 1930s, on average women finished their childbearing by the age of 32, and by the postwar years the average age had fallen again to 28.<sup>4</sup> Thus, for women born in this time period marriage and motherhood would often follow on sharply after their education and first few years of employment, with childrearing remaining a key stage of the life-cycle. Undoubtedly this life-cycle stage and the responsibilities accompanying it had an impact on a woman's access to and experience of exercise and sport. Similarly, marriage itself played a role in altering the lifestyles of women, sometimes in very minor ways with regard to sports participation; but in other cases a woman's lifestyle altered to suit the demands of family life or the interests of her husband, especially if they wanted to share their leisure time and he had little interest in sport. Nevertheless, as Skillen has shown, during the interwar years joint participation of couples in sporting activities was not out of the ordinary. Skillen argues that sports participation could be viewed as an attractive feature in a woman, and the mixed sports club itself an acceptable courting space for meeting potential partners, in both middle-class and working-class circles. Yet within marriage a 'delicate balance' had to be struck where a woman's sports participation did not interfere with her duties as a wife, and we shall explore this further later in this chapter.<sup>5</sup> Many of the interviewees within this study met their spouses through a mutual appreciation of sport or through a club where they were both members, and so the courting trends Skillen refers to continued into the postwar years. For those middle-class women who were trained PE teachers, such as Rona who met her husband at work where they were both PE teachers, a mutual appreciation for sport could be an important aspect of their bond together. Mary M., a working-class interviewee who worked in the ICI factory in Stevenston, also met her husband through the sports club at work, where they played badminton together. Regardless of social class, sport and physical recreation could bring potential partners together.

## EXERCISE DURING THE EARLY YEARS OF MARRIAGE

Between the 1930s and the 1960s marriage prevailed as a key stage in the life-cycle, and the majority of women who were interviewed in this study had married at some point in their lives.<sup>6</sup> In their discussion of the new companionate marriage model which, they suggest, emerged in the interwar and postwar years, Davidoff et al. have drawn attention to the importance of ‘romantic love, sexual attraction and mutual interests’ within this popular marriage ideal, though they stress that these qualities served to disguise ‘realities of gendered inequalities of power and access to resources’.<sup>7</sup> The phrase ‘companionate marriage’ had been in circulation since the 1920s, but as Roberts notes, when discussing the growth of companionate marriages in Britain we must be aware of the variety of definitions in circulation.<sup>8</sup> In a more recent evaluation of the complexities of companionate marriage, Szreter and Fisher have argued that most of their interviewees, who married in the 1930s or 1940s, were not ‘taken in by the disguise’ of gender inequalities described by Davidoff et al. but were well aware of their gendered roles in the household. Each spouse was keen to establish their own realms of power in the home, and many of their female interviewees displayed their power primarily through their roles as primary caregivers to their children and managers of the household.<sup>9</sup> Szreter and Fisher’s interviewees appeared less concerned with romantic notions of companionate marriage and more with the practicalities of ‘sharing and caring’: they were keen to share domestic responsibilities in a fair manner which allowed for the personal aims of both spouses to be met without departing too far from the gendered household norms. Whilst earlier discussions of companionate marriage stressed the importance of ‘sharing’, primarily the sharing of leisure interests and a romantic involvement with one another, Szreter and Fisher emphasise the tension between ‘sharing’ and ‘caring’ within this model: they outline the important, and often overlooked, role which providing and caring for the family can play within a marriage.<sup>10</sup> In their model, companionate marriage involves not only a sharing of leisure and interests but also a negotiation of household responsibilities and appreciation and support for the role which the other spouse plays in the daily functioning of the home.

Indeed, as Alana Harris has argued, the ‘set of ideas’ about marriage which have been grouped under the umbrella term of ‘companionate marriage’ are very complex. In her research into English Catholic domestic life in the postwar years she has shown the ways in which this malleable marriage ideal could be altered to fit the needs and wants of secular and sacred

households alike.<sup>11</sup> Evidently, companionate marriage is a multifaceted and movable concept. But when examining the postwar years, we can understand companionate marriage as a set of ideas about marriage which perhaps did not wholly reject all elements of the Victorian separate spheres discourse, but nevertheless allowed for some negotiation of gendered roles in the household in relation to the shared or personal interests and aims of the spouses.

Lynn Jamieson has shown how Scottish couples who were marrying in the interwar years tended to view marriage as an institution and something which was an almost inevitable, sensible, and practical step in life.<sup>12</sup> Though romance and love were not always absent from marriages, Jamieson argues that pragmatic justifications for marriage were more often than not the precursor for a marriage proposal and the acceptance of a proposal.<sup>13</sup> Langhamer's recent study of love and selfhood in postwar Britain argues that 'love played an important role in spousal selection well before the post-war period'.<sup>14</sup> Yet she stresses that we must take care to investigate the meanings which individuals personally assigned to their declarations of 'love' in the mid-twentieth century as 'love has meant different things to different people at different moments of the past.'<sup>15</sup> Whilst marriages of convenience survive to this day, marriage was certainly in a state of flux from the interwar years onward; and amongst the interviewees in this study there were examples of those who had thought carefully about the partner they chose for marriage. These particular women appeared to care for their husbands dearly, although the term 'love' was not used within the interview. In any case, prior to marriage they ensured that they had mutual interests, or at least they established a mutual understanding that there would be a negotiation of gendered household roles to allow for personal interests to be retained after marriage, mainly through the sharing of childcare responsibilities. The experiences of these interviewees sit well with the model of postwar companionate marriage as described by Szreter and Fisher: the gendered 'sharing and caring' household roles were respected by both spouses, but they also supported one another through life and allowed for movement within these gendered roles.

Particularly for a wife, the support of her husband was often crucial if she was to be able to pursue leisure interests outside the home, as he may have had to supply her with funds, transport, or childcare support to enable her to participate in her own leisure pursuits. This marriage model relied on the male partner being supportive of his wife's interest and taking on certain roles within the household not necessarily expected of him in order for her to be able to participate. It also relied on a wife surrendering some of her

own power in the domestic sphere in relation to her position as primary childcare-giver. This was a form of marriage which often appeared in the narratives of the interviewees, and in many cases whilst the power appeared to lie with the husband, the interviewees described their partnerships in such a way which presented their marriages as equal partnerships and their own position in the marriage as quite powerful.

Such forms of marriage came more clearly into focus once a couple had children and childcare responsibilities became an aspect of their marriage which they had to negotiate, and this will be discussed further later. Firstly, we will look into the way marriage and exercise participation fit together during the first few years of a couple's time together before parenthood. In referring to her interviewees from Manchester who married in the mid-twentieth century, Langhamer argues that as these women moved from the independence of young adulthood to the life stages of courting and marriage, their leisure patterns altered accordingly.<sup>16</sup> If a woman had frequented dancehalls for leisure in her youth, the association of the dancehall with courting might make it less of a respectable place for her to spend her spare time as a wife, especially if she attended without her spouse.<sup>17</sup> Yet other forms of shared leisure were an option, particularly sport.

Amongst the interviewees, especially those for whom sport was an important part of their life and their personal identity, shared sport participation during the early years of marriage was quite common. Anne D.—a PE teacher originally from Aberdeenshire but who moved to Paisley in the mid-1950s—kept up her participation after her marriage in 1962. Anne would play badminton with her husband at the school where she taught:

A: Got married, came to, got a job in Paisley. And again I was newly married, taught full time, played badminton [...] My husband came and we played badminton, it was a social thing as well.

Q: Where did you do that?

A: I did that down at a school which again no longer exists, the school I taught in.

Q: The school, right. It was a similar situation.

A: School, same situation, they all had badminton clubs. Played badminton, could have your husband, your boyfriend, you know, wasn't just for staff members you could have friends. Think I was kind of too busy setting up home and [...] I didn't play anything else. I didn't really know, eh, didn't really know anybody when I came here, so I kind of had a year of, a couple of years of just teaching and playing badminton, and not really organised sport at all.<sup>18</sup>

This participation was something which was only open to them because of Anne's link to the school and it may have been difficult for them to find a suitable shared leisure pursuit had the school hall been unavailable, especially as she 'didn't really know anybody' when she arrived in Paisley. In this way, their shared participation was dependent on a crucial workplace connection and the lack of facilities for such leisure elsewhere may have meant that couples without such connections may not have had any option for shared leisure which suited both of their tastes. Indeed, as Anne noted, there were no local centres designed specifically for sport where they might have had access to other forms of shared leisure:

Bearing in mind that there were no such things as sports centres, they didn't exist [...]. So there were no kind of gyms and things where you could go and, or step classes or, in sports centres, there were no sports centres. [We used] school halls.<sup>19</sup>

Workplace sports provision and crucial connections to family members who had access to such facilities were still very important in this period, as public provision of sports facilities throughout Britain was still developing and would not really take shape until well into the 1960s. This was especially the case in more rural areas such as Stevenston, Scotland, where the community relied on the sports facilities provided by the ICI factory, as referred to by Mary M. in her interview. Mary met her husband through the ICI sports club where they both worked, and they maintained their mutual appreciation for sport throughout their marriage:

A: I got married when I was 21, which was back in 1957 and [...] I got married to [my husband] who I met in the badminton club, and he was a great player and that was it, I was singled out to play with him, so that's how it all started.

...

A: Oh, well, I went, Saturdays I would be playing a match in hockey. I would have two nights a week training, I would play badminton as well in the winter, and I'd play tennis in the summer. So, 1, 2, 3, 4...maybe 4 to 5 nights, after work.

Q: So really, and all through the year as well. So this would have been up until your early twenties maybe?

A: Yeah, into... In fact, I mean, I was lucky enough, I mean I started having children but my husband was quite good at coping with them and I kept hockey going until I was thirty.<sup>20</sup>

After meeting through badminton Mary and her husband maintained their separate sporting interests, but they were mutually appreciative of the need to nurture the sporting aspects of their identities and the support they would have to give one another to ensure this was preserved, such as shared childcare responsibilities. Whilst discussing Mary in previous chapters we saw that she identified herself as someone who did not 'run with the herds' and she was very sure of her own identity throughout life. Sporting achievements were a very important part of her sense of self, which stayed with her throughout her life-cycle. Her husband appreciated this and she personally felt she was 'lucky' to have a husband who supported her leisure interest. Yet I think an important aspect of the balance in this relationship was the key role that sporting achievement played in enhancing Mary's personal sense of self-satisfaction and success in life: this was something that she was unwilling to forego for marriage, and her choice of partner reflected the importance of sport for her personally.

In her research of postwar leisure patterns Langhamer has argued that shared leisure within marriage tended to be shaped by the husband's interests.<sup>21</sup> In relation to sport this shared interest would often take the form of spectator sport, such as football, rather than shared sport participation. This was presumably the case for the majority of marriages at this time, but in the case of my interviewee Elspeth, a nurse from the rural village of Buchlyvie, Scotland, it was she who convinced her husband to take up physical recreation as a form of leisure they could share. Sport was undoubtedly a pursuit which would in most cases appeal to a male spouse more so than some other stereotypical female leisure pursuits, but the way Elspeth describes her encouragement of her husband to join her suggests that, much like Mary, she would have been reluctant to choose a partner who was wholly against joining her in these types of leisure pursuits. Elspeth was a middle-class interviewee but much like the working-class interviewee Mary, the importance of exercise to her as a person and the role exercise and activity played as key aspects of her identity meant that she was determined to maintain her participation during marriage. This attachment to sport and exercise and the powerful role it could play in an individual's sense of self was something that traversed social classes. For Elspeth, playing golf and hiking were key parts of her identity, as well as being some of the main ways through which she socialised with friends and family. Thus, taking regular exercise and playing sport was a part of her self she was unwilling to relinquish upon marriage:

A: And he hadn't been brought up to do the kind of exercise that I had, because I think they went for runs in the car and there was this, get out and have a picnic or something. But my mother-in-law [...] knew nothing really about walking, but my husband was, you know, he adapted himself very quickly to (laugh).

Q: To your way of thinking?

A: Yes, exactly, and when we were up in Kingussie we played quite a lot of golf.<sup>22</sup>

Similarly, amongst the interviewees who were members of the Women's League of Health and Beauty, it was clear that a supportive and understanding husband was crucial for those women who wished to maintain this part of their identity after marriage. Whilst these women were embarking upon an independent form of leisure by attending the League classes, a certain form of companionate or supportive marriage was necessary for them to be able to do this. Even within a situation where husbands may be seen to be 'allowing' their wives to attend the League classes by providing them with transport, funds, and the time away from home, still this was an important 'requirement' of husbands of League members. A husband who was unsupportive of their League involvement may not have been deemed suitable for those women who were passionate about their participation. The phenomenon of the 'League husband' was described by Sarah, a League instructor, in her interview:

Say for example, me, I had been a League member all my life. When I met my future husband I was training, and I was heavily involved in training. So when we got married, he knew what he was getting into, and I knew with his interest, he was heavily involved with, I knew what I was getting into. So I think, most of the girls I know, they, their husbands knew that they were, that the League was their passion.<sup>23</sup>

The supportive nature of League husbands was also a theme for Chris when she spoke of her life in Paisley and her life-membership in the League, from when she joined at the age of 13 in the 1940s through to the present day:

A: [The League instructor also had] a wonderful husband that supported her like mine does. But they talk about League husbands (laugh).

Q: Uhuh, how so?

A: Because they give you the support you need to look after the family and things.<sup>24</sup>

For all of these women exercise participation was such a prominent part of their sense of self that they were determined to maintain it after marriage. Anne D. had chosen a career as a PE teacher and so evidently sport was an important part of her identity which would stay with her throughout life. Anne's narrative flowed easily from one life stage to the next and she effortlessly recalled the way sport had impacted on her life at most stages of the life-cycle. Similarly, many of Elspeth's memories from childhood were shaped around sport and exercise participation and although sport did not become her career, as she went into nursing, she ensured that she was able to maintain a healthy lifestyle and enjoy physical recreation throughout various stages of her life. In earlier chapters we discussed the way that workplace sports provision gave Mary M. a positive life aspect to focus on whilst she was in a job she detested. Looking back on her life Mary acknowledged that she was a skilled sportswoman and her athletic ability was definitely 'better than average'.<sup>25</sup> Her introduction to recreational sport at the ICI factory during her later teenage years pulled her out of a time which she described in her interview as being the worst period of her life.<sup>26</sup> We can understand why Mary ensured she maintained her participation throughout her life as it had become a positive aspect of her identity and gave her another side to her sense of self which she was personally able to admire and take pride in.

Evidently, these women had powerful links to sport and exercise: their sporting memories provided frameworks for their life narratives. This was especially the case for Mary, but the narratives of some of the other participants show that even interviewees who were self-proclaimed 'sporty' women often saw their participation fall away after marriage. Certainly, some of these interviewees, such as Betty, showed little regret at this break in their sports participation: they were content with what they viewed as an inevitable shift in their identity as their daily lives changed to prioritise their responsibilities as supportive and caring wives. But other women, such as Elspeth and Muriel, recalled feeling frustrated that they could not get access to exercise in the same way as they had been able to prior to marriage, and this frustration was most pronounced after they became mothers, as will be discussed further later in the chapter.<sup>27</sup> Therefore, those women described above, who maintained sport participation throughout marriage and motherhood, were exceptional given the prominent place sport and exercise held as key aspects of their identity, and they were determined that sport was something which would stay with them through all of their life stages.



As noted above, Langhamer has argued that in the postwar years shared leisure in marriage tended to mirror the husband's interests rather than his wife's, and whilst Elspeth transgressed this norm, other interviewees followed this trend; and as a result their own interest in sport and exercise halted for a time.<sup>28</sup> The interviewee Betty had lived in Cardonald for all of her life and had been exceptionally keen on physical activities during her school years, when she enjoyed hockey and all PE lessons, whilst also cycling with friends out of school hours. After she left school in 1948 she went to work for Glasgow Corporation as a clerk and, much like the workplace experiences of Mary from Stevenston noted above, physical recreation provisions were in place for staff and a badminton league had been established for workers: 'Well, when I left school, eh, and I went to the City Assessors they had a badminton club and, em, I joined the badminton club and, eh, played, oh, a lot of badminton!'<sup>29</sup> The marriage bar in her workplace meant that Betty lost access to this badminton club after marriage in the 1950s, and as her husband was not interested in sporting pursuits and she understandably wanted to do activities with him after marriage, her opportunities for access to badminton, cycling, and hockey somewhat dwindled:

Well, he wasn't into like, badminton and swimming, well, he couldn't swim when he died, ye know, he never learned to swim in other words. So he wasn't into, ye know, those sorta things and you, well, you were going out with them, ye know, and it was like at that time it was 'The Pictures' or 'The Dancing' ... So that was your sort of, if you like, activities.<sup>30</sup>

Similarly, Janette, who lived in Cardonald all of her life, found it difficult to find a place for physical recreation in her life after her marriage in the 1950s, despite her involvement in tennis, badminton, and hockey at the local sports club at Cartha during her teenage years:

A: [...] once I got married everything kinda went by the board for a wee while because you don't have the same time. And then the family came along. So really there was quite a gap between stopping tennis and starting again when I retired.

Q: Right okay. So, em, so things did fall away for a period?

A: Yes. Well, bowling kinda, I took up bowls then, and I'm now taking up golf. But bowls kind of took over when the children were small because at least they could be there, and you can do things, ye know?

Q: Right, why bowls in particular, how did you get into—?

A: Well, my dad taught me how to play bowls, and that's how we got into that.

Q: So was there a place nearby that you could?

A: Well, mainly, no, mainly the bowling was while we were on holiday for a month down in Girvan. We played bowls down there. Didn't really play in Glasgow much at all.

[...]

Q: Yeah, eh, how did you feel about that, did you miss it or?

A: Yes. Very much so, cause my aim had been to be a PE teacher.

Q: Oh?

A: But my mother put the skids under that because it meant going all the way to Dunfermline! As if it was the other end of the world, and she wouldn't have it, so, that's how I ended up doing office work, which I hated.<sup>31</sup>

Clearly Janette was a 'sporty' woman who had enjoyed sport so much at school she hoped to make a career of it, but her mother wanted her to be closer to home and directed her to secretarial work. Her prominent sporting identity and the place this held in her sense of self retreated to be filled in other ways by her roles as a wife and mother. Margaret B. met her future husband in Manchester in 1969, was married in 1971 and then spent the early years of her marriage in the south of England, and though she was physically active for her work as a PE teacher, recreationally sport fell away for her when she met her husband:

At the end of that I did start, I did join a hockey club, in Lancashire, and I did go for county trials in Yorkshire and I was selected to play for Yorkshire at county level. I only made it through one season and [then] I gave up the hockey completely [...] And by then I'd met my future husband and if I'd been doing all physical education [teaching] and all hockey I wouldn't have been able to see him, and he was at one side of Manchester in the university and I was right over the other side of the outskirts of Manchester, and on public transport, impossible.

...

But I married a man who wasn't physical activity orientated himself, he was more of an academic. So, yes, he did physical activity but he tends to be, eh, he was a marathon runner, so it was a single, a lone activity rather than a social activity that he did. Whereas I'm very much a social person. So the things we've done together through married life have been things that we mutually like, like music and concerts and he's taught me a lot about reading and literature and films.<sup>32</sup>

Even for those women who maintained their sporting identities throughout the early years of marriage, the inevitable next stage of the life-cycle tended to have a far greater effect on their leisure patterns. Motherhood certainly had a substantial impact on the way women of the mid-twentieth century accessed and experienced exercise and physical recreation.

### EXERCISE DURING MOTHERHOOD

Many of the interviewees embarked upon motherhood in the 1950s during a period which has been outlined by historians as the decade where child psychology, attachment theories, and specifically the work and theories of the psychologist John Bowlby spread into wider culture, affecting the way women were expected to act when they became mothers. Bowlby produced a report for the World Health Organisation on child attachment and deprivation and an excerpt of this was published by Penguin in 1953 in the form of the, soon to be best-selling, *Childcare and the Growth of Love*.<sup>33</sup> Bowlby's research found a direct link between maternal deprivation and childhood delinquency, albeit in certain extreme cases, and whilst none of the interviewees in this study referred to Bowlby's work directly, their actions during their early years of motherhood certainly echo his advice that it was undesirable for a mother to be parted from her baby for even short periods of time during these crucial years.<sup>34</sup> Simultaneously, the growing affluence of society during this decade brought about an environment where the long-held home ideals of housewives who had scraped through the austere years of rationing in the 1940s and early 1950s could now be realised.<sup>35</sup> Aspirations for 'your own front door' were linked into ideals of home life which for many women still meant not working after marriage unless they had to and certainly not working in the early years of motherhood. In the late 1940s Swedish social scientists Alva Myrdal and Viola Klein conducted a feminist research project entitled *Women's Two Roles*: it was published in English in 1956.<sup>36</sup> They suggested that in this age of competing and complex femininity discourses and ideals, it was right for women to want to return to work once their children had reached school age, but they urged them to stay at home during the first few years of their child's life. So the discursive ideal of the stay-at-home mother was powerfully present in both middle- and working-class circles in the 1950s, and it was also reflected and reinforced in popular media such as women's magazines.<sup>37</sup> We can see the way this discourse impacted on the relationship the interviewees were able to have with sport and exercise during this stage of their life-cycle.

When I asked Anne D. to tell me about access to exercise during her early motherhood years of the 1960s she noted that she was undoubtedly 'fit' at this stage of her life, but there was a sharp distinction between being busy and having access to defined leisure time and physical recreation:

Well then you're quite physically active after you have a baby, I mean you've got a lot to do and if you have another child, not the first one you're, you know. You walk a lot. Well, we did, we walked a lot because we walked a lot with our prams. We walked our children into school. Now bear in mind, Eilidh, that em none of us had cars [...] You know, women, not second cars, maybe your husband would have a car. [...] So we walked everywhere, we walked to the shops we would walk into Paisley from here [...]. So none of us, I don't remember any women, wife, having a car, and husbands were away all day. [...] So maybe we were actually quite fit.<sup>38</sup>

Margaret B. remembered her own mother having to walk everywhere with the children in the 1950s, as they did not have a car, so, yes, she was fit and healthy; but this was not necessarily physical recreation: 'Oh, yes, because we didn't have a car until I was, must have been about 12. So there was a lot of walking and daily activities or public transport'.<sup>39</sup> Langhamer has referred to the way women's leisure alters after marriage as the distinctions between work, housework, and childcare become blurred and female leisure time difficult to define, and we can see that the women were grappling with these issues whilst producing their interview narratives.<sup>40</sup> Another interviewee, Muriel, saw her exercise participation fall away once she started having children, despite being exceptionally determined to keep active earlier in life throughout her nursing training in Glasgow, as we saw in Chap. 3. Thus we see that even those who appeared wholeheartedly determined to keep up their activity throughout their life found that the responsibilities placed on them as mothers were overwhelming:

Once the kids came along it, the opportunities were just not there to join clubs and be sociable at that. I didn't find it, 'cause they were all quite close together. Eh, so that took me up till, I suppose, I started my, curling was the first thing I started, after the children. ... Apart from just being run ragged, you know with, with kids, you know, which is very active but it's not a sport in that sense, it's not.<sup>41</sup>

As noted above, Mary M. from Stevenston managed to find time for exercise whilst her children were young, but she was perhaps an exception

given the important role sport played in her life. Mary had her first of six children in her early twenties but she ‘kept hockey going until [she] was thirty’.<sup>42</sup> Most other interviewees reported a participation gap during these years. For example, Elspeth recalled feelings of frustration after becoming a mother, as she felt she was not able to exercise to the same intensity as she had previously:

A: But there was a time then when I couldn’t be so active cause I mean you were [always] chasing after small children and walks were so slow, you know the kind of thing.

Q: Because of the pram.

A: Absolutely, and the ones that were walking were slow and whatnot, you know. So I used to think ‘Oh I never get a decent walk’, you know. There would be a period in the sixties when I was, you know, more or less tied to prams and whatnot, you know.<sup>43</sup>

Whilst the women may have expressed frustration that they did not get time to themselves during early motherhood, they were adamant that this situation was the norm in these days and there was little choice. The gender roles within the household were marked through the discursive constructions of ideal motherhood and marriage, and strengthened again in the 1950s by the works of researchers like Bowlby. We can see this in Anne D.’s narrative where she states ‘You see when you’ve young children you don’t have an awful lot of time for, probably, your own recreation really’.<sup>44</sup> The ‘you’ in this excerpt could easily be substituted with ‘all mothers’, as this is what Anne really meant. She often made points in such a way which suggested that her actions, for example, the way her exercise participation halted at this time, were part of wider cultural norms. Her statements thus implied that there were powerful discourses shaping her actions during these years. When she looked back on her life narrative, which until this stage had been punctuated by sports participation at every step, her attempts to make sense of a break in her participation urged her to reference the cultural gender discourses of this period to help explain her actions. In a similar way Elspeth felt the need to explain to me, and possibly to herself, why she stopped working after marriage and why she was happy with this situation:

After two years there we got married and then, that was when I stopped working. Now I enjoyed midwifery, I enjoyed it very much but I didn’t

mind at all not working (laugh). I mean you were expected to be kept by your husband in those days, and he wouldn't have thought differently.<sup>45</sup>

The cultural discourses of motherhood, coupled with the practicalities of finding childcare for a young baby, meant that almost all of the interviewees had a break from physical recreation during their first years of motherhood. Amongst the interviewees embarking upon motherhood in the 1950s and early 1960s, Mary M. was the only exception to the rule of a general lapse in participation. But for the women who became mothers in the later postwar decades and into the 1970s, there certainly appeared to be more options. The growth in opportunities for accessing physical recreation was linked to the rising affluence of society in general, and we can see this in the case of another interviewee, Mary S., who lived in Stirling, Scotland, after she was married in 1967. Mary had her pregnancies during the 'transitional' period of the late 1960s and early 1970s and as we saw in the previous chapter she felt comfortable enough with her pregnant body to continue curling whilst pregnant, and she returned to curling shortly after she gave birth. There were certain key aspects of Mary's life which helped her to do this.

Firstly, Mary embarked upon motherhood at a time when the independence of and options for mothers had improved, particularly when we compare her 1970s experience to that of Elspeth and the other interviewees from the 1950s. Like many middle-class women in the 1970s Mary had access to her own car which enabled her to travel to a far-off ice rink to curl. Car ownership had been on the increase for years and whilst less than one-third of British households owned a car in 1961, by the early 1980s two-thirds of households had at least one car.<sup>46</sup> As well as having her own car, Mary's mother was available to help with childcare, and she stressed that she felt very lucky to have this support. When the children were young enough some women would bring prams along to the curling rink and leave them at the side, which showed something of the determination of these women to keep up their recreation:

Q: So how, did you find it, would you have had small children at this time?

A: Uhuh, I had, when [my daughter] was born in January and I would be back curling about six weeks after that. And I used to, my mother used to look after her and I used to drop her off at my mother's and I'd go up to Falkirk ice-rink, cause there wasn't an ice-rink in Stirling in these days, and I

drove to Falkirk ice-rink and curled there. But I had a very good, my mother was very good at babysitting.

Q: Uhuh, so you had your mum and you drove, did you have your own car?

A: Yes.

Q: To drive to that.

A: Uhuh, yes, I had my own car. But I also know some of my contemporaries who curled at that time [...] used to bring [their] babies to the ice-rink. They used to be sleeping at the side all wrapped up when we were curling.<sup>47</sup>

Undoubtedly this option to bring prams to the rink would have fallen away when the children were older and walking. At this stage the lack of access to childcare would perhaps have put paid to the physical recreation of these women. Mary acknowledged that without access to help with childcare and her local family network she would have struggled to keep up her involvement in this sport, and crucially she also acknowledged the availability and cooperation of her husband who helped with childcare in the evenings:

A: Em, if I'd had no childcare, em, I couldn't have curled as often. [...] I couldn't have curled during the day unless I was going to do what [my friend] did and take the children up to the ice-rink, but I don't know that I would've done that. And then I curled in the evening when my husband was home.

Q: Right, okay.

A: You know, cause he would be there.

Q: So you did find ways to—

A: Oh, yes, I think if you're really interested in a sport you really will go out of your way to find, you know, some way how you can manage to continue it, you know.<sup>48</sup>

Mary's self-determination is evident and she clearly felt that a keen sports-woman would go out of her way to make sure she had access to the activity. Yet, we can see the way that her social class, her local family support network, and crucial friendship connections to other sporty women in the area played their part in aiding her to continue her participation. Working-class women without access to a car or extra funds to pay for ice rink hire, or indeed without such supportive local networks, may have found it much more difficult to keep up their participation, no matter how interested they were in sport prior to marriage and motherhood. The narratives of other interviewees from earlier decades show us that lack of access to

funds or childcare support could play a major role in structuring participation during motherhood.

It should be noted that between the 1940s and 1970s women with children were certainly finding some ways to fit exercise and physical recreation into their lives. Of course, there were major restrictions on their participation which were often linked to childcare responsibilities, and as Deem has argued it was still primarily the responsibility of the mother to provide childcare or make the appropriate alternative childcare arrangements.<sup>49</sup> But there were plenty of examples of exercising mothers throughout these decades. Anne D. was a PE teacher but also a trained keep-fit instructor and she recalled a wide age range of women at the keep-fit classes she ran in Aberdeen, Scotland, and specifically young mothers: 'Oh ... it could be really any age to be honest. I think to start with they were probably quite, women in their thirties, a lot of women who had maybe families and were looking for a night out.'<sup>50</sup> Various health information films from these times also show great numbers of women, of all ages, taking part in the female-friendly activities mentioned in previous chapters such as the Margaret Morris Movement (MMM), Keep-Fit, and the WLHB.<sup>51</sup> But what these films do not refer to are the household and childcare responsibilities which would have to be managed before these women were able to attend these classes, especially those women from lower-middle-class and working-class backgrounds.

Christine, a working-class interviewee from Cardonald and a keen athlete and runner, found time to return to her sport once her children were of an age that she was happy to leave them with others. She also managed her own newsagents shop and so she found time to structure her activity around her working hours, and it is notable that the recreation she chose, running, was free of charge and could be carried out whenever she had the time.<sup>52</sup> But when most women became mothers their financial situations, responsibilities, and commitments altered with their changing sense of self. We see from the health information films mentioned above that the official stance of the 1940s and 1950s continued to promote the weekly Keep-Fit, League, and MMM classes as the most suitable form of physical recreation for women of all ages. Whilst these classes certainly appealed to many women, the structured class time, commitment, and planning required, and the expense of attending classes like these when women no longer had access to their own wages, meant that they were not necessarily the most practically suitable form of recreation for women. Even for Chris from Paisley, who had been a member of the League for almost ten years



when she married and started having children in the 1950s, the expense of the classes and a lack of childcare meant she had to look for an alternative form of recreation for a few years until her daughters were old enough to stay at home on their own:

That was one of the reasons that I stopped going when I had the family. Because the bus fare down and the price of the classes, it was, when [my daughters] went to school I, like my folks, they went to John Neilson too so it was fee-paying. And they both had music lessons.[...] So the price did come into it. There's no doubt about it. And they weren't expensive when I started, I think it was nine pence for the first class [...] I know it wasn't [expensive] but that's quite a lot then, you know. Because when I was at my tailoring I got ten shillings a week and so nine pence was quite eh, (Q: chunk) chunk uhuh, out of that. But, eh, never grudged that. But I couldn't keep it up when I had the girls really, did the exercises at home, kept working, and knew what I was supposed to do.<sup>53</sup>

Chris mentioned the expense of the classes as the reason why she had to stop going for a few years but as she went on to note, it was also lack of available childcare which disrupted things as she altered her 'night-out' to fit with the evening in the week that her parents were available to babysit: 'I did country dancing because it was on a Friday night and I could get my mother and father to come and babysit.'<sup>54</sup> For Chris, her husband's job as a plumber who might be called out for emergencies meant that he was not in a position to help with the childcare in the evenings but, as noted earlier in this chapter, generally 'League husbands' would be supportive of their wives' outings to classes, or rather, as League instructor Sarah suggested in her interview, they *had* to be supportive:

I always say that to be a good League member or League teacher you need a very understanding husband. And I have to say that with very, very few exceptions. I know my father set a great standard and was the greatest of support to my mother [also a League instructor] and very proud of all that she did and when she went out to classes or shows or demonstrations he was left with the four of us. And my husband is exactly the same, um, he has been a tremendous support. Never bats an eyelid if I have to go to class. Because he had his own hobby which took up a great deal of his time so you know. [...] Most of the husbands are absolutely delightful and run their wives to classes and look after children. You know they'll, if you phone up and say, 'Hughey, I've forgotten something would you bring it in?' But the

husbands play a great part in, dare I say the word ‘allowing’, is that the right expression, their wives to go to class.<sup>55</sup>

For many of these women physical recreation was not only a way to keep fit and healthy but it was a crucial part of their social life and it enabled them to feel good about themselves, inside and out. Perhaps the most crucial time of a woman’s life in terms of maintaining a positive body relationship would be the early years of motherhood, and especially post-pregnancy. Yet it would appear that the women in this study who managed to maintain their access to physical recreation during these years were those who were lucky enough to have financial or family support which enabled them to do so. A working-class mother who had moved to a new location upon marriage and had few social contacts or family members close at hand in this new area might find that her access to physical recreation, and her chances to keep physically healthy and maintain a positive body relationship post-pregnancy, might indeed be very limited. Given the numerous obstacles that arose as women tried to plan independent forms of physical recreation during motherhood, it is perhaps unsurprising that in the historiography of mid-twentieth century leisure, and amongst the interviewees in this study, family-based leisure was the most widely referred to physical recreation trend for this life-cycle stage.

### FAMILY LEISURE

As Roberts has argued, home-based family leisure gradually became more widespread in 1950s England as a shortening of the working week and a rise in affluence brought about better living and housing standards, coupled with a gradual ‘blurring of the gender roles’.<sup>56</sup> This was a process of housing development which began in the 1930s after the Housing Act of 1930 was put in place and attention was given to the problem of city slums throughout Britain. Every local authority with a population above 200,000 had to provide a five-year plan for clearance or regeneration of these slums. Throughout the 1930s, around 265,500 dwellings were built in Britain to deal with the slum clearance process, and house prices for homes on the edge of cities were brought within the means of poorer families.<sup>57</sup> Within Glasgow, by 1939 over 50,000 corporation homes had been built and, through the help of the Housing Acts of 1923 and 1924 which provided subsidies to encourage private building projects, a further 10,000 had been built by joint municipal and private companies, seeing Glasgow’s territory double from 7,763

hectares in 1912 to 16,076 by 1938.<sup>58</sup> With building work of new houses halting and so many homes being damaged during the Second World War, a housing crisis inevitably appeared in the postwar years. As a response, hasty repairs were conducted and many prefabricated dwellings were built, with over 125,000 in place by 1948.<sup>59</sup> People were satisfied with these homes as they were practically designed inside and often had large gardens. The prefabricated homes were a temporary measure and British housing would undergo numerous further changes over the coming decades to accommodate changing populations and tastes, but the trend for suburban living was established, and this changed the way many families functioned. Generally, the bulk of the houses and flats that sprung up throughout Britain from the 1930s onward were of low quality, and even in the new ‘planned’ towns, actual town planning was often poor, meaning that there was little proximity to jobs, schools, or community leisure facilities for the new residents.<sup>60</sup> But what was present here, which was missing from the slums and inner city homes, was space for families to breathe and develop.

A different standard of life was possible within the planned housing schemes and estates that extended on the outskirts of cities throughout Britain from the 1930s onward. Through the establishment of the 32 new planned towns which developed between the 1940s and 1970s—such as Crawley and Harlow, both outside London, Newton Aycliffe, near Newcastle, and East Kilbride, near Glasgow, which were all designated in 1947—residents who took the leap to move from the big cities were promised that these new towns would provide them with better employment and more space for their family to live and grow.<sup>61</sup> Within these new homes families certainly had more space to enjoy leisure time at home together as the houses themselves were generally soundly built and good quality, and with the new affordable housing this was not only the case for the middle class but also for many working-class families. In these new housing environments the focus was very much on the children and improving the health of the young, and so it is unsurprising that in the interviews we see examples of families taking recreation together in the form of swimming outings where not just the mother but also the father might attend.<sup>62</sup> Christine, a working-class interviewee from Cardonald, which was one of the suburbs on the outskirts of Glasgow, remembered the regular outings to the local swimming pool with her family and neighbours:

Well we went, as I say, the children were quite young when we took them swimming. We went with another family across from us, and they had two

girls and a boy. And we went swimming every Thursday night with them, it was a regular thing. Even if [my husband] was away [football] training we would still go.<sup>63</sup>

Notably, Christine's husband, a footballer, often accompanied the family group to the swimming pool and in many of the interviews women referred to their husbands having a role in encouraging their children's recreation, especially on active family holidays.<sup>64</sup> Margaret B. noted that her own father used to accompany her to swimming lessons in Yorkshire in the 1950s, and she recalled that he was very present as an encouraging figure in all of her physical activity memories: 'I went to swimming lessons out of school because they weren't provided at school, and my father went with me and taught me how to swim'. When Margaret B. had her own family in the 1970s she continued this trend of family leisure and her husband would play a role in this: 'We took them on activity holidays, we did things with them ... orienteering and things like that as a family, family activities, yes.'<sup>65</sup>

Yet, whilst family leisure might hint at a more balanced partnership within the household, we can see that it was chiefly in these 'play' elements of childrearing that husbands would take part, and more practical elements of childcare were still assumed to be a wife's responsibility. This situation was gradually improving and Smith's research has shown mothers reporting increased involvement of fathers in practical childcare tasks between the 1950s and 1970s.<sup>66</sup> Nevertheless, excluding the particular case of lone fathers, generally in the 1950s and 1960s a father's involvement in the overall care of his child was still minimal compared to the mother's, and providing or finding childcare or activities for a child would be a wife's responsibility. Indeed, it was Betty from Cardonald—mentioned earlier in reference to the way sport participation fell away for her upon marriage—who first introduced her children to swimming, and through this she also found a way to reinstall exercise into her own life in the 1960s. Betty and a friend would regularly accompany their children to the local swimming pool while their children had swimming lessons. Yet whilst this access to physical exercise was available to her, it perhaps could not strictly be classed as leisure time or an opportunity for the release of tension through physical activity given that it was combined with childcare: 'Well, it gave us the opportunity, you were kind of there to kinda also keep an eye on them, but you could swim about if you wanted. So that was us getting back into the swimming'.<sup>67</sup> It is debatable as to whether this particular kind of

access to physical activity should even be classed as physical 'recreation'. Green et al. have made reference to the problem of defining women's leisure, particularly in the mid-twentieth-century time period under scrutiny in this research when we take into account the large numbers of women who for much of their lives were not in paid employment but performing unpaid domestic labour and childcare in the home.<sup>68</sup> In terms of this project the terms 'physical recreation', 'sport', or 'exercise' were all used to describe the topic in question; and so definitions became easier as the study of women's leisure was limited to this one specifically physical type of activity, which would no doubt be carried out during free time, often outside of the home. However, the concept becomes all the more difficult to define when a woman's children become involved, as outings to a swimming pool with their children were often described by my interviewees as examples of physical recreation during *their* adult lives. The question becomes more about how the women themselves described the activities and whether at the time they viewed them as recreation or leisure activities which added to their physical health and wellbeing. Linda was a PE teacher from Uddingston who was married in the late 1960s and took a break from teaching for over a decade while she had her children. In Linda's interview we can see that she felt uneasy about describing accompanying her children swimming as a form of physical recreation:

Our kids were swimming quite early, we [my sister and I] took them to the baths as probably not much more than toddlers. Then I, how much swimming I did myself ... no I would think two of us would take them and one would stay eventually to let the other one go and have a wee swim, but it would be two lengths up to the deep end and back.<sup>69</sup>

Rather than strict definitions, we should perhaps be more interested in the question of access to these opportunities for leisure and physical recreation, and how these change and alter throughout the female life-cycle. With this in mind, both Linda and Betty's experience of leisure and access to physical recreation certainly changed upon marriage and motherhood, when their own leisure patterns were altered; and in Betty's case not fully regained until her children were grown and her childcare responsibilities had diminished. But these experiences give us an insight into some of the ways access to and experience of physical exercise altered throughout the life-cycle in response to the various responsibilities of marriage and motherhood.

It is telling of the postwar years as an ‘age of transition’ that the majority of both the working-class and middle-class interviewees returned to work after their children were of school age. Certainly the decades of the 1960s and 1970s were supposedly more welcoming of older married women into the workforce, and we see Mary M., Christine, Elspeth, and Chris, amongst others, returning to work. But both Roberts and Lewis argue that despite indications of clear cultural shifts through the passing of legislation such as the Abortion Act of 1967 and the Divorce Reform Act of 1969, the ideal home with its clearly demarcated gendered roles for spouses of male breadwinner and full-time mother with full-time domestic responsibilities, were still prominent.<sup>70</sup> Roberts witnessed few indications of stark change in family values amongst her interviewees who embarked upon marriage and motherhood during the late 1960s.<sup>71</sup> Similarly, and perhaps indicating tensions still present in the negotiation of employment during marriage, Anne D. felt it necessary to state that she only ever ‘taught part-time. Which was good for me ’cause I got the balance of bringing up a family’.<sup>72</sup> Similarly Rona, a PE teacher from Glasgow, recalled tensions between her and some of her middle-class contemporaries in response to her choice to stay in work for a few years after marriage. Rona remembered trying to make friends with women at the golf club in the early 1960s who she found to be ‘quite snooty, you know. At, eh, all they did was curl [and golf] and, oh, they didn’t do anything else, and of course I was still out working, well, part-time at that time.’<sup>73</sup> Both Rona and Anne were from middle-class backgrounds, but in continuing with their employment during marriage and motherhood they were ascribing to some of the alternative definitions of middle-class femininity which were in circulation at this time. For Margaret B., it was ‘assumed’ she would resign from her PE teaching position in Middlesex when she became pregnant in the early 1970s:

A: I got another job in Ashford in Middlesex, and that was a Head of Department’s job, so I was running a girls’ P.E. department in a mixed grammar school. And then three years later I had my first child so I was required to resign from that teaching post.

Q: Right, required because of the lack of maternity leave and that kind of thing?

A: It was an expectation. There was no maternity provision, no nurseries, and once you declared you were pregnant they were almost looking for your resignation in order to have plenty of time to get a replacement.<sup>74</sup>

This was a complex and confusing period when the public notions of ideal marriage and motherhood were shifting. The experiences of Rona and the proclamation from Anne that she ‘only ever taught part-time’ show there were still tensions here during the 1960s. It also suggests that these tensions have been preserved in the consciousness of these women into the present day, framing the ways they compose their life narratives of work and motherhood. In these immediate postwar decades women themselves were unclear of which life-path to take and what was ‘acceptable’ or ‘respectable’. We can see that women certainly had growing options as the sixties progressed; and resigning from work indefinitely upon marriage was not necessarily the norm for either the working-class or middle-class interviewees. With this in mind, by the late 1960s and 1970s women were no longer expected to spend their adult lives solely within the home and it was possible they might choose to maintain an independent working life or indeed an independent social life, which could incorporate some form of physical recreation. As Jane Lewis has argued, it is crucial that we acknowledge the links between ‘normative expectations’ at the collective level and changing behaviours of individuals: gradual shifts in socio-economic roles, such as the erosion of the breadwinner model through the growing levels of female employment, might spur further shifts in gender roles more generally through the actions of female individuals in other areas of their lives.<sup>75</sup> These shifts were in motion in the late 1960s and early 1970s, but they accelerated in the later decades of the twentieth century; and within the period of interest here it is imperative we appreciate that though there was space for individual choice, there were also prevailing physical and societal barriers. Throughout the immediate postwar decades gender norms were in a state of flux that certainly left space for individual choice of determined women, but these choices were not necessarily supported in terms of dominant discourses, facilities, or work patterns. With reference to the discussions in previous chapters of a shortage of suitable indoor recreation space for women of all ages and social classes, particularly for those women who did not have access to workplace facilities, it is important that we examine the ways in which official interest and investment in sporting facilities developed during these decades. We will now look into whether official investment and intervention increased the opportunities for physical recreation amongst adult women, and whether the various obstacles to participation which women faced throughout the life-cycle were in any way broken down by developments in these later years.

## OFFICIAL INTERVENTION IN SPORT AND EXERCISE

Whilst the 1940s and 1950s witnessed few official improvements to sports facilities throughout Britain, by the 1960s central and local authorities were beginning to cater to the needs of sporting women, and particularly sporting mothers with young families, by introducing crèches and classes for all the family in the newly formed multi-sports centres. These facilities certainly contributed to increasing female sports participation levels during the problematic life-cycle stage of the early years of marriage and motherhood. Though regional and social class distinctions remained, the introduction of the multi-sports centre played a key role in improving access to sport throughout the female life-cycle, and this will be discussed further later. In the immediate postwar years, the Labour government, led by Clement Atlee, understandably prioritised economic recovery and national financial security over investment in and development of public sports facilities.<sup>76</sup> As Holt and Mason have argued, the state appreciated the positive role leisure played in the lives of British people, and officials supported British sports development in certain key ways, such as aiding the 1948 London Olympics and investing in small-scale facilities projects through grants distributed by the Central Council of Physical Recreation (CCPR) in England and the Scottish Council of Physical Recreation (SCPR) in Scotland.<sup>77</sup> In 1957, worries about the poor position of British sport on the international front prompted the CCPR to commission Sir John Wolfenden, a keen sportsman and the Vice-Chancellor of the University of Reading, to investigate and report on the current position of games, sports, and participation in physical recreation throughout Britain and how this situation might be improved. The Wolfenden Report was presented in 1960, and whilst the contemporary economic climate meant that most of the recommendations could not be acted on immediately, local officials were encouraged to ‘make plans’ until 1962 when more funds could be assigned.<sup>78</sup> By the mid-1960s, and for the first time in British history, the government was taking steps to improve sports facilities throughout the country, and providing the essential financial investment needed for things to progress.

In terms of recommendations Wolfenden noted that ‘we have a great deal to learn, particularly in the planning, construction and use of facilities’, and he stressed that more swimming pools, athletics tracks, and indoor arenas were required if Britain was to compete within the sports sphere internationally.<sup>79</sup> Another key point was the proposal for the establishment



of a Sport Development Council for Britain which would have power to distribute an annual sum of £5 million, with an additional sum for local authority projects.<sup>80</sup> The Wolfenden Report was a ground-breaking document which had a hand in shaping sports policy in Britain for decades to come. Yet, immediate change was not seen, and the creation of a Sport Development Council for Britain was up against opposition from those that felt it would pull resources from other more pressing areas. Instead, two years after Wolfenden made his 1960 proposals, the Conservative Quintin Hogg, Lord Hailsham, was appointed as ‘Minister with special responsibility for Sport’ where he oversaw an ‘Official Committee for Sport’ made up of officials from various departments who could recommend where increased spending could take place.<sup>81</sup> Calls for some form of Sport Development Council prevailed and, in particular, the SCPR hoped that there might be a separate council for Scotland who ‘would be in the best position to be knowledgeable with regard to sport, education, the church, the law and the geography of Scotland’.<sup>82</sup> Though they were still waiting for further official developments here, 1963 witnessed a series of SCPR regional conferences with representatives from local authorities where the SCPR executives put forward provisional sport development plans and received feedback and ideas from the locals.<sup>83</sup> At all of these conferences it was recognised that whilst provision of bowling greens and tennis courts was adequate in most towns, there was a ‘most serious shortage’ of running tracks, swimming pools, and modern multi-sports centres which would help to raise the standard of Britain’s fitness and sporting achievement at both the local and international level.<sup>84</sup> To combat this there was a focus in the following years on the establishment of indoor multi-sports centres: an excellent family leisure facility.

Despite the government initially overlooking the issue of setting up a Sport Development Council, Regional Sports Councils were finally established in 1965 with a number of separate Councils throughout England and individual councils for Scotland and Wales. The aim would be for the councils to address their specific local needs, and facility development was certainly high on the agenda.<sup>85</sup> In September 1966 a pioneering Design for Sport conference and exhibition, put together by the Sports Development Committee of the SCPR, was held at the University of Edinburgh. It showcased modern architectural plans for existing and future British projects and examples of advanced foreign designs, whilst providing a lecture series to expand on and explain the theory behind the displays.<sup>86</sup> A key theme running through the official discussions of

modern sports facilities was the need for provision for a variety of sports and games in one building, with one or two main halls and smaller rooms where separate classes or matches could be held.<sup>87</sup> This was exactly how a new multi-sports centre Scottish prototype at Bellahouston, Glasgow, was to be structured. A building of this type would certainly appeal to women who, as we have seen from the interviews, tended to steer toward activities such as badminton and keep-fit but would perhaps be inclined to try other sports if the indoor facilities were available and the class times suited their daily routines. This was a facility that came into existence in 1968 through partnership funding from Glasgow Corporation and the SED and it was to be viewed as a prototype building that would be replicated throughout the nation if it proved successful, which was indeed the case. There were certain features of the multi-sports centre provision which would undoubtedly have attracted local women interested in maintaining their sporting interests during their years of motherhood. Bellahouston provided a crèche where mothers could leave their young children whilst they personally attended an adult class: ‘during certain hours each week such facilities will be available, thus allowing mothers to participate while their youngsters do likewise under adequate supervision.’<sup>88</sup> The day-to-day structure of the sport-centre was also geared toward meeting the diverse needs of all family members to encourage family use of the centre:

One of the outstanding and unique features of Bellahouston Sports Centre is that it provides, for the first time, sporting opportunities and facilities for the complete family unit under one roof—golf practice for father, keep-fit classes for mother and daughter, squash for the boy and his friend. The whole family can enjoy their individual pursuits while meeting new and interesting people in the cafeteria, pleasant lounge and circulation areas ... The management are very keen that family participation should increase.<sup>89</sup>

Evidently, this promotional booklet for the centre geared each family member toward a particular (gendered) activity. But within this new environment, where drop-in classes were on offer and groups of friends could book spaces to participate in badminton, tennis, gymnastics, or squash, women and girls might be inclined to try new sports or make physical recreation a greater part of their life. Women were certainly making use of the new centre, and whilst adult membership figures did not differentiate by gender, we can see that family membership was high and rising. The centre opened to the public in January 1968 with 287 families subscribed

to the family membership scheme by March, and a total of 533 family memberships by June 1968.<sup>90</sup> Moreover, the centre manager stated in his June 1968 report that demand had been so high on 'ladies evenings' that female lockers and changing rooms were filled to capacity, and membership of the Ladies Health Club had regrettably had to be capped to avoid overcrowding:

The Health and Fitness Club, one of the first clubs formed in the Centre, has unfortunately had to limit its membership through demand as some evenings a changing room problem is created with a lack of lockers. This is particularly so on ladies evenings.<sup>91</sup>

Female participation was high, and as the Centre was open from 10 A.M. until 10 P.M. it meant that in theory both working women and housewives could make use of the facilities, taking advantage of the crèche facilities when they were on offer. Ladies keep-fit classes were held during the day and in the evening, with table tennis, badminton, tennis, and mixed judo classes available on a drop-in basis. Encouragingly, housewives supposedly made up the bulk of daytime users: 'Through a series of instructional classes, with a crèche facility available, use by housewives and mothers takes up the majority of off-peak use.'<sup>92</sup> Subsequently, those who were developing other new sports centres incorporated crèches and childcare in their plans as shown in discussions from the late 1960s and early 1970s surrounding the building of a sports centre in Bishopbriggs, a north Glasgow suburb, and another sports centre in the east end of the city at Greenfield Park.<sup>93</sup> Further sports facility developments were made elsewhere in Britain, for example, a new swimming centre was opened in East Kilbride in 1968; and 672,000 people of all ages made use of the pool in its first year. In Bristol, England, two new swimming pools were opened by the end of the 1960s and other existing pools were upgraded, with the local *Civic News* newsletter proclaiming at the end of the decade that 'Bristol is justly proud of its many fine parks and recreation grounds which offer a wide range of facilities, catering for all age groups and interests, and meeting the challenge of providing "Sport for All"'.<sup>94</sup> The remit of the regional sports councils had been to quicken 'the pace of development' of sports facilities and this was quite evident: in 1971 there were 12 multi-sports centres in Britain, but by 1981 this figure had increased to 449 centres, showing the clear investment in this area from the late 1960s onwards.<sup>95</sup> But we have yet to investigate the ways in which these

improvements impacted on the lives of women, and in particular whether the provision of more facilities adequately addressed the inherent access problems of female sports participation during the motherhood life-cycle stage.

### FACILITY DEVELOPMENT AND WOMEN

As Brackenridge and Woodward have argued, whilst the women's liberation movement was gathering momentum in the late 1960s and early 1970s those who were involved in the most radical feminist campaigns tended to overlook sport and women's rights within the sporting sphere. Sport was still looked on 'as something made for and by men, which was seen as much less important than issues such as health, disarmament, housing, or poverty', and as a result the feminist campaigns of this era had no explicit or direct link to the sporting world.<sup>96</sup> Yet we can see that in many ways the women's liberation movement did have an indirect impact on the development of sports facilities, as the spread of crèche provision, more choice for female sport within the multi-sports centre, and the improvement of female changing facilities showed that officials were beginning to appreciate that women had a right to physical recreation and that an effort should be made to meet their specific needs. Thinking back to the focus in Chap. 2, it is telling that Wolfenden also drew attention to the lack of adequate changing and washing facilities at grounds all throughout Britain and he hoped that this would be addressed:

It is important that these playing fields have reasonable changing and washing facilities [...] it is our opinion that in a great many of the cases where playing fields are said to be under-used the real reason is that, although the playing area may be there, appropriate changing and washing accommodation is absent ... We are not asking for a luxury.<sup>97</sup>

This focus on changing facilities would be an improvement for both men and women but, as we saw in Chap. 2, it was something that was a pressing need for girls who wished to take part in sport and physical activity. It is surely more than coincidental that this effort to enhance sports provision for women came about at a time when equal rights for women had become much more visible in British society. Brown has argued that sport certainly became more 'feminised' from the mid-1960s onward as officials prioritised the development of clean changing accommodation and

modern indoor facilities.<sup>98</sup> These improvements would have appealed to women of all ages as improved changing facilities would help them to keep clean and comfortable whilst they participated in sport, and this was something which officials had neglected in previous decades. We can see that officials were not only recognising that women had a right to participate in sport but that they had certain feminine needs, such as menstruation, which had to be catered to if they were to take part. This was shown by discussions surrounding the construction of Bellahouston sports centre, which noted that provision for feminine hygiene should be incorporated: ‘Having heard the manager, the committee agreed that he, in consultation with the City Architect, arrange for the installation of an incinerator in the ladies’ changing room.’<sup>99</sup>

But despite these improvements, sports provision throughout Britain was far below the standards of many other Western nations. Wolfenden found facilities throughout England to be far below elite international standards, and from their 1960s survey of Scottish facilities the SCPR concluded that ‘facilities of a suitable standard for International Competition [were] non-existent’ except for in the fields of tennis and fencing.<sup>100</sup> There were also prevailing issues of sharp urban and rural distinctions with regards to access to facilities. In the late 1960s the Scottish Sports Council acknowledged that whilst indoor facilities were improving in urban centres, rural inhabitants had been neglected and this was especially the case when it came to access to swimming facilities:

No sport is more popular among people of all ages than swimming. All major population centres have swimming baths, but only 17 have been built in Scotland since the war. A number are under construction and there are several more at the planning stage. Because of high capital costs and maintenance costs of swimming pools it is particularly important that schemes of joint use should be worked out with the local authorities concerned. It is apparent that some areas are especially deficient in swimming facilities. This has been brought out clearly in the national “Learn to Swim” campaign held over the last five years: in some cases children had to travel 46 miles to the nearest swimming pool and in one particular case a round trip of over 120 miles was necessary.<sup>101</sup>

In her interview, Elspeth recalled that as she lived in the rural town of Buchlyvie, she had to drive her children to far-off swimming pools; and without her own car neither Elspeth nor her children might ever have had access to this recreation:

A: When the two older ones were really young we had no swimming pool here. When, and it wasn't I think until...I used to take them to Dunblane Hydro, there was baths there and I would take them there and that's where they learned to swim. They weren't taught by anyone except myself, and they got a Mars Bar if they managed to cross the pool, you know. And they were pretty quick about it. And the youngest one, she, by that time we'd got a swimming pool at the school in Balfron and then we had children's, mother and children's classes and I took the youngest one there but she was very quick at learning, she's kind of sporty, you know. So they all learned to swim early on, I would say, but I had to take them, you know, I had to sort of make it possible, whereas other children maybe couldn't do that you know...

Q: If their parents weren't as active...

A: Aye, yes, and if they didn't have cars and they didn't, nowadays everybody has them, but they didn't in these days, you know.<sup>102</sup>

Elsbeth's experience is telling of the way social class distinctions were sharpened in rural areas where those who did not have their own cars may have found it considerably more difficult to access certain physical recreations, such as swimming. There were also prevailing problems of low levels of female participation in some areas, which might not be evident from the high demand for facilities witnessed at Bellahouston sports centre, but which can be seen in a documentary film which was made by Scottish Television (STV) in 1973 called *Fit to Last*.

Within this film, a male presenter interviewed men and women at a new public gym in the outskirts of Glasgow and he asked members of the newly formed female fitness class how their participation impacted on their lives and why they chose to come to the class:

I felt it was the sense to keep-fit in some form and this was the easiest possible way, it was inexpensive and comfortable and easy to get to from my point of view. And there's a place for children if you want it. And the exercises are very good and we all have a good laugh together.<sup>103</sup>

As this woman stated, the fitness centre had crèche provision onsite, and this was an advantage referred to by most of the women who were interviewed:

Yes, and she goes into the crèche and she does her exercises on her little trampoline and her climbing frame and the swing and so on, just like Mummy.

*And have you found any benefit?*

I tell myself that it keeps me as fit as I used to be ten years ago. I think it does.<sup>104</sup>

The images presented in this film were encouraging but it became clear that the class was not very popular, with only ten regular attendees, and the presenter asked one woman why this might be:

*Why, with such a well-equipped gymnasium, do you think that few people come? I mean do you go home for example and tell your neighbours of the benefits that you've obviously got from this?*

I do, I tell my neighbours but a lot of them can't come because I live a distance away from here, and, em, and some of them can't manage with their kids and different things like that.<sup>105</sup>

Evidently, despite the crèche provision, many women were clearly not finding the money, time, or the incentive to join classes such as these. In the above quotation it is suggested that these women 'can't manage with their kids'; and indeed, as the crèche only provided for very young children and not school-aged children, finding childcare on a midweek evening may still have been an issue. But what is clear is that women were still expected to provide or find childcare even in the evenings when their partners might be home: it was viewed as a woman's responsibility. Provision might be made in the way of a crèche or family help in the home, but the gender mores were still not wholly supportive of a woman's right to access independent leisure. As Deem has argued, women were expected to provide or find alternative arrangements for childcare in order to facilitate their own leisure time away from these responsibilities, and whilst crèche provision might be a way of improving this there may still be problems. For example, the specific 'ladies classes' when the crèche was provided might have been held at unsuitable times, and in any case many women might have felt uncomfortable leaving their children with strangers.<sup>106</sup> If mothers were to gain the same freedom in access to leisure that fathers tended to have in adult life, the gender relations of the household and contemporary social constructions of the family and 'ideal family life' would have to be reformed.

## CONCLUSION

There is evidence amongst the experiences of the interviewees that the emergence and acceptance of a model of equality or symmetry of roles within a modern ‘companionate marriage’ was enabling women to maintain independent physical recreation throughout their years of motherhood. Nevertheless, female levels of participation in sport more generally were still quite low. As noted above, the numbers at Bellahouston were undoubtedly high, but this sports centre was in an urban location where women from surrounding areas could come to use the facilities; and those living in more rural areas or towns where provision was yet to catch up to the high standards of Bellahouston would have found it much more difficult to find attractive facilities which supported their needs as mothers. The interviewees in this study were in many ways exceptional in their participation rates beyond marriage, as sporting achievement was often a key facet of their personal identity which they strived to maintain post-marriage. But we can see that issues related to social class and gender still shaped their participation rates. This was especially the case during the years of marriage and motherhood for women in the immediate postwar years as the prevailing discourse of domesticity, which proposed that childcare and domestic duties were primarily the responsibility of the mother, inextricably linked women to the home and childcare. Whilst the situation was improving by the 1970s, the examples above show that culturally it was assumed women would be the primary caregivers within a family and this structured the leisure patterns of women in postwar Britain. With the advent of reasonably priced modern sports facilities most women would be able to afford sports participation by the 1970s, but the poor distribution of sports facilities between urban and more rural locations meant that many women would have found it difficult to access facilities if they did not live in close proximity to a centre and did not have access to a car to aid transportation. The interviewees outlined swimming as the most easily accessible form of family leisure throughout motherhood, but the evidence above shows that gaining access to swimming facilities would be difficult for working-class women who did not have their own transport, especially those who lived in more rural locations where they might have ‘a round trip of over 120 miles’ to reach their nearest pool.<sup>107</sup> Those women who managed to take part whilst living in more rural localities were middle class and acknowledged that their participation was dependent on access to their own car or access to certain circles which provided them with



these opportunities. Thus, in more rural localities the social-class distinctions in participation were all the more evident. Moreover, whilst the new urban sports facilities were reasonably priced and provided childcare during some ladies' classes, working women may have had access problems if their work commitments clashed with these designated ladies classes and the hours did not suit their daily working routines. Whilst many of the interviewees referred to their supportive husbands who 'allowed' them to participate by helping their wives with childcare and domestic responsibilities, it was acknowledged that this was unusual and that most women would find it difficult to regularly take time away from the home on their own without receiving childcare help from friends and family, and this was not always forthcoming. Gender relations in the shape of the distribution of childcare responsibility within the family unit, and distinctions of social class in terms of access to transportation, funds, and specific social circles where participation was on offer, certainly structured participation in sport and exercise during a woman's years of motherhood.

Sports facilities in Britain improved dramatically between the 1940s and the 1970s. But as we know, the Sport for All campaign, which began in 1972 and ran under a series of guises for the next decade, outlined specific aims to improve the poor participation rates of all women and specifically mothers with young children.<sup>108</sup> Thus, evidently more had to be done and the problem could not be solved simply by provision of more or better facilities. The contemporary gender relations and construction of sport as predominantly a male pastime, and childcare as fundamentally a female responsibility, were prevailing issues in 1970s Britain, and they played a large role in structuring the experiences of and access to exercise for mothers in the postwar years.

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24. Chris, oral history interview.
25. Mary M., oral history interview.
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72. Anne D., oral history interview.
73. Rona, oral history interview.
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  93. MLA, D-TC 8/1/9 Town Clerk's General Vol.9: Doc 26 'For Consideration of the Parks Committee at their meeting on 19th February, 1969'; MLA, C1 3.164, *Minutes of the Corporation of Glasgow, November 1971 to May 1972*, Civic Amenities Committee Minutes, 24th November 1971 'Sports centre for east end of city—letter from Councillor Fulton and report by Director', p. 1284.
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102. Elspeth, oral history interview.
103. *Fit to Last* (1973), Scottish Screen Archive.
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108. Coghlan and Webb, *Sport and British Politics Since 1960*, p. 119.

## Conclusion

Between 1930 and 1970 female sporting experiences were framed by gendered social and medical discourses. Though it was certainly possible for norms to be negotiated and rejected by the individual, society continued to hold certain expectations for women and girls in relation to each stage of the biological life-cycle. Both the ‘physically’ and the ‘socially’ constructed female life-cycles interlinked to such an extent that gendered social expectations of females—which placed restrictions on women’s physical actions—were culturally constructed as ‘natural’ expectations linked to biology and nature.

Certain education officials, members of the medical community, and large groups of the general public, continued to view women’s bodies as fragile and naturally unsuited to vigorous, competitive, or ‘manly’ sport, and this shaped the ways in which sports provision developed throughout these years. During this period there were only a very small number of medical research projects which tested the sporting capabilities of female bodies during adolescence, pregnancy, and menstruation; and they produced mixed results: thus there was no clear medical consensus with regard to whether women’s bodies were capable of participating in strenuous exercise at every stage of the physical life-cycle. But despite the prevalence of these restricted social constructions of the capabilities of the female body, there was space for agency. The evidence provided by the interviewees in this study has shown that these dominant official and medical discourses sat alongside

alternative discourses of support and encouragement for the active female body. Determined women, who listened to their bodies and knew that they could withstand the 'strain' of physical exercise, strived to maintain participation throughout even the most 'fragile' stages of their life-cycles, such as pregnancy. Though many medical researchers and government officials viewed women as mothers first and foremost, these women retained space for a sporting identity within their sense of self even after they had embarked upon pregnancy and motherhood. They did not view themselves primarily or 'only' as mothers, and this allowed them to subvert those attitudes which might have served to restrict their physical activity during these stages of life. Women were able to contravene this view of the fragile female body if they had personal confidence in their capabilities and a strong sporting identity; could get access to physical recreation through their workplace or a local sports club; were supported through family enthusiasm or another source of encouragement; or had links to sporty social networks. All of these circumstances were dependent to an extent on social class and regional locality.

In Chap. 2 we saw that with regard to 'managing' the young female body, PE remained largely unchanged in Britain between 1930 and 1960. Social-class distinctions certainly existed in some ways, for example, middle-class girls had access to a wider variety of sports if their parents had the extra funds to pay for sports equipment or transport to sports facilities. But the locality within which a girl grew up, and how well equipped her local school's PE facilities were, could often have more effect upon her PE experiences than her social class.<sup>1</sup> Moreover, distinctions of social class had a limited role in forming the ways that girls physically managed their bodies through adolescence: both middle-class and working-class girls spoke of their ignorance regarding their own bodies and what their bodies would go through during puberty. The interviewees also all had a lack of suitable toilet facilities within their schools, which might have helped them to keep clean and comfortable during menstruation, and thus allow them to comfortably take part in PE all through the month if they wished to do so. Though PE facilities improved from the 1960s onward, there remained a lack of a comprehensive sex and health education programme which could be administered in a standardised way to all school pupils so as to remove the 'fear of the unknown' of puberty and reproduction. Some head teachers chose to improve knowledge of the body in their schools by inviting specialists to speak to pupils, but the information was delivered on an ad hoc basis throughout Britain and the ignorance of body matters prevailed in many schools into the 1970s and beyond. Many girls had little



knowledge of their bodies, or indeed how their female physiology related to their physical capabilities. At this stage of life, fear of damaging their female bodies, or just an impression that certain sports were unsuited to girls for some unknown physiological reason, would have been enough to steer many girls away from vigorous or competitive sport.

Yet in Chap. 3 we saw that even though these social constructions of the fragile female body also shaped expectations and perceptions of 'suitable' physical recreation for girls outside of school, there were alternative discourses. Some interviewees, such as Mary B., had confidence in their physical capabilities and their aptitude for both individual and competitive sport, and they were thus enthusiastic participants. This chapter also argued that these young women had to be particularly determined if they wanted to maintain their sport and exercise participation outside of school. A shortage of suitable facilities for women's sport meant that they had to rely on workplace provisions or establishing their own 'clubs', as in the case of Muriel, who set up a dance class in her college accommodation. Social constructions of the female life-cycle stipulated that sport and physical recreation were not necessarily things which women should expect to have access to after school, and this made it difficult for those sporty women who did wish to maintain their sporting interests to gain access to places and spaces where they could participate, but it was certainly not impossible. Skillen has shown that there was a steady expansion and development of public sports facilities, such as tennis courts, throughout the interwar years and these facilities were being accessed by working-class women.<sup>2</sup> I have argued that public facilities continued to provide access to sport for many urban women in the postwar years, but, in certain cases access to these public facilities was dependent upon access to a sporty social network. Access to particular social networks shaped female sports participation rates throughout the life-cycle: women who lost access to friendly sporting networks often saw their participation fall away until they found their way into a new sporting network.<sup>3</sup> So accessing public facilities was not a straightforward process. Girls and young women needed connections or support to take part in sports and comfortably access certain sports facilities: they had to have access to social networks which were supportive of participation. These social networks became all the more important in rural settings where class distinctions were more pronounced. Lack of access to local public facilities in rural localities could mean that working-class women in these areas might have no opportunity to access certain sports, such as swimming. These urban and rural distinctions remained in place until 1970

despite the growth of multi-sports centres, as these large centres were only offered in urban settings.

In Chap. 4 it was argued that through the arrival of ante- and post-natal exercise classes, the distribution of tampons, and the welcoming of pregnant women into exercise groups such as the Women's League of Health and Beauty, women were gradually becoming more able to safely and comfortably participate in exercise throughout the various physical stages of their lives. This chapter showed that the physical capabilities of active women were enhanced by the development and distribution of tampons. Yet the taboos surrounding these products and discussion of menstruation in general, as well as a lack of understanding of the different ways in which women's bodies might react to menstruation, meant that periods continued to disrupt many women's physical activity levels throughout the life-cycle. This chapter also argued that despite information about pregnancy management being imparted to women through the various ante-natal clinics and work of groups such as the National Childbirth Trust and Margaret Morris Movement, the majority of middle-class and working-class women still had little access to information. These women were largely ignorant of what their bodies would encounter during pregnancy and labour and they were consequently apprehensive about involving themselves in physical exercise during pregnancy. Yet, whilst trends of 'pregnancy fitness' did not spread throughout the West until the end of the twentieth century, this research has shown that in 1950s Britain pregnant sporty women were involving themselves in exercise. Groups such as the WLHB were supportive of exercise during pregnancy, and the pregnant female body was not an aesthetic taboo within the WLHB classes. Women such as Mary M., Chris, and Mary S. were so sure of their body's ability to cope with and benefit from exercise that they disregarded the judgemental looks from others who thought them 'unusual'. All of these circumstances contributed to the development of women's access to exercise throughout the life-cycle.

Chapter 5 showed that between 1930 and 1970 a particular form of the 'companionate marriage' was spreading in British society, where some spouses worked together to carry out household responsibilities to allow for their individual aims and goals to be met. These marriage trends helped women to maintain their exercise participation throughout the years of marriage and motherhood. However, the women in this study who received childcare support from their husbands in order for them to be able to pursue individual sporting interests were exceptional: exercise participation

was a very prominent aspect of their sense of self which they were reluctant to relinquish upon marriage. Other women in this study found it difficult to gain access to independent forms of physical recreation which were not family-based. As well as relations within marriage and the household, issues of gender, social class, and whether the individual was based in a rural or urban locality certainly also shaped participation rates during marriage and motherhood. This carried on into the 1970s, and although facilities were improving in these years, both rural and urban working-class women still had trouble gaining access to physical recreation once they had a family and had reduced funds to spend on transport, club access fees, or childcare. The balance of shared domestic responsibilities within marriage was improving amongst this cohort of interviewees, but it was still very much the case in the early 1970s that women were responsible for providing or finding alternative childcare if they wanted to increase their own leisure time. This impacted the exercise experiences of even some of the most athletic women in this study. Prevailing issues of gender stereotyping in sport and in the home continued to affect women's access to sport and exercise.

Throughout the chapters tensions emerge between ideas of the body and the self: we saw examples of interviewees feeling betrayed by their bodies during menstrual debilitation, but elsewhere it was shown that certain interviewees felt they had such control and understanding of their bodies that they felt comfortable enough to physically maintain their sporting identities during the most 'fragile' life-cycle stage of pregnancy. Chapter 3 discussed the ways in which interviewees tried to manage and control their body-size and shape through exercise, though Christine, who desired an hourglass figure, realised that exercise could not help her to enhance her bust, and she soon appreciated her exercise participation for the sense of self-satisfaction which it provided for her. The book touches on issues of body control, management, and manipulation, and ultimately shows that the body is both something which must be 'managed'—during puberty, menstruation and pregnancy—but also something which can bring a powerful sense of self-satisfaction through achieving physical fitness, developing strength, and through the nurturing of a sporting identity and talent.

### CONTINUITY AND CHANGE

In a similar way to studies conducted by Langhamer and Skillen, this book has shown that there were few marked differences in the leisure patterns of middle-class and working-class women throughout the interwar and

postwar years: the types of sports played and participation levels at each life-cycle stage were similar for women of both of these social classes.<sup>4</sup> This was especially the case in relation to the ways in which the physical life-cycle framed sporting experiences. But there were certainly some key social class differences which should be noted. Knowledge of the female body appeared to be more developed amongst the middle-class interviewees as a result of access to further education or networks which developed an open attitude to the body. For example, the women who attended PE training colleges, such as Rona, lived in an environment where they had access to information about the body and how to manage an active female body through the use of tampons and other products.<sup>5</sup> Similarly, Elspeth suggested that her boarding school experience, where girls lived away from their parents and in such close quarters that they had little choice but to be open about their bodies, meant that she became more comfortable with the female body and more knowledgeable about female functions such as menstruation.<sup>6</sup> The middle-class pregnant woman also had more time and money to invest in her ante- and post-natal care from the 1930s onward. Middle-class women would have had more of the time and energy which was needed in order to access and reap the physical benefits of the MMM ante- and post-natal techniques, thus making their birthing experiences more 'healthy'. However, as we saw in the cases of Mary M. and Chris, there were places and spaces—such as the WLHB classes—where pregnant women of all social classes could gain access to alternative pregnancy discourses and maintain their sporting identities throughout pregnancy.<sup>7</sup> In the 1960s and early 1970s the class distinctions became slightly more marked as rises in affluence brought about growing rates of car-ownership in families, which gave both urban and rural middle-class women access to wider sporting networks and far-off sports facilities. Social class differences were more pronounced in rural localities where there might not be the same access to a range of public facilities. We saw the example in Elspeth's village where country dance classes were offered in someone's home to a select group of people from the town that happened to be middle class: looking back upon this set-up Elspeth described it as 'elitist'.<sup>8</sup> These examples suggest that middle-class women had more opportunities to access alternative resources which might have helped them to manage their active bodies through various stages of the life-cycle. Some middle-class women, such as Elspeth and Rona, gained access to information which helped them to be more comfortable with their bodies and manage menstruation and pregnancy as active women. Yet for both middle-class and working-class

girls, there was no standardised way in which they could access information about their bodies. Therefore, many girls and women, of all social classes, remained ignorant about how their bodies worked and what they were capable of physically, and this affected their experiences of exercise.

Skillen has argued that during the interwar years those women who were particularly determined to play a certain sport found a way to do so.<sup>9</sup> Her research suggests the existence of discourses which were supportive of female sports participation, alongside discourses which restricted where women played, what they wore to play, and who they played with.<sup>10</sup> We can see from the previous chapters that this continued to be the case from the 1930s onward. Though official and medical discourses continued to present ideas which served to restrict the intensity and variety of sports that women were expected to participate in, these discourses existed alongside alternative discourses which provided spaces where determined women could test the limits of their active bodies and participate in sport throughout all stages of their life-cycles. In relation to the interwar years Langhamer, Solande, and Skillen have also suggested that sport played an important part in developing a woman's identity.<sup>11</sup> I argue that this was equally the case in later decades of the twentieth century. Sport and exercise could play a part in transforming a woman's life, sense of self-satisfaction, and personal identity.<sup>12</sup>

The prevailing view amongst researchers is that the 'uterine tradition' was gradually being broken down in the 1930s, but my research suggests that it continued to be an influential discourse into the 1960s.<sup>13</sup> This book has argued that in certain ways the uterine tradition—where women's lives were defined and shaped by the way in which society viewed them as mothers, or potential mothers, first and foremost—still provided a framework for women's lives between 1930 and 1970. Official, medical, and social discourses continued to shape women's lives and these discourses were framed by the idea that all women would go on to become mothers. There were spaces where women could step beyond these restrictive frameworks to show that their motherhood 'destinies' did not mean that physical activities had to be curtailed. Yet the uterine tradition framed the ways in which education officials developed PE curricula; medical researchers examined the effects of physical activity upon the female body; and gender relations and balances of power within the family operated.

There were also continuities insofar as a woman's exercise experiences continued to be shaped by socially constructed perceptions of the female body and female physiological capabilities. The social perceptions of wom-

en's physical capabilities, and the practical realities of female biology such as the management of menstruation and the physical effects of pregnancy, were factors which affected experiences of and access to exercise throughout life in a way that was very different to the way in which men would experience exercise throughout the life-cycle. Langhamer has shown that stage in life-cycle shaped women's leisure experiences in England between 1920 and 1960 and that marriage and motherhood had profound effects on female patterns of leisure. My research confirms that this was also the case for exercise experiences, and that patterns of access to physical recreation were particularly affected by motherhood. For most of the women in this study, access to regular exercise was reduced after the birth of their first child, though Mary M. and Mary S. were exceptions here. Circumstances which led to this reduced participation amongst working-class women were lack of funds to pay club or class fees, or indeed to pay for childcare. Though if access was free and a woman's husband or extended family was willing to help with childcare, then participation could continue: Mary M. noted that her husband often cared for the children while she exercised. Both middle-class and working-class women spoke of the way in which the responsibilities of motherhood had overwhelmed them. These women made it clear that they could not find the time to participate in exercise, and indeed they did not expect to after they became mothers and whilst their children were young. It is unclear to what extent these expectations of this stage of the life-cycle were directly influenced by the motherhood discourses of the 1950s which urged women to stay at home whilst their children were young, but most of the interviewees framed their narratives of these years of their lives within these terms. In any case, this research has shown that motherhood reduced the extent to which most women were able to participate in sport and exercise as a result of the socially constructed gender relations of the household and distribution of power and responsibilities within the home.

I would argue that between the 1930s and 1960s there was more continuity than change in the way that women experienced exercise. This suggests that the Second World War did not always bring about drastic shifts in the lives of Britons and that, in reality, social changes were often more gradual.<sup>14</sup> These continuities in exercise experiences can be attributed to the lack of public funding to support development of both public sports facilities and sport in schools, and the persistent nature of gender relations in the household, which, whilst changing gradually throughout these years, still defined women as mothers first and foremost and the

primary caregivers in the home. Developments in sporting facilities were seen from the late 1960s onward, but so long as women were outlined as primary childcare providers, access to regular physical recreation during marriage and motherhood would remain difficult.

## FUTURE DIRECTIONS

The ways in which women interacted with sport and exercise throughout the life-cycle continued to be highly gendered between 1930 and 1970. The socially constructed expectations of women meant that they were viewed as mothers—or potential mothers—throughout life, and this affected their exercise experiences and their access to sports facilities. This book has argued that the socially guided life-cycle certainly impacted the ways that women interacted with sport throughout adolescence, marriage, pregnancy, and motherhood; yet full examination of the later stages of the female life-cycle remains beyond the scope of this research. Future research might look into the role which ageing plays in this view of the body and how women's bodies are construed by the state and society in later stages of the life-cycle. Vertinsky has carried out extensive research in this area in modern North America, but this is a topic which is largely untouched with regard to the experiences of older British women.<sup>15</sup> Throughout these interviews the participants in this research commented on their experiences of sport as older women in the twenty-first century. They referred to the variety of sports classes on offer to them and the ways in which community volunteers and networks have encouraged their active lifestyles. Norah referred to her own pioneering role in the spread of 'armchair keep-fit' exercises for people in nursing homes, which she facilitated in her region from the late 1960s.<sup>16</sup> Of course, many of the interviewees referred to the frustration they felt in old age when their bodies could no longer respond to the physically competitive urge which their younger sporting selves had thrived upon, as shown in this comment from Christine:

A: I feel good but I'm, but as you get older your mind wants to do it but the body won't, it just won't it just...and it's very frustrating. Very frustrating.

Q: Yes, and your mind still wants to get...

A: Yes your mind wants to, 'Oh, I could run for that bus, but no Christine just don't, you've already broke your leg', ye know. Just don't.<sup>17</sup>

Similar sentiments were expressed by Betty:

So over we went [to the tennis court] and here the nets weren't up, sometimes they're up and sometimes they're no up, they weren't up, but that didn't really matter, ye know, we were just gonna be hittin' it back and forward. And that's when, as I say, och, the urge is still there, in me, if you know what I mean. And [my granddaughter] had hit a ball to me. Now, if she had been able to hit it right to me, great, but nine times out of ten it was where I would've had to have, say, half-run to get it, and I can't do it. I just can't do it. Same for, to go that side and, oh ... (sigh) ye know, I was so much wantin' to hit that ball and hear the sorta 'whoomp' that you get when you hit a tennis ball, ye know, back, sorta thing. So you see, the old, that bit in me isn't dead. I had the implements there, I was, ye know, but physically I couldn't do it.<sup>18</sup>

The historical development of physical recreation facilities for ageing communities, and the process of negotiation between the ageing body and the sporting self, are subjects which are, clearly, well worthy of further investigation.

## NOTES

1. The exception would be particularly affluent families who could send their daughters to boarding schools with excellent PE facilities.
2. Skillen, 'When Women Look their Worst', p. 122.
3. See Helen's experiences as discussed in Chap. 3.
4. Langhamer, *Women's Leisure in England*, p. 189; Skillen, 'When Women Look their Worst', p. 203.
5. See Chap. 4.
6. See Chap. 2.
7. See Chap. 4.
8. See Chap. 3.
9. Skillen, 'When Women Look their Worst', p. 205.
10. Skillen, 'When Women Look their Worst', p. 200.
11. Langhamer, *Women's Leisure in England*; B. Soland (2000) *Becoming Modern: Young Women and the Reconstruction of Womanhood in the 1920s* (Princeton: Princeton University Press), p. 48; Skillen, 'When Women Look their Worst', pp. 202–203.
12. For example, see the experiences of Mary M. and Christine discussed in Chap. 3.
13. Matthews, 'Building the Body Beautiful', p. 17; Zweiniger-Bargielowska, *Managing the Body*, p. 238, see Chap. 1.



14. This strikes a chord with the work of Szereter, Fisher, and Thane: Szereter and Fisher, 'Love and Authority in Mid-Twentieth-Century Marriages: Sharing and Caring'; P. Thane (2012) 'Introduction: Exploring Post-war Britain', *Cultural and Social History*, 9:2, pp. 271–275.
15. P. Vertinsky (2000) 'A Woman's P(1)ace in the Marathon of Life: Feminist Perspectives on Physical Activity and Aging', *Journal of Aging and Physical Activity*, 8, pp. 386–406; P. Vertinsky (2002) 'Sporting Women in the Public Gaze: Shattering the Master Narratives of Aging Female Bodies', *Canadian Woman Studies/ Le Cahiers de la Femme*, 21:3, pp. 58–63.
16. Norah, oral history interview.
17. Christine, oral history interview.
18. Betty, oral history interview.

# APPENDIX

## ORAL HISTORY INTERVIEWEES

Some of the interviewees wished to remain anonymous whilst others did not mind their names being used; thus only first names have been used for all participants and pseudonyms have been used for those who specifically requested that they remain anonymous in this study.

Biographical information for each of the 21 women who were interviewed follows:

**Name:** Anne A.

**DOB:** 7/8/42

**Father's occupation:** Company director (unspecified company: engineering/manufacturing).

**Mother's occupation:** Biscuit factory worker (until marriage).

**Siblings:** One sister (Cathleen A.).

**Area:** Glasgow (Cardonald).

**Marital status:** Single.

**Children:** None.

**Occupation:** Invoice typist (for 34 years).

**Sports during childhood/adolescent years:** Only at school, hockey, etc.; but she did not enjoy sports.

**Sports post-school:** A little dancing, keep-fit, and badminton but no regular sport.

**Interview date and location:** 30/6/10, Cardonald Parish Church Hall (all interviews held here were in a private room).

**Name:** Anne D.

**DOB:** 6/10/36

**Father's occupation:** Shoemaker with his own shop.

**Mother's occupation:** Housewife.

**Siblings:** One brother and one sister.

**Area:** Banffshire, then Paisley after college.

**Marital status:** Married.

**Children:** Two girls.

**Occupation:** PE teacher.

**Sports during childhood/adolescent years:** Swimming, playing outside, highland dancing, tennis.

**Sports post-school:** Scottish country dancing, badminton.

**Interview date and location:** 28/10/10, interviewee's home.

**Name:** Betty

**DOB:** 2/10/32

**Father's occupation:** Unspecified, upper-working-class lifestyle.

**Mother's occupation:** Unspecified.

**Siblings:** One sister and one brother.

**Area:** Glasgow (Cardonald).

**Marital status:** Married.

**Children:** Two girls.

**Occupation:** Clerk for the City Assessors, Glasgow Corporation, until marriage.

**Sports during childhood/adolescent years:** Hockey, swimming, cycling.

**Sports post-school:** Former pupils' hockey team and then after marriage swimming with family.

**Interview date and location:** 17/5/10, Cardonald Parish Church Hall.

**Name:** Catherine

**DOB:** 23/6/38

**Father's occupation:** Unspecified, upper-working-class lifestyle.

**Mother's occupation:** Unspecified.

**Siblings:** Six siblings.

**Area:** Penilee, south-west Glasgow.

**Marital status:** Married.

**Children:** One boy (adopted).

**Occupation:** Remington Rand, then printing in Rolls Royce, then she retrained and went to art school when she was 30.

**Sports during childhood/adolescent years:** Ball games outdoors, skipping, swimming, running, netball, hockey.

**Sports post-school:** Running (Maryhill Harriers), hiking, hockey team at Remington Rand.

**Interview date and location:** 11/5/10, private room at Glasgow University.

**Name:** Cathleen A.

**DOB:** 9/3/44

**Father's occupation:** Company director (unspecified company in engineering/manufacturing).

**Mother's occupation:** Biscuit factory worker (until marriage).

**Siblings:** One sister (Anne A.)

**Area:** Glasgow (Cardonald).

**Marital status:** Single.

**Children:** None.

**Occupation:** Primary school teacher.

**Sports during childhood/adolescent years:** Swimming, cycling, and hockey etc. at school.

**Sports post-school:** Fitness classes locally but never on a regular basis, and eventually she fell away from sports participation.

**Interview date and location:** 28/6/10, Cardonald Parish Church Hall.

**Name:** Chris

**DOB:** 3/7/27

**Father's occupation:** Engineer.

**Mother's occupation:** Housewife.

**Siblings:** Two sisters.

**Area:** Paisley.

**Marital status:** Married (1951).

**Children:** Two girls.

**Occupation:** Worked as a tailor until she was married and then returned to work after her children were born but worked as a classroom assistant.

**Sports during childhood/adolescent years:** Women's League of Health and Beauty classes, swimming, hockey, skating.

**Sports post-school:** League classes (when she could afford it), swimming.

**Interview date and location:** 25/2/11, interviewee's home.

**Name:** Christine

**DOB:** 19/12/37

**Father's occupation:** Maintenance engineer (football coach in spare-time).

**Mother's occupation:** Dressmaker.

**Siblings:** One brother.

**Area:** Cardonald.

**Marital status:** Married (1958)

**Children:** Three girls.

**Occupation:** Dressmaker, then managed her own newsagents.

**Sports during childhood/adolescent years:** Cycling, swimming, running (she was a good 'all rounder' at many sports).

**Sports post-school:** Running, swimming, hiking.

**Interview date and location:** 2/7/10, Interviewee's home.

**Name:** Elspeth

**DOB:** 21/11/27

**Father's occupation:** Doctor.

**Mother's occupation:** Doctor's receptionist/housewife.

**Siblings:** Two brothers and one sister.

**Area:** Carnoustie and then Buchlyvie after marriage.

**Marital status:** Married.

**Children:** Four daughters.

**Occupation:** Nurse (until marriage and then again after her husband died when she was 43).

**Sports during childhood/adolescent years:** Walking, hiking, golf, cycling, swimming.

**Sports post-school:** Hiking, curling, swimming with children, golf.

**Interview date and location:** 7/10/10, interviewee's home.

**Name:** Helen

**DOB:** 5/12/29

**Father's occupation:** Scottish Oils—unspecified role.

**Mother's occupation:** Housewife.

**Siblings:** Two older brothers.

**Area:** Uphall, West Lothian, then Cardonald after marriage.

**Marital status:** Married (1960).

**Children:** One girl.

**Occupation:** Business training to work in the office of National Coal Board until marriage.

**Sports during childhood/adolescent years:** Tennis, badminton, games at school.

**Sports post-school:** Badminton, swimming eventually with her children, Scottish country dancing.

**Interview date and location:** 18/5/10, Cardonald Parish Church Hall.

**Name:** Janette

**DOB:** 19/7/35

**Father's occupation:** Unspecified, upper-working-class lifestyle.

**Mother's occupation:** Housewife.

**Siblings:** None.

**Area:** Glasgow (Cardonald).

**Marital status:** Married (1960).

**Children:** One girl, one boy.

**Occupation:** Office work.

**Sports during childhood/adolescent years:** Tennis at the local athletic club. Running (sprinting), hockey.

**Sports post-school:** Tennis until marriage, then bowling sometimes and otherwise just family-based leisure and on holidays.

**Interview date and location:** 18/5/10, Cardonald Parish Church Hall.

**Name:** Linda

**DOB:** 26/7/44

**Father's occupation:** Electrical engineer.

**Mother's occupation:** Primary school teacher.

**Siblings:** Two older sisters (twins).

**Area:** Uddingston

**Marital status:** Married (1969).

**Children:** Three girls and one boy.

**Occupation:** PE teacher (with a break during early marriage, returned after children were grown).

**Sports during childhood/adolescent years:** All sports, swimming, cycling, running, ball games in the street, tennis.

**Sports post-school:** Swimming, badminton, hockey (former pupils' team).

**Interview date and location:** 25/10/10, interviewee's home.

**Name:** Margaret B

**DOB:** 9/8/48

**Father's occupation:** Plumber, eventually trained as a teacher of plumbing and engineering.

**Mother's occupation:** Mender in a woollen mill.

**Siblings:** One sister.

**Area:** Yorkshire, then Stirlingshire after marriage.

**Marital status:** Married (1971).

**Children:** One girl and one boy.

**Occupation:** PE teacher.

**Sports during childhood/adolescent years:** playing out (rounders etc.) athletics, country dancing, gymnastics, hockey.

**Sports post-school:** Very little official sports participation as her occupation was so physical, but she kept active walking and had active holidays with the family.

**Interview date and location:** 27/7/10, interviewee's home.

**Name:** Margaret H.

**DOB:** 16/5/21

**Father's occupation:** Tailor, often unemployed.

**Mother's occupation:** Unspecified, but she was very busy looking after one of the siblings. who had Down's syndrome, so she seems to have been a housewife/carer.

**Siblings:** Two brothers and one sister, all younger.

**Area:** Cardonald.

**Marital status:** Single.

**Children:** None.

**Occupation:** Gray Dunn's biscuit factory, office, then the Red Cross during the war, then trained to become a district nurse.

**Sports during childhood/adolescent years:** Swimming and tennis.

**Sports post-school:** Walking, hiking, cycling.

**Interview date and location:** 17/5/10, Cardonald Parish Church Hall.

**Name:** Mary M.

**DOB:** 22/3/36

**Father's occupation:** Factory worker at ICI (father died when she was ten).

**Mother's occupation:** Factory worker at ICI.

**Siblings:** One younger brother.

**Area:** Stevenston.

**Marital status:** Married (1957).

**Children:** Six children: three boys and three girls (children were all born within a 12 year period).

**Occupations:** Factory worker, ICI, then later retrained as primary school teacher in her thirties. For the past few decades she has also been a keep-fit instructor at community fitness classes for those recovering from cardio-vascular disease and she continues to walk long distances for charity.

**Sports during childhood/adolescent years:** Athletics, gymnastics, tennis, badminton, hockey, etc. ('all sports')

**Sports post-school:** Hockey, badminton, keep-fit.

**Interview date and location:** 20/5/10, private seminar room at Strathclyde University.

**Name:** Mary S.

**DOB:** 6/11/43

**Father's occupation:** Farmer (died when she was ten).

**Mother's occupation:** Farmer.

**Siblings:** One brother.

**Area:** Farm near Kippen, Stirlingshire, and then Stirling after marriage.

**Marital status:** Married (1967).

**Children:** Two girls.

**Occupation:** Nurse (she stopped working when her children were born).

**Sports during childhood/adolescent years:** Walking, country dancing, netball, badminton, swimming.

**Sports post-school:** Golf and curling.

**Interview date and location:** 12/10/10, interviewee's home.

**Name:** Maxine

**DOB:** 11/6/37

**Father's occupation:** Unspecified— but Maxine had a lower middle-class background: her parents were involved in many community clubs and she often received expensive Christmas gifts such as bicycles.



**Mother's occupation:** Unspecified.

**Siblings:** None.

**Area:** Glasgow (Carntyne and then Cardonald).

**Marital status:** Married.

**Children:** None.

**Occupation:** Clerical officer in the Health Service and then nursing auxiliary in Southern General Hospital, Glasgow.

**Sports during childhood/adolescent years:** Miscellaneous sports at youth club/Brownies/Guides, skipping ropes, etc. Informal outdoors sport (rounders, etc.) hiking with parents, tennis, bowls.

**Sports post-school:** Walking, hiking, bowls.

**Interview date and location:** 19/5/10, Cardonald Parish Church Hall.

**Name:** Muriel

**DOB:** 20/5/37

**Father's occupation:** J & P Coats (thread manufacturer) quality control manager.

**Mother's occupation:** Shorthand typist, stopped work during motherhood but returned to work after Muriel's father died.

**Siblings:** One sister.

**Area:** Paisley, then after marriage Edinburgh, Cyprus, and finally Glasgow.

**Marital status:** Married.

**Children:** One girl and two boys.

**Occupation:** Nurse.

**Sports during childhood/adolescent years:** Hockey for the school team, general PE, playing outside.

**Sports post-school:** Country-dance and badminton during nursing training and then after marriage curling, keep-fit classes.

**Interview date and location:** 11/10/10, interviewee's home.

**Name:** Norah

**DOB:** 6/12/13

**Father's occupation:** Office work, electricity sales.

**Mother's occupation:** Housewife.

**Siblings:** One sister.

**Area:** Helensburgh.

**Marital status:** Married (1936).

**Children:** One girl, one boy.

**Occupation:** PE teacher until the war, then a Scottish country dance instructor in later life.

**Sports during childhood/adolescent years:** Gym and especially dancing.

**Sports post-school:** Scottish country dancing, as an instructor and participant.

**Interview date and location:** 11/11/10, interviewee's home.

**Name:** Norma

**DOB:** 13/6/32

**Father's occupation:** Unspecified, she appears to have had an upper-working-class background.

**Mother's occupation:** Unspecified, appears to have been a housewife.

**Siblings:** Two brothers, one older and one younger.

**Area:** Cardonald.

**Marital status:** Married (1954).

**Children:** Four boys.

**Occupation:** Receptionist at optician's until marriage when she stopped working.

**Sports during childhood/adolescent years:** Skipping ropes, cycling, tennis (but she was not very interested in sport).

**Sports post-school:** Dancing, swimming with children.

**Interview date and location:** 25/5/10, Cardonald Parish Church Hall.

**Name:** Rona

**DOB:** 30/9/30

**Father's occupation:** Had his own electrical business.

**Mother's occupation:** Income tax office worker until marriage when she stopped work.

**Siblings:** None.

**Area:** Giffnock, Glasgow.

**Marital status:** Married (1955).

**Children:** Two boys.

**Occupation:** PE teacher.

**Sports during childhood/adolescent years:** All sports, especially running and athletics.

**Sports post-school:** Golf, keep-fit, country dancing.

**Interview date and location:** 4/10/10, interviewee's home.

**Name:** Sarah

**DOB:** 24/1/47

**Father's occupation:** Manager at a manufacturing plant.

**Mother's occupation:** Women's League of Health and Beauty  
Instructor.

**Siblings:** Three brothers.

**Area:** Lennoxton, north of Glasgow.

**Marital status:** Married.

**Children:** Two boys.

**Occupation:** Women's League of Health and Beauty instructor.

**Sports during childhood/adolescent years:** League classes.

**Sports post-school:** She demonstrates whilst instructing classes and so  
this is her exercise.

**Interview date and location:** 16/2/11, private room at Glasgow  
University.

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