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# Residual Culture Embodied: Narrating Health and Illness in a Coalfield Community

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## Abstract

Raymond Williams' concept of "structure of feelings" with particular reference to the residual form, underpins experiences of deindustrialization in the embodiment of industry, gendering identities, and community values. This is a complex relationship between work, health, community and culture, where working life reached beyond the coalface. This article analyzes the significance of these interconnecting factors through the oral history accounts of former miners and residents within the Kent Coalfield. In drawing on Williams' concept of "structure of feelings" with particular reference to "residual culture," it reveals how ill-health was seen as "remarkable" and "traumatic," yet equally "unremarkable" and "normal." Having recognized the expectant inevitability of these issues, the discussion focuses on a particular understanding of community culture, social interactions and memories within the context of health and illness, which highlights the centrality embodiment in understanding deindustrialization as a process of change.

**Keywords:** deindustrialization; residual culture; embodiment; health; coalmining

## Introduction

Accounts of industrial labor both, within popular culture and scholarly writing, highlight the significance of the masculine body, and thus reflect the embodied relationship forged between local industries and their communities. Embodiment as a concept requires further exploration within the study of deindustrialization, while the body has been documented, the focus has remained largely confined to the workspace.<sup>1</sup> However, memories of home life and childhood, reveal various forms of embodiment beyond the workplace, which served to shape both female and male expectations of work, health, and illness. These gendered cultural narratives of embodiment are for the most part overlooked in the scholarship of deindustrialization. This article is based on oral history interviews conducted in 2017 and 2018 with former coal miners and residents who lived through the cessation of mining in Kent beginning in the mid-1960s

before complete cessation in the late 1980s. The article aims to reflect female and male residents' lived experiences within industrial communities, revealing a residual culture within the community that framed ill-health and bodily impairment as "remarkable" and "traumatic," yet at the same time "unremarkable" and "normal."

In exploring Williams<sup>2</sup> concept of "structure of feelings" and in particular "residual culture," the article intends to bring together a range of insights from across disciplines that have sought to consider the social and cultural longitudinal impact of deindustrialization. Moreover, it considers embodiment and how it has been conceptualized within deindustrialization scholarship. I argue that attitudes and social expectations surrounding ill-health, impairment, and disability, as seen and experienced through the bodies of industrial worker and their communities offer a tangible expression of the residual culture of industry. The following section seeks to address some of the complexity between these concepts and forms presented by Williams more fully.

### Residual culture and embodiment

Williams' concept of residual culture enables new insight into communities which have undergone deindustrialization. Strangleman's<sup>3</sup> reflections on the sociological imagination considers the role which theoretical concepts such as "structure of feeling," developed by Williams, can play in enabling us to understand social and cultural implications of industrial change and loss, with particular reference to Linkon who developed the literary concept of the "half-life of deindustrialization." I aim to enhance this theoretical discussion further, drawing on narratives of health and illness.

First outlined in *From Preface to Film*<sup>4</sup>, through the concept "structure of feeling" Williams enables an exploration of culture and everyday life, reflecting upon social, material, and cultural practices that individuals and communities express and embody. Later in *Marxism and Literature*<sup>5</sup>, Williams goes on to define the concept further, referring to three distinctive forms *dominant*, *residual*, and *emergent*. For the purposes of this essay, I choose to focus on the residual form and in particular the role which the past plays in consciously and unconsciously formulating contemporary social and moral ideals. As Williams states:

The residual, by definition, has been effectively formed in the past, but it is still active in the cultural process, not only and often not at all as an element of the past, but as an effective element of the present.<sup>6</sup>

In examining the concept of residual culture, Williams forces us to look beyond the dominant and consider wider values, meaning and expressions. Williams stressed that the past was a "moving substance," which "habitually projected" had consequences for contemporary life for "relationship, institutions, and formations"<sup>7</sup>. Williams' theoretical conception offers an opportunity to explore and understand through an examination of the body the values associated with industry. Though this may seem jarring to former industrial communities when considering the effects of deindustrialization, it offers a physical and residual link between past and present.

The scholarship surrounding deindustrialization highlights the symbolism that industries attached to the body as sight of culture, economic capital and social inclusivity. For Wolkowitz<sup>8</sup>, if we are to understand the relationship between work, body

and industry then we must turn to Bourdieu's notion of "habitus" to explain the relationship between social practice, skills and labor. In *Outline of a Theory of Practice*, Bourdieu refers to "habitus" as predetermined "historical" and "social conditions" by which individuals' "thoughts, perceptions, expressions and actions" are predetermined.<sup>9</sup> For Bourdieu the "body hexis" was an outward illustration of habitus with individuals' postures or gestures—characteristics people denote social meaning and value.<sup>10</sup> This proves insightful when considered against the strong gendered identification of industry and work ethos attached to occupations which shaped individuals' attitudes, perception, and values. Similar to Williams' description of the "residual" form in assessment of the structure of feelings, habitus shapes the capacity by which individuals act and react within a situation influenced by predetermined social conditioning. As Kideckel<sup>11</sup> illustrates in his study of embodiment within the context of industrial decline and transition to post socialism in Romania throughout the late 20<sup>th</sup> century, for these individuals, industrial occupations were more than just work but a way of life which has ramifications for the body physically, politically, and socially. The body comes to represent identity not only of individuals but of a community within a particular period of time and place. Another example of the importance placed on the body in explaining industrial culture and decline can be seen in Slavishak's<sup>12</sup> *Bodies of Work*, where the "body became a highly portable symbol of the status of the city" representative of class, identity and over time, cultural change. The distinction of the body as a social and cultural symbol is made even further by Faludi<sup>13</sup> in her work *Stiffed* to highlight this emphasis on the male body within industrial culture as representative of "vintage masculinity" linked to notions of "usefulness," "productivity," and "service."

Literary scholar Sherry Linkon<sup>14</sup> introduced the concept of the half-life of deindustrialization, drawing similarities between industrial decline and radioactive decay evoking an understanding of deindustrialization as something which is "not yet dissipated, and its continuing effects are problematic," that is, the residual impact of industry cessation. Linkon emphasizes memory and nostalgia to describe individuals' "attachment" to the past which accentuates or justifies the problem in the present. As Linkon states:

Deindustrialized places as sites of potential in part because they are available to be reclaimed and reimagined.<sup>15</sup> While Linkon does not speak of embodiment explicitly, her work suggests that the body as a symbol of culture and identity might serve as a site that harbors nostalgia and memories for an industry. Linkon is interested in the ways in which industrial culture and practices remain central in the formation of deindustrial communities' identities, in what she describes as "rust belt chic"<sup>16</sup>, just as Williams was interested in the way past social values are reimagined and inhabited within a particular community's contemporary culture. Christine Walley is concerned with individuals' embodied relationship to class, industry and culture during periods of deindustrialization. In her book *Exit Zero*, Walley<sup>17</sup> offers an ethnographic and albeit personal account of growing up a steelworker's daughter in a town which had undergone deindustrialization in the late 20<sup>th</sup> century. In examining the complexities of her own family dynamics, she reflects on the "fragility" of masculinity and class stereotypes which were exposed and exploited through deindustrialization. The body, central in narrating cultural and social change within the community, also suffers the environmental and health consequences of living in an industrialized area.

*Exit Zero* presents the body as an illustrative instrument of residual culture—the health consequences which Walley and others in her community experience, as a result of steelworks which they resided near, highlight the active role that the industrial past continues to play in communities’ formation. Walley captures the complexities of deindustrialization through embodiment writing:

Our bodies underscores that there is a kind of materiality to class that is rarely fully acknowledged and that remains with us, as our class backgrounds remain part of who we are even when our lives appear to move in a different direction<sup>18</sup>.

Walley draws our attention to the ongoing ramifications of industrial decline, but also how these were normalized within social and cultural conceptions of class and gender. This is important when considering Williams’ concept of structure of feelings, not only to recognize that the past influences the present but also the process by which ill-health and impairment was deemed “remarkable” “traumatic” yet also “unremarkable,” “normal.” Therefore, an examination of residual culture as identified through embodied practices is important for understanding deindustrialization. Narratives of health and illness as expressed through change in the body presented in later sections of this article serving to locate the residual form as a palpable object linking individuals and their communities to industry and present.

### Researching the Kent Coalfield

Referred to as the Garden of England, Kent is not often associated with the coal industry as a result of its geographical isolation. Coal was first discovered in Kent in 1890 and underwent rapid development, drawing men from pits across England and Wales. The Kent Coalfield was exposed to the effects of deindustrialization from 1915 with the closure of Shakespeare Colliery and later in 1969 Chislet Colliery. The effects of these closures were however less apparent compared to the 1980s which saw the complete cessation of industry in the area with the closure of Tilmanstone and Snowdown Colliery 1986/1987, followed finally by Betteshanger in 1989.

The industrial disputes of the early 1980s, which eventually lead to the National Miners Strike of 1984–1985, had a profound impact in shaping mining communities. Williams himself in *Resources of Hope* draws attention to the impact of the strike and the meaning which miners placed on community as sites of generational investment in “economic,” “social effort” and “human care,” without which there cannot be a “meaningful community”<sup>19</sup>. The communities of the Kent Coalfields have been a source of much discussion among scholars, who have drawn attention to their strong socialist presence and militancy<sup>20</sup>, as evidenced in their high dismissal rate during the strike<sup>21</sup>. Moreover, Braithwaite and Thomlison, in their discussion of National Women Against Pit Closures, also draw attention to the impact which the strike had for women in breaking down gender barriers, class stereotypes, and in exposing women to feminist movements and philosophy which they might otherwise have overlooked<sup>22</sup>.

For many men and women living and working in coalfield communities, the events of 1984 and 1985 were pivotal in marking the beginning of the demise of the UK coal

industry. While many were committed to sustaining an industrial, working-class livelihood, events of those also shaped their attitudes, values, and social understanding of the experiences which they have undergone since the cessation of the coal industry.

## Methodology

The data which I discuss here is drawn from 36 semi-structured interviews with former miners and their families between 2017 and 2018. The interviews covered a range of topics from working and community life in relation to the coal industry, pit closure, and life after coal, with health and illness a prevalent topic throughout. The former miners were sampled through Heritage Groups and social welfare clubs present within the Kent Coalfield communities of Aylesham, Chislet, Elvington and Eythorne, and Mill Hill. Additional individuals were identified through familiar and community connections as having strong links to the coal industry. I undertook a thematic analysis<sup>23</sup> to identify key areas of interest to enable the development of a category framework to allow for further coding. Analysis was undertaken by me alone, with codes discussed with representatives from the mining community and colleagues to ensure consistency and authenticity.

The embodied nature of these narratives varies, with women's narratives often shaped by ill- health and its impact on family life, while male interviewees chose to reflect on their acclimatization to the industry through childhood experiences and work expectations. The impact of work upon the body is commonly recognized within industrial occupations such as coal mining. Parker and Terkel<sup>24</sup>, in their reflections of oral history note that "interviewing people is discovering people," the notion that through conversation and language we gain new insight and depth to an individual's experience of a situation or event. We see evidence of this in the work of Portelli<sup>25</sup>, who in his analysis of the Appalachian coal community highlights an industry which communally embodies not only a work culture but a sense of place and identity. Oral history interviews are a complex process, where narrators not only attempt to reconstruct the past but also serve to evaluate it<sup>26</sup>; for participants "articulating their transition, it reveals not only how they perceive themselves but also their orientations towards individuals and institutions."<sup>27</sup> Deindustrialization is an ongoing process the ramifications of which are still felt in contemporary society and which communities still seek to overcome. In this context, oral history serves a "psychological" role, offering a means to analyze the manner through which memories are "manipulated to heal" feelings of degradation and loss.<sup>28</sup> Health serves as a focal point of discussion through which individuals articulate their memories, livelihoods embodied in the social fabric industrial communities.

Through oral history, individuals make sense of the past and in doing so reveal narratives of struggle, complex relationships and a changing cultural identity. Abrams notes, "memory is key to our identity, without memory we have no social existence"<sup>29</sup>. Oral history goes beyond traditional history methods in eroding social and cultural barriers. Rather than looking at the past as a series of factual events, through individual and collective narratives of embodiment as expressed through experiences of health and illness adds to understanding culture as residual. Oral history is critical in our understanding of deindustrialization, a "recovery process" of decline as told by

ordinary individuals<sup>30</sup>. It is an enabler of reconstruction and adjustment, the effects of which are not only embodied but narrated within a wider framework of economic, social, and communal change.

### Residual culture and community normalization

Doreen's insights into the coal industry were shaped by her husband. Doreen reflected on the impact that occupational ill-health had upon her own life as well as pit communities more broadly. When asked to describe the changes in her husband's health during his working life, she stated that intermittent screening had revealed dust on his lungs. This eventually led him to become a Rope Splicer<sup>31</sup>, with the intention that the role would reduce his exposure to coal dust. In her interview, she noted her husband's experience resembled that of many miners' careers:

Miners always got something wrong with them and so today you'd go over the top wouldn't you, back then it was part of the norm. No, they didn't all get it, but they all had their health problems, different health problems. So, I just went along with it, but he didn't walk as fast as what he used to.

Doreen highlights how an enduring legacy of the association between coal mining and respiratory problems led to an acceptance among residents that ill-health was to be "expected." The idea that "miners always got something wrong with them" was woven within the fabric of the community. There appeared a need to justify the nonchalant attitude, with Doreen going on to explain how women like herself within mining communities were trained to cope with high levels of male occupational ill-health:

The men used to teach us first aid, we started a St John's aid thing in the village, and we had a little hut down Church Hill, and it was the miners who came along to teach us first aid. So yes, I went along and thoroughly enjoyed it, cos when I was a kid I didn't know if I wanted to be a teacher or a nurse. So hence I went and assisted the first aid, it was a good job I did, and then there was the ideas that we could learn nursing so yes, I learnt nursing and so it was useful. But how come the men. I can remember the men teaching me about the noise when the lung has burst, it's a certain noise you don't hear it any other times.

In describing this training scheme, Doreen illustrates how ill-health was built into the community consciousness. Through such training schemes, the expectations and roles of women were negotiated to present an image of themselves as providers of informal and primary care. The need to be able to identify the sound that a lung makes when it bursts shaped expectations of their fathers, husbands, and sons' fates should they decide to work in the coal industry. As in Doreen's case, this training proved essential when several years later her own husband's lung burst as he tried to make his way up the stairs at their home. Doreen recalled how through her training she was able to quickly identify the source of her husband collapse:

This particular night he was going upstairs, I would think to get his tobacco. It was three o'clock in the morning and I thought oh the thunder was awful, the

noise and I got out of bed, (wheeze noise), like it might have been the milkman with their fancy noisy cart engines or whatever it was and it wasn't. So, I went to go downstairs and there's [Husbands name] at the bottom.

Doreen's husband's experience of pneumothorax (collapsed lung) illustrates the level of disability and pain that sufferers of respiratory disease experienced because of their ill-health. The consequence of respiratory disease evident in the "thunderous," "milk cart" noise, and the practical knowledge of "noise when a lung breaks." These events described by Doreen offer a haunting and chilling picture of the consequences of dust inhalation.

The association between the coal industry, disability and respiratory disease and its acceptance within pit communities has been widely documented among scholars.<sup>32</sup> For Doreen, the knowledge and skills that she had acquired from her role as wife and member of the coalfield community member meant she had learned to "normalize" respiratory disease as experienced by her husband. Evidence of such residual culture was found not only in memories of married life but childhood too. Patricia, another resident of the coalfield community noted in her interview the prominence of ill-health, reflecting on her childhood memories of her father. Patricia's memories of her father were largely informed by his hospital visits:

My memory of my dad was him being in and out of hospital, from back as far as I can remember. So, although he was a miner, my memory isn't of him going to the pit. So, in later years, it became more apparent you know miners who had breathing problems, you know even if a miner was walking up the jitty (passage between buildings).

Patricia's experiences shaped her childhood memories of her father, with ill-health taking on a prominent role. Cornwell<sup>33</sup> notes "disruption" and "abnormal" patterns of livelihood are how individuals define illness. From a young age, female members of industrial communities were introduced to the role of caregiver through the normalization of the relationship between health and industry. Despite the impact that ill-health had on both Doreen and Patricia's lives, their accounts reveal a shared sense of acceptance, with their experiences reflective of the wider community.

Joe, who had worked as an electrician at Tilmanstone colliery, had grown up in the coalfield community and recalled his memories of the villages of Elvington and Eythorne as a child:

I can always remember, a fella [...] He couldn't walk more than ten yards. I can always remember, I've got this picture of him to this day, of him hanging over gasping for breath because of the effects of taking in dust and he worked there at a time when there wasn't the same emphasis on health and safety, you know. Okay they introduced sprays and all those sorts of things and ways in which you could cut down the dust, but you can't eliminate it and it's all around you.

David, a former coal face worker at Tilmanstone colliery, revealed a similar memory to Joe, as he recognized the relationship between work and health within his own memories of his relatives.

Lots of people suffered from ill-health down there. You only had to see all the old boys walking round with oxygen bottles and everything else, you know my great Grandad he did, he had an oxygen bottle... Well, I've see miners going round with oxygen bottles and getting pushed about, can't breathe. So yeah, you know, it's a shame but perks of the jobs (laughs).

Through the oxygen bottle and imagery of man "gasping for breath," David and Joe attempt to draw our attention to the everyday displays of ill-health within industrial communities, to communicate an understanding of community structure and socialization. Small *et al.*<sup>34</sup> note that living in an area with high levels of respiratory problems could prove beneficial for individuals in providing collective support and action, but also foster apprehension. In these accounts from the community, we see how ill-health was understood through the formation of the work gendered habits of male machismo and bravado, all of which were an expected part of work culture. Therefore, such narratives reveal a tension between the imagery of miners and industrial workers more broadly, who were often seen as the apogee of fit, robust manhood, and the longitudinal impact that mining had upon the body, as show in the large number of disabled older miners and in the graveyards of pit communities<sup>35</sup>. Therefore, the normalization of ill-health fostered a feeling of sentimentality and industry endearment within both individual and collective memories. In David's interview, ill-health served to acclimatize men to the industry, with humor often used to offset health concerns or risk<sup>36</sup>, built on notions of identity and craft skill. This, however, did not serve to make them less traumatic when ill-health did occur, as evident in the case of Kay's father:

They couldn't even offer him any position on pit top, he just wasn't fit enough and psychologically it didn't help him at all. He never got over it, he never got over the fact he was constantly at home. His mood was terrible you know, he tried to be alright, but he struggled.

The loss of ability to work not only impacted relatives' physical abilities but could also impinge on their mental health, with such experiences proving traumatic and stressful as they adjusted to new family routines. The image of masculinity built on "bodily" strength" and "withstanding harsh conditions" created a safe distance from femininity.<sup>37</sup> Whereas before his injury, work had provided Kay's father with a sense of purpose, he was now confined to the home, with roles reversed as his wife went out to work:

He liked his garden and things like that but it only kept him, I mean he was 59 when he had his accident, I think he was 67 when he died. And you know, during those first few years convalescing wasn't too bad but it was afterwards when he realized that was sort of it. It was as if, what am I doing, what have I got to do with my life, sit at home, my wife's at work you know he really didn't get on well with it.

Narratives of family life and childhood reveal how industrial communities' perceptions and response to health proved significant in the construction of embodied expectations of gender. Accounts from Dorean, Patria and Kay highlight the central role



which women played in industrial communities connecting home, community and the workplace,<sup>38</sup> as seen in managed expectation and care practices compiled through “differentiated rhythms” and “embodiments” of masculine and feminine.<sup>39</sup> Exposure to the effects of coalmining upon the body from a young age served through community exposure to individuals experiencing occupational health problems formulated a cultural framework which determined individual expectation of the masculine body as social representation of an industry.

### Understanding the “remarkable” and “unremarkable” nature of ill-health

Health related experiences as outlined in family and childhood memories served to structure industrial communities through managed expectations of deteriorating health and bodily decline. However, in periods of deindustrialization individuals face new challenges in maintaining expectations of poor health in an environment of ever-increasing social isolation and economic depletion. Terry, had worked at Betteshanger Colliery, alongside serving as National Union of Mine Workers Branch Secretary, reflected on his own health experiences during his interview:

I’ve got chronic Bronchitis but the blessing of that is that he diagnosed me with that some twenty-years ago now it’s got to be absolutely, the progress must be ever so minimal. I’ve been overtaken by another health problem anyhow, cancer of the bowel, nothing to do with the pit, which again. I’m getting away with. Given that, you know there weren’t much bloody expectation when we started was there, kind of touch and go, so health problems. Difficult to talk about health problems, when I’m eighty-seven in December and one of the things is, funny enough you talk about pneumoconiosis you can get a team of men that worked together, I’m talking about now they can be working together twenty-five years you know one’s got pneumoconiosis his mate ain’t and yet they’ve hardly changed their work roles .... I think you need to show a bit of respect, I mean whatever bloody happens to me now, from now on is a bloody bonus, I mean how can I complain about my health.

For Terry, contracting of bronchitis proved a “blessing” especially when comparing himself to the health conditions which his colleagues had contracted as a result of working at the colliery. Through Terrys’ description of his own health experiences, in relation to both industry expectations and his colleagues, we see evidence of the collective “normalization” of ill-health as outlined in the previous section, exploring childhood and family memories of living within industrial communities. Terry was by his own description a “miracle in mining terms” his physical capabilities at odds with preconceived expectations of bodily deterioration within industrial occupation. For many miners like Terry, recognition of the physical impact of industrial occupation on the body was important. We see evidence of this in the interview conducted with Robert, an electrician, who had worked at Snowdown colliery; he noted the health problems that he now experienced from working in the Kent Coalfields:

I’ve got hearing problems but only slight that’s not a problem. But my knees are shot, in fact I’ve just had keyhole surgery on Monday, probably got to have some

more done on the other knee and that is basically through crawling about for thirteen years in a coalmine.

A fellow electrician Joe, now retired, also articulated the pain that he was experiencing with his knees:

It might sound odd but, you can't, I can't kneel for any length of time and at other times you get pain in them for no good reason. This one particularly swells up, for no apparent reason, other times they feel like just two blocks of wood, they're just almost solid but again there's not rhyme or reason to it. I'm just conscious I can't kneel; you just get pain for no apparent reason.

For a number of participants, like Robert and Joe, the present health problems which they were experiencing were a result of injuries which they had sustained while working at the colliery. The varying degrees of impact which this had varied widely among participants. However, it was the impact that their health conditions had on their ability to sustain work after leaving the colliery which seemed to have the most disheartening and lingering effects. The experience of Les, a former mechanical engineer at Betteshanger colliery, is particularly revealing:

No, not until afterwards, because you were doing it every day and you got used to it. It wasn't till I was working at, I'd done three years at Puma as a fitter over Ash and sort of kneeling down on the floor, checkered floor drilling, that I thought Christ, I better get sorted out here. And I went to the doctor's and he said "I'm sending you to a specialist," went to a specialist he said "you're gonna need a new knee but I don't want to do anything yet because you're too young."

Moreover, during the interview Les revealed that this had consequences for not only his work but also his social life:

I was still playing rugby then and I had to finish in the end playing, because you really just play for the enjoyment of it in the third or fourth team. And you go in for a scrum or ruck or whatever it is and you'll wander off and they'll say "ref you got to stop the game," "why?," "he's down again, we got to go and pick him up." And when a game finished that's it, can't take no more.

Like Les, Gary during his interview also chose to reflect on the physical impact which coal mining had on their bodily health:

Arthritis is setting in my hands now; I can't go fishing. At the moment I'm waiting for cortisone injections to happen. So, I've got a lot of, yeah, I've got a lot of illnesses on top of my vibration white finger and carpal tunnel syndrome and the neck injuries and my knees. I need two new knees ... a lot of miners have had new knees and it's just not worked, and the percentage doesn't weigh up the reasons for having it. I'm getting it in my feet now, my left foot's bad. But most miners are like that, it is part and parcel of the job that you did.

The effects of the coal industry proved residual within the bodies of former workers, as seen in the multiple health problems which they experienced. Symptoms of

occupational health not only had physical but psychological consequences for some individuals, as a result of the varying levels of exclusion over time from social activities 40, as experienced in the cases of Les and Gary. Evident within the narratives from industrial communities such as the Kent Coalfield is the level of physical and emotional support that the community connections continue to provide for their workers. The closure of the colliery signaled “a strong sense of something terminal”<sup>41</sup>, their own bodily deterioration mirrored in the decline of both the coal industry and the communities which surrounded them.

In examining these narratives of health within the context of deindustrialization, economic insecurities are revealed further accentuating the health problems which individuals face, with high levels of inequity and insecurity in post-colliery employment<sup>42</sup>. Tim, a former coal face worker at Betteshanger colliery, reflects his own experience:

I mean it's like now, I am suffering with my knees and my shoulder, I have got ligament damage in my shoulder. They reckon the cure to that is an operation but I'm self - employed and I can't afford to take the time off.

While many interviewees had seen their lives thwarted through health problems to varying extents, it was not unexpected or to be looked upon with pity. There was an understanding among former workers that the “right attitude” fostered “good health” or “at least that is tolerable”—a “cheerful stoicism evident in the refusal to worry, or to complain, or to be morbid”<sup>43</sup>. For these men, the physical changes which they saw through bodily deterioration served as a symbol of an arduous and tough work ethos and culture. Despite the closure of the coalfield, industry culture continues to form their identity as seen in their normalization and intuitive understanding of the residual relationship between the body, health and work.

## Conclusion

From early on in the study it became apparent that the unique nature of the Kent Coalfield both geographically and its strong presence during the 1984/1985 miners' strike, made for a unique case study. Through industrial occupations individuals formed a “classed and gendered community identity.”<sup>44</sup> Deindustrialization devalued industrial occupations like coal mining, portraying them as “directionless” and “object” in the wake of decline<sup>45</sup>. Through exploring the social norms and conventions as seen in individuals' approaches to health and illness as expressed through both experience and memories of community life, we see how these communities present a platform through which to explore Williams' concept of residual culture, as industrial labors continue to bear the repercussion of work upon their bodies. The “community is perhaps, together with the individual, the main reference point for the recreation of identities”<sup>46</sup>. Communal narratives are as important as individual narratives in relaying the relationship between industry, embodiment, and ill health in post-industrial society.

The research presented in this article has implications for the study of industrial and deindustrial societies and cultures. First, experiences of industrial communities are embedded in social value and meaning. Exploring deindustrialization as an embodied

experience highlights how changes in community are reflected in individual agency. In unfamiliar and daunting periods of change like deindustrialization former industrial workers and their families drew on memories of their livelihoods and upbringing within the coalfield community in order to make sense of their contemporary experiences<sup>47</sup>. It became apparent that the body proved a source of continuity in which change over time can be observed and offer an environment in which repressed, neglected, and excluded social practices can remain. Experiences of health and illness were fostered by industry expectations of gender, with women often presented as carers and spectators to the male body's demise. Such cultural practices evidenced within industrial communities shaped individual agency, disposition, and habitus.

Finally, while embodiment might not appear to readily relate to Williams' concept of residual culture, previous scholarship<sup>48</sup> and evidence presented within this article has highlighted how the body as representation of cultural and social values and ideals offers an ever-tangible link between past and present. There appeared within narratives, evidence of variation among individuals as to the impact that coal mining had had upon the body, with the physical effects important resource in the construction of individual identity. Participants required residual culture in order to navigate deindustrialization. Understanding how health and impairment was "accepted" and "normalized" within industrial communities aided individual expectations of their own physical health and wellbeing, particularly when industries had ceased to exist. Given the centrality of the body in discussion around industrial work culture and gendered expectations, there is a need to further explore the role which embodiment can have in developing an effective model for understanding the longitudinal effects of deindustrialization.

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## Notes

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