

Talk shows and ‘tanorexia’: motherhood and ‘sunbed addiction’ on British television in the 1990s

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Introduction

‘I think you’re being really selfish to your children. Cause like you’re risking your own life and everything’ – Studio audience member to ‘sunbed addicted’ mother Dawn Harley.

(‘Tanorexia’, *Esther*, BBC2, 4.55pm, 18 June 1997).

This stern declaration, shouted by the last audience member to speak, summarised the overriding sentiment towards all ‘sunbed addicted’ mothers on the ‘tanorexia’ episode of *Esther*, Esther Rantzen’s talk show. The response of the studio audience, most of whom were women (many accompanied by their daughters), further intensified this powerful condemnation; most stood up and passionately clapped in agreement. The camera then zoomed onto Dawn Harley’s two sons who were a part of the trial-like spectacle. The oldest, aged eleven, immediately smiled and clapped. The youngest, aged seven, first looked around in confusion. He then clapped himself, feeling the communal pressure from the audience members. Harley, both her autonomy and parental authority undermined, looked at her children with distress and agitation. The audience member continued by asking, ‘What’s more important, a tan or your life?’ Trying to regain authority in front of her children, Harley asserted ‘a tan’. The host, Esther Rantzen, concluded: ‘and there [...] *we* have defined [sunbed] addiction’.

This public trial of a ‘sunbed addicted’ or ‘tanorexic’ mother demonstrates the problematic undertones of the women-centred talk

show genre which became popular on British television in the 1990s, and provides a snapshot of the paradoxes of third wave feminism within popular culture. Using 'tanorexia' as a case study, this chapter shows how the very platforms designed to give women new agency in public spaces sometimes disempowered and discriminated against them. In historicising the intersection of public health concerns around skin cancer and 'sunbed addiction' with the popularity of 1990s women-centred talk shows, this chapter shows how talk shows are valuable sources for the history of women's 'everyday health' and wellbeing. An in-depth analysis of *Esther's* 'tanorexia' episode, including how its prominent themes related to discussions of 'sunbed addiction' on other British talk shows, reveals that expectations of 'selfless' motherhood were central to the show. As such, 'tanorexic' mothers were stigmatised more than their male counterparts. This stigmatisation affected *all* women, not only those who were mothers; even in late twentieth-century Britain, most women could not avoid discussions on prospective motherhood as part of their 'female' identity.¹ The ideal of motherhood, implied or portrayed, therefore had the potential to exert monumental pressures on *all* women participating in or watching these talk shows.

Women's health and wellbeing in the media, c. 1945–90s

After the Second World War, the huge expansion of mass media platforms and genres slowly moved many private discussions on everyday health and social issues into more public spaces.² From the 1960s, women increasingly used the print press to publicly discuss their own wellbeing issues, creating networks that, paradoxically, could both provide support and stigmatise women's everyday lifestyle and consumption choices.³ It took longer for 'ordinary' women to access and use television broadcasts to speak about their own everyday wellbeing.⁴

Before the 1980s, women's health concerns were mainly discussed on television through male-produced 'factual' shows such as formal news reports, public health campaigns, educational documentaries, and medical programmes, and more occasionally through fictional and therefore dramatised representations.⁵ Most of this television content, however, was not produced, managed, and hosted by women.

Women struggled to enter and remain in 'above the line' roles as directors and producers and were instead clustered in 'below the line' roles as hairdressers, continuity 'girls', production assistants, and negative cutters.⁶ Nor were these programmes structured, as they were in the print press, as 'supportive' communal discussions between women. By the 1990s, however, the British television industry consisted of more women, which led to more female-centred television programmes, including talk shows.

The television talk show originated in 1950s America, but soon spread throughout the world.⁷ From the 1960s, 'chat shows', where the host(s) interviewed celebrities, and 'talk shows', where 'ordinary' members of the public were interviewed, became popular. Some shows eventually combined elements of both formats. Several subgenres of talk show shortly emerged, but certain features remained the same. They all featured at least one host, who set the show's tone and managed the discussion on one preselected topic by interviewing either one or multiple guests with relatable first-hand experience, and also audience members (either the studio audience or members of the public who called in) and/or a panel of 'experts'. The most common types of 'expert' were spokespersons from industry, government, education, criminal justice, public health, medicine, charity, or religious groups. Shows also featured 'experts by experience': consumers, patients, victims, sufferers, survivors, affected family or friends, or simply someone providing a perspective from a different culture or country. The predictable structures and relatable themes of the talk show allowed viewers to follow individual episodes, even if they had never seen any of the others.

Before the 1980s, not one woman had been a sole host for a talk show in the USA or UK, and very few women even co-hosted with men. In the USA, this was rectified in the mid-1980s as a wave of solo female-fronted talk shows emerged, including *The Sally Jessy Raphael Show* (1983–2002), *The Oprah Winfrey Show* (1986–2011) and *The Late Show with Joan Rivers* (1986–88).⁸ A similar wave of British talk shows hosted by and named after women emerged only in the 1990s. The four most popular women-centred British talk shows starting in this decade were *The Chrystal Rose Show* (1993–95), *Esther* (1994–2002), *The Vanessa Show* (*Vanessa*) (1994–98) and *Trisha* (1998–2010). As the studio and television audiences for daytime shows were mostly women, topics centred

on 'ordinary' women's issues and mostly featured women as 'experts by experience'.⁹ At the same time, more and more women became a part of the production team (from the executive producers to the series content creators) for these new women-centred talk shows in Britain.¹⁰

Motherhood and women-centred talk shows

These British television programmes encouraged an 'American-style' public confession culture. On American talk shows, both guests and studio audiences talked willingly about private health, emotional, and familial issues. At first, this openness did not resonate with British sociocultural expectations of reticence.¹¹ The British public struggled to speak candidly on television, even though it was now more acceptable for women to voice their everyday issues through the print press.¹² The team on *The Chrystal Rose Show* struggled to find topics that the British would comfortably discuss, finding that most audience members wanted to simply listen rather than participate, unless the issue directly applied to them.¹³ However, when topics addressed a wellbeing issue related to motherhood, audience members enthusiastically, even aggressively, voiced their own opinions – suggesting widespread belief that women's actual and assumed reproductive roles were always open to debate.¹⁴ Any discussion topic even loosely related to motherhood therefore became a double-edged sword for the women involved; as talk show guests, mothers simultaneously received both 'support' and intense scrutiny from the public.

The producers and hosts of talk shows asserted that their programmes provided mini-therapy sessions for the guest(s) and 'public therapy' for viewers. They specified that the British public needed confession-style psychotherapy to help them 'loosen up' on commonplace issues that caused emotional distress.¹⁵ These assertions did not go unchallenged. In the print press, critics publicised concerns about the ethics behind *Esther's* staged 'therapy sessions' or, as they termed it, 'victim television'. Rantzen responded by sharing stories to show how *Esther* had, in some cases, saved the lives of its participants and viewers.¹⁶ Nonetheless, it is difficult to avoid viewing 'morality tales' as the central component of talk shows.¹⁷

Jane Shattuc argues that the talk show genre is 'structured around the moral authority and educated knowledge of a host and/or an expert who mediates between guests and audience'. To captivate the viewing public, talk shows had to both focus on the emotional and social 'human-interest story' of prominent new stories, and enact cultural conflict, crisis, and resolution through the on-stage drama.¹⁸ As such, emotionally provocative topics were often deliberately oversimplified to invite public reactions of condemnation. As boundaries 'between normal and deviant, public and private, real and fictional' were blurred, an artificial community could respond more harshly towards individual guests because the 'drama' felt detached from real life.¹⁹ Andrew Tolson similarly suggests that by focusing on the psychological and the personal, rather than external factors such as the environment, poverty, or commercial pressures, hosts intensified negative judgements of guests' attitudes, lifestyles, and behaviours.²⁰ Although the new talk shows were 'women-centred', it is therefore not surprising that their attitudes towards female guests were deeply problematic.

On the surface, these new women-centred talk shows could be perceived as a positive result of third wave feminism. This genre gave some women a space to therapeutically share their private issues with other women, amplifying their everyday concerns to the viewing public, forming a new community in the process, and potentially inciting collective action.²¹ Moreover, some television scholars have argued that talk shows undermined the traditional view that only medical or official experts offered reliable and valuable knowledge, in contrast to knowledge based on everyday life experience.²² Talk shows could therefore be seen as creating new opportunities for female empowerment, especially as the voices of 'ordinary' women rarely dominated previous television shows. At the same time, the stigma related to women's 'addictions' – particularly those relating to aesthetics and/or affecting mothers – still reflected traditional expectations, and therefore public judgement.²³ Ultimately, these platforms permitted greater scrutiny of women's lifestyle, wellbeing, and consumption choices. Moreover, the 'support' offered by female talk show hosts consisted of pressuring women (mainly mothers) to change their everyday habits, arguing that this would 'improve' both their own and their children's lives. Mother-related issues attracted most attention and the harshest responses, as it was

assumed mothers should 'know better'.²⁴ In reality, this 'public therapy' often provoked a backlash towards women's autonomy – especially when they exercised liberal attitudes towards 'beautifying' their bodies in public spaces.

Skin cancer and 'sunbed addiction' as public health concerns

This stigmatisation of some women's choices is evident in talk show coverage of 'sunbed addiction'. During the mid-1990s, increased melanoma incidence and mortality rates sparked a 'global' panic on skin cancer – mainly in Europe, America, and Australia. In Britain, sunbeds became the prime target of campaigns because they were highly visible and quantifiable, whereas everyday sun exposure could not be controlled. As medical authorities assumed that removing sunbeds would be an easy way to prevent skin cancer, the media attacked Britain's sunbed industry.²⁵ Dermatologists pressured providers to either instigate tighter restrictions or remove sunbeds entirely, claiming that providers were exploitative, profit-focused, 'pernicious', and unconcerned about their consumers' health.²⁶ However, lack of consensus within the medical profession and contradictions within anti-sunbed warnings undermined most attempts to weaken the sunbed industry's commercial power.²⁷ Next, new groups, including Cancer Research UK, ultraviolet (UV)-free tanning industries, and some legal authorities, attempted to weaken the sunbed industry. Yet only the legal authorities were somewhat successful by reducing the overseas expansion of the industry.²⁸ Moreover, UV-free tanning endorsement actually revived 'natural' UV-tanning culture, including sunbed use. Sunbed providers fought back through the media, arguing that their machines provided a vital source of vitamin D, and cured many mental and physical health issues and skin conditions. Although sunbed advertising within the mainstream media did somewhat decline,²⁹ these companies continued to advertise directly to consumers, using the same 'health' and 'safety' claims.³⁰

Clearly, the commercial power of the sunbed industry was not deteriorating quickly enough for concerned medical experts or media producers. They therefore intensified their focus on forcefully discouraging people from using sunbeds, first through the print press and later through television. Newspaper journalists, dermatologists,

psychologists, cancer specialists, and non-governmental organisations confirmed that ‘sunbed addiction’ or ‘tanorexia’ was spreading through Britain. Reports of ‘sunbed addiction’ first appeared in the *Guardian* and *Daily Mail*, and then in popular women’s magazines.³¹ *Cosmopolitan* – which had its own long history of contradictory attitudes to women’s health, beauty, and bodies – described ‘tanorexia’ as a ‘compulsion to be suntanned [through sunbeds], whatever the time of year [...] [or] cost’, because ‘addicts’ never felt tanned enough. The article suggested that only women risked developing skin cancer through sunbed use.³²

This moral panic around women’s tanning habits was furthered by national television programmes that reached millions. In January 1996 a ‘sunbed report’ on BBC1’s *Beauty Consumer Watchdog* featured ‘sunworshippers who are as hooked on UV as others are on cigarettes’.³³ A little more than a year later, ITV’s current affairs programme *3-D* included a nine-minute report ‘on the health risks associated with sunbed[s]’ as part of a thirty-minute episode titled ‘Burning Issue – Healthy Choice?’³⁴ Two talk shows also showcased an episode on ‘tanorexia’: ITV’s *The Vanessa Show* (13 October 1996), and BBC2’s *Esther* (18 June 1997).³⁵ Talk show producers chose subjects that had opposing arguments, were socially broad enough to attract large audiences, and were popular in the print press or among viewer mail and call-ins.³⁶ ‘Tanorexia’, a public health issue that appeared to affect women, featured on both *Esther* and *The Vanessa Show*. Aired on mainstream channels to millions of people, these shows legitimated ‘tanorexia’ and reached much further than the print press.

Women-centred talk shows dedicated hundreds of episodes to topics around women’s wellbeing, with most related to some aspect of motherhood. The two shows examined here, *Esther* and *Vanessa*, presented episodes on wide-ranging issues related to children (television, bullying, crime, gifted children), sex and relationships (teenage parenthood, contraception, abortion, ‘coming out’, monogamy, marital complications and abandonment, relationships with prison-bound criminals), health (AIDS, eating disorders, breast cancer, surgery), and motherhood (‘natural born mothers’, in vitro fertilisation, older parents, grandparents, caring for elderly parents).³⁷ Both shows featured episodes on ‘sunbed addiction’ that aimed to entertain, surprise, inform, and ‘educate’ a public comprised of mostly women,

who formed the bulk of daytime television viewers.³⁸ However, these topics were tackled in quite different ways on each show.

ITV's *Vanessa* leaned more towards the American-style 'public therapy' talk show genre, treating the studio audience – and, by implication, the viewers – as 'experts' and shunning formal expertise. Even when tackling serious issues, it focused on guests' personal lives, feelings, and relationships rather than other aspects of these topics.³⁹ It moved to BBC1 in 1999 after being 'dropped' by ITV and was then 'retired' altogether following a scandal about recruiting fake guests.⁴⁰ *Esther* was better known and more respected by the public than *Vanessa*. It ran from 1994 to 2002, aired over six hundred episodes in total, and increased from three to five episodes a week over this time, demonstrating its rising popularity. It was usually shown at 5pm and each episode was watched by roughly one to two million viewers, on average.⁴¹ Although described by the *Radio Times* as a 'British interpretation of *The Oprah Winfrey Show*', *Esther* was serious in intent and often featured medical experts. The show was nominated in categories for the best/most popular chat show by the British Academy of Film and Television Arts and the National Television Awards in 1996 and 1997, and by 1999 had the highest ratings of any British-made talk show. *Esther* was one of the only talk shows not discredited on the grounds of fake stories and productions and was praised for the 'positive good' it achieved.⁴² For these reasons, my discussion here mainly focuses on *Esther*.

Rantzen herself was key to perceptions of the show (Figure 11.1). She was already famous from BBC1's contemporary magazine-style consumer affairs programme *That's Life!* (1973–94), and for founding the national helpline Childline in the mid-1980s for children and young adults suffering from abuse.⁴³ Rantzen described herself as experienced in 'meeting people, listening to people and also working in very emotional areas', and her previous career demonstrates her investment in issues around women's and children's wellbeing.⁴⁴ As a show on the mixed-genre channel BBC2, *Esther* had to appeal to a broad adult audience. *Esther* was therefore perceived as a serious show, even if it was dramatic. Rantzen interviewed a mixture of celebrity guests and ordinary people. She sought to arouse 'disagreement and controversy' among the guests, but also wanted episodes to conclude with participants feeling glad that they had met and shared their experiences on the show.⁴⁵ Like other talk shows, *Esther*



Figure 11.1 Esther Rantzen on the set of her talk show, 1998. Courtesy of Michael Stephens/Alamy Stock Photo. All rights reserved and permission to use the figure must be obtained from the copyright holder.

was supposed to present a ‘balanced’ and ‘democratic’ discussion for viewers through Rantzen’s management of the conversation.⁴⁶ However, at least in the case of ‘tanorexic’ mothers, this ‘democratic’ balance was an illusion.

‘Tanorexia’ on *Esther*: power and control

Esther’s ‘tanorexia’ episode featured guests representing different aspects of the issue, helping to create the impression that there would be an even-handed discussion. The three main guests were positioned centrally within the semi-circular stage and could be seen by everyone in the studio. The guests were Dawn Harley, an upper working-class mother in her thirties or forties; Diana, a red-haired, extremely fair-skinned skin cancer sufferer, two decades older than Harley; and Paul Gordon, a male sportswear model in his early twenties. In the front row of the audience sat dermatologist Dr Margaret Price, addiction psychologist Dr Mark Griffiths, a female Australian public health educator, pale model Miriam Banister and

her boyfriend, and Kathy Banks, a representative of The Sunbed Association (TSA). The studio audience curved around the main stage, facing the guests. Asking questions and controlling the microphone, Rantzen walked around the studio. This set-up suggested a relatively balanced discussion.

In practice, however, the guests' performances of their standpoints established a biased hierarchy of respect, and further encouraged the stigmatisation of 'tanorexic' mothers. The representatives from each stakeholder group were extremely different in terms of personality and appearance; each 'character' reflected the stereotype of their faction. This made them memorable and manageable, and therefore suited to television's need for drama to entertain viewers. On *Esther*, the skin cancer 'survivor' (Diana) was much older, dressed conservatively in beige, exposing no skin, and spoke seriously. She used her horrifying experience as a sunbed user and then melanoma patient to scare Harley and the audience. The skin cancer 'survivor' on *Vanessa* was exactly the same: older, conservatively dressed and serious.⁴⁷ *Esther's* medical experts also dressed conservatively, had upper-class accents, and spoke with authority to educate the audience. The contrast of 'respectable' melanoma survivors and medical experts with flamboyant 'tanorexics' reinforced stereotypes.

The 'tanorexic' men on *Esther* and *Vanessa* both had working-class accents and were depicted as feminised because of their attention to appearance. Nevertheless, they were not as stigmatised as Harley, who was the only female 'sunbed addict' interviewed in depth on television (*3-D*, *Vanessa* and *Esther*) in the mid-1990s. All shows presented Harley as an 'ordinary' upper working-class mother of two young boys. She was twice married, which Rantzen highlighted in a condescending tone, and had started tanning when she moved to Arizona in the 1980s. Harley always had bright blonde hair, exposed her tanned limbs through brightly coloured outfits, and wore make-up and jewellery; the *Esther* credits showed a make-up artist applying heavy bronzer on her face. With a southern English working-class accent, she spoke clearly, confidently, and passionately about why she used sunbeds. Her polite demeanour meant that hosts could easily deflect the conversation when she became agitated. Harley's comparison with conservative melanoma survivors framed her as irresponsible – a mother whose 'self-destructive' tanning habit prevented her from prioritising her children. The aggressive stance of five out of seven audience members who challenged Harley

contributed to her disempowerment – and as audience members occupied the highest level in the studio, their authority was elevated as they literally spoke down to her on the main stage.

The claim of editorial balance was deceptive in other ways. Of the seventeen people including Rantzen who spoke during the episode, 17 per cent were neutral, 28 per cent were in favour of sunbeds, and 55 per cent were against them. Rantzen, who controlled the microphone, selected more anti- than pro-sunbed audience members to speak, and gave them more time collectively. Although Harley spoke for the second-longest amount of time after Rantzen, Rantzen's calculated questions framed Harley as unintelligent, vain, trivial, and reckless. The only time that Harley's 'addiction' was disputed, Rantzen interrupted and asserted that 'Dawn is an addict', and then asked Harley how many health clubs she belonged to. Throughout this discussion, the camera focused on the reactions of medical experts and outraged audience members, to encourage anti-sunbed reactions. The combined microphone time allotted to the two medical experts and the Australian public health educator, all strongly against sunbeds, accounted for roughly one third of the thirty-minute show. Rantzen invited the dermatologist Dr Price to speak on ten separate occasions, and only called twice on Banks (TSA's secretary) – both times interrupting her and withdrawing the microphone. Rantzen challenged Banks and supported the medical experts, but her back-and-forth movement between pro- and anti-sunbed speakers hid this imbalance. This presentation heightened the emotional stakes of 'sunbed addiction' and reinforced stigma against mothers who apparently consumed 'recklessly' and against the best interests of their children.

The skewing of the programme against sunbed users upheld Rantzen's opinion of her show's purpose, and her own persona as host. Rantzen saw the show as providing people with a 'positive' public service and claimed that guests wanted to appear on the show for two main reasons: to 'find a solution for themselves' and/or to 'protect others'. These guests were 'determined to bring about change' by broadcasting their first-hand experiences to the public.⁴⁸ Rantzen was willing to defend 'ordinary' women against medical experts. She did this on an episode about myalgic encephalomyelitis, which led to *Esther* being described as 'victim television' by a columnist. Rantzen challenged this statement in a *Radio Times* interview,

validating her reasons for challenging the medical expert in support of the public.⁴⁹ However, Rantzen's background, including her work with Childline, suggests that her concerns about children's wellbeing superseded that for women, especially if children were apparently under the care of 'immoral' mothers.

From the outset, Rantzen was more judgemental about 'tanorexic' mothers than the medical experts. In her mid-fifties, Rantzen performed her trademark 'host' personality as a tough-love mother figure; she was formidable, extremely articulate with an upper-class accent, and drew on a long history of media-related accomplishments. Both the media and public heralded her as the 'strong-minded, outspoken, [and] charismatic doyenne of TV'.⁵⁰ On the 'tanorexia' episode, Rantzen was dressed immaculately in a shoulder-padded power suit and expensive jewellery. Her physical presence and opinions dominated the studio space. Speaking to Harley, she used a sharp tone and dismissive body language, controlling the conversation to frame her as 'selfish' regarding her children; she interrupted, overpowered, ignored, and made stern hand gestures to quiet those who were either neutral or empathetic towards mothers who used sunbeds. This intimidating presence discouraged guests, medical experts, industry representatives, and the audience from challenging her, and the watching public likely felt the communal pressure to judge these mothers themselves.

'Tanorexia' on *Esther*: mothers and children

Rantzen managed the discussion to frame Harley as an irresponsible mother who placed both herself and her children at risk. After the opening credits, Rantzen walked onto the stage and declared:

If you thought that a golden suntan was the sign of health, you better forget it. Because doctors now say that sunshine gives you wrinkles and skin cancer. But that won't put off the people in our studio, because we have addicts here, who are fanatical sun worshippers. They ignore all the risks because they are tan junkies or tanorexics.

Rantzen explained that the purpose of this episode was to understand 'what drives these addicts on, even though they know it can literally be fatal for them'. She started by asking Harley about her 'addiction'

and the frequency of her sunbed use, before revealing that Harley had potentially already experienced skin cancer. Harley protested that it was only an abnormal mole that grew and therefore needed removal, but Rantzen suggested it was a 'warning sign' and asked Dr Price's opinion. After asserting that it was a 'free country', Dr Price explained that parents needed to be aware of the risks to protect children who could not make their own health decisions. Rantzen then asked Harley's sons, 'does she let you go out in the sun? And get sunburn? The way she does?' Harley's oldest son hesitated but eventually responded that his mother did. Rantzen sternly asked Harley if she was worried about her son's skin. Harley, leaning forwards in desperation, explained that her children 'definitely' had high-factor sun creams because she 'wouldn't put them through that'. Rantzen then asked the youngest son what he thought about his mother's sunbathing. He proudly replied that he 'really want[ed] to go on a sunbed'. Despite Harley's assertion that he was 'much too young', the studio audience gasped in horror at this apparent emulation of his mother's 'reckless' behaviour.

Rantzen then spoke to Dr Price about why people used sunbeds, and asked Diana about her tanning habits before she developed skin cancer, and her subsequent operations and chemotherapy. Diana reinforced the theme of irresponsible motherhood by telling Harley 'you're doing this to your children'. Diana also reprimanded Harley for reducing the time she spent with her children and asserted that she could prevent her children from developing skin cancer if she stopped using sunbeds herself. Rantzen, Diana, Dr Price, and the Australian public health educator (from Queensland) confirmed that UV exposure did cause 'lethal melanoma' and discussed the differences between children's anti-skin cancer campaigns in the UK and Australia. This segment placed skin cancer and children's wellbeing at the core of the episode.

The Australian public health educator tried to convince Harley to use fake tan to stop her becoming a 'brown leather bag'. Banister, the pale model, explained that she wore fake tan for modelling to avoid sunbed-induced wrinkles. Gordon, the male sportswear model, was lightly questioned about his own sunbed use, in comparison to Harley's interrogation. Finally, Griffiths, the psychologist, discussed the association of tanning with sex appeal, holidays, wealth, health, and 'feeling good'. He also explained that 'addicts' neglected 'everything'

except their obsession, which contributed to the notion that Harley was neglecting her children.

Halfway through the show, Rantzen invited audience members to answer questions. These focused on exposing 'sunbed addicts' and rooting out those against sunbed use. The first woman invited to speak blamed her mother for telling her that she looked 'awful' in the winter and 'lovely' in the summer when she was younger and admitted addiction. Almost twenty minutes in, Rantzen finally asked Banks, the sunbed industry representative, a question. Banks agreed that sunbed use could be a problem, but defended sensible sunbed use and tanning itself as 'a basic mechanism to protect ourselves against UV radiation'. For the last ten minutes of the show, Rantzen spoke to other panellists and studio members, asking about other sunbed-induced health issues, including life-changing skin conditions, retina damage, melanoma, the surgical removal of tumour-embedded muscles, and the reduced life expectancy of young people. Anti-sunbed participants sharing these experiences intentionally directed their comments towards Harley rather than Gordon. A 'relapsing sunbed addict' and her extremely fair-skinned (and therefore 'very high risk') daughter were then invited to speak. The daughter immediately asserted that her mother went to great lengths to protect her from the sun as a child, and that she was now an ardent user of 'fake tan'. The disapproval of 'sunbed addicted' mothers centred on the risk it could pose to their children.

On *Esther* and *Vanessa*, 'tanorexia' was depicted as a genuine condition affecting women and men, and the pleasurable use of sunbeds was pathologised. The mere presence of an 'addiction expert' endorsed the associations between sunbed use and drug problems, while Rantzen and medical experts constantly compared sunbed use to smoking cigarettes and drinking alcohol. When Harley described herself as a nurse who paid her National Health Service taxes and did not drink, smoke, or use drugs but felt happy through sunbed use, Rantzen invited forceful audience members to pressure her to change her habits. She was called selfish, irresponsible, and vain, and accused of neglecting her duties as a mother. At the end of both shows, and in contrast to the men, Harley had been aggressively condemned.

In this way, 'tanorexia' was also implicitly framed as a women's condition, with women's 'tanorexic' tendencies portrayed as more

'immoral' than those of men. Rantzen and Feltz interrogated Harley but were kinder to the men, while medical experts, 'melanoma survivor' guests, and most of the studio audience also judged her more harshly, despite Harley's perpetual politeness. On both talk shows, the male 'sunbed addicts' were reproached, but in a more light-hearted manner. On *Vanessa*, Feltz even flirted and laughed with Mike. On *Esther*, Rantzen asked Gordon only four questions, including whether photographers and clients wanted him to look suntanned. Gordon explained that male models were pressured to be tanned, especially for 'sportswear and body shots'. Satisfied with his explanations, Rantzen and the audience responded sympathetically. The pressures on women, including mothers, to look desirable were underplayed, even though many speakers (including Rantzen) affirmed the attractiveness of tanned women, and Harley admitted she used sunbeds to 'deal' with her 'weight problem'.⁵¹ The constant but unacknowledged focus on women's appearances may have contributed to white working-class mothers being more open about their sunbed use, and therefore more easily framed as 'insecure', vain, and self-destructive. Overlooking the aesthetic pressures on mothers lent the stigmatisation of 'tanorexics' an explicitly misogynistic edge.

Conclusion

Talk shows allow historical insight into representations of 'ordinary' women and their everyday health and social concerns. The talk show genre has been heralded as an influential site supporting the lifestyle and consumption choices of 'ordinary' people. Because audience participation is central to talk shows, this genre illuminates public opinion on health and social issues at the time – even if these 'public' voices were stage-managed by the host.⁵² They are therefore important sources for historians of women's everyday health, motherhood, and moral panics in late twentieth-century Britain.

Close analysis of the 'tanorexia' episode of *Esther* in this chapter illustrates the wider value of talk shows for historians of health and wellbeing. The genre provides the audio-visual representations of its subjects, including their rhetorical and emotional reactions. Visual elements are crucial; television scripts are valuable on their own, but the underlining power dynamics of talk shows are most evident

when viewing the footage. The camera angles, *mise en scène*, spatial hierarchies, seating arrangements, clothing and make-up of participants, and the subtle bodily and facial reactions of everyone on set are all integral to understanding the emotions and on-stage dynamic between the host, guests, 'experts', and audience members. Analysis of individual episodes can be supplemented using the contextual information around production content and people's reception that is offered by print press coverage, and both television archives and journals, but viewing footage is still useful on its own.⁵³

The insights that talk shows offer are all the more important because researchers struggle to access the histories of 'ordinary' women through television; in part because 'everyday' television for women was deemed unworthy of archiving when programmes were expensive to retain.⁵⁴ With these suggestions in mind, I argue that there is another feminist issue related to television archiving: accessing television in comparison to print press archives can be costly for scholars, and it often requires more time to locate, access, and utilise these sources. Consequently, audio-visual can prove more inaccessible for scholars with less socioeconomic resources, even though these sources would be invaluable for those invested in the history of 'everyday' women. To navigate these methodological issues, free or cheap and digitally accessible 'archives' can provide footage of 'ordinary' women (and people in general) through television.⁵⁵

Talk shows also complicate our understandings of the relationship between public and private because they blurred the boundaries between these realms. The audience at home watched an 'ordinary' person's issues unfold, merging 'real' and 'talk show' life. Like other talk shows, *Esther* encouraged the new 'experts' of the informed public to comment, judge, and act on changing the decision making of an individual.⁵⁶ For Rantzen, 'exposing one's feelings in private' was no different from doing so 'in front of a studio audience and millions of viewers'.⁵⁷

In relation to 'tanorexia', this approach, followed by mostly women on the show, disempowered mothers, despite the genre's potential to cooperatively promote women's agency and encourage empathy. The examples discussed here reveal instead how the media can deploy illusions of 'balance' to persuade audiences, in this instance in support of conservative and pronatalist attitudes. *Esther* and *Vanessa* consolidated public perceptions of sunbed addicts as irrational, and

those who were mothers as immoral. Rantzen, the medical experts, and studio audience acted as judge, jury, and witnesses to the charge that Harley must change for the good of her children, and even society. This condemnation of her behaviour reflects historical bias towards mothers who consumed ‘unhealthily’ or deviated from supposedly instinctive ‘selflessness’. The ‘democratic’ balance of the talk show was an illusion. Instead, this show reinforced sociocultural stigma against ‘tanorexics’, especially those who were mothers. ‘Tanorexic’ women on these shows were ridiculed and belittled, especially when compared to male sunbed users. There was no gender equality on these shows.

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Notes

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BFI Stephen Street and BFI Reuben Library are too costly to visit, there are also dozens of small yet free-to-access local or regional television and film archives across Britain that can be found through online searches. If contacted, some archivists and technicians will send the relevant clips digitally.

56 Wood, *Talking with television*, p. 95.

57 Anon., 'Chat's life!'