



Fabiola Creed

THE RISE AND FALL OF THE SUNBED IN BRITAIN

Tanning Culture
from Fad to Fear

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BLOOMSBURY ACADEMIC
LONDON • NEW YORK • OXFORD • NEW DELHI • SYDNEY

BLOOMSBURY ACADEMIC
Bloomsbury Publishing Plc
50 Bedford Square, London, WC1B 3DP, UK
1385 Broadway, New York, NY 10018, USA
29 Earlsfort Terrace, Dublin 2, Ireland

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First published in Great Britain 2025

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A catalogue record for this book is available from the British Library.

A catalog record for this book is available from the Library of Congress.

ISBN: HB: 978-1-3504-5033-2
ePDF: 978-1-3504-5035-6
eBook: 978-1-3504-5034-9

Typeset by Newgen KnowledgeWorks Pvt. Ltd., Chennai, India

Open Access was funded by the Wellcome Trust

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To Nakeisha and Maria De La Paz

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Acknowledgements

I am incredibly grateful to everyone who has supported this research for the last ten years: colleagues, departments, funders, friends and family.

I am very grateful to the Wellcome Trust for their Doctoral Studentship (grant number 203287/Z/16/Z) and the MHCUK Early Career Fellowship (WT215864/Z/19/Z), which supported the research for this book.

I am extremely grateful to Roberta Bivins for supervising the PhD project and Hilary Marland, my postdoctoral mentor, for supporting the book's final stage.

The Centre for the History of Medicine and History Department, University of Warwick, past and present, provided a nurturing, family-like research environment throughout. Stephen Kenny, Sally Sheard, Sarah Hodges, Thomas Bray and David Anderson encouraged me to apply and develop my project at Warwick. Tania Woloshyn shared material and ideas before I even arrived. During my PhD, Mathew Thomson, Andrew Burchell, Claudia Stein, Sarah Hodges, Jenny Crane, Kathryn Woods, Gareth Millward, Jane Hand and Rachel Moseley strongly shaped and helped me improve this research. Sheilagh, Sarah Doughty and later Keri Husband made my administrative tasks, and therefore writing focus, much smoother. I am especially grateful to my Warwick peers who have read drafts or provided insightful comments on the project: Maria Reyes Baztán, Josh Patel, Louise Morgan, Ute Oswald, Katey Logan, David Civil, Jenny Price, Somak Biswas, Valentina Tomassetti, Jin Ping Ma, David Fletcher, Dave Steele, Beckie Rutherford and Rebecca Lazarides.

During my fellowship at the Centre for the Social History of Health and Healthcare, University of Strathclyde, Laura Kelly, Jim Mills and Caroline Marley invaluable helped start the thesis-to-book transition. Outside of Warwick and Strathclyde, Alex Mold, especially, and Hannah Elizabeth, Peder Clark, Tracey Loughran and Jessica Borge have provided indispensable research, writing and early research career support.

Many archivists, archives and everyday collectors provided exceptional support and material. An enormous thank you to basement Steve and Kathleen (BFI Stephen Street), Marianka Louwers (Royal Philips Company Archive), Ross MacFarlane (Wellcome Trust), Adam McLean, Sophie Clapp (Boots), Royal Berkshire Archives, Will Mctaggart (North West Film Archive), Alistair Moir

(History of Advertising Trust), Clare Ellis (East Anglia Film Archive), Sarah Curren (BFI Reuben Library) and Trish (BBC Written Archives).

More personally, I am immeasurably grateful to Julie Howard for convincing me to consider university in the first place. My lifelong cheerleader friends, especially Daniella Reynolds, the Nottingham girls, Alice Hirst, Sophie Gamble, Rachel McCombie and my husband, Omololu Kayode, helped me shape and finally finish this book.

Finally, I dedicate this book to my mother and sister, Maripaz and Nakeisha, for their infinite and unconditional love and for cultivating my interest in different cultures of health.

Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ASA	Advertising Standards Authority
ASTO	Association of Sun Tanning Operators
BAD	British Association of Dermatologists
BBC	British Broadcasting Corporation
BEEs	British Epidermo-Epidemiology Society
BMA	British Medical Association
BMJ	<i>British Medical Journal</i>
BMJD	<i>British Medical Journal of Dermatology</i>
CRCC	Cancer Research Coordinating Committee
CRUK	Cancer Research UK
DHA	Dihydroxyacetone
DHSS	Department of Health and Social Security
HEA	Health Education Authority
HIV	Human Immunodeficiency Virus
ITV	Independent Television (UK)
MRC	Medical Research Council
NGO	Non-Governmental Organization
NHS	National Health Service
NRPB	National Radiological Protection Board
SAD	Seasonal Affective Disorder
SPF	Sun Protection Factor
TSA	The Sunbed Association
UV	Ultraviolet Radiation
WHO	World Health Organization

Introduction

This book is about tanning culture: how the desire for tanned skin led to the phenomenal growth in sunbed use and how the practice spread across Britain. It will also expose why and how journalists and medical experts shifted the representation of the sunbed industry, its consumers and the meaning of the sunbed tan from 'healthy' to 'dangerous' in the last two decades of the twentieth century. In the twentieth century, tanning culture developed when people considered tanned white people more attractive than pale-skinned people in the Western world; 'natural' golden hues became signs of health, youth and vitality. A 'natural' tan develops when our skin is exposed to ultraviolet radiation. This exposure activates our melanin production, typically darkening it; however, it also damages our skin cells and increases the risk of skin cancer development regardless of a person's skin colour.¹

The Rise and Fall of the Sunbed in Britain analyses the turning points of the sunbed phenomenon—from its late 1970s introduction as a 'revolutionary health' machine to its reputational decline from the late 1980s to 1990s, publicized as 'ultraviolet-coffins' and 'atomic bombs'.² By the twenty-first century, a stomach-turning theme of young tanned 'bimbos' cremated alive became the standard in globally renowned horror films, including *I Still Know What You Did Last Summer* (1998), *Final Destination 5* (2011) and *Z Nation* (2017).³ In April 2011, the British government implemented the Sunbed (Regulation) Act 2010. Following the example of France, Austria, Belgium, Germany, Spain, Portugal and several states in Australia and America, the act banned under-eighteens from using sunbeds and entering the provider's premises.⁴ Britain's most-watched television channel, the BBC, also produced anti-sunbed documentaries every year, where 'tanorexics'—typically northern and working-class gay men and young women—were aggressively condemned as 'stupid' and 'ridiculous'.⁵ Retelling the sunbed story, which is *still* sold as a

health-enhancing technology, is therefore important in business, consumer culture and public health history as it illustrates how popular culture can pressure people into an activity, even when it is harmful, stigmatized, feared and restricted. Like the history of alcohol, nicotine and some other drugs, this book will reveal how social, economic, political, medical and commercial pressures can persistently undermine the health interventions instigated by the media and medical experts, including dermatologists, oncologists and medical physicists.⁶ *The Rise and Fall of the Sunbed in Britain* will illustrate how the media reciprocally influenced medical decision-making, connecting popular, intellectual and academic cultures.

The book centres on Britain but reflects the changing sentiments towards sunbeds worldwide, including the Americas, Australia and many European countries. It focuses on the late 1970s to late 1990s because ‘sunbeds’ first appeared in Britain in 1978,⁷ and by the late 1990s, the rise of computers, the internet and social media yielded thousands of new digital advertisements and, therefore, reflected a new era in the history of sunbeds. Sunbed advertisements and anti-sunbed campaigns started to reach the public through interactive websites and digitized posters on electronic billboards and bus shelters. The sunbed-induced melanoma debate also ballooned at international health conferences after the early 2000s, creating a spike in medical articles and constant legislation changes within different countries. The definition of public ‘tanning’ services also became more ambiguous with the growing use of spray tans.⁸ Salons started to—and *still*—deliberately list both sunbed and spray tans ambiguously as ‘tanning’, making it more challenging to regulate sunbed services. An exploration of sunbeds after the millennium is, therefore, beyond the scope of this book.

Only psychologists, medical professionals and public health researchers have published extensively on sunbeds, and their publications are limited to contemporary overviews of the industry. They focus on the changing statistics of salons per year within different regions, the legislative changes, the ‘psychological’ reasons why people use sunbeds and what UV exposure does to skin. These psychologists, medics and public health researchers mostly focus on the post-millennium sunbed industry when sunbeds were unquestionably framed as ‘addictive’ and ‘life-threatening.’⁹ Their works do not historicise millennia of tanning culture or the political, economic and public health landscape of late twentieth-century Britain, which produced fertile ground for the quick growth of sunbeds.¹⁰

Historicizing tanning culture

Many civilizations have practised tanning culture for millennia, but how did this lead to sunbeds in Britain? Scholars of tanning culture and sunlight technologies—most notably Simon Carter, Daniel Freund, Hansen Devon, Sally Romano, Kerry Segrave and Tania Woloshyn—have already explained the controversial histories of people basking under natural light for different reasons.¹¹ Freund starts as far back as 25,000 BC, when ancient civilizations, including the Egyptians, Greeks, the Mesoamerican Aztecs, Ancient Indians, Native North Americans and the Celtic Druids, prayed under sunlight in worship of their sun gods, but not to darken their skin.¹² Instead, some Ancient Egyptians and Greeks, especially women, sought after pale skin through products like yellow ochre powder as this indicated status.¹³ Similarly, ancient Japanese and Chinese women used white lead and mercury-based powders to lighten their complexion because of fair skin's association with wealth, nobility and aristocracy.¹⁴

Between the fifteenth and eighteenth centuries, Europeans also idolized pale skin and applied harmful concoctions to lighten their skin. Tanned skin more commonly marked class and race inferiority in many cultures, as most enslaved people and labourers worked outside under the sun's rays. As Carter explains, the association of pale white skin changed following the Industrial Revolution and colonization in the eighteenth and nineteenth centuries, covering the Victorian and Edwardian eras in Britain.¹⁵ Industrialization and urbanization moved working-class agriculturists to indoor factory work. And factory workers' anaemic white skin became newly associated with economic inferiority. In contrast, the mark of a tan started to indicate an affluent and moral life of outdoor leisure. As the tales of *The Picture of Dorian Gray* (1890) and *Dracula* (1897) reflect, the pale, untanned and artificially white code of aristocratic beauty became associated with debauchery and ill health.¹⁶ Set against this backdrop, white suntanned bodies paradoxically became 'idealised links to the ancient world and a more direct [romanticized and] sensuous physicality'. These bodies symbolized an eroticized but objectionable 'otherness'.¹⁷ The medicalization and commercialization of tanned white skin in both America and Britain from the late nineteenth century onwards offer another reason why tanning culture was accepted. This occurred in most European countries—especially Germany.¹⁸ Collectively, these intertwining factors led to the idealization of tanned skin throughout the twentieth century.¹⁹

Woloshyn argues that the modern phenomenon of deliberately harnessing ultraviolet light through sunlight or machines began in 1890s Britain. Physicians started to endorse sun tanning as a cure against many infections or skin diseases (mainly tuberculosis, rickets and psoriasis) and mental health issues (the equivalents of Seasonal Affective Disorder (SAD) and depression). Although some medical experts warned about the long-term carcinogenic effects of tanning in the early twentieth century, nudists and sun cults, like the 1930s Sunlight League, soon encouraged tanning for aesthetic reasons. These groups strongly publicized how a bronzed complexion equated health, happiness and beauty.²⁰ After the Second World War, large international companies, including Britain's Boots the Chemist Company and the Netherlands's Philips Company, upheld tanned skin as a luxury by selling sun lamps and smaller tanning devices.²¹

As tanning became a sought-after marker of status and privilege, the visual act of seeing tanned bodies increased through various means after the mid-twentieth century. Gradual but instrumental changes occurred in developing and seeing a tan. Bourgeois white people purposely spent more time suntanning outdoors, and the popularity of overseas holidays rose in the 1950s. Cheap air travel and holiday packages began in 1955. By the 1960s, the holiday industry boomed as working-to-middle-class families could travel more cheaply to Spain and Italy rather than stay in Britain.²² This steadily rose over time. In 1986, Thomas Cook recorded 14.4 million British travellers abroad and a further 16 million by 1987.²³

In terms of cosmetic fashions in Europe, paler 'Ashes of Rose' (1935) face powders were replaced by 'Riviera Tan' and darker lipsticks (1952)—the term 'Riviera' itself hinting at exotic luxury and foreign trade.²⁴ The two other face powders which elicited strong public demand were titled 'Sun Glow' (1956) and 'Tawny' (1957).²⁵ Across vast parts of Europe, the Americas, Australia and Canada, the changes in fashion and clothing—combined with the emergence of the fake tan and 'sun lotion' industry, which claimed to protect skin from sunburn—also encouraged more skin and prolonged sun exposure.²⁶

Similarly, changes in visual media and print press technologies stimulated Britain's public 'seeing' of tanned bodies. Television became a household norm after the late 1950s, and colour television became the standard by the late 1960s.²⁷ After this, colour and improved graphics in the print press became much easier and cheaper to produce. Before the 1980s, sunbed colour advertisements were not the norm; people had to make telephone calls or send mail payments to sunbed manufacturers for colour leaflets.²⁸ Moreover, new inexpensive cameras led to a rise in amateur photographers, and soon photographs of genuine bodies in colour replaced sketches in all advertisements, including sunbeds. Tanned complexions

became easier to artificially produce with photo-editing technologies, which led to bronzed bodies radiating through the mass advertising of the 1980s.²⁹ The now commonplace photographs and films of tanned fitness, fashion and general entertainment-industry celebrities, alongside nude models advertising health and beauty products since the turn of the 1970s, also encouraged consumers to compare themselves and desire the complexions and lifestyles depicted through these commercial fantasies.³⁰ These 'role models' strengthened the positive associations of tanning with wealth, health and beauty.

In the tanning industry, technological developments and mass manufacturing allowed laypersons, rather than just medical professionals, to buy first sunlamps and later sunbeds. The sunlamp led to the invention of the sunbed. In the 1970s, Friedrich Wolff, a German scientist, developed a large UV-A- and UV-B-emitting machine to improve the health and performance of German athletes. The athletes reacted positively to its 'side effect'—a golden tan, incentivizing Wolff to sell larger body-sized sunbeds to everyday people. I define a sunbed as a body-sized electrical machine containing UV-ray panelled lamps, not outdoor 'sunbed' sun loungers made from cloth, plastic or metal. In 1977, the first sunbed salon opened in Berlin.³¹ By the late 1970s, sunbeds were sold in Europe and North America.³² In 1978, sunbed advertising first appeared in Britain's national print press.³³ By 1980, salons and shops selling exclusively sunbed services were commonplace in Britain. Like other products of the 1980s, British providers proudly engraved their sunbeds 'hand made in Britain' to fight off foreign competition, including West Germany and the Netherlands.³⁴ This tied into another trend of rivalry and competition between Britain and Germany to produce athletically muscular bodies and world-renowned trade, technologies and plans for better economic and health productivity. This competition started long before the Second World War.³⁵ Since the war, white West Germans and Britons have ceaselessly competed in sunbathing fanaticism on overseas beach-and-swimming-pool-holidays.³⁶ Why, then, did Britain's obsession with sunbeds turn to repulsion by the late twentieth century?

The fertile political, economic and health landscape for spreading sunbeds in 1980s Britain

In Britain, people became attracted to the sunbed industry partly because of the political, economic, consumer and public health climate during Margaret Thatcher's era. Mathew Hilton unpacks this transitional stage in the 'consumer

revolution, illustrating how greater demand for and accessibility to consumer knowledge via the media impacted businesses, the government, public health and consumer empowerment into the 1980s.³⁷ Consumers moved away from more charitable social democratic traditions and were shaped by a different political movement; Thatcher's support for the privatization of national industries and consumer 'individualism and self-expression', where consumers were encouraged to 'help themselves'.³⁸ More importantly, this new consumerism 'extend[ed] beyond the social confines of the middle-class professionals' to reach the working-class masses.³⁹ Sunbeds reflected and were a part of this growing trend of 'empowered' consumerism, economic entrepreneurship and the encouragement of being responsible for your own health and fitness. Emily Robinson and other scholars argue that this notion of popular individualism and aspirationalism began in the early 1970s. According to Robinson, people already expressed growing desires for 'greater personal independence and self-determination'.⁴⁰ This was reflected in attitudes towards free enterprise and self-interest, which led to increasing desires for self-enhancing consumptions, such as tanning, exercising and eating healthily by the 1980s.⁴¹

This political, economic and more health-concerned landscape led to an enthusiastic provision of growing industries and new business opportunities—especially within the health, fitness, beauty and leisure trades. Thatcher's government strongly supported new and upcoming franchises, and independent entrepreneurs were encouraged by economic promise and success stories. For example, Thatcher's government provided small loans for private businesses, such as the Enterprise Allowance scheme. This support even helped new male stripper agencies in the early 1980s; they called themselves 'Maggie's boys'—the 'young entrepreneur[s] who took [their] chance at the height of the Thatcher years'. They responded to the demands of 'newly sexually confident women with spending powers' and the advertising industry's growing exploitation of men's 'perfectible' bodies. The stripping agencies ordered their male employees to use sunbeds regularly, train in the gym, sleep well, limit their food and alcohol and avoid drugs.⁴² People also joined the fast-emerging sunbed and health club industry because they were desperate for employment, following the redundancies of mainly manufacturing industries between the late 1970s and mid-1980s.⁴³

For some of these sunbed industry employers and employees, their business fostered a sense of self-worth and confidence, and the selling of sunbeds, when first introduced, reflected responsible health consumerism. As the combination of sunbeds and stripping illustrated, the body was being re-conceptualized as a self-improving project and an 'investment' for oneself, especially aesthetically

and athletically, to improve political and economic gain.⁴⁴ Even Thatcher invested in her fashion and outward appearance to improve her political authority.⁴⁵

Thatcher's 'power dressing' coincided with the marketization of the bronzed white and 'aspiring athletic body' for both men and women in late-twentieth-century Western culture.⁴⁶ As Jennifer Maguire argues in her book *Fit for Consumption*, fitness was 'no longer defined or experienced as purely a physical activity, which [could] be medically monitored'. Instead, fitness became an 'aesthetic quality', which involved 'living up to an expectation' and 'looking a certain way'.⁴⁷ Predictably, many body-related industries flourished in the 1980s, and following the mass advertising boom, they further entangled, meshing together health clubs, fitness equipment, weight loss, tanning, hair removal and even porn industries.⁴⁸ These interlocked industries encouraged a body culture of sunbed use, and the industry itself rose with the late 1970s commercialization of the fitness 'boom', further reinforcing the association between tanned skin and athleticism.

The changes in public health responsibilities and health broadcasting in the late 1970s and 1980s also led to the growing medical interest in and acceptance of the sunbed industry.⁴⁹ This book on sunbeds will illustrate how industry and the media developed a growing role in delivering health messages. In support of Alex Mold and others, it will also more broadly illustrate the rise of the 'consumer', the 'patient consumer' and health consumerism in Britain.⁵⁰

When sunbeds appeared in Britain, public health and policy were already more interested in chronic diseases like cancer than epidemic diseases.⁵¹ They also focused more on the 'individual behavioural determinants of health ... and the contrasting emphasis on social and environmental determinants of health'.⁵² Doctors already assumed the right to speak to the government and the public on these matters and increasingly used the media to share their advice.⁵³ Reciprocally, the health professionals supplying the content raised the credibility and distribution of many media outlets—prompting people to access their 'medically endorsed' news stories, which were published by 'science', 'health' and 'medical correspondents', like those publishing on sunbeds.⁵⁴ By the late 1970s, medical experts often collaborated with media broadcasters and advertising campaign agencies to deliver health education messages to the public; they relied on the mass media to share their research, enact public health initiatives and promote health education.

It must be noted that most medical professionals (and later anti-sunbed campaigners) were motivated by their concern and care for everyday people, including their patients. In the case of sunbeds, they were unaware that their research findings and statements, when interviewed by journalists or presenters,

could either encourage sunbed use or later inadvertently endorse stigma or moral panic against certain tanning consumers because of the media's need to captivate readers and profit, which sometimes resulted in sensationalized stories.

I must also highlight that 'the media' was not monolithic. The individual in-house and freelance journalists, presenters, researchers and producers were single actors with their own interests and agendas, under pressure with time-sensitive deadlines. In addition, each medical story was influenced by a hierarchy of in-house authority, from the journalists to the platform's managers, broadcasting controllers and the story's subject. This could include a sufferer, survivor or victim, an institution (e.g. the NHS) or a commercial company. Also, different media types, from print to television, had different levels of reach and power when reporting health-related news. When I refer to 'the media' for the duration of this book, I do not mean a uniform conglomeration of individuals, organisations and institutions with the exact same objectives and interests.

Back to contextualizing the 1980s, the media often worked with medical professionals. By circulating health advice and awareness, many journalists and medics wanted to improve consumer behaviour and lifestyle choices and decrease health risks.⁵⁵ The media, public health and private industries (such as tobacco, food and alcohol) sometimes even worked together, challenging the traditional narrative that public health, the media and everyday people were 'anti-industry' and hostile to commercial 'empires'.⁵⁶ For example, the first two chapters of this book will demonstrate how some of these growing public-private partnerships, between news outlets and commercial industries, actually formed to advance but also profit from people's health in the early 1980s. Again, this reflects the media's heterogeneous and, therefore, contradictory nature.⁵⁷ In addition, these collaborations sometimes exposed tensions, slowly fracturing the relationship between some public health professionals and the private sector.

In the 1980s, almost all sunbed stakeholders used the media to publicize their supporting or contrasting 'expert' opinions, which led to complex layers of sunbed 'health' messages. The sunbed stakeholders included different media persons and outlets, the industry itself, other sunbed-supporting industries (i.e. gyms, saunas, beauty and hair salons, electrical equipment providers and advertising companies), alternative tanning providers, dermatologists, oncologists, medical physicists, and later psychologists, public health, government, non-profit or non-governmental organizations (i.e. Cancer Research UK (CRUK) and the World Health Organization (WHO)) and the 'experiential experts' (i.e. sunbed (patient-)consumers, skin cancer sufferers and survivors). Although many held claims from medical professionals in higher regard to commercial and consumer

testimony, others distrusted doctors when warned about cancer in the 1980s.⁵⁸ Also, to further complicate sunbed 'health' messages from different stakeholders, people were not bound to one group. Individuals could be part of multiple communities, and their stance on sunbeds could change. A 'healthcare provider' could be a sunbed provider and consumer, and a regular sunbed supporter could later spearhead an anti-sunbed campaign after surviving skin cancer.⁵⁹

As the history of cancer demonstrates, by the time sunbeds emerged in Britain, new 'experiential experts' ranged from campaign groups to celebrities and 'ordinary' people. Women frequently campaigned and shared their personal experiences through the print press.⁶⁰ These experiential experts—not from medical backgrounds—now had the media platforms and agency to communicate with others.⁶¹ This led to a rise in confidence among patient-consumers who believed they had the right to share their health experiences, often in complaints or demands for public health changes.⁶² When sunbeds emerged, some experiential experts used the media to challenge, undermine and apply pressure on medical experts, private industries and consumer organizations regarding other medical concerns, including cancer. They wanted answers, demanded transparency and became activists in medical and industry discussions.⁶³

However, the early history of sunbeds reflected cooperative attitudes and open communication between the sunbed industry, medical professionals, the media and consumer groups. From the late 1970s to the early 1980s, most stakeholders promoted sunbed use as a safer sunbathing alternative and a protective shield against sun-induced skin cancer. Many reporters cared about their readers and wanted to help them make informed 'rational' and 'healthy' lifestyle choices. This also functioned as self-promotion as it presented themselves as knowledgeable consumers themselves. The sunbed industry's 'health' experts and the occasional dermatologist even endorsed some media broadcasters, whereas most scientists and the government were silent on the matter, awaiting more research.⁶⁴ A lack of consensus from medical experts usually results in state-level inaction on emerging health concerns.⁶⁵ This allowed sunbed providers to remain unchallenged 'experts' when sunbeds first spread through Britain (see Chapters 1 and 2).

The hostile political, economic and public health climate for sunbeds in 1990s Britain

The political, economic, medical and consumer climate of the 1990s was quite different as a result of Thatcherite policies. It is impossible to quantify if

a rise in consumer education led to more 'rational' shoppers.⁶⁶ Nonetheless, society praised and morally upheld people who performed or were associated with 'rational' consumerism. As such, shoppers were discriminated against if they demonstrated 'irrational' consumerism, especially when they ignored information about the health risks of a product in favour of pleasure. By the late 1980s, 'yuppie' culture ('young urban professional') had reached household recognition (see Chapter 3). The 'yuppie' hallmark was an unapologetic attitude to personal success through the flaunting of 'excessive', 'irrational' and 'hedonistic' mass consumerism, including 'excessive' sunbed tanning. Yuppie culture was boastful and against the former British tradition of performing modesty when making money. These 'yuppies', both men and women, were said to originate from working-class backgrounds. They became a hated stereotype by the working-class groups whose economic situation worsened, and by people who came from 'old wealth', founded from their middle-to-upper class backgrounds. When people saw 'yuppies' parading their money, as satirized by comedian Henry Enfield's *Top of the Pops* song 'Loadsamoney', it was perceived as a consequence of Thatcherite policies and subsequent individualism and social disorder.⁶⁷ Newspaper reporters noticed the culture shift in which 'self-denial' became a 'virtue', or at least 'another fashionable cult',⁶⁸ these virtuous middle-to-upper class consumers typically came from 'old money' and were ironically the first purchasers of (very expensive) domestic sunbeds when they were first introduced. In the early 1990s, the 'new Puritan' consumer attitude towards beauty, health, fitness and even sex became valued. Meanwhile, the 'excessive' flaunting of mass consumerism and hedonism by former working-class people with 'new money' was framed as grotesque. As Martin Durham argues in his book *Sex and Politics*, the people who supported traditional, conservative and 'moral' family values more strongly fought against the commercialization of liberally exposed body cultures—termed as 'soft porn'—in everyday interactions, advertising and broadcasters by the 1990s.⁶⁹ These conservative sentiments also tied in with the stigma associated with the 1980s AIDS epidemic, which was sometimes framed as a consequence of greater promiscuity, 'hedonism', 'excess'—and liberal market Thatcherism.⁷⁰ The 1990s still continued with the 1980s' sense of being responsible for your own health; however, this time, the 'responsible' and 'rational' consumers resisted the endless advertising that encouraged all sorts of consumption—even those related to the slimming industry.⁷¹

The rise of the internet, mobile phones and computer technologies in the 1990s also offered consumers even more media content.⁷² Following this growth, reporters prioritized experiential experts' opinions and experiences of

beauty, health, lifestyle and, therefore, tanning culture affairs, as this was what late-twentieth-century media consumers wanted and could better empathize with. The growing numbers of ‘tanorexic’ and skin cancer survivor testimonies illustrated the rise of the patient-consumer voice and confessional culture.⁷³ For example, everyday people more readily revealed their daily lifestyle choices. Moreover, people were encouraged to comment and try to change others’ lifestyles, as they now had the media networks and platforms to do so. Even healthcare professionals and broadcasters stopped worrying about interfering with individual liberty. This blurred the boundaries between private and public spheres further, and the media more confidently exposed and judged the lives and consumer choices of others, especially politicians, medical professionals and celebrities.⁷⁴ From the mid-1990s onwards, this led to the creation of more ‘professional bodies’ and ‘regulation standards’ as medical, government and policy authorities attempted to re-establish their credibility to compete against the abundance of opinions from ‘ordinary’ people in the media.⁷⁵ As the chapters of this book will illustrate, these late-twentieth-century political, economic and cultural changes in Britain were reflected in the shifting attitudes and responses towards the sunbed industry and its consumers.

By the 1990s, the endorsement behind sunbeds quickly changed when the media framed providers and consumers as predominantly working class.⁷⁶ I, therefore, argue for sunbeds what Virginia Berridge and Mold argue for drugs: ‘The question of who was using the drug—and how—was also important’ (see Chapter 3).⁷⁷ After the late 1980s, scientific research confirmed the link between sunbed use and skin cancer, which the print press and television translated for the public (see Chapter 4). Collectively, people working in public health and the media, especially on television, worked together to pressure people to adopt and act on anti-industry sentiments. Through the media, many dermatologists, psychologists, psychiatrists, oncologists and medical physicians became the main anti-sunbed experts, supported by former sunbed users and melanoma survivors.⁷⁸ This reflected both the ‘new public health’ and ‘victim blaming’ approach; people were encouraged to limit the communal risk they posed to others through preventive actions, alongside taking responsibility for their health.⁷⁹ By the 1990s, people also assumed consumer behaviour was easier to change, partly because the industry was irrepressible. However, attempts to alter such behaviours were aligned with stigma against working-class consumption. Endorsed by psychologists, most broadcasters intensely targeted and pathologized young women and mothers, and more lightly metrosexual and gay men, as ‘sunbed addicts’ and ‘tanorexics’ (see Chapters 5 and 6). ‘Tanorexia’

was publicized as a ‘psychological addiction to sunbathing—either on a sunbed or in the sun’.⁸⁰

This book also builds on the changes in ‘expert’ authorities within public health.⁸¹ Although the media reigned supreme in broadcasting ‘health’ messages from the late 1970s to 1990s, the sunbed industry demonstrates how ‘entrepreneurs’ of new technologies were (and still are) the first experts of their product, especially in the absence of government and medical opinions (see Chapters 1 and 2). When sunbeds first arrived in Britain, most medical professionals were relatively quiet on the subject matter. They needed resources and time to conduct research on the impact of sunbed exposure. Once research was underway in the 1990s, dermatologists, medical physicians and oncologists became the sunbed experts who spoke through the media (Chapters 4 to 5). As consumer interest in sunbeds remained, and the medical profession became more interested in researching its harms, government and public health authorities became concerned and intervened, albeit barely. Moreover, from the mid-to-late 1990s, most sunbed operators did not follow the government’s eventual suggestions and implementation of new policies to protect consumers (see Chapter 6).

The medium used to transmit health messages to the public also changed over time. From the late 1970s to the early 1980s, people saw positive sunbed content and advertisements first in newspapers, then magazines and later on television. From the mid-1980s onwards, anti-sunbed reports gradually spread, again, through newspapers, magazines and by the mid-1990s, on television. As this book will map, the changes in platforms and tones demonstrate how health communication networks and ‘expert’ feedback loops can function. It will also draw attention to the speed at which print press and later televisual content translated medical discourse, thus providing clear examples of the strong but still strengthening relationship between media-medical circles in late twentieth-century Britain.

Methodology

Berridge and Kelly Loughlin argue that the ‘visual politics played out in the media became central to many activist causes’ from the 1970s onwards.⁸² As the sunbed industry emerged in the late 1970s, the history of tanning and sunbed culture was strongly intertwined with a history of changing visual cultures and mediums. Cultural geographer Gillian Rose uses the term ‘visual culture’ to refer

‘to the plethora of ways in which the visual is part of the social life’, ranging from photography and television to everyday objects.⁸³ Building on the work of historian Ludmilla Jordanova, this book, therefore, applies a strong visual culture approach to map stakeholders’ changing representations of sunbeds and why.⁸⁴ The creation or reusing of sunbed visual culture by varying stakeholders functioned as a historical driver and informed public discussions—it did not function as an ‘objective’ or ‘fixed’ meaning.

To unpack this point, Stuart Hall, a cultural theorist, argues that the representation of a particular culture—in my case, tanning culture and its technologies, providers and consumers—changes over time. The representation depends on the historical context, the community and the background of the interpreting individuals. Consequently, tanning culture and its visual representations—by a community, an individual and even myself as a historian—are never ‘fixed’. In agreement with Hall, and Rose, there is no single or ‘correct’ method to critique a visual. Instead, Rose argues that a ‘successful interpretation’ requires the acknowledgement of our emotional connections, whether this includes ‘pleasure, thrills, fascination, wonder, fear or revulsion of the person looking at the images and writing about them.’⁸⁵ Only then can scholars unravel the economic, political and sociocultural contexts in which visual and material cultures were created and then reinterpreted.

It is therefore important to state that I analysed most of my visual sources in the 2010s, when sunbed use was heavily stigmatized and associated with ‘reckless’ women who were—and still are—commercially pressurized into tanning-related beauty culture. This influenced more overt sympathy towards my historical subjects when analysing the political, economic and sociocultural meanings behind the visuals than perhaps other historians might feel when revisiting these sunbed sources themselves. Moreover, the recorded responses to sunbed visual culture in the 1980s and 1990s were primarily from second-hand sources, like the media. As such, we cannot truly know how people responded to promotional and anti-sunbed media at the time; however, the mediation and tone of the media spoke for itself and were in line with late-twentieth-century trends in tanning culture.

In addition, my mapping of how people’s perceptions of sunbeds changed still reflects other visual cultural histories. One example throughout the book is the constructed meaning of the ‘sunbed tan’ over time. For instance, as chapters one and two will illustrate, middle-to-upper class white men and women emitted ‘natural’, ‘healthy’, ‘young’, ‘sexy’ and ‘wealthy’-connotating sunbed tans in the early 1980s. These two chapters build on the mass marketing boom by industry

and the government because they used ‘healthy’ athletic and typically tanned white bodies in health commerce.⁸⁶ Chapter 3 then extends histories of class-based stigma concerning who, where and how particular demographic groups sell and consume products; sunbed tans were framed as ‘cheap’ through visuals because working-class people started to build, sell and use them.⁸⁷ In the last three chapters tracing the 1990s, the ‘orange’, ‘unhealthy’, ‘unnatural’ and ‘tandoored’ sunbed tan still reflected class-based stigma but now also racist slurs, typically towards women and ‘metrosexual’ and gay men.⁸⁸ This emerged at a time when women with light Brown skin, for the first time, were more commonly featured on the covers of fashion magazines like *Vogue* until the 2000s, when women with ivory white complexions returned in favour.⁸⁹ *The Rise and Fall of the Sunbed*, therefore, provides media, visual and material culture scholars with a framework to unpick overlapping yet contradictory narratives following quick cultural changes and consequent social tensions.

This book primarily evaluates and cross-references four source sets, including mass media sources—mainly newspapers, magazines, radio and television—a novel use of trade directories and catalogues, medical and grey literature and a flavour of sunbed company records. I also explore sunbed-related business registries, archives and council repositories. These local, public, private and international archives held manufacturing, commercial and technological ‘health’ industry information.

A note on sources

A history of sunbeds through the popular press reflects key political and sociocultural narratives and how they can create discussions to influence change.⁹⁰ Inspired by health historian Claire Jones’ research, I explored sunbed newspaper advertisements to better understand historical household beliefs and consumptions and, importantly, small but growing industries.⁹¹ Pamela Swett, a historian of twentieth-century advertising in Germany, has highlighted the limitations of such adverts, including the ‘reception problem.’⁹² For sunbeds, for example, it is difficult to assess who and how many viewers saw print press advertisements through the *Liverpool Echo*, *Financial Times*, the *Guardian*, the *Observer*, the *Times* and the *Daily Mail*. Did readers actually buy sunbeds via these advertisements, and if so, who else used the machines within the household? An awareness of national newspapers’ readerships, cross-referenced with other sources, can help overcome this ambiguity.

From the mid-to-late 1970s, the *Liverpool Echo* was well read by Liverpoolian locals of all backgrounds, with an average daily sale of almost one-third of one million.⁹³ If at least one person read each newspaper, this amounted to roughly one-quarter of Liverpool's population. And more often than not, one newspaper was read by more than one person. The *Financial Times*—one of England's leading and esteemed newspapers—was mostly read by wealthy men and their 'traditional respectable' housewives in the 1980s.⁹⁴ The similarly expensive and highly regarded *Guardian* (and the *Observer* Sunday broadsheet) was read by mostly white middle-class men. The *Times* was an 'upmarket' broadsheet widely read by young adults.⁹⁵ Whereas the *Daily Mail*, the largest circulated tabloid other than *The Sun*, reached between 1.5 to 2.5 million people every day from the 1970s to 1990s and targeted middle-class and working-class groups. The *Daily Mail* was also read by both men and women from the offset. It was one of the first newspapers to provide features specifically for women—and strongly reflected 'women's consumer aspirations for ... goods and lifestyles' since the early twentieth century.⁹⁶ Since the early 1970s, the *Daily Mail*'s 'Femail' section, which regularly featured sunbed-related adverts and articles in the 1980s and 1990s, wanted to reflect 'women's agency' and 'earning power', while reflecting and feeding the growing middle-class preoccupation with health, diets, fitness, fashion and furnishing.⁹⁷

To overcome the 'reception problem' of the magazines I analyse, I also contextualise *Which?*, *Cosmopolitan*, *Campaigns* and *Marketing* magazine. *Which?* consumer magazine, launched by Michael Young and the Consumers' Association in 1957, aimed to offer 'impartial, independent and scientifically-grounded factual information to promote rational choice in consumption'.⁹⁸ *Cosmopolitan* magazine was read by young, typically wealthy and sometimes working-class women interested in beauty technologies and products.⁹⁹ Both *Campaigns* and *Marketing* were established magazines for marketing professionals working in consumer, business and customer sectors. *Marketing* was launched in 1931. In the 1980s, Haymarket Media Group—a private mass media industry based in London—owned *Marketing*, which published print press news and information and was subscription-only for marketing professionals, industry and marketing-related organizations. *Campaign* was its sister advertising magazine.¹⁰⁰ Clearly, sunbed-related advertisements, headline photos and articles in the print press reached people of all genders, ages and socio-economic backgrounds in Britain at some point between the 1970s and 1990s. These sources will also illustrate how advertising in women's magazines often counters health advice (see Chapter 5), and that the exact same visuals can

be reproduced across different press over time for contradicting purposes (see Chapter 6).

Health historians have regularly used medical directories and catalogues as valuable sources since the early 1990s.¹⁰¹ Yet, my use of British trade directories and catalogues is novel.¹⁰² This book will be one of the first in the history of medicine to explore Britain's *Yellow Pages*. The *Yellow Pages* is a contemporary and unusual commercial source, perhaps explaining why historians have not explored it yet. The Post Office launched this telephone trade directory and catalogue in 1966 and the final hard copy was published in 2019 as its publisher, *Yell*, fully digitized its business. The Royal Berkshire Archives in Reading offers different *Yellow Pages* directories for separate regions in Britain.¹⁰³ I correlated the *Mersey Yellow Pages* trade directory with its regional newspaper and television programme and focused on five sunbed-selling categorical sections from the 1980s to 1990s (see Chapters 1 and 4). The main benefit of this yearly trade directory lies in its inclusion of the same local businesses, exposing chronological changes. In its earliest and most basic form, business listings contained a title, telephone number and address. Later, this information extended into descriptions of their services, more visuals and payment methods, and by the end of the 1990s, the medical qualifications of providers or trading standard logos. Even when medical professionals became concerned and trading standards started to challenge sunbeds in the 1990s, many specialist 'skin clinics' continued to market their sunbed treatments for skin conditions; they listed their medical credentials to certify sunbeds as healthy. Chapters 1, 2, 4 and 5 will demonstrate how trade directories can answer our questions on the acceptability and popularity of sunbed services and products, the sites of consumption, the identities of the purchasers and consumers and how these change geographically and over time. These chapters will also build on the history of popular yet controversial industries and how trade directory adverts, in particular, can 'educate' and reinforce ideas of health.

This book primarily focuses on two late-twentieth-century British medical journals, the *British Medical Journal of Dermatology* (*BMJD*) and the *British Medical Journal* (*BMJ*), between 1980 and 2000. I cross-reference these journals with the sunbed-related print press, television and government sources. Both are reputable, well-read and long-standing medical journals. They reflect strong ties with sunbed-related matters, and the authors were heavily involved in print press, television, government, policy and industry reports. The *British Medical Journal* addresses mainstream medical and health concerns as a generalist medical journal. It caters to a large number of readers. The specialist *British Medical Journal of Dermatology* and its smaller number of readers would

have been directly interested in sunbed-related health and skincare concerns. These journals map how medical experts' attitudes changed towards sunbeds; how commercial businesses, the media and government officials influenced these beliefs; and finally, how medical experts then fed their sunbed-related research back into the media. Media reporters, who were print press 'medical' and 'science correspondents', then translated this scientific research back to the public. Exploring these journals will help unravel the complex layers of how these historical actors collectively influenced the changing representation of sunbeds.

Building on the work of health historians Elizabeth Toon, Hannah Elizabeth and Agnes Arnold-Forster, this book also explores fictional, medical and health educational television programmes to map the changing meaning of sunbeds.¹⁰⁴ As Robert Turncock argues in *Television and Consumer Culture*, the expansion of television to a mass audience in the late twentieth century simultaneously promoted consumer culture and class conflict.¹⁰⁵ At the same time, television became the most influential distributor of health messages to mass audiences.¹⁰⁶ The sunbed-related news reports broadcasted through national television were often far more accessible to laypersons than the medical and newspaper articles underpinning them. This book also shows how medical experts increasingly used television broadcasts to communicate with the public, further expanding their responsibilities as public health officials.¹⁰⁷ This often extended back into the print press, in which psychologists, psychiatrists and medical physicians 'reinforced sensationalised stories' and these feedback loops became the norm.¹⁰⁸

By exploring factual (i.e. documentaries, medical and news reports), entertainment and fictional programmes (i.e. serials, soaps, comedies, business competitions and game shows), this book will illustrate the value of different television genres to map changes in industry, consumer culture and public health. Medical programmes, for instance, only show one layer of how 'health' technologies, behaviours and messages are interpreted by psychiatrists, psychologists, medical experts and the media. Meanwhile, current affairs programmes and comedies, like Britain's *3-D* and even *Only Fools and Horses*, will convey a broad range of perspectives and responses from 'everyday' people in Britain.

An exploration of sunbed-related television sources will also illustrate clear changes in the sociocultural sentiments towards sunbeds. As Tom Mills, a BBC historian, asserts, viewers' cultural opinions significantly influence how producers create television material. First, the creators are a part of the audience—they are not isolated from cultural beliefs, even if they have career-focused motives

to be 'original'.¹⁰⁹ Second, the BBC must conform to cultural trends of what audiences want. The public must find the programme content 'acceptable'—not too controversial, sensitive, or political, and not against the majority opinion of the public or the 'experts'. Otherwise, the program and its creators risk losing credibility—and, in extreme cases, their careers. Moreover, it must be noted that the people's motives, when conducting the interview or being the interviewee, on television are not always clear-cut, fixed or genuine. A presenter could be condemning and, in secret, consuming sunbeds because it was part of their health reporting. Whereas a beauty therapist who offers 'health' services could endorse sunbeds to advance their business, even though they have first-hand seen adverse reactions to their tanning services. Finally, a medical professional or government official could strongly discourage sunbed use, asserting that it is within their profession to do so. Yet they could be passionately challenging the sunbed industry because of personal or familial experiences of skin cancer.

Regardless, both 'factual' and 'fictional' portrayals of sunbeds by medics, providers, consumers and activists on television influenced the attitudes and beliefs of millions of viewers. By exploring a wide range of sunbed-related programmes, this book will show the changing sentiments towards sunbeds by reflecting the sociocultural opinions, political beliefs relating to consumption and economic motives behind medical and commercial organisations.

Chapter overview

The Rise and Fall of the Sunbed in Britain comprises six chapters, split into two parts. The first showcases the rise of the sunbed through all class groups from the late 1970s to mid-1980s, and the second traces its reputational fall from the mid-1980s to 1990s. Each chapter examines a two-to-four-year transitional period. Chapter 1 provides the first historical account of one of the first sunbed businesses in England. Starting in Liverpool, the story of a woman's health and beauty enterprise explains why and how the sunbed industry strongly appealed to and later thrived in the rainier, colder and impoverished Northern cities of the UK. These salons were both named and owned by Jean Graham. Graham was a local businesswoman who provided smaller tanning machines in the 1970s. She then introduced and capitalized on sunbeds from the late 1970s to early 1980s, forming a sunbed empire across Mersey. A microhistory of Graham's pioneering business, told through local and regional media, offers an example of the first types of establishments that sold sunbed 'treatments' to people. As a site

for ‘self-making’—for providers and consumers—sunbed markets thrived in the new conditions of entrepreneurial freedom and support provided by the state and media in Thatcher’s Britain.

Chapter 2 explores how the sunbed and fitness industries became entangled and ‘boomed’ together in the early 1980s. Sunbeds became ubiquitous within or near health clubs, gyms, health farms, household and public swimming pools and even public leisure centres. These public healthcare providers, commercial enterprises and the media worked together to ‘educate’ and encourage ‘rational’ consumers to care for their own health responsibly, and sunbeds became a part of this ‘moral’ healthy routine. The media portrayed sunbed consumers as rich, logical and resourceful individuals. These consumers, both men and women, were presented as knowing what was most beneficial for their long-term fitness, health, beauty and finances. In the early 1980s, most people believed sunbeds were a worthwhile investment—the machines were relaxing, luxurious and safe. Private sunbed use was a deeply desired privilege as a tanned complexion could create a bodily representation of wealth.

Chapter 3 explores the saturation of the sunbed market, focusing on the early-to-mid 1980s. Although joining the industry was seen as a ‘promising’ entrepreneurial opportunity, most start-ups could not survive the instabilities of the unregulated market. This was especially true in the North-West, hard hit by the rising unemployment levels among the working population from the early-to-mid 1980s. ‘Cowboys sunbed salons’, ‘mobile sunbed vans’ and ‘no frills’ domestic sunbeds quickly emerged and spread, creating a very different reputation for providers. These businesses temporarily flourished, driving down competitive prices further; however, most of these businesses, like Wakewood and Instantropic, could not pay outstanding debts and became bankrupt, leading to liquidation. The stereotypes and reputations of sunbed providers, and soon consumers, changed. With cheap prices, lower standards and greater accessibility for the working-class masses, a specific target audience of ‘wealthy clients’ was no longer sustainable. Both cheap and unrestricted tanning became ‘within everyone’s reach’, including the young, the working-class and ‘new money’ yuppies. The growing numbers, and perhaps these changes in the representations of sunbed providers and consumers, prompted more thorough medical investigations. This chapter highlights the tipping point to the ‘negative’ slide of the sunbed industry, leading to part two.

The second part of this book explains the gradual yet heightened descent to sunbed shaming and fear. Now confirmed as carcinogenic, sunbed consumption was stigmatized and later condemned. Chapter 4 explores the rise in medical

research and media-induced moral panic concerning sunbed consumption from 1988 to 1990. In the media, the people who spoke on behalf of the sunbed industry almost disappeared and were replaced with dermatologists who primarily argued against sunbeds. Articles in the medical press accused sunbed providers of not providing information on the high risks of sunbed-induced skin cancer, which damaged the sunbed industry's reputation further. In 1988, a television series on the developments of science and technology, *Tomorrow's World*, provided another cautionary narrative of discouragement in their 'Sunbed Safety' report. The Health Education Authority (HEA) launched a campaign to increase young women's awareness of sun-caused skin cancer. Yet greater awareness did not discourage tanning habits, and sunbeds remained within everyday health and fitness spaces. Sunbed consumers were soon increasingly stereotyped as working-class, young, vain and 'immoral' members of society. A misogynistic version of this stereotype also materialized within popular culture. Its creators were encouraging people to develop healthier and more 'moral' lifestyles by, paradoxically, not 'investing' in sunbeds.

Chapter 5 explores the rise of the fake tan industry, the revival of tanning culture and the birth of 'tanorexia' in the print press by focusing on the next transition period from 1991 to 1994. Even scientists started to research and develop new tanning technologies to protect against skin cancer. In health, fitness, beauty and fashion marketing, darker-skinned multiracial models became more commonly featured. Collectively, these actors revived tanning culture by promoting bronzed skin as attractive. Dermatologists also used the media to tell people that sunbeds were life-threatening. Yet providers, including gyms, and consumers remained unresponsive, and new sunbed franchises modernized their sunbeds. In 1991, a senior consultant psychiatrist in Glasgow, Dr Prem Misra, publicly coined the term 'tanorexia' in Britain. From 1992 onwards, the print press popularized this term and, endorsed by medics, framed it as a young white woman's affliction. 'Tanorexics' were pathologized and stereotyped as 'feminine' consumers who were insecure, 'narcissistic' and 'self-destructive'. Some medical experts and many journalists began to introduce theories of addiction to explain why women 'irrationally' used sunbeds, which were both linked to and arising from studies on tobacco, alcohol and drugs.

The final chapter explores a new 'global war' on the rise of skin cancer, followed by a series of attacks to weaken the commercial power of the sunbed industry from 1995 to 1997. Medical experts, the fake tan industry and now legal authorities acted against the sunbed industry, painting it as financially exploitative and disinterested in their consumers' health. But sunbed use

persisted, mainly because of sociocultural pressures and, in part, because of the lack of consensus between medical professions and the government's reluctance to implement greater sunbed restrictions. The sunbed industry upheld any argument that weakened the evidence that sunbeds were totally hazardous, such as evidence that UV on skin stimulated the production of vitamin D. The next media-centred public health approach focused on changing the actions of sunbed consumers and the attitudes of the public. Depictions of 'sunbed addiction' as a gender-specific and life-threatening condition quickly spread from national newspapers and magazines to mainstream television, now endorsed by psychologists and psychiatrists, and reaching a much wider audience. The public was encouraged to comment on other people's 'everyday' lifestyle and consumer choices, and their condemnation of sunbeds leads us back to our twenty-first-century attitudes in Britain.

Not everyone used sunbeds in late-twentieth-century Britain, but, as this introduction has shown and the following chapters will continue to show, everyone was affected by something related to sunbeds and tanning culture. The history of sunbeds will therefore be useful for a broad range of historians. For cultural historians, it will provide a new lens to study key transformations in public life since the 1970s. These include shifts in beauty, health, fitness, leisure and holiday cultures and Britain's everchanging fashions, aesthetics and even its weather.

For business, advertising, mass media, public health and policy historians, this book will show how stakeholders can influence everyday habits by framing certain bodies, objects, environments and consumptions—sometimes with unintended consequences. For historians of technology, it will explore how people were quick to adopt and put faith in new UV-tanning technologies without fully considering if there could be any health risks, much like most 'revolutionary beauty-enhancing' technologies.¹¹⁰ It will also demonstrate how new technologies regularly move down the social scale when purchased by a broadening range of consumers. Moreover, this book will map historical trends of sunbed stereotyping and stigma across varying genders, classes, ethnicities, ages and sexualities. *The Rise and Fall of the Sunbed* will extend the history of tanning, sunlight therapy and changing technologies and visual cultures through close examination of commercial advertising and public health campaigning pertaining to sunbeds. This colourfully builds on television and popular culture studies.

Finally, the history of tanning culture will enable comparative study of the history of skin lightening across Europe, Africa and Asia, contributing to the histories of skin colour manipulation and its underlying politics.¹¹¹ In the field of whiteness studies, scholars tend to focus on the ‘white working class’, termed as ‘chavs’ (colloquially ‘council house and violet’) in England and ‘neds’ (colloquially ‘non-educated delinquent’) in Scotland in the twenty-first century, yet they have not linked these stereotypes to tanning culture.¹¹² As James Rhodes argues, these stereotypes are associated with economic, social, cultural and moral disintegration. This book will illustrate how many of the sunbed consumers in the late 1980s and 1990s were later associated with being a ‘chav’ or ‘ned’ by the 2000s when these terms were more commonly deployed. Although there are regional differences, in England and Scotland, the term ‘chav’ and ‘ned’ was typically used to derogatively describe a group of people, typically white, who obtained everyday ‘necessities’—housing, utilities and food—through means beyond themselves. This includes council provision (e.g. childcare payments and social housing), credit schemes and illicit acts (e.g. theft, sex work and drug selling). At the same time, ‘chavs’ and ‘neds’ are framed as ‘excessively’ purchasing and using ‘unnecessary’ or ‘unhealthy’ luxuries. For example, expensive jewellery, clothes, tanning technologies, gym equipment, alcohol, drugs, cars and also make-up for women. Consequently, other working-class and middle-to-upper-class people, again typically white, then stigmatize these groups for supposedly consuming aesthetic- and pleasure-orientated ‘luxuries’; they think these ‘luxuries’ are undeserved and have only been obtained by taking advantage of the welfare system and others. This type of consumption, and therefore the diverse range of ‘chavs’ and ‘neds’ stereotypes, is then perceived as ‘uneducated’, ‘irrational’ and ‘immoral’ consumerism, much like sunbed users since the 1990s.¹¹³ This book will, therefore, develop new avenues on how race, class, consumption and aspirationalism are tied into tanning culture and, therefore, the history of sunbeds for scholars to build on. White people were the main consumers of sunbeds in the late twentieth century and will be the main focus of this book.

A site for self-improvement: Jean Graham's beauty, health and sunbed enterprise in Liverpool

Introduction

For a Suntan ... in just two weeks you can look healthier, wealthier and sexier with a great suntan. It will boost your confidence sky high.

—Jean Graham's sunbed advertisement in the
Liverpool Echo, October 1980.¹

Focusing on the 1970s and early 1980s, this chapter unveils how the sunbed industry first arrived in Britain and flourished. Although this history is now forgotten, sunbeds were first introduced as a site for self-improvement for their providers and consumers. The local beauty salons, hairdressers, health clubs, saunas and electrical equipment businesses initially drawn to providing sunbed services were highly esteemed. The local communities trusted their providers and their introduction of state-of-the-art 'revolutionary' technologies, including the new and exciting sunbed, which only upmarket establishments could afford, at first. Moreover, these providers had already established a strong network of clientele from years of reliable service; some had a reputation for offering expert knowledge about health and beauty therapies—especially skin treatments. And finally, many had established a reputation for supporting and contributing to their local community. A case study of a businesswoman and her pioneering beauty (and later sunbed) salons in Liverpool—both named and owned by Jean Graham—will uncover this forgotten origin of the sunbed industry.

A quick review of newspaper, radio and television coverage of Graham's enterprise suggests that only light-skinned white, middle-to-upper class and middle-aged or older women were the original clientele attracted to sunbeds. Yet

closer readings of these sources will problematize this assumption. Nonetheless, most of Graham's customers were concerned with 'investing in' and 'improving' themselves. They were determined to create an outward representation of health, beauty and wealth by developing a golden hue. They wanted bronzed skin for personal gratification and to show off their bodies within public and even domestic spaces, where more skin might be intimately exposed. These consumers eagerly spent their disposable incomes to aesthetically 'enhance' themselves, regardless of their gender, age, ethnicity and socio-economic background. Sunbed use was perceived as an upmarket, aspirational, glamorous, fashionable, relaxing and even luxurious pastime when introduced. This opinion was enthusiastically upheld by many influential sunbed stakeholders, including sunbed providers, medical professionals, advertisers, the media and the everyday public.²

Building on Rachel Elder and Thomas Schlich edited collection *Technology, Health and the Patient Consumer in the 20th Century*, this chapter illustrates the importance of historicizing individual entrepreneurs, local businesses and communities and continuity and change to map how a technology is perceived and received over time.³ A microhistory of Graham's services offers a chronological backdrop to explain the introduction and rise of the sunbed industry. The term 'sunbed' first appeared in the print press in 1978, when Graham introduced them herself; however, she had advertised smaller tanning devices long before this year. Graham promoted 'sun-ray', 'sun lamp', 'solarium' and 'solaria' treatments a decade before, starting in 1969. The sunbed services, which replaced these devices, were advertised until the late 1990s.⁴ This chapter focuses on the provision of sunbeds in public spaces instead of sunbeds used at home (see Chapters 2 and 3 for the rise in domestic sunbeds). In the United States, these sunbed establishments were known as 'tanning parlours' or 'tanning booths', but the media, the public and sunbed providers in Britain—including Jean Graham herself—more commonly used the terms sunbed 'shops' and 'salons'. As I focus on Britain, I will use these terms throughout this monograph.⁵

This chapter explores how Graham—a charismatic entrepreneur—modelled her health and beauty establishment through the media. It covers Graham's direct and indirect advertising strategies, which appeared in the *Liverpool Echo* newspaper, the *Mersey Yellow Pages* and a sunbed report from a television programme called *Reports Politics* (June 1980). National media from the early 1980s, including women's magazines, will demonstrate how Graham's business was representative of nationwide sunbed trends; sunbeds were originally in strong demand and positively received by most people. This chapter concludes

with forgotten sunbed supporters, including some dermatologists, who also introduced sunbed tanning as safe and attainable. But first, why did the sunbed industry flourish within Northern cities, particularly in Liverpool?⁶

Historicizing tanning culture in Liverpool

There are several reasons why Liverpool developed a famous sunbed culture in the late twentieth century. Some of these factors include Liverpool's cloudy climate, the end of industrial Britain and the subsequent recessions and the growing association and, therefore, idealization of tanned white skin with beauty, health and notably *wealth* by many Northern metropolitans. Collectively, these factors permitted a prosperous retail environment for the introduction and, later, enduring prominence of sunbeds.

From the beginning, the 'sunless', colder and rainier Northwest climate—even when compared to the rest of England—and the drastic change in summer weather from 1976 to 1980, perhaps contributed to the demand for sunbeds. Weather records from the Met Office revealed that the summer of 1976 was the second hottest and driest summer, after 1911, of the century.⁷ On 3 July 1976, many places in England reached a record-breaking 35.9 degrees Celsius.⁸ Severe water shortages occurred. Tabloids published photographs of women in bikinis lounging on the balconies that overlooked Hyde Park in London.⁹ The summer of 1977 was also warm and sunny, especially in the Northwest.¹⁰ By contrast, the sunless summers of 1979 and 1980 were depressing.¹¹ *BBC News* declared 1980 as the 'dullest summer', marking a record-low 396 hours of sunshine.¹² The Northwest locals were especially affected by these contrasting summer spells.¹³ As the previous hot summers had encouraged a culture of outdoor tanning, the sunbed industry, having appeared during subsequent gloomy summers, would have satisfied people's desire for a tanned complexion.

Liverpool city was also densely urban and financially deprived, often hard-hit by recessions following industrial decline.¹⁴ The late 1970s and early-to-mid 1980s recession, affecting both the coal and manufacturing industry, caused rising unemployment levels in the Northwest.¹⁵ The sunbed industry—with its low start-up costs, minimal training requirements, lack of legislation and regulation, easy distribution, flexible hours to operate and diverse range of locations to consume—was an easy-entry business idea and industry to join for many manufacturing workers (see Chapter 3).¹⁶ Moreover, a working-class urban environment would permit greater public demand, accessibility and

eventually cheaper start-up costs for sunbed businesses. As such, competition would increase, and prices would fall even further—the wealth denoting ‘golden glow’ was within reach for those wanting to keep up appearances.

Regarding fashion and beauty, national media continued to glamorize ‘naturally’ bronzed skin. This rise in tanning culture was further intensified through the intertwined boom of the health club and sunbed industry. Following these trends, a sun-kissed glow was considered especially ‘beautiful’ in the sunless Northwest, Northeast and urban Scotland—where ‘natural’ tans were more difficult to develop. After the late 1970s, a visible sunbed stereotype emerged in Liverpool. These glowing ‘sunbed blondes’ walked the city’s streets, day and night.¹⁷ Even in the early-to-mid 2010s, when I lived, studied and worked in the city centre, regular sunbed use remained an integral part of many Liverpudlian’s lives, and sunbed salons remained in abundance on most retail streets.¹⁸ The visiting tourists were mesmerized by locals who strutted between beauty salons and clothing shops; women had hair rollers piled on their heads, and both women and men topped up their sunbed tans on the weekdays in preparation for weekend socials. But how did one local Liverpudlian and her beauty business contribute to creating this famous sunbed culture?

Jean Graham’s beauty business compared to others

In some ways, we must not risk generalizing all sunbed businesses as identical to Graham’s. Graham was very successful, and she created a caring persona as part of her self-promotion when providing sunbeds. Although other health and beauty salons in Liverpool soon advertised similar services through the *Liverpool Echo* and *Mersey Yellow Pages*, Graham was the first to provide new tanning technologies in Mersey because she could afford to trial new expensive luxury treatments. She also remained up to date with nationwide health and beauty trends, catering to her customers’ ever-changing desires and demands. The *Liverpool Echo* described Graham as a ‘positive’, ‘power[ful]’ and aspiring businesswoman.¹⁹ She marketed herself as wanting to uplift, empower and inspire other women into ‘economic, social and domestic bliss.’²⁰ This was in tune with the mainstream desire to raise women’s economic and social power in the late 1970s and 1980s, resulting from second-wave feminism and its aftermath. As part of another clever marketing strategy, she also went to great lengths to discourage her community from using her competitors’ sunbeds. To separate her own sunbed services, and thwart her surrounding competition, she

described supposedly downmarket sunbed providers as ‘cheap’ and ‘meagre’.²¹ If this was all she negatively publicized about her competitors’ sunbeds, it supports my argument that the damaging effects of sunbeds were clearly not common knowledge.

Of course, like all businesses, Graham’s positive self-representations were partly a performance. As a businesswoman, Graham had to make a living to support herself and her family. Yet her positive reputation—publicized by the media, dermatologists, and both her staff and customers—was consistent. She clearly still went to great lengths to provide safe and superior services for her community.

Despite these unique features, in other ways, Graham’s salons were representative of most sunbed-providing salons at the time. For instance, all early providers sold sunbed use as a ‘wealth’-denoting activity to be modelled through a tanned body. Graham herself advertised that her sunbed services would make people look ‘wealthier’. Graham’s business also reflected the typical long-term narrative of the sunbed industry in Britain, including the ways in which sunbeds became more accessible for the rest of the twentieth century. In 1978, like other earlier providers, a sunbed was added to Graham’s salon as an extension of her original services. In the early 1980s, again reflecting the UK’s sunbed shop boom, Graham’s one salon quickly upscaled to a regional operation of four, all of which had at least one sunbed room, and one of these shops only offered sunbeds. Like many other providers, Graham then lost this sunbed salon in the mid-to-late 1980s following the saturation of the sunbed market. Regardless, she later offered cheap sunbed hires for household use from 1991 onwards, again, imitating another distribution trend of the 1990s.²² In short, the trajectory of Graham’s salons mirrored that of the sunbed industry more widely in Britain.

More uniquely, Graham’s salons provide a long chronology of the rise and fall of the sunbed industry through the rich print press and television coverage, helping trace these changes. Both the *Liverpool Echo* and *Mersey Yellow Pages* offer ample articles and advertisements dating back to 1969, and her advertisements also featured across many different categorical sections in the yearly *Mersey Yellow Pages*. These included the ‘Beauty’, ‘Hairdressers’, ‘Sauna & Solarium Equip’ and finally ‘Saunas and Solaria’ sections. In contrast, most health and beauty businesses only featured in one categorical section and did not advertise every year.

Regarding television coverage, Graham was one of the only sunbed providers who was interviewed for the first comprehensive programme investigating

the sunbed industry. It was extremely rare for a sunbed provider to appear on television, and Graham was potentially the first. On 23 June 1980, this programme, *Reports Politics*, aired on Granada Television. Granada Television—a regional Northwest television company based in Manchester—was one of the ‘Big Five commercial companies’ of ITV broadcasting for the Northwest. *Reports Politics* was a news-style current affairs programme, mainly watched by a large audience living in the Northwest.²³ The sunbed report praised Graham’s sunbed services, portraying her as a responsible businesswoman. Her salon emanated an atmosphere of ‘luxury’, warmth and ‘safety’, and her interview was presented between talks with two ‘other’ healthcare professionals.²⁴ These included a qualified therapist, Penny Langstaff, and a consultant dermatologist at the University Clinic in Liverpool, Dr Tom Stewart. Langstaff and Dr Stewart confirmed that Graham was a ‘qualified beauty therapist’ and therefore endorsed her sunbed services. The second part of the show presented a discussion addressing Margaret Thatcher’s first year as prime minister by two reputable political journalists, Peregrine Worsthorne and Simon Hoggart. This associated Graham’s sunbeds with a professional tone of authority, and the Northwest viewers watching this credible programme would have felt assured about using them. A deeper analysis of this media will reveal a richer insight into Graham’s professional business approach, but first, where did Graham come from, what was she like and in what ways did she invest in UV-tanning technologies throughout Mersey?

Jean Graham’s background

Graham came from a middle-class background. In 1969, she started working from her home in Blundellsands.²⁵ The modern houses in this wealthier region of northern Liverpool had three to four bedrooms and both garages and gardens.²⁶ Using her own resources, Graham diligently worked to introduce and maintain an upmarket beauty and health enterprise throughout the 1970s. She went to great lengths to distinguish her high-class services from ‘cheap’ salons. During the summer of 1970, Graham advertised her services in the *Liverpool Echo* news paper. Even though it was a cheap, if not free, plain listing in the small ‘personal services’ column, Graham advertised her ‘M.A.B.Th’ credentials to prove her qualification as a ‘beauty therapist’. From the outset, Graham was interested in both therapies for the skin and the latest accessible technologies for her customers. She advertised how these services improved health, or at least enhanced a

representation of health through 'beautifying,' such as the rejuvenation of the skin. She first advertised 'scientific facials including face lifting, skin peeling, wrinkling [and] acne,' alongside cutting-edge slimming technologies such as 'Slendertone,' which was popular in the 1970s.²⁷ Her advertisements suggest that she was determined and flexible; Graham was available and would drive to see her clients from '10am to 9pm' any day of the week.²⁸

Perhaps because of her successful mobile services, in November 1970, in the *Liverpool Echo* again, Graham announced the opening of her first salon on Bold Street within Liverpool's city centre. Her advert was deliberately eye-catching for readers; it was positioned centrally at the bottom of the page and was the only advert in large, bold font. The new salon provided sauna and steam bath sessions, massages, hair styling and again both facials and slimming treatments, using the 'latest machines and techniques.'²⁹ A month later, in December, preparing for pre-Christmas discounts, Graham again purchased the only bold advert on this 'personal services' section in the *Liverpool Echo*. This time, the larger advert was textually varied in eye-catching fonts. To uphold her upmarket services, Graham described her salon as 'new [and] beautifully equipped,' and later 'luxurious.'³⁰ Throughout the 1970s, the well-read 'TV guide' section in the *Liverpool Echo* regularly and exclusively featured Graham's advertisements. Innovatively, she was expanding her services and investing in unique advertising spaces, and this likely attracted even more Mersey-bound readers and, therefore, clients.³¹

In 1970, Graham placed her first advert in the 'Beauty Salons and Specialists' section of the *Mersey Yellow Pages* business directory. She used her financial resources to portray her services as superior to other salons. This time she did not advertise through the typical free plain listings. Instead, she was the first and only salon to follow the *Yellow Pages*' 'trade mark listings' advice throughout the 1970s; this was more expensive but perhaps attracted more readers to at least see her services.³² In the centre of the page, her much larger advertisements contained visuals and were, therefore, more memorable.³³ Only in 1980 did 'Herbert of Liverpool Beauty Salon' begin to compete with Graham by publicizing their own adverts in a similar fashion.³⁴

Despite the print press style limitations of the 1970s *Yellow Pages*, Graham's visual advertisements from 1973 to 1976 displayed an air of sophistication. A side profile of a woman's classical Grecian-looking silhouette, wrapped in a white towel, faced the text. Her body was petite and slim. The woman's head tilted upwards and was crowned with light-coloured hair tied in a bun. Her face was both femininely delicate and had sharp features. Although not artistically complex,

this simplicity was elegant, especially when contrasted with the plain listings of other beauty, hair and health salons at the time (Figure 1.1).³⁵ Using her financial resources, Graham prioritized a high-end presence, even when she was hard-hit by economic slumps. She sold some of her salons instead of downgrading the ‘luxury’ aspect of her remaining ones. Graham refused to present cheap and low-range services or even offer an ‘ordinary’ salon atmosphere. In 1981, for instance, the cost of one professional sunbed ranged from £2000 to £17,000 on average.³⁶ The cost would have been much greater in the late 1970s. Nevertheless, when she opened her first salon, Graham provided expensive indoor UV-tanning services. She consistently upheld her business brand of luxury, at least for her salons.

From ‘medical’ tanning technologies to ‘cosmetic’ sunbeds

Both medical and commercial tanning technologies existed long before Graham advertised her sunbed services. Since the 1890s, the medical origins of UV technologies gradually established a ‘curative’ and ‘health-improving’ association in many parts of Europe. In the 1930s, commercial companies started to capitalize on these machines.³⁷ As the decades went on, some commercial businesses wanted to separate their machines from their ‘medical’ orientated predecessors, aiming to increase public appeal to a wider range of consumers. Consequently, in the early 1980s, the advertisements for commercial UV technologies used playful holiday-associated imagery, such as palm trees.³⁸ Nonetheless, the transition from the medical to the cosmetic use of UV technologies did not wholly disrupt the associations of ‘health therapy’ when people used sunbeds. Some commercial businesses even used these deep-rooted medical associations to further promote their sunbeds.

As such, the *Mersey Yellow Pages* conflated both the medical and cosmetic use of UV devices. This would have been advantageous for providers like Graham. In December 1971, Graham was the first and perhaps only salon to publicly advertise ‘sun-ray’ services.³⁹ From 1973 until 1976, she advertised these machines in the *Mersey Yellow Pages*’ ‘beauty salons and specialists’ section (Figure 1.1).⁴⁰ The machines were usually introduced as a ‘treatment’, which sounded like medical therapy.⁴¹ To further reinforce this health association, ‘sun-ray’ services were then advertised in the ‘Health Clubs and Centres’ section from 1976 to 1980.

This growing popularity resulted in more convenient and allegedly safer machines. The earlier tanning devices—normally termed ‘sun-lamps’ and ‘sun-rays’—were designed to ‘treat’ and tan small areas of the body or the face.



**jean
graham**
HAIR AND BEAUTY

Facials, Sunray
Sauna & Massage
Slimming Treatments
Hair Styling

**051-709 8150
& 7451**
Lloyds Bank Chambers,
66 Bold St., Liverpool L1 4HR

051-722 3752
253 Woolton Road, Liverpool 16

Figure 1.1 Jean Graham's advertisement, 'Beauty Salons and Specialists' section, *Mersey Yellow Pages*, 1976, 15.

Source: Royal Berkshire Archives.

These devices supposedly emitted a more hazardous intensity of UV light, so consumers were restricted to brief tanning sessions of six to seven minutes. From the mid-1970s onwards, however, these smaller devices were gradually phased out in preference for much larger 'sunbed' resembling machines. These units tanned both the body and face at the same time. Reportedly, these new sunbeds emitted a lower concentration of radiation. For at least thirty minutes, customers could relax, read a magazine, listen to music or even power nap as they absorbed the rays.⁴²

On trend, in February 1979, Graham announced that her salon was the first in Liverpool to introduce 'the revolutionary new SONTEGRA method of sun-ray treatments' through the *Liverpool Echo*. This new tanning technology was

much larger than Graham's previous devices. Unlike former solariums, this glass sunbed could apparently darken users' skin from below for up to one hour before they started to burn because 'the harmful UV rays were screened out'.⁴³ Graham used the terms 'sun-ray', 'solaria' and 'sunbed' interchangeably to advertise her new 'Sontegra' machines before 1980;⁴⁴ however, like others in Britain, people started to exclusively use the term 'sunbed' to describe all body-sized tanning machinery after 1980, in line with when 'sunbed shops' became popular.⁴⁵

The location of Graham's salons

Beginning in 1969, Graham slowly became a successful businesswoman. By the early 1980s, her original house-bound enterprise had upscaled to four salons and an additional one or two sunbed shops. She set up these shops within the prime and, therefore, expensive retail environments, strategically spreading them across Merseyside (Table 1.2 and Figure 1.3). This captured the attention of wealthier clientele but also made her salons both visible and accessible to everyone. Graham's provision of tanning technologies likely boosted her success. These machines simultaneously reflected and improved her wealth at first.

Graham set up her first salon in the city centre on the legendarily Bold Street, number 66. Bold Street had been the city centre's main walkway for

Table 1.2

Jean Graham's Sunbed Enterprises			
	Years Active	Business Name	Address
1	1970–2015	Jean Graham (central)	66 Bold Street, Liverpool, L1 4EA
2	Nov. 1972–May 1984	Jean Graham (east)	253 Woolton Road, Liverpool, L16 8NA
3	Oct. 1979–1988	Jean Graham (west)	136 Wallasey Road, Wirral, CH44 2AF
4	Aug. 1981–May 1984	Touch of Class (north) (sunbeds only)	589 Lord Street, Southport, PR9 0AN
5	March 1981–May 1984	Bronuva Supplier	Wakefield Road, Aintree, Bootle
6	1981–1984	Bronuva Solarium Equipment	46 Well Lane, Wirral, CH60 8NG

Sources: Mersey Yellow Pages and the Liverpool Echo newspaper.

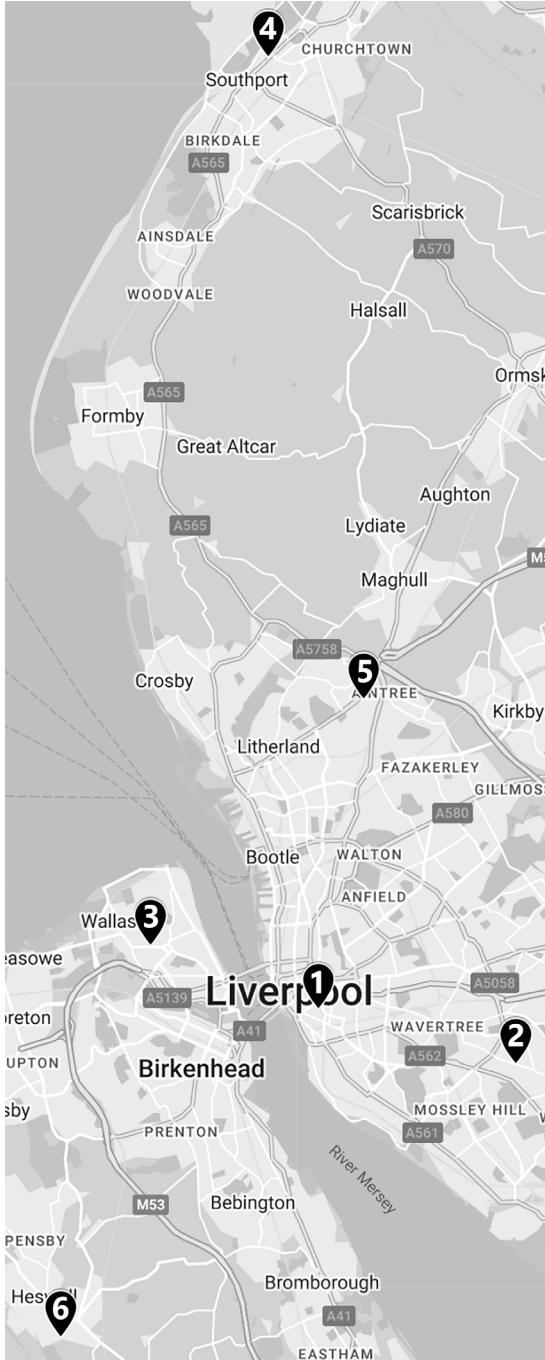


Figure 1.3 Map of Jean Graham's sunbed enterprises in Merseyside, England.

residents and sailors in the eighteenth century, as it connected Liverpool's major transatlantic slave trade port to the busy shops. After the Second World War, people still passed through this high street to walk from Liverpool's central train station to the Bombed-Out Church—a prominent local landmark with many public transport links. Half a kilometre long, city strollers would see coffee shops, restaurants, salons, bars, bookshops and a large range of retail shops and gyms—even to this day.⁴⁶ Graham's first salon was halfway along this street, which was also the T-junction from Slater Street, allowing even greater visibility and attention. Out of Graham's salons, this store lasted the longest, and her sunbed adverts continued until at least 1999.

Graham's second salon opened in November 1972, on 253 Woolton Road in Childwall, in between two main roads, Queens Drive and Menlove Avenue. This salon, positioned on the city's outskirts, was located east of the first salon. It attracted students as it was close to Liverpool Hope University and its student accommodation.⁴⁷ Mid-October 1979, she opened her third salon on the west side of the river Mersey, on 136 Wallasey Road in Liscard, the Wirral.⁴⁸ It outlasted the second and fourth salons during the recessions, perhaps because it was based in a wealthier area.

In August 1981, the fourth salon opened under both Graham's name and a 'Touch of Class', which fittingly reflected the early 1980s advertising claims that sunbeds were supremely 'classy'. This 'sunbed only' shop was located on 589 Lord Street in Southport, north of the others.⁴⁹ Similar to Bold Street, Lord Street was regularly visited as it was one of Southport's main shopping and most historically visited streets.⁵⁰ This salon opened during the boom of the sunbed industry. In trend with other retail losses caused by the recession, the salon suffered bankruptcy and closed in May 1984. From March 1981 to mid-May 1984, Graham shared another sunbed shop with her husband, Tom Birchall. Their shop in Aintree and another in the Wirral, both called 'Bronuva', sold solarium equipment.⁵¹

By the summer of 1981, Graham's five or six stores were offering a significant number of sunbeds to the Mersey public. In the case of the Southport salon alone, a total of sixty sunbeds were operating by February 1984.⁵² Although most of Graham's shops had closed by May 1984, the two remaining salons continued to provide tanning services.⁵³ In 1989, for example, Bold Street still held eighteen sunbeds.⁵⁴ These remained for at least another decade.⁵⁵ In a densely populated city like Liverpool, Graham's 'advertising'—from print material to the sunbed bronzed or reddened skin of clients—likely sparked competition in the late twentieth century. And the proximity of unregulated rival shops likely reduced

the cost of sunbed services even further.⁵⁶ While Graham was building her beauty empire, she also launched advertising campaigns which associated her sunbed technologies with her celebrity networks. This was endorsed through her reputation as a skin health expert and both her 'positive' and professional persona.

Graham's advertising of celebrity body culture, skin health expertise, and 'positive' professionalism

After the opening of her first salon in 1970, Graham advertised that she offered the same fashionable beauty and health services that celebrities used, and she read women's fashion magazines to keep up with these trends. For instance, through the *Liverpool Echo*, Graham advertised 'West End Treatment[s]' in 1970⁵⁷ and a new 'Time Wrap' weight loss technology in 1973. While referencing the fashion and feminist magazine *Annabel*, Graham publicized that film star Barbara Eden used the exact same technology.⁵⁸ In 1976, Graham then endorsed a famous cosmetic shop based in London called Face Place through Liverpool's *Echo* radio chat show. When Graham praised the owner, Joan Price, and her credible background, she did so with a tone of familiarity and pride. Price was the beauty editor for *The Queen* (later *Harper's & Queen*) magazine in the 1950s and 1960s.⁵⁹

From the late 1970s to the early 1980s, when excitement about sunbeds was at its peak, Graham still advertised 'celebrity' skincare services, aiming to both inspire and attract clients. She cited *Woman's Own*, *Women's Journal*, *Vogue*, *Harpers and Queen* and *Good Housekeeping* when the magazines promoted the treatments that she provided.⁶⁰ Reciprocally, mainstream women's magazines, like *She*, told their readers to visit her salons for skincare treatments.⁶¹ Graham constantly presented her salons as refined and reflective of exciting 'revolutionary' technologies. As she was one of the first businesswoman to launch sunbed services in Liverpool, the machines were introduced as a high-status technology and the act of tanning as stylish.⁶²

By the mid-1970s, Graham was recognized and reinforced as a credible skin health expert in Mersey. In April 1976, the *Liverpool Echo* published an article titled 'Your Chance to Ask the Experts about Beauty'. This article advertised a chat show on beauty and skincare, which was taking place the following day on the radio *Echo*. The newspaper reporter encouraged locals to call in and ask questions to receive 'expert' advice. On the chat show, the presenter Moya Jones

was accompanied by two 'Northwest leading beauticians' who answered the questions. Graham was introduced as the first beauty expert, and her experiences and credentials were listed. She was described as 'a teacher in beauty therapy, and a member of both the Association of Applied Cosmetology committee for education and the Liverpool Education Committee for Life Sciences'. Jones cited Graham's 'International CIDESCO Diploma in Beauty Therapy' and her two salons.⁶³ Karen Irvine was the second expert. Her credentials required half the space of Graham's and she only owned one salon. The *Liverpool Echo* published the chat show conversation two days later.⁶⁴

This newspaper article's photograph and content reinforced Graham's reputation as an unrivalled expert. It conveyed that Graham cared more about the health of her community than her profit margins. In the photograph of the two beauticians, Graham was elegantly portrayed. She wore a stylish hat, and her neck and wrists were decorated with jewellery. Sat in front of a table, she was captured holding a telephone to one ear and leaning forward. Irvine was sat to her left, smiling yet empty-handed. After the introduction of their qualifications, the main callers were formally introduced, and their questions were categorized into different subjects. Advice was offered on rosacea, scarring, smoking and open pores, dry skin, nail-biting, different make-up brands, puffy eyes and, finally, 'ruddy complexion(s) from sunshine'. The photograph and the documented conversation proved that Graham was the leading skin healthcare expert in the Northwest. She provided either all or most of the advice by comprehensively explaining potential 'causes' and other 'symptoms' and offering a wide range of solutions. Whereas Irvine mostly agreed with Graham.

Most of Graham's solutions discouraged additional cosmetics or skincare services. Instead, Graham offered free and practical solutions, such as 'drinking hot water' to 'stimulate [your] kidneys ... more efficiently'. This, again, sold the persona that Graham was more than a salesperson to listeners and later readers. The presenter on *Echo's* chat show summarized that there was more to beauty counselling and treatments than knowledge of the latest cosmetic trends. *Liverpool Echo* confidently supported Graham, stating that experts like Graham can help and that, of course, 'money [was] not wasted' if following her advice resulted in a 'confidence boost'. The show concluded that 'despite the hippie cults ... we are still judged by our appearances', emphasizing the importance of 'keeping up appearances' in the 1970s.⁶⁵ When Graham introduced sunbeds a few years later, claiming that they were 'completely safe', Merseyside locals would likely believe her,⁶⁶ even when she assured that goggles were unnecessary and that there was no risk of burning.⁶⁷ After all, she was a regionally renowned and

long-established skincare expert, famous for her 'natural' and 'scientific' health treatments.

In June 1980, Graham's discourse of certified professionalism and 'safety' regarding her sunbed treatments was further reinforced through her television interview on *Reports Politics*. In the interview, Graham remarked that all her staff were trained beauty experts. They had a minimum of two years of cosmetology training, which included physiology, chemistry and physics modules, alongside learning the basics of body health and practising the actual treatments. The British Association of Beauty Therapy and Cosmetology set the exams. As Graham was qualified with a teacher's diploma, she personally trained her staff supposedly to a high standard.⁶⁸ By the summer of 1980, Graham had trained twelve full-time staff members and many part-timers.⁶⁹

She was so established by the mid-1980s that even doctors, through the media, long supported her 'paramedical' services. In 1980, a reporter from the *Liverpool Echo* claimed that Graham's 'skin clinic' relieved the burden on the National Health Service (NHS), which was 'over-stretched with all the cut-backs.' Her salons offered therapy for skin complaints and circulation problems, including arthritis, rheumatism and varicose veins.⁷⁰ She also provided expensive yet successful, at least in the short-term, UV treatments for psoriasis through first Helarium in 1981 and later Psolarium machines in 1985. A local woman, for example, had trialled all available NHS therapies for ten years to find a cure to no avail. In desperation, Brenda visited Graham's salon after hearing that she had cured three hundred and fifty patients. The *Liverpool Echo* published Brenda's story, which was perhaps prompted by Graham as another marketing ploy. Brenda's treatment at Graham's salon was expensive, but it supposedly worked. The *Liverpool Echo* claimed that this high cure rate later incentivized Graham to campaign for the NHS's adoption of this therapy. She consequently began closely working with a dermatologist from the Royal Liverpool Hospital. However, the dermatologist remarked that it would take at least two years to conduct clinical trials and raise funds to afford the machines. Graham, therefore, continued to provide this private skin health therapy to affluent clients who refused to wait for NHS treatment or could not be cured by NHS doctors and were desperate to trial a potential cure, irrespective of the cost.⁷¹

Regardless, Graham portrayed herself as someone who wanted more than to capitalize on people's skin troubles. As an approachable provider, she inspired and supported women in her community, at least aesthetically. This chapter has already shown how Graham self-promoted herself as caring through the print press, radio and television interviews. To secure this publicity, either she

reached out to media agents or they invited her as a personable beauty business spokeswoman in the Northwest. Either way, Graham used her public profile to motivate—or in some ways nudge or pressure—women to ‘improve’ themselves. This typically meant in terms of appearance, and she offered ‘treatments’, such as sunbed use, to undergo this transformation.

A *Liverpool Echo* newspaper from September 1979 provides another example of Graham suggesting how women could ‘improve’ themselves. It, of course, resulted in women using her services. Graham began by publicizing the positive ethos of her salons by citing the September edition of a prominent national magazine, *Woman’s Own*; the edition’s title and theme was ‘The Positive Woman’. In this edition, two lengthy articles discussed the lifestyles of ‘positive women.’⁷² At the time, *Woman’s Own* was ‘Britain’s top selling weekly magazine for women’. In 1980, 26 per cent of all adult women read each issue of *Woman’s Own* magazine. The magazine was predominantly read by working to middle-class and also upper-class women of all age ranges.⁷³ Graham was clearly relying on *Woman’s Own*’s widespread authority to speak to potential consumers.

This particular ‘Positive Woman’ article targeted women in their thirties and forties. The first article explained that these women had experienced all the ‘the fun and frenzy of the 60s’, followed by the ‘inflation-ridden 70s’. It asserted that older and more ‘positive’ women were confident and calm because of these experiences. Described as ‘elegant’ and ‘ageless’, these women now had the newfound freedom to cherry-pick their own lifestyles and choose between a career, a family or both. To sell the in-trend aesthetic associated with middle-aged women, the article encouraged a bodily appearance of ‘luxury’ and ‘pure simplicity’ and the greater use of soft and natural in-trend tones, textures and colours for clothes. For example, ‘Sunarama tights’. Through sunbathing or sunbed use, the act of tanning skin fitted the fashion as it depicted a subtle representation of wealth, independence and financial stability. Graham regularly advertised that her sunbeds ‘boost[ed] [her clients] confidence sky high’ because it made them feel ‘wealthier’. Other salons deployed this selling point to middle-aged women, and even popular television shows played on the association of tanned skin, ageing and affluence, including the BBC’s popular television series *To the Manor Born* (1979 to 1981).⁷⁴

This comedy-romance sitcom revolved around the protagonist ‘Audrey’, a middle-aged aristocratic widow who lost her fortune but tried to maintain a pretence of wealth. Audrey announced that she was going on an expensive holiday to Spain in an episode called ‘The Grape Vine’, which featured two

months after Graham's 'Positive Woman' advertisement. As Audrey could no longer afford overseas holidays, the episode centred on her using a UV-tanning machine while hiding in a lodge away from her mansion. To uphold her aristocratic reputation, Audrey—elegantly yet comically poised in a sleek black swimming costume, jewellery and goggles—tans herself on a reclined chair as she attempts to learn Spanish.⁷⁵ *To the Manor Born* shows how people were drawn to tanning technologies to create or maintain a representation of wealth since the 1970s. This trend continued for decades.⁷⁶

Back to the *Woman's Own* magazine, the second 'Positive Woman' article recommended a 'Body Programme' for 'skin and health'. Positioned in the centre of the magazine, readers could not miss this nine-page spread. The article promoted 'natural' remedies, fitness routines and the latest technologies, including various 'health baths'. The tanned models were photographed blissfully indulging in these therapies. The article soothingly described how new technologies would improve women's 'natural' skin health and beauty. Positive women were apparently 'skin conscious,' and although smoking, drinking alcohol and a sedentary lifestyle were presented as detrimental to skin health, sun exposure or tanning technologies were not.⁷⁷ Graham remarked that these two articles focused 'attention on everything ... Graham ha[d] strived to instil into every woman' who attended her salons. She asserted that the 'key to economic, social and domestic bliss' was 'good health—beauty—personal success and happiness.'

Graham directly deployed the 'positive women' lifestyle to sell her services by deliberately matching the technologies promoted in the *Woman's Own* article in her advertisements. The therapies she listed, including sunbed 'treatments', would apparently help women 'present a completely new image' to their friends and associates. Clients could become a 'lovelier' version of themselves by becoming 'slim—tanned [and] radiant', much like the 'positive' women depicted in *Woman's Own*.⁷⁸

Graham continued this aspirational health and beauty discourse for women well into the 1980s and portrayed herself as the friendly gatekeeper for this aesthetic 'transformation'. In October 1980, the *Liverpool Echo* even interviewed Graham for an article titled 'What Every Woman Should Know', which included a photograph of Graham smiling with the caption, 'Graham: every woman's friend'. The reporter promoted Graham's and her salon's catchphrase: 'beauty through health'.⁷⁹ After her successes were listed, Graham described herself as the 'power' behind this achievement. Even if women were not inspired and drawn to her salons, and especially her sunbeds, Graham's relentless advertising still reinforced a tanned complexion with beauty and health. Moreover, the

peak of Graham's success coincided with, and was assisted by, the start of the sunbed industry boom in the summer of 1980. By then, media-savvy Graham had a decade-long reputation of being an approachable and trustworthy 'beauty and health expert'. She owned three successful salons and became the chosen sunbed salon spokeswoman for *Reports Politics*. Graham's success as a major sunbed provider was undoubtedly strengthened through her marriage to Tom Birchall—one of Liverpool's most successful 'sunbed clinic proprietors'.

However, *Reports Politics* did not present Graham and Birchall as husband and wife, despite Graham's visible wedding ring. This was perhaps to endorse credibility when they supported each other's business on television. Aside from the mention of 'Graham-Birchall' in small print on one sunbed advertisement buried with hundreds of others, any hint of a relationship was absent in all media. Although the married couple sat beside each other in the interview, the camera framed them separately when they spoke. Graham and Birchall shared the same enthusiasm when speaking about the sunbed industry but did not interact with each other. Nonetheless, two individuals from separate factions of the industry (from manufacturing to public provision) shared the same opinion. This created the impression of two independent, professional and reliable sunbed authorities for audiences. Their different speech mannerisms also attracted a wider range of television-viewing interest. Birchall had a strong Liverpool accent and sat with open body language, which contrasted with Graham's received pronunciation and ladylike poise, her hands elegantly crossed over her legs. From another perspective, the locals who were familiar with Graham's salon would have recognized Graham and her husband supporting each other. This perhaps added a personal and familial sentiment for local viewers to relate to and admire when traditional families still highly respected marriage.⁸⁰

The interview was certainly an effective publicity stunt for Graham's salons. The famous presenter, Roger Blythe, both Graham and Birchall and finally, the background narrator emphasized the contrast between 'luxurious clinics, like [Graham's]'—supported by audiovisuals of her lavishly decorated salon—and other sunbed services which were provided within 'the most meagre of surroundings'. Everyone on *Reports Politics* asserted that Graham respected her tanning equipment and customers by providing up-to-date safety precautions and sanitary facilities.⁸¹ Her commercial success, perhaps from her onscreen professionalism or other means, supported the opening of Graham's fourth establishment—the 'sunbed only' salon in Southport—the following summer.⁸²

Graham's entrepreneurial spirit demonstrates the rise of businesswomen's confidence and subsequent success in late-twentieth-century Britain. Her story was both typical and atypical of the time. Even though Graham and Birchall's marital relations were not disclosed on television, Graham was accompanied by her husband, which was still common when women were interviewed on television in the 1980s. Yet, Graham was the only woman to both visibly own and run several salons in Liverpool. For a woman, she distinctively publicized that she was 'powerful'.⁸³ By the end of 1983, the *Liverpool Echo* confidently asserted that Graham was a local celebrity. She was a 'household name in the beauty business' and her four salons were 'famous' in Mersey. Whether for personal, profit or publicity reasons—or all combined—Graham continued to provide and also benefit from her community. During the early 1980s recession, Mersey locals suffered from redundancies, and many women struggled to find jobs and maintain aesthetic upkeep through beauty and health services.⁸⁴ Graham responded by offering treatments at new 'budget prices'. These likely incentivized clients to keep spending money at Graham's salons, even during economic hardship, which in turn helped Graham's business stay afloat.

When hearing how her customers and employees had benefited from work-experience volunteers, she also offered groups of teenage girls 'strict and thorough tutoring' to start their own beauty business careers. To capture this mutual support, the *Liverpool Echo* took a photograph of five young women who were undertaking Graham's beauty training. They were dressed in white uniforms and looked both focused and professional.⁸⁵ The publicity conveyed how Graham was keen to support her community; Graham offered teenage girls the opportunity for self-improvement and independence through beauty therapy work, even during financial hardship. However, Graham and the *Liverpool Echo* did not mention how this unpaid or poorly paid labour also helped Graham minimize her salon's outgoings during economic adversity.

Nonetheless, the teenagers were also taught how to provide 'UV treatment' in their training. And when staff work in beauty salons, they are typically encouraged to use the salon's 'beauty' services, often free or heavily discounted. This exemplifies aesthetic upkeep and advertises the salon's services to customers and onlookers both at and beyond their workplace. As such, Graham's new training programme likely encouraged teenagers to associate sunbed use with beauty, use the sunbeds themselves and adopt a fixation with tanning culture. Moreover, their young bodies provided free advertising for sunbed tanning, alongside free or discounted hair and nail 'enhancements'.

The coincidental yet mutual support between Graham's career, her reputation as a professional woman and the spread of the sunbed industry across Liverpool illustrates how technologies can profoundly influence local businesses, communities, their consumption practices and what eventually becomes traditional practices and regional stereotypes.⁸⁶ In this case, the stereotype of the sunbed or fake-tanned 'Scouse' continues to this day, and Liverpool is still strongly associated with sunbeds.⁸⁷ The start of the sunbed industry boom in 1980, and Graham's success, along with her competitors, likely assisted this tanning culture in Liverpool, which raises another question: who were Graham's sunbed users and customers? And were these the same sunbed stereotypes from the twenty-first century (i.e. young white working-class women and homosexual men)?⁸⁸

Graham's customers

In Graham's print press advertising, her radio chat show and the photographs and televised recordings of her customers, the main target audience and clients for her sunbeds appeared to be white, affluent, married and middle-aged women. However, middle-aged to older women could not have been the only people using Graham's sunbeds. Nationwide sunbed advertisements—like other health and beauty technologies—portrayed slim adolescent women in their twenties and thirties. Consequently, if they could afford the treatments, young women would have visited Graham's salons after seeing these advertisements. Moreover, albeit leaning towards a more mature readership, the 'Positive Woman' article, cited by Graham, asserted that 'positive women' could be aged between '18 to 80'. A woman's interest in sunbed tanning—representing elegance, financial independence and freedom—was more influential than her age. The reason middle-aged women were captured attending Graham's salon was perhaps because they were the main demographic group who could comfortably afford the regular cost of Graham's 'UV therapies' when they were first introduced. Nonetheless, some young women no doubt saved and prioritized spending their money on a desirable beauty treatment at the expense of other everyday things.

Ironically, women on either end of the age spectrum sought to use sunbeds for the opposite reasons, but both were aspirational. Younger white women used sunbeds because a tanned complexion symbolized independence, maturity, and the wealth of travel and life experience. This selling of a lifestyle was frequently

used in Graham's sunbed advertising to encourage customers: 'in just two weeks you can look healthier, wealthier and sexier with a great suntan'.⁸⁹ Graham upheld the wealth association of her sunbeds by asserting that they were 'NOT THE CHEAPEST—BUT ... THE BEST'.⁹⁰ In contrast, middle-aged and older women wanted a sunbed tan to radiate youth and vitality and to appear 'sexier'. Sunbeds were said to create a 'health-giving glow that ma[de] you look and feel like a new person'. In sunbed advertisements, the sketched or photographed bodies of confident, young, toned and bronzed models reinforced the association between being tanned and healthy. Both young and old white women aspired to be tanned as they were told that this aesthetic 'improvement' would bring economic, social and 'home-life' success.⁹¹ This contrasted with the more contemporary assumption, beginning in the mid-1980s, that only young working-class women were 'irrationally' interested in sunbed use (see Chapters 4, 5 and 6).

In all Merseyside media, the ethnicities of sunbed consumers were not disclosed. Graham's sunbed advertisements suggested that her consumers were light-skinned white. Moreover, most women depicted in national sunbed advertisements were 'skin type one' (pale white skin, freckles, light-coloured eyes and ginger or red hair who cannot tan and always burn following UV exposure) and especially 'skin type two' (white skin, blue eyes and blonde hair who barely tan and burn easily after UV exposure), hence the 1981 sunbed *Sindy* doll on the front cover of this book. The very few women filmed visiting Graham's salon were also fairly white; however, one sunbed user was racially ambiguous with black hair and light-brown skin.⁹² I, nonetheless, argue that her customers likely included darker-skinned white people, potentially of European or Asian descent, perhaps from generations preceding. Liverpool had been a bustling port city for centuries and a place for mass immigration. It was a multicultural melting pot of ethnicities and nationalities. Moreover, a *British Medical Journal of Dermatology* (*BMJD*) article concluded that people with 'skin type one and two' were least likely to use sunbeds because they experienced adverse skin reactions or did not have enough melanin to develop a tan.⁹³ In contrast, men and women with 'skin type three' (light olive skin with dark hair and brown or green eyes who burn following extensive UV exposure but gradually tans) and 'skin type four' ('light brown skin, brown eyes and dark hair who rarely burns and tans easily') were more likely to regularly use sunbeds for a bronzed complexion.⁹⁴ This complicates the assumption that fair-skinned white people, notably 'skin type two', predominantly used sunbeds in Liverpool and Britain more widely, including Graham's customers. Instead, people with more mixed but still white racial backgrounds were more likely to use sunbeds.

Another assumption is that only women, and later homosexual men, used sunbeds. Again, this is easily challenged. Throughout decades of advertising, the visuals on men-exclusive products often featured white women's bodies, especially cigarettes and alcohol, as 'sex sells.'⁹⁵ Since the emergence of the sunbeds, men frequently used them in 'masculine' public spaces, such as health clubs, gyms, betting shops and even garages in Liverpool and beyond (see Chapter 2).⁹⁶

Disregarded sunbed supporters

In the 1990s, the media and medical experts asserted that sunbed providers were exclusively responsible for the long-lasting popularity of sunbeds because of their pressurizing advertisements in the 1980s. Yet this chapter has shown that many other historical actors contributed to their popularity. Graham's salons revealed several unexpected groups within the community; sunbed consumers, manufacturers, advertisers, healthcare providers, and medical professionals contributed to the positive representation of sunbeds in the early 1980s. First, tanning consumers clearly wanted sunbeds, and the desire for UV tanning was likely boosted by the long, hot British summer years before the emergence of the sunbed industry. Secondly, manufacturers and suppliers were excited to produce this new technology, believing that it could create jobs for employees struggling through the recession.⁹⁷ Thirdly, many journalists, editors, advertisers, directors, reporters and presenters from the print press, trade directory, radio and television media outlets enthusiastically publicized the health, beauty and 'wealth-reflecting' claims of sunbed use. Like any technology, there were individuals within these groups who challenged the use of sunbeds. Liz Hodgkinson from the *Daily Mail*, for instance, published the article 'Before You Say "Yes" to an Instant Suntan', which questioned if sunbeds were really that safe and healthy.⁹⁸ Yet this subtle challenge of the industry was absent in Mersey and extremely rare in Britain's national media at the time.

Finally, physicians discovered the carcinogenic risks of UV light in the mid-1920s, and in the 1950s and 1960s this was internationally accepted by medical communities.⁹⁹ However, some medical professionals, including dermatologist Dr Stewart from *Reports Politics*, nonetheless supported and even defended the use of UV therapies in well-established salons, like Graham's.¹⁰⁰ After *Reports Politics*, Graham used this publicity to begin a 'sun club' membership option for regulars. Her 'sun club' asserted, again, that Graham's UV-A sunbeds were 'healthy', 'safe' and did not burn.¹⁰¹

More surprisingly, the *British Medical Journal* (*BMJ*) and *BMJD* were not the first to warn against UV-tanning technologies. Instead, the first warning emerged in a consumer magazine, the *Handyman Which?* in 1979. In this detailed article, an anonymous author reviewed different types of artificial tanning devices, informing readers about their overall benefits and detriments. Although the author used a relatively neutral tone to provide an ‘unbiased’ review, the author concluded that these devices could cause ‘sunburn, conjunctivitis, prematurely-aged skin and, in extreme cases, skin cancer.’¹⁰²

Yet, it took over a year for a medical professional to announce their own slight concern with sunbeds in the *BMJ*. This anonymous author explained that their concern had been triggered by the *Which?* article. They advised the use of protective goggles and remarked: ‘Although UVA was at first thought to be without risk there is some evidence ... of [skin] cancer.’ The author then reassured their readers that the evidence was ‘vague.’ As this small paragraph was published in the informal ‘Reading for Pleasure’ section and was simply a personal ‘viewpoint’, dermatologists were clearly not yet seriously concerned by sunbeds.¹⁰³ They were perhaps hesitant to discourage sunbed use because of the lack of research. In January 1981, the *BMJD* finally published the first detailed article on sunbeds and ‘skin cancer’. But even these authors refused to confirm links between commercial sunbeds and skin cancer as they also needed more thorough research. The authors did confirm that UV-B radiation caused adverse skin reactions, but not ‘UV-A’ sunbeds.¹⁰⁴ Consequently, most people continued to use sunbeds without hesitation in the early 1980s, when Graham’s sunbed salons were most popular.

Conclusion

When first introduced, the sunbed, as a technology, was initially an emblem of ‘self-improvement’ for customers and entrepreneurs like Jean Graham. It helped Graham’s local business grow into a regional operation, even if most of her salons did not survive the mid-1980s recessions. This chapter also complicates the stereotyped image of the ‘cowboy’ sunbed industry and working-class users. From the late 1970s to the early 1980s, professional sunbeds were expensive. Only well-resourced and established health, fitness and beauty providers could afford to provide this new technology. Consumers also used sunbeds for several aspirational reasons—users wanted to ‘fix’ a positive representation of health, beauty, vitality, fashion and wealth through a sunbed tan onto their bodies.

Sunbed use was not restricted by gender or age, and consumers skin colour was likely more varied than the first sunbed advertisements suggest. Moreover, the people who influenced the positive representation of sunbeds were not just the providers and consumers. Many other stakeholders contributed to this perspective, including the media and some medical professionals.

This chapter also placed a spotlight on Liverpool's controversial relationship with the sunbed phenomenon. In the years leading to the birth of the sunbed industry, people in Britain became accustomed to soaking up the rays after record-breaking sunny summers. But the following climate was particularly dull, and Liverpoolians warmly welcomed novel sunbed technologies, especially when offered by reputable providers. The economic opportunities of the sunbed industry, advertised through self-made success stories, were perhaps more appealing for future Northwest providers and consumers. Sunbed sessions were seen as a quick and reliable way to tan, and its advertising was effortlessly circulated through densely populated cities. Liverpool's famous nightlife culture of the 1970s and 1980s, and the association of tanned skin with affluence, made city dwellers want to expose their own 'golden glow' within public spaces. Finally, the incessant multimedia advertising confirmed that sunbed tans were healthy, safe and attainable. Since the late 1970s, the Northwest environment nurtured the success and demand for the sunbed industry, and sessions became cheaper and cheaper—this continued well into the twenty-first century. It was only in the 2010s that the *Mersey Yellow Pages* finally stopped advertising sunbeds because of Liverpool County Council's anti-sunbed campaigns.¹⁰⁵ This illustrated how deeply embedded sunbed culture was in Liverpool and Britain more widely.

The health, fitness and sunbed industry 'boom' in Britain

Introduction

We call it the sun-tanning industry, or health industry, or ... body health industry.

–Kaj Jenson, manager of the Sunbeds and Saunas Exhibition, summer 1980.¹

In the early 1980s, sunbeds were enthusiastically introduced into health and fitness spaces, strengthening their positive representation. In the summer of 1980, on ITV Anglia, the television news reported on a sunbed and sauna exhibition. In the interview, Kaj Jenson, the exhibition manager, introduced the 'sun-tanning industry' as part of the 'body health industry'. Similar to Graham's beauty salon, the 'boom' of the fitness and health club industry reciprocally shaped and improved the success of the sunbed industry, and sunbeds helped promote and attract gym memberships.

Health club and gym owners sold sunbeds as an additional health service. This activity rhetorically, environmentally, visually, materially and sensually fitted into a desirable and 'moral' routine of bodily transformation, long associated with gym culture. Providers advertised sunbeds as a safer, quicker, cheaper and more reliable alternative to sunbathing, which had been confirmed as carcinogenic, unlike the new invention of sunbeds, even though sunbeds clearly emitted UV radiation.² Health club employees and sunbed purveyors were heralded as practical 'health and fitness experts' who cared about the well-being of their clients, especially as outliers were reprimanded or told to leave if hygiene was breached.

Print press coverage and advertisements conveyed that those who used sunbeds were superior and rational consumers. If they prioritized their

sunbed habit, they were depicted as self-disciplined, motivated, competent and resourceful. Even some dermatologists perceived sunbeds as an expensive luxury in the early 1980s.³ The purchase or use of a household or salon sunbed was perceived as a worthwhile ‘investment’. When assessing the time and cost needed to sunbathe outdoors in the UK or overseas through several holidays, it was a sensible long-term solution to maintain an all-year-round tan. Indeed, the *Financial Times*—one of the leading and esteemed newspapers in England—⁴ repeatedly approbated the use of sunbeds, demonstrating how privileged groups held tanning culture in high regard.

To evaluate the momentous ‘boom’ of the sunbed industry, this chapter focuses on the period from 1980 to 1982. I define the ‘boom’ of the sunbed industry as the timeframe from 1980 to 1981 when sunbed businesses and sales soared. In the history of sunbeds, this was the peak of its acceptance by most people. Sunbed consumers, the media, the government and public health rarely challenged the sunbed industry, which allowed quick international growth.⁵ The previous chapter illustrated how new sunbed technologies could spread from a local to a regional level from the 1970s to the early 1980s. This chapter explores how the sunbed industry further upscaled from a regional to a national operation in Britain. At the time, the sunbed industry was already an international operation. In the Netherlands alone, Philips—one of the largest electronics companies in the world that focused on lighting healthcare technology—distributed English sunbed catalogues to the UK to attract British exports, thus reflecting the international prominence of the sunbed industry.⁶

Sunbeds were readily and wholly absorbed into the early 1980s’ fixation on health and fitness culture. Historian of health and visual culture, David Serlin argued: ‘*where* visual culture takes place is often as important, if not more important, than *what* the content of the image is itself.’⁷ The ‘*where*[abouts]’ of sunbed visual culture, through the print press, photographs, television and even children’s toys, communicated deeper meanings in addition to its visual and textual content. This chapter unpacks the different sites of sunbed consumption and how these spaces influenced a desirable representation of health, fitness, luxury, domesticity and safety associated with sunbed use.

This chapter begins with a brief history of late-twentieth-century health clubs, showing how sunbeds and their providers were first introduced and then firmly situated within the fitness industry from the outset—sunbeds were linked to health, fitness and sports clubs, and both leisure centres and swimming pools through the media. The second section focuses on their physical integration within these spaces, fitting into body cultures of self-discipline and gym routines, reflected in

the layout, interior and convenience of these public 'health' facilities. This leads to the third section on sunbed-associated bodies and clothing culture. Tanned athletic bodies—especially when dressed in revealing sportswear and swimming gear—radiated energy, fitness and beach culture. Commercial industries and the media encouraged consumers to 'rationally' plan their exercise and sunbed use routines. They encouraged the public to develop a 'stronger' tanned body to 'protect' against burning or social humiliation on holiday. The final part explores medicalized discussions of sunbeds and the debate between supposedly 'new' and 'safe' UV-A instead of UV-B sunbeds by dermatologists on television reports and in the *BMJD*. Sunbed providers and the media used their own interpretation of these discussions to advertise how sunbeds provided the healthiest, safest and most 'practical' way to tan. This further enabled the sunbed boom.

Sunbeds situated within the health club and fitness industry

The birth of Britain's health club industry can be traced back to the 1960s and 1970s. A health club was an interactive social space that provided exercise facilities and fitness services to help people achieve physical, mental, and social well-being.⁸ Some health clubs provided other tanning technologies long before sunbeds were invented. Since the mid-1970s, newspapers and television news reports collectively mentioned health clubs, fitness, 'solarium' and 'solaria' services.⁹ And by the early 1980s, health clubs started attracting significant media and consumer interest.¹⁰ In October 1980, a *Daily Mail* reporter observed that Britain's 'MAJOR health and fitness boom' was now 'on a par with fad-crazy California'. The reporter estimated that twenty-five health clubs existed for women and men in 1974. By 1980, this apparently grew to 350 and was rapidly rising, and most health clubs contained sunbed rooms.¹¹ The health, fitness and sunbed industries were strongly interlinked by providers, the media and consumers from the outset because they conceptually complimented each other.¹²

Sunbeds also absorbed the associative well-being of the health and fitness print press sections that introduced them. They were placed in advertising spaces for health clubs, health farms, both household and public swimming pools and leisure centres. When read by the everyday public, sunbeds were therefore connotated as 'healthy'. For example, in Liverpool's trade directory, the *Mersey Yellow Pages*, the 'health clubs and centres' page, which first emerged in 1973, was the first categorical section to introduce 'sun-ray' lamps in 1976,

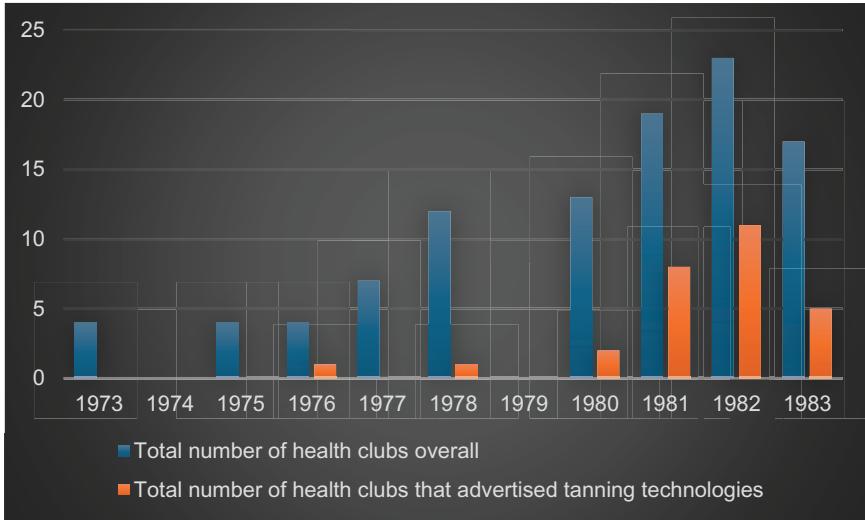


Figure 2.1 Health club and tanning technology listings in the ‘Health [and Fitness] Club’ section, *Mersey Yellow Pages*, 1973–83.

Sources: *Mersey Yellow Pages*, *Royal Berkshire Archive*.

‘solariums’ in 1978 and ‘sunbeds’ in 1980.¹³ Before 1976, the services listed on this page were not actively ‘fitness’ orientated, and readers were instead redirected to the ‘physical culture’ section. However, when this page became fitness-orientated in 1976, the page started to advertise tanning technologies. From 1976 onwards, the amount of fitness services encouraging clients to be physically active drastically increased. This included exercise programmes for women to achieve ‘slenderising, bustline development, figure contouring and weight gaining’, whereas men focused on ‘reducing, muscle toning, fitness conditioning and body development’.¹⁴ Between 1980 and 1982, health club listings upsurged and most listed new sunbeds as a main service (Figure 2.1). Even if health club owners did not list sunbeds, most still provided them. And even though five categorical sections of the *Yellow Pages* promoted sunbeds, the ‘health clubs’ page had the greatest number of references compared to all the other sections combined.¹⁵ Most health club advertisements were small, with limited space for textual content, yet health club owners prioritized the listing of sunbeds over other services. Clearly, sunbeds greatly appealed to and attracted customers, even if this was a novelty for the first few years of the sunbed boom.

Advertisements for sunbed and fitness-orientated country hotels and ‘health farms’, often resembling weightloss boot camps, also commonly featured in early 1980s national newspapers and women’s magazines.¹⁶ For instance, sunbeds

were listed as a healthy reward for clients who exercised and lost weight in an advertisement for Suttons Manor Health Farm. People were encouraged to commit rigorously to the 'health farm' programme and were rewarded with a bill deduction of '£7-10' for every '1lb' that they lost; sunbed sessions became a part of their daily exercise routine to 'reduce weight', or at least water weight through sweating. When clients returned home, the cultural association of tanned skin, athleticism and weight loss reinforced their conviction that their bodies now emanated fitness and health.¹⁷ These sunbed-supporting 'health farms' remained popular until the mid-1990s but declined in the early 2000s.¹⁸

From the late 1970s onwards, domestic sunbed advertisements also featured on the same page as swimming pool content in both the *Financial Times* and the *Observer*. In the *Financial Times*, two reporters published articles on whether household swimming pools and their 'luxury' associated surroundings of sunbeds and saunas were a worthwhile investment for their readers. In the 1979 'Swimming Pool' article, the first reporter asked if all these spatial and technological investments enhanced 'health, property value, or even simply [a person's] lifestyle?' He presented both sides of the argument by discussing whether these 'investments' were a 'dream or practicality? An indispensable part of normal domestic life, or a money-wasting extravagance?' The article contained two large sunbed advertisements—one from Paines Beauty Products and another from the Sun Health Company.

In 1980, another 'Swimming Pool' page was published. The number of sunbed advertisements on this page—from Sun Health Company, Interscan, Nordic and Dalesauna—had doubled to four, and the reporter remarked that 'a tan acquired from the sun bed' allowed purchasers to 'now feel and look like a world traveller without having left home'.¹⁹ Additionally, typical of this period, companies offered sunbed installations on the 'Swimming Pool Suppliers and Contractors' page of the *Mersey Yellow Pages*.²⁰ Swimming pool and sunbed culture were both interlinked and conceptualized, at least by their advertisers, as a 'rational investment'—both reflected spatial and bodily wealth and health, sold in the form of a home luxury for privileged purchasers.²¹

In the 1980s, public swimming pools and leisure centres similarly sold sunbeds as an important service.²² In Liverpool's *Mersey Yellow Pages*, again, readers were redirected from the 'Swimming Pools and Public Bath' to the 'Leisure Centres' section, where sunbeds were provided as a public service.²³ The demand for sunbeds within these public facilities was significant enough to attract media attention and was noteworthy in the personal accounts of leisure centres. For instance, on ITV Anglia news, a large group of housewives threatened to boycott

their town's leisure centre if the council removed its sunbeds as a part of their cuts in 1980. These women, holding their children's hands, were filmed walking from the reception area to the car park of their local Leisure and Sports Centre in Peterborough. For everyday mothers and housewives, the council's provision of sunbeds through typically discounted leisure centre prices was clearly worth fighting for.²⁴ Similarly, in 1986, an interviewee specifically remembered a room full of 'Nordic Sunbenches' in an interview recounting Ennerdale leisure centre in the summer of 1984 before it was demolished.²⁵ People appreciated the inclusion of sunbeds at their local leisure centres, and many even saw them as an important service for their own comfort, satisfaction and well-being—especially before it became common knowledge that sunbed use increased the risk of skin cancer.

Finally, sunbed advertisements in the media—in the print press and even on television—were typically positioned next to other references to health and fitness services and machinery. These 'health' services included saunas, log cabins and relaxation chairs, and the fitness machines included toning tables and cycling, weight and 'tummy pull up' machines.²⁶ The collective *whereabouts* of sunbeds show how the machines rose with the 'boom' of the fitness industry. The creators of this media rarely produced content separating these two industries.²⁷

The physical integration of sunbeds within health and fitness venues

All those new super sunbeds, and I'm stuck with that old [washing machine] thing.

Lottie, *The Olympian Way* health club cleaner, 1981.²⁸

Print press editors and advertisers were not the only stakeholders to situate sunbeds within health and fitness spaces. As the previous section demonstrated, the owners of these venues willingly placed sunbeds within exercise environments. When health club clients visited these fitness-fuelled spaces, the new sunbeds were perceived as similarly healthy. They became another practical and convenient machine to create a 'desirable' body. As a tan signalled a representation of discipline, routine, maintenance and wealth, it became a worthwhile 'investment' for both mind and body; however, this was exclusive to the health club members who had the time and disposable income to regularly exercise and sunbed-tan. Unpacking the typical layout, interior and convenience

factors of health clubs will demonstrate how these environments influenced an energizing representation of the sunbeds situated within them.

In the early 1980s, leisure centres and health sports clubs provided many facilities and rooms for women and men. Most health club venues had a combination of at least one room of exercising equipment, better known as a 'gym';²⁹ a sauna or steam cabinet; sunbeds; massage services; a bath, jacuzzi or whirlpool; plunge or swimming pools; changing, storage and showering room facilities; special care department(s) for healthcare consultations; a dining and coffee lounge; and finally, 'relaxation' or waiting rooms, often with vending and arcade game machines.³⁰ Some more expensive and lavish clubs even offered outdoor facilities, such as golf courses and squash or tennis courts.³¹ All of these 'health' facilities were conveniently enclosed and accessible. Personal trainers similarly became a part of people's self-motivated routine as these employees encouraged their clients to visit regularly. A 'rewarding' workout experience was developed with the aim to 'improve' consumers' bodies.

To advise readers about the types of environments and services that customers should expect—while profiting from the advertorial—a *Daily Mail* reporter reviewed two of her own health club experiences. She visited venues that were 'clean [and] well maintained', which was a basic expectation.³² She described one club, the 'Corinthian Club', as a 'gleaming white oasis in the concrete desert of central Birmingham'. A white spiral staircase led to a bright, white reception area, decorated with a sale display of 'disco and jogging clothes'. A staff member gave the reporter a tour of their spacious sauna room, an 'enormous room crammed with sunbeds and a well-equipped gym'. Shure concluded that this 'super environment' was 'conducive to feeling fit and healthy'. The next club, 'Gym & Trim' in Ipswich, was described as 'huge' and 'airy'. Again, the décor was mainly 'sparkling white', and noticeably 'mirrored', with the occasional 'brilliant yellow and radiant green'. She described the atmosphere as more 'informal and relaxed', yet she still felt a liveliness of encouragement and dedication. These depictions of health club interiors and consumer responses reinforced how sunbeds were situated within environments conducive to reinvigorating and healthy lifestyles.

A 1981 'Keeping Fit' Sindy doll set also provides a fascinating caricature of how sunbeds were quite literally boxed within health club studios and sports centres (Figure 2.2 and Figure 2.3a, Figure 2.3b). This plastic toy, aimed at children aged between five and eleven, was sold in large general stores, such as the Co-operative. On average, the set cost £9.99 in the early 1980s, equivalent to £40 in 2020. These more expensive Sindy sets perhaps catered to middle-to-upper-class families; however, working-class families would have splurged

on this product, especially for special occasions, such as Christmas and their children's birthdays.³³ Typical of 1980s fitness centres, the tan-coloured cardboard box illustrated a wooden gymnasium.³⁴ The box contained a blue battery-powered light-up sunbed, an exercise bike, waist trimmers, a toning band and dumbbells. The interactive light-up sunbed, easily switched on and off, showed how consumers could physically harness 'healthy' sunbed light and warmth onto their bodies. The cultural association of absorbing energy, light and heat from the 'invisible' rays of electrical machines has a long-standing history of revitalization and empowerment.³⁵ In health clubs, these rays were cathartic. For some people, they were a welcome and uplifting source of energy, which helped loosen and relax deep muscular tensions before or after workouts, along with sauna sessions.³⁶ Moreover, the headrests on many sunbeds had the leathery texture and thickness of a gymnasium mat so that the unabsorbed sweat could be wiped with a towel or tissue paper (Figure 2.3b). This was reproduced in genuine health clubs and on the Sindy toy.³⁷ A child could also attach gym clothes, trainers, sunglasses, a headband, tanning oil and a large and small towel onto the doll, all included in the box. The toy taught children that sunbeds were an important part of a reinvigorating and soothing fitness routine. As 'Keeping Fit' Sindy demonstrated, sunbeds had become a fun part of popular culture. Parents purchased this sunbed set for their children to play with at home. It was designed to be fashionable and educational, and the toy no doubt inspired children to perform 'positive' health consumerism, such as working out, tanning and cleaning up after themselves at home and in health clubs.³⁸

Health clubs, gyms, fitness and sports centres were extremely popular and well attended in the early 1980s. Many extended their opening hours from early morning to late at night.³⁹ Jane Randall, a key figure from Corline, the 'biggest health and fitness group in Britain', observed that gym memberships had apparently increased by three hundred per cent from 1975 to 1980. In these five years, the number of members visiting rose from '1,000 ... to 3,500 a week' on average.⁴⁰ Even if the *Daily Mail* exaggerated these statistics, people's growing fixation with health, fitness and tanning culture in the early 1980s was noticeable. And while other fitness routines and machines like dance classes and toning tables fell out of fashion, sunbeds stayed in many gyms until the 2010s. Some gyms in 2024, such as Nottingham's Formula One Health & Fitness, continue to provide sunbeds.⁴¹ Clearly, from the outset, sunbeds were perceived as an attractive, adaptable, convenient, and profitable feature for health clubs, which the health club owners and their visiting clients desired.⁴²



Figure 2.2 'Keeping Fit' Sindy Doll, England, 1981.
Source: Ebay.



Figure 2.3a Photograph of sunbed waiting area, Sid's Sports Centre, Tameside, late 1970s.
Source: Tameside Metropolitan Borough Council.



Figure 2.3b Photograph of sunbed room, Sid's Sports Centre, Tameside, late 1970s.
Source: Tameside Metropolitan Borough Council.

Athletic bodies, summer clothes and beach holidays associated with sunbeds

Sunbed-tanned bodies supported a longstanding trend of associating bronzed skin with fitness and leisure. By the 1930s, a physical culture movement for men and women, better known as the ‘natural health movement’, emerged in Britain, Germany and Australia. During this movement, thousands of people from all socio-economic backgrounds attended ‘Keep Fit’ classes as ‘beauty [had been] democratised, and modernity was mapped onto the bodies of the masses’. A tanned complexion was a vital part of the bodily transformation, as it emphasized fitness, strength and an outdoor ‘naturalness’.⁴³ Similarly, in the early 1980s, these associations were revived by the athletic individuals who radiated such tans, contributing to a bodily display of energy and vitality.⁴⁴ Since the early 1980s, if a health club had sunbeds, its employees typically had free or discounted access, similar to staff working in beauty salons. When tanned, muscular personal trainers greeted their clients, they sold a bodily role model to aspire to.

The stereotyped aesthetic of such health club workers was regularly mentioned in the media. Newspapers, like the *Daily Mail*, commented on the appearances of health club workers, such as Carol from the Corinthian Club. She was described as ‘trim and tanned’ when she greeted the new clients.⁴⁵ The *Financial Times* published similar praises about Debbie Moore—a fitness entrepreneur who joined the health club industry when she launched Pineapple Dance Studios in the early 1980s. The *Financial Times* lauded the ‘34-year-old former model’ as ‘the living embodiment of ... health and vitality’. The reporter asserted that ‘it would hardly be fitting for a paunchy executive to be running so healthy an enterprise as Pineapple’. The *Financial Times* idolized Moore as a healthy role model, who was apparently one of Britain’s first exercise millionaires through her nationwide provision of fitness and sunbed facilities. The reporter ironically claimed that ‘being tanned, healthy, and beautiful [was] no longer something that only the rich and famous aspire[d] to’.⁴⁶ These newspapers reflected the constant rhetoric that a tanned, healthy and beautiful body would lead to wealth, once again demonstrating how a bronzed complexion was viewed as a bodily ‘asset’.⁴⁷ Even the blue-eyed, blonde, slim and tanned white Cindy in sports gear—as a malleable plastic doll—explicitly embodied how sunbed tanning was associated with the aspirational ‘fit’ role models of the early 1980s.

In *The Olympian Way*, a fictional six-part serial of a health club on television, a tanned complexion also distinguished between who was 'fit' and admired and who was ridiculed as 'fat' among the everyday club members. Predictably, both male and female bodybuilders, dressed in tiny shorts and low vests, exposed almost all their extremely tanned skin—their cheekbones sharpened through dark bronzer.⁴⁸ When new members visited the Olympian Way health club, they shared their admiration of the 'tanned [and] muscular' regulars.⁴⁹ *The Olympian Way* was a fictional series; however, the scriptwriter, Tara Prem, had been inspired by her experiences at health clubs in Birmingham and London. When visiting the clubs, she observed 'all sorts of people', including 'the vain and self-disciplined, the ambitious and the self-deluding'. Regardless, she was still captivated by the contagious 'gym spirit', which emanated 'discipline, purposefulness and ... drive'.⁵⁰ All of which 'energising' sunbeds became a strong part of.

In the early 1980s, tanned women and men also became the norm for selling beauty, fitness, health, leisure and even sex in the porn industry.⁵¹ Tanned skin had long been deployed in these advertisements, but after the birth of the sunbed industry, it became easier to use a sunbed, or edit and add warmer colours in the print press to accentuate a tan. Consequently, both tanned and athletic models have dominated fitness magazine covers and been used in adverts for fitness-related clothes, leisure and health and beauty products since the late twentieth century.⁵² For example, in *Cosmopolitan*, the 'sporty' image of the 'Charlie' cosmetics range produced by Revlon was re-emphasized because of the 1980 Olympic Games. The advertising featured a tanned 'Charlie' model engaging in various sports.⁵³

Moreover, the 1981 and 1982 *Argos* catalogue illustrates how most print press advertisers deliberately choose tanned and toned models to sell fitness items. The men were either topless or wore revealing sports gear, and the women wore bikinis—even though they were not on the beach. They oiled their bodies before being photographed using the fitness equipment to further contour muscle definition. These 'athletes' stood out as they contrasted with the advertising models on neighbouring pages, who were all fully clothed and were more typically brunette and pale-skinned white.⁵⁴ Stylish 'activewear' for sports, gym, aerobics and dance sessions also made its way into high and later everyday fashion. In these advertisements, and again in public spaces, white people's tanned arms, shoulders, backs and legs were exposed through these new clothing trends. These included off-the-shoulder sweatshirts, Jams (short shorts) and the bodysuit, as seen in Jane Fonda's exercise video (*Jane Fonda's Workout*,

1982) and *Flashdance* (1983). Brown and Black models only started to feature in mainstream print press advertising in the 1990s.⁵⁵

The tanned bodies of health clubs' owners and employees also performed more than just an 'aesthetic' of health and fitness. These individuals often had certified or at least a strong interest in developing medical, health or fitness expertise. Many employees were sincere about their ambition to help clients undergo health-enhancing and safe body routines, including sunbed use, which was even suggested to help with marathon running.⁵⁶ When sociologist Roberta Sassatelli researched gym culture in the 1990s, her interviews confirmed that the main reasons why people attended these fitness spaces were to 'heal', undergo a 'development project' and experience 'serious' or 'therapeutic leisure'. Health clubs were described as a 'rational recreation'—a 'morally uplifting' activity which created 'positive benefits for wide society'.⁵⁷ As a print press consumer testimony from 1981 revealed, gym goers wanted to absorb the 'energy' of the environment, and sunbed use allowed people to leave health clubs feeling 'full of sunshine'.⁵⁸

Beach culture was also ubiquitous in most early 1980s sunbed media; the users captured using sunbeds were all culturally attractive, tanned and toned models, wearing revealing bikinis or swimsuits and large fashionable sunglasses (Figures 2.4 and 2.5). In advertisements, the 'beach holiday' overtones were emphasized by sandy-coloured sunbeds, soft towelling and imagery of palm trees—women were even filmed walking up to sunbeds placed on actual beaches in North West England.⁵⁹ In other advertisements, cocktail glasses, books and magazines were scattered beneath sunbeds, as they would be on actual beach holidays (Figure 2.5).⁶⁰ These warm and relaxing imageries seduced customers to undergo this escapism through sunbed use.

The constant association of sunbeds with bikinis and holidays also incited bodily fears and insecurities related to 'fatness' and 'burning'.⁶¹ Distress of 'fatness' was extremely pervasive because people fixated on the athletic body in the early 1980s, and sunbeds were advertised as a slimming 'quick-fix' for those who lacked time and motivation to exercise. Both sunbed providers and print press reporters told people that this 'practical solution' would boost body confidence and, therefore, the quality of their holidays.⁶² Even athletic people used sunbeds to enhance the definition of their 'lily-white' muscles.⁶³

The other typical 'fear' was to either burn or return from holiday without an all-even tan. A *Financial Times* reporter, Lucia van der Post, remarked that a 'ritual tan' was a 'mandatory part of most people's summer'. Large surveys from the late 1960s and one from 2000 confirm that white people in Britain have long thought 'getting a good tan [was] the most important aspect about a holiday'.⁶⁴

SOLARIA



UVA SUN COUCH HP3126 (NL)
A luxurious tan in about a week from the 10 Philips 6ft tubes. Solid wood frame. Automatic timer. Dimensions 207 x 64 x 40 cm.

UVA SUN CANOPY HP3124 (S)
Incorporates 10 Philips 6ft tubes with their specially designed reflectors. Remote control for raising and lowering. Automatic timer. Optional floor stand HP3907 available as an extra. Dimensions 193 x 61 x 13 cm.

Figure 2.4 UVA Sun Couch HP3126 and UVA Sun Canopy HP3124, ‘The Philips Collection – small appliances’, UK brochure, Royal Philips, 1982–83, 15.

Source: Royal Philips/ Philips Company Archives.

Post also explained that attending summer events without a tan—in her words, ‘white, plump and oven-ready’—made even the most socially confident ill at ease.⁶⁵ Joan Price and Post, from the *Financial Times*, again, advised both fair and darker white people to add sunbed use to their holiday preparation. For pre-holiday preparation and post-holiday preservation, Price remarked that sunbeds were apparently a ‘boon for people with fair sensitive skin’. She acknowledged that all types of suntanning might have long-term ageing effects but asserted that sunbeds offered a more ‘sensible’ approach to tanning.⁶⁶ Post suggested that holiday-goers could then safely lower their SPF (Sun Protection Factor) cream to look ‘halfway healthy on a beach’. Finally, another *Daily Mail* article observed that both men and women felt growing pressures to avoid suntan lines, especially when following the skimpy swimming and activewear fashions.⁶⁷ Sunbeds in the summer holidays were perceived as a normal or one-off ‘sensible’, ‘quick’, ‘painless’ and ‘protective’ method to overcome all beach body issues from 1980

PHILIPS



UV-A SUNCOUCH

The new Philips UV-A suncouch works on the principle of the UV-A direct tanning. The appliance is fitted with 10 UV-A fluorescent lamps of 180 cm for complete body tanning. Because of its attractive price, home tanning is now within practically everyone's reach.



Combination HP 3140 and HP 3141

 **HP 3141**
UNIVANGEN MEI 1984

Figure 2.5 UV-A Suncouch HP3141, Royal Philips Leaflet, 1984.
Source: Royal Philips/ Philips Company Archives.

onwards.⁶⁸ As the following chapters will show, this continued into the twenty-first century, parallel to people's growing fears about sunbed-induced skin cancer.

The 'healthy' and 'safe UV-A (not U-VB)' sunbed craze

The chronology of sunbed reports through television and in medical journals in the early 1980s illustrated how concerns were rising across small but growing numbers of healthcare professionals, media spokespersons, government officials and consumers. Yet most dermatologists, and even the government, were still hesitant to confirm their dangers, which allowed providers to spread that their 'new UV-A' sunbeds were improved and safe versions of their 'UV-B' predecessors.

Almost two years after sunbeds were introduced in Britain, *Reports Politics* (June 1980) was the first television programme to warn against certain types of providers; however, it only reached North-West viewers, and, as Chapter 1 explained, the healthcare professionals were supporting upmarket providers.⁶⁹ On *Reports Politics*, the consultant dermatologist at Liverpool University, Dr Stewart, remarked that widespread sunbed use was unmonitored and therefore 'reprehensible'. He maintained that the machines should be operated by 'at least a physiotherapist' who understood the potential health risks. He argued that sunbed 'patients' were unaware of the dangers because advertisements depicted the 'very reverse' of the consequences—sunbeds did not prevent and instead *potentially* caused eye damage and skin cancer; however, research on the long-term effects was still in its infancy. Stewart also stressed that he was most concerned about household sunbeds—not those used within health clubs. He acknowledged that 'UVA ... may ... be less harmful' and affirmed that skin damage takes two to four decades to show. A couple of images then appeared to demonstrate to viewers how direct UV-B light tanned and burned *women* who absorbed the rays by penetrating deeper into the skin, whereas isolated UV-A light only reached the top layer of skin, consequently tanning people. These images contradicted Stewart's former warning that UV-A sunbeds were potentially damaging. Moreover, Stewart did not outright reject their use. Instead, he confessed his own limited understanding of the effects of UV-A due to the lack of available research.

Like most media to come, the warnings in this broadcast were undermined by visuals of sun-kissed bodies on the beach and attractive women in health clubs sexually undressing to use a sunbed. At the beginning of *Reports Politics*,

several groups of young, toned and tanned women and men were filmed playing volleyball on the beach. Their collective laughter was just audible over the soothing crash of the sea. These tanned individuals embodied a desirable lifestyle of relaxation and beach paradise, seducing the viewers towards tanning culture. This imagery made it easier to reject the serious tones of a middle-aged dermatologist and his indefinite skin cancer warning in his laboratory.⁷⁰

Government concern also began that summer but was slow and hesitant. According to Mr Patrick Mayhew, the government's Unemployment Under-Secretary, the government was developing an investigation to assess and then advise on sunbeds' safety and ultraviolet radiation exposure.⁷¹ Some Members of Parliament (MPs), including the Tory MP for Peterborough Dr Brian Mawhinney, also called for tighter control over the sale and use of sunbeds. Still, this concern only amounted to an undetectable tiny paragraph at the bottom of the *Daily Mail*.⁷² The slow response to the emerging health threat of sunbeds was typical of the late-twentieth-century British government. The Department of Health and Social Security, known then as the Department of Health, has a long history of not acting on health matters because of the lack of medical consensus. Several consultations and advisory panels had to occur before any action and legislation changes.⁷³

Immediately after *Reports Politics*, sunbed providers started to advertise that their supposedly new 'UV-A' sunbeds were different to their 'UV-B' predecessors, again, asserting that they were not carcinogenic and were instead 'safe'. The reminder that UV-B from 'natural sunlight' also caused skin cancer helped people argue that new UV-A sunbeds were safer than even outdoor sunbathing for 'natural' tanning.⁷⁴ Soon, providers added the term 'UV-A' to their company titles, store names and up-and-coming sunbed models.⁷⁵ This coincidental or perhaps deliberate response to Dr Stewart's television broadcast demonstrated the rhetorical culture clash between science and commerce and how health information and advice can be easily misconstrued.⁷⁶

In January 1981, half a year after *Reports Politics*, the first sunbed-related *BMJD* article was published in response to new 'widespread concern(s) about the proliferation of private health centres offering UV-A sunbeds' and the health benefit claims that providers advertised to people.⁷⁷ This article, 'UV-A and the Skin,' was five pages long. Like other dermatologists, the authors, M. W. Greaves and D. Vella Briffa, were starting to denounce sunbed use as 'irrational' to discourage consumption, now including from within health and fitness spaces.

Greaves and Briffa first defined the differences between UV-A and UV-B radiation. Before the sunbed industry, dermatologists had studied UV-A to

cure 'chronic plaque psoriasis' and other dermal disorders. Greaves and Briffa summarized the medical literature to explain how the body reacted under UV-A radiation and concluded that it was 'less effective in producing erythema in human skin than UV-B'. Yet the authors were 'uncertain' if long-term UV-A exposure could induce skin cancer as machines collectively emitted UV-A, UV-B and UV-C, and it was difficult to find a device that exclusively emitted one type of ray for the experiment.⁷⁸ Greaves and Briffa admitted that the 'available evidence' suggested UV-A was 'not carcinogenic', but they wanted to hold back this information until more studies were published. Instead, the authors wanted to warn people that there was a strong possibility that UV-A sunbeds could increase the risk of skin cancer. From mostly animal and some human studies, they found that 'prolonged UV-A exposure of the same irradiance as natural sunlight' could also cause corneal and lens damage, but, again, this evidence was 'incomplete'.

The next section asked if UV-A exposure had 'any beneficial effects', such as the improved 'psychological' well-being said to be experienced by sunbed users. The authors remarked that vitamin D was the only benefit.⁷⁹ They did observe that it had improved a small group of patients' psoriasis, but none were entirely cured, and most relapsed; however, Greaves and Briffa admitted that they could not dismiss the health claims of UV-A exposure, as investigations were, again, incomplete. They instead encouraged studies on the effects of UV-A on the 'immune system, blood chemistry, cutaneous neurophysiology and endocrinological processes of the skin', which had received little or no attention from researchers so far.⁸⁰

The final section of the article explored UV-A lamps and sunbeds, sold in private 'clinics', beauty salons and for home use. Greaves and Briffa discussed the risks of unsupervised sunbeds and framed sunbed use as irrational. First, they estimated that thirty minutes on a UV-A sunbed was double the dose of the same time in the tropics in the middle of the day. Second, they claimed that those drawn to sunbed use were more likely to combine sunbeds and sunbathing, which enhanced the risk of UV-B-induced cancer. Third, as UV-A only caused redness and erythema—and only through a very high dosage—they argued that it would be difficult to discourage 'over-enthusiastic user[s]'. Fourth, they were worried that UV-A sunbeds would react with photosensitizing medications and cause skin damage. And finally, tanning from UV-A sunbeds offered little protection from UV-B light. They were therefore concerned that sunbed users would be 'lulled into a false sense of security by a cosmetically impressive tan', which could then lead to severe sunburn and skin cancer. They

found that sunbed advertisements also discouraged eye protection, claiming that UV-A was ‘harmless to the eye’. In conclusion, the article advised that people should cautiously use UV-A sunbeds—especially for cosmetic purposes and if they consume photosensitizing medication. They advised that people should always wear eye protection and be supervised by ‘qualified individuals, possibly physiotherapists’. Greaves and Briffa were anxious that both sunbed centres and household sunbeds had no restrictions, and health club members would zealously use sunbeds because of the absence of warnings.⁸¹

Shortly after this *BMJD* article, two BBC news reports warned about sunbed overuse on television, one in March and another in May 1981.⁸² The first report covered the potential health hazards presented by sunbeds, and the second informed the public that over 1000 consumers had been taken to hospital within the last year because of the burns and injuries caused by sunbeds.⁸³

The following year, in 1982, another *BMJD* article was published on ‘Tanning, Protection against Sunburn and vitamin D Formation with a UV-A “sunbed”’.⁸⁴ This ten-page article was even longer than Greaves and Briffa’s, and it was prompted by new claims by providers that UV-A sunbeds now increased ‘resistance to colds and influenza, reduce[d] plasma uric acid levels and enhance[d] vitamin D formation’. Its authors, therefore, wanted to test if sunbeds really did create vitamin D formation, protect skin against sunburn and if UV-A sunbeds caused any other general side effects.

In the experiment, the dermatologists used the Nordic Sunbench UV-A ‘Contour’, supplied by Nordics UV-A Sun-systems, based in Reigate, Surrey. After the experiment, the authors concluded that there was ‘no apparent correlation between the intensity of tan and the protection obtained’. They did, however, observe damaging side effects. Twenty-seven out of thirty-three subjects developed erythema and itching. Sixteen of these people also developed other skin reactions which were different from the reddening and ‘burning’ reaction caused by UV-B sunburns. The authors suggested that these particular skin reactions were typical of UV-A. The dermatologists noticed a quick and ‘significant’ increase in vitamin D immediately after UV-A exposure, but further exposure led to a rapid fall towards the subjects’ original level.⁸⁵ Of course, this second part of the vitamin D experiment is always omitted from all sunbed advertisements.

In March 1982, a major sunbed manufacturer, based in the UK, successfully pioneered low-cost but high-quality domestic sunbeds and subsequently contacted the government. They were apparently concerned about the need to ‘provide reliable information on all aspects of sunbed usage’, suggesting

that they cared about their consumers' health. However, they were perhaps seeking government endorsement on the potential health effects of sunbeds. This anonymous sunbed company asked Broadoak Public Relations to contact the Medical Research Council's (MRC) Co-ordinating Committee on Cancer Research (CRCC) for information on the medical effects of sunbed usage. The company had founded their own Sunbed Advisory Bureau and were asking the CRCC to help find a prospective advisor. The CRCC responded that they did not give manufacturers advice on the effects of potential cancer-inducing equipment. They then redirected Broadoak to the National Radiological Protection Board (NRPB) and the Department of Health and Social Security (DHSS), explaining that their CRCC members were not experts in that specific area.⁸⁶ The CRCC were reluctant to directly assist sunbed manufacturers, but they encouraged Broadoak to contact other medical and government 'expert' groups. The government was clearly hesitant about sunbed technologies, but, on the other hand, they delayed clean-cut sunbed warnings to the public.

Growing numbers of dermatologists clearly disapproved of sunbeds and sought to discourage their use, yet they felt uncomfortable condemning usage based on their inconclusive findings related to UV-A exposure. In the early 1980s, the Department of Health wanted to avoid a nanny state approach to public health. Their aim was to avoid being 'over-interventionist' while continuing to 'emphasise personal responsibility for health', which explains why the UK Health and Safety Executive were reluctant to intervene with sunbed providers.⁸⁷ Moreover, these medical articles, through their cautious responses, were quickly mentioned out of context. The supposed medical confirmation that UV-A sunbeds were safe was carelessly spread through the media by providers.⁸⁸ In the absence of medical certainty, providers emphasized that sunbeds prevented sunbathing burns, and they started to use medical terminology themselves to flaunt their knowledge of 'UV-A' versus 'UV-B' radiation. This established a somewhat more authoritative and 'expert' tone and made it difficult for others to challenge their incessant 'safe' sunbed advertisements. Taken a step further, manufacturers continued to publicize that their new sunbeds only emitted UV-A instead of UV-B radiation,⁸⁹ even though UV technologies were not yet advanced enough to emit only one type of ray.⁹⁰ Nonetheless, this publicity characterized and sold an industry that cared about its consumers' health, while the concerns from a select few medical professionals were drowned out by this watershed of positive sunbed media. Consumers were offered a choice in their pursuit of tanned health, and providers could still get away with 'scientifically' approving their sunbeds as a safer way to 'naturally' tan when compared to sunbathing.

Conclusion

As this chapter has shown, the popularity of the health, fitness and sunbed industries interlinked and rose at the same time, and these industries collectively contributed to the public belief that sunbeds were 'health-enhancing'. Advertising companies and print press editors endorsed sunbeds by placing their advertisements in the same ephemeral spaces as other 'health' and 'fitness' services and products. All fitness facility providers—from health clubs to leisure centres and health farms to swimming pool suppliers—eagerly immersed sunbeds within spaces of bodily 'investing'. The setting of health clubs alone presented a revitalizing and logical lifestyle, where sunbeds were an integral part of the systematized rooms, energizing interiors, body 'boosting' machines and disciplined routines. The fashionably fit personal trainers, as walking embodiments, further promoted that sunbed use was athletically transformative and energizing, and other tanned and trim employees encouraged their use to improve both physical and mental well-being. In the media, seductive, sunbed-tanned bodies sold aspirational ideals of beach culture. The new clothing fashion trends encouraged more body exposure and induced the 'need' for an even and all-over body sunbed-tan. Even critical yet ambivalent sunbed-related medical research inadvertently endorsed their use. Dermatologists could not condemn sunbed use as their findings were still limited. This gave sunbed providers the time and media space to present their own interpretations of the inconclusive results. Without major intervention from the government or Advertising Standard Authority, the industry's bold health claims remained undisputed, and the UV strength of their sunbeds was not checked.

In part, this sheds light on why people continued to interpret sunbed use as a 'health' and 'fitness' investment—or at least a reflection of both athleticism and a luxurious life. In the summer of 1980, in one week alone, approximately three million people in Britain paid a staggering twelve million pounds to get a suntan, showing the demand for the 'new cult [sunbed] industry'.⁹¹ Yet historians of health and fitness clubs have overlooked how sunbeds played a significant role in these spaces.⁹² The rise of 'body culture' industries, including the intertwined sunbed, health and fitness companies in the early 1980s, demonstrates the continued blurring of private commercial and medical consumerism throughout the twentieth century.⁹³ It also shows how the media and medical professionals encouraged people to be more responsible for their individual health and fitness.⁹⁴

The desire to capitalize on the sunbed industry soon led to a greater range of providers, target audiences and environments for everyday consumption, and, inevitably, a saturation of the sunbed market was just around the corner. The next chapter, therefore, explores how the growth of the health, fitness and sunbed industry led to cheaper sunbeds, greater accessibility for the working-class masses and the beginning of the reputational fall of the sunbed.

The bust of the domestic sunbed industry, and new working-class consumers

Introduction

James Moore ... a tremendous [sunbed] salesman, obviously great flair for selling, [but] we're in fact unable to decide whether he will make a million or nothing.

–The judges' assessment of Moore's sunbed business plan on *Enterprize*, 1986.¹

The early 1980s 'boom' of the industry led to a remarkable growth of new sunbed businesses, jobs, a greater range of novel designs and growing stock and high returns for those investing in the market—at first. According to the *Financial Times* and leading sunbed manufacturers, in 1980 alone, people spent at least fifteen million pounds on professional sunbeds and four million on domestic sunbeds in Britain. By 1981, the UK was the largest sunbed market in Europe, with estimated sales of fifty million pounds. Also, domestic sunbeds, which had previously represented 20 per cent, were predicted to represent 80 per cent of total future sales. The *Financial Times* accurately predicted a fall in the professional, luxury and more expensive sunbed sector.² Unlike everyday consumables, sunbeds were a type of technology which only needed to be purchased once per household. A substantial growth in the number of businesses and wealthy consumers purchasing such an expensive luxury technology would, therefore, be difficult to maintain. By the end of 1982, the unregulated professional and luxury market became overcrowded and then quickly saturated. The surviving companies switched to designing and providing cheap domestic sunbeds for the masses in an attempt to overcome the market saturation of high-end sunbeds. However, by 1988, almost all sunbed businesses became bankrupt and disappeared regardless of when they emerged or how they

adapted. Sunbed providers of the 1980s were clearly not equipped to survive the instabilities of the industry. It must be noted that the 1980s were generally unstable for many industries following deindustrialization.³ Between 1979 and 1984, unemployment levels tripled in Britain, and the manufacturing sector was particularly affected, which the bust-to-boom sunbed industry soon became a part of. Britain experienced the deepest recession in over fifty years, and it is difficult to assess how much this contributed to the quick rise and fall of the sunbed industry.⁴ The manufacturing and, therefore, sunbed industry's instability and consequent stigma likely contributed to both medical and political groups becoming more confident in voicing their sunbed concerns beyond formal publications and through the media.⁵

In this chapter, I will primarily focus on the early to mid-1980s, when the British *domestic* sunbed companies expanded from a local to international scale, yet almost all became bankrupt. In turn, this turned domestic sunbeds into a less prestigious and more mundane technology. This chapter will illustrate how businesses, consumer culture and public health, in part, shifted the representation of the sunbed from a 'balanced' to a more negative frame. The sunbed transitioned from an admired emblem of self-discipline, self-enhancement and routine to an unnecessary 'excessive' habit. This turning point in the representation of the industry, its consumers and the act of using sunbeds will be evaluated through 1980s newspapers, *Marketing* and *Campaign* magazines, *Cosmopolitan* women's magazine, company records, filmed sunbed industry interviews, advertisements from commercial archives, both television news reports and entertainment programmes and medical journal articles.

The chapter first recounts the original providers of household sunbeds from the late 1970s to the very early 1980s. In the ambitious spirit of the 1981 sunbed 'boom', these middle-to-upper-class providers were soon joined by working-to-lower-middle-class entrepreneurs. As such, the second section explains who these new sunbed 'entrepreneurs' were, focusing on Wakewood (1981 to 1983) and occasionally Instantropic (1984 to 1988). The television comedy *Only Fools and Horses* (1986) then provides a fictional example of the new traits associated with sunbed sellers. Collectively, these narratives will answer many questions, including who were these providers, why did they join the sunbed industry after the boom-to-bust period of the professional market, how did they quickly grow their businesses, how did this lead to bankruptcy and finally, how did this in itself lead to the 'typical' representation of sunbed sellers as unprivileged, unwanted and annoying 'salesmen' knocking on people's front doors.⁶ The domestic sunbed businesses in this chapter typically lasted only

three years on average. Within three years, they either stopped advertising, were declared bankrupt, were sold to another company or owed creditors money and underwent liquidation (Table 3.1).

By the mid-1980s, an undesirable working-class sunbed stereotype also emerged. The penultimate section, therefore, builds on long-standing histories that highlight how middle-to-upper-class people typically remain unchallenged when consuming new recreational technologies and substances; however, when working-class groups 'indulge', their consumption is framed as 'excessive'.⁷ The final section reveals how the stakeholders contributing to the mass production and distribution of cheaper sunbeds, and those warning against their use, also contributed to the unfavourable representation of sunbed providers and consumers.

The bust of wealthy sunbed providers

The original domestic sunbed providers were quite different from those after the 'boom' of the industry. First, the businesses were based in wealthier regions of Britain and introduced sunbeds to build on their repertoire. Moreover, wealthy owners could afford to place their first sunbed advertisements in print press and physical spaces that attracted affluent customers (Table 3.1). Two sunbed providers, Paine Beauty Products and Alpha Health and Beauty Limited, are examples of these initial high-end trends.

Based in East Sussex, St Leonards-on-sea, Paine Beauty Products first catered for the professional sunbed market as both a manufacturer and seller from 1977 to 1982. 'Paine Beauty Products' was an extension of their core business, 'Paine Electrics Marine Limited', which sold electrical appliances. The director was a professional racing driver who advertised his company's sunbeds on his racing cars, and his clientele was likely wealthy as they were invited to the pits for entertainment.⁸

In December 1978, Paine was one of the first companies to place an image-based household sunbed advertisement in a national newspaper. It illustrated that the 'boom' of the industry had not yet begun. This small advertisement consisted of a poorly drawn outline of a body lying across a wooden bench, which barely resembled a sunbed. This basic advertisement was typically featured in the *Observer*, which was the only mainstream British newspaper to include sunbed advertisements in time for Christmas. The *Observer*, sister to the *Guardian*, was published on Sundays. It usually attracted white middle-class readers.⁹ These cheaper and basic-looking advertisements were featured at the

Table 3.1 Sunbed company's visual advertisements – in the *Observer*, the *Guardian* and the *Daily Mail*, 1978–88.

Newspapers	Year	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988
<i>Observer</i>		Interscan	Interscan	Interscan Dale Sauna Nordic	Interscan Dale Sauna	Nordic			Amber Leisure (AL)		Philips AL	
		Paine	Sun Temple									
<i>Guardian</i>			Supersun	Paine/ Uvabronze	Suntanners							
			Paine	Alpha Solarbronze Alpha				Kings Leisure	AL Gardine	AL		
<i>Daily Mail</i>				Alpha	Alpha	Wakewood	Wakewood	Sunbird		AL	AL	AL
				Supersun	Tanfast	Nordic	Tanfast	Uvabronze				

back of the *Observer*, surrounded by other simple advertisements for furniture, household appliances and plain clothing.¹⁰ The rise of the sunbed industry was clearly yet to come.¹¹

From 1979 onwards, Paine's advertisements slowly changed to reflect a growing demand from wealthier clientele. They gradually improved in quality, grew in quantity and were increasingly placed in the front-to-middle pages of more reputable and widely read newspapers. The advertisements, however, remained fairly unremarkable. They featured a penciled outline of a bench, occasionally accompanied by a sketched body. This was representative of the most sophisticated design.¹² In February 1979, Paine was the first and only sunbed manufacturer to place their advertisements in the *Guardian*. Close to the front, a much larger advertisement featured the first use of a black and white photograph. The photograph showed a woman with fashionably large hair posing on a sunbed.¹³ Two months later, in April 1979, a similar advertisement appeared in the *Financial Times*, both breasts and bottom exposed.¹⁴ The photograph portrayed a more sophisticated and titillating image when compared to the 1978 equivalent.

Perhaps because the sunbed industry was, at first, a promising enterprise with lucrative potential, Paine created a new separate sunbed strand, known as 'Uvabronze', from their main business by February 1980.¹⁵ By 1981, the *Financial Times* declared Uvabronze as 'one of the leading UK manufacturers' with a 'turnover of £4 million a year and an output of 200 sunbeds a week'.¹⁶ Uvabronze also advertised large and content-rich advertisements in well-established women's magazines, such as *Cosmopolitan*. It cost roughly £3,180 to place a full-colour advertisement in *Cosmopolitan* in the early 1980s, and in 1981 alone, Paine could afford to feature four of these—three of which were different—as their most expensive sunbeds cost up to a staggering £2,035 each.¹⁷ The advertisers knew that placing these sunbed advertisements in *Cosmopolitan* would attract young, typically middle-class and more financially 'independent' readers who were very much interested in purchasing beauty technologies.¹⁸ Uvabronze advertisements in *Cosmopolitan* also instructed readers to 'buy [their] British' sunbeds over others and avoid 'inferior imitations', which were starting to appear.¹⁹ Bellwether businesses, like Paine, tended to sell off their sunbed strand after experiencing at least one summer of plummeting sunbed sales.²⁰ By September 1982, despite being 'one of the [original] top three sunbed businesses', Paine was no longer selling anything as they were out of business.²¹ However, another company had bought Paine's sunbed strand, 'Uvabronze', which again initially thrived in the short-term.

At the end of 1982, Uvabronze became a new client of Langham Advertising. By 1983, they launched a £250,000 marketing campaign of new sophisticated advertisements even though these sunbeds were cheaper.²² The former advertisements in the *Observer*, the *Guardian* and the *Financial Times* were small, filling less than a quarter of a page, but these ones, now in the *Daily Mail*, were large, covering a third or more of the 'Femail' page. The *Daily Mail* also reached more readers than the *Guardian*, potentially meaning greater profits. In 1983, the people most likely to read the *Daily Mail* were working to lower middle class.²³ By 1983, the new target consumers were now the working-class masses rather than the middle-to-upper classes.

Like Paine, the company Alpha Health and Beauty Limited was another upmarket business from a wealthy region. Alpha also sold domestic sunbeds to affluent and later middle-class customers from 1980 until 1982. Alpha appeared after Paine, during the sunbed industry boom in 1980. Based in Devon, it was a 'rapidly expanding' business, selling 'top quality' sunbeds.²⁴ Their sunbeds were manufactured by the 'finest traditions of English craftsmen'—this prestigious selling factor was referenced in Alpha's advertising and engraved on their sunbeds.

Alpha was the first to present large and detailed sunbed advertisements in widely read newspapers in 1980. Alpha could afford to place their advertisements close to the front pages of the *Guardian*, and they also advertised the most expensive and luxurious sunbeds of the time. One advertisement's heading read 'A 52-week exotic sun-tan for the cost of 2 week's holiday sunshine'. It boasted how their £399 sunbed was much better value for money than a fortnight-long holiday for two in the Caribbean, which cost the same. The text also reassured that their sunbed could be used 'all year round' during the sunless British summers.²⁵ In 1980, Alpha was the first sunbed company to advertise in the widely circulated *Daily Mail*.²⁶ Their large advertisements were expensive as they were placed towards the front of the newspaper. In 1981, Alpha's advertised sunbeds had even increased in price when they appeared in the *Daily Mail*'s 'Femail' section, suggesting clear demand. Nonetheless, Alpha's £399 sunbeds were still apparently '40%' cheaper than other domestic sunbeds of a similar size, suggesting that the average price was £665 at the time. In one of these advertisements, Alpha compared their 'Alpha Caribbean' model to 'Ford's famous Model T' automobile.²⁷ The early twentieth Model T automobile marked a milestone in the history of transport technology as it was designed and sold as a cheaper car for everyone. This was a trajectory that Alpha wanted for their own sunbeds.²⁸

Throughout 1981, Alpha's remarkably clear photographic advertisements frequently featured in the *Guardian*, *Daily Mail* and *Cosmopolitan*.²⁹ Before the Christmas holidays of 1981, a large colour advertisement appeared in the *Telegraph Sunday* magazine. Alpha marketed their sunbed as the most memorable Christmas 'gift', accompanied by a 'Free Case of Wine'. From the outset, domestic sunbeds were sold as a quick and convenient way to tan within the 'privacy of the home'. The visuals in Alpha's advertisements reflected wealth and luxury. The naked, tanned, slim women with painted red nails held tropical cocktails, glasses of red wine and books. And the lighting often emphasized their buttocks. In all of Alpha's advertisements, the glamorous and confident models were captured smiling or laughing.³⁰ Yet, Alpha did not survive, even though they expanded its range to sell cheaper sunbeds and target less affluent consumers. By September 1982, Alpha Health and Beauty was also out of business and no longer sold sunbeds.³¹

Before this happened, in July 1981, the *Financial Times* published an article explaining why well-established and smaller domestic sunbed companies struggled to survive. First, the sunbed industry's popularity depended on seasonal changes and the weather. The reporter observed that most people bought domestic tanning technologies in the cold season to develop a tan for the upcoming summer holidays. This led to plummeting sales in the summer. In 1980, Paine observed that 'nearly 70 per cent of the small British makers did not survive July and August'. Moreover, these small domestic sunbed businesses were competing with professional sunbed providers from 'health clubs, beauty salons, hairdressers, department stores and ... local authority sports centres,' which, in 1980, consisted of 80 per cent of the UK market. To survive the saturation of the public sunbed market after the summer of 1980, most businesses had to expand their services to sell domestic sunbeds. As such, the domestic market provided '80 per cent' of sunbed sales by the end of 1981; however, most small manufacturers sprung up just as quickly as they disappeared.³² The less experienced entrepreneurs increased their stock and sales force to reach the momentous demand of the autumn, winter and spring seasons. This often led to excess stock, followed by a summer crash in demand. The season-dependent consumer demand was just as challenging to predict as the British weather.

Paine or Uvabronze and Alpha demonstrate how the original domestic sunbed providers initially targeted an affluent market. However, after the summer of 1982, these two businesses, alongside many other top-leading British suppliers, left the industry.³³ These two case studies illustrate the instability of the sunbed industry from the outset. To survive, sunbed businesses had to either prioritize

other products, sell their sunbed market before the summer, or risk bankruptcy due to unpredictable consumer interest.³⁴ The financial perils of joining and even investing in the sunbed industry were soon heavily discussed in newspapers, including the *Financial Times*, and marketing magazines, including *Marketing* and *Campaigns*. Therefore, most affluent and long-established businesses had witnessed and now understood the risks associated with the sunbed industry. As such, a very different demographic joined the industry after the 'boom-to-bust' of both the public and domestic sunbed industry.

The new working-class sunbed entrepreneurs

From 1982 onwards, the people who actively and visibly joined the sunbed industry tended to originate from working-to-lower-middle-class backgrounds. These groups usually had impressive sales and manufacturing expertise but limited financial planning experience.³⁵ After the 'boom-to-bust' period, the owners of Wakewood were the typical types of people attracted to joining the domestic sunbed industry. In contrast to the original providers of the late 1970s, these entrepreneurs, and consequently their companies, emerged from more financially deprived regions and humble backgrounds.

The British manufacturing company Wakewood began as a local business, supported by a Thatcherite 'small firm' government loan of £75,000 in April 1981.³⁶ A group of family and friends owned the company. 'Wakewood' was organized by production director and chairman Mike Wakelin, his wife Sue Wakelin (marketing director) and their friends, Phil Wood (production director), his wife Janet Wood (personnel director) and Margaret Hughes (company secretary). Having apparently worked for Rank Xerox and 'others', Mike Wakelin possessed office equipment sales experience. In January 1982, Wakewood started manufacturing sunbeds on a large scale. They purchased three factories, totalling 60,000 square feet, and built 220 sunbed units a day on average, but could produce up to 500.³⁷ They employed and rehoused local Leyland car employees who were jobless because of the local factory closures. When it opened, Wakewood had 240 employees, which consisted of roughly 180 fabricators and 60 administrative staff.³⁸ In February 1982, one month after opening, Wakewood hired many 'experienced sales agents' to launch a large advertising campaign.³⁹ Two months later, Wakewood officialized their business as a 'private limited with share capital' company, addressed at the Moss Side Industrial Estate, Leyland (Preston in Lancashire).⁴⁰

In 1982 and early 1983, Wakewood's owners were interviewed by television reporters for BBC North-West News, national newspapers and established commercial industry magazines, such as *Marketing* and *Campaign*. In these interviews, all five relatively young business partners from the North-West, ranging from their mid-twenties to early thirties, dressed in smart-casual attire, responded to the BBC interviewers personably, determinedly and enthusiastically. When interviewed, the Wakewood owners embodied a hard-working, cooperative and 'can do' business ethos. In one interview, the reporter asked: 'Margaret (Thatcher) has always said that two women in the kitchen can't get on. Here is three in business! Do you find it works?' One of the women asserted: 'Yes! We ... blend together ... help each other along ... because we are all new [to] ... this ... type of thing. We all help each other.'⁴¹ Wakewood acknowledged that they were new to the sunbed industry and needed to learn together. This also illustrated their lack of large-scale industry experience. On a different note, it also suggests that Margaret Thatcher's 'help yourself' attitude, alongside the headstrong, cut-throat stereotypes of women, was often in mind when it came to women in business in the 1980s.⁴²

The Wakewood team was not the only example of inexperienced yet hard-working, determined, and aspiring groups of people wanting to capitalize on the domestic sunbed industry after 1982. Both documentary and fictional television captured equally charming, strong-minded, young, working-to-lower-middle-class people from urban environments who wanted to use their 'sales-orientated' skills to 'exploit' the industry. These people lacked industrial manufacturing experience and an understanding of the long-term, cyclic sunbed industry, which typically resulted in bankruptcy.

One such sunbed entrepreneur appeared on *Enterprize* on Yorkshire Television, later ITV, in February 1986.⁴³ *Enterprize* ran from 1984 until 1987 and once again in 1994. In 1986 alone, Yorkshire Television served six million viewers across Scarborough, Hull, Grimsby, Lincoln, Kings Lynn, Ripon, York, Sheffield and Leeds. Due to the programme's evening viewing hours and themes, *Enterprize* likely attracted working-to-middle-class viewers. The programme aired on Monday early evenings when nine-till-five workers and family members returned from work and watched the communal television. In tune with Margaret Thatcher's aspirational ethos, the programme wanted to inspire how 'grit' rather than 'credentials' could elevate the working-class masses to secure 'successful' enterprises and reap financial rewards. This *Dragon's Den* equivalent programme explicitly sought young self-employed businessmen and women from working-class backgrounds and sectors as contestants. In the beginning,

the contestants shared a story of their struggles and hardships following their impoverished environment, education and financial situation, which restricted their opportunities and credentials. In reflection of Thatcher's entrepreneurial spirit of the 1980s, these journeys of hardship formulaically concluded with an account of how each contestant—through sheer passion, determination and sacrifice—managed to 'improve' themselves by establishing an innovative business. For greater success, these resourceful traders needed support from the *Enterprize* judges and the '£9,000' award. Four contestants participated per show. One of the contestants, James Moore from Sheffield and Nottingham, proposed a business plan for his 'Instantropic Sunbeds' company.

Similar to Wakelin, Moore was a salesman for office equipment. He then saw the 'potential' in the domestic sunbed market and became the director of two outlets in former industrial cities, Nottingham and Sheffield. In June 1984, determined yet financially deprived, Moore sold his only car to buy two household sunbeds for people to rent, which set up his company. Wearing a grey suit, with coiffed blonde highlighted hair and tanned skin, Moore beamed as he entered *Enterprize*. He leapt onto the platform and sat on a chair before the judges. Moore was twenty-five years old and had a strong Sheffield accent. He was confident, proud and boastful about his background story in his sales pitch. Moore did not win on *Enterprize*.⁴⁴

Half a year later, in September 1986, even *Only Fools and Horses*, which remains the most successful sitcom in British history in terms of its viewing figures, satirized the working-class 'sunbed entrepreneur' by having Del attempt a sunbed sales pitch to their disinterested pub owner. This reflected the stereotype of eager sunbed providers of the time.⁴⁵ In both genuine and fictional accounts, most individuals partaking in the sunbed industry after 1982 were typically young, charismatic and aspirational working-to-lower-middle-class people. After experiencing dissatisfaction in their former sales jobs, they wanted to become self-employed and financially successful. Sunbed entrepreneurs like Moore and Wakewood saw an 'under-exploited hole' in the domestic sunbed market that they believed they could capitalize on.⁴⁶

Although profit-making was one incentive, there were many other reasons why people from sales and manufacturing backgrounds were keen to join the sunbed industry at this time. A key factor was the economic instability of early 1980s Britain. In many urban environments, the recession caused soaring unemployment levels, particularly within manufacturing industries and cities, which affected sales. During the Thatcher years, unemployment figures rose dramatically, peaking at over three million in 1986. People were desperate for

work and job security, and profit-making opportunities were scarce.⁴⁷ Yet, in the very early 1980s, inspirational stories within national newspapers promoted either starting or joining a sunbed business, and the long-term instabilities of such a pursuit were not as widely known by inexperienced or new business owners.⁴⁸ On first impression, starting a sunbed business or joining the manufacturing sector was a quick, effortless and suitable transfer of previous skilled labour. Moreover, start-up companies kept on finding new ways to lower the costs of sunbed units, and the manufacturing labour was both abundant and cheap.⁴⁹

The story of Wakewood provides an example of these contributing factors. In April 1981, when Wakewood secured their loan, Preston in Lancashire was described as a 'scene of gloom and doom', attributed to masses of 'empty factories' and 'heavy unemployment' levels. Several companies had recently closed, and their workers were made redundant.⁵⁰ Desperate for manufacturing work, the Wakelins employed the remaining cheap labour and rehoused their families on the nearby 'moss side' housing estates.⁵¹

From the Wakewood team, Sue Wakelin was the person inspired to manufacture sunbeds. She understood what financially unprivileged customers wanted as she was this type of consumer herself. Towards the end of 1980, Wakelin wanted a sunbed 'in the comfort and privacy of her own home', but she could not afford the £500 to £3,000 price range. The Wakelins, therefore, rented a sunbed, took it apart and inspected its individual components. Like other start-up companies at the time, the Wakelins discovered that they could make a cheaper version for half the cost of a conventional machine.⁵² They cold-called Philips and formed an agreement to bulk buy their UV-A tubes at a discounted rate. Sue left out the 'frills' that made previous sunbeds expensive, including stereo headphone plug-ins and pushbuttons to operate the units' height. After three months and twenty-five experimental units, a team of ten people finally designed Wakewood's basic, pine-framed overhead unit. It cost £299 to buy and constituted most of Wakewood's sales.⁵³ The originally informal, 'friendly', 'happy' and family-friendly business partnership had created a sunbed model, which could be mass-produced to reach consumers like themselves—those who could not afford the fashion of owning their own sunbed.

Like the original affluent providers, these resourceful sunbed suppliers lasted less than two to three years (Table 3.1). One of the ironic reasons for their long-term failure was fast growth and, at first, vast profit margins. Their short-term success was attributed to innovative ideas, determination and, in Wakewood's case, new mass media advertising strategies and a cheap sunbed 'price revolution.'⁵⁴ Wakewood grew extremely quickly. By September 1982,

strong innovation led to a worldwide distribution of their sunbeds.⁵⁵ To develop economy sunbeds, Wakewood made risky bulk-buying agreements and employed masses of cheap and 'highly skilled' local manufacturing labour. Mike Wakelin also developed a different business approach to competitors. He prioritized an aggressive and unique marketing strategy and apparently demonstrated careful business management. Wakelin asserted that most rival start-up companies, which had originated from manufacturing backgrounds, failed because of their business strategy. Wakelin stated, 'A lot of people in furniture-making see sunbeds as an easy thing to manufacture ... but they come unstuck on the marketing side and in business management.' His wife, Sue Wakelin, added that these new entrepreneurs only had 'furniture-making' experience. Therefore, they prioritized highly advanced and personalized designs, which were too expensive. The consumer demand was low as the high-end market was already saturated. And, high-end sunbeds for wealthy clientele amounted to high production costs, restricting production to twenty-five a week. Moreover, Wakewood's start-up competitors apparently had 'no [large scale] selling experience'. While appraising their business model, the Wakelins proudly claimed 'we were the other way round—a selling organisation which just happened to make sunbeds'.⁵⁶ When Wakewood lowered its prices, its rivals could not provide such high volumes of cheap sunbeds, and Wakewood secured its monopoly over the economy's domestic sunbed market.

A few years later, in 1986, Instantropic demonstrated a similar 'listening to the consumer' and 'sales orientated' business approach. According to Moore's interview with the three judges on *Enterprize*, he noticed that most solariums had 'problems such as double booking, dirty beds [and] poor facilities', which inspired him to offer reliable sunbed rentals and top-quality customer service. But Moore struggled to generate profit from hires alone and, like Wakewood, he pivoted to selling sunbeds as he was also 'very sales dominated' and therefore marketing-orientated.⁵⁷

After the saturation of the professional sunbed market, new advertising approaches were needed to capture the attention of the masses, not the wealthy minorities. In turn, Wakewood developed a substantial range of new mass media marketing approaches to ensure their sunbeds would reach and appeal to 'all'. From September 1981 to September 1982, Wakewood reportedly spent £1 million on their first year of advertising. This expenditure was unlikely. However, such an amount of media coverage was likely publicized to attract positive publicity for Wakewood.⁵⁸ Wakewood deployed traditional newspaper and magazine print press advertising, the first use of television sunbed

advertising, novel use of colour advertising, a varied and unrivalled range of sports sponsorships and, finally, a 'cheap price revolution'. Moreover, Wakewood carefully selected specific newspaper groups, television channels and sports sponsorships to directly attract the aspiring working-to-lower-middle-classes.

From March 1982 until 1983, the *Daily Mail* featured the first, last and most repeated Wakewood advertisement.⁵⁹ This advertisement was also placed in both *Cosmopolitan* and *She* magazine.⁶⁰ Compared to other sunbed advertisements, Wakewood's advertisements were superior in quality from the outset. Photographs clearly marked out the women's bodies and faces on sunbeds. The large visuals were unmissable—commonly positioned at the bottom of the Femail's page or towards the front of the newspaper, taking up at least one-third of the page.⁶¹ Wakewood's first advertisement reflected their many 'direct', 'very basic' and attention-grabbing captions: 'How can spending £299 make you look healthier and more attractive?' and the advertisements often included a cheaper sunbed option for £249.⁶² These advertisements in the *Daily Mail*, *Cosmopolitan* and *She* magazine supposedly brought in four times the orders Wakewood had budgeted for.⁶³

In the autumn of 1982, according to *Campaign* and *Marketing*, Wakewood spent up to £350,000 on a three-month promotional television campaign. Like other sunbed providers, the campaign covered regional and national press; however, Wakewood also used local radio broadcasts through Lancashire's new commercial station, Red Rose and a 'test television burst' on Television South (TVS), owned by ITV.⁶⁴ In mid-September, their television advertisement broke new ground in two ways. Wakewood appears to be the first to advertise sunbeds on television, occupying twenty-four advertising spots over a few weeks. Second, the 'naked lady' in the advert apparently 'revealed more flesh than any commercial had done before'—this resulted in free press publicity. Wakewood then commissioned a survey in TVS homes to evaluate television's effectiveness as an advertising medium. Before the TV campaign, only 0.8 per cent of the people connected the product to the company name. After Wakewood's campaign, this figure rose to 6 per cent. Mike Wakelin responded that the company would re-advertise through television but in a different region.⁶⁵

Alongside television advertising, Wakewood's autumn 1982 campaign used the still relatively novel colour print press. Since the early 1980s, advertising agencies could use colour more cheaply and, therefore, more frequently because of new technologies.⁶⁶ Using colour as a medium was advantageous for selling sunbeds; advertisers could now emphasize the tan. Sue Wakelin used colour to increase peoples' awareness of Wakewood. Compared to black-and-white, the

colour adverts placed in the Sunday supplements apparently led to a doubling of responses and only cost Wakewood '30%' more. Wakewood also inserted colourful coupons in magazines and newspapers to increase circulation. The coupons would fall out and be pocketed in public places where people waited and read, such as hairdressers and beauty salons.⁶⁷

To attract men, Wakewood apparently sponsored and supported basketball and England's 'finest' football teams from the late 1970s to the late 1980s.⁶⁸ In the summer of 1982, Wakewood reportedly donated a five-figure sponsorship to save Liverpool's basketball team from financial collapse and ensure their matches continued for the following game season. Regardless of the donation amount, this allowed Wakewood to advertise to large male-orientated crowds through sport-orientated courts and arenas.⁶⁹ Wakewood was also a sponsor for the 1982 Football World Cup England team, and strategically used England's team picture for their national press advertising. Like the owners of Wakewood, one-third of the team was born and raised in the North-West. Moreover, the football players were either Liverpool or Manchester football club members—both of which were roughly thirty miles south from Wakewood's factory in Preston.⁷⁰ Wakewood also organized recruiting and coaching clinics to both find and support young players in Manchester, Liverpool, Birmingham and Southampton.⁷¹ They sought new male consumers and deployed their regional North-West connections and advertisements in basketball courts and football stadiums to attract untapped working-to-middle-class boys and men.

Wakewood's 'cheap price revolution' was the main reason for their extraordinary success within a short period. By April 1982, Wakewood's only competitor was the internationally successful Nordic, based in Reigate, Surrey. Yet, Sue Wakelin did not see Nordic as a close rival. She agreed that Wakewood and Nordic sold 'a similar product'; however, Nordic's sunbeds catered for wealthy people and were therefore 'much more expensive ... with their extra frills that people [were] prepared to pay a little more for'.⁷² Both Wakewood and Nordic appreciated that they catered for different demographic groups. Nonetheless, Nordic was 'reticent' to disclose their sales figures, asserting that their upmarket units reached a wealthier minority of the British public.⁷³ Nordic and Wakewood, however, were planning to secretly compete against each other by launching new sunbed models that attracted the other's main target audience. In January 1983, Wakewood launched a 'Connoisseur ... luxury wood model and metal combination unit', which was 'the company's answer to Nordic Saunas' metal-framed equivalents. Kelvin Hopkins, the marketing director of Nordic, was so 'impressed' by Wakewood's awareness and approach to exploiting an

untapped consumer that he admitted Nordic had also begun to launch their own cheap sunbeds.⁷⁴

Another 'shameful' boom-to-bust sunbed market and the abundance of 'economy' sunbeds

The monumental 'success' of Wakewood was a surprise.⁷⁵ Wakewood reportedly did not appear to have a 'summer slump' like previous sunbed providers. In September 1982, Wakewood started establishing manufacturing establishments in Ireland-based Belfast and America's Atlanta.⁷⁶ Reflecting on sales from the previous year, Wakewood was expecting 1.25 million households to own a Wakewood sunbed within another year, followed by an eventual '10% of [all] UK homes (1.8 million)'. Nonetheless, Mike Wakelin was anxious about exclusively selling sunbeds as he was 'not keen on single product companies'. To avoid company stagnation, Wakelin was determined to take over the domestic sauna market, or even 'white goods', by applying the same marketing strategies and 'price revolution' as he did for sunbeds. He planned to start selling saunas at '£499, as opposed to the £800–1,200 charged for rival units', including those sold by Nordic.⁷⁷

To gain free positive publicity, Mike Wakelin again praised his sunbed company incessantly through the media. In January 1983, he boldly claimed that people called Wakewood 'Klondike services', because Wakewood 'came in and took [the sunbed industry] by storm'. This 'Klondike' comment was a reference to the famous Klondike Gold Rush of Northwest Canada in the late nineteenth century. He stated that Wakewood already owned '95% of the UK domestic sunbed market' and was the largest sunbed manufacturer in the world, generating an output greater than all other sunbed manufacturers put together.⁷⁸ As people were conscious of the risks of prolonged sun exposure, orders had apparently been requested from America—mainly in sunspot areas like California and Florida—, New Zealand, Japan, Australia and 'even Bahrain'. The company aimed to 'export 60%' of their production by the end of 1983.⁷⁹

From 1983 to 1984, their advertising budget of '£500,000' would be dedicated to launching their new and slightly more upmarket 'Connoisseur range' in colour supplements.⁸⁰ Mike Wakelin asserted that the 'hard grind of building up a company [was] now virtually over'. He confidently concluded the interview with the assertion that 'Klondike Services could be a feature of the Lancashire landscape for a long time to come.'⁸¹ However, only six days after the publication

of this outstandingly optimistic article, an unknown Wakewood representative was interviewed by the BBC North-West news team in front of an empty and quiet factory. This man, who was not Mike Wakelin or Phil Wood, was utterly perplexed by the company's failure and upcoming liquidation.⁸²

Barely a week after the *Marketing* article on Wakewood, a 'Sparkling Sunbed Star', Wakewood's representative explained how Europe's fastest-growing sunbed firm had collapsed. A slow full-pan of Leyland's dark, empty and quiet factory rooms was shown, while a man's voice-over explained how Wakewood's bust was out of their control. Apparently the 'demand for [Wakewood's] sunbeds ... never faltered' and 'the company had the right product at the right price'. Yet 'outstanding debts had remained unpaid for too long,' and Wakewood no longer had money to buy raw materials. In previous articles, Mike Wakelin proudly boasted about his risky purchasing of expensive bulk-buys of raw materials. At one point, the company had 'debts of £100,000', which Wakelin claimed were 'necessary for success'.⁸³ However, when correlating aforementioned reports from newspapers, interviews and both *Marketing* and *Campaign* magazines, Wakewood publicized very different and often overambitious and unrealistic statistics. Albeit a newspaper report, Wakewood first claimed that the company would achieve a turnover of £25 million at the end of 1982, after their first official financial year.⁸⁴ In a different interview, Wakewood claimed that they would profit '£1m on a turnover of £10m' for that very same year.⁸⁵ In the same interview, Wakewood then said that those figures would be doubled during his second financial year.⁸⁶ But only a few months before that, he had said that they were anticipating a turnover of '£100 m[illion] within [the first] two years'.⁸⁷

On 26 January 1983, the night before the disconcerting BBC interview, two hundred workers were made redundant. Only forty employees continued working to deliver the remaining orders, aiming to revive Wakewood into full production mode. The interviewed representative was confident that Wakewood could be saved. He promoted the business as flexible, arguing that it sold a 'first-class product', had high consumer demand, a stable workforce and no commercial problems. Wakewood simply needed a company to take over and resolve the company's debts. Later, in April 1983, the Central Lancashire Development Corporation concluded that Wakewood's debts amounted to £60,000 from rent and insurance.⁸⁸ In the BBC interview, the voice-over remarked that the creditors described the claims as 'complex and substantial'. The creditors would 'wind up' the company, and an appointed liquidator would investigate why the company failed. The interview concluded with Wakewood begging interested parties to come forward and take over the business to prevent the company's collapse.⁸⁹ By

mid-February 1983, only fifteen employees remained, and sunbed production stopped. The central Lancashire development corporation concluded that the failure was 'entirely due to inexperienced management which tried to run before it could walk' as Wakewood 'lacked ... proper financial control'.⁹⁰ By March 1983, the high court 'wound up' Wakewood, which was then bought by Saleway. Saleway was later bought by the investment company Jessel Trust. From 1985, creditors ceaselessly liquidated 'Saleway Limited (t/a Wakewood Sunbeds)' as it was always salvaged at the last minute by competitors until it finally closed in April 1990.⁹¹

Wakewood's story shows how sunbed provider's 'success ... [typically] turned sour', worsening the shameful association of the industry.⁹² After 1983, the emerging stigma surrounding boastful sunbed companies and those interested in starting or joining the industry both intensified and continued in the media. The traits initially upholding Wakewood as an inspiring, determined and honourable entrepreneur were later seen as ignoble. Influential groups, such as other commercial industries, the media, the government, medical communities and everyday people, now saw working in the sunbed industry as an objectionable occupation.⁹³ Perseverance, confidence and an unyielding attitude to sunbed sales and marketing were first tinged and then framed as foolish, risky and distasteful. Sunbed company owners or salespeople were not welcome. In 1986, two examples of sunbed sellers appeared on television. One account was genuine and the other fictional, but both were framed as undesirable.

As aforementioned, James Moore, the owner of 'Instantropic', was like the other three young, self-employed and working-class contestants on *Enterprize 86's* February round—Moore came across as determined, articulate, confident and intelligent. Yet, the judge's reception was exceptionally disapproving, contrasting to all other contestants. First, all three judges questioned the other contestants for roughly one minute. Whereas Moore, as even the host noticed, endured a 'good grilling' for over one minute longer than everyone else. The judges warmly introduced themselves and questioned and reviewed the other contestants, whereas Moore was immediately antagonized. The first judge, Don Robinson from Kunick Leisure Group, sternly opened with, 'sunbeds ... seem to be a bit of a fading business', and asked how Moore would expand his business. When Moore explained his franchise deal, the judge was not impressed. The second judge, Melvyn Levi from Pecan Property Group, immediately challenged Moore's prediction of a '600% increase in profits' for the upcoming year. Moore responded that there had been a '1000% increase in the sales force' from the previous year. Melvyn responded incredulously and demanded precise

numerical information about Moore's previous, current and future employees. The conversation finished with Melvyn grimacing with uncertainty. The third and final judge, Michael Walker from Lloyds Bank, sharply disapproved of Moore's 'very sales dominated' approach, remarking that he should 'spend more time on financial control and planning'. Walker's tone implied that there was more to business than persistent hot-headed selling, and financial planning was paramount. Moore both agreed and admitted that he should focus more on financial planning, explaining that he was learning and making these changes; however, before he could finish, the first judge abrasively demanded both stock finance and monthly budget figures to try and catch Moore off-guard.

Predictably, Moore did not win and was the only contestant who was interrogated and received sarcastic comments in the judge's assessment of the candidates. Walker began to hesitantly praise Moore for his 'great flair for selling' but then mocked him by concluding, 'we're unable to decide whether [you] will make a million or nothing'. To further ridicule Moore, he explained that the winner of *Enterprize* was not assessed by 'a large turnover and substantial profits' but by 'determination and grit'.⁹⁴ The contrast between the judges' reception of Moore and the other contestants made Moore's sunbed enterprise appear thoughtless, offensive and almost fraudulent. Throughout the show, the judges embodied hostile body language and harsh facial expressions and had aggressive and condemning tones. Due to the absence of literature on *Enterprize*, it is unknown if the production company's formula was to target one particular candidate on every episode, and this was their usual way of highlighting genuine flaws in people's business models. The other contestants perhaps proposed more traditionally respectable businesses. This included woodworking, jewellery and welding, the latter of which won. On the other hand, this harsher treatment could have been specific to Moore's sunbed business proposal. Either way, all sunbed providers were stigmatized from the mid-1980s onwards on television, and everyday tele-viewers, like those watching *Enterprize*, were encouraged to share the same cynical attitude. At the time, long-term business experts recognized the eventual downfall of the domestic sunbed market. The judges on *Enterprize* understood the unpredictable consumer demand, market saturation risks, the necessity to sell other products to survive and how sunbed businesses often demonstrated impressive profit margins in the early stages, leading to misplaced optimism and confidence. They had witnessed how a sales-dominant approach typically led to bankruptcy because people overlooked other influential and unpredictable factors. The judges had accurately predicted Instantropic's future. Like Wakewood, each

time Instantropic was on the brink of collapse, companies repeatedly bought the company until its last liquidation in 1990.⁹⁵

Half a year after *Enterprize*, in September 1986, even *Only Fools and Horses* satirized sunbed selling as a way to become a millionaire. The sitcom comedy *Only Fools and Horses* was created by working-class John Sullivan and centred in Peckham in London. The series narrated the highs and lows of ‘the Trotters’, a working-class family whose ‘get rich quick’ endeavours failed at the end of every episode, except for the 1996 Christmas special. Derek ‘Del Boy’ Trotter was stereotyped as a warm-hearted and quick-witted South London market trader and surrogate father for his much younger, dependent and child-like brother, Rodney. Throughout the sitcom, Del Boy reassures his younger brother that one day they will be millionaires through their business ‘Trotter’s Independent Traders’. The series ran consistently from 1981 to 1991 but frequently broadcasted specials until 2003 and was one of Britain’s most popular sitcoms.⁹⁶

The Trotters’ business ethos and selling approach can be understood from the *Only Fools and Horses* theme tune lyrics alone. As working-class ‘floggers’, both Del and Rodney cut corners and break laws for maximum profit (‘no income tax, no VAT’); attempted to exploit people who bought anything from them (‘No money back, no guarantee’); made false claims in their sales pitches to increase pressure on their targets (‘Black or white, rich or poor we’ll cut prices at a stroke’); often obtained their products in illegal ways (‘Hooky’); and finally, Del used French words to add an air of sophistication to their marketing ploys (‘C’est magnifique, Hooky Street’).

Only Fools and Horses was a sympathetic portrait of working-class life. As each episode typically achieved several million viewers, most were working class. Consequently, most viewers likely laughed along with the Trotters whose dreams of rags-to-riches often backfired.⁹⁷ The 1980s ‘get rich quick’ association was linked to Thatcherism and her promise that working-class people could achieve greater economic and social mobility. Moreover, it illustrated the willingness to compassionately engage with working-class life, which was stimulated by the growing success of working-class television makers like John Sullivan at the time. This differs from the present day, where working-class consumerism on television is often positioned disdainfully.⁹⁸

In the ‘Tea for Three’ episode, the satirizing of sunbeds as a ‘get rich quick’ opportunity started with Del’s unsuccessful sales pitch. Another two segments satirized the advertised ‘health’ and beauty reasons for sunbed use and the consequences of misuse and excess UV-tanning. The growing negative representation of sunbeds was exaggerated for comedic effects. An entire

episode dedicated to sunbeds on *Only Fools and Horses* speaks volumes. The fact that Del, 'Uncle Albert' and Rodney own and interact with a sunbed illustrates the tipping point of unfavourable sunbed representations by the mid-1980s.

In the sunbed sales pitch, Del and his accomplice Rodney target their local pub owner 'Mike' in his own pub. Del is comically persistent, eager and confident. Like Wakewood and Moore, Del embodies the positive characteristics of early 1980s sunbed providers and similarly fails. Del, dressed in a cheap grey suit, energetically leans over the bar towards Mike, demanding his attention. Meanwhile, Rodney whips out a flashy, colourful advert featuring a blonde woman in a bikini from his suitcase. Del offers the sunbed at '£120' even though it 'retails normally at £375'. Straight-faced, Mike declines. Del increases the sales pressure by adding a 'super deluxe, modern ... telephone' into the deal. Again, Mike calmly declines. Relentless and determined, Del then offers a free 'extension'. Mike now aggressively declines. Del begs for more of his time, but Mike strides away. He then proudly exclaims, 'we nearly had him,' and Rodney agrees.⁹⁹

The Trotters' laughable double-act and marketing strategy mocked typical sunbed advertising at the time. Sunbed advertisements persistently offered discounts, threw in 'extras', flaunted half-naked women, and argued that a sunbed was a 'rational' purchase. As sunbeds were no longer a novel technology worth advertising, most of these promotion strategies and the overall frequency of image-based adverts within the media sharply declined from 1983 until their disappearance by 1988 (Table 3.1). Even Nordic, an originally affluent and well-established sunbed provider, no longer advertised sunbeds after Wakewood's bust in January 1983, despite publicizing that they wanted to capitalize on working-class consumers with their own 'price revolution'. Catering to the 'economy' market, and established in Wolverhampton from 1985 until 1994, Amber Leisure was one of the only sunbed providers to emerge and survive immediately after the boom-to-bust period.¹⁰⁰ The scriptwriters of *Only Fools and Horses* likely saw Amber Leisure's print press promotions because Del's pitch applied the exact same advertising approach and retail price as Amber Leisure's 1986 marketing campaign.¹⁰¹ The Trotters' resilience and optimism, despite Mike's disinterest and their failure, comically encapsulated the unwarranted confidence of these remaining sunbed providers.

The idea of exploitative cowboy sunbed salons had existed since the early 1980s, but vexing representations of these providers had not yet emerged.¹⁰² After the mid-1980s, both non-fictional and fictional media widely circulated a dominant depiction that sunbed providers were frantically profit-orientated. The

'Tea for Three' *Only Fools and Horses* episode had over sixteen million viewers on the first eve of transmission. Therefore, viewers would have absorbed this opinion by the end of the show, even if portrayals of desperate providers were not yet commonplace.¹⁰³ Also, this objectionable reputation of sunbed providers likely influenced new representations of their consumers.

Working-class sunbed consumer stereotypes

In the early 1980s, sunbeds were *associated* with middle-to-upper-class white women and men (see Chapters 1 and 2).¹⁰⁴ In *Only Fools and Horses*, Uncle Albert's and Rodney's tanning sessions satirized how sunbeds were 'now practically within everyone's reach' by the mid-1980s.¹⁰⁵ Following the growing undesirability of sunbed suppliers, the 'cheap price revolution' and abundant accessibility, sunbeds were becoming framed as a more irrational indulgence for the working-class masses. Although hyperbolic to evoke comedy, *Only Fools and Horses* also conveyed a silliness of sunbed use when used by 'new' consumers, including a 'geriatric' and then a young, effeminate and working-class man. Moreover, this episode broadcasted one of the first tele-visualizations of 'excessive' sunbed use and its repercussions.

The first *mise-en-scène* of sunbed use was within the Trotters' small living room, overcrowded with furniture and decoratively mismatched. This living room was also their dining room, typical of the council flats within the high-rise tower blocks of South London. The top-canopy sunbed, comically propped by wooden blocks, was positioned on top of a tartan sofa. The mahogany-coloured and body-length sunbed unit had sharp-edged corners and bright crass silver bars. It was one of Amber Leisure's cheapest factory-produced sunbeds of the mid-1980s, mass-produced 'for all'. Amber Leisure was also constantly updating their *Daily Mail* adverts with major cut-prices and 'interest-free credit', suggesting a desperation to clear excess stock.¹⁰⁶ On *Only Fools and Horses*, Rodney sat on an armchair in front of the sunbed, dressed in a t-shirt and jeans, munching on crisps. The overfilled environment framed the cheap-rate sunbed as a tacky technology.

Uncle Albert, an elderly working-class man, was the first of the Trotters to enthusiastically use the sunbed—and he could not work out how to use it. Albert was lying face-down across the sofa, underneath the sunbed. When he spoke, he arched his head over the armrest. His belly bulged, and his white arms and skinny legs were exposed. He wore a tight white, frayed vest top and

long socks pulled up to his knees. When both Rodney and Del saw Albert's tanning attire, their eyes bulged in horror and described him as a 'geriatric ball boy'. Albert's loud and blind-goggled delivery of a question in a strong South London accent accentuated the comedic absurdity of Albert using a sunbed. He asked if ultraviolet rays contain vitamin E because he had read somewhere that vitamin E was good for a hangover. Rodney rolled his eyes in disbelief. Albert's expressions, followed by his inaccurate assumption that sunbeds released 'vitamin E' instead of vitamin D satirized the common 'vitamin D' health claim as garbled. Collectively, the environment, sunbed model, surrounding furniture and Albert himself framed sunbed use 'for everyone' as silly.

Rodney used the sunbed after Albert and reflected an entirely different representation. Rodney was effeminate, youthful, overexcitable and more 'educated' and 'clever' than Albert and Del. This made Rodney's accidental 'excess' sunbed use more unfortunate and undeserved. Rodney was also 'less masculine' than the other male characters. When he used the sunbed in front of Albert and Del, he excitably strutted to the machine and wiggled his hips as he turned the time dial. When the lights turned on, he produced a high-pitched shriek. Fully clothed in a tightly tucked white t-shirt, blue jeans, socks and trainers, Rodney rolled his long yet light body onto the sofa. Rodney's feminized sunbed use was personified by his gleeful body movements, high-pitched tones and tight clothes.

Moreover, his youthful attitude added a layer of innocence to his unfortunate sunbed use. Rodney fell asleep, and Del returned. As both characters were competing for a young woman's affection, Del sabotaged Rodney's attempt to impress Lisa with a tan by turning up the sunbed time-dial to the maximum. Later, while Del and Lisa were dining, Rodney appeared. Dressed in a white suit, he could not move his burnt-red face. For the rest of the episode, Del humiliated Rodney in front of Lisa and others by calling him a 'Swan Vesta' matchstick. Since 1883, Swan Vesta, originally based near Liverpool in Bootle, was a famous brand for matchsticks and smoking accessories. These cheap 'strike-anywhere' matchsticks were popular with working-class smokers. Del's comment about Rodney's burnt face and Swan Vesta matchsticks tied together new associations of sunbed use and smoking among the working-class masses. Rodney was a 'Swan Vesta' matchstick because of his red face and white suit.¹⁰⁷ He stressed that he had dialled thirty minutes on the sunbed—not the two and a half hours that burnt him.

The Trotters' interaction with the machines reflected and reinforced an emerging stereotype of working-class sunbed consumption. Rodney was oblivious to the possibility of risky prolonged sunbed use, which led to a

dangerous outcome. This was the first time harmful sunbed use was seen on television, and since then, hazardous sunbed on television has only ever been associated with working-class people. Even if unintentional by the *Only Fools and Horses*' scriptwriters, the episode supports historical narratives in which the mass consumption of technologies by the 'irresponsible' masses typically leads to both individual and communal harm.¹⁰⁸

The historical actors contributing to the stigmatization of sunbeds

As previously shown, different stakeholders contributed to the growing negative associations of sunbeds. The mass manufacturing, distribution and advertising of sunbeds led to financially deprived people accessing this technology, which resulted in an association of tastelessness with sunbed use. Some of these groups were the providers themselves, and less obvious endorsers included television game shows, the government and banks.

This chapter has already explained how the diversification of providers inadvertently contributed to an unattractive representation of sunbeds. After the liquidation of Wakewood, Philips, an international Netherlands-based company, fuelled this further by adopting Wakewood's 'cheap price [sunbed] revolution', which contrasted with their previous expensive and upmarket range.¹⁰⁹ Philips replaced their discourse of luxury and health with 'interest-free credit plan[s]', new 'attractive price[s]' and 'ease' regarding deliveries and installation to make home tanning 'practically [within] everyone's reach'.¹¹⁰ Manufacturing and design employees, who had prior experience in mechanics, carpentry or electrical goods, were also influential as they helped mass-produce cheaper sunbeds. Nonetheless, providers were not the only contributors. The media contributed to the success of sunbed promotions, distribution and accessibility, and the story of Wakewood illustrated how advertising agencies and advertising standards turned a blind eye, even though 'naked women' on television advertising should have resulted in a ban or fine.¹¹¹

Even British television game shows gave away masses of sunbeds as a runners-up prize, showing how sunbeds were still embedded but increasingly disposable within popular culture. They were prizes in both *The Price is Right* from 1984 to 1988 and *Play Your Cards Right* in 1987.¹¹² Tellingly, the participants and audiences of these shows were aspiring working-to-lower-middle-class. The other runner-up prizes were affordable 'everyday' small electrical gadgets, such

as mini-televisions, compact disc hi-fi systems, colour televisions, economical fridge-freezer units and video recorders. The winning prize was a three-door hatchback Austin Metro city car.¹¹³ Clearly, 'economy' sunbeds were still a pleasant household bonus for working-class participants and viewers. But for game show producers, they were an affordable and disposable prize for their weekly shows. Similarly, from 1988 to 1991, sunbeds were offered as the lowest prize group in the traditional *Daily Mail* game 'Spotting the ball', based in Liverpool. Again, *Daily Mail* readers were predominantly working-class.¹¹⁴

Financial support from the government and banks also contributed to the mass distribution and 'decline' of sunbeds. As Wakewood demonstrated, government loans were still supporting start-up sunbed companies.¹¹⁵ Banks also supported sunbed start-ups and those wanting to borrow money to purchase domestic sunbeds. In 1987, through the *Daily Mail*, a Lloyd's 'leisure stretcher holiday loan' advert featured a man on a rowing machine under a sunbed. Sunbeds were now suggested as a normal holiday purchase, obtainable with a loan.¹¹⁶ Since the early 1980s, the rise of credit schemes and loans, especially for women, also assisted the attainability of new health and beauty domestic technologies, including home tanning.¹¹⁷

The historical actors' warning against sunbeds also contributed to the stigmatizing of tanning providers and consumers. As discussed in chapters one and two, sunbed-related medical research was relatively sparse before the early 1980s. After the boom-to-bust of the industry, the authors of sunbed-related medical research became confidently cynical and received greater television airtime. However, it was newspapers that first disseminated medical warnings, sometimes adjacent to sunbed promotions.¹¹⁸

In September 1982, the *Times* published an article voicing the concerns and tensions of media, medical, government and sunbed industry groups. In an overpoweringly dismissive tone, this 'balanced' article explained the issues and potential solutions of the sunbed industry. In reference to Wakewood's domestic 'sunbed revolution', the author warned that home tanning was more hazardous than in a beauty salon or health club. She argued that suppliers' health and safety guidebooks, like Wakewoods, were insufficient because most people in Britain ignored manufacturers' instructions and that sunbed advertisements contradicted these guidebooks anyhow. For example, the models on Nordic's advertisements 'never wore goggles or sunglasses'. Next, the author remarked that it was impossible to estimate how many sunbed shops existed as they loosely required licenses under the 'Massage and Special Treatment Act'. These licences were required for tanning salons, massage parlours and chiropractors.

To overcome this issue, in 1982, the dermatologist Dr John Hawk and an ophthalmologist Dr David Darby founded the Association of Sun Tanning Operators (ASTO) to recruit providers, monitor their supply and persuade the government to set up guidelines for operators. Yet ASTO could only recruit a hundred members, and the government was disinterested, claiming that sunbeds were a 'cosmetic' issue.¹¹⁹ Frances Allwright, ASTO's General Secretary, also admitted that counting companies from the Companies House Records would show inaccurate figures because 'cowboy' salons were not recorded and 'thousands of thousands' of providers existed.¹²⁰

The following year, in 1983, the *BMJ* published five sunbed-related articles and letters.¹²¹ At the time, this was the most amount of sunbed-related medical content published within one year. It was also the first year that the more mainstream *BMJ* had published formal content. Medical experts of all kinds were gradually becoming more concerned because sunbed use had become an 'everyday' issue. One of these articles, titled 'Sun Beds and Melanoma', was published in March 1983 and led to BBC medical-media coverage only three days later.¹²² On the BBC1's *Breakfast Time*, Frank Bough was interviewing Dr Richard Smith on the recent reports that linked sunbeds and sunlamps with skin cancer.¹²³

However, perhaps because of the media's focus on AIDs, the *BMJD* only published one sunbed-related article each year from 1984 to 1985. In 1986, a *BMJD* article explored the 'use of UV-A sunbeds for cosmetic tanning' based on the questionnaires from 146 ASTO tanning salons in January 1985. The author, B. L. Diffey, concluded that people should avoid sunbeds if they could not tan or tanned poorly, even though the increased risk of health problems was still unknown.¹²⁴ In 1987, dermatology departments in Glasgow and Edinburgh also obtained funding to research the effects of sunbeds, which led to a proliferation of anti-sunbed articles; nine were published in 1988, which was almost double the amount in 1983. One of these studies was 'the first ... to suggest ... a link between artificial UV lamp use and melanoma.'¹²⁵

Conclusion

In the mid-1980s, despite the growing awareness that sunbeds could be 'bad' for you, sunbeds were still a normalized, accepted, relatively unthreatening and thoroughly embedded 'everyday' technology—easily accessible for all. Yet the influence of many different stakeholders rapidly changed this representation.

People were increasingly voicing, supporting and disseminating negative beliefs about sunbeds, snowballing into a growing dense web of unfavourable representations. Towards the end of the 1980s, sunbeds were perceived as banal, 'excessive' and more seriously harmful. The negative representation of sunbeds was unsalvageable, especially as consumer interest decreased, even from working-class people. Moreover, the media no longer supported sunbed providers. The industry, therefore, became more voiceless and passive in the media. Finally, the concerns of medical researchers and their funding for sunbed-related scientific experimentations were about to grow substantially.

Medical research and stigma after the sunbed boom years

Introduction

Researchers at Glasgow and Edinburgh Universities have found up to a nine fold increased risk of developing the cancer for users of sunbeds and sun-lamps.

–Judith Han, the presenter on *Tomorrow's World*, October 1988.¹

After the unsalvageable collapse of the domestic sunbed market, few sunbed entrepreneurs entered the industry, and domestic sunbed adverts rarely featured in the media. In this chapter, an array of late 1980s magazines, newspapers, and television programmes will provide answers as to why the sunbed industry no longer advertised in mainstream media and, therefore, lost some of its commercial power nationwide. Medical professionals instead occupied these media spaces, informing the public about sunbed use.

Through popular science books and a cartoon, I will then document a further tilt in the representation of sunbeds. As skin cancer publicity slowly replaced sunbed propaganda, both consumers and the media demanded more 'scientific' information to clarify the links between sunbeds and skin cancer. In response, dermatologists and skin cancer specialists became the main sunbed spokespersons. In the late 1980s, they conducted more scientific experiments on UV exposure and sunbeds, publishing the result in the *BMJ* and *BMJD*. National newspapers and television broadcasts, including Britain's renowned *Tomorrow's World*, then presented these findings to the public, aiming to discourage sunbed use.

In 1989, the HEA launched a campaign to increase young women's awareness of *sun-induced* skin cancer. A survey-based study conducted before and after the campaign revealed that skin cancer awareness was already high. While this

campaign and study occurred, an avalanche of medical research and media broadcasts continued to reflect and intensify a moral panic about *sunbed*-induced skin cancer. Yet greater awareness of skin cancer caused by sunbathing or sunbeds did not deter tanning habits; 'bronze [remained resiliently] beautiful'.² Most beauty, health, fitness and fashion marketing, even if inadvertently, still endorsed sunbeds because the machines were embedded within everyday spaces.

As a result of these back-and-forth tensions, some media content writers, both factual and fictional, started to create and reinforce a new sunbed stereotype, evident through newspapers, radio shows and soaps. Usually blonde, mean, ungrateful, lazy and selfish, the 'everyday' sunbed consumer became satirized as morally distasteful and disruptive. Moreover, the exploitation of this stereotype further stigmatized the act of using sunbeds as frivolous, irrational and ignorant (see Chapter 3). In media representations, sunbed users were increasingly depicted as 'immoral' 'yuppies', 'bimbos' and 'gold diggers'. This media-induced moral panic was perhaps a response to the defiant sunbed consumers disinterested in skin cancer risks and refusing to change their tanning habits. Even though the creation of this sunbed stereotype partly functioned as an attempt to decrease skin cancer rates and improve the long-term health of people in Britain, it was misogynistic and offensive. It also reflected a culture war between 'new wealth' and 'old wealth' and a backlash against Thatcherite politics during Margaret Thatcher's last few years as prime minister.

This chapter focuses on the quietest time period of all sunbed-related media, from 1988 to 1990. A few years before this, BBC researchers assessed everyday people's interest in health education.³ The BBC's special reports revealed that television viewers were personally interested in 'cancer' (1985), 'keeping fit' (1987) and 'healthy eating' (1987).⁴ However, during the AIDS epidemic, people lost interest in these topics because they wanted more information about AIDS. As this demand for information started in 1987 and heightened in 1988, people were less concerned about sunbed-induced skin cancer in the late 1980s.⁵ Nonetheless, growing numbers of anxious dermatologists did prompt the media to produce sunbed-related health advice. Even though it was not obeyed, this anti-sunbed advice at least reached the public.

A 1983 BBC special report also revealed that although television and the press were 'very much secondary sources of information [in comparison with personal experience and talking to other people], the media [was] a very powerful source which seem[ed] more authoritative and credible than information passed by word of mouth'. Nonetheless, even if people made demands for health education on matters important to them, they believed that

‘no-one (even the experts) really [knew] anything about cancer.’ The report also observed that the public had widespread ‘mistrust and, occasionally, dislike of doctors’ and medical experts. This was ‘common to all ages, classes and both sexes,’ although middle-class people were more likely to argue or change their doctors if they were unsatisfied. However, if information was transmitted through television, viewers were more likely to believe a cause was a cause.⁶ It must be noted that this research was conducted on behalf of the BBC and that the people who responded to the survey could have been keen television watchers, perhaps contributing to bias. Nonetheless, the BBC report does echo other histories that recount the growing distrust in medical professionals and how the media, including the BBC, became a platform for patients to complain about doctors, especially by the 1980s.⁷

The sunbed industry’s commercial power through the media

After the strong association of sunbeds with working-class providers and consumers (see Chapter 3), providers rarely advertised through the national print press or television, resulting in their eventual disappearance. Industry-focused magazines, including *Marketing* or *Campaigns*, stopped mentioning them.⁸ Most mainstream national newspapers, such as the *Observer*, the *Guardian*, *Independent*, the *Times* and the *Financial Times*, no longer featured domestic advertisements after 1987. Amber Leisure was the only sunbed-selling business to advertise somewhat frequently before this year.⁹ Yet, after 1986, they only advertised through the *Daily Mail* (Table 3.1).¹⁰ Moreover, Amber Leisure sold other recreational leisure, health and fitness products alongside sunbeds. As sunbeds were no longer a novel product, selling other technologies perhaps aided their economic survival.¹¹ After 1987, sunbeds were no longer runner-up prizes on television game shows, and in a 1988 *Good Housekeeping* issue, Nordic advertised their ‘Sun Tan System’ for the last time; this tiny reference was also buried among other listed spa technologies.¹²

Several overlapping factors caused this decline in advertisements across national broadcasting platforms. Sunbeds were no longer novel technologies worth listing; they instead became an expected or given attribute of certain settings. Consumer demand had somewhat declined when compared to the boom years, and sunbed providers could no longer afford nation-scale advertising campaigns. Also, regular users did not need to know where the nearest sunbed shops were; they knew.

However, sunbed advertisements did rise in some other advertising spaces. While press ads disappeared, numbers dramatically rose for the first time in the *Mersey Yellow Pages* trade directory from 1987 to 1988. The directory featured a total of forty-eight references in 1987, which increased to seventy-four in 1988.¹³ In 1988, for the first time in five years, sunbeds were again placed in the *Mersey Yellow Pages* 'health and fitness clubs/centres' categorical section, featuring a total of thirteen adverts.¹⁴ This change could have resulted from a new *Mersey Yellow Pages* editor who supported the health association of sunbeds. Or perhaps gym owners were trying to increase their client memberships to combat the growing nationwide disinterest in the 'old fashioned health club' movement.¹⁵

Moreover, unlike other forms of widespread regional advertising, the *Mersey Yellow Pages* allowed local business subscribers to freely advertise, and small-to-medium sized advertising spaces were 'low-cost'.¹⁶ Also, the *Mersey Yellow Pages* were distributed in the sunless and predominantly working-class North-West region, where the demand for sunbeds remained high. Quite tellingly, after 1989, in both the *Liverpool Echo* newspaper and *Mersey Yellow Pages*, Jean Graham's salons (see Chapter 1) removed the selling point that sunbed tans radiated 'wealth', yet all her other 'beauty' and 'health' claims continued into the 1990s.¹⁷ A tan could be sold as 'beautiful', and the conflicting sunbed reportage permitted the advertising of 'health', but sunbeds could no longer be sold as an affluent consumer good.

Medical sunbed research transmitted through the media

By the late 1980s, all sunbed-positive press and light-hearted questioning tones were replaced with serious warnings about regular sunbed use. People in Britain were also demanding more credible, less industry-biased and clearer information on sunbeds and health.¹⁸ Confident sunbed businesses had provided these answers in the past but had now lost their authority and integrity. As such, print press journalists and television broadcasters no longer interviewed sunbed providers for any information. Instead, they communicated with medical experts and focused on the 'science' behind sunbed-induced skin cancer. The voices of dermatologists and skin cancer specialists were now amplified. Some doctors even presented their expertise directly to lay audiences, including Dr Ronald Marks, who published one of the first popular science books addressing tanning and skin cancer: *The Sun and Your Skin* (1988).

Marks explained that his book was for the ‘interested public—for the sun-worshipper and occasional sunbather as well as those fearful of the sun.’ He presented practical information on everyday people’s frequently asked questions about the effects of tanning on the skin, such as ‘Are sunbeds safe to use?’ Aiming to both inform and entertain his readers, Marks wrote this relatively short (120 pages) and easy-to-read book, which he formatted as a columned popular magazine. The promotional reviews published in the *Times* newspaper (May 1988) and the *New Scientist* magazine (July 1988) increased the awareness of Marks’s book among the educated and perhaps some lay audiences.¹⁹ The *Times*, a highly regarded and well-read national newspaper, was mainly purchased by middle-to-upper-class men and women.²⁰ And the *New Scientist* had been a popular British weekly magazine since 1956, published for all men and women ‘interested in scientific discovery, and ... its industrial, commercial and social consequences.’²¹ Both reviews in the *Times* and *New Scientist* explained that the book aimed to inform a broader range of people about the effects of UV on skin; however, the book was unlikely to reach working-class groups as it cost £5.99—the equivalent value of £17 in 2020.

In the first review from the *Times*, the reporter introduced Marks as the ‘Head of Dermatology at the University of Wales College of Medicine’ to establish his authoritative position. The reporter then shared Marks’ sunbed recommendations with readers. These included, ‘Always wear goggles. Always match the exposure to your skin’s reaction. Don’t wear cosmetics or perfumes before session [and] don’t have more than 20–30 sessions a year.’ Finally, both Marks and the reporter advised people to seek ASTO approved operators as they upheld the Health and Safety Executives’ code of practice. This practice of certification perhaps reduced the public’s perception of risk.

Marks and the reporter were clearly advising ‘safe’ sunbed use rather than condemning it. Marks even included a positive ‘Sunshine—the Good Side’ chapter.²² The book must have been relatively popular, at least for medical experts wanting to guide their patients, because a second reprint was promoted four years later in a 1992 *Physiotherapy* medical journal.²³ The reviews reflected medical experts’ growing concerns and increased media and public demand for suntanning-related health information. In all reviews, journalists and medical professionals praised Marks for turning inaccessible medical research into an accessible book, which at least tried to fulfil the demands and needs of concerned lay audiences.

In June 1988, one month after the *Times* reviewed *The Sun and Your Skin*, the first ultraviolet light and skin cancer-themed *Punch* cartoon appeared.

Punch, a renowned British weekly magazine, used cartoons to satire political and current affairs.²⁴ The people working in the media had clearly noticed the growing interest in ultraviolet radiation research from suntanning consumers, medical experts and the government. In this cartoon, the backdrop of medicinal cabinets, laboratory glassware, machinery, and caged rodents accentuated the 'Animal Lab' scene. Seven expressionless dogs in sunglasses, accompanied by cocktails, were strapped onto 'bed'-resembling metal machines, with ultraviolet lamps overhead. Each machine had a complex control panel with buttons and a countdown timer, similar to a sunbed. Attached to the machines were clipboards, each citing a different sunny holiday destination—Greece, Majorca, Portugal, Italy, Spain and Tunisia. At the back of the room, two white, old and balding men in spectacles, dressed in white labcoats, observed the experiment. Both scientists had disgruntled facial expressions. The caption read, 'Somehow I never thought we'd be carrying out experiments on behalf of the holiday companies.'²⁵

This 'ultraviolet experiment' cartoon, in particular, was satirizing the growing abundance of scientific 'sunbed', UV and tanning experiments and their endless results in an everlasting pursuit of science. The different timers and countries reflected scientists' attempts to assess and control how the varying levels of ultraviolet radiation might affect their research participants. The controlled timings, locations and the docile dogs, rather than mice or rats, reflected a ridiculousness to the pursuit. The satirical positioning of the 'holiday companies' as interested stakeholders in scientific research would also amuse readers. Similar research, conducted on behalf of sunbed companies, had been done in the past, but these rigid and cold metal sunbed-resembling machines appeared more clinically 'medical'. Despite its sceptical tone, the cartoon acknowledged the rise in sunbed-induced skin cancer concerns.

The cartoon was published when dermatologists showed a much greater—and what would prove to be unrivalled—interest in sunbed-linked skin cancer through the *BMJ*. From 1980 to 1987, the average number of both *BMJ* and *BMJD* publications, often merely mentioning sunbeds, only amounted to two per year. In 1988 alone, a total of nine research articles, letters and responses were published in the *BMJ*. Moreover, one abstract of the first sunbed-dedicated paper was presented at the annual *BMJD* conference. Even the Royal College of Physicians issued a statement on the long-term dangers of sunbeds in 1988.²⁶

Throughout Spring and Summer that year, the *BMJ* letters either supported or challenged the findings from two key research articles that were also published in 1988; these two articles presented case studies on 'Sunbed lentiginosities' and 'Skin fragility and blistering due to use of sunbeds'. In both articles, all patients

with skin fragility and blistering were young women, except for one 37-year-old man.²⁷ The second article explained how the patients' exposure to UV-A via sunbed use was 'greatly in excess of the exposure of an indoor worker in the United Kingdom.' The patients had used sunbeds for thirty to sixty minutes, two to seven times a week, for one to six years.²⁸ In the first article, the 'excessive' UV-A sunbed exposure damaged the patient's skin.²⁹ Yet, the recommended number of sunbed sessions from all 1980s sunbed adverts often suggested everyday use all year round. These 'sunbed lentigines' reports also showed how anti-skin cancer activists, demonstrated by CRUK's new health education programme from 1987 to 1989 to prevent melanoma, were likely prompting dermatologists to conduct more research and better inform healthy lifestyle choices concerning UV exposure.³⁰

As demonstrated in late 1980s medical journals, dermatologists typically discussed their new sunbed research within their own circles, welcoming feedback. They then used the media to share their findings with the public. The following section unpicks these feedback loops, in which reporters quickly translated scientific studies to the public, first through newspapers and later television, on *Tomorrow's World*. However, this 'scientific' information reached the public in a conflicted form, partly because of some reporters' misinterpretations and cautiousness. The feedback loop in how the sunbed medical study was transmitted through a television broadcast exposes past science communication and health promotion issues.³¹

In July 1988, the annual *British Journal of Dermatology* conference featured the first paper on sunbeds. Titled 'Fluorescent Light and UV Lamp Exposure and the Risk of Melanoma', it claimed to be the 'first study to suggest that there is a link between artificial UV lamp use and melanoma.'³² The dermatologists, Swerdlow et al., were based in Edinburgh and Glasgow. Two months later, on 10 September 1988, their research was formally published. Half of the study examined the effects of fluorescent lights in work and home environments, and the other half assessed ultraviolet lamps and sunbeds. The study's participants consisted of 180 patients with malignant melanoma, aged between fifteen and eight-four, and a control group of 197 inpatients and outpatients.³³ The authors asserted that 'the risks associated with exposure to ultraviolet lamps and sunbeds remained significant after adjustment for other risk factors for melanoma.'³⁴ If people used sunbeds for five years or longer, the risk of melanoma increased. In the study, 21 per cent of patients—totalling thirty-eight people—had used ultraviolet lamps or sunbeds. The article claimed that the 'overall relation to age was not significant' because the risk did not appear to be greater for participants

over thirty.³⁵ The authors also explained that ultraviolet radiation had historically treated conditions, such as ‘vitamin D deficiency neonatal jaundice’, tuberculosis and ‘sickly children.’³⁶ Yet, they asserted, the link between ultraviolet radiation exposure and skin cancer needed ‘serious consideration.’³⁷

Swerdlow’s article cited two studies to compare the UV-A radiation emittance between the sun and sunbeds. Using these studies, they first claimed that sunbeds ‘generally’ delivered UV-A ‘at dose rates ... two to three times those of sunlight and may deliver ultraviolet B at rates near to those of bright sunlight.’³⁸ The second article that Swerdlow et al. cited stated that UV-A sunbeds ‘produce[d] irradiance causing erythema several times that produced by the summer noon sun at a latitude of 30 degrees or 40 degrees N[orth].’³⁹ The article concluded that these studies needed a reinvestigation as ‘no previous study [had] looked at the relation of risk to the time since exposure.’⁴⁰ They suggested that melanoma may have a ‘long induction period’ because of the higher risk of melanoma from exposure several years prior.⁴¹ However, the dermatologists also suggested that this increased risk of melanoma could have been attributed to the older sunbeds from the late 1970s. Reportedly, these lamps largely emitted UV-B, which ‘likely’ caused skin cancer in humans and animals.⁴² The dermatologists’ research findings were complex and ambivalent, and journalists later translated the findings in confusing ways to people. For instance, an *Independent* newspaper article opened with a typical question from the public: ‘WHAT are we to believe about the dangers of sunshine?’ This question was followed by a convoluted explanation that UV-A caused cancer, yet UV-A protected consumers from UV-B, which caused more cancer.⁴³ Regardless, the media became the principal outlet and amplifier for these dermatologists’ research, including Swerdlow et al.’s findings, as everyday people did not have free access to the *BMJ* or *BMJD* and the expertise to understand it.

At least three national newspapers—the *Daily Mail*, the *Guardian* and the *Independent*—published reports explaining their different interpretations of Swerdlow’s research. The *Daily Mail* published the first article on 9 September 1988—the day before Swerdlow’s *BMJ* publication. Medical experts and the media had clearly communicated, perhaps because of growing skin cancer concerns and pressures to quickly give people new sunbed information.

The *Daily Mail* article was titled ‘Experts Warn of Cancer Risk from Sunbed Tans’. The reporter confirmed that ‘ultra-violet rays [were] potential killers’ and that ‘people who use[d] sunbeds triple[d] the risk of getting skin cancer’. The reporter also explained that using tanning lamps for five years increased the risk of ‘developing malignant melanomas—cancerous moles—by nine times’. However, this shocking introduction was then softened by the disclosure

that 'older sunbeds' might be the cause of melanoma, as they emitted UV-B radiation. The *Daily Mail* article concluded that newer sunbeds emitted 'more ultra-violet A [than UV-B] rays'; therefore, newer machines were 'thought to be' less dangerous than older machines.⁴⁴

The following day, the *Guardian* published their account of Swerdlow's research, titled 'Sun Lamp Scare', hinting at slight scepticism. The *Guardian's* brief report claimed that there was a 'three-fold increase in melanoma skin cancer among users of ultraviolet lamps and sunbeds'.⁴⁵ A few days later, the *Independent* provided a more detailed discussion titled 'Link between Sunbeds and Cancer'. The article linked sunbeds to 'unexplained rashes and skin infections and permanent changes in pigmentation'. The article fearfully confirmed that the *BMJ* had linked 'sunbeds and skin cancer' and described melanoma as 'the most virulent skin cancer'. They stated that 'nearly 400 people' were involved in the research, of which half were melanoma patients. The reporter also noted that '21 per cent' of these melanoma patients had used sunbeds and warned that people who used sunbeds for over 'five years were even more at risk'.⁴⁶

Days later, the fourth newspaper article, which was the second *Guardian* report, was the first to acknowledge that the study also researched fluorescent lighting.⁴⁷ The other newspaper reporters had focused entirely on sunbeds, suggesting that sunbed-related matters were a higher priority and received greater interest from the public. The *BMJ* findings on fluorescent lights and the risk of melanoma were 'slightly but not significantly raised'. Comparing these two differences emphasized the dangers of sunbeds, and the foundation on which to build media-induced moral panic was thickening.

A month later, a television report transmitted Swerdlow's article to an even larger audience through the mainstream BBC1 channel. In their television guides, the *Times* and *Daily Mail* only used *Tomorrow's World's* 'sunbed safety' report to advertise the weekly show. Four other topics were showcased in that one episode, excluding their weekly 'news' segment, yet the BBC and newspapers cited the sunbed report as their main hook because they knew it would interest viewers the most.⁴⁸

Judith Hann presented the live transmission of this report on 27 October 1988. It aired at 8 pm. This prime time and most watched evening slot on BBC1 reached millions of viewers.⁴⁹ The programme usually presented six to eight reports on a new development in science, technology or medicine. The first and last reports were usually humorous and brief, lasting under two minutes, whereas the more 'serious' and 'significant' middle reports were longer, lasting up to six minutes.⁵⁰ The sunbed report was the second out of five and lasted

almost three minutes, showing the topic's seriousness. Information was only obtained from skin cancer and policy experts—not the sunbed industry or tanning consumers. Launched in 1965, *Tomorrow's World* was a long-standing and popular BBC1 series. In the 1980s, the programme had the highest ratings of all television programmes dealing directly with science (such as *Horizon* and *Panorama*) and attracted eight to ten million weekly viewers. The show aimed to introduce new technologies, developments and scientific theories, and the content was presented as 'factual'.⁵¹ Typical of the 1980s Thatcherite era, health was believed to be an individual's responsibility.⁵² Therefore, television reporters, like Hann, calmly 'suggested' rather than 'instructed' sunbed-related cautions and health advice, thus continuing political and public attitudes of self-autonomy. Hann's sunbed report also reflected the typical late 1980s ambivalence of media reporting. She incited fear through her dramatic tone but then reassured viewers by undercutting the risk factors of sunbed use, which perhaps undermined medical authorities and their research on sunbed-induced skin cancer.

With fourteen years of experience on *Tomorrow's World* at the time of the broadcast, Hann was a confident presenter. To open the report, she acknowledged that 'the safety of sunbeds and sun-lamps has always been controversial'. To heighten viewers' attention and their concerns, she then introduced malignant melanoma as 'the most worrying of the skin cancers as it spreads rapidly through the body'. Hann also referred to Swerdlow's *BMJ* article, affirming their discovery of a 'nine-fold increased risk of developing ... cancer for users of sunbed and sun-lamps'. She presented this statistic more dramatically than previous print press reporters. Only the first national newspaper, the *Daily Mail* article, had mentioned the 'nine-fold increased risk' of developing melanoma.⁵³ Moreover, the *Daily Mail* had reassured readers that this 'nine-fold increase' only occurred after 'five years of sunbed use'.⁵⁴ The *BMJ* article did not explicitly mention an increased risk of melanoma. Yet, there were masses of numerical calculations alongside the text, which were accessible to the intended audience with medical expertise. Therefore, it was unclear if the *Daily Mail* reporter had accurately interpreted the *BMJ* study in the first place. Regardless, the media were both popularizing and dramatizing sunbed health concerns. The alarming statistic on *Tomorrow's World* was later softened by the disclosure that the study did 'not differentiate between the types of sunbeds or sunlamps used, so it may just be showing the harmful effects of older types of tanning devices'. These underlined words in this episode's script emphasized the possibility that modern sunbeds could be less dangerous. Hann reassured viewers that '8 years ago' sunbed manufacturers switched to UV-A radiation, which was 'less harmful'.

As explained in Chapter 2, the switch from UV-B to UV-A was the industry's response to the 'mounted' evidence against UV-B, which was said to cause 'sunburn, ageing of the skin and skin cancers'. To explain why 'some [sunbed] manufacturers ... felt confident claiming that UVA was safe', Hann explained the differences between UV-A and UV-B rays. She also asserted that providers maintained that their UV-A sunbeds were 'healthy' and did not cause burns or skin ageing. Through her sympathetic consideration of the industry and their decision to protect consumers, Hann appeared to defend the industry and their bold safety claims subtly.

Nonetheless, the next scripted paragraph returned to a more negative perspective to balance the report. According to 'an increasing number of studies [on mice] in recent years', Hann revealed that UV-A itself 'may be a hazard' and listed why it affected health. First, like UV-B, UV-A was now said to 'suppress the immune response of the skin which help[ed] to fight diseases'. Second, Hann told audiences that UV-damaged skin became 'less elastic ... and more wrinkled'. Finally, she disclosed that UV-A penetrated the skin more deeply than UV-B. As such, UV-A sunbeds could 'produce even more damage and ageing of the skin'. But then Hann's final comment on UV-radiation contradicted this; she reassured that 'UVA appears on the whole to be less dangerous than UVB'. Quickly switching to worldwide sunbed policy changes, Hann remarked that in California—following new legislation—all sunbeds now had to carry 'UVA danger' warnings, and the promotional literature had to advise users to wear goggles to prevent cataracts in later life. The promotional literature in Britain did not include such health warnings or suggestions.

The 'Sunbed Safety' report concluded with another contradictory message, probably confusing viewers even more. Hann inferred that it was 'important to keep all this in perspective'; even though regular sunbed use was risky, 'a modern sunbed [was] probably safer than a Mediterranean beach'. To discourage the people who wanted a 'winter tan', Hann then quoted advice from the British Medical Association (BMA): 'limit yourself to x hours a week or less if you're fair skinned'.⁵⁵ The ambiguous 'x' in the script suggests that the number associated with 'regular' or 'safe' sunbed use was still unknown or unobvious, at least to these reporters. The BMA had not yet prepared or provided consumers with a nationally recommended limit for sunbed use. Like individual alcohol consumption in the 1970s, the 'experts' were struggling to define 'moderate' consumption.⁵⁶

Following the BBC1 remit to 'inform, educate and entertain' a broad audience, Hann presented an accessible yet indecisive sunbed report.⁵⁷ Through

its attempts to consider the perspectives of all stakeholders, the script followed the typical style of *Tomorrow's World*. It tried to present balanced, nuanced and educational yet engaging information to viewers. The 'scientific' tone was authoritative, demonstrated by the 'UV-A' and 'UV-B' explanations obtained from medical research; however, the level of detail was accessible to everyday audiences.⁵⁸ Intriguingly, the report ended fairly positively. Hann provided advice on how to best approach sunbeds instead of discouraging total use. She advised which sunbeds to avoid (old sunbeds); how to use sunbeds (wear goggles); and finally, how often consumers could use sunbeds. Compared to coverage in the future, this report was still somewhat sympathetic towards sunbed providers and consumers. *Tomorrow's World* did not mention terms like 'excess' or 'addiction'. The idea of what was sunbed 'over-use' remained unclear, and sunbed consumers were not yet condemned. Nonetheless, the necessity for such a report signalled another shift towards the media's more negative framing of sunbeds.

Growing government, medical and media skin cancer scares and disobedient tanners

In the summer of 1989, the HEA launched the first government-funded campaign against skin cancer, under the 'stark' copy line 'ARE YOU DYING TO GET A SUNTAN?' (Figure 4.1). The campaign was a response to the 1989 'Europe against Cancer' programme. It cost £250,000, and its advertising agency was Aspect Hill Holliday. The HEA reported that skin cancer was the most common cancer in England and Wales at the time, causing '1078 deaths in 1988' alone. As such, their main aim was to increase long-term public awareness of the sun's dangers and encourage sun protection measures.

After the campaign's launch, Nicola Chapman, a *Times* reporter, interviewed John Flaherty, the HEA's assistant director of advertising, to ask about the campaign and everyday people's predicted response. Before the campaign, the HEA had conducted qualitative research revealing that 'most people [were] unwilling to recognise that sunbathing [could] be dangerous' because of 'myths associated with the sun', such as the benefits of sunlight. According to the media, the HEA's previous campaigns, such as 'Heroin Screws You Up' and 'Aids Iceberg', were unsuccessful because they deployed shock tactics. The softer approaches in their 'Look After Your Heart' campaign were more successful. Chapman explained how 1970s psychological studies showed that 'scare tactics [did] not

ARE YOU DYING TO GET A SUNTAN?



At the first sight of the sun the typical British holidaymaker tends to throw caution to the wind.

What they don't realise is that they're in danger of getting skin cancer if they sunbathe for too long.

Skin cancer is now even more common than breast cancer in the UK.

Happily, most skin cancers are curable.

Malignant Melanoma can be another matter. If neglected, it may spread through your body causing secondary cancers and can be

fatal. If treated early, however, it is also curable.

Most at risk from the sun's rays are those with fair skins. Although people with darker complexions, or whose skin tans easily, should still take care.

Babies and children should also be protected as their skin is particularly vulnerable.

Fortunately, there are various measures you can take, without putting a dampener on your holiday.

HOW TO PROTECT YOURSELF.

For instance, before you venture out into the sun, apply a sunscreen with a high Sun Protection Factor or SPF. The higher the number, generally, the greater the protection.

It's also important to reapply your sunscreen after swimming and at regular intervals while sunbathing.

Too much sun can be dangerous. For your skin's sake move about, see the sights but, above all, cover up when you feel yourself burning.

Equally, in the middle of the day, when the sun is at its most aggressive, you should make as much use of the shade as you can.

For further advice, visit your local pharmacist before setting off on holiday.

Your skin will thank you for it.



HEALTH EDUCATION AUTHORITY ISSUED BY THE HEALTH EDUCATION AUTHORITY IN SUPPORT OF EUROPE AGAINST CANCER YEAR

Figure 4.1 'ARE YOU DYING TO GET A SUNTAN?', Health Education Authority campaign poster, summer 1989.

have a lasting effect on people.⁵⁹ The British nation had responded defiantly to previous health ‘scares’, such as the heroin and aids campaign.⁶⁰ Consequently, the HEA tried not to ‘scaremonger’ sun worshippers. Nonetheless, their copy line, ‘Are You Dying to Get a Suntan?’, was considered ‘hard hitting’. The public’s attitudes to sunbathing were also linked to sunbed use—in Chapman’s article on the HEA campaign, one of the authors of Swerdlow’s article, Dr Rona Mackie, confirmed that sunbeds were ‘bad for you too’.⁶¹

Explicitly targeting women, the HEA used women-centred magazines, leaflets and public relations activities to circulate their national skin cancer prevention campaign. The HEA applied Martyn P. Davis’ advertising expertise, from his book *The Effective Use of Advertising*, to determine how to spread their campaign. They decided that television advertising was too expensive, and magazine advertising would be better than newspaper advertising because of its longer ‘life’ form. They also assumed that health magazine readers would be more receptive as they actively sought information. Moreover, a leaflet had more space for information, and public relations activities could be actively engaged.⁶²

As melanoma apparently killed ‘twice as many women as men’, and incidence rates were higher among the ‘professional classes’, the campaigners targeted upper-working-to-upper-class women from ‘social grade AB, C1, C2, aged between 16 and 34’.⁶³ Also, women remained the main purchasers of sun protection products for their families. Men were consequently disregarded—the HEA did not attempt to increase men’s awareness or change their suntanning attitudes and habits on the same national scale. Also, sunbeds were not mentioned, demonstrating that the health risks from suntanning alone were still perceived as worse and more prevalent than those from sunbed use.

A pre-and-post-campaign survey shows how this brief mass media campaign had little influence on consumer attitudes towards suntans and their anti-skin cancer measures. In this study, 842 women before and 867 women after the campaign were interviewed face to face in their homes. Before the campaign, ‘87 per cent’ were aware that sun exposure could cause skin cancer. This only increased by ‘1 per cent’ after the campaign. A woman’s ‘skin type’ generally did not make a difference to their skin cancer awareness, but women who were wealthier and older were more aware. The high level of awareness before the campaign was attributed to publicity about ‘green issues’, the depletion of the ozone layer and a subsequent rise in skin cancer rates. Typical of the Thatcherite period, public health focused on reducing risk by changing individual attitudes rather than reducing wider structural and environmental risks.⁶⁴ Before and after

the campaign, the number of women who followed sun protection measures when they sunbathed, either at home or abroad, reportedly remained the same.

Attitudes to suntans stayed the same after the campaign too. A suntan remained personally important for 46 per cent of participants. It was also 'synonymous with being healthy' for 42 per cent and believed to be 'synonymous' with 'looking good' for 29 per cent. Finally, it was 'considerably more important' for those who tanned easily and did not burn. Unlike the government, the authors of this survey acknowledged that they did not expect the campaign to influence any significant changes to sunbathing behaviour. Instead, the 'bronze is beautiful' attitude of the late 1980s would have to change, and they realized that they had a 'long way to go before ... widespread acceptance of the slogan, "sensible sunbathing, not sunbaking"'.⁶⁵

Amid this HEA campaign, sunbed-related *BMJ* and *BMJD* articles continued.⁶⁶ Moreover, a *Times* reporter remarked that the risk of skin cancer from UV-A was 'grossly under-estimated', citing a 1989 study from the *Journal of Photochemistry and Photobiology*. Henry Gee was the first reporter to explain in detail that UV-A was as detrimental as UV-B. He also explained why this had been overlooked: reportedly, UV-B directly affected DNA, whereas UV-A activated chemicals in the body that damaged DNA.⁶⁷ A watershed of sunbed-related health scares in national newspapers soon followed, quoting many medical experts. Both dermatologists and newspaper reporters urgently warned people that sunbeds were accelerating both the incidence and mortality rates of melanoma, and most reporters assumed only women used sunbeds.⁶⁸ In one *Daily Mail* article, their medical correspondent warned that young women increasingly suffered from sunbed-induced skin conditions. Ironically and contradictorily, this warning was accompanied by an image of a young and culturally attractive woman sexually stretched across a sunbed. Moreover, the reporter contradicted previous studies by asserting that 'the very people who are most at risks ("blondes and redheads")' used sunbeds the most before holidays.⁶⁹ The HEA campaign and continuous rise in media-transmitted medical research, however, failed to deter many tanning consumers.

Amidst these media-medical warnings in 1990, sunbeds continued to be embedded into children's toys, which would have trivialized their harms. For example, in 1990, Polly Pocket (1989–98) released a hair salon playset with a sunbed room (Figure 4.2). Polly Pocket, owned by Bluebird Toys, became Barbie's strongest rival in the 1990s. Following several attempts, Barbie-owned Mattel finally bought both the brand and company in 1998. I could not find sales figures, but this alone suggests that the sunbed playset was popular when first



Figure 4.2 Bluebird Toys' Polly Pocket, hair salon playset with figurines, 1990.
Source: Ebay.

released. Like the *Sindy* doll, the plastic hair salon sold sunbed tanning as an aspirational and harmless recreational activity. The playset had two figurines. The salon—and sunbed operator—was dressed in respectable nurse-resembling attire. She wore medical-connotating white and blue scrubs. The customer—and sunbed consumer—was, of course, a young, tanned white and blonde woman.

Still fixed within everyday ‘health and fitness’ spaces, in reality and the imagination, sunbed use clearly persisted.⁷⁰ Several London universities continued to provide sunbeds in their student unions; they remained a standard service and were situated in multigyms, launderettes and bars.⁷¹ In 1988, roughly 40,000 new sunbed salons had opened, and ‘10% of the population of the UK ... had visited a salon the previous year.’⁷² The government could only monitor a small portion of sunbed manufacturing firms, and in 1988, they estimated that another 80,000 households had bought a sunbed for home use.⁷³ Health farms still had sunbeds, and the *Financial Times* still featured health farm adverts, sometimes next to articles on the melanoma ‘epidemic.’⁷⁴ The solarium industry was apparently worth ‘£25 million’ by the end of 1990; people still valued and visited sunbed salons, even on hot summer days.⁷⁵

Paradoxically, the industries transmitting anti-sunbed research were encouraging people to secretly or inadvertently use them. As the media was operated by individuals with different roles, opinions and interests, it was an inherent contradiction. For example, broadcasters often used culturally attractive reporters to attract more viewers, even if their cultural ‘beauty’ was acquired by unhealthy means. Moreover, television commissioned extensive research to assess which appearances were most positively received through broadcasts. As tanned appearances were fashionable and well received by people, employers pressured their television presenters to use sunbeds. Caroline Righton was one such presenter, described as ‘blonde, bubbly and pretty ... committed [and] intelligent’. Speaking on behalf of her colleagues, Righton remarked, ‘We were expected to keep a suntan—sunbed sessions were organised for us twice a week.’ Righton refused to use sunbeds, and her contract was not renewed after her six-month probation period.⁷⁶

Despite the media now framing men’s sunbed use as embarrassing and women’s as vain, a tanned complexion was still fashionable. Both television producers and make-up advisors instructed the use of sunbeds and bronzer even when leading politicians made public appearances.⁷⁷ Marketing organizations included sunbeds as a free ‘perk’ when advertising for employees.⁷⁸ Some newspaper reporters still recommended sunbeds to improve people’s appearances, albeit significantly less frequently. In a *Daily Mail* article titled ‘Tips for a Wishful Traveller’, the

author advised sunbed sessions to impress new people when travelling.⁷⁹ Yet from the mid-1980s onwards, the media also derogatively publicized when politicians or celebrities secretly used sunbeds, aiming to undermine their reputations—especially men's. In Lancaster, an old coal miners' leader, Sid Vincent, who had been in the coal industry for over fifty years, was scorned for taking advantage of sunbed rentals for a tanned complexion at public events.⁸⁰ 'Gorgeous' George Hamilton, famous for his perpetual tan, had been accompanied by an unknown young man on holiday, who the *Daily Mail* teased was Hamilton's sunbed operator.⁸¹ Finally, in an attempt to humiliate him during his marital dispute, the wife of Paul Hogan, famously known as Crocodile Dundee, publicly exposed that Hogan's most 'treasured' possession was his 'expensive sunbed'. He used it regularly to maintain his permanent full-body tan on television.⁸²

Faced with these mixed messages, many people were likely ignoring the conflicting pressures from medical experts, government campaigns and the media to stop tanning. Skin cancer concerns and a gradual moral panic influenced consumers to discreetly use sunbeds rather than outrightly stop purchasing or using them.⁸³ From the late 1980s to the mid-1990s, the government assumed that 'regular consumers tend[ed] to be young, female and relatively affluent'. This information was retrieved from the sunbed firms that the government monitored.⁸⁴ Yet this gendered assumption was problematic. Providers certainly used women's bodies to advertise sunbeds, but throughout history, commercial industries and the media have used women's sexualized bodies to market most household, health and beauty technologies.⁸⁵ Moreover, women were the visible purchasers of domestic sunbeds because men were stigmatized for using such beauty technologies. Nonetheless, men still used tanning machines in the privacy of their own homes.⁸⁶ Men could privately order sunbeds from trade directories and catalogues and have them delivered without visiting a shop.⁸⁷ Finally, men still used sunbeds in more 'macho' spaces, such as gyms, and tanned men were highly visible in public spaces.⁸⁸ Nonetheless, the media started promoting a more extreme and condemning stereotype of a female sunbed consumer—the blonde, work-shy, cold and heartless 'bimbo'.⁸⁹

Growing sunbed stigma and stereotypes

Some people who worked in media production took this 'public health' matter further into their own hands, perhaps because sunbed warnings from dermatologists were not being followed or because sensationalized stereotypes

attracted more readers. Also, the content writers could have been misogynistic or looked down on working-class people.⁹⁰ As sunbed concerns occurred during a backlash against Thatcherism, the fictional representations of sunbed consumers through national newspapers and entertainment media became entangled with moralized concerns about class, women and consumerism. The creation of the 'immoral' sunbed consumer within the popular media reflected the political tensions of everyday public life in Britain. When the term 'immoral' could not be said, the sunbed, as an object, was deployed to indicate the 'irrational' and 'immoral' lifestyles of the 'yuppie' ('young urban professionals'), the 'cold-hearted' career woman and also the 'bimbo', when they exercised new economic freedoms, regardless of their means of money-making. Although these stereotypes differed, some journalists conflated them if the woman in question financially invested in and practised 'beautifying' rituals, such as wearing make-up, fashionable clothing and developing a tan. The 'sunbed tanned' and blonde 'cold-hearted' career woman in the office could later be stereotyped as the 'bimbo' at the bar, and the 'yuppie' living next door in the city.

As a result of Thatcherite policies, the political, economic and subsequent consumer climate drastically changed from the early 1980s to the late 1980s, when 'yuppie' culture had reached household recognition. Said to originate from working-class backgrounds, the 'yuppie' hallmark was an unapologetic attitude to personal success through the flaunting of 'excessive' mass consumerism. It was boastful and against former British traditions of performing modesty when making money. 'Yuppies' became a hated stereotype by people who both remained poor and originated from 'old wealth', founded from their privileged backgrounds. When people saw 'yuppies' parading their money, it was perceived as a consequence of Thatcherite policies and subsequent individualism and social disorder.⁹¹

In 1988, the *Guardian* was the first to fictionally satirize and associate sunbeds with 'yuppie' consumerism and their 'excessive', 'irresponsible' and 'self-destructive' party-hard lifestyles and drug-taking.⁹² Shortly after, the radio play *Cigarettes and Chocolate* (1988) framed one of its main protagonists, Lorna, as the 'dumbest heroine since Katrin in *Mother Courage*', and an avid sunbed user and 'Yuppie'. To intensify her narcissism and heartlessness, Lorna's character was scripted to express gratitude for her mother's suicide and the resultant inheritance money to buy beauty items, such as a sunbed.⁹³ The following year, a television soap opera on Yorkshire Television called *Hollywood Sport* (1989) presented a 'blonde, beautiful [and] bored' sunbed-using wife as self-absorbed and adulterous. She was also financially supported by her loving husband.⁹⁴

Even a *She* magazine article remarked how ‘bimbo-ish’ groupies—with their sunbed tans, miniskirts and calculating eyes—predictably hovered around rich men at upmarket events.⁹⁵ Finally, the *Daily Mail* retorted that all ‘attractive but unintelligent or frivolous young wom[e]n’, also known as ‘bimbos’, had sunbed tans. These women indulged in ‘expensive dinners ... expensive clubs ... gifts, credit cards and holidays offered’ by men but were against ‘commitment’ because they were self-obsessed.⁹⁶

In medical reports at the time, the women who regularly used sunbeds were recognized as affluent.⁹⁷ Yet, this wealth was unearned or undeserved in all fictional accounts. The apparent ‘bimbos’ acquired wealth from other financial sources, mainly wealthy businessmen, the deceased or from careers they undertook for ‘money-fixated’ not moral reasons. Sunbed use was often framed as an expected activity of ‘unintelligent’ or ‘selfish’ women. In the media, it was not mentioned in any lifestyle accounts of *respected* ‘successful’, ‘wealthy’, ‘intelligent’ and ‘diligent’ women from the late 1980s onwards. This was not because affluent women had refrained from using sunbeds; rather, sunbeds no longer reflected moral worth. Instead, by the 1990s, sunbed consumption was used to frame women who were judged to have repellent personalities and lifestyles—even in fictional novels. When attractive women increasingly entered male-orientated careers and ‘selfishly’ exercised their growing spending powers, confidence and independence, women were more likely to be framed as ‘repellent’ and associated with sunbed use if tanned.⁹⁸

Conclusion

This chapter showed the ways in which people believed it was their responsibility to govern their own health and, increasingly, the health of others, which contributed to a greater shift in preventative measures. The public also wanted more health education to inform their lifestyle choices.⁹⁹ Although government and medical officials held back from creating stigmatized stereotypes, the media’s translation of their ‘health messages’ arrived with gender, class, race, age and sexuality-bound judgement. Moreover, these broadcasts were indirectly endorsed by the ‘scientifically’ confirmed link between skin cancer and sunbeds. The media presented immoral sunbed stereotypes as ‘irresponsible’, ‘self-absorbed’ and ‘self-destructive’; they made lifestyle choices that took advantage of others in the community. Nonetheless, these scare and stigma tactics probably failed to discourage many sunbed consumers.

This was partly because anti-sunbed messages were competing with decade-long reinforcement, alongside persistent visual messages, that sunbeds were desirable, 'healthy' and 'safe'. Consequently, consumer attitudes and everyday beauty, health and fitness rituals would have been difficult to change. Even in the late 2010s, sunbed manufacturers still advertised how sunbeds offered protection and provided an ideal pre-and-post holiday top-up tan.¹⁰⁰ With these conflicting messages, many consumers continued to use sunbeds, yet they made greater efforts to conceal their consumption.¹⁰¹

Although the 1980s concluded without a hint that sunbeds were addictive or that sunbed use was disordered, the creation of repellent sunbed stereotypes further discouraged people from admitting sunbed use. This increasingly discreet nature would make it easier to eventually pathologize consumers. In turn, secret sunbed use would fit the early 1990s 'addiction'-criteria, which medical experts were developing to explain self-destructive habits. This overlooked ongoing commercial pressures and how sunbeds were historically introduced. Moreover, the creation of the sunbed stereotype would later influence which participants were chosen by healthcare professionals in their 'scientific' experiments to better understand 'sunbed addiction'.

Spreading ‘tanorexic’ tanning culture through Britain’s print press

Introduction

We have been aware of the dangers of sunbeds for years. We don’t promote using them at all ... we now recommend fake tanning, which is so advanced that you actually get a natural looking colour.

–Eve Cameron, the fashion and beauty
editor of *Cosmopolitan*, March 1994.¹

From the early-to-mid 1990s, tanning culture spread through the British print press once again, but, as the first section of this chapter will show, coverage now focused on ‘fake’ tan technologies, not their sunbed cousins. A ‘fake’ tan was one that developed through non-UV means. To attract sunbed consumers, fake tan providers hyped the now well-known risks of UV exposure in their advertising. Yet, all media coverage slating UV tanning, in support of fake tan, visually contradicted itself; images of glamorous models suntanning on beaches featured on most anti-UV coverage.² Ironically, the fake tan industry advertised ‘natural’-looking tans as most desirable, even though their competition, sunbeds, already provided a long-established and reliable method for ‘natural’ tanning. Several newspaper and magazine reporters also promoted sunbed tans as attractive; they confessed that they envied other people’s sunbed tans, complained about their own ‘paleness’, went to great lengths to both develop and maintain a tan themselves and admitted that it was a struggle to convince readers that ‘pale’ was at least ‘interesting’.³ At the same time, a modern sunbed franchise, The Tanning Shop, had emerged and introduced stand-up sunbeds. This new provider remained commercially powerful in terms of its consumer demand, and their resilient franchises thrived as past and new generations of tanning consumers visited them.

The second section explores how the growing concerns of skin cancer drove medical experts, the media and, of course, the fake tan industry to categorize fake tan as 'healthy' and UV tanning as 'unhealthy'. Of course, this depended on who offered the UV 'treatment'. As Alex Mold has argued, twentieth-century medical experts often created a distinction between the medical 'use' and non-medical 'abuse' of drugs, and this, too, is reflected in the history of sunbeds and their providers.⁴ Most dermatologists—but not all—wanted to create a line between the medical and therapeutic, and the commercial and aesthetic use of sunbeds. Through the *British Medical Journal* and the media, medical experts stressed how sunbeds were life-threatening and how fraudulent sunbed industry advertised misleading health claims. Yet dermatologists did use their own ultraviolet technologies to alleviate their patient's skin conditions.⁵ People in Britain consequently developed anxious behaviours regarding sunbed use; was it carcinogenic or curative and health-enhancing? Even into the 2010s, I have been asked by many psoriasis sufferers if sunbed use was advisable when the NHS has offered medical UV therapy as a potential cure. They wanted to know if they could use sunbeds as a treatment when waiting beforehand or in conjunction with and after medical UV treatment.

As the third section will show, by the early 1990s, some journalists more commonly and even more harshly used the term 'sunbed tan' when discussing both men and women in a derogative way. Media reporters may not have been able to distinguish between a sunbed, sun-induced or fake tan, yet mentioning a 'sunbed tan' was deployed to incite stigma. The media continued to frame 'excessive' sunbed users as having shameful and immoral lifestyles; they became the 'shrewish' women and now murderous 'metrosexual' men in fictional novels, like Patrick Bateman in *American Psycho*.⁶ A spotlight on these gendered stereotypes will extend the histories of how women and 'metrosexual' men have been criticized for 'vain' and 'feminine' consumptions.⁷ Tellingly, the creation of the 'tanorexic' stereotype also overlaps with the 'out of control' stereotype attached to sufferers of hysteria and eating disorders in media representations.⁸ Some reporters went further and moulded the immoral sunbed stereotype into a pathological 'sunbed addict', endorsed by dermatologists from 1991 onwards. The media publicized 'sunbed addiction' under the catchier and more provocative term 'tanorexia', which they framed as a female affliction. When men explained that they used sunbeds, they were stigmatized yet rarely presented as 'addicted'.⁹ The term 'tanorexia' first appeared in the American Press in the 1980s.¹⁰ In 1991, a senior psychiatrist in Glasgow, Dr Prem Misra, claimed he was the first medical authority to coin the term in Britain. Both medical experts

and the media defined 'sunbed addiction' as an obsessive desire to acquire and maintain a permanent tan through UV-tanning machines. Individuals with this 'psychological disorder' perceived themselves as pale, regardless of how darkened their skin became.¹¹ The 'tanorexia' syndrome—or more formally termed 'sunbed addiction'—was taken relatively lightly until the deaths of two white women in 1994. Nonetheless, as this chapter will show, the enthusiastic developments of novel tanning products, alongside new sunbed franchises, likely revived both the practice of and the stigma attached to tanning culture, leading to a more severe response to their deaths.

The revival of tanning technologies and resilient sunbed franchises

Shortly after medical physicians, dermatologists and the media confirmed how sunbed tanning contributed to the development of malignant melanoma skin cancer, alternative tanning industries developed 'new' technologies. This contributed to the second boom of a 'fake tan' industry in twentieth-century Britain. The first occurred in the 1960s. In the early 1990s, the 'new' and supposedly 'safe' fake tanning technologies included dihydroxyacetone (DHA) fake tan lotions, sprays and creams for first-home use and later salon services, applied by professional beauty experts. In addition, people applied 'tanning booster' creams, and orally administered tanning tablets or pills. Scientists also started to develop tanning injections as a skin cancer preventative for the future.¹² Different types of fake tan mixtures and oral consumables had existed long before the sunbed industry, but these new successors were apparently better versions of past products.¹³ Moreover, reporters, CRUK, scientists, medical experts and, of course, their providers encouraged these tanning alternatives in an attack against sunbed use and 'excessive' sunbathing.¹⁴ By 1992, the British public had apparently spent £3.6 million on 'self-tanning' products. A year later, self-tanning was allegedly the 'fastest growing sector in the sun care market'.¹⁵ Fake tan products were advertised as the best way to develop both body and sexual confidence.¹⁶ All media coverage reinforced Britain's fixation with tanning, even the now taboo UV tanning, often inadvertently.

DHA tanning was discovered in the mid-1950s. DHA is a white crystalline powder—a sugar produced in plants and animals—which, as a carbohydrate, reacts with the top layer of skin, mostly protein, causing the 'Maillard' reaction of browning.¹⁷ The *Daily Mail* and established women's magazines, like *Company*,

She and *Cosmopolitan*, promoted DHA serums as an alternative to sunbeds and sunbathing in the 1990s. This produced the second boom of the DHA industry. Like sunbeds, the serums were advertised as a way to appear slimmer and to look more athletic.¹⁸ However, both the providers and the reporters in the 1990s often contradicted themselves by advising 'natural' tanning before applying the serums for top results.¹⁹ They also advertised how DHA mixtures contained anti-ageing UV-A and UV-B filters and general Sun Protection Factor (SPF), thus promoting UV exposure.²⁰ However, the SPF in DHA serums was 'satisfactory'. Nonetheless, after the initial buzz on new 1990s DHA products, reporters and everyday consumers complained that these 'improved' mixtures were still not quite right. Their skin turned the wrong shade or colour; the textures were unpleasant; their skin stank; the results washed off too easily, or the products were too expensive.²¹ People remarked how experimenting with DHA serums had revived their desire to return to sunbeds for bronzed skin, even though they knew sunbeds were carcinogenic and no longer in fashion.²²

Both the fake tan and sunbed industry were also aware of their rivalry. In 1993, on the same page of a *Daily Mail* article, The Tanning Shop published a client's report praising their new 'Hex Honeytan' sunbed directly underneath a promotional fake tan article. The client described the new sunbed as safer, quicker, stress-free and more hygienic and comfortable. Despite this rivalry, both articles ignited greater interest in overall tanning culture.²³

Other alternative tanning products, such as tanning boosters and oral consumables, also boomed in the early 1990s skincare and beauty market. Like DHA providers, the sellers of boosters and consumables were trying to capitalize on growing skin cancer concerns. Most of these tanning technologies were developed by 'health' industries, like Health & Beauty direct (a division of Anthony Green & Company Ltd.), and advertised through national newspapers and women's magazines. Counterproductively, the 'tanning booster' creams worked by increasing the production of melanin through low levels of UV exposure.²⁴ Providers' boasted how an 'all-over ... rich ... deep luxurious ... [and] golden brown' tan could be developed in under six hours of 'strong direct sunlight', rather than the 'normal' three-day requirement. Like DHA serums, it was advertised as a 'factor 4' SPF, which 'protected' sunbathers from 'the strong UV rays that burn'.²⁵ Both women and men could purchase the cream discretely through twenty-four-hour telephone hotlines or mail order.²⁶ Despite imitating the same 'rational' and luxury-seeking consumer discourse as the original sunbed providers a decade before (see Chapter 1), booster providers attacked the sunbed industry and tried to set themselves apart from other tanning products; they

advertised 'NO PILLS—NO DYES—NO COLOURANTS—NO SUNLAMPS', and the testimonies in their advertisements, all by women, slandered sunbeds, remarking how sunbeds had dried out their skin and provoked 'great worries about skin cancer'. Even though an absolute avoidance of UV exposure would be the best way to avoid the development of skin cancer, booster advertisements criticized 'pale white skin'.

Similarly, even more variations of tanning tablets, capsules and pills experienced their first twentieth-century market boom in the early 1990s. These oral consumables, marketed as 'Golden Tan', 'SafeTan', 'DeepTan' and 'Supertan' tablets and pills, were sold again through the *Daily Mail* and women-targeting *Company*, *She* and *Cosmopolitan* magazines. Again, these advertised consumables were sometimes on the same pages as sunbed advertisements.²⁷ They were sold by 'health' companies; 'Cranley Health Products', 'PH Natural Research' and 'Natural Health Research'. These companies controversially advertised how their products were 'completely safe', and prevented burning, peeling and premature skin ageing.²⁸ Yet, the oral consumables contained either canthaxanthin, beta-carotene, L-tyrosine or psoralen. The oral administration of canthaxanthin, a dye similar to the chemical produced in carrots, gradually induced an orange hue to people's skin but also reduced the skin's sensitivity to sunlight. Regular consumption was later linked to retina eye disorders and liver injury. Beta-carotene, found in carrots and also spinach, peas and sweet potato, stimulated greater melanin production. Consequently, L-tyrosine required UV exposure for tanned skin as it enhanced melanin production. And most worrying, Psoralen, a compound from certain plants, boosted the amount of UV light that skin could absorb, making skin extra sensitive to UV radiation; consuming Psoralen produced a quicker tan alongside burnt skin. The medical advisors in women's magazines—the same magazines where the advertising featured—strongly discouraged the use of tanning pills. In part because they were 'yet to prove effective', but mainly because doctors warned that they commonly caused 'orange skin, fatigue, bruising and weight loss' even though the labels advertised that they were 'organic, natural and harmless'.²⁹ Ironically, in their advertising, the providers of these consumables often defamed tanning lotions for producing 'fake tan orange' streaks and sunbeds for being 'very dangerous' and 'harmful'; however, they mostly shamed 'pasty white skin'.³⁰

The only tanning technology to be truly original—in that no variations had been invented earlier in the twentieth century—were 'MelanoTan' injections. Scientists started developing MelanoTan in the early 1990s to apparently protect people from skin cancer in the future.³¹ This technology was supported

by government and medical organizations because of growing concerns of the depleting ozone layer; the improvements in UV-damage detection technology; the rising prevalence of skin cancer in some countries (e.g. Australia, where melanoma had overtaken bowel cancer as the most common cancer); and, finally, the observed resilience of tanning culture among the British public. The inventor, endocrinologist Professor Mac Hadley at the University of Arizona, explained how MelanoTan functioned by 'closely mimicking the body's natural tanning process, tricking the pigment cells into behaving as they do in the sun'.³² If MelanoTan were successful, Hadley remarked how it would medically treat pigment-based skin problems, such as 'hypersensitivity, albinism, and vitiligo', and would, at first, be on prescription to British citizens who were most susceptible to sunburn and skin cancer. A MelanoTan-sceptic and expert on pigmentation, Professor Patrick Riley at the University of London, argued that the value of MelanoTan was 'purely cosmetic', not medical.³³

The MelanoTan trials of the late 1990s, partly funded by the Australian government, failed because of the side effects. It caused drowsiness, nausea, vomiting, loss of appetite and erectile complications for men. Nonetheless, MelanoTan injections were soon sold illegally through the internet and in some tanning salons and bodybuilding gyms by the mid-2000s in Britain, Australia and America.³⁴ Professor Riley had been correct; the value of MelanoTan became wholly cosmetic; consumers would combine MelanoTan with the very technology and habits it was supposed to replace and protect against—sunbeds and sunbathing—in the pursuit for an even darker 'natural' tan.

Clearly, the new tanning technologies of the early 1990s did not discourage or replace sunbeds even though they had attempted to compete against and denigrate the sunbed industry. They instead revived tanning culture and sunbed use. The DHA serums, boosters and oral consumables were not well-liked by the general public; most print press adverts actually disappeared after the early 1990s and did not return until the twenty-first century through the internet. Nonetheless, the message was clear: tanning culture was still in trend. Moreover, the people who did consume them eventually did so in conjunction with sunbeds and sunbathing. In fact, the boosters and oral consumables soon appeared on the service counters and displays of sunbed salons, promising to boost 'deeper' sunbed tans while offering skin damage protection for the following decades.³⁵ People were under the false impression that their skin was protected because of the weak SPF claims of DHA and booster serums.³⁶

On a separate note, developing these new technologies reflected the importance of tanning culture for many people working for the government,

different medical professions, in science and the media, alongside everyday people in Britain. These stakeholders would rather fund, invent, publicize and demand technologies that enabled 'safer' tanning than abandon the relentless pursuit of maintaining a tanned complexion. This stopped the pale white skin aesthetic from returning to mainstream fashion for more than a few years. For instance, from the early-to-mid 1990s, the grunge, alternative rock and 'heroin chic' aesthetic did heighten in popularity. Yet, even English supermodel Kate Moss, who reached international recognition during this 'heroin chic' era, admitted to experimenting with fake tan at the time and later became the face—and body—of a St Tropez self-tan campaign in the early 2010s.³⁷ Clearly, tanning culture was still deep-rooted in the 1990s, and many international scientists devoted their lives to trying to provide people with the safest tanning method in the future. The reporters promoted future tanning technologies as alleviating some of the public health pressures weighing on the British public, and the articles suggested that people would not have to give up suntanning in the future.³⁸ Many journalists, competing commercial industries and even scientific researchers reinforced the link between being tanned, attractive and healthy when discussing future tanning technologies.

The media's focus on new 'tan safe' technologies also exposed the keen demand for suntanning from people in Britain, both women and men. Although some people consumed more discretely compared to the early 1980s, many people did not want to change their sunbed habits. The growing success of the fake tan industry did suggest, however, that some people were keen to develop 'healthier' approaches to tanning—if proven effective. Nonetheless, UV tanning was still perceived as beauty enhancing, even if the act itself was stigmatized.

As such, some celebrities, print press fashion editors and television presenters confidently defended or embarrassingly admitted their sunbed use in the 1990s. In a *Daily Mail* article, a reporter addressed the new trend of the 1990s—a 'puritan' approach to beauty consumption. This 'puritan' approach upheld new fashionable 'virtues' of 'self-denial' to regain control over their lifestyles and bodies. The journalist described this 'puritan[ism]' as a backlash against the 'excessive' consumer and 'yuppie culture' of the 1980s. The interviewees proudly listed the beauty products they had given up; none had given up sunbeds. The Irish singer, Linda Nolan, refused to 'give up' sunbathing during the summer and sunbeds in the winter, reasoning that she protected her fair skin with a 'strong sun lotion.'³⁹ The famous soprano Lesley Garrett revealed that a sunbed was her chosen luxury item for a 'perfect weekend.'⁴⁰ Whereas, in the *Observer*, the 'beauty secrets' of fashion editors were exposed; they revealed how they

'secretly use[d] fake tans, sunbeds and anything else they can lay their hands on' to acquire a tan, even though they promoted 'the paler skin'.⁴¹ The editors of *Company* admitted the same.⁴² Even Trish Williamson, an English TV presenter, producer and reporter for the BBC (most famously known in the 1980s as the 'weathergirl' on ITV's *Good Morning Britain* breakfast show), defended sunbed use. She asserted, 'I don't care if suntans are not in fashion—I like to have a good colour and it makes me feel good'.⁴³ Moreover, smaller swimsuits and bikinis were now in fashion to allow for 'maximum tanning exposure', alongside sunbathing topless; in-trend swimwear was also 'searingly bright to contrast with brown skin'. In swimsuit adverts, the selected models were increasingly mixed-race but still somewhat ethnically ambiguous to viewers.⁴⁴ These models, with their perpetual tans or darker skin tones, upheld the desirability of tanned skin through the media, thus undermining anti-sunbed broadcasts.

Men did not want to change their sunbed habits either. For male strippers, sunbeds were at the top of the 'body-enhancement' priority list.⁴⁵ Men's only wedding preparation packages often included a sunbed session.⁴⁶ Some male celebrities, including Gary Glitter, were also known to use sunbeds.⁴⁷ Even in the *Daily Mail's* 'Femail' section, an article on 'Men, Make-up and Machismo' argued that sunbeds were 'acceptable' and the most popular part of men's beauty routines; if men had to undergo beauty regimes, sunbeds were more 'masculine' and therefore tolerable than other routines.⁴⁸ Consequently, sunbed salons catered for heterosexual and gay men, including 'The BRONZ factory', located in the 'heart' of London's West End. A sketched bronzed torso of a muscular man featured on their salon's 1992 summer leaflet, reflecting a beauty ideal for gay men. The Bronz factory's 'comfortable and discreet surroundings' offered a 'BE PROUD ... Europride special offer'.⁴⁹ Close to this salon was Soho, known for 'gay spending power', which created a thriving 'gay' business and entertainment centre. These surroundings included 'gay bars, gay lifestyle and fashion stores, a gay beauty and sunbed centre and a travel agency catering for homosexuals'.⁵⁰ Sunbed centres were embedded within these gay spaces while their bronzed consumers roamed on busy London streets.

Sunbeds also remained in health and fitness spaces, and the tanned bodies exercising in these venues were still considered aspirational.⁵¹ Dermatologists were very concerned about this enduring 'healthy by association' promotion.⁵² In 1991, Ultrabronz, a leading manufacturer of sunbeds in the UK, merged with Cardiff-based Hawkin's, a leading company in the professional fitness market, further strengthening the original link between sunbeds and fitness. Ultrabronz sunbeds were then provided by Hawkin's established health and fitness providers,

'Powersport' and 'Life fitness', for the British public.⁵³ Sunbed also remained in private and luxurious health clubs, holding hundreds of members, in the North-West and Greater London area.⁵⁴ Similarly, clients continued to 'succumb' to sunbeds as a part of their 'health' routine at health farms.⁵⁵

Many sports and fitness celebrities and athletes—both men and women—regularly used sunbeds, including West End performers, dancers and volleyball players. These celebrities explained how their sunbed indulgences were important to their fitness routines and performance aesthetic.⁵⁶ Bodybuilders, like Dorian Yates, used sunbeds every day. Born, bred and trained in England, Yates won the title 'Mr Olympia' in 1993—a title that Arnold Schwarzenegger had won seven times in the 1980s.⁵⁷ In Kent, an army veteran, following redundancy after fifteen years' service, entered the health and fitness club industry to create a unique personal training service for young men wanting to join the military or the police; even his clubs provided sunbed services.⁵⁸ It was also commonplace for everyday men to 'work out and sun-bed frantically' in preparation for the summer body exposure.⁵⁹ The association between fitness, health and sunbed use was resilient; however, many of these people did feel guilty about sunbed use as they used rhetoric such as 'admitted', 'succumbed' or 'indulged' to describe their tanning habits. The fitness role models often acknowledged that they should not be using sunbeds or should certainly not be admitting it through the media.

Even though the number of advertisements for household sunbeds and general salon services continued to decline, people in Britain still demanded sunbeds, and therefore a few new franchises emerged and thrived.⁶⁰ Franchising became a favourable business approach in the twentieth century, especially during the economic boom of the early 1990s.⁶¹ The Tanning Shop, established in 1990, became one of Britain's sunbed franchise monopoly leaders. Their resilient, low-risk and quick-spreading franchise approach led to a renewed sunbed abundance and accessibility from the 1990s onwards. In league with McDonalds, The Tanning Shop and Kwik Tan became part of the largest national British Franchise Exhibition by 1994. This exhibition toured Manchester, London and other large UK cities for over a decade, promising interested entrepreneurs' success and profits, even if they lacked experience. To attract a large range of entrepreneurs, people could invest between a few thousand to a few million pounds in The Tanning Shop.⁶² The Tanning Shop is still a successful franchise to this day.⁶³

A part of The Tanning Shop's success was their introduction of the first 'Hex Honeytan' stand-up sunbed. The Tanning Shop had listened to consumer complaints about their former 'burning' and 'claustrophobic' 'sandwich toaster' models. They invented stand-up units, which required less physical space for

providers while giving users more ‘breathing’ space as their bodies no longer touched the hot-cased lamps.⁶⁴ The upright booths had more tanning tubes, which reduced standard sessions from thirty minutes or more to just six minutes. A new high-powered ceiling fan also kept the chamber cooler and prevented the ‘hot redness’ of the skin.⁶⁵ This new technology allowed providers to offer greater numbers of cubicles in their buildings and a much faster turnover of customers. In one hour alone, one cubicle could accommodate roughly six people in quick succession instead of two. This produced a factory-like turnover of consumers, profits and carcinoma development. Moreover, like every former technological development, such as the ‘safer’ UV-B to UV-A switch, beauty salons started to advertise that these new upright sunbeds did not cause skin cancer because each session only lasted six minutes. This, again, challenged all the medical experts who argued otherwise.⁶⁶

By the mid-1990s, health officials and many journalists strongly publicized the potential link between sunbeds and skin cancer (see Chapter 6), and sunbed operators had to quickly respond to keep customers. The operators either increased the protective measures of their sunbeds—or at least claimed they did—or launched campaigns to defend their services against the medical communities’ ‘overreaction to cancer fears.’⁶⁷ For customer protection, they supposedly introduced ‘safer’ ultraviolet lamps following the European standard and provided ‘high-tech’ bronze foil tabs as eye shields, and more regularly for free.⁶⁸ They also offered ‘protective’ tanning enhancement creams, which were just oils.⁶⁹ Simultaneously, many sunbed industry authorities, such as Terry Dinham (a managing director of a leading British manufacturer of sunbeds), directly challenged medical authorities. They circulated leaflets promoting sunbed use as a healthy source of vitamin D in their salons. The leaflets claimed that sunbeds lowered the chances of various cancers and diseases. Additionally, Dinham asserted that the rise of skin cancer was caused by the ‘depletion of the ozone and the ... price of package holidays’, not sunbeds.⁷⁰ In 2005, for the first time, the Advertising Standards Authority (ASA) officially challenged The Sunbed Association (TSA) for these adverted health claims. The ASA received a complaint against a TSA leaflet titled ‘Vitamin D Essential for Good Health—Sunbeds Sessions ARE Good for You’. In disagreement with this health claim, the ASA supported the complaint and concluded that it was inappropriate to advertise how sunbeds prevented serious medical conditions. The TSA had to remove all claims relating to the medical efficacy of sunbed use.⁷¹ Yet these claims can still be found on the posters and websites of many sunbed firms today—especially during Covid-19.⁷²

Mixed medical opinions on sunbeds

In the early 1990s, the advertised health claims of sunbeds directly contradicted and sometimes angrily challenged the findings of medical experts. In response, dermatologists more forcefully reported how providers were deceitful and that sunbeds were life-threatening. Most medical experts also wanted to separate their 'controlled' use of UV-A and UV-B (sunbed-resembling) 'medical' technologies from the 'non-medical', 'commercial' and 'aesthetic' use of sunbeds. It is important to recognize that although most dermatologists, through their publications and media statements, were hostile to the sunbed industry and non-medical sunbed use, others undercut outright deterrence by explaining how commercial sunbeds could assist the NHS.⁷³

The typical consensus, however, was that all sunbeds were detrimental to health and differed from their light therapy treatments. One publication—a letter in the *BMJ*—went to great lengths to explain how the sunbed industry was unethical. In December 1993, a consultant dermatologist, Dr David Shuttleworth, published an article titled 'Sunbeds and the Pursuit of the Year Round Tan Should Be Discouraged'.⁷⁴ The article exposed the industry's disingenuous health claims, feeding into his point that sunbeds were life-threatening, and their most avid users, 'young females', were most at risk.

Shuttleworth acknowledged that providers satisfied public demand, yet he condemned their 'economic interest' in persuading people that 'a glowing tan [was] a visible sign of good health' and a 'social necessity'. Shuttleworth noticed that sunbeds were associated with health because they were found in sports and fitness spaces. He criticized the promotional literature for reassuring 'prospective purchasers that sunbeds were entirely safe'. A large European sunbed manufacturer had also astounded him by challenging medical authorities. They had publicized that 'incorrect and uniformed reports on the negative effects of sun and sunbeds [were] fuel[ling] hysteria and even panic'. Even more concerning, the same manufacturer had provided 'testimonial support' that sunbed use prevented 'both melanoma skin cancer and internal cancer, stimulated the immune system, and regenerate[d] calcium for building our bones'. Shuttleworth challenged the public opinion that sunbeds provided a 'protective shield against holiday sunburn', emphasizing that exposure instead increased melanoma risk. From his perspective, Shuttleworth argued that the sunbed industry was misleading potential providers and consumers with their health claims as most medical experts now confirmed how sunbeds contributed to the development of skin cancer, ageing, lesions and actinic keratoses (scaly patches of skin).⁷⁵

By this period, medical experts framed sunbed-induced skin cancer in the same light as tobacco smoking and lung cancer. The *BMJ* reflected this by placing Shuttleworth's anti-sunbed article above a letter titled 'Making Murder Sound Respectable. Time for the European Union to Ban Tobacco Promotion.' And, by the early 1990s, the media regularly discussed both smoking and sunbeds as cancerous in the same reports. The *Financial Times* published an 'anti-smoking' report directly above a 'sunbed skin cancer' report.⁷⁶ The *Daily Mail's* 'medical correspondent' encouraged people to stop sunbathing, using sunbeds and smoking to reduce cancer incidences by the year 2000.⁷⁷ Finally, in 'sunbed addiction' articles, the addiction was said to resemble smoking and tobacco addiction.⁷⁸

Shuttleworth then challenged the claims that UV-A sunbeds were safe by citing two medical articles on the effects of UV-A exposure on skin. Repeated exposure led to 'increased skin wrinkling, irregular pigmentation, and altered skin texture (photoaging)', 'sunbed lentiginosities' and 'pseudoporphyria'.⁷⁹ He also disputed the claim that sunbeds 'stimulated the immune system' by citing more evidence that UV-A instead had an 'immunosuppressive effect' and how this could lead to an activation and acceleration of human viruses, including HIV. Yet Shuttleworth was most concerned about the development of melanoma by sunbeds. According to animal studies, if humans used sunbeds less than twenty times a year over a lifetime, the risk of non-melanoma skin cancer doubled. Shuttleworth concluded that both the British Photodermatology Group and the International Non-Ionizing Radiation Committee had reviewed the scientific evidence and concluded themselves that UV-A sunbeds should be discouraged. Shuttleworth explained how almost all modern commercial sunbeds emitted both UV-A and UV-B. He was therefore astonished that the 'marketing and use of sunbeds remain[ed] entirely unregulated in Britain'.⁸⁰

Five days later, Dr Thomas Stuttaford, who was both a reporter and a medical authority, published Shuttleworth's findings in a *Times* newspaper article. In agreement with Shuttleworth, Stuttaford agreed that sunbeds were 'more likely to lead to disease than health' as they accelerated the 'growth of HIV and other infections'. Medical research had confirmed the acceleration of HIV after ultraviolet radiation exposure. Moreover, the association of sunbeds and HIV in the media would likely pathologize the use of sunbeds even further.⁸¹ Stuttaford also challenged the sunbed industry, arguing that UV-A sunbeds did not protect against burning and instead increased wrinkles, photoaging, skin fragility, deep and irregular pigmentation and freckling. To strengthen this warning, Stuttaford cited another medical authority, Professor Truetta from Oxford University, and

his longstanding anti-UV research, which began in the 1950s.⁸² The authoritative weight of the *Times* as an 'upmarket' broadsheet and the united agreement of three medical experts against the sunbed industry might make readers feel tense about the continued use of sunbeds.⁸³

On the other hand, dermatologists, supported by the British Photodermatology Group, were still clearly using both UV-A and UV-B phototherapy technologies.⁸⁴ The print press mentioned this 'sunbed ... light therapy', and the *Daily Mail* particularly sensationalized its 'life-saving' properties for young children with jaundice.⁸⁵ Moreover, some other dermatologists supported the 'medical' and monitored use of commercial sunbeds for their patients. At the 1991 annual *BMJD* conference, four dermatologists from the Departments of Dermatology and Medical Physics at Queen's Medical Centre in Nottingham explained how 'UVA, UVB and photochemotherapy' were important for dermatological therapy. According to a survey, however, most dermatology unit therapies were only available during office hours and patients had to travel 'long distances'. To resolve this issue, these dermatologists visited a variety of 'institutions with UVA sunbeds' to determine if patients could 'safely use commercially available equipment where it was the only practical alternative'. They assessed twenty-seven sunbeds from eight establishments, including a 'leisure centre, a hairdresser, an up-market beauty salon and a sales centre'. They noticed that Philips was the most popular supplier of sunbed tubes and documented how often the tubes were changed; how many hours they were used per day; how many tubes, on average, the sunbed has; the space between the tubes and the 'patient'; and, finally, the UV-A output. They concluded that the 'median of this [UV-A] range [was] similar to the output of [their] UVA unit' from their dermatology departments.

Moreover, all of these sunbed 'institutions', except for one without an explanation, were prepared to accept the 'patients as clients' if they provided a doctor's letter. Most of these establishments said they provided helpful leaflets, and one said they required a completed questionnaire before a customer could receive treatment. The providers were also open after office hours and a thirty-minute session cost between two and three pounds. The dermatologists concluded that these shops provided a 'safe and useful adjunct to hospital UVL therapy as long as the patient [was] seen at regular intervals by a dermatologist'.⁸⁶ There did not appear to be any follow-ups regarding this study or if the NHS use of commercial sunbeds did emerge.

Clearly, growing numbers of medical experts were against sunbed use. Yet, some others still supported it. This prevented the formation of an effective

medical consensus, and without a clear and total medical consensus against sunbeds, the DHSS would have been slow to create anti-sunbed legislation.⁸⁷ Moreover, if consumers continued to use sunbeds, most would do so both anxiously and in confusion of which stakeholders to believe.

The media-medical creation and circulation of ‘tanorexic’ women

From the early-to-mid-1990s, newspapers argued that sunbeds contributed to the rise in skin cancer. For example, in July 1992, a *Daily Mail* reporter cited the Government’s *Health of the Nation* White Paper, which ‘point[ed] to the growing popularity of sunbeds as one of the reasons for the worrying rise in skin cancer’.⁸⁸ However, the *Health of the Nation* parliamentary discussions did not mention sunbeds and I could not find the original paper and its page-long discussion on skin cancer.⁸⁹ Yet, the World Health Organization later mentioned that the paper addressed environmental factors, such as the depletion of the ozone layer, as the main cause.⁹⁰

Nonetheless, the media, parliamentarians and cancer specialists perhaps blamed sunbeds for the rise in skin cancer in the early 1990s because it was easier than implementing change to reduce other causes of UV exposure, like the degradation of the atmosphere (see Chapter 6). However, as this chapter has shown, the publicity campaigns against UV-A sunbeds were not discouraging enough consumers, if any. Medical experts, such as Shuttleworth, argued that consumption continued because sunbeds remained in health-associated environments, and providers refused to remove them and their accompanying health adverts.⁹¹ Perhaps due to the growing medical literature against sunbeds, reporters started to more forcefully discourage sunbed users. Newspapers continued to shift the sunbed tan away from ‘fit’ and ‘healthy’ bodies onto a ‘addicted’ and stigmatized ‘sunbed stereotype’, endorsed by medical authorities.

In 1991, the term ‘tanorexia’ appeared in the media for the first time in the UK.⁹² Dr Prem Misra, a psychiatrist working for the Greater Glasgow Health Authority, described ‘tanorexia’ as a ‘psychological addiction to sunbathing—either on a sunbed or in the sun’. Doctors ‘diagnosed’ the ‘new condition’ as an ‘obsessive desire to maintain a honey-brown skin all year round’. Misra claimed that sunbed addiction ‘affected young women, and some young men’.⁹³ An interest in ‘sunbed addiction’ soon peaked in early 1990s medical

journals.⁹⁴ The participants selected for these studies consisted of either mostly or entirely white, educated, adolescent women, similar to the stereotype associated with anorexia.⁹⁵ In general, a wider trend had emerged as medical experts and journalists in the media regularly used 'addiction' rhetoric and theories to both describe and explain women's increasingly 'dangerously obsess[ive]' behaviour towards other beauty consumptions (particularly cosmetics and cosmetic surgery).⁹⁶ Yet both groups were overlooking the increasing commercial and visual pressures through the media, compelling both women and men to develop certain body appearances. In particular, the early 1990s revival of the fake tan and sunbed industry and its unrelenting advertising, combined with reporters' mixed yet persistent discussions on tanned skin, was bound to encourage anxious preoccupations with both pale and tanned skin. Moreover, the association of 'tanorexia' with 'anorexia', and then 'tanning addiction' with medically verified biological and psychological addictions (i.e. nicotine and alcohol) likely pathologized sunbeds and their consumers even further.⁹⁷

From 1991 onwards, reporters depicted the stigmatized female 'tanorexic', or less provocatively, the 'sunbed addict', across national newspapers. In May 1991 and July 1992, the *Daily Mail* published three special reports on 'tanorexic' case studies reinforcing this stereotype.⁹⁸ To summarize, the reporters remarked that 'beauty addicts' were no longer women in their thirties—the 'blonde bimbos' of the eighties—whose vanity was funded by wealthy *male* partners. Instead, the 'addicts' were now young, white, 'smart, confident', 'high-achieving and successful' women in their twenties who earned their own incomes. The reporters claimed that these women spent their money 'irrationally' on beauty consumption at the expense of more important priorities, such as 'their homes, their husbands, their families, their jobs and their social lives'. The psychologist Professor Ray Bull and plastic surgeons inadvertently endorsed the first article. One surgeon was from the British Association of Cosmetic Surgeons, and the other was Dr John Terry from the National Hospital for Aesthetic Plastic Surgery in Bromsgrove. The psychologist and surgeons appeared to confirm the reporters' findings and provided quotes which were used to support the journalists' conclusion about the 'beauty slaves'; however, the medical professionals were perhaps unaware of the misogynistic and embellished tone of the published article.⁹⁹ Women tanning 'addicts' were significantly overrepresented in both the media and medical texts, as the overall ratio of men to women who had used a sunbed was seven to eleven in 1994.¹⁰⁰ Moreover, the media-exposed 'tanorexics' were usually 'models' or in careers where their appearance was 'important'. Most of these women's social roles or jobs—housewife, beauty

therapist and secretary—demanded an outward representation of aesthetic upkeep. Therefore, with the zealous fashion for tanned skin, the pressures felt by these white women to maintain a tanned complexion were not ‘irrational’.¹⁰¹ Especially as aesthetic ‘imperfections’ were an economic disadvantage and pathologized in both social and working spaces, particularly for women.¹⁰² This combination created a social and moral contradiction in the expectations of women’s health and bodies.

Nonetheless, these reporters, psychologists and plastic surgeons framed ‘tanorexics’, whether deliberately or inadvertently, as out-of-control reckless and irrational consumers, describing them as ‘cosmetic junkies’ who had ‘neurosis’, ‘compulsions’ and ‘obsessions’ to excuse their sunbed use.¹⁰³ Dr Misra, for example, argued that ‘tanorexia’ was a ‘psychological addiction’ tied to a sense of self-esteem and vanity.¹⁰⁴ The ‘tanorexics’ tried to explain that they used sunbeds because it made them ‘feel healthier’, cured depression and alleviated muscle tensions. These psychologists and medical practitioners were clearly overlooking how the sunbed industry had advertised these ‘irrational’ motives as a ‘rational’ reason for sunbed use for over a decade (see Chapters 1 and 2). Yet some reporters, psychologists and medical practitioners pathologized women’s dependency on tanning culture. The pathologizing of a guilt-ridden behaviour was a typical public health approach to discourage consumption.¹⁰⁵ The reporters, in particular, were clearly overlooking the fanatic tanning culture they still ardently promoted, which had gone as far as suggesting tea bag baths for a fake tan effect.¹⁰⁶

The fatal consequence of sunbed use

To add to consumers’ confusion and anxieties, some reporters in the media also broadcasted ‘sunbed addiction’ as ‘costly’ and life-threatening—a burden on the NHS, the taxpayer and the public. The reporter and dermatologists remarked that sunbeds risked a whole host of skin problems, which included ‘28,000 cases of skin cancer a year and 1,500 deaths’. In the article, dermatologist Dr John Hawk provided another hard-hitting message, suggesting that a cosmetic sunbed tan was deliberate damage, whereas if the public were outside in the sun, they were ‘at least ... enjoying life’. Sunbeds reportedly caused ‘itching, irregular freckling ... prickly heat ... dry skin ... mild sunburn and premalignant moles’ and also ‘skin fragility syndrome—nasty crusts, scabs and blisters’. Yet these were not as ‘insidious’ as the ‘syndrome, dubbed tanorexia’.¹⁰⁷

Hawk and the reporter were framing sunbed use as self-destructive. The specific focus on the aesthetic damage of sunbeds on the skin also reflects their attribution of vanity to these consumers, ignoring the users' alleged sunbed benefits.

Nonetheless, the term 'tanorexia' remained relatively uncommon in the early 1990s, and the media and general public were not yet widely interpreting or condemning sunbed use as an abnormal or addictive activity because evidence was still scarce. This changed in 1994. The melanoma deaths of two women from Newcastle marked a turning point. Newspapers reported that these 'sunbed' deaths were 'the first cases in England to be directly linked by a doctor', which strengthened the medical profession's authority over public sunbed use. In newspapers, dermatologists, such as Dr Peter Farr and Dr John Hawk, who regularly featured in sunbed print press coverage, narrated the fatalities in a way that would significantly increase public fear. Farr and Hawk, who worked together for the British Photodermatology Group, stated that these two deaths were entirely caused by sunbeds.¹⁰⁸ They claimed that one of these 'young' women 'had been on only one foreign holiday' and neither 'sunbathed topless or nude'. They were therefore 'fairly confident that natural sunlight played no role at all'. One of these 'young' women was, in fact, in her forties. Moreover, they were likely to have had sunbathed outdoors if they liked tanning through sunbeds. Nonetheless, as 'leading skin experts', the dermatologist outrightly 'condemn[ed] regular' sunbed use. Farr claimed that these deaths were the 'tip of the iceberg' of sunbed-related deaths as they were certain that sunbed-induced skin cancer took several years to develop. The 'worse offenders' were those who used sunbeds 'indiscriminately' at home.¹⁰⁹ Such unmonitored household use was now, of course, constructed as a feckless consumption of working-class people, not the rational affluent early consumers (see Chapters 1, 2 and 3).

The timing of the 1994 'sunbed death' incident created a strong public response. First, skin cancer in Western culture was often headline news in the 1990s.¹¹⁰ Second, the deaths of two white, 'young' women in the media would more powerfully evoke sympathy compared to other demographic groups.¹¹¹ This heightened the moral panic associated with sunbeds. In response to these deaths, England's biggest sunbed hire group, HSS Hire Shop, abandoned the launch of new sunbeds across 170 stores.¹¹² A month later, a BBC news report on television highlighted the dangers of sunbeds and 'tanorexia', endorsed by an interview with Farr.¹¹³ Even *Cosmopolitan* responded through further promotions that the 'pale' look was acceptable.¹¹⁴

Yet, *Cosmopolitan*, like most media providers mentioned in this chapter, had a reputation for publishing mixed messages to their readers in the early 1990s. Rhetorically, *Cosmopolitan* encouraged women to liberate themselves from their beauty routines yet visually both promoted and glamorized beauty and tanning cultures. For instance, the *Financial Times*, in an article titled 'Jailing New Women', provided their annual inspection of 'smart women in *Cosmopolitan* magazines. Although women mainly staffed the magazine, the periodical repressed women by encouraging them to conform to the stereotypes of women in advertising campaigns, which were mainly written and published by men in industry and marketing. The *Financial Times* reporter observed that although 'aprons and frumpiness' were now absent, the *Cosmopolitan* models were 'stick insects, marinated in rich moisturisers and then barbecued on a tropical beach'. Moreover, *Cosmopolitan's* rhetoric and images encouraged women to 'shed their clothes, shed their surplus flesh, and sizzle in the sun'. Most mainstream women's magazines were dependent on advertising revenue. Consequently, editors typically accepted advertisements for products that were legal and would not alienate readers. *Cosmopolitan's* summer issues were particularly marked for their myriads of tanning advertisements. As such, women had escaped the prison of domesticity to find imprisonment in new routines of dieting, psychiatric diagnosing, sunbeds and exercising, often at 'health farms'. As the *Financial Times* concluded, women tanning on the beach in *Cosmopolitan* were not experiencing a 'feast of summer fiction' but instead a 'fiction of female emancipation'.¹¹⁵ And then their longing to feel beautiful and desired was pathologized as vain and self-destructive.

Charles Rosenberg, a medical historian, states that 'it is difficult indeed to think of any significant area of social debate and tension—ideas of race, gender, class ... in which hypothetical disease aetiologies have not served to project and rationalize widely held values and attitudes'.¹¹⁶ This certainly applies to the creation of the 'tanorexic' stereotype, which overlapped with the stereotypes attached to sufferers of hysteria and eating disorders. Tellingly, melanoma mortality rates were actually higher in men than women in the mid-1990s.¹¹⁷ Nonetheless, these individual women-centred sunbed cases—which were dramatized by the print press and supported by psychologists and perhaps inadvertently by dermatologists and medical practitioners—created a 'social role and individual identity' linked to 'tanorexia'.¹¹⁸ The journalists discussed in this chapter had made the associated social role of 'tanorexia' accessible to sunbed users.¹¹⁹ The stereotype had been created, and both the media and medical professionals would continue to emphasize how sunbed users were insecure, narcissistic and defiant young, white women well into the late 1990s.¹²⁰

Conclusion

The actions of the media, alternative tanning industries, scientists, healthcare professionals, and even the ASA and government through their reluctance to create sunbed legislations, led to mixed messages about sunbed use. Almost all stakeholders directly or inadvertently encouraged tanning culture. Although it was unknown if anyone could differentiate, they all hierarchized a 'natural' tan above 'artificial' methods, further fuelling people's desire to continue using sunbeds. Even alternative tanning advertising recommended UV exposure before or after to 'deepen' the darkening effect of their products' lotions. The focus on developing new tanning technologies by scientists also confirmed that tanning was an integral part of British culture. Gyms, health farms and clubs refused to remove their sunbeds and a monopoly of quick-spreading franchises, both The Tanning Shop and Kwik Tan, continued to advertise misleading health claims for decades to come.

By both condemning sunbeds and promoting medical light therapies, dermatologists also confused the public on whether UV exposure was curative or hazardous. Moreover, others suggested patients' use of commercial sunbeds to cope with NHS demand. These mixed messages, simultaneously encouraging and stigmatizing tanning culture, made sunbed users feel anxious. Tanning consumers wanted a bronzed complexion yet wanted to hide the taboo source.

Soon, journalists, psychologists, cosmetic surgeons and dermatologists followed the traditional narrative of labelling young white women as 'addicted' and 'tanorexic'; their bodies, spending powers and beauty regimes were scrutinized. The *Daily Mail* was an emblem of the time. The newspaper that most scrutinized and shamed women for embracing widespread tanning culture also provided the greatest number of tanning-related articles and products. However, the *Daily Mail* condemned women's sunbed use as senseless. The early 1990s ended with the sensationalizing of two deaths to warn against the fatal consequences of sunbed use. Yet, the media and medic's attacks on the sunbed industry and their consumers was still in its infancy.

The war on skin cancer, the sunbed empire and ‘tanorexics’ in Britain

Introduction

What drives these [sunbed] addicts on? Even though they know it can ... be fatal for them.

–Esther Rantzen on *Esther*, June 1997.¹

By the mid-1990s, many oncologists, epidemiologists and dermatologists addressed the emerging ‘war’ on skin cancer through the media, explaining how they were battling against it.² This ignited more anti-sunbed research and new attacks on the sunbed industry from the mid-to-late 1990s.³ The first section of this chapter historicizes how medical experts, mainly dermatologists, through the print press and television programmes, directly challenged the industry’s commercial power; they pressurized providers to remove their sunbeds, aiming to reduce overall consumption. To discourage users themselves, medical professionals and reporters broadcasted that the industry irresponsibly encouraged people to use their deadly machines. However, the differing expert opinions from medical professionals and both the visual and rhetorical contradictions in media-medical anti-sunbed warnings undermined their attempts to weaken the sunbed industry’s commercial power.

The second section will evaluate the growing and strengthening numbers of anti-sunbed groups rendered visible through the media. Yet only the legal authorities successfully reduced the sunbed industry’s expansion. Similar to the early 1990s, the fake tan industry and media groups continued propagandizing tanning culture, even when criticizing the sunbed industry. Television producers and presenters, in support of medical groups, also led their own attacks by presenting sunbed providers as exploitative, profit-focused, ‘pernicious’ and unconcerned about the health of their consumers. This tarnished the

sunbed industry's reputation even further. Levels of sunbed advertising in the mainstream media further declined. Yet sunbed companies still advertised directly to their consumers, using the same 'health' and 'safety' claims. Many consumers, including celebrities, continued to use them. The popularity of sunbed franchises was not deteriorating quickly enough for concerned healthcare professionals and media producers.

The final section of this chapter demonstrates how the media subsequently focused on changing the behaviours, attitudes and consuming habits of sunbed users. To achieve this, journalists and television producers, supported by psychologists and dermatologists, now confidently affirmed 'sunbed addiction' as a widespread 'condition' and 'epidemic' in Britain. Psychologists and the media continued to stigmatize women's pleasurable use of sunbeds as irrational, addictive and pathological. This chapter illustrates how reports on 'tanorexia' moved from the print press, as shown in the previous chapter, to national television, including talk shows, which reached more people. Reportedly, 'tanorexia' affected both women and men; however, the mass media predominantly framed it as a woman's affliction. In contrast to the lightly stigmatized men, 'tanorexic' women were aggressively interrogated and condemned as irrational, self-destructive and 'selfish'. The talk shows also framed mothers as both immorally and unforgivably 'ruining' their children's lives, especially when they defended their consumer right to use sunbeds.⁴ This section also shows the rise of consumer and patient voices in late-twentieth-century Britain.⁵ Both 'tanorexia' and skin cancer 'survivors' were starting to confidently share their own experiences through the media to discourage sunbed use.

The war on skin cancer (and the sunbed industry)

In response to the increase in skin cancer cases in Australia, Europe and North America, the Department of Health published the *Health of the Nation* (1992), which included a target to stop the year-by-year rise in Britain by 2005.⁶ As mentioned in the previous chapter, the government report was largely concerned with the depletion of the ozone layer and other cancer-causing 'green issues'.⁷ Yet, sunbeds became the prime target, perhaps because they were thought to be a highly visible, stoppable and more quantifiable cause of skin cancer, especially when compared to sun exposure. In the mid-1990s, medical groups and the British government focused more on stopping the sunbed industry from providing services, perhaps because of the 1994 'sunbed deaths'. Some media

journalists and leading dermatologists spearheaded anti-sunbed opinions and publicized negative research findings. To deter all sunbed use, dermatologists and the media wanted to weaken the industry's reputation even further and prompt, at the very least, restrictive regulations.⁸ The growing sunbed-induced skin cancer fears from interlinked stakeholders—now from the government and charitable health organizations like CRUK—led to a snowball of anti-sunbed messages in the media.

In 1995, many journalists, leading dermatologists and British government officials became more outspoken about their skin cancer and sunbed industry concerns. Dr John Hawk and Dr Johnathon Norris, two consultant dermatologists, frequently campaigned against sunbeds through national newspapers and television to discourage people from using sunbeds. Dr Margaret Price was another dermatologist who endorsed anti-sunbed newspaper articles, along with Dr Andrew Bulman, a senior medical officer from the Department of Health. Dr Price was a leading dermatologist based in one of Britain's sunniest seaside cities, Brighton, and she would later be one of the main guests on Britain's leading talk show, *Esther*, for an anti-sunbed episode.⁹ Additionally, the government increasingly used the national and medical press to broadcast sunbed warnings and recommended guidelines to protect consumers.

For example, in May 1995, the *Guardian*, *Daily Mail*, *British Medical Journal* and the *Times* reported different sunbed concerns after a government survey on sunbed use was published. For context, the Department of Health commissioned an omnibus survey about sunbed use, undertaken by the Office of Population Censuses and Surveys (OPCS) in England, Scotland and Wales in 1994. Based on 2,017 households, the survey revealed that one-quarter of people aged between 16 and 24, and 10 per cent of people aged 25 and 54 had used a sunbed in 1994. A quarter of all users had more than twenty sessions in one year, which was the British Photodermatology group's recommended maximum limit. Apparently, 'black skinned' individuals were not asked questions about sunburning.¹⁰

Prompted by this survey, the *Guardian* published the Department of Health's message that sunbeds should display skin cancer warnings and people should stop using them because tanning was unsafe.¹¹ On the same day, the *Daily Mail* inaccurately reported that 11 per cent of women and 7 per cent of men used sunbeds every year. The remaining information in the article, however, was accurate. Although the official guidelines recommended a maximum of thirty minutes on a sunbed for no more than twenty times a year, one in four women from this survey exceeded the recommended limit. Yet, the *Daily Mail* did not mention the 9 per cent of male users who also exceeded this limit. According

to the reporter, the survey also revealed that many women—and presumably men—wrongly believed sunbeds provided a ‘safe’ tan. In a quote, Dr Price confirmed that sunbeds were unsafe and made people more prone to developing skin cancer. Dr Bulman also claimed skin cancer would be ‘almost entirely preventable by avoiding excessive exposure to ultraviolet light’.¹²

The following day, Bulman published similar information in a *British Medical Journal* letter. The letter revealed that the ‘overall ratio of men to women who had used a sunbed was 7:11’, which the *Daily Mail* had incorrectly translated. Bulman also revealed that, out of the 184 people who used sunbeds, half consumed them at home, of which one-third were hired and two-thirds owned the sunbed. The other half used public sunbed facilities—one-fifth provided by local councils. Bulman directed readers to sunbed safety guidelines provided by the Health and Safety Executive (HSE), the British Standards Institution and the Institute of Sport and Recreation Management; however, the HSE’s guidelines were under revision.¹³

One day later, the *Times* explained that the HSE was revising its guidelines because the link between artificial tanning and skin cancer had strengthened. The existing sunbed recommendations were introduced in 1982—when UV-A radiation from sunbeds was considered safer than natural sunlight (see Chapter 2). The reporter also explained why widespread publicity about the health risks of sunbeds failed to halt sunbed use. Dr Price asserted that the sunbed-providing gyms and fitness centres were misleading the public with the ‘double message [that sunbeds] [were] healthy’. The owner of a ‘health club’ in Brighton admitted that the demand for her sunbeds had not decreased; however, she defended her customers—and her livelihood—by claiming that fewer clients were ‘over-do[ing] it by spending the minimum time possible on a sunbed for the tan they want’.¹⁴

A few days later, the *Guardian* reported that the Health Education Council would issue sunbed warning leaflets.¹⁵ A week later, again in the *Guardian*, the Department of Health advertised funding for a research project on ‘Skin Cancer and Ultraviolet Radiation’ to inform skin cancer prevention policy. The successful researchers would help the Department of Health achieve their *Health of the Nation* target by lowering the yearly rise in skin cancer by 2005. The research scope focused on three aims. The first explored the causes of skin cancer, which explicitly included sunbeds as an influence, and the populations at risk. The second focused on how public health intervention could influence prevention; the Department of Health wanted to know if the public would change their behaviour if they understood the health risks, and they wanted to

develop improved methods to measure the effect of their campaigns. The final aim measured the progress of their *Health of a Nation* target. The research would begin in November 1995.¹⁶

On 1 August 1995, the government published the revised HSE guidelines on sunbeds. I could not find this document, but press coverage suggests that protective goggles were advised and that sunbed operators had to warn customers of the harms of UV rays and stop people exceeding the recommended yearly amount.¹⁷ The *Daily Mail* believed that the new sunbed restrictions would irritate people in Britain because it inconvenienced their pre-holiday routines.¹⁸ This illustrates how immersed sunbeds were in popular culture and that the *Daily Mail* and their female-orientated readership continued to be fixated on tanning culture and sunbeds (see Chapter 5).

In December 1995, the National Radiological Protection Board similarly discouraged sunbed use, confirming they were 'likely to carry a risk.' As malignant melanoma deaths were rising fast, the board recommended research on sunbed-induced skin cancer or eye damage. Sunbeds had caused 'one in 12 cancers in people aged 20–39'.¹⁹ These speedy public broadcasts and quick responses show how growing numbers of people within the government, healthcare profession and media groups were working together to broadcast health warnings and prompt policy changes to restrict sunbed use. A larger consensus was emerging against the widespread use of sunbeds.

On Monday, 8 January 1996, a thirty-minute *Beauty Consumer Watchdog* aired on BBC1.²⁰ The programme likely reached many viewers as it aired at 7.30 pm, just before eight to nine pm primetime.²¹ Titled 'sunbeds ... [and] sun worshippers who are as hooked on UV as others are on cigarettes', the three-minute report on the sunbed industry was the episode's main feature.²² The sunbed industry was again associated with tobacco-induced addiction and cancer. The show investigated the beauty industry's 'unacceptable face', including reports on cosmetic surgery risks and cosmetic 'rip-offs' alongside reviews for hair removal products.²³ The sunbed industry was presented as equally exploitative and not to be trusted by the public.

The sunbed report opened with Alice Beer walking down the high street, observing the 'cold ... dull and grey' British weather. She stopped before 'The Tanning Shop, reporting how 'electric tanning' was still a 'booming industry'. The Tanning Shop had 'grown from 1 to 140 branches in just 5 years' and now had '750,000 customers on their books alone'. While Beer provided a voiceover of government figures, viewers watched a tanned young man, in boxers and protective goggles, use a sunbed. Apparently, '1 in 10 women' and '1 in 12 men

had at least 1 sunbed session in the last 12 months,' and '1 in 4 of [these people] ... had more than 20 sessions'. Beer explained that skin cancer experts wanted users to take sunbeds 'just as seriously' as the sun. In the next segment, the extremely tanned and professionally dressed 'consultant dermatologist', John Hawk, warned that every sunbed session caused skin damage. Researchers had spent years setting up research programs to prove how sunbeds caused skin cancer, skin ageing and 'virtually all the same things that sunlight cause[d]'. This bold assertion contrasted with the advice from former medical experts on television in the 1980s, who had hesitantly explained how sunbeds 'may' cause skin cancer (see Chapter 3).

The next segment presented different recommendations. Beer explained that 'nobody can agree on how many sunbed sessions are safe'. The recently formed Sunbed Association (TSA), organized by sunbed manufacturers and representing 'the voice of the industry', suggested eighty to ninety sessions annually. The HSE instead recommended no more than twenty sessions a year, and finally, a Belgian report claimed that '10 hours spent on a sunbed in a lifetime increase[d] threefold the chance of getting skin cancer'. A 'sunbed addict' was then interviewed to confirm that 'tanning [was] addictive'. The report concluded with John Hawk in his office, exclaiming that sunbeds were '*not safer* than being in the sun'—'*both [were] the same*'.²⁴ Yet, Hawk's suntanned complexion, again associating tans with affluence and professionalism, contradicted his anti-sunbed rhetoric. The young man videoed using a sunbed also sold youth-associated bronzing. The public was again receiving mixed visual and rhetorical messages about tanning culture and sunbeds; *Watchdog* was unclear about the recommended number of sunbed sessions, and then a bronzed dermatologist told viewers that any amount was unsafe and hazardous for health.

In July 1996, the House of Commons Library published its skin cancer and UV research initiative paper, and in 1997, the Department of Health produced a statistical bulletin on sun exposure, published in 1998. Both government documents confirmed that sunbeds were a cause of skin cancer.²⁵ The first paper calculated that skin cancer cases were rising by roughly 10 per cent each year in the UK. In England and Wales, almost 40,000 new cases of skin cancer were newly registered every year, causing approximately 1,600 deaths. The paper argued that many of these cases were 'preventable and that skin cancer offer[ed] great scope for successful intervention by public education and preventative measure'.

Although only '10%' of all skin cancers were malignant melanomas, melanoma had a '20–50%' chance of mortality in the 1990s.²⁶ In contrast to all other skin cancers, melanoma also affected more indoor rather than outdoor

workers. Moreover, the affected areas, such as the hands, neck and face, were not typically exposed. Finally, the 'affluent [were] at greater risk than the poor although the prognosis in higher socio-economic group individuals [were] better than in the less affluent'. As working-class groups did not access healthcare as confidently or regularly as middle-to-upper-class groups, they were least likely to survive because they were diagnosed at a later stage. This reduced the success of treatment.²⁷

Back to the first 1996 government report, the greatest risk factors for developing melanoma in later life were said to be childhood sunburn, intensity of exposure, country of origin, being 'skin type 1' ('red hair and fair skin which does not tan'), having many moles and, finally, showing a genetic disposition to and family history of melanoma. Other environmental factors included fluorescent lighting and the 'controversial' role of sunbeds and tanning parlours. The paper also presented the short- and long-term beneficial and adverse effects of ultraviolet radiation on the body.²⁸

Section 3.F. of this paper researched industrial, medical and cosmetic 'artificial ultraviolet radiation sources'. The researchers wanted to discover if sunbed use did contribute to the greater development of skin cancer. This section reiterated that many people in Britain used sunbeds and that 'regular users tended to be young, female and relatively affluent'; yet the author included no evidence to support this last statement. Citing *British Medical Journal* articles, the researcher concluded that the influence of sunbeds on skin cancer 'remain[ed] controversial and undecided' because of the lack of 'long term studies'. To conclude this section, the British Photodermatology Group repeated its discouragement of sunbeds, reiterating their advice that if people continued to use sunbeds, they should undergo no more than twenty sessions per year.²⁹

The following and final section of the paper discussed skin cancer prevention. The content ranged from behaviour changes to sunscreens and a government response for change. The *Health of the Nation* believed that changing people's 'attitude and behaviour' was the best approach to achieve 'sensible levels' of UV sun exposure. To 'encourage healthy attitudes' towards sunlight exposure, the Department of Health launched a national public health campaign for skin cancer in partnership with the HEA, the NHS, both commercial and professional bodies, and other government departments. The research paper's conclusion described some of these public campaigns. In 1996, the UK's 'Sun Know How' campaign, for example, was running its third year, with its new 'Shift to the Shade' summer theme. For a full week in June 1996, the UK Skin Cancer Working Party also ran a 'Sun Awareness Week'. The last question

evaluated the effectiveness of public health campaigns. Incidence rates used to be a good indicator of long-term public education measures. Yet, as cancer development could take up to '40 years,' the researcher asserted that the *Health of the Nation* target was 'slightly optimistic.' The researcher suggested that the health education approach in Australia, which had dramatically changed the public's anti-skin cancer attitudes, knowledge and beliefs, was a model example for the UK.³⁰

This research paper demonstrated that tanning was still associated with affluence. In the 1970s and 1980s, both melanoma incidences and mortality rates were less common in men with manual occupations and more common in both middle-to-upper 'intermediate' and 'professional' classes. Moreover, men within higher socio-economic groups reflected the highest incidence rates—not women.³¹ These incidence rates continued to climb into the 1990s. However, the mortality rates decreased for those with higher socio-economic status.³² Although affluent groups were experiencing higher incidence rates—and therefore expending more healthcare money—healthcare professionals, public health and government officials did not suggest that they should become the prime targets for UV-health education to deter their tanning habits. Instead, the government, healthcare professionals and the media continued to target lower socio-economic groups, mainly young women. Even though evidence showed the opposite, these public health actors presumed that affluent groups tanned responsibly, either in the sun or through sunbed avoidance. However, wealthier demographic groups were more effective healthcare seekers; they had greater access to medical diagnosis, care and treatment. Moreover, the government, medical and media focus (and later pressure) on working-class groups, particularly young women, demonstrates the immediate assumption that these individuals consumed, or in this case were tanning, irresponsibly.

In September 1997, the Government Statistical Service conducted an Office for National Statistics (ONS) Omnibus Survey to assess the public's behaviour towards sun exposure and sun protection awareness. They tried interviewing three thousand people but published the results from 1,888 interviews in June 1998. The survey revealed that most adults were aware of the publicity regarding the risks of excessive sun exposure; 70 per cent of women and over 60 per cent of men thought it was important to protect from excessive sun exposure. Half of these women and one-third of these men said they had changed their behaviour because of greater skin cancer awareness. Nonetheless, some men and women, mainly the young, continued to pursue a tan. Finally, more men than women had been sunburnt the previous year, and 'men were less likely

than women to know which factor cream should be used'. One section of the survey reviewed the participants' use of sunbeds. In 1996, one-quarter of young women had used a sunbed, 8 per cent of whom had used a sunbed more than twenty times in one year. In 1997, 6 per cent of men and 10 per cent of women had used a sunbed. Also, younger adults were more likely than older adults to have used a sunbed. The researchers only asked adults with 'white or olive skin' and deliberately excluded participants with 'brown' or 'black skin'.³³ This suggests that government researchers did not want to research UV exposure beyond white ethnic groups. They perhaps assumed that Brown and Black people could not develop skin cancer, or they wanted to avoid racialized medical and political tensions in their development of new public health considerations or approaches. Moreover, as historian Keith Wailoo argues, western countries in the twentieth century typically focused on white people when developing cancer prevention policies.³⁴

This survey confirmed that very few adults used a sunbed more than twenty times in one year. Moreover, the survey demonstrated that women were perhaps not ignorant. Despite being the main consumers who *admitted* to UV tanning, women said they were more knowledgeable in their skin cancer protection approaches than men; they explained how they typically avoided burning and were educated about sun cream protection because they knew that sunburn was a significant melanoma risk factor. Consequently, women appeared more conscious about 'safe' tanning and went to greater lengths to tan responsibly than men.³⁵ Mortality rates in women were also lower. From 1996 to 1999, 77.9 per cent of 7,983 diagnosed men survived, whereas 89.5 per cent out of 10,831 women survived.³⁶ Yet in health education, women remained the main target audience. Social-cultural bias towards young women deemed them as irresponsible consumers. This government research reflected gender-biased assumptions rather than a justifiable response to differentiated health risks.

While the government and public health researchers had been studying sunbed-induced skin cancer, growing numbers of dermatologists were becoming more concerned about sunbeds, evidenced by their annual British dermatology conferences. These concerns were likely influenced by their own patients and research. The government papers often cited their conference research, and media agents regularly interviewed those attending. Although most dermatologists strongly advised against sunbed use, some of their more nuanced research and opinions still weakened the emerging medical consensus against sunbed use.

In January 1996, the British Epidermo-Epidemiology Society (BEES) hosted its fifth conference at the Queen's Medical Centre at the University Hospital in Nottingham. The event produced a mixed array of presentations. The first two panels focused on skin cancer research. In response to the *Health of the Nation* strategy and skin cancer prevention campaigns, two papers acknowledged that skin cancer was 'now receiving substantial attention'. Dr Rona Mackie from Glasgow presented another paper that discussed whether sunbed use was a weak risk factor for melanoma, according to five studies. Whereas two recent studies suggested that using sunscreen increased melanoma risk. Mackie, however, warned that this finding required careful interpretation because there was 'relatively little data on the exact type of sunbed use [and] hours of exposure', and sunbed diseases needed ten years to develop.³⁷

Six months later, in July 1996, dermatologists shared their ongoing skin cancer, sun exposure and sunbed experts at the British Association of Dermatologists (BAD) annual meeting in sunny Bournemouth. On the first conference day, another panel focused on skin cancer research. The five papers addressed Scotland's skin cancer issue since 1979, the effect of current publicity campaigns and rational approaches to melanoma follow-up.³⁸ On the second day, Dr John Hawk chaired another panel featuring three papers on ultraviolet light or sun protection for the skin; Dr Margaret Price presented one of these papers on DNA damage following sunbed use. The conference also showcased sixty posters, and at least ten presented research on either melanoma, sun protection or awareness, sunbathing attitudes, skin cancer public education campaigns, skin types and sun exposure and, finally, the skin cancer education of medical students.³⁹

In 1997, BAD hosted another conference. Similar to the previous year, several papers presented research on sunbeds. The topics covered the effects of UV-A and UV-B exposure on psoriasis by media-renowned sunbed research spokesmen Brian Diffey and Peter Farr, the global melanoma comparison between Scotland and Australia, which was funded by both CRUK and the Queensland Cancer Fund Mackie, and, finally, the risk of skin cancer following psoralen photochemotherapy, again, presented by the media-renowned sunbed spokesman, John Hawk.⁴⁰

Throughout 1997, dermatologists in the *BMJD*, including Margaret Price, continued to publicize their annoyance with sunbed manufacturers' claims that their UV-A beds were 'less damaging' and a 'safer way to tan' than sunbathing. Supported by the Department of Health and Brighton Cancer Charitable Fund, most dermatologists agreed that the government should strongly discourage sunbed use and that the public should be informed of their harmful effects.⁴¹

Dermatologists' attempts to pressurize local councils to stop providing sunbeds also failed. In October 1996, Dr Johnathon Norris, a consultant dermatologist from Dumfries Royal Infirmary, published a letter in the *BMJ*. The subheading read, 'Local Councils Should Remove Sunbeds from Leisure Centres'. In the letter, Norris first acknowledged the 'worldwide epidemic of skin cancer', holding UV-A radiation as largely responsible for it. Norris argued that the 'risk-benefit ratio of using ultraviolet A sunbeds should be re-examined, and the medical profession should be more critical of sunbed salons that operate purely for financial gain'. He noted that the Health Education Board in Scotland and the Department of Health "unequivocal[ly]" advise[d] against sunbeds for cosmetic tanning'. Norris was concerned about the 'considerable number of sunbeds' operating in council-owned leisure centres, arguing that this did not reflect the constituents' best interest. The councils argued that they were catering to the demands of their local community. Norris called this 'ignorant'. He congratulated South-West Scotland councils for removing their sunbeds from at least six leisure centres because it placed the 'health of their constituents ahead of financial gain'. He argued that 'all local authorities' should 'seriously consider closing their sunbed facilities' and strongly urged all doctors and dermatologists to encourage this.⁴² Norris's *BMJ* letter was transmitted to people in Britain through a *Guardian* newspaper article. The reporter supported Norris, the 'skin expert', and cited the *BMJ*. The HEA also supported Norris because their skin cancer campaign manager, Katie Aston, disagreed with the cosmetic use of sunbeds. She was also concerned that sunbeds in health spaces gave people mixed messages.⁴³

Half a year later in April 1997, however, the *BMJ* published Andrew Wright, Graham Hart and Liz Kernohan's letter, which directly challenged Norris' recommendation to remove sunbed services from the public sector.⁴⁴ The dermatologists had studied the output of fifty commercial UV-A sunbeds and found a striking threefold variability in the output of both UV-A and UV-B radiation.⁴⁵ The researchers then compared roughly one-third of these commercial sunbeds with thirty-three local authority-based sunbeds; the output of both UV-A and UV-B was significantly higher in commercial sunbeds. Consequently, the dermatologists strongly advised the HEA to stop removing sunbeds from local authority premises.⁴⁶ The dermatologists argued that removing sunbeds from council premises would drive users to the commercial sector. To reduce the risk of skin cancer, they instead suggested greater sunbed education, and the set-up of national sunbed guidelines and recommended radiation output restrictions as a more sensible approach.⁴⁷ Although sunbed

awareness and education had not stopped people from using sunbeds, this reflected a typical public health approach focused on ‘individual risk’, alongside other attempts to prompt a policy change that would deter sunbed providers.⁴⁸

Like the early 1990s, the continued medicalization from the mid-to-late 1990s of new ‘health’-enhancing light therapies, many of which resembled sunbed units, also weakened dermatologists’ anti-sunbed health broadcasts. In 1995, a *Daily Mail* article advertised Dr Damien Downing’s new ‘spring light’ therapy to overcome institutionally induced SAD. Downing was an ecologist and the author of *Day Light Robbery* (1988).⁴⁹ His research confirmed that sunlight improved physiological and psychological health. Reportedly, ‘spring light’ therapy did not emit ‘harmful UVB rays which cause[d] burning and skin cancer’. The *Daily Mail* reporter trialled the therapy; the lights looked like ‘sunbed lamps’ and her ‘treatment’ received a glowing report as it improved her body pains and energy levels. Dr Downing also offered portable household light units for £245, which people could order through the promotional newspaper article.⁵⁰ In 1996, the *Times* offered another type of medicalized light therapy. Again, the machine looked ‘a bit like a sunbed’. The therapy treated skin conditions and SAD and strengthened the body by stimulating vitamin D production in the skin. When the reporter asked about skin cancer, the therapist reassured her that ‘the harmful ultraviolet rays [were] screen[ed] out, and responsible use will not damage the skin or eyes.’⁵¹ The high-voltage UV machines at hospitals, renowned for treating burn victims, were also a familiar treatment.⁵²

Finally, newspapers started to broadcast experiences of women who were developing melanoma because of their genetic predisposition—they had apparently never sunbathed or used sunbeds. Professor Johnathon Rees and Sam Shuster from Newcastle University used these case studies to assert that genetics played a much larger part in the risk of skin cancer than UV exposure. This medically endorsed claim caused a ‘row’ with other medical authorities.⁵³

Although most dermatologists and many other healthcare professionals were against sunbeds, their discussions on what posed a greater risk factor, what was the best way to reduce overall skin cancer rates and whether local councils should remove their sunbeds likely weakened any attempt to ban sunbeds, especially in a country that praised itself on upholding consumer choice. Moreover, ‘sunbed-resembling’ light therapy improved the overall quality of life for some patients suffering from mental health and serious skin conditions. These testimonies often re-emerged in the media, renewing light therapy’s medical support. Finally, other medical experts suggested that genetics might now be more of an influential factor than regular sunbed use. The complicated nature of UV rays as

both curative and dangerous led to unintentional mixed messages in the media. This likely undermined people's attempts to challenge the sunbed industry and deter people in Britain more successfully.

The mounting attack on Britain's sunbed industry

Building on the early 1990s, the fake tan industry and now legal authorities joined the government and healthcare professionals in the media-visible 'war' against the sunbed industry in the mid-1990s. Supported by CRUK, the fake tan industry expanded, but some press reporters still undermined their anti-sunbed campaigns by criticizing the effectiveness of tanning serums. Legal authorities, on the other hand, proved more effective when challenging the sunbed industry.

The 'fake tan' industry tried to improve their product's quality and acceptance, and their advertising strategy still involved smearing the sunbed industry, now with stronger endorsement from health organizations and medical authorities.⁵⁴ In June 1995, a reporter from the *Times* acknowledged that she was part of the 'sun-kissed skin' seeking *Baywatch* generation. The reporter acknowledged that UV-A rays caused premature skin ageing; however, a tan apparently made you appear slimmer and healthier. She criticized former 'messy' fake tans but heralded her most recent fake tan experience; the colour was subtle and did not smell chemically unpleasant. People were apparently against 'artificial beauty', yet natural-looking tanning serums were 'paradoxically chic'. To remove the association of artificiality, the 'fake tan' industry was now trying to erase the term 'fake' in favour of other terms, such as 'self-tan', 'skin-tint' and 'auto-bronzed'.⁵⁵ The head of education at CRUK, Jean King, strongly supported this alternative tanning industry. As tanning culture was 'resilien[t]' and some self-tan products provided sun protection, she believed it was the least harmful option. The reporter concluded that the most expensive self-tans were the most effective.⁵⁶ Although the fake tan industry was growing, it was still not as easily accessible or desired by all, unlike sunbeds. Moreover, the product's 'artificial' association, expense and difficulties in the application discouraged women and men from purchasing the serums.

Perhaps more damaging for sunbed providers, sunbed incidents now resulted in publicized lawsuits, further damaging the reputations of local and international providers. Since the early 1980s, Henlow Grange Health Farm regularly advertised its sunbeds. In April 1995, however, lawsuits fined Henlow Grange £3,500 because of their 'irresponsible' sunbed provision. Helena Rowe,

a 26-year-old public relations officer, suffered burns and heatstroke after a one-and-a-half-hour-long session, which was one hour too long.⁵⁷ The automatic timer was broken, and the health farm's staff had forgotten to wake her.⁵⁸ In January 1996, Henlow Grange stopped advertising their sunbed services, perhaps because they did not want to draw further attention to themselves through bad press.⁵⁹ However, even though they apparently wanted to, they could not remove their sunbeds because it would incite a 'rebellion' by customers.⁶⁰

On a larger scale, Hawtin's leisure group experienced a similar situation when they tried to spread their sunbed branch overseas to the United States. A subsidiary of Hawtin's, called Power Sport, was forming sports, health and wellbeing resorts for the employees of large organizations, such as the carmaker Rover. In 1996, Rover opened one of these health club resorts for 15,000 employees near Birmingham. The large on-site gym complex provided a gym, saunas, sunbeds and whirlpool baths. Hawtin's had twelve more resorts in the pipeline to improve the employee headquarters for other large organizations, including American Express (their European headquarters in Brighton), Lincoln City Council and Birmingham University.⁶¹ To advance this success, Barclay Leisure (another subsidiary company and sunbed manufacturer owned by Hawtin) confirmed they would launch their Ultrabronze sunbeds in North America from January 1997 onwards. Barclay Leisure had already secured pre-tax profits of £58,90,000 on sales of £3.44m; £2.52m of which were mainly from USA exports. Hawtin's predicted that their USA provision of Ultrabronze sunbeds would expand USA sales to approximately £5m.⁶² However, Hawtin's pre-tax profits had decreased from '£6.31m to £2.05m' from September 1996 to September 1997. Hawtin had lost profits to pay for lawsuits to protect its sunbed products against mounting legal action in the United States. This had caused major financial repercussions for Barclay Leisure.⁶³

More television reporters than ever before, rather than just print press reporters, also polemicized against the sunbed industry, yet with the same contradicting visuals. The same sunbed and skin cancer expert dermatologists, with renowned reputations within dermatological groups and organizations, also made guest appearances supporting anti-sunbed programmes. On ITV, at 7.30 pm on Thursday 8 May 1997, a half-hour episode titled 'Burning Issue—Healthy Choice?' featured on the current affairs programme *3-D*. Current affairs programmes differed from regular news broadcasts as they offered more in-depth information rather than simple news reports as quickly as possible.

ITV often attracted millions of viewers—even through their regional networks. As the 3-D programme started at 7 pm, many people likely watched it.⁶⁴ The *Financial Times*' television guide highlighted the sunbed report, demonstrating the topic's importance and its perceived appeal to televisual audiences.⁶⁵ The programme was 'pick of the day' in the *Guardian*'s television guide. The page even featured a rare photograph of a man using a sunbed.⁶⁶ The sunbed report was also the 'critic's choice' in the *Times* television guide. In the critic's description, Dr Norris asserted that sunbeds caused skin cancer, yet they were 'enjoying a boom' on high streets and leisure centres. He again remarked that people's demand for sunbeds was based on 'ignorance and [that] an ethical local council should be rejecting such demands.'⁶⁷

On 3-D, Julia Somerville presented the nine-minute report 'on the health risks associated with sunbed[s]'. At the beginning of the programme, the headline immediately read 'DYING FOR A TAN—warning about sunbeds'. Professionally dressed in a cream suit and gold jewellery, yet untanned, Somerville greeted her televisual audiences. Speaking in a business-like upper-class accent, Somerville explained why dermatologists no longer believed sunbeds were safe; they were concerned that sunbed operators were not warning their consumers about the health risks despite new safety guidelines. Using hidden cameras, the journalists would test if leisure centres in England followed guidelines to protect their clients.

Before the investigation began, Dr Norris condemned sunbeds again, explaining that local authorities should not provide sunbeds. Norris appeared authoritative and stern, dressed in a suit in front of a white lab coat and bookshelf. Yet the accompanying visuals started to glamourize sunbed tans; a conventionally attractive woman—slim, tanned, blonde, diamond earrings, with plump, glossy lips, long eyelashes and make-up—was on a sunbed. Shot from a side angle, the slow camera pan traced from her tanned bare knees to her naked hips and left hand, with a large diamond ring on her middle finger. Although the background music was ominous-sounding, the sexualized shot sold a wealth-associated and desirable tan, which undermined Norris's advice. The media content producers perhaps struggled to remove their own positive associations with tanning culture despite their intent to discourage sunbed use.

Councils were under pressure to stop providing sunbeds to the public. Yet, in the meantime, operators had to warn about the potential dangers and restrict users to twenty sessions a year. A reporter interviewed Nick Reeves, the Director of Policy at the Institute of Leisure and Amenity Management. He asserted that the literature for users should explain sunbeds' benefits and potential hazards.

Consumers also had to complete forms to help operators monitor their sunbed use. Moreover, people who were most at risk from skin cancer—as shown on posters—should be banned outrightly. Reeves also asserted that the ‘posters on their own [were] not sufficient’. Customers needed both verbal advice and literature to take home. The programme tested these skin cancer prevention measures by sending their red-haired, pale and freckled researcher, Jane Bower, to visit eight council-owned sports centres in England.

At the first three centres, no one warned Bower—the staff merely handed her the keys to use their sunbeds. The next centre in Nottingham had the poster signs, but the staff did not verbally warn her. In Sheffield, Bower changed tactics and prompted the staff by asking if she needed to know anything as she had not used a sunbed before. The receptionist answered, ‘No... you should be alright [for] 20 minutes.’ After her sunbed session in Leicester, the staff gave Bower warning information and asked her to complete a card to monitor her sunbed use. In Nottingham, without making eye contact, the receptionist also passed Bower a yellow form. Bower prompted, ‘It does say, people with sensitive skin should restrict their session to half the recommended time?’ The blonde-haired and blue-eyed receptionist froze and then nervously laughed. After reading the yellow form herself, the receptionist responded, ‘I’ve got ... really sensitive skin, and I’ve done the full time ... it doesn’t burn you.’ In a voiceover, Reeves remarked that leisure centre staff should refuse ginger and fair-skinned customers. The visual switched to Reeves, who was dressed authoritatively in a suit. He informed viewers that leisure centres should be most concerned about their customers, not their ‘balance sheet’. The sunbed instructor in Coventry was the only one to notice that Bower was in the highest-risk category. Nonetheless, he advised ten minutes and gave her sunbed goggles.

At the end of the television report, Norris reasserted that local authorities needed to phase out sunbeds, that private sunbed providers needed a license and that the government should outlaw household sunbeds for hire or private purchase. The hidden cameras, undercover reporters, policy director and assertive dermatologist both critiquing and condemning this relaxed provision of sunbeds were intended to panic sunbed providers and their staff, particularly receptionists, who may have been watching or later heard about this programme. This may have fulfilled the groups’ motive to make sunbed providers and their staff more aware of the health warnings and educate people about skin cancer prevention measures. In the mid-1990s, the media, again mainly the *Daily Mail*, publicized countless examples of how blasé sunbed provision led to horrifying incidents, aiming to deter public consumption.⁶⁸

The resilience of the sunbed industry

Sunbed advertising in national media was extremely rare in mid-1990s Britain.⁶⁹ In national newspapers, only one household sunbed advert featured in the *Daily Mail* in July 1996.⁷⁰ Yet the images accompanying anti-sunbed newspaper articles at the time sometimes included 1980s sunbed adverts of sexualized women.⁷¹ The visuals used to sell a sunbed tan were still circulating through the media. Bronzed bodies remained deeply engrained in physical and ephemeral 'spaces' of fitness, fashion and popular culture.

When women's magazines were blamed for such unhealthy body practices, *Marie Claire's* health and beauty magazine editor, Nancy Roberts, defended that although their models remained 'stick thin', they were no longer unhealthily tanned. She asserted that most women's magazines were now taking a 'responsible attitude to tanning these days' as they wanted to make readers aware of the dangers and ageing effects of the sun. Press editors, like Roberts, started a trend of 'only using lightly tanned models', which was clearly a contradiction.⁷² Moreover, some of the largest and commercially influential leisure groups still provided sunbed facilities, and they successfully attracted new clients with tanned models on posters. Sunbeds remained widely accessible and popular with the public.

Largely silenced in the media, sunbed providers became independent creators and distributors of their own advertising. An internationally renowned sunbed provider, Philips, offers one such example. In their 1997 'Domestic Appliances and Personal Care Products' catalogue, Philips advertised five tanning devices on a double-page spread dedicated to home tanning (Figure 6.1). Two of these full-body units offered 'safe tanning'. Opening with a holiday resort scenario that naturalized tanning culture, the advert increased pressure on readers to tan before their holiday; they no longer needed to 'stand out from the crowd [with their] ... lily-white skin'. Reportedly, tanned skin made people 'look better and more naturally attractive', allowing people to feel 'self-confident and relaxed'. Moreover, the advert presented tanning outdoors as unreliable and unsafe, whereas Philips' Solaria provided 'controlled' and 'reliable' UV, which supposedly preventing burning. Like other providers, Philip's still sold household and professional sunbeds, emphasizing their 'health' and 'safety' claims. One lamp provided an 'even tan for 750 hours', allowing persistent use for purchasers.⁷³ Indeed, when wealthy families bought luxury houses in mid-1990s Britain, some of their daughters insisted that a room with a domestic sunbed was still a 'must-have'.⁷⁴

THE SUN IN YOUR HOME

Safe tanning with Philips

Every year large numbers of people flock to the holiday resorts in search of sun and sandy beaches. We start our holidays trying to tan as quickly as possible because we don't want to stand out from the crowd. Although we know it's not sensible to rush tanning, we don't like the idea of having a lily-white skin. A tanned skin makes us look better and more naturally attractive, so that we feel self-confident and relaxed. The problem with tanning outdoors is that the sun is unreliable. The intensity of UV radiation can vary enormously and, since the sun has no time switch, people can easily get too much UV radiation.

Luckily, our skin also tans extremely well using reliable, artificial sources of UV. Solaria provide regular and controlled UV, which is just what's needed to tan effectively without burning. Tanning with a Philips HPA solarium is particularly relaxing. HPA lamps emit a pleasant infrared heat so that you have the sensation of lying on the beach on a sunny day. The high light output means that the maximum distance between the lamps and your body is 80 cm, which allows you plenty of freedom to move. What's more, these lamps give a continuous, even tan for 750 hours.



Half-Body Solarium HP 406

Compact half-body tanner with 1 HPA lamp. Tanning area: 40x60 cm. With special brown filter glass to provide pleasant light. With practical tanning memo cassette. Base can be adjusted to 3 different positions. Equipped with fan. Low-noise 60-minute timer with automatic switch-off. Comes with 2 pairs of protective goggles.

Sun Mobil HB 851

Highly compact HPA tanner, with 4 HPA Cleo lamps (400 W) and two large wheels for easy transport. Extra-large tanning area: 190 x 75 cm. Lamp units can be switched on separately so it can also be used as a half-body tanner. With special brown filter glass for pleasant light. Infrared gives extra warmth. Electronic remote control with push-buttons and 29-minute timer with sound signal, automatic switch-off and memory stop. Daily memo for 4 people. Comes with 2 pairs of protective goggles.

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Figure 6.1 'The Sun in Your Home', 'Domestic Appliances and Personal Care Products' Royal Philips UK Catalogue, February 1997, 26–7.

Source: Royal Philips/ Philips Company Archives.

M E



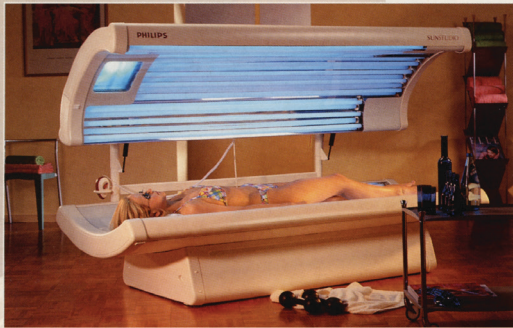
Full-Body Sun Studio HB 577

Professional full-body sun studio with large tanning area (2.15 m). Its new wing-like shape provides perfect tanning, even on the sides of your body. Equipped with 24 new CLEO-effect tubes which use 10% less energy and also reduce the tanning time by up to 30%. The Sun Studio has a built-in HPA 400 high-pressure facial tanner, 2 gas springs for easy lifting, 3 fans and a design remote control.

TANNING WITH CLEO UVA FLUORESCENT LAMPS
 Philips also supplies tanning appliances with so-called Cleo UVA fluorescent lamps. Cleo is a high-quality product, emitting a precisely controlled amount of UV. In addition, these appliances give a continuous, even tan for 500 hours.

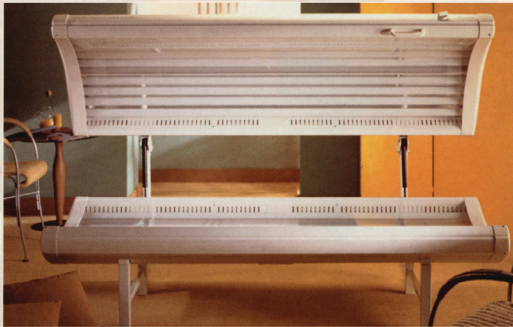
PHILIPS SOLARIA ARE SAFE
 Every Philips solarium is the result of extensive research, and detailed testing and measuring. All Philips tanning appliances comply with the international CENELEC standards for a good reason: it is the mark of safety!

Tanning with a Philips solarium is comfortable and safe. It gives you a natural-looking tan, in the privacy of your own home. It not only helps you to look great all year round, but it makes you feel better too.



Full-body Solarium combi HB 546

Professional full-body solarium with 20 Cleo tubes. Facial solarium with 4 Cleo 15W tubes. Specially rounded canopy for better tanning of the sides of your body. Tanning area approx. 70x180 cm. Adjustable in height between 65 and 90 cm. The HB 546 comes with three built-in fans and a timer.



CE: All Philips tanning appliances comply with CENELEC safety requirements

Figure 6.1 (Continued)

Nonetheless, sunbeds were more commonly used in public venues such as health farms, spas and gyms in Britain.⁷⁵ In the *Guardian*, gyms offered free sunbed sessions to entice new members.⁷⁶ In the *Financial Times*, Covent Garden's Sanctuary, a luxury health club and spa in London, advertised an 'indulgent' day of using saunas, steam rooms, whirlpools, swimming pools and, crucially, sunbeds.⁷⁷ At universities, sunbed services, hidden within the sports facilities, continued to attract students.⁷⁸ For men, an abundance of sunbed salons could be found on Canary Wharf's waterfront and sessions were included as a luxury in men's 'Disco Damaged Rescue [Hangover] Package'.⁷⁹ At Tantalise in Knightsbridge, the *Times* revealed that 40 per cent of their sunbed members were men. In a cultural climate that stigmatized sunbed use, it was added that 'most' of these men were 'male models who need[ed] to look tanned for their work' to justify this statistic.⁸⁰ Some celebrities still attempted to hide their sunbed use because of the growing stigma, yet others still confidently broadcasted their sunbed use in the media. Famous presenters, like Channel 4's *The Big Breakfast* presenter Zoe Ball, proudly disclosed her sunbed use.⁸¹ Some football players were the same.⁸² Sunbed use persisted despite attempts by new groups to weaken the sunbed industry and discourage consumers following growing skin cancer concerns.

Even though campaigns to restrict or remove sunbeds were circulating, other journalists, healthcare providers, celebrity role models and the industry often undermined these actions. As 3-D demonstrated, most sunbed operators, including those in local council leisure centres, did not adhere to the new restrictions. Consequently, people focused more on changing the habits of sunbed consumers. Justifying this public health approach, a *Guardian* reporter remarked that the sunbeds themselves were 'not always' the problem. Instead, it was the people's enthusiasm for them—spending either too much time on them or using them too often; it was the 'beauty addicts' who were fuelling the sunbed industry.⁸³ Several psychologists soon joined the dermatologists in the campaign against sunbeds and provided reasons why consumers still used sunbeds despite global confirmations that they caused skin cancer. This led to many journalists further pathologizing sunbed users.

The medical-media attack on 'sunbed addicts'

By the mid-1990s, psychologists confidently confirmed that regular sunbed users were 'sunbed addicts', which reporters translated into 'tanorexics' through

the media. Psychologists created, legitimated and reportedly cured 'sunbed addiction', which reflected the popular use of addiction theory by medical authorities at the time.⁸⁴ Some psychologists did acknowledge how the relentless advertising of the 1980s had encouraged 'everyday' sunbed use. Yet the focus on the 'sunbed addict' provided a more favourable scapegoat for the media, medics and everyday people. The sunbed consumer, or rather 'addict', could be blamed and criticized publicly. The judgement focused on their 'addiction'—aiming to discourage other 'sunbed addicts'. This approach disguised the cultural bias of class-based and gendered expectations. The media could frame the 'addict', rather than the individual woman, as narcissistically and senselessly ruining her life by irresponsibly draining societal resources. This included wasting doctors' time when checking and removing skin cancer and ruining the lives of others in the community, especially her children if the woman had any. Such condemnations of 'irrational' behaviour reflect a historically renowned bias towards women's, especially working mothers, or homosexual men's consumption. Society expected 'moral' women to provide and raise children because motherhood was often presented as a woman's main contribution to wider society. Therefore, women were more shamefully framed as selfish for 'indulging' in self-destructive behaviour than equally self-indulgent men. Yet this cultural expectation overlooked the greater bodily pressures placed on women, compared to men, to be aesthetically desirable.⁸⁵ This allows women to be more open than men about their beauty routines; however, their culturally accepted openness, unlike men's in the 1990s, led to young, white and working women being more open about their sunbed use and therefore more easily framed as an 'insecure', self-destructive and vain 'sunbed addicts'. Again, the emergence of 'sunbed addiction' reflected other gendered psychology histories, including the stereotypes of hysteria and eating disorder sufferers.⁸⁶

A 1997 study published in the *BMJD*, titled 'Why Do Young Women Use Sunbeds? A Comparative Psychological Study', provided one example of how psychologists endorsed a gendered 'tanorexic' stereotype. Austrian researchers conducted this research, but their perspective of 'sunbed addiction' was representative of 1990s Western psychologists. The *BMJD* published the article rather than an Austrian or British psychology journal. This suggests that British dermatologists wanted to share this study to shed light on why women continued to use sunbeds.

In the study's introduction, the authors asserted that 'psychological factors play[ed] a very important part' in explaining why people were 'keen to get a tan despite warnings of health hazards'. This statement was repeated three times, and

the article emphasized that sunbed use was caused by ‘deep psychological factors.’ To change users’ behaviour, the researchers asserted that governments needed to create ‘a skilful public relations campaign projected by dermatologists as well as psychologists.’ The psychologists did not mention other factors contributing to sunbed use, such as commercial pressures, the environment, the weather and the lack of scientific consensus. They did not encourage research from other disciplines either. The dominant use of psychology to explain and resolve the sunbed ‘epidemic’ had begun.⁸⁷

The study included sixty-four women: thirty sunbed users and thirty-four non-sunbed users. Their small sample group only consisted of ‘women between 20 and 35 years of age who reported using sunbeds at least once a month.’ The frequency of their consumption was not discussed.⁸⁸ The researchers’ findings were entirely based on a ‘standardised psychological questionnaire’ filled in by the participants. An interpretation of these women’s lifestyle decisions and personality traits framed sunbed users as both self-destructive and narcissistic women. The researchers remarked that ‘sunbed users showed no particular restraint in smoking and drinking.’ The psychologists were reinforcing the associated stigma of tobacco and alcohol addiction and ‘risk’ and ‘compulsion’ behaviours with sunbed users. The psychologists concluded that their research ‘supported the hypothesis that a tanned skin, by helping sunbed users to achieve their ideal of beauty, enable[d] them to devalue other people.’ The sunbed users apparently perceived other people as not ‘worthy of affection.’ This aimed to ‘possibly protect themselves from close relationships’ because they ‘display[ed] greater anxiety in their feelings and relationships with others.’ The term ‘narcissist’ was frequently mentioned.⁸⁹ This language framed sunbed users as neurotic and self-absorbed, which was strongly linked to substance addiction stereotypes.⁹⁰ The study shows how psychologists were framing ‘tanorexics’ as an unethical stereotype. A decade later, between 2000 and 2010, medical researchers cited this article in several journals, including *Psychology & Marketing*, *Cancer Causes & Control*, the *BMJD*, *Photodermatology*, *Photoimmunology and Photomedicine*, *Health Education Research* and *Health Promotion International*. The researchers did not critique Fiala’s findings. Instead, they cited the article to justify why women, more so than men, used sunbeds to achieve their aesthetic goals. One dermatologist reiterated that young women tanned to ‘possibly ... protect themselves from the fear of close relationships.’⁹¹ The psychologists from the original study had stigmatized current and future consumers for desiring a sunbed tan.

At the end of the 1990s, the British Imperial Cancer Research Fund reinforced sunbed addiction as a woman’s condition. They claimed that ‘1 in 4 women

suffer[ed]' from 'tanorexia', and journalists finally defined an 'addict' as someone who used sunbeds 'more than once a week'.⁹² 'Tanorexia' became a legitimate psychological addiction that primarily affected females.⁹³ As a result, when researchers selected participants for future sunbed studies, they typically chose white adolescent women, and excluded individuals with darker skin.⁹⁴

The legitimization of 'tanorexia' and 'sunbed addiction' as a psychological condition allowed reporters and both health and government officials to 'constrict, imply, constrain, and legitimise individual behaviour and public policy' in relation to sunbed use.⁹⁵ But for others, the sunbed addiction narrative actually helped people develop an understanding of everyday tanning behaviours—even for those doing the tanning themselves.

From the mid-to-late 1990s, the number of detailed interviews with both 'tanorexics' and psychologists spiked in broadsheet and tabloid newspapers. It was a topic of concern that attracted readers who were interested in skin cancer and tanning culture. In 1995, a 'tanaholic', again associating alcoholism with sunbed addiction, interviewed for the *Guardian* explained that she had used sunbeds for seventeen years. The reporter only included parts of the interview that framed her as irresponsible; she said she did not care about what happened in ten years' time as she was 'living for today'. The reporter described this as typical British behaviour, in which there was a reluctance to accept growing evidence of harm in preference to a 'might-get-hit-by-a-bus-tomorrow' attitude and lack of conscience.⁹⁶

The following year, in 1996, the *Daily Mail* dedicated a two-page spread on 'tanorexia' to publicize the experiences of two 'tanorexic' women who were 'hooked' on sunbeds. Bronzed skin was apparently all that mattered to them, and they refused to think about the media's scare stories on sunbed-induced skin cancer, not even when friends became concerned for their health.⁹⁷ All these women in both the *Guardian* and *Daily Mail* were in their late twenties to early thirties, and most were working-class.

The concept of 'tanorexia' or 'compulsive tanning syndrome', both explained and treated by psychologists, soon reached established women's magazines, including *Cosmopolitan*. At the time, the internationally widespread and well-read *Cosmopolitan* sold and encouraged representations of 'independence, power and fun' to its young female readers.⁹⁸ The article 'investigat[ed] the latest addiction, tanorexia', which, like anorexia, perhaps uncoincidentally afflicted the age group of those *Cosmopolitan* attracted.⁹⁹ Shortly after its publication, a *Guardian* newspaper reporter condensed and re-published Karen's—a recovering 'tanorexic'—account from the *Cosmopolitan* article. Although

months of psychotherapy reportedly cured Karen, an article about the dangers of sunbathing prompted vivid memories of ‘obsession’, ‘compulsion’ and withdrawal symptoms, like panic and strain, when she ‘kicked’ her tanning habit.¹⁰⁰ Karen’s story reflected a growing use of consumer voices within the print press to both warn about sunbed ‘addiction’ and to support other ‘addicts’ by showing that recovery was possible.

‘Tanorexia’ became such a hot topic that two television talk shows, one the same year and another after, dedicated a whole episode to berating ‘tanorexic’ guests on the show. The first featured on ITV’s *The Vanessa Show* in October 1996 and the other on BBC2’s *Esther* in June 1997, endorsed by dermatologist Dr Price and addiction psychologist Mark Griffiths. In both shows, the women received significantly more scrutiny than the men. The mother on both shows was called selfish, irresponsible and vain. She was accused of neglecting her duties as a mother and placing her children at risk. On *Esther*, the host, other guests—especially the melanoma ‘survivor’—and studio audience members disapproved of all mothers who used sunbeds and the show centred on the risk that a ‘sunbed addict’ could pose to their children; they were concerned that children would either be left without a mother or would develop tanorexic tendencies themselves. Aired on mainstream channels to millions of people, both shows legitimated ‘tanorexia’ and reached much further than the print press.¹⁰¹

Both Dr Norris and Dr Hawk soon used the concept of ‘tanorexia’ in their ongoing campaign to ban the ‘death machines’ from health clubs and beauty clinics in Britain. Council-run leisure clubs slowly withdrew their ‘body-frying sunbeds’; however, private health centres still refused to cooperate. An editor for *Company* magazine suggested that the industry’s value, at £100 million a year, was perhaps why. As such, dermatologists and psychologists continued to pathologize, stigmatize and condemn the use of sunbeds in all tanorexia coverage while shaming the public if they ever considered sunbed use in the future.¹⁰²

Conclusion

The growing factions opposed to the sunbed industry achieved some success, mainly legal groups that stopped the spread of sunbeds both locally and internationally. By the end of 1997, the sunbed industry had lost support within the elite leisure marketplace as many upmarket venues removed their sunbeds.¹⁰³

Additionally, the media had strongly established the undesirable ‘tanorexic’ stereotype—commonly depicted as young white women or ‘metrosexual’ and increasingly homosexual men—a representation that would persist for the following decades. Working-class men were also stigmatized, but not as severely as women. Nonetheless, by the end of the twentieth century, men were using sunbeds more than ever before. Also, they had the quickest growth in melanoma rates when CRUK quantified the last twenty years.¹⁰⁴ At the end of the twentieth century, the British government and the media also felt more responsible for persuading people in Britain to make healthier choices.¹⁰⁵ As such, dermatologists, psychologists and media producers were keen to decrease skin cancer rates and improve the long-term health of the British public by reducing sunbed use. However, the highly biased, immoral depiction of sunbed users—now on television—would instead encourage people to develop more secretive behaviours towards sunbed use. In 1999, both the HEA and the *Times* worryingly confirmed that over three million people continued to use sunbeds every year.¹⁰⁶

Conclusion

As we enter the digital world of the twenty-first century, this book brings us full circle to the ongoing love-hate relationship towards sunbeds, its providers and consumers in Britain, alongside tanning culture more widely. The 'global war' against sunbeds and the rise of melanoma persisted into the 2000s. France was the first country to ban minors from indoor tanning in 1997. In 2003, the World Health Organisation (WHO) recommended legislation to 'provide better information for consumers', prohibit sunbed use for people under eighteen and reduce the number of sunbed shops 'working without the surveillance of an operator'. The WHO instructed all governments to adopt these new sunbed restrictions.¹ The number of medical investigations and campaigns against sunbeds consequently increased but, again, it focused on discouraging young women from using sunbeds.² In the early 2000s, the concept of 'sunbed addiction' was taken a step further. The medical research on the 'physiological' and 'biological', now alongside the psychological dependence of sunbed UV-rays, further reinforced 'tanorexia' as a woman's condition. Sunbed addiction was, therefore, further analogized to tobacco and alcohol addiction, as the addict was still said to experience severe physiological withdrawal symptoms when they reduced or terminated their sunbed consumption.³ Yet this highly publicized vision of sunbeds as a social 'epidemic' and communal threat, again, still only affected young women.⁴

Ironically, the highest melanoma mortality rates originated from wealthy white people. From 2007 to 2017, women's melanoma incidence rates increased by 30 per cent, whereas incidences almost doubled in men. In terms of deaths, the rates in women stabilized, and the rates in men increased by 14 per cent.⁵ Each year, roughly four hundred more men than women die from melanoma.⁶ Moreover, men living in the *most* deprived areas are *least* likely to die compared to other demographic groups, which is the opposite trend of most cancers.⁷ Some medical experts still debate whether sunbeds are entirely responsible for this rise

in melanoma, despite the strong consensus across NGOs, such as CRUK.⁸ Other medical experts argue that environmental issues contribute more to skin cancer, such as climate change and the depleting ozone layer.⁹

Even if sunbeds are ‘addictive’ and contribute to skin cancer risk, the class and gender-based stigmatization and feminization surrounding ‘tanorexia’ will not encourage consumers to seek help from healthcare professionals. White, working-class women—particularly young women and mothers—and homosexual men continue to be stereotyped and condemned as ‘vain’, ‘self-destructive’ and ‘stupid’ consumers. These cultural and moral sanctions through horror films, soaps and documentaries, again, reflect gender, class, race, age and sexuality bias.¹⁰ More worryingly, the media-medical framing of sunbed use as irrational and distasteful encouraged secret use in the twenty-first century because of the associated stigma.

Even though sunbeds are feared, the normality of tanning culture as a pleasurable and self-enhancing practice remains deeply embedded within popular culture. In many countries, the association of tanning culture with leisure is still taught from childhood to young adolescence. However, it has moved beyond sunbed *Sindy’s* and *Polly Pockets* of the 1980s and 1990s. *The Sims* has been one of the most popular video games in the world since the 1990s and has long reflected positive tanning associations. The game’s developers, Maxis, and the game’s publishers, Electronic Arts (EA), launched the latest version of this social simulation game, *The Sims 4*, in 2014. By the summer of 2022, EA had released twelve expansion packs and twelve game packs, and the game surpassed thirty-three million players, demonstrating its momentous popularity to this day.¹¹ In the holiday-themed expansion pack, ‘*Island Living*’ (2019), the ‘*Beach Life*’ aspiration both encourages and rewards the sim—and by extension, the player—if they sunbathe outdoors and develop a tan. Regardless of the sim’s skin colour, the sim’s mood is boosted after any tanning activity, which improves the gameplay. This reinforces the process of tanning as an enriching and pleasurable activity. Although sickness, environmental health risks and death are concepts within the game, strengthened by the optional ‘doctor’ career path, there are no references to skin cancer risks after the sim’s UV exposure.¹² In October 2022, EA and Maxis made their base game free on most gaming consoles.¹³ This was to entice new generations to play their forthcoming *Sims 5*, which will undoubtedly contain skin colour-changing cultures and tanning technologies in response to consumer demand and its aim to reflect everyday life authentically.¹⁴

Since the mid-2010s, dozens of children's and teenagers' mobile phone application games which promoted sunbed and tanning culture as self-enhancing, exciting and fun emerged. The player roleplays a princess, a superwoman, a pregnant woman or a baby in these games. Initially, the characters must 'prepare' themselves by bathing or shaving. They then coat themselves with 'special tanning cream' and finally tan themselves on a sunbed. The player can choose either a 'light', 'medium' or 'dark' tanning session. These games also state that 'professionals' recommend sunbed tanning as a safer alternative to sun exposure.¹⁵ Even proud sunbed owner, consumer, and worldwide known influencer Kim Kardashian glamourized tanning culture on her successful mobile game *Kim Kardashian: Hollywood!*, which received 145 million downloads between 2014 and 2024. In the Western world, where 'beautifying' is still presented as a productive way to self-invest, these interactive video games teach White children and teenagers that tanning and darkening themselves is positively pampering and fun and will contribute to an eventual 'glow up'. According to social media, a 'glow up' means an impressive transformation in appearance, talent and influence, advancing the consumer's quality of life. Clearly, the 'beautification' through tanning has moved beyond physical toys and actual salons of the 1970s to 1990s. It is now part of a virtual reality. And everyday smartphones, through built-in photo and video-editing filters, can coat this virtual tanning reality onto everyone's bodies with a click of a button. People no longer require a beauty salon or a photo-editing expert to 'experience' a tan.

The association of tanning, athleticism and weight loss also remains deep-rooted in British and Western culture. Despite sunbed stigma and fear of skin cancer, sunbeds have been replaced by modernized equivalents and new tanning technologies within fitness cultures and spaces. In the early twenty-first century, industry leaders, such as Ergoline, developed vertical sunbeds with vibrating floors, improved fans and advanced surround-sound bass music to reinforce tanning with body toning. These 'vibra shape' floors supposedly 'improve your fitness level' while you absorb the UV rays. This apparently 'helps you lose weight, reduce[s] the appearance of cellulite and firm[s] up the connective tissues'.¹⁶ Other advertisements for different models claim that an hour working out is equivalent to a fifteen-minute session on a 'vibra' sunbed.¹⁷ Sunbeds remain embedded within exercising routines and are still advertised as a quick-fix weight loss option.

In 2011, the Chartered Institute of Environmental Health (CIEH) also found that 30 per cent of councils still offered sunbeds and other artificial tanning facilities in their leisure centres, despite their statutory duty to promote public health. Health experts expressed significant outrage that such councils continued to profit from sunbeds in their leisure centres.¹⁸ Following Britain's Sunbed (Regulation) Act in 2010, which was implemented in April 2011, most local councils slowly removed their sunbeds from their leisure centres throughout the 2010s.

Yet, many commercial gyms still promote them alongside more invasive tanning technologies. The MelanoTan injections mentioned in Chapter 5 are still illegally sold through the internet, as well as in bodybuilding gyms in Europe, Australia and America. Despite public health warnings in Britain, many bodybuilders and devoted gym goers still combine tanning injections and sunbed use for an extreme tan to exaggerate muscle definition.¹⁹ However, everyday people are also self-confessed 'tanning injection addicts'. In March 2019, ITV's renowned *This Morning* chat show (1988–present) interviewed such a couple. Despite family histories of cancer, they admitted to three years of illegal tanning injections, combined with regular use of sunbeds when coated in carrot oil.²⁰ The woman also revealed how she was often mistaken for a Black person. Like this woman, after several years of MelanoTan injections and sunbed use, an originally white and blonde German model was also assumed to be a Black person and now identifies as one. In 2018, Martina Big was baptised by a Kenyan clergyman Malaika Kubwa.²¹ She is not the first and will not be the last person to use tanning technologies to change their skin colour and identify as a different ethnicity and race.

In terms of 'fake tan'—mainly DHA serums—the company name 'Skinny Tan' speaks for itself. Founded in 2012 in Australia, two mothers, Kelly Hoppen and Piers Linney, invented the company to promote their 'naturally-derived' fake tan serum, which supposedly reduces the appearance of cellulite. Their company was one of *Dragon Den's* success stories in 2013. It attracted offers from all five 'dragon' investors and is now widely used in the UK.²² It competes with the longer-established DHA serums sold by Clarins, Ambre Solaire Garnier, L'Oréal, Dove, No7, Rimmel, Christian Dior, Soltan, Fake Bake, St Tropez and St Moritz. Like the health, fitness and sunbed boom of the 1980s, the vast majority of white and now Brown and Black fitness celebrities and models—especially Instagram fitness influencers—boast either golden tans or the use of tanning applications for untextured 'flawless' skin. Most have been targeted by the fake tan providers listed above and were asked to advertise tanning products to their followers. This further reinforces the association of tanning culture with fitness and athleticism.²³

In March 2022, a BBC News investigation revealed how dozens of social-media influencers were promoting illegal Melanotan-2 injectables to millions of people. The influencers also advertised the new introduction of Melanotan-2 nasal sprays, which needle-squeamish consumers preferred under the false pretence that the product was safe. Even in the 2020s, the Medicines and Healthcare products Regulatory Agency, The British Association of Dermatologists, CRUK and The Advertising Standards Authority struggle to target, regulate and stop the spread and use of ever-changing and often dangerous tanning products, which are advertised through ever-evolving digital networks.²⁴ Moreover, when Instagram and TikTok influencers use and advertise the latest tanning products, it's introduced to new consumers as an easily accessible part of a luxurious and glamorous lifestyle.²⁵

Yet, like the 'yuppies' and working-class consumers of the Thatcherite 1980s, when white working-class people in the twenty-first century use sunbeds, alongside other forms of tanning, they are demonized as 'chavs'.²⁶ This derogative stereotype appeared in the early 2000s. 'Chav' stands for 'council house and violent' in Britain. The term is defined as a 'young person from the working class, usually without a high level of education' in the *Oxford English Dictionary*. 'Chavs' reportedly wear flashy tans, jewellery and athletic clothing (e.g. tracksuits, hoody's, and trainers) and have an 'estuary' English accent.²⁷

Collectively, this sunbed story illustrates how popular culture and mass media reciprocally influence and shape public health research and scientific discussions in a constant cycle. As such, the media-medical representations and understandings of sunbeds and their providers and consumers, like other 'health' technologies, cannot be separated. This media-medical bias also determines who are 'rational', 'moral' and 'healthy' rather than 'irrational', 'immoral' and 'addicted' tanning consumers. Even if the tanning process is the same, society's judgement of the consumer depends on their social identity. In agreement with Berridge, I argue that the framings of when, where, how and who has consumed is more influential than the actual consumption of a technology, product or substance itself.²⁸ Even in the twenty-first century, tanning consumption is constantly transitioning from a luxurious and glamorous pastime for affluent and responsible people to a ridiculous and shameful activity of the working-class masses.

In line with the last few chapters of this book, the mainstream media also continues to amplify the voices of medical experts while excluding those of

the sunbed industry.²⁹ Yet, the industry still relentlessly advertises the ‘health advantages’ of sunbeds to people through digital marketing via their own websites and social media.³⁰ This was especially common during Covid-19 when the NHS and medical experts explained how vitamin D reduced the severity of Covid-19.³¹ In May 2020, for example, television presenters Holly Willoughby and Phillip Schofield on *This Morning* presented a seven-minute report on ‘The Research on Vitamin D & Covid-19’. They invited a medical expert, ‘Dr Chris’, to explain that the main source of vitamin D was sunlight on our skin and how vitamin D may reduce the inflammatory response to virus infections. Consequently, people with vitamin D-boosted immune systems would therefore cope better when suffering from Covid-19. Neither television presenters nor medical experts recommended sunbeds, but they warned against UV-overexposure and skin cancer risks.³² Nonetheless, Tantastic sunbed salons used this report to advertise how their ‘sunbeds, when used responsibly, are a great source of vitamin D’. Tantastic extended that this was ‘said by Top Doctors worldwide to boost our immune system and help fight off nasty viruses like Covid-19’. These claims were advertised through social media, including Facebook and Instagram.³³

Nonetheless, the NHS generally takes the risks and consequences of past and current sunbed use seriously. In 2022, the NHS launched their largest health research programme to discover new ways to prevent, detect and treat diseases in the future, and questions about sun exposure and sunbeds were a part of it. The questionnaire asked participants if they wore sun protection outdoors in the summer and how often they used a solarium or sunlamp per year.³⁴ Moreover, the scientists and public health experts who were instrumental in banning sunbeds in Australia have been working with researchers at the University of Manchester to ban the machines in the UK. This could supposedly save the NHS £7,00,000 per year.³⁵ In a parliamentary discussion in July 2022, Health Minister James Morris agreed to discuss the prohibition of sunbeds to support Melanoma UK’s sunbed ban campaign in Britain.³⁶ A sunbed-less Britain could, therefore, be on the horizon.

In the meantime, people’s mounting obsession with ‘picture perfect’ skin and the fear of ageing has contributed to a more toxic relationship with sunbeds and tanning culture in the twenty-first century.³⁷ The influence of the beauty industry (e.g. dermal fillers and Botox) and social media (e.g. filters and editing applications) have heightened both women’s and men’s fear of ‘looking your age’.³⁸ During Covid-19, our dependence on digital platforms for work, socializing and entertainment (e.g. Zoom, Teams, Google Meet, Twitter, Snapchat, Instagram,

TikTok, Facetime, Facebook, YouTube and pornographic websites like Only Fans), and their built-in options to airbrush skin and ‘share’, amplified most people’s obsession with ‘picture perfect’ complexions.

As this book has illustrated, tanned skin has long been associated with vitality and appearing and feeling young. Yet, people now know that UV-tanning quickens the skin ageing process through wrinkles and hyper-pigmentation—better known as ‘ageing spots’. Many of the Baby Boomers and Generation X, who were avid sun(-bed) worshippers in the late twentieth century, now avoid UV rays and have turned to anti-ageing technologies (e.g. anti-ageing injectables).³⁹ In contrast, most millennials and Generation Z have been aware of the ageing process caused by UV-tanning; however, they still desire ‘flawless’ skin and are less fearful of the twenty-first century’s more invasive yet everyday ‘rejuvenating’ technologies. Much like in the original sunbed industry, this trust in the beauty ‘health’ industry has often led to a reliance on sunbeds for a tan, which is then combined with skin ageing ‘preventatives’ through injectables offered by trusted nurses, dentists and pharmacists.⁴⁰ Moreover, the sunbed industry has recently invented ‘collagen boosting’ anti-ageing sunbeds.⁴¹ Similar to the twentieth century, the medical and commercial consumerism of skin ‘health’ technologies will clearly remain entangled throughout the twenty-first century.⁴²

Finally, the sunbed story suggests that most people’s fixation with their skin will continue. The rise and fall of the sunbed industry, alongside other late-twentieth-century tanning technologies, reflects a small part in the long history of skin-colour-changing cultures. As anthropologist Nina Jablonski predicted a decade ago, the technologies to change skin colour—temporarily or permanently—are bound to become even more varied and sophisticated.⁴³ Moreover, its advertising will no doubt include medicalized health claims. Yet, like most skin-altering products from the past, these innovations will introduce new health risks to an ever-expanding number of people.

Notes

Introduction

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1 A site for self-improvement: Jean Graham's beauty, health and sunbed enterprise in Liverpool

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