

OLD-AGE PROBLEMS IN THE FAMILY

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THIS discussion of old-age problems in the family can be divided into two parts. In the first place, I want to give a factual description of the actual state of affairs in old people that I found in the course of a survey conducted in Wolverhampton; and in the second place, I want to put forward a few thoughts and generalizations on the importance of the family which I think arise from that survey.

Some four or five years ago when I was sitting on a committee of the Nuffield Foundation dealing with old age, I realized that although a great deal was known about the state of old people living in institutions, virtually nothing was known about the state of old people living at home, and in particular, nothing was known of what one may call their social biology. And so I thought it would be worth while to make a survey of the old people in my home town, Wolverhampton, which is a manufacturing town with a population of approximately 150,000.

We did that by taking an absolutely random sample of the old people. Officially in Great Britain you are old at sixty if you are a woman. Why, I don't know; but that is a fact—a legal fact. And you are old at sixty-five if you are a man. So I took a random sample of one in thirty of the old people above those ages. The sample was easy to get because we are rationed, and having obtained permission from the Government to inspect the registers we took every thirtieth ration card and we had then a sample which bore no relation whatever to income. Two investigations were made. In the first similar samples were studied by a team of social workers in a series of representative towns—Lutterworth, Oldham, the Rhondda, Wolverhampton, and two London boroughs. The results were studied by a Committee of the Nuffield Foundation presided over by Mr. B. Seebom Rowntree, C.H., and published by

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the Oxford University Press in a book entitled *OLD PEOPLE*. The second investigation was of a medical nature, and was confined to Wolverhampton, but the same sample was used. The results were published by the Oxford University Press for the Nuffield Foundation in a book entitled *THE SOCIAL MEDICINE OF OLD AGE*.

I now want to give you the facts dealing with the social life of these old people.

The first point: Of the 477 people who formed the sample, only 2 per cent were living in institutions, and 98 per cent were living at home. Clearly the problems of old age are fundamentally domestic rather than institutional problems. Statistics available in Great Britain dealing with the proportion of old people who are ostensibly living alone, show figures which vary from place to place from somewhere about 10 per cent up to as much as 20 per cent. But I had not gone very far with the survey before I realized that these figures were of limited value if one's attention was restricted to the house in which the old person was living, and much of the true mode of their existence in the community would be missed.

An account of the actual instance which drew this to my attention will illustrate the point.

Quite early in the survey I called on an old man of seventy-five, a retired carpenter, a nice old boy, living in a small workman's house. I called on him on a Saturday afternoon and sat talking with him in the kitchen, and through the kitchen you could see his garden, a small garden, very nicely kept, full of flowers. What struck my attention so much was the fact that on the table was a bowl of flowers and on the mantelpiece there were two vases of flowers, very nicely arranged. Now, that is not an occupation that a man normally does himself, and no ordinary man goes into his own garden with a pair of scissors. It is a feminine instinct. And so I thought it was a point worth investigating. It appeared the flowers were arranged by a married daughter living next door, and that he had another married daughter living further up the street. What was the family

structure? He lives alone; he is a householder. He appears in the old-age figures as an old man living alone. Yet one or other of the daughters comes in at midday and prepares his dinner. He goes every Sunday to one or other of the daughters. He goes out every night with one or other of his sons-in-law for a drink. And when he is ill, one or other of the daughters comes to him and looks after him. When either of his daughters is ill, he does all the shopping. Was he living alone? From one point of view, the architectural point of view, he was. But in actual fact it is equally clear that he was part of a human unit, a family unit, which spread over two or three houses, and bore no relation to architectural limitations. It was a unit which functioned quite loosely in times of peace but became more and more closely knit in times of stress.

I was very lucky to come across that case right at the beginning of the survey, because a series of questions were framed in order to find out if this was a frequent mode of existence for old people. I think the results were surprising. I am going to give you a series of percentages, and remember that each new percentage will include all that has gone before.

In Wolverhampton 4 per cent of the old people, 1 in 25, have children actually living next door. Ten per cent of the old people have children actually living in the same street. Twenty per cent of them have relatives living within half-a-mile, or within such a distance that a hot meal can be carried from one house to the other without needing re-heating. I use "relatives" instead of the word "children" because this group includes the small extra class of old persons who have no children but who are living close to a sister-in-law or a brother-in-law or other relative of the same generation. But they only account for about 10 per cent, 90 per cent of the relatives being children.

Twenty per cent of the old people, then, have relatives living within half-a-mile, so that approach from one house to the other is very easy. Forty per cent of the old people had daily visits from one or more of their children regardless of the distance away at which they lived. I think these figures show very

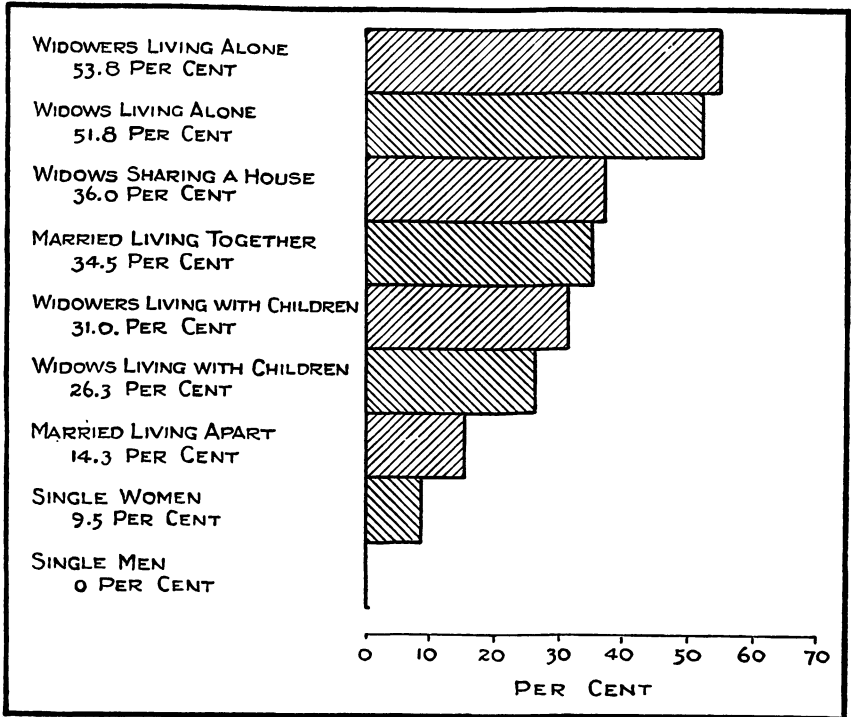


Fig. 1. Old people with relations living near. (Data from Sheldon, J. H.: *Some Aspects of Old Age*. *The Lancet*, April 24, 1948, ccliv, No. xvii. Reproduced by permission of *The Lancet*.)

clearly the fundamental part played by the family in the life of the old people. I think they show it even more when you attempt to break up those figures into the different social states, which is shown in Figure 1.

You will see that in the case of widowers who live alone and also in the case of widows living alone, over 50 per cent of them have children or relatives living close. In other words, the decision of an old man or an old woman, after the partner-in-life has died, to go on living alone in the old house is contingent upon whether or not children are living near. If children are living near, that is how they prefer to live.

Then as you go down through the other groups, the proportion decreases. Take the case of widows sharing a house—they are widows who, after their husband has died, have either set up a lodging house or have joined forces with another widow or

with an old friend and share the house; even here they are not content, but like to be near their children, for 36 per cent of them have children living close by.

When you come to old people who are married and both are still living, 34.5 per cent of those have children living close to them.

Those figures, I think, illustrate beyond any shadow of doubt the fundamental part played by the family and by the younger generation in the life of the old people.

You see it also in the very interesting group of single women. Almost 10 per cent of those have relatives living close to them. These are in nearly all cases relatives of the same generation, so that the single women, in 10 per cent of the cases, like to settle somewhere close to a relative.

The single men fascinated me because they are such a complete contrast. Not one of those had any relatives close by. They formed the most interesting psychological group. Obviously, there was something wrong with them from the start, because I presume they all could have gotten married if they wished! But they had no relatives living near whatever. They lived completely lonely lives without any trace of loneliness, and although they don't need our sympathy, they are worthy of much more psychological study.

These figures show clearly that in the life of the ordinary old person it is essential to take into consideration not merely the house in which he or she lives but also to take the whole family structure into consideration, because the family functions as one unit. It would, however, be wrong to leave it at that. Really, old people live as part of a human group in which the family is the most important but is not the whole.

Before we go on to that subject, which I am going to deal with in a minute, there is one small point of interest that came out of this question of relatives living near which I want to show you because I think it is quite important (*See Figure 2*). I was very interested when I came to work out the findings of children living in the same street to discover that when the

children were living either next door or within three houses, which meant that they would have lived next door if they could have but somebody else had got into the intervening house— of those, eight were sons but twenty were daughters. In other words, 71 per cent of those living next door to the old people were daughters. When you came to the children who were living up at the other end of the street from their parents, you found the reverse: 58 per cent of those were sons and only the smaller proportion were daughters. In other words, the daughter is very glad to settle down near her parents where she can be a constant standby for them, but the son apparently is quite willing to live in the same street so that he can be a standby in time of trouble but he is not going to be so close that there is any chance of interference with his own married life. That, I presume, is one explanation. Another explanation may very well be that some of those sons had only jumped out of the frying pan into the fire because they had gone from one end of the street to live with their in-laws at the other end of the street. That may not be the case, but it is an interesting little facet of social structure which obviously is worth inquiring about.

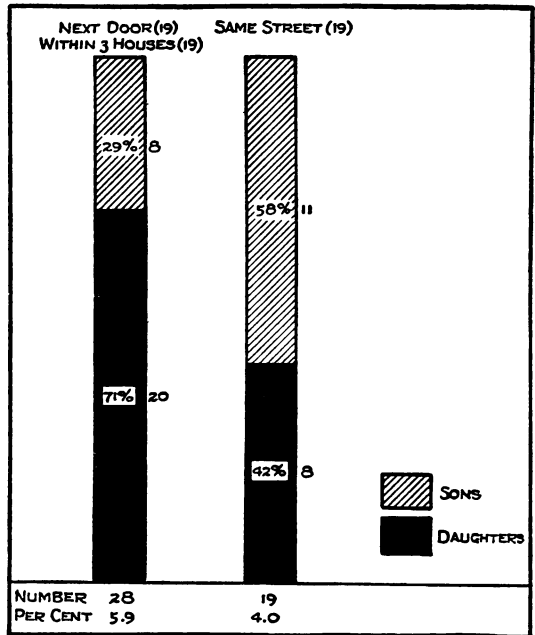


Fig. 2. Children in same street.

Now we go back to the previous point that old people form part of a human group of which the family is the most important but is not the whole.

Figure 3 deals with the care of illness in old people in their

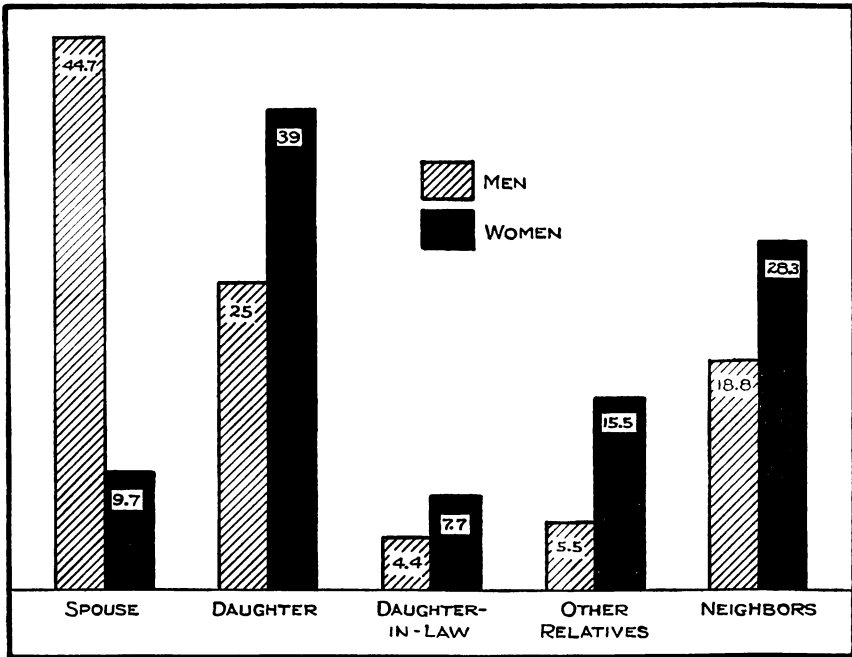


Fig. 3. Nursing of old people in illness.

own homes, where the illness was one in which the old person had to be nursed at home. Let's see who looks after the old people. You will see that when the man is ill, 44.7 per cent of the nursing is done by his wife, 25 per cent of the nursing is done for him by his daughter, only 4.4 per cent is done by daughters-in-law, and 5.5 per cent by other relatives, like sisters-in-law. That, of course, is due to the operation of social taboos and so on. But no less than 18.8 per cent of the nursing of men at home was carried out by their neighbors, and those neighbors were doing full nursing. They would be quite willing to give the old man next door a bedpan, change his bed, and things of that type. And I think that it is a remarkable thing that so big a percentage as nearly 20 of the nursing of old men should be carried on by the neighbors.

What happens to the old woman when she is ill? Husbands, I am afraid, do not occupy such a prominent place in the care of their wives as the wives do of their husbands, because only

9.7 per cent of the care of the woman is carried on by the man. But nevertheless there were in that group several instances of what I can only call sustained heroism, a thing which came as a great surprise. I shall never forget calling on an old man who was nursing a hemiplegic wife. They were the only two in the house. He was seventy-four and his wife was seventy-three. She had been ill for two years, and he had nursed her the whole of that time. He had done everything for her. During the last six months she had become incontinent. He had then given her her bedpans and changed her clothes and done everything else. He said he had got very cross with her to start with because she had often been incontinent at night when he had gone to get an evening drink; then he realized that it was not her fault, that it was his fault; and so for the last six months he had even given up his drink in the evening. And at the time I got there, he was indoors the whole day except for the odd snacks of time he had out to do the shopping. I watched him after I did the survey. That wife lasted another six months, and it was not until the last fortnight of her life, when she was beyond hope, that he thought of getting a district nurse. He said, "I married her for better or worse, and I am going to look after her and nobody else shall." That is a magnificent spirit, and that sort of thing is present in old people if you give them a chance to develop it.

Nine and seven-tenths per cent of the care of the wife is carried out by the husband; but a very large percentage—nearly 40 per cent—is carried on by the daughter; 7.7 per cent by the daughter-in-law; rather more than in the case of the man by other relatives, such as sisters and sisters-in-law; but 28 per cent is done by the neighbors.

These figures show the relative contributions made by the family and by the neighbors in the nursing of illness at home, and they establish the point that the old person lives as part of a human group, in which the family, though certainly the most important part, is not the whole.

It is not to be imagined that old people can live in such close

contact with the community as that without causing severe strains, and in the conduct of the survey I took particular notice of every case where there was strain. I graded the strains into three groups: an easy strain, which wasn't really very much; a moderate strain; and a severe strain. By severe strain I mean the sort of strain which turns the life of the person who is bearing it into that of a mere drudge. No less than 7.7 per cent of the old people were causing strains of that degree of severity on the younger generation.

What does it mean to the younger generation to bear that strain? In the first place, the strain is borne nearly always by daughters. The precise figures are these: 76 per cent of the younger generation carrying severe strain were daughters; 16 per cent were daughters-in-law; 5 per cent, to my great surprise, were nieces—nieces who were looking after old aunts; and 3 per cent were friends. So that the strain on the younger generation in looking after the old people is borne mainly by the daughters, and the effect on the daughters shows itself in two main ways: they can't get out except to do shopping and things of that kind, and 50 per cent of those daughters had restricted movement, and they can't get away for a holiday.

I well remember such instances as these: one daughter had only been to the pictures eight times in fifteen years because she could not leave the house where her old mother was. Another one had had no holiday for twenty years; she had been a slave and a drudge in that house, doing the washing and everything for an old father for twenty years without a break.

The actual distribution of the strain (shown in Figure 4) in age is very interesting. After sixty-five, the proportion of old people causing severe strain of the type that I have mentioned slowly increases until seventy-five, when it steepens; after eighty, it steepens more, and at eighty-five is rapidly steepening. And I have no doubt that if you could have figures for the centenarians, it would be 100 per cent, because I cannot imagine a centenarian who is not a burden to somebody.

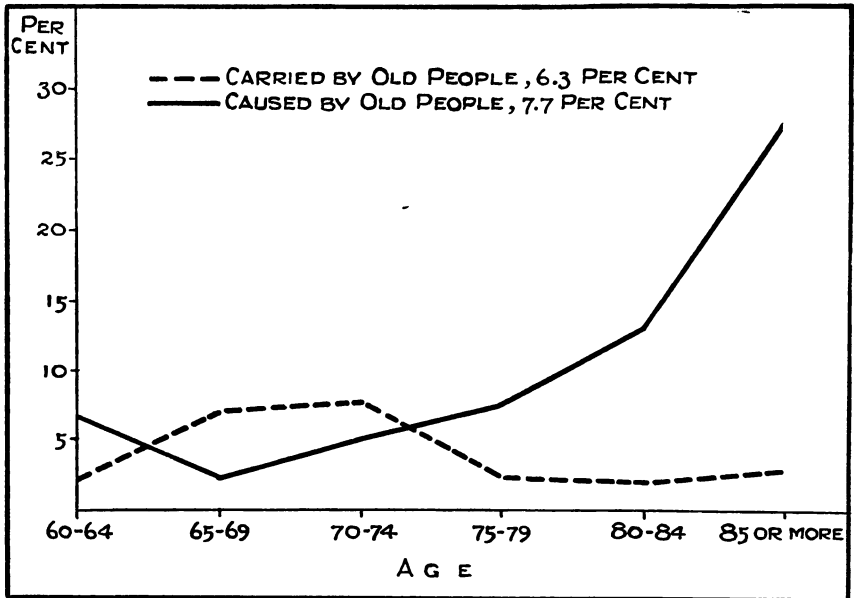


Fig. 4. Strains carried by and caused by old people. (Data from Sheldon, J. H.: *Some Aspects of Old Age*. *The Lancet*, April 24, 1948, ccliv, No. xvii. Reproduced by permission of *The Lancet*.)

But it would be unfair to leave it at that; to think only of the strains that are caused by old people. It is essential to remember that they carry, themselves, on behalf of the community, equal strains. Six and three-tenths per cent of the old people were carrying strains of the same degree of severity, but they can only carry them up to the age of about seventy, and then age begins to tell and the proportion decreases.

What sort of strains do the old people themselves carry? Well, they are really of three types. There is the strain of the old person who looks after a defective child, the old woman of eighty who has got a mentally defective son of fifty and still surrounds him with care and affection. There is the case of the old woman who is forced to bring up her grandchildren. I remember one woman of seventy-five bringing up four grandchildren, which was obviously a frightful strain for her. But far beyond any of those is the strain where one partner in life has the nursing of the final illness of the other partner; and that usually, of course, falls on the woman who is nursing a dying

husband. He may take some years to die, and she carries the whole strain.

So that those two curves, I think, illustrate from a different point of view the same sort of points I was making at the beginning: that old people form an integral part of the community; they must not be looked upon as living isolated lives; they cause strain, but they also carry it.

Those were the essential facts that I found in Wolverhampton of the social structure of old people.

Can we learn anything from those? Well, I should like in the few minutes that remain to me to put forward a series of propositions which may help to focus discussion.

In the first place, it is self-evident that old people form part of a family. To look on them as leading purely isolated lives is to miss the whole point of their existence. In the second place, I would postulate that there is a human tendency—I don't really think it is an instinct, it is rather a sense of responsibility, but "instinct" is perhaps an easier word to use—I think there is a human instinct which makes younger people feel that they have got to care for the older people. And the third point I would make is this: that if there be such an instinct, it is our duty as doctors to subject that instinct to the fullest possible study; and when we know more about it, we have got to give it the maximum possible encouragement in our measures for dealing with old age.

Why is that?

Well, as I walked into this building this morning, I was very interested to see the Latin inscription on the wall, and I should like to give you another one which is always in my mind, those famous lines from Lucretius: "Naturam furca expellas, tamen usque recurret." Those words when uttered were merely a bright but a deep thought; now at this moment in 1948 they are a sober reality; but in twenty to thirty years' time they are going to provide us with a terrifying spectre. What do they mean? You cast out Nature with a pitchfork, but it doesn't matter, she is going to come back on you in some other way.

And you see, we in our profession are casting out Nature with a pitchfork. We are controlling more and more all the natural checks which in the past Nature has imposed on the density of her population. And if that process goes on and nothing is done about it, two major disasters are going to face our civilization. One is the pressure of population on a limited food supply; and the other, which is equally serious, is the internal pressure in our own civilization of the burden of the aged and of the younger people who are infirm. If conditions continue, the burden imposed by those is going to be such that it will be more than our civilization can bear.

And so I think that it is essential in dealing with old age to get away from the purely caretaker attitude, the aspect of providing an increasing number of homes for them. We have got to find out more about the natural social biology of old age in the community, and then encourage its help along those lines.

Two more points: (1) Why do I say that if there be such an instinct, it deserves study?

I can't overemphasize the importance of that. Obviously, it is not an instinct in the sense that the maternal instinct is one, an overpowering state of mind, because it shows such extreme variability. Look at its anthropological aspects. From what one reads of China, at any rate in the old days, ancestors were worshipped, and old people were looked upon with the very deepest respect. But there were some South Sea Islanders who ate their old people. The Eskimos, so I have read, put the old people, when they can no longer support themselves, out in the Arctic night. Even more interesting, look at British Guiana—which contains the second or third biggest waterfall in the world—it is called Kaieteur, and "Kaieteur" I am given to understand, is the Indian name for an old man; and it is called that because it was the habit of the Indians, when their old men could no longer support themselves, to put them in a canoe without paddles and send them adrift to die. This sense of responsibility for the care of the aged appears to range from zero in some human races up to the maximum possible in others,

such as the Chinese. I would say that the difference is probably based on economic factors. A civilization that is agrarian, such as China, can apparently support its old people and manage to get away with it; a civilization whose economy is that of hunting obviously cannot, and the old people have to be slaughtered.

(2) Where do we stand? We are neither. We are an urban civilization, and I think we just don't know yet the extent to which that instinct is strong in different places, because I am quite sure that it does vary from place to place.

So I think that instinct varies, in the first place, with the type of economy; in the second I think it varies from place to place very largely because of architectural differences. The slide I am showing you now is a picture of Wolverhampton taken from the Hospital roof, and I am showing it to you because it illustrates one type of housing that we have. There you don't have the type of housing that I see so much of here, where each house is standing in its own garden, but there are rows upon rows of streets of workers' houses, all of which are contiguous. Each house has a front door which is never used except on state occasions, and there is a common entry every five or six houses which takes you round to the back of the houses. The people therefore go in and out of their back doors, passing by the back doors belonging to the other houses. That is the type of architectural structure that is common in a British manufacturing town. I have shown you this picture of part of Wolverhampton because there you see the conditions under which the family instinct can thrive. People are living next door to each other; they have got common back entries; it is rather like a rabbit warren, and the people are living all the time, in a sense, as part of a communal structure.

My friends say that may be true of Wolverhampton but it is not true of London; in London the younger people have not got the same affection for their old ones. If this is true, I think the reason is architectural. I think the Londoners are born with the same amount of affection, but the old people tend to

live more in tenements, single rooms, and it is very much more difficult under those circumstances for that instinct to flourish.

There are therefore many variable factors of that kind, that need to be taken into account; but I do feel that it needs the fullest possible study. This instinct, if it be such, is a tender plant, and we have got to find out what are the economic conditions, what are the social conditions, what are the architectural conditions and so on, in which that instinct has the maximum chance of development. And when we know that, then I think it is essential for us in the future to adjust all our schemes for the care of old age along those lines. Instead of going on buying more and more homes for caring for old people, we have got to do our best to encourage the family to look after them, and to do nothing which makes it unnecessary for the family to look after them, because that is the best thing for the health of the old people themselves. Then they are still in the family, they can still contribute to our civilization; and at the same time the younger people, by looking after them, can save us from the burden.

That is all I have to say. I can only sum it up by stating that I think in the future, with the increasing number of old people, if we merely take the line of least imagination and least resistance, which is that of just simply having a caretaker policy, building up homes for them, we shall end in disaster. But the experiences in Wolverhampton do show that the family, under suitable conditions, has a sense of responsibility toward their old ones, and that the old people can themselves contribute to the welfare of the family. And knowing that, it is our duty, I think, to make all the inquiry and study we can of that aspect of old age and model our plans for the future on it.