INTRODUCTION

Aging and Twentieth-Century Britain

We all wish to grow old. If we are fortunate enough to make it into our advanced years, our ideas about what it means to age will very likely have changed during the course of our lives. This book charts the way elderly people in Britain experienced and narrated their own lives in the twentieth century. It focuses on the 1930s to 1970s but takes account of the entire century. Over this period, the circumstances of old age transformed, but people continued to look to their individual life histories to understand what it meant to be aged.

Between the 1930s and the 1970s, older people spoke to the British public in new ways. During those momentous midcentury decades, Britain, like other Western nations, developed a welfare state that was stronger than any seen previously. Politicians and policymakers relied to an unprecedented degree on the data and recommendations of social researchers. These investigators were better funded than ever before to seek out the experiences and views of the population groups for whom governments were making policy. In doing so, the researchers left behind a mountain of material documenting the ideas of old people. These sources included elderly Britons’ grooming habits, their notions of what made a dwelling into a “home,” their thoughts about health, love, and loneliness, and much else besides.
But to what extent did social researchers take into account those testimonies they so carefully gathered, recorded, analyzed, and stored? In other words, what impact did old people’s ideas about themselves have on government policy? This book answers this question. It shows that even in the heyday of social research, when social movements worldwide were bringing voices of the previously marginalized to the fore, the force of old people’s testimony was blunted by political exigencies and a continuing tendency to assume that younger people knew best. To come to this conclusion, this book considers the voices of old people that I have been able to recover from the data that significant researchers left behind. Other materials, such as autobiographies and beauty magazines, provide further insight into the lives and minds of elderly British people in the mid-twentieth century. Even photographs taken by researchers, many of which were never published, can be interpreted as expressions of selfhood. Comparing all of these data to the policies they generated allows me to ascertain the extent to which old people’s voices were heard in the twentieth century.

VOICES OF THE AGED

A range of elderly Britons who were the subjects of midcentury social research revealed a common desire to represent their own lives. Since the 1930s, social researchers had sought out the views of “ordinary people”—commonly defined as nonexperts—as they turned their attention from social “problems” to everyday life and argued that gathering first-person evidence provided new insights for social scientists.¹ A section of the British public embraced the chance to take part in social science research. The research organization Mass Observation, for example, appealed for participants in the pages of the *New Statesman* in 1937 and 1947.² Around three thousand Britons had participated in the organization’s national panel of volunteer writers by 1955. Some had a passing interest in social research that led them to contribute a single month of diary entries. Others, however, diligently submitted their personal diaries for decades.
These volunteers were likely to be middle class, but their most common characteristic was sympathy for the project of social research, which complemented their progressive politics and enjoyment of writing. After 1945, the expanding welfare state required “a constant flow” of this kind of information in order to design and monitor its redistributive efforts. For example, hundreds of elderly Britons who had moved to residential homes during the late 1950s spoke to researcher Peter Townsend as part of his assessment of 1948 legislation that claimed to transform care for the aged.

Unlike the volunteers for Mass Observation’s panel, the participants in Townsend’s projects were selected by the researcher as part of his construction of representative samples. The 203 elderly interviewees who contributed to Townsend’s study of family life, for example, were chosen at random from the lists of patients held by doctors in the borough of Bethnal Green in East London. Given the invitation, however, most of the elderly residents of Bethnal Green relished the chance to speak at length about their lives. A majority agreed to talk with Townsend on multiple occasions, for up to an hour at a time. Many of the interviewees and their relatives turned Townsend’s unstructured interviews to their own ends by boasting, cracking jokes, and rehearsing well-worn family tales. Participants who faced new adversities in late life demonstrated their stoicism and strength and highlighted the continuities of aging. According to the testimonies of these individuals, families remained close and working lives were long. Britons remembered their dead. It was common for older people to talk about their lives at midcentury, but the presence of a listening social researcher, notebook in hand, was a novel feature of this storytelling scene.

A number of elderly interviewees disputed the optimistic views that social researchers held about welfare services for the aged, including that these services should be more widely available. When he spoke with a sociologist during the 1960s, elderly interviewee Mr. Thomas was ambivalent about Meals on Wheels (he was concerned that he might let hot food go to waste), home care (he wanted home help, but he believed that
nothing would be done to organize this), and old people’s clubs (he argued with the interviewer’s claim that affordable clubs existed, where tea was served instead of alcohol). Aging interviewees were just as likely to reject the dire diagnoses of medical experts as they were to doubt the apparent promise of welfare policies for the aged. This pattern confused researchers, who recorded the frequency with which people who appeared to them to be “almost dying on their feet” insisted that they “mustn’t grumble” or that their health was “fair.” Doctors were no more popular, it seemed, than social scientists. A number of interviewees said that their “strong constitution” was the result of personal discipline, which they displayed through “clean living” and resisting the temptation to “let themselves go.” Similarly, recovery from illness was framed by elderly people as “perseverance” that took medical professionals by surprise. Elderly interviewees frequently took control of their conversations with experts. A number of bereaved people drew a veil over feelings that they did not wish to share with others, controlling their exchanges with researchers by, for example, reciting stoic sentiments such as, “You never get anywhere if you stay and brood,” and perhaps the death of a loved one was “for the best.”

The most vulnerable older people—those who were older, poorer, and more isolated than their peers—were likely to live in residential institutions and were often housed in public homes that still resembled workhouses at midcentury. A number of them were vocal about the turn their lives had taken. Many residents of these old-age institutions screamed or grumbled about their discomforts. Almost five hundred among them gave interviews when Townsend’s research team visited residential homes around England and Wales during the late 1950s. Social researchers completed questionnaires and read case files in the attempt to understand the lives of elderly residents. Townsend even moved into a residential home and lived there for several days. Residents of some institutions, however, stayed silent for fear of offending workers and administrators who had the power to exact punishments. Social scientists replicated aspects of Townsend’s study in 2005 and 2006 to bring the record he created of life inside residential homes up to
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the twenty-first century. Even fifty years later, residents spoke about the failures of policymakers to act on the testimony of the aged.

For some aging Britons, it was just as important to be seen as it was to be heard. Older people with the resources and the inclination to be fashionable wielded tools of grooming and style, donning well-cut suits, charming accessories, or a touch of rouge. Those who looked to fashion magazines like British Vogue for inspiration found that aging bodies were prominent in their pages. However, fashion-conscious elderly people typically had a flexible approach to the latest fads. They understood that the ability to discern clothes that were age appropriate, or “just right,” was itself the height of fashion. In so doing, elegant elderly Britons made “the best” of their appearances and delivered visual cues about their character and social status. The care they took to continually fine-tune their grooming habits demonstrated the ability of older people with health and resources to adjust to physical aging with time. Careful grooming was a way for Britons of a certain class to meet the challenges of later life and to claim pleasures from aging bodies, but this was denied to many of their less well-off peers.

The driving ambition of older Britons to speak in public about their lives is chronicled in their published autobiographies. Aging authors had diverse aims. Some celebrated their professional successes. Others aimed to solve a family mystery or settle an old score. The older autobiographers who published such varied stories during the mid- to late twentieth century had a common interest in portraying the immense social changes of that century. As one writer put it, the stories of “those who have lived through the last sixty or seventy years” were virtually guaranteed to be fascinating. Aged autobiographers wrote about how they had been “helped or hindered, according to their capacity and temperament, by the far-reaching changes of that period.” Local history groups and community presses that flourished starting in the late 1960s made the same assessment of writers born at the turn of the century. Community presses took advantage of new and inexpensive printing techniques to publish the life stories of elderly working-class
authors. Such writers regarded the years of their childhoods across a chasm of time that contained a depression, two world wars, and the construction of the postwar welfare state. These authors were awed by the speed of social change; they experienced the uncanniness of living through disparate times and wrote about the bittersweet melding of family memories with social injustices of the past. The renowned wisdom of the aged was tempered, at least in the telling of older autobiographers, by distrust of memories that sometimes seemed too rosy.

OLD AGE IN BRITISH HISTORY

Compared to other periods in the life cycle, the category of old age is particularly broad and unhelpful for understanding the experiences of individuals. Old age encompasses a much longer period than childhood or adolescence: it can last up to forty years, sometimes more. Many of the characteristics that are associated with old age occur across the life cycle. Ill health, for example, can strike at any age. Diseases such as Alzheimer’s are not, however, an inevitable part of aging. Medical researchers in the 1950s showed that some cases of “mental degeneracy” in old age were caused by malnutrition, highlighting the importance of changing material circumstance to the nature of aging. Social researchers at midcentury demonstrated that social isolation was not a function of old age, as had been widely believed, but was usually the consequence of the breakup of families earlier in life, perhaps due to violence or desertion. It is for these reasons that scholars have suggested dividing the category of old age into third and fourth ages, or “young” old age and “old” old age. But these categories run into the same problem, that people of similar ages are quite different. For historians, the category of old age best identifies the interactions of older people and the state, which have frequently been determined by chronological age. Aging Britons, though, usually did not see themselves as “old” in the way that policymakers and social researchers conceived the category. Instead, Britons experienced growing older over time and in
the course of their own lives. Aging, therefore, was a process that was relative, subjective, and virtually lifelong.

The life expectancy of Britons has increased dramatically since the late nineteenth century. In the nineteenth century, average life expectancy was around forty to forty-five years. Men and women born in 1851, for example, could expect to live to forty and forty-three, respectively. Men born fifty years later, in 1901, could expect to live to fifty-one, and women to fifty-eight. Life expectancy continued to rise steadily over the twentieth century. Men and women born in 1991 can expect to live to seventy-six and eighty, respectively. Most of these gains in years have been the result of improved chances of survival beyond infancy and childhood. In the late nineteenth century, a dramatic drop in the number of deaths among babies and children occurred at the same time that the birth rate began to fall. In addition, starting in the 1970s, developed countries, including Britain, have slowly and steadily added to life expectancy by improving the health of older people. As a result, the proportion of the British population aged over sixty-five increased during the past century from one in twenty people to one in six. News coverage of Britain’s “aging population” in the 1930s to the 1970s, and up to today, has repeated the misguided notion that it was uncommon to reach old age before the twentieth century. In fact, people who survived their hazardous early years could reasonably expect to live for sixty years or more, even in the preindustrial past. The elderly were a sizeable and visible group in past societies. Between 6 and 10 percent of European and North American populations were aged over sixty between the early modern period and the early twentieth century.

In Europe, old age has been the subject of increasing levels of legal and bureaucratic management since the Middle Ages. In its earliest versions, this took a passive form: people over the age of sixty or seventy were exempted from certain public duties, such as military service, compulsory labor, or the payment of taxes. The specter of destitution in old age informed subsequent efforts to manage it. From the seventeenth century, the practices of “discriminating relief” that judged
individuals to be deserving, or not deserving, of charity shaped the lives of the large proportion of elderly who lived in poverty. These practices generated new records of life in old age by logging the details of work, family, and moral character that were believed to justify the provision or denial of relief. Recognizably “modern” ways of dealing with old age, such as public service pensions and specialist medicine, began in the eighteenth century. During this period, states that were growing in size and influence introduced the first public service pensions and were influenced by early texts in political arithmetic, public administration, and statistics. Each of these fields offered new ways of thinking about old age, often in quantitative and bureaucratic forms that encouraged increased activity by the state.

The British state has refined and formalized the boundary of old age. The institutions of old age expanded in the nineteenth century in response to industrialization, urbanization, and population growth. Poor Law Commissioners set sixty as the marker of old age in 1834. Sixty-five was the first official pension age in 1898. The state pension, introduced by the Liberal government in 1908, had a powerful effect on Edwardian poverty despite its limited aim to provide below-subsistence level support for “the very old, the very poor, and the very respectable.” Due to the destitution of many older Britons, state pensions were taken up in huge numbers. Pensions and retirement would become a mass experience under the twentieth-century welfare state. By midcentury, it was popularly accepted that old age began at the state pension age of sixty or sixty-five (for women and men, respectively). Historians have argued that this definition has informed people’s expectations of both state activity and personal experiences in later life.

There is a particular history of old age among women. Women have had longer life expectancy than men since 1837, when the government began keeping records of births and deaths in England. Women have historically been more likely to survive into old age, but as studies from the 1940s until the 1990s have shown, they have done so in poorer health. In the 1930s, researchers observed that working-class women
“put their own health, and food, needs after those of their husbands and children,” with the result that many of these women were malnourished.41 A study in the late 1940s found that older women were more likely than older men to be housebound or otherwise restricted in mobility and that they were affected in old age by the symptoms of having given birth in adverse conditions.42 Women have been more likely to be poor in old age, in part because they have had shorter and more sporadic working lives.43 In the twentieth century, women were typically dismissed from their jobs earlier than men on account of being “too old” to work, and they commonly left paid employment to care for aging parents and other relatives.44 However, women continued to do domestic work until very late ages. Until the 1940s, women had access to pensions only if they were widows or the wives of insured men.45 Despite this patchy coverage, almost two-thirds of the 490,000 people who qualified for the first pensions in Britain on January 1, 1909, were women, and this was because of their high level of poverty.46 Until the 1970s, women’s access to benefits depended on their marital status, while men’s qualification depended on employment.47

The humane treatment of the elderly had particular symbolic significance in the postwar period due to the claim that the British welfare state now provided for its citizens from the cradle to the grave. Starting in the middle of the twentieth century, health and welfare professionals, local authorities, and voluntary organizations offered a patchwork of new services—including home care, Meals on Wheels, residential care, and housing—to improve the lives of elderly people with the greatest needs.48 The introduction of universal healthcare in 1948 had wider effects. Older people were the particular beneficiaries of services designed to treat the general population, including the provision of spectacles and false teeth. From the 1970s, the aged enjoyed the advantages of technological advancements such as hip replacements and pacemaker technology.49 In the final decades of the twentieth century, such improvements lengthened later life. Many older Britons responded to such developments in state welfare along generational lines. By
midcentury, for example, many elderly people celebrated state pensions and viewed them as a right of citizenship, saying, “It’s a wonderful thing since they came in.” They were more doubtful about the health and domiciliary services that had been introduced since 1945. As Townsend pointed out, the new definitions of “public responsibility,” “need,” and “respect” that he thought should inform care for the aged could be taught to the young in schools and universities. Older Britons, however, had been “brought up to treat these terms very differently” from the young.

The meaning and experience of old age in the twentieth century have been bound up with the history of the British welfare state. But histories of the welfare state have changed in recent decades as historians have shown how contested and uneven forms of welfare provision were, as well as how they remained nested in local, voluntary, and imperial structures. For all its claims to provide Britons with universal coverage, the welfare state remained organized by gender, race, class, and age. Built on these unequal foundations, the British state excluded many from its social protections. Both poverty and welfare were features of old age throughout the twentieth century, and there was persistent inequality among older generations. Just as Charles Booth had found in late nineteenth-century London, the European Commission Observatory on Ageing and Old People reported in 1992 that 30 percent of the British elderly lived below the poverty line. Social class governed people’s access to material and emotional comforts in late life. Class also helped determine who was asked to speak about aging and in what venues they were heard. Researchers, for example, conducted interviews differently depending on whether they were speaking to working-class elderly people in Bethnal Green or to residents of old-age institutions. And middle-class volunteers for Mass Observation wrote about topics ranging from personal grooming to international affairs, subjects that were never raised with working-class or institutionalized interviewees. The treatment of older people by social scientists offers an account of the ways that social class and access
Old age is a qualitatively distinct period of life that has not often been explored by modern British historians. Scholars across the disciplines of psychology, economics, sociology, gerontology, geography, and history have placed age alongside gender, race, region, religion, and class as “a crucial determinant of economic, social and cultural life.” Yet most historians have been reluctant to give age the analytical primacy they have afforded to class, race, and gender.

Twentieth-century transformations in the public treatment of old age established many elements of the theory, policy, and infrastructure that we associate with later life today. The pattern of lengthening life expectancy and lower birth rates and the concomitant “dramatic long-run increase in the proportion of older people” in Britain began in the late nineteenth century and turned into a source of social anxiety when the “aging population” became statistically apparent in the 1920s and 1930s. During the first half of the twentieth century, doctors and psychiatrists introduced the idea that old people required particular medical attention and the services of specialists who understood the physiology of aging and could develop treatments and technologies for associated health problems. Geriatric medicine was invented around the time of World War I and was practiced by innovative physicians led by Marjory Warren in Britain and William Ferguson Anderson in Scotland from 1935, although the professional status and official reforms sought by geriatricians came much later. Geriatric medicine argued that aging and disease were distinct from each other, and it introduced treatments for the maladies of late life. Starting in the mid-1940s, psychiatrists began to make similar distinctions between the process of aging, diseases such as Alzheimer’s, and the manifestations of mental health problems in the elderly. However, the sluggish spread of their diagnostic tools meant that Britons frequently lacked the language to
describe mental health issues in old age, as opposed to psychological neuroses, until late in the century.

A number of twentieth-century British historians, notably Pat Thane, have been intrigued by these important changes and have looked closely at some of the intellectual and political shifts underpinning them. These scholars have sought to interrogate the claims made by midcentury experts and reformers about what difference they would make in the lives of old people. Historians have assessed the successes and failures of efforts to improve standards of life for the aged. In the postwar period, for example, both conservative and progressive politicians made claims about the newly humane treatment of the elderly, but they simultaneously undermined the redistribution of wealth to this population. Echoing the findings of midcentury social surveys such as those authored by Townsend, Joseph Sheldon, and Michael Young—and particularly their “rediscovery” of poverty in the 1960s—historians have pointed to the intransigence of poverty in old age over the twentieth century. In doing so, they have described “parallel” histories of old age in the twentieth century that track advances in medical knowledge and citizenship rights but also the consistent failure of governments to transfer an equitable share of the nation’s wealth to the old.

When historians of old age chart increasing interventions by the British state and technical innovations such as the advent of geriatric medicine, they sometimes reflect the priorities of policymakers and professionals rather than the lives of the elderly. For example, historians who have relied on research publications and other official sources have created a closed-circuit discussion between midcentury experts, who diagnosed and treated the “problems” of old age, and historical accounts of their increasingly humane treatment of aging Britons. Yet the public treatment of old age does not provide a proxy for personal experiences of aging. As Thane has written, postwar medical researchers had “little evidence” to support their claim that retirement caused sickness and even death. Sociologists of the period who were “fixated” on the notion that “occupation rather than income conferred status and
dignity” saw “gloom” in retirement that was not always shared by older people. In the 1970s, researchers showed that the “minority of genuinely sad cases” that came to the attention of psychologists during previous decades had been “represented as the norm” of aging. Elderly people have a history that is intertwined with the work of experts who have written about them, but ultimately these are separate stories. The intellectual and political priorities of researchers did not determine how older Britons felt about aging.

At first look, it seems that the “affective turn” in history writing would open up the history of the private lives of the aged. Recent scholarship has argued that historians are well equipped to discuss the interior world. Emotions, as Monique Scheer has demonstrated, leave material traces that can be identified through archival research. Scholars in the field of the history of emotions have long worked to establish public norms of feeling in the past. This has established that emotions are not universal but rather change over time. As historians have shown, affective life both has a history and creates broader change. The behaviors of families who have kept or revealed their secrets, for example, have shaped public norms, even if historians mostly track social changes as if they always began with public life. Scholars have started to examine the connection between state activity and self-identity, too, most famously in Carolyn Steedman’s analysis of “orange juice and milk and dinners at school” and what they taught her about her personal value and “right to exist.”

Historians of old age have been slow to adopt insights from histories of subjectivity and emotion. They have not responded, for example, to W. Andrew Achenbaum’s call that historians should “probe the inner lives” of their aging subjects. Evidence for personal experiences of old age has come mostly from the narrow records of well-known “articulate old women” and “powerful old men,” such as Octavia Hill, Beatrice Webb, and William Gladstone. Scholars who have pored over letters and diaries in search of descriptions of aging have declared the topic rarely discussed. Historians Selina Todd and Claire Langhamer have used youthful experiences to demonstrate that the life cycle has
determined historical meanings of work, gender, and family life, but their insights have not been applied to later life.\textsuperscript{76} And the history of emotions has so far upheld a particular focus on the experiences of the young. Histories of trauma, for example, are more likely to consider soldiers in the trenches than people with chronic illness.\textsuperscript{77} Likewise, histories of love and sexuality lavish attention on courtship, wedding days, and first childbearing.\textsuperscript{78} Even in the midst of an affective turn, historians are mostly silent on the inner lives of the elderly.

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This book seeks out the voices of older people in the fields of social science, state welfare, commerce, and literature. In particular, it tells the story of how twentieth-century social researchers worked to harness and expand the authority of the aged. Their efforts yielded invaluable material for the investigation of the lives of older Britons in the past. British people sent Mass Observation their testimony in such quantity that archivists, historians, and a digitization project have taken almost fifty years to make it readily accessible to the historically minded public.\textsuperscript{79} Peter Townsend archived his reports of multiple sets of interviews with just over 200 East Londoners and their families, as well as records of conversations with the residents and staff of 173 old-age institutions and additional research data ranging from questionnaires and diaries to photographs. These sources record what older people said on their doorsteps and in institutions during face-to-face conversations with the experts of their day.

Archivists have long called for historians to ask fresh questions of raw research data and thus provide “secondary” analysis of it.\textsuperscript{80} The archives contain the fruits of immersive and exhaustive research techniques that were employed from the 1940s to the 1970s, but these studies would be difficult to repeat today, mostly due to cost. Historians have successfully used secondary analysis to reassess historical narratives about class identity and social disadvantage, the topics that midcentury research
frequently investigated. In his examination of interviews that were conducted during the early 1960s in Luton, for example, Mike Savage has paid new attention to the ways that interviewees hesitated when they were asked questions about social class. Savage’s analysis reveals that workers in Luton did not define classes as “clusters of occupational groups” in the way sociologists did but rather saw the working classes as “normal, authentic people, largely devoid of social distinction.” Savage has shown that the different views held by social researchers and their subjects skewed the famous conclusions of researchers about working-class experiences of postwar affluence. Selina Todd has used a similarly critical reading of interview notes to argue that social researchers in Liverpool missed evidence of deprivation and financial insecurity among working people during the 1950s and 1960s. Jon Lawrence examined the ways that the class identities of interviewers and interviewees affected how social research questions about status were asked and answered and how this led researchers to underestimate the social ambitions of working-class men. These historians have reassessed the findings of twentieth-century social researchers and identified the roots of significant narratives of modern British history such as postwar affluence and its effects on working-class culture.

The purposes of my secondary analysis of social research data are to recover unpublished evidence of the lived experiences of aging and to reposition researchers and other professionals within scenes of fieldwork. Midcentury social researchers intended to record the lives of the old in order to affect policymaking, but I show that they changed the experience of old age from the moment they knocked on the doors of the elderly. Exchanges between interviewers and interviewees, like those between residents and workers in old-age institutions, became meeting points for public and private ideas about aging. Each participant in these interviews was able to learn new things about aging from the interaction. Sometimes the methods of such conversations taught its participants more about the shifting social status of older people
than the words that were spoken. New health and welfare services also helped to change Britons’ ideas about and experiences of old age. This reading of the sources diverges from the political and intellectual priorities that directed the attention of twentieth-century researchers, which provide important context for the collection of older people’s narratives. I use social research data to identify when older people spoke about their lives, which audiences they addressed, and to what ends. The long history of invoking old age in order to consider the meaning of life, death, and morality has created enduring ideas about the wisdom and the folly of older people that are primarily symbolic.84 I argue that Britons revealed more about aging when they discussed topics apart from late life. This provides a good reason to listen to elderly people when they long for lost loved ones and gossip about family gatherings.

In an unpublished essay from January 1946, a railway draughtsman who was a contributor to the social research organization Mass Observation wrote, “I was 70 yesterday, so personally I feel I am now ‘elderly’ and need not feel so rigidly that I must be always BUSY. I wonder whether we shall have visitors, and how they will affect our lives. I shall no doubt be busy in the garden, and in fetching boughs from the woods and chopping; I am not too old for any of these activities.”85 This writer proclaimed that reaching the age of seventy had made him “elderly,” but he disowned its connotations of dependence and debility by presenting the term inside scare quotes. In particular, he was careful to differentiate his feeling that he need not always be “busy” in old age from his active social, physical, and home life. The man was “not too old” to cut firewood or debate the state of contemporary religious faith and international relations, as he went on to do in the essay. The aging process had delivered personal gains to offset its costs. “Now that I am 70,” the man wrote, “life is calm and peaceful; I enjoy many simple pleasures, and look forward to old age with interest.” Within one letter, he described himself as “elderly,” “not too old,” and looking forward to old age. This man’s shifting identification with the concept of old age
related to his social and household obligations more than his physical capabilities, and it had even less to do with the number of years he had lived. He queried public categories of old age almost forty years after state pensions had helped formalize them. His approach to aging would have been familiar to many of the older Britons who are discussed in this book. Their views are at the heart of its story.