METHOD AND THE STUDY OF THE OLD PERSON
IN THE FAMILY
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Assumption for Study

Concern about the growing number of old people springs partly from an assumption that many are isolated from their families. This is often thought to represent a major social change over the last half-century. Such an assumption is of very great importance. It must underlie many conclusions reached about the structure or functioning of Western society. It must also underlie many conclusions about the principles on which social policy is or should be based. It therefore demands exact and careful consideration.

In a recent Australian study Hutchinson stated 'for the mass of older people increasing age carries with it a decreasing association with the younger generations. In the social scene the conjugal family is the sole unit of intimate relationships. With the withering of this unit the surviving members must, on the whole, expect to continue their lives as individuals.' He put fairly clearly what many people regard as a common present-day feature of Western populations. 'The separation of the generations has become a generally accepted pattern', said Myrdal and Klein in a recent study of women in a group of Western Countries. To many people the result is that, as a well-known British administrator put it, 'Whereas families used to accept responsibility for their old people they now expect the State to look after them... The care and attention which the family used to provide for them must be provided in some other way.'

These are extremely important statements for our attention. It is odd they are so categorical. For all that is said and written on the general subject of family life and relationships between young and old, sociologists, in Britain at least, have devoted extraordinarily little attention to it. What is the normal upbringing of children and the normal relationship
between man and wife, grandparent and grandchild, aunt and niece and brother and sister in city, town and village? How often do relatives meet and what do they do for each other? And how do these things differ as between the families of labourers, civil servants and aristocrats? On almost any evaluation of the evidence sociologists have been more interested in what might be called the abnormal features of society, its problem cases, than in its normal family characteristics, and have collected data accordingly. In their work the recurring subjects are crime, broken homes, juvenile delinquency, the colour bar and so on. To the interest in these subjects must be added an interest in social class, media of communication and the social services. The extended family, not just the immediate family of parents and unmarried children, would seem hardly to exist. It is still true to say that for detailed information about the values and handicaps of family life and the content of individual relationships we cannot do better than turn to novelists.

There are great dangers in not finding out more about regularised patterns of family life and so organising our thoughts about the family because all the time we may be making wrong assumptions about all kinds of problems that occur in our society. You cannot have an efficient housing policy unless you know the ways in which the family lives. You cannot generalise about the needs of problem families unless you have at least some idea of the ways in which normal families arrange their lives and how they overcome their difficulties. And you cannot very well have a policy, say, of doubling the number of welfare homes for old people unless you know there is a demonstrable need in terms of the shortcomings of family care.

Need of Research

In recent years the importance of knowing more about the position of the old person in the family has been increasingly recognised. In his Wolverhampton survey Sheldon drew repeated attention to the need for more information about associations between old people and their relatives. Studies in other parts of Britain, such as those in Hammersmith, Acton and Northern Ireland, have produced supporting evidence. But the information gained in various inquiries was incidental to their main purposes and there remains a need for specialised studies. This was the starting point of a programme of research in East London in 1954, which

was financed by the Nuffield Foundation. I shall describe this work mainly in terms of the methods and definitions adopted, which may be of use elsewhere.

**Object of research in London**

The object of the work in London was to describe and analyse the part relatives play in the lives of old people and to see how far this knowledge aids an understanding of the social problems of old age, such as retirement, isolation and institutional care. What is the function of the family? How often do old people see their children and their brothers and sisters and do they live near or far? What differences exist between old men and women in their family roles? Which old people make the greatest demand on the social services and how far can and should the State aid or replace the efforts of the family? These were some of the questions raised.

**Place of Study**

One area was sought in which intensive interviewing could be undertaken. The metropolitan borough of Bethnal Green was chosen, largely because the borough is relatively small, is near Central London and has a predominantly working class population. In 1951 14 per cent of the people were of pensionable age (60 and over for women and 65 and over for men) — the same proportion as for the County of London and England and Wales. Broadly speaking there was no reason to suppose family life would be widely untypical of other working class urban areas.

The chief sources of information were as follows:

(i) Intensive interviews with a random sample of over 200 people of pensionable age.

(ii) Census data.

(iii) Special surveys of social services in the locality, chiefly (a) the home help service, (b) welfare homes and (c) a geriatric hospital.

(iv) Supplementary information through diary-keeping, observation of club activities and so on.

Most important was the first. The choice of the figure of about 200 to be interviewed was a compromise between quantity and quality. Names and addresses were selected at random from the records of general practitioners and people were visited without previous warning. Five per cent refused an interview. The main interview lasted about two hours, during which an interview schedule was taken out and extensive notes taken. For all kinds of reason, infirmity, deafness, misunderstanding of the purposes of interview, a long interview with old people is often necessary to establish the facts, place the facts in context and gain the confidence that is completely necessary to this kind of research. Most people were visited at least twice and a few frequently over a period of two years. Both quantitative and qualitative data were written up in records of from
two to four thousand words. The object of this was first to build up enough information about individuals and their families to allow the repeated selection, in analysis, of major sub-groups. This allowed a watch to be kept on structural and organisational variations between families besides allowing the research to be tested elsewhere. Second, to collect a mass of descriptive evidence about family life as a means of illustrating and interpreting the statistical evidence. Continuous reference, when writing up the research, to the detail of family life was felt to be one way of keeping close to the social reality.

**Value of the Kinship diagram**

Information about the family was central to the inquiry. A kinship diagram of each informant was drawn up. This recorded the christian names, ages, marital status, occupations and districts of residence of husband or wife, children, grandchildren, brothers and sisters and so on, together with an estimate of the frequency of contact with each relative. The kinship diagram usually gave information about more than 50 relatives, including all those in frequent touch with the old person. Without this diagram, which was a method of recording kin systematically, many important things about the life of old people would have been missed or misrepresented.

Relatives are such a familiar and complicated part of an old person’s environment that he or she often forgets to talk about them to an outsider.

**PART OF A KINSHIP DIAGRAM**

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O = △
George 70
ret. dock-labourer
Liverpool ½ y

△ = O
John 68
ret. brick layer

O = △
Ego 66

O = △
Mary 62
5 x d
34 d
Jane

△ = O
Madge 40
½ W

O = △
John 43
cabinet-maker 15 x W

△ = O
Mary 39
pt. time waitress 5 x d
½ W

△ = O
Arthur 39
lorry-driver

O = △
Maureen 15
½ W

△ = O
Richard 12
½ W

△ = O
Peter 10
d

O = △
Ann 6
d

O = △
Kathleen 4
d

5 x, 15 x = living within 5, 15 mins. walk.
d, ½ w, ½ y = seen daily, twice a week, twice a year.
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or talks only with general references to 'Joe', 'Jack', 'John' or 'my husband's family'. A common experience was that people took family activities for granted unless encouraged to be explicit about them. Thus, when answering questions about help in illness people often said, at first, they had no help. But they were thinking in terms of neighbours, friends and social services, not of their daughters. This seems to be a common source of misunderstanding and needs to be watched in all inquiries about family life. An interviewer needs to familiarise himself with the composition and circumstances of an old person's family before he can be sure of the accuracy of answers to questions relating not only to family life, but to all kinds of personal difficulties and situation, such as domestic management, care in infirmity, poverty, retirement and so on. The kinship diagram is a useful aid.

Households and Families

One problem in finding the old person's place in the family is identifying the living unit. Census data indicate that in Britain 12\(\frac{1}{2}\) per cent of people aged 60 and over lived alone in 1951, and a further 29 per cent in married pairs. But this depended on the definition of a household as a unit of people sleeping under the same roof and eating together at the same table. In practice this definition is hard to maintain, because

Per cent of Old People Sharing the Household or the Dwelling with Relatives.

<table>
<thead>
<tr>
<th>Generations of relatives</th>
<th>Household (5) per cent</th>
<th>Dwelling per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>One</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No other relative</td>
<td>26(\frac{1}{2})</td>
<td>23</td>
</tr>
<tr>
<td>Spouse only</td>
<td>29(\frac{1}{2})</td>
<td>59</td>
</tr>
<tr>
<td>Other relatives</td>
<td>4(\frac{1}{2})</td>
<td>7</td>
</tr>
<tr>
<td>Unmarried child(ren) only</td>
<td>24(\frac{1}{2})</td>
<td>22</td>
</tr>
<tr>
<td>Married or widowed child(ren) &amp; others</td>
<td>4(\frac{1}{2})</td>
<td>31</td>
</tr>
<tr>
<td>Other relatives</td>
<td>3(\frac{1}{2})</td>
<td>4</td>
</tr>
<tr>
<td>Unmarried child(ren) and grand-child(ren)</td>
<td>2(\frac{1}{2})</td>
<td>2</td>
</tr>
<tr>
<td>Married or widowed child(ren) &amp; grandchild(ren)</td>
<td>8(\frac{1}{2})</td>
<td>10</td>
</tr>
<tr>
<td>Other relatives</td>
<td>0(\frac{1}{2})</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Number</td>
<td>203</td>
<td>203</td>
</tr>
</tbody>
</table>

\(5\) With or without spouse.

\(6\) As defined in the Census.
there is such an enormous range in domestic co-operation between relatives in a single dwelling. In the present inquiry it was found important to take account of relatives living in the same dwelling who did not necessarily share all their meals with old people. It was common for a married daughter living in the same house to share a midday meal with her mother but to eat an evening meal separately with her husband. It was also found to be important to distinguish homes containing one, two or three generations of relatives. The accompanying table is an attempt to meet the problem.

**Living Alone and the Family Systems of Care and Exchange**

The inquiry showed that without information about the proximity of near relatives too much significance should not be attached to the numbers of old people living alone. Information was gained about several thousand relatives. The average old person in Bethnal Green had 6 relatives living with him or within five minutes walk and 13 within a mile. Part of the information concerned more than 600 children. Fifty per cent of all children, and 44 per cent of married children, lived with their parents or within a mile. Looked at from the point of view of old people themselves, the availability of children was striking. Three-quarters of those with a surviving child had at least one living within 5 mins walk and a further 10 per cent within a mile. Most children were seen every day or frequently in the week. Only one in 10 of all the children were seen less often, on average, than once a month.

What if we consider only those living alone? Most had relatives living nearby and three quarters of them saw at least one relative every day or every other day. Detailed examination of the data revealed an impressive amount of contact between old people and their relatives. Frequency of contact implied a great range of mutual services. Old people had help with their shopping and cleaning from married daughters and other female relatives but they, in their turn, cared for grandchildren and provided meals. To all intents and purposes the domestic unit was often spread over two or more homes in close proximity. Perhaps an example may suggest what happened.

An infirm widow in her sixties lived alone. A married daughter living nearby regularly did her cleaning and gave her meals on Sundays. Her shopping was done by a 13 years-old grandson. He came every morning before school. As for washing, another grandson called in the course of a milk round on Sunday and collected it. His mother, the widow's daughter, dealt with it the next day and the grandson returned it. Her grandchildren chopped firewood for her, exercised her dog and took her to the cinema or to the bus-stop. Her daughter collected the pension. But the widow prepared a meal for her daughter and grandchildren six days of the week, often entertained her relatives in the evenings and once or twice a week she took a meal to an old lady living in the same block of flats.

Children and grandchildren or sisters and nieces living nearby were often as much an integral part of the lives of old people as relatives living
in the same household. There were all kinds of complicated transfers of money for the provision of meals and the care of grandchildren and old people received board money from those at home and sums of money and gifts from married children living elsewhere.

Help in illness was readily available to many people. Sometimes this went to great lengths.

For example, one married woman was first interviewed a year before her final illness, and visited briefly many times. In her late seventies, she had five surviving sons and four daughters, all married. All except the youngest daughter and youngest son were living outside the borough. These two were both in the same block of flats, but she and her husband lived alone. When first interviewed she was only moderately infirm. Her youngest daughter then did much of her cleaning and washing, and during a previous illness lasting ten weeks had left work to look after her. Her youngest son did various odd jobs for her. Her remaining children, whom she saw once a week or once a fortnight, did no regular jobs for her, but brought gifts and most gave her 2s. 6d. or 5s. when they came. When she had a succession of strokes her doctor tried to persuade her to go into hospital. She was very weak indeed. She and her family pleaded against this and her children organised a night-watching service for several weeks. On several occasions I saw a makeshift bed her son had put in her room. Her youngest son and daughter took it in turns to sit up with her for about two nights in three, but the other children gave them a break the remaining nights of the week. All the children visited her much more frequently and news was passed on daily by calls put through from one telephone box to another. The youngest daughter left her work and the youngest son for a time too. Between them they did all the shopping and cleaning. The son lifted his mother when necessary and the daughter prepared meals and washed her. The husband, now very infirm, attended to some personal needs. On every visit I saw evidence of the devotion of her family, food, vases of flowers, sheets and blankets.

While I have referred very cursorily to the evidence, it certainly suggests that the question of membership of an intimate family group appears to be fundamental to the study of ageing, whether the interests be those of psychologist, sociologist, administrator or social worker.

Membership of the Extended Family

Families vary, of course, in their make-up. Among the Bethnal Green sample was an unmarried woman who was the only child of an only child, but there was also a woman who had had 17 children, against her mother's 18 and her husband's mother's 22. Many people, of each generation, were widowed, single or childless, and the age difference between old people and their children varied between 17 and 50. Variations in family structure produced variations in activity and relationship. But a general family 'type' was recognisable.

Thus, to stay near anthropological usage, if by immediate family we mean parents and unmarried children in a single household, we can define an extended family as a group of relatives, not comprising an immediate family, who live in one, two or more households and see each
other every day or nearly every day. Normally, as we can test by experience, this means the individual benefits from services implied in his membership. But methodologically, we can sidetrack the laborious procedure of accumulating information about various domestic and personal services performed, such as shopping, washing, cleaning, cooking, nursing in illness and fetching a pension, and rely on simple information about frequency of contact with near relatives.

In Bethnal Green over half the old people were members of a three-generation extended family group, usually consisting of an old person or old couple, one, two or more married daughters (and sometimes sons) and grandchildren. The family varied in size from 6 to over 20. Most other old people were members of two or one-generation family groups. In this working-class district the family of three generations, built round grandmother, daughter and grandchild, provided the normal environment in old age. It provided a natural, if conservative, basis of self-fulfilment and expression, as the individual moved from the first to the third generation, learning and teaching the functions of child, parent and grandparent.

Isolation from Kin

This procedure in defining family types enables us to give a fairly precise figure to the number of old people isolated from family life. In drawing attention to the fact that many old people lead a full family life the problems of the isolated must not be passed over. Some people, after all, have no children, and their brothers and sisters may have died. By reference to the kinship diagram we can state how many married couples and single people see no relative daily, (or how many do not live within a mile). In Bethnal Green 11 per cent of old people did not see one relative daily or nearly every day. They included a few people who had become separated from all their children. (Some people in this group, however, saw several relatives once a week).

A Measurement of Social Isolation

The same procedure suggests a means of moving towards a relatively objective measure of social isolation in old age. An old person's contacts with relatives can be built up into a total family 'score' by adding together the average number of contacts a week with each relative. By 'contact' is meant a meeting with another person which involves more than a casual exchange of greetings between, say, two neighbours in the street. It usually involves a pre-arranged or customary meeting at home or outside. The following provides an example.
This method leans rather heavily on the accuracy of information about the average frequency with which relatives are seen. On occasion this has to be fixed arbitrarily. Thus a visit to a relative for a month in the year could be regarded as equivalent to an average contact of about once a fortnight with that relative. Experience suggests that such problems may not be of crucial importance in urban working-class areas, (although they may be in others), because of the day by day regularity of social activities. Information about friends and neighbours visited or visiting and club meetings can be scored in the same way as that about relatives. The result is, for each person, a figure of the total social contacts in the week. The scores of a sample of old people can then be listed on a continuous scale. Those at the bottom of the scale will be the relatively isolated. This method of scoring people's social contacts involves, unquestionably, a number of difficult decisions, but it may be worth further discussion and application. On the limited experience in London, a working definition of 'social isolation' in old age could be, having daily contact with two or fewer people, or the equivalent.

Family Life and the Need for State Care

The problems of isolated old people obviously require exact study. But in one London borough they formed a small minority of those of pensionable age — chiefly the unmarried and the childless. The findings about the majority conflicted with the alleged separation of the generations that is so often reported. Why should this be so? One reason is that much information about old age derives from the experiences of those connected with State Social services. And such services meet an unrepresentative group of old people.

The random sample of people in Bethnal Green was used as a 'control group' for the purposes of analysing the family and social circumstances of those helped by social services in the locality. Several hundred case-records of old people in East London entering welfare
homes and a geriatric hospital and being served by the Home Help Service were examined and results compared with those of the 'control' group. The conclusion was that isolated old people made by far the greatest claim on health and welfare services and that old people living with or near daughters made least claim of all. Single and childless people and those with sons but not daughters, particularly if they had no relatives living near, made a disproportionate demand on the State and local authorities. But for the care given by female relatives it was estimated that the number of old people seeking admission to hospitals or welfare homes would have been from three to five times greater.

This emphasises the need for the State to help the family stay together. Methodologically, it shows the value of knowing the family circumstances of old people, if we are to understand the problems of ageing. I think a simple form of the kinship diagram, or its equivalent, is an essential piece of information for the doctor, the administrator and the social worker, as well as the research worker. This suggestion may not be as eccentric as it sounds. I believe exact knowledge of the family, even if in some cases no close relatives are alive, is an aid, not only to research, but to humane and economic administration and to efficient social work. An old person is not merely a case in a bed. He is not simply an individual. He is a member of a family, or has been one, and this has a great deal to do with his security and, if he is ill, the success and speed of his recovery.

Summary

I have described a research project in East London, largely in terms of the methods adopted and their possible application elsewhere. My chief theme has been that if many of the processes and problems of ageing are to be understood old people must be studied primarily as members of families (which usually means extended families of three generations); and that those concerned with the development and practice of health and social administration must, at every stage, treat old people as an inseparable part of a family unit which is not just the residential unit. Knowledge of the extended family is necessary to the proper interpretation of isolation, mental health, domestic management, income and expenditure, and domiciliary and institutional care in old age.