Preface Old Age is Not a Modern Invention

Lynn Botelho

At times, it seems that *Old Age* is something that only we post-moderns have had to think about, let alone deal with its physical and economic consequences, or the cultural polarization that renders the elderly as wise or foolish, rich or poor, healthy or sick, or athletic or bed-bound. We are attuned to the media battles that pit youth against age, but there is another, more disturbing conflict that sets elderly people off against each other. Perhaps this is seen most clearly in the role of money and medicine in the life of older people. We can chart a clear demographic shift between people who have money and access to elective health care procedures and those who do not. Surprisingly, this is not confined to the expensive private medical system of the United States. It is also true in parts of Northern Europe, such as England, despite universal health care. The economically hard-hit elderly cannot afford elective procedures, nor can they afford time off from paid employment to seek otherwise covered health care. The result is markedly longer and healthier lives for the rich (Marmot Review 10). It is no small step to understand the gerontophobia experienced by many, as

well as the superiority expressed by those who have aged well according to our postmodern values. But this, as we shall see, is an old war.

We are engaging with two competing stories, narratives, myths of old age. Stories are invented, created, shaped, and trimmed to fit a demarcated arch. Large, sweeping narratives about ageing tell us much about our sense of self and even our identity as a people. The scope of such stories is immense and their function vital. We tell stories about old age and we tell stories from old age. And here is where a view from the past, in this case from the perspective of early modern England and Northern Europe, can shed exploratory light on contemporary stories of old age and ageing. Old age, you see, is not a modern invention.

But first we must start by getting rid of a host of popular misconceptions about the elderly in early modern times, and there is no place better to start than with the utterly incorrect assumption that there weren't any. In fact, nearly 10% of the population in sixteenth-century England was over the age of 60. That was a demographic curve similar to 1960s Britain or 1950s America. The elderly were everywhere and everyone knew one (Wrigley and Schofield 528).

The idea that there were no elderly people in the past results from a misunderstanding of simple statistics that quite accurately identifies an average life expectancy of 37. However, that figure does not take into account infant mortality, the effects of childhood illness, or the bad decisions generated by adolescents, their misguided sense of their own immortality, and their resulting early deaths. Therefore, once people made it to age 21, they could expect to live a long life (Wrigley and Schofield 252; Botelho, "Old Women" 298).

Another lingering but ill-founded myth about the elderly in the past is that they always lived with their adult children, thus forming cosy, multigenerational families. Social isolation among the old in today's world, or so the same story goes, is placed squarely at the feet of the hyper-busy, materialistic, and self-centred manner of modern living. People are too preoccupied to give a thought to their ageing parents. While modern living, however defined, has certainly changed aspects of intergenerational relations, at least in Northern Europe, its effects are felt elsewhere. Early modern culture favoured nuclear family households without live-

in grandparents. The elderly generation clearly preferred their household independence as well. Work with village records shows that the elderly wanted to live close, but not *with*, their adult children (Botelho, *Old Age* 122-27). Indeed, songs and broadsides, such as *An Olde Man and His Wife*: "A most excellent new Ballad, of an olde man and his wife, which in their olde age and misery sought to their owne children for succour, by whom they were disdained & scornfully sent / away succourlesse …" positively warn elderly people of the perils of sharing roofs and dining tables with their adult children (*An Olde Man and His Wife*, 1586-1625?).

That is, if co-habitation was even an option. The seventeenth century was marked by migration from England to her colonies and to the growing cities of London, Bristol, Norwich, and York (Gaines). For many older people, there were no youthful or middle-aged daughters and sons nearby. Our present nagging guilt at somehow failing in our "obligation" of not housing our aged relatives is misplaced. I blame the Victorians. In their time, multigenerational households resulted from a distinctively youthful demographic regime, industrialization, and a new strain of evangelical and muscular Christianity; they were not long-held English traditions.

There are yet other ways in which old age is not a modern invention. For example, the problems we tend to associate with modern living and modern families existed in the past as well. Because of illnesses and the dangers of childbirth, early modern English families were what we now call "blended families." They were made up of step-siblings and step-parents. For men, there were serious implications for widowhood in a cultural climate that left them utterly unprepared to take care of themselves, let alone children. The result, across Europe, was quick remarriage, typically to a younger wife. This union too was likely to produce offspring and resulted in a good number of late-life fathers (Favue-Chamoux 243-44).

New to the early modern period was the increased use of money and credit for daily transactions. Proto-capitalism had deep and far-reaching implications for the lives of the elderly and their families. There were two times in one's life when the chances of being poor were great. The first is known as *overburdened by their children*, when a couple had too many mouths to feed and children too young and weak to contribute to the household economy. The other period of vulnerability was old age. In early

modern Europe, one's physical decline directly translated into decreased earnings. Feelings of guilt and obligation about our ageing relatives are not new. Indeed, Biblical exegesis makes much of society's expectation to take care of its old, emphasizing the Ten Commandments and the dictate: "Thou shalt rise up before the hoary head, and honour the face of the old man, and fear thy God" (KJV, *Leviticus* 19:32; Botelho, "The 17th Century" 122). Unfortunately for the elderly, at the very time they were likely to need help from their adult children, those same offspring were experiencing their own economic crises of trying to feed small children of their own.

As well as being the nodal point for intergenerational relationships, old age is the culmination of all of one's life events, from childhood, youth, and middle age. It is how successfully a now-elderly person had previously weathered their life-cycle stress points and financial downturns, such as raising a young family while caring for their own aged parent, that fundamentally shaped their own old age experience. Consequently, understanding an individual's life-course challenges is critical to understanding their old age.

Cash reserves and good credit developed slowly, after long years. Those elderly with money invested in the budding stock markets, secured via money lending, or in that age-old tradition of burying it deep in some secret place, could actively seek a longer life and good physical health in a manner very similar to today. They went to doctors, apothecaries, well-trained housewives, and sometimes magical healers with the expectation of care and cure for what ailed them. Early modern English medicine was a patient-driven market place, with medics competing for business. The elderly with money could and did demand good health in old age. A quick response to such market pressures created specialists' remedies for the aged and their ailments. This set the elderly apart as a distinct medical constituency and, in the broader sense of the term, marks an early beginning of the medicalization of old age. It also, as in today's world, created a two-tiered elderly population of haves and have-nots (Botelho, "A Respectful Challenge").

Finally, although my list is far, far from complete, the medical care of the elderly underlines the fluidity of gender in old age and in doing so

encapsulates the dual nature of the elderly. While the elderly were being singled out for distinctive medical care, old women were not. The *elderly* in this case were men. There are no recipes or prescriptions directed towards old women and their needs. Indeed, there are only a handful that mention menopause and do so only briefly. At its most inclusive, early modern health care was directed at *old folks*. It seems that in the Galenic and humors-based medical world of early modern Europe, old women medically became old men (Botelho, "Old Women" 299). It is therefore not surprising to find character traits traditionally associated with men, such as wise or venerable, now being (albeit less frequently) connected to old, and Galenically more masculine, women. In fact, both this gender fluidity and the overlooked female body still hold true today. Modern medical research and testing predominantly use overwhelmingly male testing populations, even though women's bodies often react differently to disease and treatments, such as female heart health (Bandyopadhyay, Bayer, and O'Mahony; Wellcome Trust 7, 10).

So apart from *MythBusters*, what does history bring to the boundaries of ageing studies? Indeed, what does it bring to the boundaries of literary studies of ageing? In the first instance, it offers us the raw materials from which the stories of ageing are constructed. Demographics and household structures, for instance, give both weight and heft to the experience of growing old. History also puts the body, with all its aches and pains, back into the conversation of cultural constructions and identity narratives. It reminds us that there is real-life flesh and blood behind every social construct and narrative of self-fashioning. Finally, without an understanding of old age we have a truncated understanding of life, an incomplete knowledge of the life cycle. Sadly, both for today and in the past, that is the state of play (Botelho, "Old Women" 297).

I am an historian of early modern England, from 1500 to the 1720s. One of the things that fascinates me most about my chosen chronological period is the way it weaves together two otherwise distinct worldviews: the Bible-centric medieval period and the rational lens of the Enlightenment. Let's take Isaac Newton as an example of the time: he conceived of calculus and the working of gravity while simultaneously and quite contentedly believing in witches and the function of alchemy.

The very state of old age also simultaneously holds at least two, and typically competing, senses of itself. It can be a time of great value and joy; it can be a time of decrepitude and sorrow. It is the tension between these two antipodean positions that makes the study of old age, at least for me, as fascinating as the study of the early modern period. There can be no Grand Narrative of Old Age, historians all agree (Botelho, "Old Women" 298; Troyansky 233-43). The elderly are the product of their culture, their historical period, their race, their gender, their economic status, and their family setting. They are a wonderful, messy, and often contradictory combination of things, a delightful nodal point of intersectionalities (Grzank; Lutz, Vivar, and Supik) that make the study of old age important not just for understanding the final stage of life, but for understanding the world in which they live. Old age is not a modern invention, but it can be a window into the modern world.

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Biography

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