THE TRAGIC DENOUEMENT OF ENGLISH SOCIALITY

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This essay, both an ethnography of an English village and a study of a hospice, demonstrates how people may be both highly sociable and philanthropic in the public domain and circumspect and reticent with regard to the private domain. Using historical evidence, the article also demonstrates that this characterization of English sociality may have held true for centuries. Changed are the consequences for elderly individuals, whose autonomy may now lead to isolation in their own homes.

Why is this of more than parochial interest? When studying anthropology, or indeed any social science, students are expected to gain some familiarity with at least some of the foundational thinkers who helped create modern social science. These might include Émile Durkheim, Marcel Mauss, Karl Marx, Georg Simmel, Ferdinand Tönnies, or Max Weber. All these writers may be associated with what we might call the grand narrative of social science. It tells the story of how, once upon a time, people lived in systems of intense social relations within communities usually underpinned by some system of kinship. During the past two centuries, a combination of forces that might include capitalism, industrialization, and urbanization caused a decline in the fabric of these social groups allowing for the development of new forms of personal autonomy and individualism, on the one hand, but also loneliness, isolation, and social fragmentation, on the other. The result of these processes was the traditional domain of sociology.

Initially anthropology had the task of confirming this grand narrative by painting portraits of community retained in supposedly more traditional societies, which could then serve as more holistic rebuttals to contemporary individualism.

This grand narrative is more central to some of the ancestral figures mentioned above than others. It is foundational to the work of Durkheim (1997), for example, his concept of anomie, where a decline in social integrity leads to a loss of normativity and, among other consequences, to a rise in suicides. It proves equally central to Tönnies's (1957) description of a shift from the more community-focused *Gemeinschaft* (community) to the individual instrumentality of *Gesellschaft* (society). The grand narrative is a consequence Mauss (1966) draws from the decline of the solidarity of the gift/debt relationship and its replacement by the asocial and individualized transaction of commodities. It also lies at the heart of Simmel's (1950) portrait of the isolated individual in the modern urban crowd. A clear parallel exists to Weber's (2002) emphasis on an inner-directed, more individualistic Protestantism and its affinities with modern capitalism. This narrative was not necessarily a lament. Marx (1975) recognized the oppressive character of what he would have considered premodern forms of sociality and looked forward to its transcendence in a non-alienated sociality of the future.

One of the reasons students in the social sciences have little difficulty accepting this narrative is that it accords with the folk beliefs of most of today's global populations, as they can found throughout the media and in everyday conversations. In popular discourse, the narrative emerges in the rather more judgmental form of nostalgia for ideals of sociality now deemed lost. In my own recent fieldwork in England, I would hear some version of this nostalgia almost every week. But that was also true of my previous field studies in places as diverse as the Philippines and India. In England, the most popular version of this grand narrative contrasts the assumed retained sociality of the traditional small English village with the isolation and societal breakdown associated with metropolitan regions such a London. I discuss examples below. The wider significance of this article rests in the argument that perhaps our grand narrative has remained unchallenged for too long.

WE ONLY NEED ASK

The material is derived from an eighteen-month ethnography of a dual village I call The Glades and an associated applied study of a large hospice serving people with terminal conditions. Initially, I set out to write an ethnography of the impact of new media, alongside a policy report to the hospice (Miller 2013) exploring

the potential of webcams (Miller and Sinanan 2014) and other new media for patients. The principal aim of the village ethnography was to assess the use and consequence of social media as part of our Global Social Media Impact Study.[1] In addition to our ethnographic engagement, we interviewed more than 350 individuals at least once. Most of the hospice patients had terminal cancer but lived at home supported by hospice staff. The unexpected finding was that living in villages was no impediment to some patients becoming tragically isolated, including individuals who had been born, educated, lived most of their lives, and were now dying in these villages. Some had remarkably few, sometimes no, friends in their village, at least none that came to see them or helped to care for them.

This finding required an explanation, which I sought from the wider village ethnography. The Glades boasts an unusually homogeneous population, lending itself to an anthropology of Englishness. Informants had their own version of the grand narrative that assumes isolation is a result of modernization, urbanism, or the state. Yet contrary evidence suggests that the cause lies in the historical character of traditional English sociality that has remained relatively unchanged within the village—but with unprecedented consequences today.

My ability to obtain the relevant data was partly happenstance. To confront terminal patients with evidence of their isolation and loneliness would have been crass and insensitive. I interviewed fifty patients and thirty-five staff and carers, alongside my colleague Kimberley McLaughlin, a senior hospice manager inter- ested in genograms and well-being (McGoldrick and Gerson 1985). These inter- views comprised a relatively systematic examination of each available form of communication, including landline telephones, face-to-face visits, e-mails, web- cams, texting, and Facebook. By exploring how each medium was used, who patients communicated with and how often, the evidence for isolation emerged vicariously as data on media usage, although many patients did in the end elect to discuss issues of isolation and loneliness directly.

This isolation applies with respect to neighbors, the wider community, and also family. Particularly poignant were cases where informants insisted that they did indeed talk with others, while detailed investigation revealed that those others were merely retained commercial contacts. For example, Robin told us that his wife, who serves as his carer, has regular face-to-face conversations, but it turned out that this was because she went once a week to have her hair done and talked to her hairdresser. Others referred to their gardeners and, commonly, the hospice nurses as evidence of their continued engagement in social communication.

John, an elderly cancer patient and still a farmer, has a full-time female relative as his carer, a woman he mercilessly dominates. Otherwise he had only seen one relative in the past year. Typical remarks include, "My brother. Not in contact with him. I saw him last year, I think. His son's wedding. But I haven't forgiven him for my parents." "We know the local village characters 'cos we've been involved in the village for years." "Personal friends? I don't go drinking, so that's excluded. Some of the things I used to do, I used to go riding and things like that. All those are gone. Village people don't come and visit me 'cos they never have." As is often the case, an almost an aggressive assertion of autonomy often accompanies such statements. "I wouldn't see anybody, I'm not interested, I'm just a loner."

Another eighty-five-year-old patient has lived in a very small settlement since 1954. In reference to his son he states, "He come around for Sunday lunch once a month and that saves a lot of bother. He lives with a partner who has three children by her previous husband. . . . We have someone who helps with the gardening, does all the gardening. An odd maintenance man would be in. I don't think there are many people that come in regularly." The grandchildren "come round for various occasions like Easter day or Christmas Day." With regard to family in general, he says, "We don't wish to impose. . . . We avoid it. If they need help I'd go to any lengths to do it. But generally speaking we don't interfere." With regard to friends, he says, "Some people are perpetual chatters and enter-tainers, and we aren't. I don't know why, but we've never been very socializing people. I don't go round courting visitors 'cos I feel isolated at this time, I spend more time asleep than I used to." He is particularly infuriated when the phone rings and it is some commercial call, which affronts his canons of decency and respect for privacy.

Finally, a villager in his eighties who has also lived his entire life in this village, retained an active social presence with people he had gone caravanning and camping with. But with regard to people visiting him in this house, he says, "In practical terms, probably only a couple. But there's a lot of people out there who have said if you need any help, give us a call. So they're offering the help. But for actually coming in and seeing me. Probably they want to have a chat when I go outside. Yeah, people don't like to intrude. I mean, 'cos with me, this illness has come on so quick, I imagine they're finding it a bit difficult to handle what's happening to me. You know, daren't ask really." Despite the assertive way patients claim they do not want or need help and like their own company, they

clearly feel lonely and would enjoy more company if only it could come about without breaking the social norms that make it impossible.

Included in my research were services and institutions that reinforced my ethnographic findings. Indeed, hospice staff contributed even more extreme stories about children not turning up for their parents' funerals. Whether working with churches, pubs, or welfare services, I found the ethnographic material consistent with these insights. It is therefore not surprising that similar results are manifest in broader national surveys. The UK secretary for health gave a speech on October 18, 2013, at the National Children and Adults Services conference entitled "The Nation's Shame of the Forgotten Elderly," citing sources suggesting eight-hundred-thousand people in England are chronically lonely (*BBC News* 2013). One of the reports the speech drew on was research by AgeUK (2013, 29–32), specifically on rural areas. Many other studies examine the more general conditions behind loneliness and isolation among the elderly in the United Kingdom (e.g., Bolton 2012; Victor 2003).

Paradoxically, however, I also have considerable evidence that the same informants share a positive image of the contemporary English village as a by and large extremely friendly place, which they believe to stand in stark contrast to the coldness and unfriendliness of metropolitan areas. Surprisingly, my ethnography found that the largest settlement within The Glades, Leeglade, with eleven-thousand residents, was viewed as the friendliest. People who have lived there for any length of time speak of the near impossibility of walking in the village without being greeted by others, at the very least with a smile and "good morning." Frequently people stop to chat. Most people assume they will talk with, and not just buy from, the local shopkeepers. In one of the smaller settlements, all my informants suggest they know all the other people who live there, at least by sight. Although these villages are located within the London commuter belt, most people walk rather than drive to the local shops. Local events include an impressive carnival. In addition, there are an extraordinary number of local societies, including five active amateur theater groups. As an ethnographer I spend a considerable amount of time in public spaces such as coffee shops and pubs, and it is easy to see how many people are greeted by name and known to each other. In public spaces the village corresponds to the ideals of traditional friendliness and warmth.

Even more impressive is the level of philanthropy and voluntary service. The best testimony to this is the hospice itself, one of several in the area. The hospice is almost entirely supported by charitable donations, most of the time

from local fund-raising. As a result, all its services are all free to patients, and I have never heard a terminal patient raise the topic of money in relation to his or her care needs. The hospice employs 120 staff and has more than 1,000 local volunteers. Most of the older villagers that I have worked with turn out to be directly involved in some kind of community or charitable work. Some elements of an older, class-based philanthropic tradition remain. For example, working women are demeaned for not volunteering at their children's school by women with higher incomes and more spare time. But class issues have declined markedly, as has the previously central role of the Anglican Church as the center for charitable work.

Furthermore, one of the most common phrases in patient interviews with regard to local people is, "Oh yes, and they would certainly help you if you asked." In short, patients are well aware that support and care are readily available and that many people are more than willing to provide it. So abundant evidence exists for altruism, though these volunteers are generally modest and reticent about making claims for their labor. How, then, can we reconcile such evidence of undoubted generosity and ubiquitous friendliness to the isolation of the terminal cancer patients? The two forms of evidence could hardly appear more opposed.

To explain the discrepancy, we need to consider these two situations as two distinct modes of sociality. The ethnography shows that the preferred mode always takes place within what is regarded as the public domain. People greet and chat in the street or when shopping. They socialize at village events such as the annual carnival or a cultural society's performance. Some people use the sports clubs, others the pub. Two primary catalysts allowing strangers to converse were babies and dogs. Both elicit enthusiastic compliments followed by subsequent discussions that sometimes move on to other topics. The villagers themselves joke about having babies or dogs as a means to elicit social communication. People also confirmed a classic trope of English sociality, namely, that neighbors really do talk over the garden fence in both front and back gardens. Again, this is something I have observed.

This friendliness in the public domain contrasts with a powerful normative rule that respects the autonomy of what is considered the private domain, reflecting traditional sayings such as "An Englishman's home is his castle." Especially working-class informants or those living in the smaller villages avoid going into each other's homes. The one exception is people with young children: children happily invade private space, bringing the parents together and initiating a period of intense inter-domestic sociality. This can and does result in lifelong friendships,

but even these may move back to the public domain after a while. There is a consistent fear of being seen as imposing oneself on the time or interest of others, especially of being viewed as a nosy or inquisitive neighbor. The English assumption is that other people have better things to do than be interested in oneself, with a common fear of seeming boring or boorish if one imposes on the other. The core characteristic is social reticence.

Looking at the subsequent loneliness of the elderly, we can see a common trajectory. Men, for example, used to have many friends at the pub, but when illness meant a decline in mobility or that drinking was no longer possible, the people they drank with would not subsequently come and visit the home, leaving the individual largely to himself. A similar pattern follows with regard to the golf club or the other areas and institutions of public sociability. Informants told me how as they reached retirement, they deliberately engaged with new activities such as golf or amateur theater because of their fear of isolation. I constantly checked this finding and have many versions of what amounts to the same observation about the failure of male external relations to follow through back into the home. These friendships work temporarily while everyone can actively participate in the shared hobby, but not once people become too frail or ill to come out. I am focusing here on the cases of isolation. In many others, friends and family do follow through to help at home, more commonly women than men, but there was sufficient evidence for isolation to suggest that we cannot always assume such retention of friendships. There is a gradation; an attempt to tabulate degrees of isolation would over objectify the evidence.

What remains from prior patterns of sociality are proffers of continued help. People are constantly assured that if ever the ailing individual should need anything at all by way of help, they should feel free to ask. The phrase "we only need to ask" almost became a mantra during this fieldwork. These offers of assistance seem entirely sincere. They come to nothing simply because of the next step required: to be proactive in giving any help, without having been specifically asked, suggests intrusiveness. Similarly, to be proactive in actually asking for specific help is equally considered intrusive. As a result, in many cases the isolated individual cannot approach or be approached by others, even when both sides wish for contact—which is typically the case. This scenario seemed true for women as well as men, if not to the same extent.

No such embarrassment is involved when the care comes through formal channels. So the same neighbors feel free to engage in public support through volunteering. Indeed, they may thereby end up giving support through the hospice

to people they might have otherwise cared for informally. Ideally, however, the volunteering results in caring for strangers, since there is no embarrassment involved. Primary carers such as husbands, wives, or siblings often become just as isolated as the patients, for precisely the same reasons.

Finding that someone has cancer or a terminal condition can lead to two opposite responses. On the one hand, neighbors or friends may break through these barriers and insist on helping, for example, driving a patient to a hospital appointment. Yet equally common is the opposite response, which leads English people to feel that it would be especially intrusive to interfere in what is an intimate and private matter. Hospice staff confirmed that people commonly back off, rather than become involved, when a person has cancer, and that this may also apply to family.

If merely friends and neighbors turned away it would not cause the degree of isolation found among the hospice patients because it is generally assumed that the primary carers would be family. Yet, as the patient statements provided earlier show, relatives as well as friends "back off." The assumption is often one of a sort of natural attrition, as in the following statement from an elderly male hospice patient:

> Grandchildren—as they get older, get in contact less, I think that's often the way. The little eight-year-old from The Glades school, she's in to see me occasionally. Yes, we've got quite a close relationship. And I have with all my grandchildren, but as they've grown up. The eldest one is now married, so I hardly ever see her, you know. John, he's twenty-two now, he'll occasionally zoom up on his motorbike and come and see me, but not a lot, they're so busy working you know, he's in retail. They're forever at work. Don't think I've seen Linda now for six to nine months. Next one down I saw a couple of weeks ago, he might come every two to three months. Then the other one who's now fifteen, she's gradually dropped off seeing us; she would only come if her mum or dad were bringing her, 'cos it's out of the way for her. Don't speak to them on the phone, no, as they get older; just less closer.

These conversations show that the problem works in both directions. It is not merely that relatives may not visit often. In many of our interviews the patients also constantly indicate their desire to be left alone. Despite being sick, indeed dying, they have a horror of becoming a burden on their family, whose members should be free to get on with their lives. Good parenting is identified

as the achievement of successful autonomy for one's children. And yet even as patients express pride in this separation, there is an underlying longing for care and comfort, especially from one's children. But such care has to be the voluntary expression of love by those relatives, and not something one demeans oneself by having to request. In effect, patients want to tell their family not to come and visit, but for the family to reject this rejection and come anyway. As Grahame Allan (1996, 63) puts it, typically "connivance is quite likely from both sides in this to ensure that there is no explicit expression of increasing dependence."

The primary reason why most patients are not entirely isolated is the persistence of family, rather than friends, as carers, although in these cases of extreme isolation the families have failed to acknowledge these responsibilities. Sometimes a major rift in the past had caused the lack of contact between family members, and informants reported that even siblings, or parents and children, had not spoken to each other "for years." Many families had at least one instance of this complete rupture in relationships. But still more common was the way the elderly simply accepted, and indeed empathized with the conditions of their own neglect—Oh, yes, they loved each other, but the grandchildren were terribly busy in their own lives and one didn't ever want to impose on them by suggesting a visit. Rather, one passively accepted that they might occasionally visit of their own accord.

Our initial work was with the individual hospice patients. During the later stages of the village ethnography we worked more with institutions and services, coming to realize how the isolation of the elderly had become central to the role of the village churches and many of the village societies that in effect only recruit through retirement. Our first encounters were with patients who explained the role of the hairdresser and the gardener as their only points of social contact. As the fieldwork expanded into the village itself, the ethnography came to include the actual hairdressers and gardeners who could thereby confirm these conclusions. For example, one of my last encounters was with the village gardener who told us how he and his wife had gradually come to terms with the degree to which they were hired, not to garden, but to provide conversation over tea with people who had no other company and knew no other way to bring people into their homes.

ANTHROPOLOGICAL AND HISTORICAL EVIDENCE

Although there is extensive anthropological work on English society, it has traditionally focused on different issues. Plenty of writing exists about English

identity, but the orientation has been to relations with other populations, such as minorities, reflecting a history of empire and colonialism or, more recently, immigration (e.g., Rapport 2002; Tyler 2012). This article does not engage with the core of anthropological work on kinship as summarized recently in the magisterial work of Maurice Godelier (2011), which shows how such studies tackle kinship's wider consequences for organizational and conceptual modes of relational encounter. Of concern here are only the much narrower issues of expectations around visiting and communication in family relationships and the degree to which these may not be realized in practice. However, I will argue below that the historical sources possibly explaining the patterns described are the same as those employed by Marilyn Strathern (1992, 98–102) when examining the autonomy of English individualism in relation to English homes and gardens.

A sustained literature on community and neighborhood exists within sociology, but it tends to focus on urban and policy issues, since an idealized concept of community remains central to political debate in the United Kingdom (see summary by Crow 2012). A similar argument pertains to the difficult question of how appropriately to use terms such as *public* and *private*. My ethnography argues that, rather than an abstract concept of public and private, my informants made a very specific and clearly meaningful distinction, which contrasted the home interior, respected as autonomous space free from outside intrusion, with the outside world. Sometimes the outside might even include the garden fence, or any place where a failure to acknowledge others would be considered wrong. This distinction is central to my wider study, because, as others have noted (see Gal 2002, reflected in Lange 2007), the advent of social media has made an already problematic differentiation far more complex.

Anthropologists have contributed to studies on community and village life (e.g., Frankenberg 1973; Robin 1980; Strathern 1981; Williams 1956). Nigel Rapport (1993, 312–42) notes that in general, they have succumbed to the popular portrayal of the rural village as some kind of community idyll, something he himself attempted to contest. The rural village he studied was characterized by close relationships between proximate peoples as reflects historical economic interdependence. The latter can lead to friendship and marriage, but also feuds and resentment. In some cases, "neighbours compete and try to sell each other dud products. They rebel, gossip, are spiteful and rude, and do their best to ruin each other's businesses" (Rapport 1993, 97). Jeanette Edwards's (2000) study of Bacup and Marilyn Strathern's (1981) study of rural Elmdom shows more concern with kinship and claims to long-standing residence than found in The Glades, which is

effectively a suburb of London. In northern England neighborliness may be more sustained, but similar concerns around autonomy and nosiness arise (Edwards 2000, 128–34). At least for southern England there seems little difference in such behavior between rural and urban areas. Strathern (1981, 125) found for a traditional rural village that people expected neither cousins nor neighbors within their home, only very close kin. In my ethnography of shopping in North London (Miller 1998), I worked on typical urban working-class housing estates. There I found salt-of-the-earth housewives who had lived in adjoining properties for several decades but had never seen the inside of each other's apartments, even though they were obsessed with keeping up interior appearances just in case any outsider should ever come in.

My key point is that the findings suggest that the behavior I have described here is *not* specific to the elderly. Indeed, my arguments have only a partial relationship to the more general anthropology of the elderly. This essay's specific remit is the way aging leads to isolation within a person's own home and its consequences, but it does not suggest that this isolation relates to the issues that typically concern anthropologists of the elderly, such as found in the work of Jenny Hockey and Allison James (2003). I am not concerned with the topics found in the ethnography by Catherine Degnen (2012) and the recent interest in cultural gerontology (Twigg and Martin 2014), since these concern the experiences and conceptualization of the elderly. Most of these studies do share a general observation that the elderly in England prefer independent living within their own homes (e.g., Andrew Blaikie 1999). Ironically, the achievement of this autonomy, thanks to increasing affluence, has changed the consequences of English patterns of sociality for this specific demographic group.

There is no reason to think these attitudes to sociality are particular to the elderly. They correspond precisely to wider studies of English behavior. An example would be what Kate Fox (2004, 401) terms the English "social dis-ease," which includes embarrassment, insularity, and awkwardness leading to a sense of discomfort and incompetence in the field of social interaction. My ethnography provides greater specificity by showing how this social embarrassment can actually create more of a problem for people the English know quite well, rather than just concerning their interactions with strangers. My informants gave many grounds for legitimizing their reticence. A common argument goes back to foundational assumptions about reciprocity. If you give or do something for a person, it imposes an expectation of reciprocity, leading to a fear of being indebted to someone else. Less predictably, some of my informants seemed deeply concerned

about revealing how fundamentally uninteresting they themselves supposedly were to others.

In accordance with the grand narrative of social science and popular discourse, people in my fieldwork commonly asserted that domestic loneliness was a new phenomenon, since sociality within the traditional English family and neighborhood would have been more intensive and supportive. The turning point is often assumed to have been the 1950s, prior to the eruption of modernity in the 1960s and following what has been termed the "myth of the Blitz" (people's supposed support for each other during the Second World War) (Calder 1992) as the icon of idealized English social solidarity. Fortunately, the 1950s also provided the context for one of the few precedents to Fox's work, *Exploring English Character* by the anthropologist Geoffrey Gorer (1955, 51). Based on a questionnaire sample of five-thousand people, he describes a situation that sounds very familiar. Isolation might be greatest in London, "but what is perhaps surprising is that the next loneliest type of community, judging by this criterion, are the small towns and villages." With respect to neighbors, Gorer (1955, 53) notes, "The typical relationship of the English to their neighbours can probably best be described as distant cordiality. Some two-thirds know most of their neighbours well enough to speak to; but not one in 20 know them well enough to drop in on without an invitation; and it is very exceptional for neighbours to entertain one another for a meal or to spend an evening together. Two-thirds of my respondents pay no formal visits to neighbours in this fashion." Only eight percent felt they could entirely rely on their neighbors (Gorer 1955, 55). The main response was a litany of complaints about neighbors, though William Morgan Williams (1956, 153–54) gives a more benign image of neighbors in a small village, focusing on nostalgic tales of deterioration.

In England, the idyll of rural life is matched by a romance of traditional urban working-class life, forming the basis for the most popular TV soap operas. At the same time as Gorer, Michael Young and Peter Willmott (1957) carried out the most famous study ever undertaken of a British community, subsequently published as *Family and Kinship in East London*. This population represented the heartland of working-class community. Yet here too we find the same pattern—people immensely friendly on the outside but avoiding home visits, except to kin (Young and Willmott 1957, 107–10).

Furthermore, people in the 1950s had a similar nostalgia for the supposedly true sociality of an undefined previous period, a pattern that repeats itself as one goes back in time. A recent book by Emily Cockayne (2012) examines the history

of neighbors. She writes of a social worker named Nellie Benson in the 1880s who bemoans the standoffishness of neighbors and sees this as a decline from an imagined sociality of the past (Cockayne 2012, 210). Cockayne (2012, 39) notes that even historians of the early eighteenth century suggest an unwillingness to burden neighbors with one's own concerns. In sum, she suggests that historically neighbors saw far more interaction than today, though this was due to necessity and mutual dependence based on poverty, and was not an expression of sentiment. We thus have no historical evidence that the ideal of domestic sociality was ever contemporary practice, though it always seemed present as an expression of nostalgic loss.

This history of neighborhood and community may be matched with key debates on the history of English kinship. Contemporary policy reviews assume a decline in family support, citing as the main cause children living at an increased distance from their parents (e.g., AgeUK 2010). But Gorer (1955, 43) suggests that even in the 1950s children in south England were least likely to live with their parents, and a similar discourse circulated about the breakup of the family again nostalgically assumed to have been closer at some prior time.

This leads to one of the most passionate debates about English history, which brought together both historians and anthropologists. In an excellent and comprehensive survey of the history of these debates, Naomi Tadmor (2010, 17–18) notes that they begin from the same master narrative regarding the assumed historical decline of the family: "One can trace this 'master narrative' to key nineteenth-century thinkers such as Sir Henry Sumner Maine, Ferdinand Tönnies, Friedrich Engels, and Max Weber, and on to Emile Durkheim and twentieth-century social scientists such as Talcott Parsons." The challenge to this narrative comes from many, including historians and demographers (e.g., Laslett 1977, 1983). Another key influence was the anthropologist Alan Macfarlane (1978), whose book *The Origins of English Individualism* suggested that unlike those in continental Europe, English families seem to have been largely nuclear in orientation even prior to any form of modernity. Macfarlane has been a core influence on Strathern's work on English individualism. Furthermore, "even relief for the elderly poor, historians emphasized, was provided through parish support, rather than primarily through the support of kin" (Tadmor 2010, 19). Historians of the family assume support must have come from the community, while historians of community assume it must have come from the family. Actually, then as now, it seems the English preferred institutionally provided support. Tadmor also shows that historians subsequent to Macfarlane provide a more nuanced and diverse

picture, with less of a dualism between nuclear and extended families, or individualism as against kin. One of the clearest critiques of the assumption that the family has declined or that we have lost family values once prevalent is found in John R. Gillis (1997, 51), who points out that in some ways English individualism probably dates all the way back to medieval times, when the fragility of life made families highly transient.

The combined evidence from anthropological and historical research suggests that my ethnographic findings from The Glades reflect a long-standing phenomenon. Villages in the 1950s could create the same conditions for isolation because English sociality has not changed in nature. The potential autonomy of kin and circumspection with regard to neighbors goes back centuries. In a parallel argument (Miller 2007), I have contested the suggestion, argued by anthropologists such as Janet Carsten (2000, 2004) and sociologists such as Janet Finch and Jennifer Mason (2000), that contemporary English kinship has shifted toward a system based on ideals of choice and negotiation. In that case I employed evidence from contemporary patterns of family inheritance. There clearly are changes in English kinship, including the acceptance of more varied relationships such as step-parents or same-sex relationships, but the historical evidence just reviewed also shows that kinship and friendship in the United Kingdom has always shown a strong degree of voluntaristic and reciprocal elements.

So how does this essay simultaneously argue for historical continuity and allow for the possibility of contemporary change? I argue that the fundamental traits of behavior seem highly resistant to change. But their consequences can alter radically, because the context itself is constantly dynamic. For example, the elderly live longer and have the money to retain their own homes. My results are confirmed by more general surveys of English society. A recent report by Relate (Sherwood, Kneale and Bloomfield 2014, 31) confirms the problems English people may have in making friends, which leads to around ten percent claiming they have no friends at all. Again, this is not particularly correlated with age. Yet as Gillis (1997) notes for earlier historical periods, people simply did not live as long and grandparent relations were relatively rare. Increased affluence proves crucial here as well, as it means that hospice workers generally attend to patients able to remain in their own homes. Increases in isolation may therefore have nothing to do with changes in attitude or behavior, but simply constitute a consequence of the elderly's growing incapacity, which puts them at greater risk of loneliness (Bolton 2012). Clearly it is this same reticence and concern for

privacy that in turn drives the increase in elderly singles and couples living alone (Qureshi and Walker 1989, 27).

What has also changed are the political considerations surrounding the situation of the elderly. This combines their increasing numbers (more than 3 million older than eighty in the UK) with evidence that the older electorate is more likely to vote than young people. There is also increasing acknowledgment of the vast amount of care that kin and friends do provide on a regular basis, which historically had remained unvalorised and unrewarded (Qureshi and Walker 1989). Perhaps the biggest and most positive change, at least for terminal patients, has been the huge increase and improvement in hospice services.

These changes in context should lead us to expect changes to the consequences of behavior that has itself remained constant. It is also possible that the effects themselves have changed less than we might expect. Christina Victor (2003; see also Victor, Scambler and Bond 2009) claims that the number of elderly people in England reporting loneliness or isolation has not significantly increased since the previous major survey of 1948. Indeed, the figures show remarkably little variation over time. Either way, at the basis of much of this discussion has been the presumption of ever-increasing loneliness resulting from the loss of formerly prevalent family and community values, here viewed as an example of our grand narrative regarding the fall from authentic and proper sociality. This essay has demonstrated, however, that the problem that needs to be faced is not the loss of English tradition—the problem is English tradition.

CONCLUSIONS AND CONSEQUENCES

The conclusion of this research is that elderly people dying of cancer can often become isolated and lonely even when they live in small villages. The main reason is not some condition of modernity and fragmentation, but the deep-rooted contradictions of English sociality that divide an acceptable public sphere of friendliness from a horror of intruding into the private domain. This applies to community and neighborhood but also to a surprising degree to family. These findings clearly do not accord with the presumptions that follow from one of the most foundational narratives of social science. The result is more a caveat than a rebuttal. First, it applies to only one example, that of English society. Second, the historical evidence suggests that neighbors were in closer contact in the past, though out of economic necessity rather than preference for such close sociality. Obviously forces such as industrialization and urbanism have had a huge impact. But even as a caveat this article may prove helpful in opening up a narrative that

has become a standardized story within our textbooks and teaching. It suggests the need for more critical consideration and the re-examination of evidence from other regions.

In the short term these results proved invaluable to the larger project from which the evidence was drawn. It helped rethink both the applied project and the larger project on social media. Anthropology has shown considerable immaturity in trying to differentiate more theoretical from more applied work, as though the latter represented less of an intellectual challenge. In my experience, being forced to ground one's findings in practice makes for more of a critical engagement, rather than a simple alignment within the rarefied discourse of theory. This project resulted in a report written specifically for the use of hospices (published on my staff website, Miller 2013), and many of the wider theoretical implications became evident because of the necessity to make clear recommendations, which have subsequently been taken up by the hospice movement and are, we hope, going to become an example of how anthropological findings can have direct impact on the welfare of patients.

Keeping a dialogue between applied and theoretical work is important also because otherwise we fail to acknowledge the way our intellectual discourse may have direct applied consequences. Recently Tony Walter, one of the leading sociologists of dying, suggested that the hospice should indeed care for the dying but curtail its more proactive involvements in creating a wider sociality, because this becomes a form of institutionalizing or professionalizing social relationships, which he fears could come at the expense of the more organic community constituting the proper basis of support (Walter et al. 2011; see also Abel et al. 2011). This sentiment may reflect the continued influence of the social sciences, grand narrative on modern politics with its strong affirmation of community care as the natural condition of society.

My conclusion would be the opposite. Carers for terminal cancer patients often say that the only time they ever speak to other people about their work is at monthly meetings with carers organized by the hospice. Community is not something that existed prior to and is subsequently diminished by institutionalization. On the contrary, for these carers, community exists only to the degree that it is created by the institution. Equally important, working for the institution gives them license to break through the barriers of tradition and enter into each other's homes to give support and care. Through our interviews and through listening to the experiences of hospice staff, I have learned that patients feel even more embarrassed by their disease and the awkwardness that follows from their

situation than the carers. These English patients often consider the loss of dignity one of the most difficult consequences of illness. As a result, they much prefer institutionally based professional care. In talking about their condition they prefer the company of other patients who suffer from similar kinds of cancer and who can therefore discuss with much less embarrassment their commonly experienced problems of bodily disfunctionality, which they know others would find distressing and embarrassing (see also Lawton 2000). As noted above, isolation is as much caused by the patients themselves trying to attain distance from their family and friends as it represents a failure to connect from the other direction. So my findings clearly support the hospice in this proactive stance through which they institutionally create wider sociality. Although his work is of the finest quality, in this instance Walter may have been influenced by his intellectual roots in a shared grand narrative.

The evidence also sheds a different light on the study of social media, which constitutes this study's overarching project. So far we have assumed that people use social media largely to find, maintain, and extend relationships, both with family and friends. It was only through an appreciation of this contradiction of English sociality that I came to realize that at least the English may use social media for a quite different purpose, namely, to keep family and friends at a distance. For example, villagers admitted that when sites such as Friends Reunited first appeared, they often used social media to reconnect with people they had lost contact with. But on many occasions I also heard of their regret at this choice, since reconnecting often reminded them of the reasons they had not kept in touch in the first place. Facebook became the solution to this problem: Connecting with people on Facebook meant they didn't actually need to see these people in person. Villagers could satisfy their curiosity about the lives of old acquaintances, extended family, and others, but as largely passive Facebook friends, without any further intimacy.

Before social media we mainly had either dyadic and private communication, such as the telephone, or public broadcast communication such as the television. Social media has colonized the group space lying between these two options. This makes it pertinent to the dualism of English sociality. On the one hand, it reveals the huge potential for the hospice making proactive use of social media precisely to bridge this gulf between private and public sociality, an effect that was already becoming evident in my study of some of the younger hospice patients. At the same time, most English people use social media as a tool to more perfectly control their social relationships, so as to maintain what they see as the requisite

distance. Social media provides many ways of adjusting the temperature of friendship. You can like or comment on friends' postings, you can have them in a WhatsApp group, consider dating them on Tinder, you can private-message them, you can send them a Snapchat, you can follow them on Twitter, you can acknowledge them in their professional capacity on LinkedIn, all on top of whether or not you phone, e-mail, and visit them. This goes well beyond the prior distinction of merely a public domain versus people coming into one's home.

In my more extended analysis of social media in the village (Miller forthcoming, ch. 4), I examine the way English people appropriate social media to make it quintessentially English in this sense of creating a comfortable distance from others. Some of the best insights into the nuances of positioning come from discussions about the use of social media after a divorce. Suddenly everyone becomes aware of what should not be shared with whom, and who might take offence if an individual extends greater warmth to one side than the other. Each platform is becoming calibrated within a larger Polymedia that includes all these different channels to find its niche in the spectrum from intimacy to distance (Miller forthcoming, ch. 2). For young people, Snapchat establishes trust for close peers. Facebook acknowledges family and more distant friends and thereby becomes no longer appropriate for many kinds of posting. Instagram allows the posting of crafted pictures that can be seen by strangers. Yet the realization that social media may primarily serve as a mechanism for distancing people, one suited to the particular nature of English sociality, emerged largely through the present study of hospice patients.

Only in retrospect did it become apparent why a study of hospice patients originally conceived as an entirely applied project, tangential to the main work on social media, should take center stage with regard to the overall conclusions of the research. For one, most traditional ethnographic studies might have missed these more extreme cases, since such hospice residents live outside the community contexts in which anthropologists usually meet informants. But cancer does not select on the basis of social attributes and social inclusion. We all die. As a result of their automatic referral to the hospice by medical services, patients might equally belong to society's most isolated or most sociable groups, allowing anthropologists to meet a representative, if happenstance, collection of villagers to study. This was the mechanism through which the tragic denouement of English sociality came to be revealed.

ABSTRACT

Social science contains a grand narrative about our fall from intense sociality to fragmented individualism. The present essay contests this narrative with respect to the sociality of the English. It starts with a study of hospice patients with terminal cancer who live in villages and yet become isolated and lonely. To explain this phenomenon, it uses a larger ethnography of village life, finding that villagers are highly sociable and philanthropic in the public domain, but circumspect and reticent with regard to the private domain. So once patients are restricted to their homes, isolation follows. The article further examines the comparative anthropology of Britain and historical studies of neighbors and family relations to suggest that this pattern of sociality has held true for centuries and represents nothing new. Finally, I consider these insights in the context of a wider study of social media, and its consequences for the work of the hospice. [sociality; English; hospice; social media; dying]

NOTES

1. For additional findings, see the Global Social Media Impact Study blog, http://blogs.ucl.ac.uk/global-social-media/.

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