

原 著

The Philosophy and Ideology of Socio-gerontology

Kenzo ODA

*Department of Medical Social Work, Faculty of Medical Welfare
Kawasaki University of Medical Welfare
Kurashiki, 701-01, Japan
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Abstract

There are several correlations between the ideology of ageing and ideological aspects of socio-gerontology. In this article the word "ideology" includes religion, ethics, norm and value. It focuses on dual structures of ageing, for example, the world of daytime and also the world of nighttime in the life of the aged.

Considering the historical and social background, the attitude of people to ageing and death has changed. Especially, with industrialization and urbanization of modern society, two things are happening. First, the administration of ageing and death is advancing. The aged are separated sometimes from their children to get care, and professional agencies do it. Secondly, the problem of ageism is a very large one. At the same time, the mutual fantasy of an ageless society in the young generation is the big question for all people. Therefore, the conflict between the older generation and the younger generation is becoming severe, and it is very difficult to coordinate each generation.

Of course in the beginning of socio-gerontology, sympathy to the aged and protection for the aged existed. But now, we need two new ideologies, i. e., ideology of supporting care and one that creates post care. At the moment we should synthesize fairness and science in the field of socio-gerontology.

1. Introduction

I would like to present here some issues regarding the problems and prospects of socio-gerontology in the coming 21st century, from the standpoint of philosophy and ideology. First of all, we cannot overlook the fact that a certain tension exists between the ideology of "old age" and that of "socio-gerontology as a science." What is meant

here by ideology is concepts, thus, ideology is naturally related to other similar concepts, such as religion, ethics, norms, and values. Although the relationship of ideology with these concepts should be clearly defined before proceeding into further discussion, I would like to leave this relationship somewhat ambiguous here and include these concepts in the realm of ideology.

As a means of approaching the tension

between the ideologys of "old age" and "socio-gerontology," I would like to cite my own personal experience. A few years ago, for a very short while, I had the opportunity to stay at a special nursing home for the aged. What I felt there was the sharp distinction between and coexistence of the worlds of day and night. During the daytime, the old people on the whole seemed cheerful, participating in recreational activities and following the instructions and advice of doctors, nurses, instructors and the home matron. They seemed especially happy during family visits and enjoyed chatting with volunteer helpers. There was nothing to indicate the dark images of a special nursing home for the aged that are often featured in journalism.

Then came nighttime. Particularly after midnight, sobbing, groans and moans, and loud laughter of the old people echoed through the home. Such was the world of night that draws one into the dark side of life. This is only a contrast of the worlds of day and night that I happened to experience at a particular nursing home for the aged.

However, it is necessary to view this problem for various perspectives, such as whether this example can be generalized for any home for the aged, whether such a phenomenon can be observed at hospitals for the aged, whether it is unrelated to old people living in ordinary households whether with family or alone, and whether the human world itself is structured in such a way. In other words, to grasp the problem from the angle of socio-gerontology, it is necessary to establish a stratified viewpoint by simultaneously viewing the aged in the context of discontinuation and continuation of these two worlds.

2. Ideology of "Old Age"

Regarding the historical development of the ideology of "old age" and people, it is

thought that during the age of farming village communities, there was a long period of "loose solidarity," bonded by eternal Earth. As we approach modern society, a great change begins to take place. For example, under the old civil law in Japan during the period from the Meiji Restoration until after World War II, the society was basically controlled by the elderly, in terms of family headship and in respects. However, with the revision of the civil law and promulgation of the new civil law after the war, the situation changed drastically. The nuclear family concept itself is not wrong; however, in respect to problems of "old age" and death, the burden on the old people increased greatly. Social factors, such as youth-oriented culture and advanced age society, served as important cultural and social elements in effecting these changes.

From an economic perspective, along with industrialization and urbanization, things began to be viewed rationally and analytically. The society transformed from one of coexistence bound together by "lose solidarity" to one pursuing rationality and efficiency. Japan became an economic power along with such changes; however, it also lost something along the way.

In relation to issues of the aged, one sees increasing control of "old age." In one respect, it is done in a positive sense. For example, medical science of the aged has advanced, and various measures are being set forth in preparation for an advanced age society. As discussed in "The Savage Mind" by Claude Levi-Strauss, the life and death of human beings is essentially set free in the wild; the life and death of a human being is actually a drama.

However, with increasing control of "old age," this quality of drama has disappeared from our life and death. Even such matters of

importance have become rationalized and mechanized, and controlled in the name of efficiency. It is a phenomenon not only inevitable in this modern society, but also necessary. However, we must realize that there is a pitfall.

In recent years, in addition to the above changes, there has been a tendency toward commercialization. I would not like to think that all businesses targeted at the aged are affected by commercialism; however, it is true that such services are basically being offered for profit. As commercialism is influenced by the mechanism of market principles, we must keep in mind that there are various problems that cannot be left to profit-making businesses.

"Ageism" (discrimination on the basis of age) begins to surface with weakening of the family and community, and increasing control of "old age" and commercialism. At the same time, the mass media reinforces the trend of nourishing the common illusion of an ageless society in the minds of the young people. It seems that quite a few young people are immersed in this common illusion of ageless society in the minds of the young people. It seems that quite a few young people are immersed

from it, which are further played up by the mass media. Amid such circumstances, what must be considered fundamentally is parting from ageism and an ageless society, and regaining a more subjective idea of "old age." It is to grasp the situation internally, an problems of one's family or the local community in which one lives. At the bottom of this is the issue of discord and coexistence between different generations. As the young generation is steeped in an ageless culture, we must consider coexistence with or conquest of such culture. In other words, the idea of compromise between the generations is essen-

tial; however, we must also consider whether that is indeed possible. At present, we must say that the relationship between the generations as regards "old age" is an awkward state of coexistence. However, it seems that must now ask ourselves whether we can come up with ideas of coexistence in a real sense.

3 . Ideology of Socio-gerontology

I have been told of following aspects by a person who was familiar with the atmosphere at the time the Socio-gerontology Society was established. One aspect was that "in future society, problems of the aged will become a major social issue; also, even just considering the condition of facilities of old people's home, there are many problems." Another aspect was that "with the coming of an advanced age society, phenomena which cannot be predicted may occur in society; thus we must now begin to study them in advance." It seems that there was a considerable amount of compassion and anticipated fear at the starting point of socio-gerontology. If we delve deeply into this starting point, we may come up with another picture; however, it will most likely be difficult to absolutely deny the above aspects.

Overcoming such initial ideals of socio-gerontology was the challenge to the Society after its foundation, and remains today a fundamental issue. Looking at the present condition of socio-gerontology with regard to these problems, what seems to be critical is the "ideology that supports care" and the "ideology that creates postcare." The "ideology that supports care" is ideology that respects the personality of the aged, who require spiritual and physical care. Due to ageism, this aspect has not fully developed in our society in general. Whether in an institution or at home, the life of the aged should be grasped in its entirety, but dealt with individ-

ually. In addition, a network of helpers should be formed and care packages offered to weak aged people living at home. To realize this, the question is whether it is possible not only those for concerned with the aged, including doctors, nurses, health workers, social workers, home helpers, and institution staffs, but also informal groups of people, such as families, neighbors, and friends, to share a community type of ideology toward care. Only by reconstructing a new human relationship surrounding the aged, will we be able to pursue and offer a care network in a rational manner.

In the future, an "ideology that creates postcare" will become necessary. For example, from the perspective of preventive medicine and increasing welfare for aged persons who have regained health through intentional care the community, there is the issue of how to create a system of postcare within the community. Until recently such ideas, based on postcare or promoting preventive medicine and welfare, lagged behind. It can be said that such ideas were almost forgotten.

Statistically speaking, 95% of the aged are healthy. Unfortunately, however, development of policies and services targeted at such people has often been postponed. For a human being to live merely a biological existence is painful not only for the individual, but also for the family and others. Though it may sound simplistic and very Japanese, the existence of an aged person living to some purpose often is immensely encouraging, not only to the person in question and the family, but also to those around that person.

Viewed from another angle, the "ideology that creates postcare" also concerns the issue of the role of weak and healthy aged people. Even though their physical health may have declined, the existence of a weak aged person

is often the spiritual support of the entire family, teaching us the importance of human ties. This is even more so when the aged person is in full health. It goes without saying, that responsibilities within the society and family not only attach to the young, but to all equally, including the aged. In reality, however, the role of the aged has not gained full recognition in Japanese society, due to various cultural elements and customs, as well as to individual differences. This fact also implies diversity, thus should not be interpreted only in terms of negative factors. However, whenever faced with the various phenomena of recent social change, such as increasing nuclear family, preference of living separately from aged parents, and the problems of the young generation growing up without grandparents, I cannot help but feel the need to form roles for the aged and an ideology for creating postcare.

In this case, we must discuss the ideology of postcare not only on an emotional level, but also in the realms of the science, policy, means, and the technology to realize it. Basically, it is to reconfirm and renew the ideology and role of aged people as individuals, within the family, local community, and other functional groups. It is also necessary to develop concrete terms and policies so as to make them acceptable to society in general.

These major issues of "ideology that supports care" and "ideology that creates postcare" lead to the question of how to deal with differences between urban and rural areas. It is also necessary to restructure urban and rural areas from a macroperspective. As an example, in Kochi and Shimane Prefecture, senior citizens already comprise over 20% of the population, while the ratio is still around 10% in Tokyo and other urban areas. At the same time, however, it can be said that the absolute number of aged people is great in

urban areas. Thus, it is insufficient to view the problems of the aged by simply comparing the ratio of senior citizens in urban and rural areas. We must consider the stance toward these problems in those areas, as well as the division of responsibility, from a comprehensive viewpoint combining both situations.

As the old saying goes, "God created gardens, but man created cities." These words are of great significance. There are many cases of community rehabilitation programs that work well in the rural areas but not so well in the urban areas. In the rural areas, territorial communities exist in rather undefined manner, and thus even with a high ratio of senior citizens, community rehabilitation programs are made possible through cooperation. On the other hand, in urban areas, as there is little communication within the communities, it is difficult to form a care network to aid even a single aged person. Such examples are not rare. However, this observation should be understood as a somewhat stereotypical comment on urban and rural communities, and there is considerable difference between different regions. For example, in the case of a rural community with over 40% aged population, forming a community rehabilitation programs will be a nearly impossible task. On the other hand, there is considerable difference between metropolitan areas, such as Tokyo and Osaka, and other medium-sized regional cities. Not only demography, but also other characteristics of the city, such as whether it is an industrial city, residential city, combined industrial residential city, or combined commercial residential city, must also be taken into consideration.

Considering from these various viewpoints, although this is only a presupposition, there is a possibility of the cities becoming full of

aged people, while the rural villages are left with only young people. We may see overcrowded areas of cities become full of aged people, and the rapid disappearance of aged people from depopulated rural areas. If so, then the problems of the aged also become part of the urban problem. We cannot ignore the problems of the aged living in rural areas; however, prospects of the coming century point to problems of the aged as urban problems. Apart from a handful of researchers, there is not yet a common understanding regarding this point among researchers interested in problems of the aged, policy makers, and citizens. It is my judgment that there is an urgent need to foresee future developments concerning the problems and deal with them systematically.

Cities are often spoken of metaphorically as "society with invisible old people." Walking through the shopping and business quarters often produces such illusions. However, if one takes another look to see whether there are really no old people in the cities, one finds groups of old people haunting deserted quarters, living as if forever occupying the parks and hospitals. This is an indication of the reality, that the aged do not belong to the mainstream of urban cities. If cities have become full of "invisible old people," it is because of urban planning and infrastructures lacking in consideration for the aged, resulting from an urban mentality affected by ageism and other factors. In such a society, it is necessary that infrastructures and communities be restructured so as to achieve a "society with visible old people."

Fundamentally, the important point is that, although we must forecast and plan according to the classification of urban and rural areas, this must be promoted in a way such that both ideological impartiality and scientific correctitude are ensured. From the per-

spective of ideological impartiality, it is desirable that the dominant mood be one which keeps competition and discord between the generations to a minimum. It may sound simple, but if restructuring of urban and rural areas is to be achieved, it is not wise to adopt a regional policy biased toward either side. The simple fact that both the aged and the young are human beings must be accepted, and any regional or generational prejudice must be removed. To form a society in which communication is facilitated between generations and communities, the power of science must be fully demonstrated. Furthermore, a systematic approach to promoting change should be adopted. However, the prerequisite will be to ensure ideological impartiality.

Implementing such changes will be impossible without discussion by those concerned. This is an idea common to all human services; this fact is so self-evident that I do not need to cite the idea of "normalization." In the case of the aged, as an extreme example, those with senile dementia may lack the ability to express their will; however, the basic policy of centering on the subjects involved should not be changed, and it may be necessary to regard the "family with an aged person" as the subject itself. Without the opinions of those directly involved, policies and services will have no reason to exist.

On an ideological foundation formed by those concerned, a support system must be built which is rooted in respect for the individual and rationality. This effort must effectively combine a universal approach targeted at all aged people and a selective approach targeted at specific situations and aged people.

From this perspective, there is a need to reflect on the fact that selectivism predominated in both conventional welfare policies for the aged and socio-gerontology.

For example, many of the methods employed emphasized a specific condition, such as measures for old people living alone, bed-ridden, or with dementia. Recently, however, the importance of universalism has come to be recognized due to generalization of the subjects themselves. Demographic changes taking place through transformation from a preadvanced age society to an advanced aged society and to a super-advanced age society are the largest factor. In a society where one must presuppose that everyone will experience "old age," universalism prevails as a common philosophy. Universal policies, such as notional pension and health insurance, have been implemented. In the future, a basic philosophy, based on universal approaches made flexible with selective approaches, will become essential. We must say goodbye to the selectivism that prevailed during times when policies were made for relieving the poor, as the time now calls for an ideological division of responsibility between universalism and selectivism.

What we must keep in mind here is the fact that there is an increasing number of variables that require selective consideration, such as individual, sexual, and regional differences. Even when caring for a single aged person, the care is implemented in a universal manner. However, if each aged person's personal background greatly differs, an attitude of dealing with each person in as selective a manner as possible will become necessary. To put it differently, it may sound like the British approach, but it is similar to establishing the relationship between social policies and social work. In other words, a system in which basic elements, such as pension, insurance, and housing, are secured universally by social policies, together with services with individual considerations offered selectively through social work, will become indispens-

able.

In recent years, especially, the lag in home welfare and care has been pointed out in Japan, as well as in other countries. This point needs a little amplification. Care for the aged at home, or within a local community service network for the aged, is offered to a large extent as the shadow work of women. In particular, in a society such as Japan, there is a firmly fixed sexual division of labor that assigns "work to men and housework to women." In such a society, men occupied with work can seldom be responsible for home care; thus women most often attend to caring for the aged. In this modern age of equal employment opportunities for the sexes, we see increasing numbers of women entering the work force and the ascendancy of the five-day work week. In the home, however, it is hard to believe that changes in the sexual division of labor are taking place as quickly. Shadow work is hidden work, done in the "dark." Under such circumstances, as home care overburdens the women, there is a limit to caring for the aged in the home. It can be said that reviewing the sexual division of labor is an issue that cannot be avoided, even in socio-gerontology.

4 . Prospects and Issues for the 21st Century

I would now like to present four issues regarding the 21st century.

The first issue concerns problems related to the functional approach. This theme is also related to the increasing control of "old age." Functional or purpose-oriented approaches will certainly be demanded in response to the super-advanced age society of the coming century. I have no intention of denying such needs; however, as prerequisite to a functional approach, a superior personalistic approach is required. For not only the aged,

but all people as well, priority will be given to individual character. In the 21st century, individual character will truly be recognized by the people, and hopefully such recognition will permeate through various aspects of our society. After such sharing of ideology, we must confirm that functional approaches indeed spread over a wide realm.

It may be easy to put the term "personalism" at the fore; however, actualizing it may present many problems. Although personalism is taken up as "caring for death" and as an ethical issue of social workers, I feel there is a need to view it more as a universal philosophy of "old age." Honestly speaking, this is also an issue which I myself must deal with.

The second point is positivism. Perhaps it is not only my impression that the majority of presentations at the annual convention of the Socio-gerontology Society are positivism-oriented. That in itself is extremely meaningful, and it is not rare for new knowledge to emerge from such analysis. Therefore, it would be wrong to deny positivism; but at the same time, not only myself, but others will also likely feel that the problem does not end there. These days, qualitative analysis is being performed in a positivism-oriented manner as an extension of quantitative analytical methods. Because of this, expectations and skepticism toward positivism become even greater.

Karl Popper once said that "all sciences are ideology," and these words should be appreciated. According to Popper, socio-gerontology is established as a science in relation to its tension with ideology. As a science, it does not deny substantiation through positivism; however, such substantiation cannot be said to be the sole criterion. A great difficulty lies in this point.

Thirdly, the question is how to promote

exchanges between Western and Eastern ideas and create an advanced age society befitting Japan. It would be wrong to simply define Western ideas as analytics, rationalism, and individualism, and likewise Eastern ideas as naturalism, collectivism, and group orientation. However, when formulating policies in Japan not only for the aged, but also in various other fields, it seems that up till now Western ideas were often borrowed for analysis and planning in the preliminary stages. Analytics rooted in Western ideas have also been employed. Furthermore, although the individualistic approach has been adopted as methodology in the past, whether these approaches have actually taken root in Japan is doubtful. Moreover, there is the question of whether or not they really ought to be employed. These issues seem to require thorough examination from the perspectives of comparative ideology and culture.

If asked what materials should be used in the course of such examination, I would point to the tradition of the Yanagida ethnology. For example, such examination makes us reflect on the fact that we have overlooked a wide range of Japanese phenomena, such as "simple cooperation" of the people, as pointed out by Bunzo Hashikawa, who belongs to the school of Kunio Yanagida. It may be an exaggeration to say that this is indigenous to Japan, but the question of how to develop an ethnology of "old age" and an oral tradition in the future is a task that rests on our shoulders. Of course, recent studies in ethnology and oral tradition have produced considerable results. However, we must also accept the fact that the viewpoint of social science is sometimes not fully developed in ethnology. On the other hand, it is also regrettable that Western positivism cannot readily position ethnology and oral tradition within

its framework. However, the task of evaluating and assembling these facts objectively is a point of major challenge for the ideological aspect of advanced age social science in Japan.

The fourth point is the subjective and social significance of "old age" in the 21st century. Although this may partially overlap with a point already mentioned above, I would like to reconfirm the restoration of the personalistic approach toward the needs of the "whole man" in regard to the "life and death" of human beings.

5 . Conclusion

Lastly, I would like to touch on three phenomena actually occurring within the ideology of "old age."

First is the issue of "mercy killing." From April to May 1988, the debate on whether the Netherlands government would introduce a bill approving mercy killing was reported in Japanese newspapers. Looking at the developments, although it seems that the present government announced its intention of not laying the bill before the diet, there are signs that this issue may reignite not only in the Netherlands but in other countries as well. When viewed from the perspective of ideology of "old age" and socio-gerontology, the issue of mercy killing cannot be overlooked. In the first place, how should we view "death?" What is the existential significance of selecting "death" as our own choice? How is it ethically? What about family decisions? It can be said that such problems regarding "life and death" have been brought out into the open.

The second point is the fact that, in May 1988, the Danish government approved the "Nursing Home Extension Withdrawal Act." In Sweden as well as, a similar law had also been issued several years prior to the Danish law. This attitude against building further

nursing homes in these Scandinavian nations can be taken as proof that they have already secured a specific number of nursing homes. Not only that, but there also seems to be the idea of dealing with "old age" through network activities at day care centers built on the premise of home care. Meanwhile, in Japan, the lack of special nursing homes, health centers, and hospitals for the aged is the prevalent situation. Plans for and functional examination of facilities and hospitals for the aged are in strong demand.

The third point is business targeted at the aged. This is a major issue not only in Japan, but also in the United States, England, and many other European nations. There are many issues to be dealt with, such as whether commercialism will control the world of "old age," and whether it is possible to introduce some kind of regulations or policy guidelines. I believe this will become one of the major subjects of research in future socio-gerontology.

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社会老年学の哲学と思想

小 田 憲 三

川崎医療福祉大学 医療福祉学部 医療福祉学科

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要 約

加齢の哲学や思想と社会老年学の学問性との間には、深い関連性がみられる。本論文では、このような視点に立って、思想という表現のなかに宗教、倫理、規範、価値などを包含して社会老年学の思想性と学問性の緊張関係を問題とした。歴史的、社会的背景を考慮すると、加齢や死に対する人間の態度は変化してきたように思われる。特に近代社会における産業化、都市化にともなって2つの現象が生じた。第1に、加齢と死の管理が行われるようになったことである。高齢者を子どもとその父親、母親あるいは祖父母の家庭介護から切り離し、専門的施設や病院あるいは専門職に委ねるようになった。第2に、エイジズムの問題が大きくなったことである。同時に、若い世代を中心としたエイジレス社会という共同幻想の問題が惹起されるようになった。社会老年学のスタートラインにおいては、高齢者に対する共感とともに予防が大きなテーマであった。しかし、現在の社会老年学においては2つの新しい思想を必要としている。1つはケアのサポート体制の思想であり、2つはポストケアの創出に向けての考え方である。このように、現代の社会老年学は思想としての公平性と学問的厳密性を止揚する必要性に迫られている。