

大阪大学大学院医学系研究科

精神医学教室セミナー

CULTURE AND GERIATRIC CARE: Chinese and Filipino Reflections

Michael L. Tan, PhD

Professor of Anthropology and Chancellor,
University of the Philippines Diliman

日時：2017年9月26日（火）午後3：30～4：30

場所：医学部臨床棟5階 セミナー室

ホスト：教授 池田学（精神医学）

連絡先：大阪大学大学院医学系研究科精神医学
(Tel: 06-6879-3051) 富岡

ABSTRACT

This lecture/discussion will present reflections on cultural perceptions of ageing in Chinese and Philippine cultures, as well as its implications for geriatric care. The inclusion of Chinese culture comes from my being ethnic Chinese, and the expanded possibilities for discussion using an ethnolinguistic or "insider/native" approach, including Chinese characters recognizable as kanji in Japanese. The presentation is therefore intended to look at implications of current geriatric care in the Philippines, including its potential as a partner for the care of the elderly in China and in Japan.

Using an ethnolinguistic approach, I will show the ambivalences and contested meanings around "old age" and the elderly in the two cultures, both of which profess respect and love for senior citizens but are, in reality, sometimes fearful to the point of learned helplessness in dealing with geriatrics. I will show how the dilemmas come about because of a cultural lag that is unable to keep pace with rapid sociodemographic shifts. This will include a time freeze where respect for the elderly is based on the "elderly" formerly being people aged 40 to 60, with a completely different health profile than the elderly we have today. Furthermore, on the other end of the age spectrum, there has been a market-driven glorification of youth, which then makes a parody of the rhetoric around "respect" expected for the elderly.

I will also focus on the challenges posed by this cultural lag in two environments: hospitals, and homes. In hospitals, I will show how the physical environment disrupts, or even destroys, the settings for the traditional social scripts between the elderly and their caregivers, including professional staff. I will show, too, how the hospital interactions among the professional staff are shaped by the social scripts, for better and for worse.

The second environment I will discuss will be homes, where the cultural concepts and cultural lag are to be found. I will show the tensions in trying to maintain the home as the main habitus for elderly care even as the elderly themselves are ambivalent, yearning for authority and control and yet recognizing how the home can become a gilded cage, with limited physical and symbolic spaces. The young, on the other hand, want to maintain the cultural norm of respect -- often contrasted with alleged western "uncaring attitudes" exemplified by homes for the aged -- by keeping their elderly in those gilded cages.

All of these developments occur against a backdrop of society, especially the State, pushing for cost-efficiency and institutionalized, rather than home- and community-based care where the elderly themselves are challenging stereotypes and redefining ageing and geriatric care. The future of geriatrics, I will propose, will depend on the ability to initiate and sustain successful models of home- and community-based care, in effect, creating new cultural models of ageing and care for the aged.