

AGEING IN INDUSTRIAL SOCIETIES, EAST AND WEST: A 'WESTERN' COMPARATIVE PERSPECTIVE

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After introductory comments on the theme of 'ageing in east and west', this paper looks at trends in ageing and responses to ageing over time, with particular reference to European experience. The evidence is reviewed in historical, cultural, religious, political and 'social political' perspective. Attention is drawn to the different patterns of experience and of policy responses characteristic of the different countries and regions within Europe both past and present. The paper concludes with a review of latest trends and prospects in 'community care', which could signal a seeming point of convergence between east and west.

INTRODUCTION

We start with a paradox compounded by a misapprehension. The history of modern 'western' social policy commences in no small measure with and from provision for the elderly, i.e., for the condition and attendant risks of being old and possibly alone in a wage labour economy. Of all vulnerable groups and conditions to be in, this is the one which has everywhere (in the west) been amongst the first to be singled out for collective public attention. It is one of the most obvious, the most deserving, the least controversial and the least likely to be openly resented by other members of society most of whom now expect to experience old age in their turn. Witness the number of countries which chart the beginning of modern times, so far as their own social policy development is concerned, from the introduction of some form of old age pension. Of course the first pensioners were nothing like so numerous (relative to total population) as they are now, nor by the same token did they carry as much (if any) political 'clout'. Yet it is now, within the so called liberal democracies of western Europe, North America and Australia, where the elderly do indeed constitute a potentially powerful voting (not to say policy-making) constituency, that their claims and deserts are ostensibly being questioned and contested as never before. This is the 'paradox'.

Prepared for the International Conference on "Aging in East and West: Demographic Trends, Sociocultural Contexts and Policy Implications" organized by Institute of Social Development and Policy Research at Seoul National University on September 21-22, 1995.

Yet in the eyes of the *non-western* developed world, there need be no paradox in this at all. 'It is well known' that individualistic westerners do not respect and care for their elderly in the way that (for instance) families and societies do which have been reared in a form of Confucian tradition. Hence—so it might be said—the readiness with which filial responsibilities were jettisoned (by westerners) in favour of statutory action in the first place. Hence, by the same token, the social welfare 'overload' now, as western citizens, for ever mindful of social rights but careless of social duties, have been compelled at last to face up to the consequences of their own self indulgence: the fact that they might at last be facing economic as well as moral and political bankruptcy. Naturally, if there are social spending cuts to be made now in the interests of 'the survival of the fittest', the old, who were after all amongst the first to benefit from statutory welfare, will be amongst the first to suffer as a result. This is the misapprehension.

The above may be a parody of the crudest 'east on west' conventional wisdom. Nevertheless the roots of such presumptions about western individualism lie deep and can seem impervious to counter-persuasion. It is a fallacy, for instance, to assume that a more traffic in graduate students from Asia Pacific to 'western' universities and back, is necessarily going to effect a prompt adjustment in prevailing 'eastern' perceptions of western behaviour. Quite apart from the limited capacity of mere returning graduate students to fast influence prevailing tenets of collective wisdom in any case, the experiences of the students concerned might well have been so unsatisfactory—'stranded' in western universities for a year or more in virtual social isolation from their student 'hosts'—it is scarcely to be wondered at if they return home afterwards, some of them, with prejudices intact if not reinforced.

Meanwhile, what of the equivalent 'west on east' prejudices and stereotypes? Western conventional wisdom has portrayed the Confucian (e.g., 'typical Chinese', 'typical Korean', 'typical Japanese') family and society as being culturally incapable of accommodating (let alone encouraging) individual initiative, especially amongst the young. (This in itself should be a certain recipe for economic stagnation, according to the same western conventional wisdom.) Nevertheless, by the same token, Confucian cultures have been presumed, not least by westerners, to be showing the elderly greater respect and there by offering them a better deal by comparison with western norms—albeit at the expense of younger members of society. In this case there has not even been an equivalent traffic in graduate students so far (i.e., from *east* and back) to offer even the

possibility of such notions being modified over time; so impervious to the very idea of there being an alternative world view worthy of consideration (as against mere instrumental investigation) has western tradition proved itself to be.

Nowadays of course it is not only 'western' developed countries which are minded to treat questions to do with population ageing as matters of import—if not urgent concern—not just for families and communities per se but for public and social policy. Nevertheless it is still *western* wisdom which tends to dominate and set the terms of international debate and exchanges on the subject; as if westerners were still somehow the experts when it came to matters of statutory policy in this sphere, as it were by sheer virtue of 'senioity'—no matter how impressive or otherwise (to others) has seemed their example to date. In itself, this is merely one further manifestation of the deference still ostensibly being shown by *east* to *west* on matters of public and social policy in general (witness the balance of student textbook wisdom even yet). Not surprisingly, it is a state of affairs with which individual western policy-makers, researchers and academics have tended to concur, consciously or otherwise. The status of presumed visiting expert, i.e., from west to east, has had much to recommend it for countless individual careers and career interests. Whereas the notion of a body of experience and expertise capable and worthy of travelling in an opposite direction, i.e., from *east* to *west*, remains as yet to be recognised to the extent of being even rudimentarily institutionalised on an international basis.

Such an imbalance of 'exchange' is neither rationale nor surely tenable for much longer. Faced at last with apparent common problems, notably in respect of ageing and the welfare of the aged, the industrialised countries of east and west, old and new, come to such problems with vastly different patterns of experience behind them and presumably of expectations ahead of them. Nevertheless, it is precisely because of such differences of trajectory that the present apparent coincidence of interest could and should provide a focus for fruitful *multi-directional* exchange.

No country or culture is possessed of a monopoly of wisdom let alone of universal moral rectitude, not least in respect of its treatment of the elderly. All of our societies have evolved their own ways of caring and coping, via a mixture of provisions private and public, individual and collective, formal and informal, and of greater or lesser responsiveness to the views and wishes of the elderly themselves. If we set the crudities of east-west mutual stereotyping to one side, it may be assumed that each and every developed industrial and post industrial society represented in this debate shares some common items of concern, together with relevant experiences to bring to

bear on their consideration. In comparative analytic terms, therefore, the subject of ageing and the welfare of the elderly represents a point of 'similarity' uniting otherwise dissimilar (e.g., in the sense of east versus west) system. As such, it offers an opportunity for a comparative learning exercise far more wide-ranging than that which has hitherto been usual in 'comparative social policy', where by so called 'like' countries (typically western welfare states) have been compared in respect of particular differences of social policy style and content, within a presumed common frame of reference.

The purpose of this paper is to offer an outline review of western, in particular *European*-experiences and perceptions of ageing, its social policy implications and the patterns of policy response there have evoked. Clearly the amount of information capable of being presented within the space here available will be limited. Even so, this should be sufficient to counter hitherto assumptions about Europe's (let alone *The west's*) being a single coherent cultural entity in this any more than in other respects; notwithstanding Europe's perceived (and proclaimed) common characteristics by comparison with regional blocks elsewhere. Naturally it is to be hoped that, on the occasion of this conference, and equivalent message will be conveyed on behalf of Asia Pacific.¹

POPULATION AGEING AS A WORLD WIDE PHENOMENON

It would seem no accident that the multi-disciplinary field of *gerontology* ("bringing together anthropology, biology, economics, geography, history, politics, psychology and sociology as well as the professions of law, medicine, nursing, the remedial therapies and social work" to the study of ageing and old age; Hugman 1994) should have come into fashion in the latter twentieth century. The populations of all industrialised and most industrialising societies are currently ageing though, thanks to differences of background, history and circumstance, the process they are going through is nowhere quite the same from one place to the next, any more than is the extent of a society's 'advancement' through the process so far-or even its forecast end-result. Ageing is a multi-faceted, multi-caused and multi-causal phenomenon, itself of varying longevity viewed from the vantage point of the present. The temptation, understandably, has been to think of population ageing as a single umbrella process or evolutionary experience and thence to be looking for single overarching frameworks of

¹This was a hope more than realised by the conference in practice.

explanation, ideally with a degree of predictability about them for the sake of those who are following on behind: as if population ageing was somehow just one facet of modernisation and the march of progress generally, some of whose consequences relative latecomers to the field might be able to mitigate by learning from their forerunners' experience. In reality, as with most issues to do with society and societies' responses to them, matters are a deal more complicated and relationships more tortuous to unravel.

Population ageing per se can be viewed from a number of perspectives in this context: **Demographically**, it means that there are more old or elderly people around than there were before, relative to the size of some or all other age groups in the population. There can be numerous sets of explanations for this, ranging from the most obvious and least particular (such as increasing life expectancy in combination with declining birth rates over time) to the more circumstantial—such as the effects of War on particular combinations of generations in respect of the onetime warring or 'warred-upon' states.

Physically and psychologically it is associated with declining personal autonomy and increasing states of dependency on others, as characteristic of a growing proportion of the population.

Socially and culturally it relates to the relative esteem (or lack of it) with which the elderly in general are perceived; depending on the importance attached within a given society to such considerations as seniority, continuity, tradition, authority and received wisdom as against (say) enterprise, experimentation, openness, participation and innovation. Conceivably the balance between 'positive' and 'negative' images thus implied, could itself be influenced by demographic change affecting the proportion of elderly in the population; in that the higher the proportion of elderly, the less might be their rarity value as survivors and founts of wisdom, and the greater might be the perception of them as a burden.

Economically, meanwhile, the elderly may be 'forced to be burden' to the extent they are obliged to retire at a stipulated age from fulltime employment; though the extent to which this may give rise to actual states of economic hardship and dependency will of course depend on the precise nature of pension arrangements as well as on the earnings patterns which preceded them; this quite apart from the extent to which elderly persons or couples are perceived or expected or indeed *allowed* to stand apart from the younger generations of their respective extended families as distinct economic units for the purposes of establishing eligibility for means-tested and other forms of assistance.

Politically, by contrast, the elderly may be regarded (or resented)

'positively' on at least three counts: the extent to which individual elderly are prominent in the upper echelons of legislative, judicial and (even) the executive branches of national or state government; the extent to which numbers of them utilise their perhaps enforced 'wealth of leisure' to engage in a variety of semi-public, public service and local government activities of a broadly 'other-regarding' kind; and the extent to which the mass of the elderly may be seen as constituting a potent (or potentially potent) electoral force in their own right.

Clearly none of the above considerations operates in isolation from the rest, any more than they all relate, precisely and consistently, to one and the same, consistent, comprehensive category of people. Most elderly people would seem to count as 'elderly'—for the purposes of public/social policy—only on certain counts at any one time. They might even pass in and out again of 'elderly' status in particular respects (as when compulsory retirement in one sector is succeeded by a new job in another, for instance), though the number of counts on which any one individual scores *as* elderly could be expected to increase with age. Hence the concluding preliminary question:

Who are the elderly, and who says?

As emphasised already, we are not talking about a homogeneous category of people in any sense. Definitions depend on the underlying purpose for which 'the elderly' are being defined. Thus the elderly retired and/or eligible for pensions are typically classified as being 65+ (or perhaps 60+) for cross-national comparative purposes, simply because these are the cut-off points national governments have tended to adopt when producing their own national statistics. Whereas, in respect of likely physical dependency ratios, the category of 'very elderly'—i.e., 75+ years of age—has come increasingly into vogue because this relates to the likely incidence of requirements for expensive health care and intensive social care in respect of an age group hitherto too diminutive to merit much policy attention and for whom, until recently, there was in any case not so much that *could* be done, both medically and technologically, as can be effected now.

For the rest it has to be assumed that, the greater the proportion of successive age groups which survive into old age, the more heterogeneous will be the population of old or elderly people which results. They will not (as might once have been the case) be predominantly 'rich', any more than they are nowadays everywhere necessarily to be presumed poor by comparison with other groups. They are likely, as 'group', to be in greater

than average need of health and social care and forms of special accommodation; but such averages are likely to conceal wide discrepancies between the elderly of different income groups, social class, perhaps ethnic or religious status (where there are significant minorities at a disadvantage within a given society) and of course between men and women.

It is in the light of such elementary points of caution that I wish to illustrate European experience in the remainder of this paper. The object will be to demonstrate, *inter alia*, the sheer variety of European experience in respect both of population ageing and of policy responses to this.

A BRIEF HISTORY OF POPULATION AGEING IN MODERN EUROPE:

There has been much written about ageing in relation to industrialisation and urbanisation in Europe. Improved standards of living, coupled with improvements in health and hygiene (especially at childbirth), are seen as having contributed to increased life expectancy, especially amongst infants and women (e.g., Minois 1989). Just so, like the industrial revolution itself, modern population ageing is regarded as having been an 'invention' of northern and western (so called 'protestant work ethic') Europe, rather than of the Roman Catholic south, let alone the Orthodox Christian east. Nevertheless these are at most associations, rather than direct cause and effect relationships.

It is well known that Britain was the first industrial nation and, by the same token, the first nation to have over 50% of its population living in

TABLE 1. Progress of the relative elderly (65+ years) population share, 1950-2010

	Elderly population (%)				Change in elderly population (%)		
	1950	1970	1990	2010	1950-70	1970-90	1990-2010
65+ years							
East	7.0	10.4	11.3	13.5	2.0	0.4	0.9
North	10.3	12.7	15.5	16.1	1.1	1.0	0.2
South	7.4	9.9	12.7	16.3	1.5	1.3	1.3
West	10.1	12.8	14.5	17.9	1.2	0.6	1.1
Europe	8.7	11.4	13.4	16.1	+1.4	+0.8	+0.9
15-64 years	65.9	63.6	67.0	66.2	-0.2	+0.3	-0.1
0-14 years	25.4	25.0	19.6	17.6	-0.1	-1.2	-0.5
All ages	100.0	100.0	100.0	100.0			

The percentage change represents the annual compound rate of change over 20 years of the share of the total population in the age-group.

Source: Taken from Noin & Woods 1993, p.84.

TABLE 2. The population aged 65+ years of European nations, 1970-2010

	Thousands			Increase (%)		Share of total (%)		
	1970	1990	2010	1970-90	1990-2010	1970	1990	2010
Bulgaria	815	1,171	1,468	43.7	25.4	9.6	13.0	16.2
Czechoslovakia	1,605	1,817	2,073	13.2	14.1	11.2	11.6	12.4
GDR	2,645	2,181	2,875	-17.5	31.8	15.5	13.1	17.3
Hungary	1,191	1,414	1,621	18.7	14.6	11.5	13.4	15.5
Poland	2,667	3,557	4,894	33.4	37.5	8.2	1.0	11.5
Romania	1,750	2,397	3,302	37.0	37.7	8.6	10.3	13.2
East	10,673	12,537	16,233	17.5	2,395			
Denmark	606	794	906	31.0	14.1	12.3	15.5	17.7
Finland	424	657	816	55.0	24.2	9.2	13.2	15.9
Iceland	18	26	35	45.1	33.6	8.9	10.4	12.1
Eire	331	350	437	5.7	24.9	11.2	10.3	9.8
Norway	500	691	689	38.1	-0.3	12.9	16.4	15.6
Sweden	1,101	1,526	1,605	38.6	5.2	13.7	18.3	19.4
UK	7,177	8,824	9,267	22.9	5.0	12.9	15.5	16.1
North	10,157	12,868	13,755	26.7	6.9			
Austria	1,050	1,124	1,306	7.0	16.2	14.1	15.0	17.8
Belgium	1,294	1,461	1,667	12.9	14.1	13.4	14.7	16.6
France	6,550	7,752	9,271	18.4	19.6	12.9	13.8	15.6
FRG	8,006	9,323	11,987	16.5	28.6	13.2	15.4	20.7
Luxembourg	42	49	63	16.1	28.9	12.5	13.4	17.5
Netherlands	1329	1903	2482	43.2	30.4	10.2	12.9	16.2
Switzerland	714	998	1306	39.7	30.9	11.4	15.3	20.3
West	18,985	22,610	28,082	19.1	24.2			
Greece	976	1,376	1,886	41.0	37.1	11.1	13.7	18.4
Italy	5,867	8,140	10,541	38.7	29.5	10.9	14.2	18.4
Malta	29	36	47	22.8	31.8	9.0	10.2	12.5
Portugal	832	1,327	1,600	59.5	20.6	9.2	12.9	14.8
Spain	3,310	5,113	6,484	54.5	26.8	9.8	13.0	15.5
Yugoslavia	1,589	2,170	3,744	36.6	72.5	7.8	9.1	14.5
South	12,603	18,162	24,302	44.1	33.8			

Source: Taken from Noin & Woods 1993, p.90.

towns (by the time of the 1851 population census). But it is or should be equally well known that the huge build-up of industrial settlements in Britain in the first half of the nineteenth century was anything but conducive to healthy living and longevity. On the contrary, urban living of this sort—in squalid, overcrowded, working class neighborhoods and towns, whose housing and primitive sanitary facilities had utterly failed to

keep up with the speed of growth in population migrating in from the countryside—was a sure fire recipe for dying young, if not actually at birth. (In 'my own' Birmingham for instance, the death rate practically doubled in the ten years 1831 to 1841, from 14.6 to 27.2 per thousand!)

So it happens that it was not in industrial Britain but in predominantly rural *France* that population ageing was first in evidence, by as early as 1850 (a consequence of low fertility rates from the latter eighteenth century onwards; Warnes 1993, 87). It was not until the end of the nineteenth century and beginning of the twentieth that population ageing had commenced in the industrial heartlands of north-west Europe—notably in Germany and Britain—and then again it was a consequence of declining fertility rates, in addition to declining mortality rates at last (e.g., Eurostat 1991).

There was thus a time lag between the first experiences of industrialisation and its longterm implications for population age structure. To put it at its simplest, the common material benefits of the initial economic 'take-off' took time to filter through and make themselves felt in better, safer, more controllable conditions of life. The initial effects of the 'raw' industrial revolutions were to make life *less* healthy and *less* safe for the mass of ordinary people. By the time conditions were beginning to improve (not least as a result of belated policy attempts to compensate for the original environmental disasters, in the British case), other factors were also coming to bear, notably the decision and the capability of increasing numbers of women to opt for having fewer children.

It might be deduced from the above that population ageing has been a consequence of *post*-industrialism rather than of industrialisation per se (e.g., Hugman 1994, 47). But then industrialisation itself has not been exactly the same sort of experience from one European country or region to the next, even or especially by the time the 'front-runners' were experiencing the ageing of their populations. Britain industrialised first, piecemeal, and 'in the dark', from roughly the mid-eighteenth to the mid-nineteenth century. Germany industrialised later (mainly from the mid-nineteenth century), more rapidly and allegedly more efficiently in societal terms. Scandinavian countries industrialised later still but seemingly faster still, in the first half of the twentieth century, in 'catch-up' fashion. In doing so they reached relative affluence relatively quickly, and reaped the benefits of population ageing likewise. By the 1950s they had in effect caught up with the likes of Britain, Germany and France demographically (in this respect) as much as economically (e.g., Warnes 1993, 83-4). Latterly, patterns and patches of industrialisation in southern (Mediterranean) Europe have been

associated with 'patches' of population ageing far more dramatic than anything now being experienced in north or west Europe; whilst the front-runners for ageing in the early twentieth century are expected to be the countries of former socialist eastern Europe (e.g., Warnes 1993, 87).

Such differences in the history and pace of ageing are not necessarily best or most usefully to be interpreted and evaluated solely in national terms, certainly not within and between member countries of the European Union. To the extent that the debate is about the implications of a pronounced shift from rural/agricultural to urban/industrial living—and for that matter from *extra-European* ruralism to *intra-European* urbanism in the case of migrants into Europe from poorer places elsewhere—with all the implications this may have not merely for average life expectancy but for the survival of the extended family and conceivably, in the end, for the survival even of the *nuclear* family, the debate has surely to be not so much about 'nations' *per se* as about communities and cultures.

AGEING AND CULTURE IN EUROPE.

The conventional assumption has been that modernisation must involve a loss of status for the elderly. The transition from predominantly rural to predominantly urban life, from the extended family as some sort of economic productive unit to the nuclear family dependant upon whoever was/were the wage-earner(s); from accommodation with space and capacity for expansion (however rudimentary) to accommodation in constricted space with no capacity for expansion; from a way of life organised mainly on the basis of accumulated collective wisdom and tradition, including religious tradition, to a way of life governed by the values of science, individualism and secularism: it is not difficult to portray 'modernisation', by implication, as a form of retreat from a hitherto golden age so far as the elderly are concerned. To make such assumptions, however, is to make assumptions about the quality of life of the elderly and the factors most conducive to its maximisation, which may well have more to do with folk lore than demonstrated fact.

As one of the most urbanised and densely populated countries in Europe, Britain is possessed of one of the strongest and most nostalgic traditions of 'community', backed by a corresponding conviction of the importance of forever striving to recreate and sustain something of this 'sense of community' within the town. By 'community', in this popular and populist sense, is meant the archetype (or rather ideal type) country village: a complete self-contained and self-sustaining unit, hierarchically arranged

according (e.g.,) to social class, age and sex, but shot through with reciprocal relationships of duty and desert, entitlement and obligation, involving every member of the community—as epitomised above all by their membership of and status within the congregation of their local (Church of England) village church. Such perfect emblems of civic harmony could scarcely ever have existed outside the pages of popular fiction, yet their influence has been none the less for all that.

It is from such a tradition, for instance, that we get our notions of the elderly (principally the male elderly, though females could step in by default) as being respected in days of yore as unquestioned pillars of the community; of their being not merely in undisputed charge of their respective extended families, but of their being not merely in undisputed charge of their respective extended families, but of their being deferred to as village 'wiseacres' as well. There is no place in this mythology for mention of the grinding poverty of most village communities in pre-industrial Britain: of the 'enforced neglect' of non-productive members of such communities; of the fact that so few of them—women especially—survived long enough to be considered old at all. In reality, in such a context, 'extended family' could as readily spell unending duty and the obligation it 'pull one's weight' for as long as humanly possible, as it could the 'luxury' of a well earned period of consideration, deference and support.

But all such, one might argue, is in the past, well behind us. Predominantly rural communities in the Europe of today ought to be quite different. Certainly, available evidence suggests that the strength of inter-generational family ties is far stronger (as manifested by co-residence, for instance) in the agricultural regions of southern and eastern Europe today than it is in either the industrialised towns and cities of those countries or in both the towns and countrysides of northern and western Europe (e.g., Hugman 1994, 50). Yet even without the accompaniment necessarily of 'grinding poverty', it is not absolutely clear that such continuing arrangements automatically favour the interests of the old. Indeed evidence from across Europe would seem to emphasise the variability and frequent ambiguity of the position and especially the economic status of old people in rural agrarian society. Notional sources of control over their younger generations—such as control over the family's landholdings—can all too easily turn into a focus for younger intra-generational rivalries not to mention marital disputes, literally at the elderly's expense (e.g., Quadagno 1982).

The very worst off as a 'group', however, would seem to be the elderly caught up in the actual period and process of industrialisation, when the

young are leaving for the towns and cities and the elderly are left behind. In such circumstances there can be not merely an enhanced sense of isolation for elderly people but a break-down in their everyday support services to boot, once the proportion of young adult to elderly in the local population slips below a critical point. Meanwhile, those elderly who contrive or are persuaded to follow their young into town life are, here again, all too likely to experience feelings of dislocation, effective isolation and loneliness, as the norms of their own upbringings are set aside and they experience, at the very least, not the sort of old age they had been led to expect (e.g., Cowgill & Holmes 1972).

Whereas, in the case of societies sufficiently long industrialised and urbanised for the elderly themselves to have grown up as town dwellers, it is much more difficult to demonstrate that the attributes of town-dwelling *per se* (including the relative rarity of coresidence with younger generations) is actually detrimental—or perceived by them as being detrimental—to the wellbeing of the elderly themselves. “Considerable evidence has been offered over a long period of time that the majority of older people in urban industrial areas do have frequent contact with kin” confirms Hugnans (1994, 51) reporting the fruits of researches relating not just to Britain but to north and west industrial Europe in general; and it would seem to be positive, planned contact, rather than mere co-residence *per se*, that is the vital consideration.

In most cases, the mere fact of urban residence tends also to mean residential proximity sufficient to render frequent contact practicable, unlike as may be the case with first generation movers to the town and especially with migrants to Europe's towns from outside Europe. It is in these latter cases that all the difficulties for the elderly associated with the period of population shift from rural to urban living (above) are magnified indeed for those caught up in the throes of trans-national—or even trans-continental—rural to urban migration. It is they who tend, far and away, to be the most isolated if left behind; but then again, also, to be most isolated if/when they accompany or follow their children. The sheer ‘invisibility’ of such elderly people, concealed at home within ethnic minority groupings which may themselves be of low profile or low priority for public policy purposes, and barred by language if not religion from identifying with ‘mainstream society’ in any case, can result in their suffering especial depths of loneliness and disorientation, at the same time as being at greatest practical remove from the prospect of help from local ‘extra-familial’ services.

AGEING AND RELIGION

The outstanding cultural attribute which was supposed to distinguish the whole of Europe from Asia in particular, was its common *Judeo-Christian* religious heritage and tradition. Ostensibly this was very much a family oriented tradition. "Honour thy father and thy mother" says the fifth of the Ten Commandments conveyed by Moses from God to his people, "that thy days may be long in the land which the Lord thy God giveth thee" (translation according to the Church of England's *Book of Common Prayer*, 1945). Christian marriage is a sacrament ordained by God for the procreation and upbringing of children. 'The Holy Family' must be the most painted and venerated threesome in the recorded history of the world.

Yet in practice Christianity has been anything but a common—in the sense of a deeply shared and unifying—religious tradition. It was in the wake of the Protestant Reformation in northern Europe that the rise of capitalism and the industrial revolution itself occurred, so runs one famous line of argument (Tawney 1926, Weber 1930), thanks to the spirit of enterprise coupled with belief in the 'sanctity' of individual effort and hard work that fuelled both the spiritual and then the material revolution. Just so has this same individualism latterly been credited with encouraging not merely the break-up of the extended family but the secularization and even 'statutorilisation' of social welfare provisions in general, away from both the family and from the monopoly of the Church (e.g., Hugman 1994, 61). Whereas the continuing Roman Catholicism of mid and southern Europe is associated not merely with the relative continuing prime provider in the field of 'voluntary social welfare' and, most famously within Europe of late, with the doctrine of *subsidiarity* which stipulates that the state should only ever intervene in the provision of social welfare at any level after family and community (e.g., local Church) responsibilities and capabilities have been exhausted (e.g., Pope Pius XI's encyclical *Quadragesimo Anno*, 1931).

Even so, even in the case of *subsidiarity*, these are relationships of association rather than of simple cause and effect. Nevertheless, to the extent that they are suggestive of composite *patterns* of association, they do help distinguish as it were between principal cultural zones within the continent. Northern and western 'Protestant' Europe as was (certainly Scandinavia and to some extent Britain), is today's most secular, most individualistic and yet, at least until recently, the most welfare state minded (in the sense of believing in statutory provision for citizens as of right) Europe. The so called middle and southern 'Catholic' portions of nowadays

welfare state Europe (e.g., much of Germany, Italy and France) have ostensibly been much more conservative of family values and responsibilities under the aegis of Church and community. Meanwhile eastern Orthodox and eastern Catholic Europe, have yet to evince much by way of distinct 'regional' consistencies not least—save in the case of Orthodox Greece and its experience of fascist-style *military* domination—because of the overlay of 'communism' which until so recently was designed precisely to negate not merely patterns of religious distinctiveness but the very idea of self-functioning civic institutions capable of operating independently of the state.

The fact that most member states of today's *European Union* are for various reasons (related as much to present economics as past colonialism) possessed of quite substantial minorities of people *not* reared in the so called Judeo-Christian tradition, weakens even further Europe's claim to a single, identifiable, cultural identity and code of conduct for the elderly, amongst others, to each onto.

AGEING AND POLITICS IN EUROPE

Questions of population emerge as 'politics' in early twentieth century Europe (Britain, France, Germany) largely because of fears about manpower sufficiency to meet perceived national economic and military requirements. British anxieties come to the fore in the wake of the Boer War in South Africa (1899-1902) and the discovery by the authorities that some two thirds of potential British recruits had to be declared unfit for service (HMSO: *Report of Inter-Departmental Committee on Physical Deterioration* 1904). The answer settled on in this case was to invest in free school meals for necessitous school children (1906), backed by compulsory school medical inspections (1907), followed up by basic flat rate 'National Health Insurance' (1911) for working men. Nonetheless, of rather different import but of no less significance for the longer term, was the introduction (1908) of the first state pensions for respectable old people of modest means: the sorts of people who ought *not* to have to face the humiliation of having to apply for discretionary local Poor Law relief. The fact that these elderly people were by now, more and more of them, possessed of a vote and that the infant British Labour Party (founded 1900) was sponsoring the cause of pensions as a sure-fire vote winner, made 1908 one of the clearest examples of 'statutory social policy to win votes' in the history of the evolution of the British welfare state. But such concern, however superficial, about the welfare of the elderly *per se* was by no means universally apparent amongst

Britain's then natural competitors.

French population anxieties came to the fore during and after the slaughters of World War I, from whence date the first moves in France's since famous traditions of pro-natalist family policy. Government (armaments) employers began paying out 'family allowances' to those of their employees who had children to support; other large employers (competing for scarce labour supplies) began to do likewise; from 1932 every relevant employer was obliged by law to be contributing to a family allowance fund in respect of his own workforce; 1939 saw the promulgation of the official *Code de la Famille* and 1945 (end of World War II) saw the reaffirmation of French family policy objectives in the famous words of General Charles de Gaulle: "in ten years, twelve million beautiful babies". It is perhaps scarcely surprising that alongside such pressing priorities the needs of the old in France should have been relatively neglected over the same period, at least in terms of public policy and social spending. The first 1910 pensions for *ouvriers et paysans* existed more on paper than in reality, so low were contributions and entitlements set; the next, 1930, contributory pensions for industrial workers, were again set low and never inflation-proofed. It was not until from roughly the 1970s onwards that the elderly in France, by now a sizeable and vocal electoral force cutting across other constituencies could be said to begin to enjoy something of the prime policy consideration hitherto reserved for families with children.

By contrast, the newly united Germany (1871) under Chancellor Bismarck's direction had legislated for compulsory contributor workers' pensions from as early as 1889; though this had more to do with disciplining the workforce (and their employers) and warding off 'socialism', than it had to do with promoting the welfare of future elderly *per se*. Indeed the German record on pensions ever since—even allowing for the *hiatus* of the interwar years and World War II—has been one of providing generously for pensioners, but only in the light of individual earnings and contribution records. Effort and achievement merited their just rewards (and differentials), to be carried on into old age. It was a far cry from the Beveridgean notions of flat rate pensions (based on flat rate contributions) for all (or at any rate all 'breadwinner' contributors), as of right, being promulgated in post World War II welfare state Britain, where the welfare of the elderly *per se* was a declared policy priority.

Nevertheless it was in the area of pensions, postwar, that an element of convergence was subsequently held to have taken place between countries of western Europe, as more and more strove to combine the virtues of a flat rate 'floor of protection' for the elderly with the benefits of '2nd tier'

pensions linked proportionately to previous earnings and (wage-related) contribution records. Postwar western Europe's optimism about the future seemingly knew no bounds, as more and more elaborate and 'dynamic' pension entitlements for the future were laid down on a Pay As You Go (rather than a fully funded) basis and as pensions already in payment were systematically revamped so as to protect not merely their purchasing power but their relationship to the average wage (e.g., Wilson 1974 for a useful country by country review of developments over the 1950s and 1960s). One of the last to arrive at this seemingly best of all worlds was Britain, whose particular party political divide on the subject, between Labour's wish for a single system of egalitarian redistributive 'national superannuation' and the Conservative's wish to maximise the spread of private occupational pensions, had lasted for nearly 20 years before the eventual two tier compromise legislation (including a second tier 'opt out' from the state scheme for approved occupational pensions) was passed in 1975. But by this time the writing was already on the wall economically, so Britain's State Earnings Related Pension Scheme (SERPS) was set to be in trouble politically (viz under Mrs Thatcher's administration from 1979), almost before it had begun.

THE EUROPEAN WELFARE STATES IN CRISIS

To the extent that the so called crises of the western welfare states were crises of confidence about levels of public and especially *social* expenditure in relation to national earning power and international competitiveness, then the accumulated commitment to old age/retirement pensions was in a sense the biggest single and most universal cause of the problem. Certainly the pensions payout, especially when combined with any means-tested back-up payments specifically in support of the elderly-constituted far and away the biggest single item of social expenditure in every case (for all that conventions of national accounting might in some instances—such as in France when the system is notionally private, albeit under public regulation—take it out of the government's official bookkeeping altogether). Yet it remained the case, for proclaimed ethical as much as straight electoral reasons, that the elderly were everywhere the 'hardest to hit', politically, when it came to drives to cut down on social spending.

Witness the failure of successive Thatcherite administrations to abolish the State Earnings-Related Pension (SERPS) outright in Britain. All that could be done was to tinker repeatedly with the formulae for SERPS so as to render it less and less attractive, whilst encouraging more and more of those

who might otherwise have been reliant on this scheme (being without conventional private occupational cover) to go in for personal pension plans of their own (e.g., Waine 1995 for examples of what this could mean for the individuals concerned). Meanwhile the costs of pensions in payment could be trimmed here and there, by adjusting the timing and manner of the inflation-proofing exercise and by scrapping the notional linking of pensions in payment to the level of the average wage. It is worth remembering here that the British administration of the 1980s was the most ideologically radical and determined (*and* for reasons of the political system of that country, in the strongest position to act) of virtually any administration in Europe. So if the British capacity to act vis a vis the elderly in respect of pensions was limited, it may be presumed that the capacity of governments elsewhere was even more so.

Certainly the responses were mutedly predictable. Adjustments to the formulae and/or to the timing of the formulae governing pensions' entitlement and, especially, pensions in payment; efforts to curb 'unnecessary' associated expenditures such as payments of housing allowances or 'pre-retirement' unemployment or disability benefits by tightening up on conditions of entitlement: significant though such intendedly 'low profile' moves could be in terms of actual expenditure savings, given the scale of total expenditures involved, they were by definition peripheral to the central problem. Having spent the best part of a century assuring successive generations of pensioners and would-be pensioners that they could safely look forward to a good level of 'earned' benefits 'as of right' thanks to the wonders of social insurance, few modern western administrations have had the stomach even to contemplate publicly scrapping the whole idea in order to start again. Even Ronald Regan's United States never really managed to hit *Social Security*, easily that country's single most expensive social program *and* the one least guaranteed to be helping most those people most in need. Crucially it also happened to be the one to which most working Americans and their employers contribute and the one whose eventual (upgraded) benefits they have long come to regard as a matter of right.² In other words, Bismarck was responsible for more than he knew when he launched the idea of 'contractual' social insurance.

The ostensible most conspicuous cause of the social spending 'crisis' of

²Though latest Republican-inspired developments on Capitol Hill, at the time of writing, would seem to indicate that Social Security, along with Welfare (for course), might be 'for the chop' at last.

modern western welfare states was by the same token one of the most impervious to frontal assault. Whereas what was arguably one of the most urgent, underlying sources of crisis, as much ethical as economic, was at once less spectacular and seemingly easier to tackle.

HEALTH AND SOCIAL CARE: THE NEW RELIGION OF THE COMMUNITY

We have established already in this paper that different parts of Europe have been experiencing different and distinctive patterns not merely of population ageing but of the social and economic contexts within which this has been and is taking place. We have also established that, whereas the incidence of pension entitlements and take-up was by its nature more or less predictable (even inescapable), the incidence of need for particular form of health and social care *and* the rates of take-up of available services were and are much more difficult to measure, let alone to forecast reliably. All this is partly because the incidence of physical and psychological needs will vary enormously; because *perceptions* of need will vary both between individuals, families and 'experts'; because the *capacity* usefully to intervene will vary according to the state of medical and technological know-how and the ordering of community priorities, both 'statutory', 'voluntary' and commercial, as to what and how much should be invested, by way of money and/or manpower, in what sorts of services on the ground.

In practice, of course, no community starts from 'a blank slate'. Those countries and regions in Europe which were first to industrialise and to urbanise and to 'age' (as with the oldest states and provinces in North America), tended by the latter twentieth century to be still those most extensively possessed of institutional facilities for the residential care of the elderly and any other non-productive members who were incapable of supporting themselves and who lacked, for whatever reason, sufficient private forms of support in the community. The multi-purpose asylum/workhouse/infirmary was in one sense Protestantism's and secularism's answer to the hitherto catch-all role of the Roman Catholic Church, its abbeys, monasteries and convents in particular. For communities in the first throes of industrialisation and urbanisation and (certainly in the case of Britain) devoid of sufficient, reliable, alternative forms of services on the ground, such institutions represented a relatively tidy, economic and not necessarily an uncaring solution to what might otherwise have been truly messy problem. It is such communities which even today tend to show relatively 'high' rates of residential provision of

one kind or another for elderly people; whereas later developers (apart from Ireland, which was fitted out with Poor Law institutions courtesy of Britain from 1838) manifest lower incidences of formal residential care, not necessarily because they are possessed of superior alternative services 'in the community' but because they simply never acquired a significant infrastructure of secular total institutions in the first place.

Nowadays of course—whether the talk be of the psychologically or (upto a point) the physically dependant—institutional care is distinctly out of fashion, whereas 'community care' is of course very much *in* fashion. It was in North America and in Britain, post World War II, that a series of damning revelations, throught the latter 1950s into the 1960s, about the 'positively *negative*' effects of enforced batch-living on groups of vulnerable people, such as the old and/or mentally disturbed, helped fuel the cause of and case for forms of alternative, non-residential—i.e., 'community'—care. Fortunately or no from the point of view of the earliest campaigners, their message happened to chime with growing governmental concerns in the meantime about the mounting costs of ongoing residential care facilities and their alleged inflexibility and hence incapacity, so it was said, to cope with the infinite variability of real individual requirements. In other words the

TABLE 3. Approximate percentage of people aged over 65 years using institutional or home-care services, late 1980s (all figures rounded to nearest whole percent)

Country	Percentage institutions	Percentage home-care
Austria	3	2
Belgium	5	5
Czechoslovakia	6	5
Denmark	6	25
Finland	5	16
France	5	8
Germany	4	3
Greece	1	1
Hungary	1	3
Irish Republic	7	3
Italy	2	2
Luxembourg	Not available	7
The Netherlands	10	12
Norway	6	19
Poland	1	1
Spain	2	1

Sources: Evers and Svetlik (eds) (1991); Anderson (1992); Daatland (1992); Jani-Le Bris (1992); Kosberg (ed.) (1992); Széman (1992).

Source: Taken from Hugman 1994, p.125.

message, as with the motivation, has been ambivalent and ambiguous from the start. Residential *en bloc* facilities were condemned as being oppressive (of individuals and individualism), inflexible (especially in the case of elderly people forced into residence as it were *by default*) and expensive. Community care, it was hoped or certainly implied, would be cheaper as well as infinitely more flexible and of course less oppressive.

But what constitutes or qualifies as 'community care'? The literature on this to date is replete with discussion of the differences between for instance care *in* the community and care *by* the community (with all the cost implications for local government and others that such distinctions entail); between care via forms of 'day centre' and/or small 'family-sized' residential establishments sited 'within the community' (i.e., inconspicuously in residential side streets) as against care via (expensive) one-to-one domiciliary services; above all between care by so called natural carers ("I do not regard myself as a 'carer', I regard myself as her daughter") and care by persons paid to do it (including 'unnatural' relatives-who will claim money for doing the job, so long as such money is available).

It seems indisputable that while elderly men tend to care for their spouses whenever the balance of dependancy between a couple demands it, the burden of informal care falls otherwise overwhelmingly upon women: elderly women, young-middle-aged women, young women; depending on the nature, source and timing of the dependancy relationship recognised and entered into. So this is not not just a question of how far the state could or should enter into commitments to support and sustain such formal and ultimately cost-effective caring arrangements and conventions, in this case in respect of the elderly. It is also about how far governments wish, or wish to be seen, to be reinforcing conventions so superficially at odds with their otherwise conventional pronouncements on the importance and vitality of mobilizing female talent and energy in support of the economy and (of course) of individual self-fulfillment. It is yet another version of the truism that one cannot properly consider the position of the elderly in society, or the significance of ageing *per se* for society, without considering the repercussions for every other group and institution.

Even so there remains one final further set of considerations truly outstanding by its absence in this discussion so far. The views of the elderly themselves may be difficult to elucidate and generalise about for numerous reasons, many of them already implicit in this discussion. Nowhere outside the United States (an 'open' political system which particularly lends itself to single issue politics) does there exist the political equivalent of a *Grey Panthers* movement. The old of Europe are seemingly too diverse and/or

insufficiently single-minded on this count: in other words they seem to regard other facets of their lives and/or the lives of their communities as of more immediate importance—or at any rate of more manageability—than the very idea of attempting to vote *en bloc* (who would organise this? what could be the common platform?); all the more so since no serious political grouping has as yet offered them a credible package to vote for, either at local, national or especially at EU level.

Such issues are in any case of more political than immediate practical consideration. At the level of the grassroot, as it were, there is ostensibly much pressure to let the elderly have their say, or at any rate *more* say, over what they want, in what order, and by what preferred means. It may seem problematic to some service providers that the elderly most likely to take full advantage of such choices as are available to them will tend, just as in other walks of welfare state life, to be those users who are most mobile and most articulate: not necessarily by any means those most in need of help (cf., Hugman 1994, 163ff re the take-up patterns with regard to the latest Greek model of *Open Care Centres for Elderly People*-KAPIs). It may seem even more problematic and regrettable to others that the ultimate decision as to whether or not—or rather under what conditions or not—an individual should be enabled or ‘condemned’ to remain in their particular state of being ‘elderly’ at all, is so rarely left to the elderly themselves to determine.

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