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Japanese Communication Predicaments of Aging: A Review of Research Findings

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Key words : old age, personality, patronizing communication.

はじめに

Abstract 本稿は、高齢者とのコミュニケーション環境問題に焦点を当て、内外で報告された高齢者に対する偏見やステレオタイプ、否定的なイメージに関する指摘と、老年期における人格変化の研究を概観した。結果として、老年期の人格は安定しており、加齢に伴って否定的に変化するものではないことが明らかであった。また、偏見を生み出す要因には、高齢者への関心、高齢者との接触の有無、年齢、職業、マスコミの影響などが挙げられていた。若い世代は出来るだけ早い時期に老いに対して正しい知識を持つこと、高齢者との交流の機会を積極的に持つこと、また、偏見に基づいた接し方が高齢者の心理に否定的な影響を与えることを日常的に反省し、高齢者個々の声に耳を傾けることなどが、高齢化社会のコミュニケーション環境問題の解決につながると考えられた。

INTRODUCTION

Progress in medical science has prolonged the average life expectancy, and resulted in a decrease in birth rates and death rates. An increase in older population imposes the society to act immediately to change the present social settings for younger people into those for broader generations. The words 'universal design,' 'barrier free,' 'successful aging,' and 'normalization' are common in Japan lately, however, social security systems (e.g. a pension, a medical insurance system) seems to be still insufficient as matters stand, and public facilities for senior citizens are not complementally equipped, compared with North Europe, or Western countries. On the level of daily life, the trend toward the nuclear family and urbanization lead younger people to live apart from their grandparents. There is little chance to communicate with the elderly under such situations. In recent years, elder abuse has drawn considerable attention. It is the result of a lack of correct understanding and of inadequate social support for the caregivers of the elderly.

This paper will first give an overview of a false set of assumptions about the elderly and communication predicaments, review the studies of facts of aging, and discuss some solutions.

FALSE SET OF ASSUMPTIONS ABOUT THE ELDERLY

Older adults are discriminated and treated in a biased manner just because they are aged. To illustrate, the elderly are fined, restricted of their driver's license, or assumed that they are unconnected to sex and marriage on account of their age. These phenomena arise from false set of assumptions.

Myths about Old Age. The U. S. gerontologist Butler (1982) presented five myths surrounding aging and older adults. Ebersole & Hess (1985) also mentioned this concept. Some of these misconceptions include the beliefs that: most older people are senile; older people are alike; older people are unproductive; older adults are rigid and unable to change; older people cannot learn new skills; and most older adults are dependent. Similar myths are dispelled by the Alliance for Aging Research (1997). These myths are deep-rooted.

Patronizing Communication. Communication predicament of aging has been studied since 1980's. According to some research, there was a stereotyped idea among younger generations that they have to speak slowly with simple words when they talk to the elderly, and it has impeded smooth communication beyond generations. It was also presented that both young people and the aged themselves underestimate older adults' communication ability, and comprehend that communication strategy is different each other. They were not content with their communication environment. This style of communication, in which the elderly were treated like children, was called "secondary baby talk," "controlling talk," or "elder speak."

Ryan et al. (1995) defined "patronizing communication" as an excessive speech adjustment in communication with the elderly, which results from a preconceived idea that older adults are helpless and dependent. They also illustrated psycholinguistic characteristics of patronizing communication. For instance, its typical verbal behavior is as follows: simple and childish in vocabulary; repetition and tag questions in grammar; first name and nickname in how the person is called; narrow selection of subject; interruption; and exaggerated praise in management of subject in conversation. Non-verbal one is: high-pitched, and loud voice; exaggerated pronunciation; looking down on; exaggerated smile; folding their arms across their chest; and patting on older adults' head, hand, arm, or shoulder. The patronizing communication is regarded as questionable since it is likely to effect negatively on their self-esteem, happiness, and state of mind. It is also capable of making light of their human rights. Even though care workers do it out of simple good will, it sometimes hurts the elderly. Consequently, the older adults will avoid talking if they do not see care workers frequently, and if communication environment is continuous, the elderly cannot help becoming dependent, agreeable and quiet, or becoming fretful, and are forced to behave as they expected. A

vicious spiral continues in this way.

REVIEW OF STUDIES OF FACTS

It has been believed that older adults are obstinate, stubborn, selfish and short-tempered. It might be the vestige of Japanese traditions in which family was considered very important and elders were held in awe and respect. In any case, it has been proved that these stereotyped ideas are not always true. The following are the results from longitudinal studies of personality and self-concept in old age. Though self-concept could be included in personality, it is regarded substantial in old age with relation to adaptation.

Personality in Old Age. Studies of personality from adulthood to old age have found both stability and change, and emphasized stability mostly (Kelly, 1955, 1987; Leon et al., 1979; Shanan, 1985). There is at least reason to observe that personality change can occur all along the life span, and that old age is no exception (Butler, 1964).

Neugarten et al. (1964) studied among senior citizens using interview and psychological assessment for seven years. They found comparatively stable four personality patterns, and indicated that there are two aspects in personality, which is stable and unstable. For example, while dependency and aggression hardly change, cognitive aspect easily changes.

Britton & Britton (1972) focused on personality in old age. They presented that activities, happiness and self-efficacy diminished, nonetheless, the aged are satisfied with personal relationships and social concerns. It was suggested that personality is not fixed but is capable of changing.

Thomae (1976) started an interdisciplinary research about aging, and observed stable personality. This research was followed up and stability in coping style was reported 10 years later (Olbrich, 1985).

Lechman (1989) also assumed two aspects. One is a stable aspect (personality trait, general attitude toward oneself, cognitive style), and the other is a changing aspect (self-concept, sex role, level of aspiration, emotional variable, and so on.).

Costa & McCrae (1989) investigated a personality (neuroticism, extroversion, openness to experience) change from adulthood to the old age, and concluded that some factors (e.g. introversion, depression) do not change with age.

Field & Millsap (1991) surveyed personality continuity and change in old age by 14 years longitudinal study. In their research, five traits, similar to traits found in younger persons, were identified. Both continuity and change were apparent, and increase in agreeableness was observed. Two traits were stable; satisfaction and intellect. A decline in extroversion occurred. It takes notice that they found evidence of personality development even in advanced old age.

Shimonaka & Nakazato (1999) investigated stability and change in personality and

analyzed correlation between personality change, ego function, and survival among senior citizens aged 70, 80, and 85, using 15 SCT stems for 15 years longitudinal study in Japan. They observed both positive and negative changes, as well as stability. Their results suggest that personality continues to develop even after 70 years of age.

Self-concept. Ryff (1991) indicated that self-acceptance increased with advancing age. Dittmann-Kohli (1990) confirmed that the elderly tend to recognize possible selves as they grow older. Self-concept of general senior citizens appears to become more positive as individuals reach an advanced age.

Images of Aging and Old Age among Young People. The image of aging and older adults has been studied since 1952 in Japan (Koyano, 1989). Most of them are examined with Semantic Differential Method, Sentence Completion Test, or open-ended question. Nakano et al. (1994) investigated elementary and secondary school students' images of the elderly by Semantic Differential Method, and suggested the need and the significance of communication beyond generations. In this research, experience with the elderly, especially in childhood, was material to evaluate the image of them positive. As a whole, while young people's image of the aged are negative to some extent, that of medical students are positive after they learned the facts of aging by experience (Tada et al., 1999). Those images are determined by the person's interest to aging, whether he has contact with the elderly, his age, occupation, the influence from the mass media, and so on.

SOLUTIONS

Younger people should recognize that patronizing communication, which exists in daily interaction, is often a dispensable adjustment and hurts the elderly. Families and caregivers have to respect older adults and do what is really needed. It would be fine to ask the elderly whether they could hear what the speaker says, and then speaker can adjust speech if necessary. To talk with elderly often give younger people new facts and insights. Families will share some familial information, and a close bond of affection will be tightened (Pickrel, 1989). It is a pity if significant information is lost.

The quickest way to acquire correct knowledge is to meet and talk with the elderly. Communication between younger people and older adults will be a precious experience. The sooner would be the better.

Nagashima & Takenaka (1987) gives some guidelines for medical staff, caregivers and family members.

- (1) Caregivers and families should express their respects for the elderly. Their manner toward the elderly should not be too familiar. In a nursing home, caregivers should call those people not in the same way but call their name individually.
- (2) Medical staff should not easily use dementia inspection and label the elderly. They

should turn their attention to the fact that older people are humiliated in being tested by younger people.

- (3) Caregivers and families should strain to keep up the elder person's mental activity. They can help the person's hobby, or offer a topic of conversation from newspaper or television.
- (4) Caregivers and families should not isolate the elderly. Family should have a meal with them, talk to them, let them interchange with their grandchildren, and pick them up to go shopping or to walk. On the contrary, neglect or to be left abandoned will scare them the most.
- (5) Caregivers should strive to know much about the elder person's interests and their personalities.

Japanese old saying goes "Oite-ha koni shitagae [When you get old, you had better take your children's advice]." People are to act their age in Japanese culture. Nevertheless, some recent studies have regarded older adults' voice and behavior as considerable. Young people, especially the families and caregivers, have to listen what they say and act along with their need. Medical treatment of today is missing a thought of caring. Those staff are expected to learn how support well the last stage of life (Kashiwagi, 1998). 'The elderly' cannot be discussed together. All the people must recognize that there is the difference in communication ability among individuals. From now on, people must develop a new communication environment in which everyone can live positively in cooperation without sticking to age.

CONCLUSION

There is still much to learn about old age. The further study of aging should be done. As that knowledge base improves, it will help younger generations to communicate with the elderly smoothly and to make an appropriate support for them. It will also be useful clinically, for systematic knowledge will help caregivers understand the aged as a whole. Although sensory activities begin to frail with age in fact, studies of it are not to prove that the older adults are helpless. These studies are to understand aging and promote communication with them. While there is an oversupply of information around us today, people need to distinguish what is right by themselves.

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