

## 論文の英文要旨

論文題目

Life Support and the Family Norms in Modern Germany: With Special Reference to Hamburg from the 1880s to the 1920s

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The purpose of this research is to consider the characteristics of the 20th-century German society where health got to be separated from labour and a higher value was placed on health itself than theretofore, by analysing the care system especially targeted for unemployed women and children.

The modern social insurance system was established in Germany in the 1880s, earlier than in any other country of the world. The system led to the comprehensive and compulsory solidarity organised nationwide by employers, employees and the state, bringing a chance to moderate the poverty and suffering concomitant with the destiny of labourers and furthermore to drive them out decisively. However, it was fundamentally based on the male breadwinner model, and unemployed women and children were excluded from its coverage. The second wave of the enactment of social insurance laws in the 1910s enlarged the coverage of the system, although it was still incomprehensive. Under the social insurance system in the Wilhelmine era, the relief from various risks in life, such as sickness, was closely linked to labour.

On the other hand, in addition to the traditional poor relief by the state and municipalities, a variety of "social cares" for handling particular problems which could not be dealt with properly by the poor relief system had been developed by the municipalities in Germany since the 1890s. Such municipal social policies as health, juvenile, housing and unemployment cares made it necessary to reorganize the private charities that had traditionally served as a complement to the poor relief by the state and municipalities. As a result, the collaboration of the public and private sectors was sought after, although it was neither systematic nor continuous. The First World War changed such a relationship between the public and private sectors decisively. The scope of social cares was dramatically enlarged during the war. Not only the poor and lower classes but also the impoverished middle classes came to be the target of the welfare. The "Reich" (i.e. State), which had not taken an active interest in this sphere, became the financial and administrative authority, leading to the social state finally.

According to G. A. Ritter, who made a very important study of the social state for the first time, the social state was generated as “a reaction to the increasing necessity to deal with the social and economic relations complicated by industrialisation and urbanization,” especially to the decline of the traditional role played by the family in life support. Indeed, the function of the family as a social safety network since the medieval times had decreased in the highly industrialised and urbanised areas. The social insurance system, however, became more comprehensive at the end of the Weimar era; it was applied not only to the sickness, accident, invalidity, age and unemployment of the insured but also to the bereaved, the sickness of other family members and birth. The social state, on the one hand, adopted the social stability and the improvement of inequalities at the individual level; on the other hand, it effected the reestablishment, preservation and reinforcement of the family unit to which the insured belonged. In other words, quite different from the 19th-century society in which the welfare was provided exclusively for the recovery of the working ability on the basis of the idea that health was identical with the working ability, the 20th-century society placed a high value on the health itself and even extended it to the whole family.

The first task of this research is to clarify the care system for unemployed women and children from the 1880s to the 1920s. Whereas the historical description of the care system, in particular, those by the private charities, often focuses on the era before the First World War, this research deals with not only the Wilhelmine era but also the era up until the late 1920s, because the obligatory family benefit in 1929 could be regarded as one of the most important features to show that the concept of the social state actually got to be firmly institutionalised. By analysing both eras, this research examines the relationship between the insurance and the care, with special reference to (1) the children's hospital, and (2) home care and housekeeping aid activities in Hamburg, the second largest city in Germany.

The second task of this research is to analyse the family norms which lay behind the establishment of the care for women and children, or those which penetrated into the whole society through the care activities. The first case study of the children's hospital clarifies its role as a prevention of poverty (namely, a preventive poor relief) and the revival of family norms shown in paying for the medical treatment and hospital charges. The second case study of home care and housekeeping aid activities also clarifies the family norms from the late 19th to the early 20th century. What was considered as a norm and sought after under these activities was a nuclear family comprising a couple (i.e. father and mother) and their children in which all members were required to take their own role assigned socially and economically: that is to say, the nuclear family should be made up of the father as a breadwinner, the mother responsible for housekeeping and upbringing, and their dependent children. In fact, there were various family forms, such as those lacking some of the members or those having some of the members unable to fill their own role in the family. Such a family was regarded as “a problem family” and became the target of normalisation. Home care and

housekeeping aid activities were an attempt to support the whole family with a pregnant or sick mother or without a mother herself by helping housekeeping and upbringing.

This research is an attempt to cast a new light on the history of the social state in Germany by analysing the relationship between the insurance and the care, and also the family norms which lay behind these systems.