

Key Ideas

Couples and Children

Childhood (Comparative Dimension): Factors in defining childhood:

- The general life-expectancy of the population:
- Structural relationship between age and work
- Development of educational systems
- Complex industrial societies (e.g. Britain) and simple, non-industrial, societies show widest cultural variations in treatment of children.
- Benedict: Three basic areas of difference:
 - a. Level of responsibility / lack of responsibility given to children.
 - b. Level of dominance / submission expected of children.
 - c. Sexual roles.
- Malinowski (Trobriand Islanders, Papua New Guinea) = empirical evidence of the three differences noted by Benedict.
- Britain: child-centred, children as "property" of biological parents. Child-rearing focused on nuclear family group and parents responsible for much of the social control / primary socialisation of their off-spring.
- The Mundugumor: New Guinea = alternative child-rearing patterns. Children looked after by family relatives or other young girls within a household. The "parent - child" relationship much looser.

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Old Age (How to define? - Biologically, Socially, Psychologically...).

- Concept of "biological life-cycle" (progression from birth to death) can be empirically demonstrated (often expressed as category stages)
- Empirical boundaries between "stages" in the life-cycle = socially constructed (vary historically and cross-culturally). Social significance of these "stages" needs study. In UK:
 - a. Old age = relatively precise definition (Men = 65, Women = 60)
 - b. Category "old age" hides complex set of different experiences (covers huge age range (e.g. between 60 and 100). What does woman of 60 have in common with a man of 90?
- Demographically UK = ageing population (lower fertility rate and longer life expectancy)
- "Ageism" - ideological justification for inequality. Examples:
 - Compulsory retirement from work.
 - Age barriers in the work place.
 - Special concessions for people who have retired (bus passes etc.).
 - Withdrawal of medical treatment from the old.

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Theories: Marginalization and negative stereotyping of the elderly:

- Disengagement Theory (e.g. Cumming and Henry: process of "growing old" = functional for society)
- Political Economy Theory (e.g. Townsend: elderly denied access to resources on which status depends = Institutionalised dependency)
- Exchange Theory (e.g. Turner: Old do not command sufficient range of resources (not just economic) to exchange for status)
- Social Generational Theory (e.g. Dowd: old different because life experiences are rooted in the values, norms and customs of the past)
- Activity Theory - positive spin on how elderly learn the role of "being old"; i.e. they disengage from one set of social activities but take-up others
- Historical dimension: treatment of elderly differs by society and how their skills / attributes valued or devalued
- Modernisation theory: industrial societies have less need of skills / attributes of the elderly
- Pre-modern society: fewer elderly people (lower life expectancies)
- Concept of gerontocracy
- Victor: Status of elderly depends on: Social organisation, exclusivity of knowledge, Control of economic resources, Cultural attitudes to the Afterlife

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