

NATURE OF SOCIETY

Lecture1

INTRODUCTION ON CULTURE AND SOCIETY

The concepts of *culture and society* are among the most used notions in sociology. When we use the word 'culture' in ordinary daily conversation, we often think of it as equivalent to the 'higher things of the mind' – art, literature, music and painting. As sociologists use the term, it includes such activities, but also far more. Culture refers to the ways of life of the members of a society, or of groups within a society. It includes how they dress, their marriage customs and family life, their patterns of work, religious ceremonies and leisure pursuits.

'*Culture*' can be conceptually distinguished from 'society', but there are very close connections between these notions. A *society* is a system of interrelationships, which connects individuals together; Britain, France, and the United States are societies in this sense. They included millions of people; some societies are very much smaller.

No cultures could exist without societies. But, equally, no societies could exist without culture. Without culture, we would not be 'human' at all, in the sense in which we usually understand that term. We would have no language in which to express ourselves, no sense of self-consciousness, and our ability to think or reason would be severely limited

CLASS AND HUMAN BIOGRAPHY

Society: collection of interacting individuals sharing some way of life and living in the same territory.

ASCribED CLASSES

Because of the emphasis on the economic aspects of class this has encouraged an emphasis on occupational class. We *acquire* our occupational class, whereas other strata within a system of social stratification can be identified on the basis of *ascribed* characteristics with which we are born. Age, gender and 'race' are ascribed characteristics with which we implicitly or explicitly order hierarchically.

Age, gender and 'race' are natural attributes, which are usually relatively easily identified. But inequalities between people in different groups, between men and women, and between people of different 'races' are more than biologically determined – they are all social constructions.

Gender, age and 'race' in modern Britain are all ascribed characteristics, which have been used to determine the division of labour in society. From Marxist perspective women are

economically exploited by men, elderly people by young people and black people by white people. From a Weberian perspective, inequalities between men and women, people at different ages and people of different 'races' or ethnic status directly reflect the inequalities of the productive system and the hierarchy of the economic structure of society. Thus, in both these senses, men and women, young people and old people, and black and white people can be regarded as distinct classes. Other features can equally be used as the basis for class divisions, for example occupational classes – nonmanual and manual; educational classes – graduates and nongraduates; and housing classes – owner-occupiers and tenants.

A PERSONAL APPROACH

What do you hear when clients give you details about themselves? What assumptions do you make about what they are telling you? Challenging some of our assumptions may help us to understand our clients, their needs, fears, worries and expectations, and help us to provide better individual care for every client

The Biography (personal history)

Nursing documentation usually includes such headings as name, age, address, next of kin, present or former occupation, and religion, past medical history. This kind of information is collected and recorded to meet immediate practical needs – for example: who should be contacted in the event of an emergency; is the person subjected to any hazardous conditions at work; are there any special needs arising from the person's religious affiliation?

But such information can also have another important function in determining the quality of nursing care. In nursing, we aim to provide care, which meet the needs of every individual. Yet such individualised care is possible only if we can see beyond labels which emphasise what people have in common - a heart condition, or a mental illness, for example - and recognise their essential individuality.

A person's biography - his/her life history is as distinctive as that person's fingerprints. As we have discussed in the previous lectures, people's experience of life determines the way they perceive their health – how good it is, when it is under threat, and to seek advice. It will also affect the way they view health care and the people who provide it. Understanding the origins of different people's attitudes to health and illness is an important element in our approach to a client, and this section is devoted to exploring how we can increase this understanding.

THE AGE FACTOR

If we carry out a bibliography interview with someone who is over the age of 70, to look at that person's lifeline and consider one factor – age – we find out that age affects a person's view of the past, and attitudes and expectations of health and health care.

People's age – not just whether they are old – can often influence their reaction to illness; for example in relation to the way it affects their working life. For some patients, a condition requiring nursing care is simply a brief interlude in a busy and fulfilling career. For others, their illness may create the prospect of having to find a less demanding job, or leaving employment altogether. Older clients may be coming to terms with retirement, and the loss of job satisfaction, income or status that this often involves.

Age may also influence the way a client sees you, and hence the sort of relationship you have with them. Consider, for example, the practice of calling clients by their first name. This may help to foster a good relationship with someone who is of similar age to you but how do you think an older person feels about it?

Many older people use formal language (*Mr* or *Mrs*) with people of their own age, whom they have known for years. They have no choice but to call you 'Nurse', and they may feel that they are being patronised, or 'talked down to' if you use first names and they cannot. This might contribute to a feeling of helplessness, and of their having no control over this situation.

The first step in understanding others is to become more aware of ourselves – of how we react to what we know about other people. Our own **background and culture, the shared knowledge of our own particular group** acts as a 'filter' through which we view the lives of others, and colours what we see and hear.

A SHARED PAST

Looking at some of the things you have met on your way through life:

The Life Career

All of us are born and in the end we all die. Some people survive in this world for only a few minutes while others last a century. The concept of life career embraces this time span representing one way in which we can look at our collective biographies. Along the way, typically, the individual will be socialised as a child (and subsequently at all stages of the life career), be educated, raise a family, work, become a patient, and live through old age. At different points in the career the typical individual will pass some important milestones: reaching the age of majority, obtaining a job, getting married and retiring.

These events form the framework of our shared background. We can share on an individual basis - for example, if we know someone is a parent, and they have this in common with us, we may have a different attitude than if we knew they were not a parent. If we know someone is a nurse, we can share things that we could not share with others and so on.

These milestones also shape the way we behave in groups – whether they are small social groups, or larger groups such as the community we grew up in. Each one of us belongs

to a number of groups - for example, our nationality, our profession or our friends, all set the boundaries of different groups that we belong to at one time.

Every group has its own particular shared knowledge, which determines the assumptions we make about people within the group and outside it. This knowledge may also shape the way we behave in a group – ‘as nurses’ or ‘as clients’, for example.

It is this group knowledge which often forms the major component of our ‘filter’ – the way our group, however it is composed, views people not in the group.

Beyond the shared knowledge of our own particular group, there are also things we share with many more people – such as important events, which have happened in the world during our lifetime.

Thus we have looked at the events which have shaped your own personal history to make you the person you are, complete with a package of views, beliefs and attitudes about the world you live in and the other people in it.