THE OLD AND THEIR PROBLEMS

Vocabulary and definitions:

*senility* [səˈnɪlɪti] - mental infirmity as a consequence of old age, sometimes shown by foolish infatuations; the mental and physical deterioration associated with aging

*dementia* [ˈdɛməntiə] - a chronic or persistent disorder of the mental processes caused by brain disease or injury and marked by memory disorders, personality changes, and impaired reasoning

1. What is your personal definition of the age expressions *middle-aged*, *elderly*, *old* and *very old*? When does each of these ages start and finish? At what age are people regarded as old in your country? How are old people treated in your country?

2. Think of an old person you know well, perhaps a member of your own family. Describe the appearance and character of this person to another student.

3. Listening Comprehension. Listen to the text and answer the following questions:
   a) What was the greatest challenge for people in the past?
   b) What are the biggest health burdens for older people nowadays?
   c) How many people in the world suffer from high blood pressure?

Glossary:

*ageing* – getting older

*burdens* – difficult things people have to deal with

*stroke* – a problem with the brain which can make someone unable to move a part of their body

*cancer* – a serious disease in which cells in the body grow uncontrollably

*diabetes* – a serious illness in which the body is unable to control the amount of sugar in the blood

*dementia* – a mental illness which older people can suffer

*the global community* – the group of countries which sees itself as connected, often helping each other economically and socially

*high blood pressure* – a medical condition in which the force of blood in the veins is too high

Transcript

AGEING POPULATIONS

The World Health Organisation has given a warning that health systems around the world are not adequately equipped to deal with population ageing where it is now happening fastest: in less well-off countries. The WHO says there is a rising burden of heart disease, stroke and similar problems among older people even in very poor countries. The BBC's Mike Wooldridge reports.

While Europe and Japan were among the first places to see their population ageing, the phenomenon is now occurring fastest in low and middle-income nations and WHO says the most dramatic changes are taking place in countries such as Cuba, Iran and Mongolia.

This means that where in the past infections were considered the greatest challenge, now even in the poorest countries the biggest health burdens for older people come from conditions such as heart disease, stroke, cancer, diabetes, dementia and sight and hearing loss.

W.H.O. says present heath systems are poorly designed for the chronic care needs arising from this pattern of disease. The campaigning organisation HelpAge International welcomed the new focus on the impact of ageing but said the global community was still worryingly slow to act.

HelpAge cited Ghana where it said nearly sixty per cent of older people suffer from high blood pressure often leading to strokes and heart attacks but only five per cent are able to control it through medication.

4. Reading.
   a) As you read the article for the first time, think about what kind of information may be missing.

Long Life
Scientists are finally beginning to unlock the secret everyone has been dying to know: just how long can we live? They confidently predict that in the 21st century people will be living to the incredible age of 130. And this is just the start.

Experts studying the process of ageing believe it is possible that people will live long enough to have great-great-great-great-grandchildren. 1... There are around 4000 people over the age of 100 in Britain – ten times more than 30 years ago.

Dr Vijg, a Dutch biologist, is the head of a project studying the growing number of the old people in the population. 2...

A century ago average life expectancy in Europe was 45. Today, providing we look after ourselves, drive our cars carefully, and cut down on things like butter, alcohol and cigarettes, we can add nearly 30 years to that figure. 3...

But that is nothing, compared to what will happen once scientists have discovered our genetic secrets.

4... Dr Vijg says: ‘Nobody dies from old age – just diseases that affect people as they get older.’ And he forecasts that within 30 years, science will be preparing people for a longer life. ‘Already the killer diseases are being eradicated,’ he says. ‘About 50% of cancers are curable, and I really believe that this will increase to 80%.’

Doctors also believe that the death rate from the biggest killers – diseases of the circulatory system – will decline as man comes to his senses by giving up smoking and eating more healthily. Dr Vijg points to experiments with animals in laboratories. 5...

Dr Vijg believes that as life span increases, so will other expectations. Women will be having babies at an older age. 6... ‘In another ten years people might think it normal for a woman of 50 to be having her first child.’

What about living forever? Will eternal life ever become a reality? ‘So far, that is science fiction,’ says Dr Vijg. ‘Theoretically it is possible, but it will be another hundred years, perhaps two hundred years before we know all the secrets of our genes.’

b) Choose from sentences A-G the one which fits each gap in the article. Remember, one of the sentences does not fit anywhere.
A. Within the next ten years, we may all have added a couple more years on top of that.
B. Some of the problem genes, like those that cause haemophilia, have already been tracked down.
C. Their work is being carried out by biologists in laboratories all over Europe.
D. This belief is based on research and on the fact that more and more people are living to be 100 as our general health improves.
E. ‘Those given less food, but of a higher quality, lived to the human equivalent of 150 years.’
F. ‘Already, more and more are having their first child when they are over 30,’ he says.
G. He and his team are focusing their attention on human genes, which they think may hold the key to what kills us, early or late in life.

c) Guess the meanings of the age idioms in italics in these sentences.

For example:

You can’t put an old head on young shoulders. (proverb) – You can’t expect a young person to have the wisdom or maturity associated with older people.
The technology we’re using is as old as the hills. - The technology we’re using is very old (often used in exaggerated statements).

1) My father always says You’re only as old as you feel.
2) I’ve heard that joke before – it’s as old as the hills.
3) Anna always has such sensible ideas. She’s certainly got an old head on young shoulders.
4) Paul keeps on making the same mistake – but you can’t teach an old dog new tricks, can you?
5) My friend talks just like his father. In fact he’s a real chip off the old block.
6) You wouldn’t think my mother was nearly 60, would you? She’s very young for her age.

5. Read the text below.

THE OLD AND THEIR PROBLEMS

Traditionally, when sociologists speak about social stratification and inequality they usually refer to the key sociological concepts of class, gender and ethnicity. Currently, sociologists are rethinking the ways in which members of society may be different and they have begun to look more closely at age as a source of inequality and controversy.
Due to changes in modern world in health care, diet, the absence of mass warfare and creation of a welfare state, amongst other factors, fewer infants are dying and people are living for longer. In fact, we now have a concept of "the elderly", which didn’t exist 300 or even 200 years ago. The demographic change has had a profound effect upon the nature of social life and the quality of individual lives within society. But the media have tended to portray this increased ageing as a problem or a crisis – “greying population” is considered to be a burden for an already “overloaded” welfare state.

The elderly may sometimes feel intimidated by the young, may feel isolated and alienated as if society has abandoned them. Equally the elderly may feel financially disadvantaged and therefore vulnerable. Old age may be a time of economic hardship, for example, but often more it refers to the working-class elderly than for the middle-class.

In terms of stratification, “age” is made up of three stages – pre-work, work and post-work. It is evident, that the middle stage would offer most members of society more independence and control over their own lives than the first and the last ones. Both old age and childhood are periods of dependence upon others – physically, economically and emotionally.

It is suggested that the way we live our lives and norms and values we have are products of communication between individuals. We create meaningful reality, within which we all act and interact. Age is a related concept of generation and both concepts are social constructions – products of cultural socialization.

In Western culture, when we talk about the age of an individual we mean the chronological time in years that has passed since his birth year; however, it is important to note that in some Western countries, age is sometimes measured by the amount of passing events.

Age is a social construction as well as the notion of time. They are accepted as “naturally true”. It is difficult, for example, to imagine that anyone might not know exactly how old he is. Society tends to unite individuals on the basis of similar calendar age; however, many sociologists have argued that we need to think about our age in society as based upon a “life course” of events.

The term “life course” means that life goes through several stages: it is both a biological and cultural journey, that each of us is on. The life course allows us to see, where we are in our life, to understand what lies ahead and to compare where we are with others of similar and different ages. The life course may be described as the combinability of stages: birth; early infancy; childhood; the teenage tears; early adulthood; middle age; old age. The stages on the life course seem to be universal; they apply to all humans since they are biological givens.

Scientists note, that we, as humans, both are bodies and have bodies. We belong to the human species and our biology and physiology allow us to perform some movements, but not others; yet, at the same time, we have great control over our bodies and are able to make decisions and choices over what we do with our bodies. In recent years many people have begun to experiment with body decoration and body piercing. In this way, humans are taking control of their bodies and are perhaps using this control to express a sense of self.

As we are getting older, our bodies may lose the ability to perform certain actions and society may set limits on what “normal” means. How “normal” the behavior is depends on how society views the stages of the life course. Actions performed by children may be “normal”, yet may be interpreted as abnormal, if performed by someone an older stage of the life course. We are born humans but we are still learning, in different cultures, how to be humans. For example, different goods, values and even food and music make the varieties of human experience seem very different.

We are often told today that we are facing “aged society” – the idea that, in the near future, dependent, elderly people may outnumber people of an age to work, but it is unproven. It also assumes that elderly people are “dependent” and offer nothing. This attitude is a product of our times. ‘Old age’ is a relatively recent social construction, which was shaped only since the end of the Second World War.

Living under a capitalist economy creates particular problems for the elderly, in particular, for working-class elderly people. Since capitalism is based upon the notion that people must be useful to the continuation of the capitalist economy and the elderly find themselves a drain on the resources of capitalism through their use of welfare provision. Nowadays many states demand families to take care of society’s “unproductive” elderly. Women are the best and “naturally” suited to care for elderly family members in the “private” home.

As an individual approaches the later stages of a life course, the ageing processes of the body lead towards the “biological fact” of death. In some societies the elderly have a high status and are respected. In other cultures, the elderly are seen to have lower status. It’s noted that demographical changes have had some major influences upon family structure and family life. The visibility of death of family members was major feature of life for a “pre-modern” family. Death was also less tied to an old age, it could occur at any time, because of the spread of diseases and other risks. Otherwise, today family death is something, which we tend to associate with the elderly; it’s not a “normal” feature of the early stages of the life course.

There are ideas that in a postmodern age the boundaries between ages and the roles specific to certain age groups and generations become increasingly blurred. The principal events associated with each distinct stage on the life course merge into one other. Age-specific experience is declining and age itself is no longer associated with certain events.

Children are becoming more adult-like, whereas adults are becoming more child-like. Such a claim can be seen in leisure-time patterns in the family home, where both adults and children enjoy the same sorts of pastimes with no
clear age barrier between them. Equally, through exposure to the mass media, children can have access to what were previously “adults only” experiences, such as sex, death and money.

Preoccupations with fashion, healthy living, plastic surgery, vitamins and hormone replacement suggest that in old age – as in youth – we can continue to be fit, healthy and sexually active. Alternatively, perhaps this postmodern position fails to consider the economic hardships of old age, looking only at lifestyles.

So, as we can see, “age” is an important sociological concept – and a complicated one. Perhaps the most valuable insight offered in sociology so far is the realization that age and time are not the products of nature. They are also cultural creations and therefore a legitimate target for sociological study.

a) Explain the meaning of the following words and word combinations and translate then into Russian:
   ✓ a life course
   ✓ a controversy
   ✓ social stratification
   ✓ a welfare state
   ✓ an aged society
   ✓ to feel alienated
   ✓ a drain on
   ✓ hormone replacement

b) Fill in the blanks with the prepositions:

1) In terms of stratification, “age” is made … three stages – pre-work, work and post-work.
2) The principal events associated … each distinct stage … the life course merge … one other.
3) Equally, through exposure … the mass media, children can have access … what were previously “adults only” experiences, such as sex, death and money.

c) Work in pairs and discuss the following questions:

1) When does old age start?
2) How will your life be different when you reach your old age?
3) What do you think old age is like?
4) How is old age different from being middle aged?
5) Do you think life in your old age will be better or worse than now?
6) Is it important to prepare financially for old age?
7) How and why do people die of old age?
8) How many people do you know who are enjoying their old age?
9) What social problems are associated with old age?
10) Would you consider living in an old age home when you’re older?
11) Does the government care for people in old age?
12) Would you like to live to an old age? How old?
13) Do you think people in old age look at the world differently?
14) What is senility?
15) What are the causes of senility?
16) What are the symptoms of senility?
17) What do you think it would be like to forget the names and faces of the family members around you?
18) "When you become senile, you won't know it." (Bill Cosby) Do you think this means people don't suffer when they become senile?
19) What can people do to keep senility away?
20) Do you think exercising your brain can keep senility away?
21) Is there a difference between senility and senile dementia?
22) Do you think you’ll be fully functional when you grow old?
23) How should families look after relatives who become senile?
24) Will senility become a bigger problem if we all start living longer?