

# Health and Subjectivity in the Aging Process. Aging in an Old-Age Care Institution (Day Home)



**Norma González González\***

*Full-time research professor, Faculty of Political and Social Sciences / Autonomous University of the State of Mexico UAEMex, Mexico*

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**\*Corresponding author:** Norma González González, Full-time research professor; Faculty of Political and Social Sciences / Autonomous University of the State of Mexico UAEMex, Mexico

## Summary

In the framework of discussion of the social sciences, the approach to old age implies an extremely complex challenge, since it involves different areas and levels of expression and social representation. Doing so from a qualitative point of view contributes to making visible a series of references that have traditionally been unrelated and ignored in the field of research. It is common to approach the phenomenon from a perspective that privileges its treatment and quantitative management, in such a way that both demographic and epidemiological work have remained privileged fields for its study and knowledge; both in academic and work terms and governmental and social responsibility on the part of society organizations, both public and private. Aging has become an extremely complex process, linked to violence and social marginalization; identified with terms such as uselessness, disability, illness, loss of value and social recognition, hence the minimal interest that old people represent socially is neither strange nor fortuitous. One of the most forgotten aspects has to do with mental / emotional health and the supports that are required in the framework of a society that, far from helping us to grow old, to walk towards death with dignity and respect, assumes it as a taboo.

**Keywords:** Aging; Death; Biopolitics; Palliative care; Old age and emotions; Public health

## Presentation

In this document, we refer to a community of elderly who live together throughout the day in a shelter for the elderly, located in the city of Toluca, in the State of Mexico, where through a qualitative approach, it is intended to delve into the emotions most present in the community, in the face of the proximity of death [1]. A series of discourses are recovered that represent the axis on which the care and attention actions are structured daily by those who work in the Day Home. The exploration of the recovered discourses contributes to deciphering the preceding meanings, which they take precedence and permeate the daily practice of professionals who are trained every day as caregivers of a population group with requirements and needs, assumed as typical of the aging process, and among which (in addition to physical limitations) the need for dialogue, conversation, exchange of ideas, a place and a space where fears, anguish, memories, unresolved grief, can be

released, be heard, find an echo among peers, or in the attentive listen to professionals sensitive to this process.

## The social construction of old age

In each culture and historical moment, old age assumes a symbolic representation, inserted in the power relations of which it is a part [2,3]. Rosen mentions that "... the stages of the life cycle depend not only on physiological maturity but, and above all, on the way in which society recognizes, defines and structures such stages in terms of roles and social attitudes" [4]. Thus, while in the thinking of other cultures and / or historical moments, old age embodies wisdom, and gives rise to rituals marked by acts and shows of respect, recognition of authority; the economic rules that currently regulate, not only the production of goods and services, but all of life in its different spheres and representations,

have undermined any project that does not translate into business and profit, in such a way that when it refers to rights in education and health, or as in the case that does not occupy, the allocation of resources to support the dignity of old age, an economic discourse is usually placed before it, which makes it unfeasible, detracts from the need for programs and actions that they are assumed as an unnecessary expense, they are presented as a burden to the public purse that, in the financial sphere, is impossible to justify since they do not report any economic benefit.

The current economic logic disqualifies the allocation of resources to the most vulnerable groups, des updating values of respect and dignity of life. In 2013, a statement by the Japanese finance minister clearly illustrates the logic that governs and guides thought and the meaning of life in the contemporary world “Taro Aso, Japanese finance minister, does not walk with half measures. Last Monday he declared that older people should “hurry up and die” to alleviate the State’s expenses for their medical care...” [5]. A statement of this tenor, also expressed from a public position at the highest level, places us in what is the ideology of a society and historical moment where old age is viewed with contempt, disgust and indifference, assuming it as a burden of which it is necessary to get rid of its unproductive condition, a condition (this one, that of unproductiveness) highly and clearly penalized in today’s society, where everything is measured and moves according to production, productivity and, in this logic, consumption capacity and financial profit [6,7].

The current social dynamics insists on placing old age in the background, a condition that sooner or later, each and every one of us (at the individual, family, community, social level) will have to face; hence the urgency to open discussion and debate, directing actions that involve and commit us in the generation and strengthening of a culture of aging, which has to do, yes with institutional programs but also with daily actions and attitudes of respect, accompaniment and solidarity; claiming a series of values that are superimposed on neoliberal economic thought [8,9]. An exercise in historical recovery is necessary in terms of the social and cultural conditions that define and signify old age, in such a way that by assuming it as part of a social historical process and construction, we maintain the awareness and responsibility that each generation has regarding to the actions and criteria for which we are jointly responsible for the dignity of each of the stages of life.

### **Aging, a relationship and a social process**

The aging process involves significant changes in the organization of the different areas of social relationship and

interaction: in the family and institutional sphere, adjustments take place that require financial decisions, care and health care, as well as accompaniment and emotional support, training of resources humans, among others. New realities are being configured, among which it is interesting to highlight the emergence and proliferation of public and private instances for the care of the elderly: asylums, shelters, houses for the care of the elderly, day houses, among the terms used to make reference to a type of services that are increasingly demanded by society, and in this sense present today in a collective imagination that naturalizes their existence, without any reflection on what they mean and the way in which this type of attention impacts aimed at the old-age market. A market that undoubtedly, at some point directly or indirectly, will reach the lives of each and every one of us, giving an account of the way in which, our societies currently respond to the need for services for the care of the elderly, a care that is no longer covered by families, as it used to be. In fact, the direct demand for this new modality of services does not come from older adults as such, but from families who recognize themselves as incapable of providing care and attention that was previously assumed as part of their responsibility.

In effect, the emergence and consolidation of instances of care and attention for the elderly, outside the traditional role of the family [10]; It implies, on the one hand, a set of transformations linked to the role of the family within society, which today makes it difficult and practically impossible for the aging process to take place within the family: there is no one to do it. in charge of caring for those who are aging and, on many occasions, in front of children and young people, the old lose their physical space in the house; for example, the “best” rooms are occupied by the youngest, compared to whom the old have no bargaining power but a host of disadvantages<sup>1</sup>. In children and young people, today’s society symbolizes an idea of the future that must be cared for and protected in order to unfold its potential, in such a way that in a neoliberal and globalized society: individualistic, hedonistic, narcissistic [11,12], the old have no value, to the extent that according to the meaning of life that dominates us today, they no longer represent any type of future.

At present, based on different types of service and care, both public and private, the market for care for the elderly has been expanding, either permanently, or as in the case at hand: the so-called Casas de day, where the older adult receives care during the day to return to the family home in the afternoon<sup>2</sup>. Admission to this type of instance requires assessing cognitive functionality, mobility and physical independence, recording the conditions assumed to be typical of the gradual physical and psychological deterioration in order, where appropriate, after

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<sup>1</sup>When a child is born, they usually look for the brightest and most conducive space for their development, the same happens for young people around whom a series of arguments are deployed to occupy the spaces of the house with the optimal possible conditions where to take carry out your tasks and activities; In this sense, the old / a loses visibility, his place in the family and consequently in the house, where he begins to interfere, to spare, to bother, the only thing that gives and produces are problems. The old man, the old woman, have lost their place because the values of modernity no longer recognize any type of value and, even more, they lack a future.

the corresponding evaluation, to be admitted for attention. A different situation usually accompanies the operation of both public and private asylums, where services typical of a condition of permanent confinement are incorporated, as well as the care and medical follow-up of the conditions diagnosed in older adults in their capacity as permanent residents.

### Methodology

The development of this text is based, on the one hand, on a documentary work that recovers the most current critical discussion regarding the aging process, in the context of the conformation and confirmation of a discourse that deposits and circumscribes the meaning of the economic value and the meanings of life; in such a way that the thought of Z. Bauman, G. Lipovetsky, M. Foucault, constitute the theoretical basis of an approach and a look that tries to question and show the stigma that for modern societies represents the last stage of life. In the context of a consumer society where the important thing is not to satisfy needs but to "... create new needs, and at the same time guarantee the permanent dissatisfaction of those that are already established" [13], the market for eternal youth and immortality that is inscribed in a liquid society that permanently changes its shape, and that expires with each step we take.

On the other hand, from a qualitative approach, from the field work developed in the Day House.... The information obtained in its different phases throughout the investigation is recovered. In particular, the participant observation and the in-depth interviews carried out with the different profiles of workers that make possible the attention in the reference instance. It is important to highlight the disposition shown from the beginning of the investigation, in a particular way on the part of the person in charge of the administration of this care center; providing the requested information and opening the possibility of working with the different professionals who work there, and to whom, in each of the moments of contact, the older adults wanted to express their gratitude for the treatment of, in their own words: "respect "" Care "" attention "" understanding "and above all" for the affection "" love ""; the willingness to be listened to "daily, they say," despite the youth of those who take care of them and serve them there<sup>3</sup>".

### The House by day. Data for a first "X-ray" of your operation

The operation of the Day House, to which this document refers,

is very recent, since at the time of carrying out the field work (second and third quarter of 2019) it had just been one year since the beginning of its put in operation. According to the information collected, at the beginning of 2019, it was necessary to close for 15 days, since with the change of government there was uncertainty about whether or not there would be the support of the new administration, and the respective officials directly responsible of the project. Which speaks of the agenda of priorities, and of the uncertainty that from the governmental field is had regarding the programs of attention to the old age, as part of the responsibility of the different levels of government.

In the case that concerns us, according to the information collected throughout the field work, those who provide their services in this instance of care for the elderly are hired as independent servants, with contracts that are renewed every six months. The resources are obtained from different areas of the ISSTE, in this sense there is no budgetary key that ensures the allocation of resources specifically destined to the provision of this service. Likewise, according to the information collected in the field, it is stated that this type of Day Homes is a new service, specifying that it is number 22; However, when reviewing the official ISSTE website on the Internet, the following is mentioned: "ISSSTE has the main objective of providing a social protection network that can meet the needs of public sector workers. In this way keeping in mind the 21 benefits it offers, including insurance and services, can be very useful to make the most of this service" [14]. Indeed, when reviewing the official website of the ISSTE, on September 10, 2019, in the benefits section, the record of benefit 22 referred to throughout one of the interviews was not found. which means that it is not an official part of the list of benefits, and there is no record of any pilot / experimental project, close to the figure and the work of the so-called Day Homes, which confirms the fragility of a service that despite its importance and growing demand, at any time it can be canceled.

On the other hand, it has been very significant to collect information regarding the training and qualification of the human resources who attend and interact with the group of older adults registered for their care in this Day Home daily. At the beginning, the contact with the workers of the Day Home was raised only in the sense of recovering their experience in the day to day with the elderly, rescuing from this coexistence the main concerns, fears, expectations, joys, projects, shared in everyday interactions, either in a group or in individual care and follow-up sessions. However, in the course of different work sessions, the particular

<sup>2</sup>Returning to the family space in the afternoon does not necessarily mean going home with a family member; Some of the older adults live alone, in such a way that depending on the corresponding evaluation, whether the older adult enjoys a margin of independence that allows them to access and leave the house during the day without the need for a responsible family member, or that requires this figure, the responsible family member only fulfills the role of each day to drop him off and pick him up from the attention instance. In the case of Day Homes, when the older adult has a cognitive problem, the older adult is taken at the time agreed by the responsible family member, and in the evening also at the previously set time, he returns to his family. One of the conditions for care at home during the day is the independence and mobility of the elderly, as well as the registration of a family member or contact or person in charge when the evaluation of the health condition of the elderly requires it.

<sup>3</sup>Those who, from their different professional backgrounds, serve older adults (psychologist, two graduates in physical education (one man and one woman), the nutritionist, among others, do not exceed thirty years of age.

interest, the self-taught commitment of the young professionals interviewed became evident, in seeking specific information related from each of their training courses to the issue of old age and the aging process in order, in this way, to be able to respond and support the requirements of the population group they serve.

In each case, they are professionals who attended the call for job opportunities in different ways, but who in a specific way had not received training, a specific training for the care of the population group with which they work today. For example, in the case of one of the physical activators, she refers that her professional training as a degree in physical activity and sport was directed to work with children and adolescents, so that from her own initiative, she seeks to read and read on her own be informed in the best possible way to respond to the needs of a daily work with older adults, whose needs are completely different from those of the population group for which they initially received preparation and training<sup>4</sup>. It is not only about age and physical care and risks, but also the type of preparation that one has in terms of emotional support at an age in which the concept and meaning of life, needs, interests and projects they are situated in a plane of negotiation, relationship and interaction that is significantly different from other moments during life.

In at least two more cases, the situation is very similar, starting from the way in which a job position that offered a possibility of employment was occupied but for which there was no particular training that has been formed in practice itself, and with the effort and initiative of the respective workers, seeking training and education that allows them to carry out their work in the best possible way.

It is very important to closely follow the way in which the interior of the care and care spaces for the elderly is assumed as a necessary and central part of the work, a type of training that goes beyond the knowledge and technical skills in the field medical (both in the case of doctors and nursing staff, as well as all those professionals and workers who maintain contact with groups of older adults), a particular type of knowledge is required, close and sensitive to interests, concerns, fears and projects of this social group; at a time and stage in which awareness of the finitude of existence makes sense and flourishes. It is about thinking about care, beyond its sole reference to monitoring and support in the face of the diagnosis of a terminal organic disease, but about touching and approaching the experience of old age, when as

never before is known, felt and you can smell the nearness of death.

Before moving forward, it is very important to point out that the lack of training in the area of human resources for the care and attention of the elderly is a problem that unfortunately is not unique to our country, and in which it can somehow Notice the lack of interest in favoring and strengthening professional profiles that with the passage of time will be increasingly necessary in a world headed towards a clear aging process. However, it should also be noted that this demand is marked by the conditions of poverty and marginalization in the global context in which this phenomenon occurs, which undoubtedly represents an obstacle in terms of the emergence and strengthening of a market with very few or no economic possibilities of contracting this type of services.

### **Health, Subjectivity and old age. The importance of talking about old age and death**

In the medical field, the emergence and increasingly important presence of so-called palliative care is closely related to demographic changes, technological developments in the field of medicine and related areas (such as biology, chemistry, etc.), as well as the social and cultural changes around the perception and care of the disease and health, which have caused that today it is assumed as a normal fact that death occurs / takes place in hospitals<sup>5</sup>. The subject maintains a very close relationship with what today we call the aging process, insofar as the proximity of death makes the recovery of a dialogue and reconciliation with death necessary and indispensable, since modernity in its alleged evolution and technological development has made us think of immortality as a real possibility [15] The issue takes on the appearance of a problem if we recover the aging process in a generalized context of permanent flight from death and, of its construction in the collective imagination, as a taboo.

Death is not talked about, it is considered in bad taste, it is inappropriate. In language it is impossible to want to approach her in a friendly way, we find ourselves closer to words and terms that deny her that reject her, disqualify her, that make her ugly on a daily basis, in such a way that it is not possible to walk towards her with dignity [15]. According to the review of the literature on the subject, as well as the information collected, it seems that when one / one is discovered in the final stretch of life, there is a lack of everything to face it, and when reference is made to everything,

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<sup>4</sup>The training of those who take care of the elderly is closely related to the proximity and awareness of limitations in terms of mobility, illness, and the particular emotional situation of the elderly.

<sup>5</sup>Palliative care emerged in the 1960s in England (in relation to the work of the so-called hospices) as a way to provide emotional support and accompaniment to patients and their families in the final phase of an illness, without the intention to hasten death or lengthen life. In fact, palliative care is defined as a specialized discipline in the medical field for the care of terminal patients. Towards the second half of the 20th century, the development of knowledge and technologies motivated the emergence of critical voices regarding the increasingly impersonal and technical way of managing death in our societies and particularly in relation to its placement and identification with the medical sphere; this is that the idea that the end of life must occur under the protection of medicine is beginning to normalize and naturalize. Therefore, the movements in favor of euthanasia and the right to die with dignity, as well as the discussions around bioethics, are not alien to this context.

it is in the sense that in other moments of history and in other cultures, the awareness of death and aging has remained as an inherent part of life, in such a way that their proximity in time does not generate the type of anguish, of anxiety, the rejection that in the subjective field, in the western world and culture today, accompanies this process. In the novel *La Piel de Zapa*, by Honoré de Balzac (the first half of the 19th century), after all the vicissitudes of the central character, reference is made to an idea that seems to be one of the central threads of the story raised there: death is not a problem when the meaning of life has been deciphered [16]. In our society, death and old age do represent a problem because of the way in which we have denied them and separated them from our lives, in such a way that when the inevitable moment comes to face them we find ourselves speechless, without words to connect with them as central part of life.

One of the main conditions detected by the workers of the Day Home, and that affect the emotional health of the older adults who are cared for there, has to do with the family's lack of interest in their older adults. It refers to the fact that, in this particular case, more than economic problems, material deficiencies, what the group demands in particular, in their particular experiences, is to be able to be heard in their various interests and concerns. Thus, it is striking that according to the information obtained in the field work, by different means those who participate in the daily activities of this care center end up participating in group dynamics that represent the greatest attraction of their participation, by identifying with what that is lived, with the possibilities of connection and communication that are generated in the group, and that beyond it, allows to strengthen interpersonal relationships between its members, which drives away that feeling of loneliness that hurts us as a society but that in a particular way affects older adults. The spirit relaxes, heals and nourishes when we recognize ourselves in others, who are recognized with the ability to understand ourselves and what happens to us, in that step with no return towards the unknown, hence the importance of working with groups that they share experiences, worries, fears and joys with each other.

### Health and old age, from a gender perspective

In the field of social research, these three references place us at the center of discussion of an increasingly present and visible phenomenon in the different areas of life in society; that is, in the family context, in demographic and epidemiological terms, in the field of public policies and social organizations linked to this issue. Likewise, it is very important to mention that in the current context, the reference to old age, its consequences and implications has been systematically approached as a uniform phenomenon in the case of men and women, however gender

studies represent a window from which be able to approach this phenomenon from a series of edges that significantly show us the differences in the aging process<sup>6</sup>, not only from the more conventional view between men and women [17], but also from the range of performativity referred to by Judith Butler (Butler, 199); This is already a highly significant and relevant change in the research carried out in the social sciences [18-20].

In the field of gender studies, the socialization process acquires a central importance, since the constitution of the identities that regulate our social roles and roles take place in a generalized context of learning rules, values, attitudes, stereotypes, that shape our subjectivity, with the family being the first contact and pillar of this process. In such a way that in the case of men, the incorporation and appropriation of violent and reckless behaviors, as well as a certain form of emotional management (men do not cry, they are strong) are identified as characteristic of their masculine nature [21]. Hence, part of the refusal of men to incorporate actions and measures of care that are undervalued or undervalued when recognizing them as typical of women, who are assumed to be weak, inferior and dependent. As it is recovered in different investigations in the framework of gender studies, where masculinities gradually assume an increasingly important presence "In general, self-care, the valuation of the body in the sense of health is something almost non-existent in the socialization of men. On the contrary, caring for oneself or others appears as a clearly feminine role..." [22].

In the case that concerns us, it is relevant that almost the total of the population attended in the Day Home are women, while on average there are two or three older men who are provided some type of care, and more sporadically compared to women. By crossing the information provided by the personnel who provide care, as well as that directly recovered from the speech of those who, as men, agreed to participate in the in-depth interviews, also carried out as part of the research project to the referred to here, we find discourses where ideas are expressed that clearly refer to traditional roles and representations in terms of gender, in such a way that it is much more difficult for men to accept a condition of physical deterioration and even less the care and support provided by institutions such as the one referred to here.

The professionals interviewed refer that for the gentlemen it represents a blow to their self-esteem to request to be part, as in this case, of the activities of a day house, their role as providers throughout their lives makes them think that they are able to remain productive and independent despite the passage of time; they remain reluctant to recognize that they need support and a type of care that they assume is typical of the female condition. Indeed, as mentioned, gender studies, particularly

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<sup>6</sup>It is necessary to bear in mind that from the most critical aspect of gender studies, the case of queer theory, a much broader range of gender representation and performance is proposed, which in a less conventional approach would call us to make a problem visible that is lived, from representations and expressions that go beyond the traditional codes of heterosexual identity.

what corresponds to studies on masculinities, show us the conformation of a dominant masculinity that bases its identity and personal fulfillment on the fulfillment of socially constructed and assumed stereotypes (inherent) to “real men”, those who do not cry, those who do not complain, the strong, those who do not need help, those who are able to obtain and maintain an income in terms of the role of providers that historically have been playing; thus, men are more reluctant to have a greater presence in the provision of these types of services.

However, it is necessary to make some clarifications, the place where the field work that concerns us here was carried out presents characteristics that allow us to direct some specific conclusions, which do not correspond, for example, to other types of spaces as they would be nursing homes where in many directions permanent confinement makes a difference. While in the Day Home, we find a very wide range regarding the age of the elderly, ranging from 50 years to over 90 years, in the case of asylums that work in the permanent internment modality, the ages usually correspond to more advanced stages of life, accompanied by mobility problems, or some type of cognitive or physical impairment, such as deafness, visual, integration, language problems, etc; In this case, it is more common to find a less disproportionate relationship between men and women, since the condition of detention does not primarily depend on the decision of the older adult, but rather of the family members who decide their detention. In the present case, women maintain a discursive position open to sharing emotions, moments of fragility that have left significant marks throughout life. In the case of some women, there is also a certain type of awareness, of the recognition of a whole life dedicated to others (children, husband, parents, etc.), so now is the time to change, to take care of oneself, having and fulfilling their own projects, occupations that are enjoyed and are not done out of obligation “it is important to start thinking about ourselves... after a lifetime looking for others” [23].

Finally, when towards the end of the seventies and the first half of the following decade, M. Foucault refers to the concept of governmentality, he contributes to the development of a conceptual theoretical framework, which contributes to questioning the conformation and structuring of an order that it has assumed the current characteristics and conditions of government and social control, and that it is not limited to the control of populations, but in the self-control of the subjects it finds one of the most effective and subtle veins of domination. In the different institutional spaces that serve as the basis for social organization: family, school, work, a type of knowledge is produced on a daily basis that naturalizes rules that draw and regulate the behavior of subjects, making them participate from within a series of ways of life (aspirations, projects, schemes of family and social coexistence, among the most prominent) in such a way that they appear as an expression of personal aspirations in which it is intended to account for freedom, success and personal fulfillment [24,25].

In this sense, the way in which the West defines the aging process, and especially the ways in which the way of understanding and acting around aging is expressed on a daily basis, has to do with the naturalization of a process whose condition is eminently social, at the same time that it entails and guarantees a type of control directing goals and objectives that justify the different expressions of exclusion from the same subjects, justifying it from different ways, whether economic, social or cultural. Thus, as in this case, the elderly become a remnant, a problem for society as a whole, but above all a hindrance to the daily life of families. In fact, in the same discourse of older adults, over time the foundations of their own self-rejection and confirmation of a functional sense of the validity of life are built: “I am no longer good for anything, I am a hindrance to my family, I don’t want to bother...”, a situation that modern societies have hypocritically led to the field of law, for example, assisted death: in the discourse of the elderly, the idea stands out, contradictory in many ways, regarding taste through life, however they find that the family assumes them as a nuisance, they are no longer needed by anyone, they are made to feel that they are useless, a burden, in such a way that they end up wishing death, the most soon as possible, and as a society, before asking ourselves about the background of the problem (El Sol de Toluca, 2019) [26] its origins and social, historical, political and cultural implications, we immediately join the right they have the most vulnerable For deciding on his death, this is very much like an advanced and subtle social euthanasia typical of modernity [27-30].

### As A Final Reflection

It would be necessary to join an open and generalized call for a phenomenon that has become taboo; For various circumstances and reasons we flee to talk about death, we are terrified and afraid to refer to it. This has to do with Western cultural patterns that, within the framework of exacerbated consumerism, idealize youth (the search for eternal youth), and stigmatize aging and death. It would be necessary to learn a little about other cultures in which one walks towards the end of life with respect and dignity; But for this it is essential to face our fears around this event, opening a discussion and approach of course in academic and professional fields such as medicine or sociology in this case, but it is perhaps more important to bring the subject and reflection to the different spaces of life and social coexistence, since in a strict sense it is there where death, takes on meaning and meaning, and where we can really work all in relation to its dignity, in such a way that death as the definitive cessation of vital signs, is the starting point to rethink the axes that rule and on which our lives revolve, conforming to the foundation of the way in which we arrive at death. The way we conceive and construct life is closely linked to the way we assume, act, recognize and experience death.

Death is an inherent part of life. Although in the care and emotional care, through the so-called palliative care, the interest of medicine in improving the treatment of the patient is recognized,

this fact has not been exempt from a series of criticisms in terms of the dehumanization of the doctor-patient relationship, and in general regarding the provision of services in this area, so it is important to place the issue in a much broader scenario such as society itself and its response to an event that is a substantial part of its processes social; Talking about death cannot be limited to thanatology regarding the care of terminally ill patients, it would have to be a transversal discourse that helps us revalue and re-signify life, since to that extent we will be more prepared to accept and dialogue with the latter stage of existence.

### References

1. Wolf, Mauro (1988) *Sociologies of everyday life*. CHAIR. Madrid, Spain.
2. Kravetz Tatiana (2013) Old age and the new roles of the old in modern capitalist society Paper presented at X Conference on Sociology of the UBA. Table: aging and society, Buenos Aires, Argentina, Mexico, pp. 1-8.
3. Kehl, Wiebel Susana and Fernández, Fernández J Manuel (2001) The social construction of old age in *Cuadernos de trabajo social* 14: 125-161.
4. Rosen George (1985) *From Medical Police to Social Medicine*. XXI century. Mexico.
5. El País (2013) *Hurry up and die*. Madrid, Spain.
6. Fuster Sánchez Nicolás, Moscoso-Flores, Pedro (2016) Power at the time of the population. Foucault and the medicalization of the modern city in *Athena Digital Magazine* 16(3): 207-227.
7. Bazo María Teresa (1998) Dependent old age, policies and quality of life in *Papers* 56, University of the Basque Country, Spain, pp. 143-161.
8. Juul Lassen Aske (2015) *Biopolitics of old age. How knowledge about aging forms active aging policies in Historical Sociology*. Monograph Biopolitics and Social Sciences. Editions of the University of Murcia, Spain.
9. Ociel Moya Mario (2013) Genealogy of an unannounced old age: biopolitics of aging bodies or the advent of geronto governmentality in *Revista Polis* 36.
10. Muñoz, Hernández Roxana (2011a) The public policies of old age in Mexico 2010 in *Iztapalapa Journal of social sciences and humanities*, Mexico, pp. 35-60.
11. Bauman Zygmunt (2013a) *Liquid Life*. Paidós. Mexico.
12. Lipovetsky Gilles (1998) *The era of emptiness. Essays about contemporary individualism*. Anagrama Editions. Barcelona, Spain.
13. Bauman Zygmunt (2013b) *Culture in the world of liquid modernity*. FCE, Mexico.
14. ISSTE (Institute of Social Security and Services for State Workers) (2019) *Do you know what your 21 Benefits are?*
15. González, González Norma (2018) Medicalization of death. Elements of discussion and analysis for a critical approach from the social sciences. *Cultural Magazine*.
16. Balzac Honoré de (2014) *The Skin of Zapa*. Editorial Alliance. Spain.
17. Salgado, Nelly, Wong, Rebeca (2007) Gender and poverty: determinants of health in old age in *Revista Salud Pública de México National Institute of Public Health, Mexico* 49(4): 515-521.
18. INMUJERES (National Institute of Women) (2015) *Situation of the elderly in Mexico*. Statistics Directorate. Government of the republic / INMUJERES.
19. Roses Mirta (2003) Hidden inequalities: Gender and health sector reform. In *Le Monde Diplomatique* No. 043. Pp.1-4
20. Butler Judith (1999) *The Gender in Dispute*. Paidós.
21. Sabo Don (2000) *Understanding men's health. A relational and gender-sensitive approach*. Harvard Center for population and development studies. OPS. USES.
22. Keijzer Benno (2019) *As far as the body can endure: Gender, body and male health*.
23. De los reyes, María Cristina (s/f) *Identity and exclusion of old age in globalized society*. National University of Mar del Plata.
24. Contino Alejandro Martín (2014) *Biopolitics and public policies in vulnerable population sectors in Perspectives of Public Policies Year 4(7)*: 105-125.
25. Muñoz, Franco Nora Eugenia (2009b) *Reflections on self-care as a category of analysis in health in the Salud Colectiva Magazine*, Buenos Aires, Argentina 5(3): 391-401.
26. INAPAM (National Institute for Older Adults) (2019).
27. Robledo, Gutiérrez Luis Miguel, Kershenobich, Stalnikowitz (Coord) (2015) *Aging and health. A proposal for an action plan*. Third edition, UNAM. Mexico,
28. Robles, Silva Leticia et al. (2008) *Elderly care: Assessments around non-family care in Text Context to Enferm Magazine*, Florianópolis 17(2): 225-231.
29. SSA (Secretary of Health) (2015a) *Health record. Report on the health of Mexicans*. Undersecretary of Integration and Development of the Health Sector. SSA. Government of Mexico.
30. SSA (Secretary of Health) (2015b) *General diagnosis of population health*. Undersecretary of Integration and Development of the Health Sector. SSA. Government of Mexico.



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