



University  
of Glasgow

Makita, Meiko (2012) *Ageing experiences of old Mexican women*.  
PhD thesis.

<http://theses.gla.ac.uk/3163/>

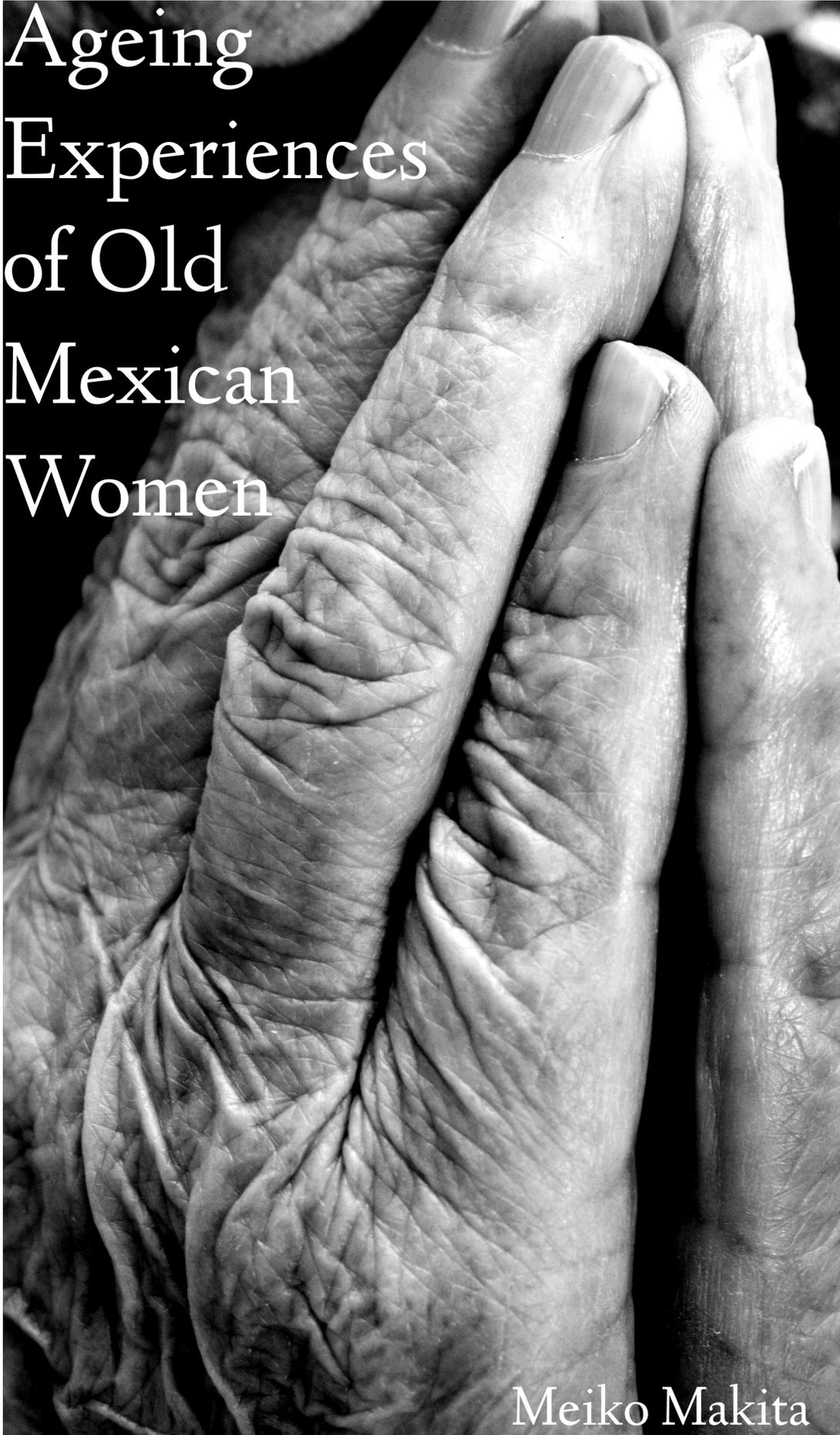
Copyright and moral rights for this thesis are retained by the author

A copy can be downloaded for personal non-commercial research or study, without prior permission or charge

This thesis cannot be reproduced or quoted extensively from without first obtaining permission in writing from the Author

The content must not be changed in any way or sold commercially in any format or medium without the formal permission of the Author

When referring to this work, full bibliographic details including the author, title, awarding institution and date of the thesis must be given



Ageing  
Experiences  
of Old  
Mexican  
Women

Meiko Makita

# **Ageing Experiences of Old Mexican Women**

**Meiko Makita**  
**BA, MSc**

Submitted in fulfilment of the requirements for the  
Degree of Doctor of Philosophy in Sociology.

School of Social and Political Sciences  
College of Social Sciences  
University of Glasgow

January 2012

I dedicate this thesis to the memory of my dad, Arsenio Makita (1939-2008).  
I'm really fortunate for having the example of your hard-earned life and all  
the opportunities I have received.

Thank you!

# Abstract

The scarcity of research currently available regarding the individual lived experiences of ageing and old age in Mexico points to our lack of understanding on this subject. Therefore, this thesis aims to advance empirical and theoretical knowledge in social gerontology, particularly in the study of old women.

Drawing on a feminist and life course perspective, this thesis explores what it means to be an old woman in 21<sup>st</sup> century Mexico. The study involved a thematic narrative analysis of data generated by life-story interviews with 32 working and middle-class old women, with an age range of 60 to 89. The analysis shows how old age is both a social construction and a material reality embedded in the women's cultural, historical and religious locations. Contrary to most current literature on ageing, the analysis also shows how most of these old Mexican women construct ageing and old age as an overall positive experience. Yet, the way they negotiate their ageing identity is not without complexity and ambiguity. On the one hand, they take pride in their age. On the other, they are not immune to utilising ageist discursive practices and attitudes that ironically reinforce old people's marginalisation.

In light of the analysis, the thesis concludes by suggesting an interdisciplinary gerontological approach to the study of the meanings that old women ascribe to their experiences of ageing and old age. First, the focus should be on women's subjective process of becoming and being old. In other words, the analysis should be based on their personal narratives and the resources they use to construct them. Second, the experience of ageing should be explored from a life course feminist perspective, challenging the dominant negative images of old women, their marginalisation and above all highlighting the positive aspects of their later life. Third, this approach should be combined with the analysis of the female old body, emphasising the diversity and ambivalence of the bodily experiences of ageing. Fourth, social gerontologists should be sensitive to how culture shapes the experience of ageing and old age. Fifth, I argue for opening dialogues regarding the significance of religiosity/spirituality to how old women make sense of their ageing experience and develop strategies for managing their everyday life. Through this line of research, the analysis of ageing and old age could be shifted away from the narrative of decline, recognising old age as the complex and rich process it truly is, full of challenges and opportunities.

# Table of contents

<b>ABSTRACT</b>	<b>IV</b>
<b>LIST OF FIGURES AND TABLES</b>	<b>IX</b>
<b>ACKNOWLEDGEMENTS</b>	<b>X</b>
<b>AUTHOR'S DECLARATION</b>	<b>XII</b>
<b>ABBREVIATIONS</b>	<b>XIII</b>
<b>TRANSCRIPTION NOTATIONS</b>	<b>XV</b>
<b>INTRODUCTION</b>	<b>1</b>
An 'Age Old' Dilemma	3
Overview of the Thesis	5
<b>CHAPTER 1. THE MEXICAN CONTEXT</b>	<b>9</b>
Introduction	10
Old Mexican Women in Historical Perspective	10
Religion and Gender Identity	25
Mexican Catholicism and The Virgin of Guadalupe	25
The cult of Motherhood	28
Ageing in Mexico	33
Socio-economic and Demographic Trends	35
No Uniform Mexico, No Uniform Ageing	38
Health Care	39
Pensions, Work and Income	41
Families and Living Arrangements	43
Conclusion	46
<b>CHAPTER 2. CONCEPTUALISING OLD WOMEN: GENDER, AGE AND THE BODY</b>	<b>49</b>
Introduction	50
Prevailing Images of Old Women	51
Old women as caregivers	51
Old women as grandmothers	54
Old Women's Ageing Bodies	56
Bodies in sociology and social theory	57
Bodies in social gerontology	58
Age and Gender	60
Symbolic Interactionism	62
Successful Ageing	66
Research on Religion and Ageing	69
Conclusion: Re-conceptualising Old Women	71
<b>CHAPTER 3. METHODOLOGY</b>	<b>74</b>
Introduction	75
Theoretical Framework	76
A feminist gerontological approach	76
Cultural variation approach	78
Sociology of religion	80
Defining religion: Classical approaches	82
The significance of religion: Contemporary debates	87
Religion Vs. Spirituality	92
The Method: Life-story Interview & Thematic Narrative Analysis	94
The Study	95
Getting started: The Pilot	96
Sample	99
A note on differences within the sample	101

Ethical considerations	103
Interview procedure	104
Me and Them/ I and We	106
Analysis of Data and Interpretation	112
Getting familiarised	112
Constructing transcripts	112
Working from Spanish into English	113
Positioning myself as researcher-translator	114
Working with data	117
Managing Data	117
<b>CHAPTER 4. PATHWAYS OF AGEING</b>	<b>121</b>
Introduction	122
Women's Cultural-Historical Location	123
Gendered Narratives	125
Education	125
Timing of Marriage	129
Motherhood	133
Working patterns	135
Becoming a widow	138
Women's Present	142
Living arrangements	142
Health	143
Conclusion	144
<b>CHAPTER 5. NARRATIVES OF CARE</b>	<b>146</b>
Introduction	147
Care as a Day-to-Day Activity	148
Why Do Women Care?	149
Typologies of Care	150
Care as love	150
Care as pleasure	152
Care as obligation	155
Care as burden	158
Narratives of Self-care	160
Narratives of 'Being Cared For'	163
Collecting a care debt	164
Resistance to becoming a burden	167
Unfulfilled care expectations	170
Gendered Narratives of Care	174
Conclusion	178
<b>CHAPTER 6. HEALTH AND DAY-TO-DAY BODILY EXPERIENCES</b>	<b>181</b>
Introduction	182
What Does Being 'Healthy' Mean?	183
Women's Definitions of Health	184
Health as function	185
Health as fate	185
Health as lifestyle	189
Health as the absence of disease/pain	191
Health as attitude	192
(Un)Healthy Bodies	195
Healthy by 'being able' to engage in social and caring activities	196
Healthy despite the "presence" of disease, pain or impairment	198
Healthy by activities of control and routines	198

Healthier in comparison with oneself or others	201
Healthy in the “absence” of disease, pain and distress	206
“Normal” health for an old person	210
Conclusion	212
<b>CHAPTER 7. MEANINGS AND IMAGES OF AGEING AND OLD AGE</b>	<b>214</b>
Introduction	215
Women’s Definitions of Old Age	216
Old age as ‘joy and fulfilment’	217
Constructing a positive meaning of old age	218
Social comparison: Being better than other old people	218
Residual functionality: What I am still able to do	219
Control activities: I take care of myself	221
A religious/spiritual interpretation	222
Old age as ‘boredom/hopelessness’	225
Old age as ‘something ugly’	228
Determinants of Old Age	231
Chronological age	231
Functional abilities	232
Social status	234
Being or Feeling Old?	235
Mind-body relationship	237
Embodied interaction	239
Health Status	241
Constructing the <i>other</i> as old	242
Realisation of Decline: Women Constructing Themselves as ‘Burden’	244
Managing Ageing Through Faith in God	246
“Que sea lo que Dios quiera y cuando Él quiera”	
(How and when I leave is God’s will)	247
“ <i>Que Dios me conserve bien hasta el último día</i> ”	
(I ask God to keep me well until the last day)	248
“Le ruego a Dios que ya me recoja” (I pray to God to take me soon)	250
Conclusion	251
<b>CHAPTER 8. AGEING EXPERIENCES OF OLD MEXICAN WOMEN: A THEORETICAL DISCUSSION</b>	<b>254</b>
Introduction	255
Summary	257
Pathways of Ageing	257
Narratives of Care	258
Health and Day-To-Day Bodily Experiences	259
Meanings and Images of Ageing and Old Age	259
Religious Narratives of Ageing	261
Religious faith as old women’s resource to meaning-making	262
Faith and ideas about life and ageing	264
Faith and ideas about ageing and death	265
Narratives of Care and ‘Burden’	268
Complex Narratives of the Ageing Self	272
Functionality over Appearance	273
Distancing	275
Concluding Remarks	276
Reflections on the Project	277
Final Thoughts	279

<b>APPENDICES</b>	<b>281</b>
Appendix 1. Mexico's main demographic ageing indicators	282
Appendix 2. Mexican Health Care System	285
Appendix 3. Mexican Public Pension System	286
Appendix 4. Show Card	287
Appendix 5. Casa de Reposo Nuestra Señora de Fátima	289
Appendix 6. Informants' Biographies	290
Appendix 7. Formal education over the life course	322
Appendix 8. Informants' work patterns and pension coverage	324
Appendix 9. Widowed Informants	327
Appendix 10. Illnesses, physical conditions and diseases as described by informants.	328
<b>REFERENCES</b>	<b>329</b>

## List of Figures and Tables

Figure 3.1 Cultural-Religious Framework	93
Table 3.1 Working Across Languages	117

# Acknowledgements

I started my PhD in October 2005. Since then many have joined me in various ways on this difficult yet enjoyable journey. I could not have reached this point without having loads of support and encouragement from many wonderful and generous people. I consider myself to be very fortunate.

I'm grateful to both of my supervisors Prof. Nick Watson and Dr. Emmanuelle Tulle for their interest in my project, their insightful and critical comments and for helping me to clarify and put my ideas together.

I would also like to acknowledge and thank CONACYT, for sponsoring the first four years of my PhD studies and my stay in Glasgow.

I am sincerely grateful to the thirty-two old Mexican women who participated in my project and shared part of their life-stories with me. This thesis is theirs as much as it is mine.

My mum and best friend, Elsa, and my friends back in Mexico, Tania and Martha, spent many, many hours listening to me and helping me to articulate my ideas at several levels. Not only they have helped me in my analysis and interpretation of what it means to be an old Mexican woman, but also offered me emotional support from start to finish.

The support of my friends in Glasgow, Jose, Fujimi, Mariela, Rafael, and Carlos, have also been invaluable, they made this journey more pleasurable and provided a sense of community in a foreign land. I also thank my dear friend Paolo for all his tech-support and his culinary treats, which I have enjoyed ever since I arrived here.

I would like to express my gratitude to Dr. Nicky Burns, for all the time and effort she has dedicated to reading my drafts and giving me constructive criticism. A generous colleague and a friend indeed, who literally held my hand at crucial moments. The same can be said for Dr. Hazel McFarlane, our chats made the time at our shared office more fun and interesting.

I would also like to thank Professor Bridget Fowler as well as the administrative staff at both the department of Sociology and faculty office, and the staff of the International Student Support Office for all of their assistance throughout the time taken to complete this thesis. I extend my gratitude to all of my colleagues at the Strathclyde Centre for Disability Research for the friendly atmosphere, and especially to Paul McPeake for the encouragement and our chats over tea.

Being away from your loved ones is always hard. This was in part mitigated by one annual trip back home, which was always possible thanks to my foster sister Magli and her subsidised airplane tickets (God bless American Airlines).

I thank my family back in Mexico for their care and support, especially I want to thank my mum for sharing her own ideas about ageing and old age with me. Those conversations were indeed my first real contact to the worldview of an *adulta mayor* (old woman). ¡Mami, lo hicimos!

Last, but not least, I want to thank Scott for his love, all his help, patience and understanding. This manuscript is much better for Scott's proofreading and suggestions. He encouraged me to keep calm and carry on until the very end.

Now I want to share what I have learned during this journey with you!

Glasgow, Scotland  
November 2011

Meiko Makita

# Author's Declaration

I declare that, except where explicit reference is made to the contribution of others, that this dissertation is the result of my own work and has not been submitted for any other degree at the University of Glasgow or any other institution.

---

Meiko Makita

## Abbreviations

CONAPO	Consejo Nacional de Población (National Council for Population)
CONEVAL	Consejo Nacional de Evaluación de la Política de Desarrollo Social (National Council for the Evaluation of Social Development Policy)
CP	Communist Party
CRNSF	Casa de Reposo Nuestra Señora de Fatima (Our Lady of Fatima Retirement Home)
DIF	Sistema de Desarrollo Integral de la Familia (National System for Integral Family Development)
EZLN	Ejército Zapatista de Liberación Nacional (Zapatista Army of National Liberation)
FUPDM	Frente Único Pro Derechos de la Mujer (United Front for Women's Rights)
IMSS	Instituto Mexicano del Seguro Social (Mexican Social Security Institute)
INAPAM	Instituto Nacional de las Personas Adultas Mayores (National Institute of Older Adults)
INEGI	Instituto Nacional de Estadística y Geografía (National Institute of Statistics and Geography)
INFONAVIT	Instituto del Fondo Nacional de la Vivienda para los Trabajadores (Institute of national fund of household for workers)
ISSSTE	Instituto de Seguridad y Servicios Sociales de los Trabajadores del Estado (The State's Employees' Social Security and Social Services Institute)
NAFTA	North American Free Trade Agreement
PAN	Partido Acción Nacional (National Action Party)
PNR	Partido Nacional Revolucionario (National Revolutionary Party)
PRI	Partido Revolucionario Institucional (Institutional Revolutionary Party)
PRM	Partido de la Revolucion Mexicana (Mexican Revolution Party)
PRUN	Partido Revolucionario de Unificación Nacional (Revolutionary Party of National Unification)
SNS	Sistema Nacional de Salud (National Health System)

UN United Nations  
WHO World Health Organisation

## Transcription notations

Notation	Definition
(.)	Indicates a short pause, typically no more than one-tenth of a second.
[word]	Material within brackets represents the transcriber's clarification of an unclear part, or a change made to preserve anonymity.
[ ... ]	Indicates that material has been omitted from the text.
[	Left brackets indicate the point at which a current speaker's talk is overlapped by another's talk.
<i>"Italics"</i>	Italics within quotation marks used to denote Spanish words, followed by the English translation within brackets.
M	M after a person's name refers to their being married.
NM	NM after a person's name refers to their having never married.
D	D after a person's name refers to their being divorced.
W	W after a person's name refers to their being widowed.
CU-CS	Formerly in a Consensual Union – Currently Single.

## Introduction



[I]n all societies, philosophers, theologians and imaginative writers have been fascinated by the processes and stages of human ageing and the experience of old age, but systematic and sustained investigation of these questions began only around 60 years ago (Warnes & Phillips 2007: 141).

Where Mexico differs from the development of gerontology in the UK and the USA is that issues of ageing and old age have only gained considerable attention during the last two decades (Robles-Silva et al. 2006; Montes de Oca 2010), within both academic domains and the government's political agenda. Mass media has also contributed in making this issue more "visible" and now it is not uncommon to find both academic and public debates about the future of Mexico's ageing population. Yet, in Mexico the research on ageing is still limited (Montes de Oca 2010).

Furthermore, the body of research there is has constructed ageing and old age as a 'social problem' (Ham-Chande 1995, 2006), and consequently contributed to create a homogenous and negative image of old people. Through a review of the available literature, I have found that research on ageing in Mexico centres around four main topics: socio-demographic statistics and projections; analysis of the economic impact on social security systems; issues of health care provision and biomedical and epidemiologic profiles; and family support and intergenerational relations (See Chapter 1)<sup>1</sup>.

Thus, old people in Mexico are categorised in terms of percentages and dependency ratios. Growing old and being old is regarded as a "universal" experience (Gubrium & Holstein 2003), and analysis of gender and cohort differences in later life are underexplored. What we do know is that individuals aged 60-plus are officially considered old or "*personas adultas mayores*" (older adult people) (INAPAM 2010) and that life expectancy at birth for men is 73.7 years and for women is 77.8 years (INEGI 2010).

Although valuable and necessary – especially in terms of public policies – from this perspective old age is analysed only as a demographic phenomenon and the

---

<sup>1</sup> Most of this research has been conducted by public organisations such as CONAPO or INEGI, Instituto de Salud Pública de México, and universities such as UNAM, El Colegio de México and El Colegio de la Frontera Norte. The journal *Papeles de Población* frequently publishes articles on a variety of issues related to ageing and old age, however the emphasis is on socio-demographic aspects.

cause of further economic and social problems (Canales 2002; Ham-Chande 2003). In turn, the examination of ageing and old age as an individual lived experience has been neglected. From a feminist and life course perspective, my thesis aims to contribute to filling the knowledge gap in Mexico's research agenda on ageing and old age by exploring the ageing experience of thirty-two old women from their own perspectives. It does so by seeking to understand how these women construct and negotiate meanings of old age in their day-to-day lives, their notions of care, bodily experiences and ageing identities.

Altering the research and theoretical agenda is important because the social, economic and discursive context in which people now become old is undergoing fundamental transformations, which are bound to operate a shift in the aspirations, opportunities and constraints that people will experience (Tulle & Mooney 2002: 686).

In this context, it becomes necessary to step beyond the macro-social analyses and bring to the fore the point of view of old people themselves; as social actors they interpret and define their reality while at the same time they develop strategies to change structures and their society (Krekula 2007).

For me, eliciting the voices of old Mexican women is not only an important academic endeavour but also an emancipatory effort to challenge ageism and social inequalities.

## **An 'Age Old' Dilemma**

When I set out on this research project the term I used to refer to my study subject was 'older women'. However, as I became more engaged with the literature of social gerontology and the way some feminist scholars, particularly Toni Calasanti and Kathleen Slevin (Calasanti 2003a; Calasanti & Slevin 2001), approach the study of old age and age relations I started to question my own choice of language. I found myself indistinctively writing 'old' and 'older', and constantly reflecting on the political implications of such words. Andrews (1999) has advocated for calling old people old, as this acknowledges both the challenges and possibilities that their years embody. Calasanti (2003a) has also expressed her concern in reclaiming the positive valuation of the term.

Most of the women I interviewed preferred the term “*adultos mayores*” (older adults) or “*personas mayores*” (bigger persons) and very few openly embraced the terms “*vieja*” or “*anciana*” (old woman) and used them in a positive way. However, the cross-language nature of my study made choosing a term all the more difficult. I was caught in a dilemma. I wanted to subscribe to Andrew’s and Calasanti’s reclamation of the term old, whilst at the same time felt that I needed to use an English word that was closer to my informant’s own chosen category, that is, ‘older’. I opted for using the latter but felt that by doing so I was reinforcing society’s ageist attitudes towards older adults.

While ‘old’ is socially constructed, reified and stigmati[s]ed, as are many other terms for oppressed groups, using the term ‘older’ conveys that the old are more acceptable if we think of them as more like the middle-aged (Calasanti 2003a: 16).

The use of the word ‘old’ (“*viejo*”) in the context of the Spanish language carries a greater degree of stigma than in English. While, for example, the question “how old are you?” is in everyday usage and places little presumptive weight on the answer, the equivalent Spanish structure would ask “how many years do you have?” This linguistic syntax, I argue, makes it harder to reclaim the category ‘old’, as it may imply that people embrace their accumulating years. With this in mind, it seems that reclaiming the positive use of ‘old’ is an easier task than reclaiming “*vieja*” or “*anciana*”. In Chapter 4, I engage in a more detailed discussion of the translation dilemmas implicated in this study.

Given that my intention is to subscribe to a feminist critique of ageism and age relations (Calasanti & Slevin 2006), throughout the thesis the category ‘old women’ will be used rather than ‘older women’. ‘Older’ will only appear whenever is part of a direct quotation or when using the term ‘older adults’. As Caissie (2011: 131) notes: “[b]y using *old age* in positive ways we are saying that there is nothing wrong with being old.” (emphasis in the original). This thesis sets out to encourage the same goal: to reclaim the term old.

## Overview of the Thesis

Chapter 1, *The Mexican Context*, offers a detailed account of the cultural, historical, political and religious aspects unique to Mexico and its people, particularly focused on the role and position of Mexican women. Also, it provides a description of Mexico's current socio-economic and demographic context. An ageing society can be explored from many different angles; here the emphasis is on issues pertaining to health care services and social security programs. I discuss the role of the family as a central source of care and support for old people, particularly in relation to gender and class differences. This examination, although not exhaustive, is important as it helps to contextualise the lived experiences of the thirty-two old women who participated in this study.

In Chapter 2, I examine current conceptualisations of 'old women'. The focus is on a feminist analysis of two dominant cultural images, namely as caregivers and as grandmothers. From a feminist perspective caregiving is constructed as a simultaneous source of old women's oppression and counter-narratives of resistance. I also discuss the centrality of exploring 'subjective' bodily experiences and argue for the importance of an approach based on the interplay of gender and age, and the recognition of the positive aspects of female ageing bodies instead of departing from a "misery perspective" (Krekula 2007) that contributes to constructing women's ageing experience as more painful and problematic in comparison to men's. I examine other perspectives, such as symbolic interactionism, successful ageing and a religious approach to exploring old women's life experiences. Finally, I place great emphasis on situating our analyses within our study subjects' cultural and religious realities. By factoring in cultural value-orientations and exploring the possibilities of individuals' spirituality/religiosity, I contend, we can deepen our current theoretical discussions of how old women make sense of ageing and old age.

The third chapter, *Methodology*, comprises the theoretical approach and methods used in my study. In particular I outline the challenges of investigating the ageing experience of old Mexican women by utilising western theories and conceptual tools. I advocate the importance of applying a critical feminist approach to the subjective experience of old age. Given the centrality of religion to my informants ageing identities, I also discuss some of the classical and current debates within

the sociology of religion. I argue for the relevance of a culturally-sensitive approach to social gerontology that considers the individual's historical, social, economic and familial locations as structural forces shaping their life course and consequently their ageing experience. I provide a detailed description of the stages of the fieldwork, analysis and interpretation of data, and discuss the challenges and dilemmas arising from the cross-language character of my study.

Chapters 4, 5, 6 and 7 will examine in detail the experiences of ageing and old age of thirty-two Mexican old women. These women's life course experiences are rooted in and arise from a cultural context intersecting with specific social and economic locations. Chapter 4, *Pathways of Ageing*, describes such public-personal intersections, uncovering key structural and personal triggers in the realm of caring responsibilities, marriage, work and education, which have shaped informants' identities and journey towards old age.

In Chapter 5, *Narratives of Care*, the focus moves from past life experiences to the informant's present situation. Throughout the everyday lived experiences of these women care is a constant theme. Caring is central to their feminine identity and in line with a culture embedded in a traditional patriarchal system that reproduces the idea that caregiving is a natural female obligation. This chapter, therefore, examines several typologies of caring roles identified amongst the informants. Furthermore, it uncovers old women's different narratives of care, looking closely at the tensions between the women's personal dispositions and expectations regarding care in old age, the cultural – meta – discourse of care and a subtle but imminent counter-narrative constructed on the basis of caregiving.

Interestingly, whether the care these women engage with is in the form of 'caring for others', 'self-care' or 'being cared for' their levels of engagement and competence as well as their social interactions and relations depend on their health status, and physical and functional abilities. Thus, Chapter 6, *Health and Day-to-Day Bodily Experiences*, consists of a discussion of the experience of the body in old age, especially through the analysis of the informants' understandings of health and disease, their notions about their own bodies, physical changes and image, as well as the strategies to manage their health and ageing bodies in relation to self and others.

Chapter 7, *Images and Meanings of Ageing and Old Age*, examines the women's own definitions of old age paying special attention to the language they use to refer to old age and their ageing experience. Here, the emphasis is given to the complexity of an old age identity and the distinction all informants made between *being* and *feeling* old that is rooted in a complex relationship between the mind and the body. The informants went on to discuss the corporeal aspects of growing old and their embodied identities, and also the religious/spiritual narratives they construct as strategies to manage and negotiate their ageing experience.

Thus, although not a theme in itself, across these four data chapters, Mexican cultural values and mostly the informants' religious/spiritual faith have been identified and located as an important structural and individual factor that influences the way in which these women experience and make sense of their old age while attempting to re-construct an ageing identity. Religion as a key theme was one that emerged only when I had nearly finished my analysis. The study had not set out to investigate how old Mexican women integrate religious beliefs to their day-to-day life, or how this might impact their construction of ageing and old age. However, as I will show in the four data chapters, the informant's religious beliefs are central to their experience of ageing and old age.

In Chapter 8, *Ageing Experiences of Old Mexican Women: A Theoretical Discussion*, I outline the implications of the preceding data chapters. Following a brief summary of the empirical findings in each chapter, I move on to discuss the significant themes emerging from the analysis of old Mexican women's life stories. By exploring what the informants had to say when they constructed their personal narratives and described their experiences of ageing and old age, a clear picture of the Mexican culture in which they are located has emerged. Through a gendered ideology, these women have been socialised to be caring and nurturing. For most of them caregiving has been a central element shaping their life course. Thus, caring is part of their self-identity, and this is why they see their ability to care for others and self as a site of competence, autonomy and self-esteem. The way these old women conceptualise care and their caring responsibilities towards their families is where we can see clearly how their functional body intersects with their emotions and feelings, and becomes a site of agency.

Underpinning these old women's Mexican identity is religion, which emerged as an overarching framework that shapes the way in which they 'make sense' of their reality, their self and social identity and the ways in which they understand and interpret the bodily changes that accompany ageing and old age. For most of them old age is something to be proud of, and they seem to construct such a positive meaning by recourse to their religious faith. To them ageing, old age, and their lives as a whole have a purpose.

Yet, as I will show, these old Mexican women's embodied experiences of ageing are not without complexity and ambivalence. Based on their own bodily ageing experiences, their identity construction also involves various contradicting strategies (e.g. 'not feeling old' or distancing from other old people) with which they constantly negotiate cultural stereotypes of ageing and old age. All of these strategies reveal the pervasiveness of our ageist societies, which is reflected in some of the negative images these women construct about old age, but particularly about *other* old people. The reproduction and reinforcement of such attitudes and negative stereotypes of bodily ageing by old people themselves is where we can find the most similarities between Mexico and the UK or the USA.

Thus, the current 'cultural script' that dictates that young is good and old is bad needs to be changed. All ways of ageing and forms of ageing bodies need to be legitimised as what they are, instead of being compared against what they are not. Current discussions of ageing and old age remind us of the limitations of language. The dominant discourse is based on false, overly simplistic dichotomies: independent/dependent, healthy/ill, competent/ incompetent, mind/body, youth/old age. We need to develop alternative ways to conceptualise the complexity of individual lived experiences of ageing and old age.

The thesis concludes by suggesting an interdisciplinary gerontological approach to the study of the meanings old women ascribe to their experiences of ageing and old age. First, focus should be on women's subjective experiences of becoming and being old. In other words, the analysis should be based on their personal narratives and the resources they use to construct them, especially religion. Second, the experience of ageing should be explored from a life course feminist perspective, challenging the dominant negative images of old women, their marginalisation and above all highlighting the positive aspects of their later life.

Third, this approach should be combined with the analysis of the female old body, empathising the diversity and ambivalence of bodily experiences of ageing. Fourth, social gerontologists should pay attention to how cultural value-orientations shape the experience of ageing and old age. Fifth, I argue for opening dialogues regarding the significance of religiosity/spirituality to how old women make sense of their ageing experience and develop strategies for managing their everyday life. Through this approach, the analysis of ageing and old age could be shifted away from the prevailing narrative of decline, recognising ageing as the complex and rich process it truly is, full of challenges and opportunities.

Chapter 1

## The Mexican Context



## **Introduction**

Mexico, like its people, has a broad and storied history. This chapter aims to provide a background for the study, and is divided into two parts. The first examines the Mexican context in terms of its culture, politics, religion and history, with a particular focus on women's roles, broadly between the early twentieth and early twentieth-first centuries. The second part explores Mexico's situation regarding current research on ageing and old age.

## **Old Mexican Women in Historical Perspective**

The 32 women I interviewed were born between the years 1916 and 1947. Thus it is pertinent to review the history of Mexico especially from that period onwards, in order to frame the analysis of the ageing experiences of old Mexican women more clearly.

The crises in 1810 and 1910 turned into revolutions that define Mexican history - a long and painful history. Amid modernising though absolutist Bourbonic economic reforms, European thinking and a silver mining boom, the war of Independence originated in response to social and economic immobility and regression that called for political change and more importantly "[...] set Mexico on a conflictive course of nation building." (Reina, Servin & Tutino 2007: 1). At this point in Mexico's history, there flourishes forms of endogenous cultural identification (e.g. creole<sup>2</sup> nationalism, neo-Aztecism) and nationalist (Catholic) religious sensibility, namely the rise of the Virgin of Guadalupe devotion. For instance, creole politicians appropriated the symbol of Guadalupe and managed to establish it as a political weapon capable of creating a national consciousness: "[...] the Virgin of Guadalupe was seized repeatedly as the standard bearer for various political causes, from Miguel Hidalgo y Costilla [during the Independence war,] to Emiliano Zapata [...]" (Herrera-Sobek 1990: 52), during the revolution]. Unsurprisingly, these elements gave way to an ideological platform for national autonomy that shaped Mexico's liberalism (Van Young 2007; Annino 2007). Later, I will discuss the importance of Guadalupe and her symbolism in Mexican identity.

---

<sup>2</sup> A person of European descent born in the West Indies or Spanish America.

According to Octavio Paz (1980), in contrast with the experience of the United States, Mexico had a state and a church before it was a nation. Thus, in the context of a Mexican nation-building project, modern politics sought to create two separate spheres: the public and the private. The former was represented by the state and politics, the later one referred to everything else. This, however, created another problem: the role of religion in the new order, or more exactly the relationship between state and church. Whilst the Catholic Church and its culture were symbols of both the Hispanic monarchy and Mexico's early liberalism (1824 Mexican constitution even stated: "The religion of the Mexican nation is and will in perpetuity be Catholic, Apostolic and Roman"), the new state was intended as a purely secular institution. Unsurprisingly, this situation led to hardening divisions between the two historical factions, liberals and conservatives, in the second half of the nineteenth century. Nonetheless both parties had similar goals, liberals believed that Mexico could become a modern country only by excluding the church as a political and economic - albeit not a social - force whereas conservatives sought the support of traditional, corporate and deeply religious sectors to rebuild Mexico (Guerra 2007; Katz 2007).

"The establishment of a republican democracy in Mexico meant a radical break with the past [...]" (Paz 1980: 410), and originated pervasive civil wars between liberals and conservatives. Such wars led directly to the French invasion and installing of Maximilian of Habsburg as emperor of Mexico (1864-1867), who ironically "[...] proved more liberal than his Mexican conservatives allies [and] more open to negotiating the rights of indigenous communities than his Mexican liberal foes" (Tutino 2007: 234). The Reform War and President Benito Juarez and the liberals' victory over the French culminated with an almost total exclusion of organised religion from the political arena (Katz 2007; Tutino 2007; Meyer 2007). However, as Paz (1980) argues, liberals managed to re-establish the order but they were not able to implant true democracy. Instead, they established "[...] an authoritarian regime wearing democracy's mask." (1980: 410) that has sought its justifications in secularism, rationalism and libertarianism (Stevens 1975). A regime that up until very recently was still dominating the Mexican polity. The electoral defeat of the political class in power for over 70 years (*Partido Revolucionario Institucional*, PRI) in July 2000 has given Mexican neoliberalism a modern tone, however democracy is still an incipient project. What has been achieved is a "democratic transition". I will return to this issue later.

The influence of liberal ideology and the positivism of August Comte (see Molina Enriquez 1972[1905]), along with the unity of both liberals and conservatives of the landowning class gave way to the military dictatorship of General Porfirio Díaz (1877-1911) (Paz 1980; Katz 2007). The new regime's leaders were called "*científicos*" (scientists), to differentiate them from the churchmen that previously dominated Mexico's policy; although the Catholic Church continued to influence popular thinking (Tuñón Pablos 1999). This was a period of "order and progress", of political stability and material development that brought Mexico to a new era of commercial expansion, increasing foreign investment, especially from Britain and the United States, and capital accumulation, where land prices and the concentration of landownership increased and landlords profits rose. This economic model, however, generated greater social inequality, real-term falling wages and declining standards of welfare, leading to armed mobilisations across the country, an explosion of social demands and a deep regionalisation of political power (Knight 2007; Servin 2007). The Mexican Revolution (1910-1920) was a long and violent struggle of the popular classes that eventually culminated in a new regime and the realisation of significant, if limited, social goals: agrarian reform and basic labour rights (Servin 2007: 365). More importantly, beyond its political repercussions, the revolution impacted the daily habits of women and men alike.

The legacy of the Mexican Revolution, both in terms of a nation-building project and the subsequent process of integration into the global system has had detrimental consequences for the country's own well-being. A perfect example of such consequences is the imposition of an "imaginary Mexico" through Christian culture, capitalism, European (i.e. Spanish) patriarchal system, industrialisation and liberalism, in which the *Mexico profundo* – Indian, agrarian and popular Mexico has not been the beneficiary, but instead the provider of the resources that made possible the imaginary Mexico's development (see Bonfil 1999). Of course, Mexico's national project has also entailed a process of internal integration prior or simultaneous to that of modernisation.

As Tuñón Pablos (1999) notes, Mexican women have actively participated in this process and oftentimes they have even been instrumental to it. As mentioned earlier, Mexico inherited from Spain a patriarchal conceptualisation of women in society, based on the belief of their inferiority and influenced by Christian precepts, which included many negative views, such as that of the figure of Eve as

betrayers. However, as Herrera-Sobek (1990) notes, Mexico added its own conceptualisation of women as “traitors”. In the Mexican national consciousness the figure of *La Malinche* (also known as *Mallinalitzin* or *Doña Marina*), Hernán Cortés’s mistress, translator and political adviser, has become the symbol of *mestizaje*; she is the mother of the Mexican race. In Octavio Paz’s (2004 [1959]) words, Mexico’s *mestizo* people are “*Los hijos de La Malinche*” (the sons of *La Malinche*), born of the unequal “marriage” of Europeans and Indians, a process that entailed a clear subordination and exploitation. The figure of *La Malinche*, however, is very ambivalent. She is seen as both victim and betrayer, and “[...] layered over more universal archetypes such as the virgin/whore [...]” (Olcott 2005: 15). So complex and strong is the figure of *La Malinche* in Mexican psyche that many Mexican scholars have attempted to understand the Mexican male identity (e.g. machismo; inferiority complex) on the basis of the ambivalent symbolism and unresolved conflict that *La Malinche* represents (see Franco 1994). Nevertheless, she is a marker of the sex-gender system in today’s Mexican culture, of a feminine identity. As Octavio Paz (2004 [1959]: 94) claims, *La Malinche*

becomes a figure representing the Indian women who were fascinated, violated or seduced by the Spaniards. And as a small boy will not forgive his mother if she abandons him to search for his father, the Mexican people have not forgiven *La Malinche* for her betrayal. She embodies the open, the *chingado*<sup>3</sup> [violated, injured], to our closed, stoic, impassive Indians.

The figure of *La Malinche*, then, represents the violated mother. As Paz argues, “she is the *Chingada*. She loses her name; she is no one; she disappears into nothingness; she is Nothingness. And yet she is the cruel incarnation of the feminine condition.” (2004 [1959]: 94).

More recently, the figure of *La Malinche* has been re-evaluated, particularly by Chicano scholars, such as Adelaida del Castillo, who considers *la Malinche* not as a “traitor” of her race but as one who had converted to the religion of the Spaniards and became a Christian activist who wanted to share Catholicism with her people (1975 cited in Herrera-Sobek 1990: 68).

---

<sup>3</sup> According to Octavio Paz (2004 [1959]: 84-85), “in Mexico the word “*chingar*” has innumerable meanings. It is a magical word: a change of tone, a change of inflection, is enough to change its meaning.” In this context, “the verb denotes violence [...] is masculine, active, cruel: it stings, wounds, gashes, stains. And it provokes a bitter, resentful satisfaction.”

Nevertheless, *La Malinche*, the Mexican Eve, whether historical or mythical figure, continues to be an expression of Mexican reality: the adjective “*malinchista*” is commonly used to refer to those who prefer the “foreign” before the Mexicano. As Paz notes: “The *malinchistas* are those who want Mexico to open itself to the outside world: the true sons of *La Malinche* [...]” (2004 [1959]: 95).

Jocelyn Olcott (2005) has also revisited the symbol of *La Malinche* to analyse feminist activism in post-revolutionary Mexico. Indeed, the revolution allowed women along other society’s “extras” (e.g. peasants, wage labourers, indigenous groups) to issue demands for expanded social, economic, and political rights. According to Tuñón Pablos (1999), during the *Porfiriato*, working-class and middle-class women had already become aware of gender and class issues. Although women were expected to take care of their homes, they assumed a greater public role as this benefited the new system of “order and progress.” By working outside the home they became familiar with their country and thus learned about and participated in social organisations and feminist movements. At the time, female teachers who addressed the inequality between men and women and stressed the importance of women’s education pioneered the feminist movement. This movement, however, focused on the characteristics considered feminine, such as sweetness and emotivity.

The revolution began and women’s activism remained strong; they demanded the right to vote early on May 1911. Within the regime that followed the revolution, concerns grew about whether women activists might be “fascinated, violated or seduced” (Paz 2004[1959]) by debates backed by communists or “immoral” clergy members. Once again, as Olcott (2005) contends, *La Malinche* was employed as model of Mexican feminine identity: feminist activists were seen as traitors, succumbing to foreign ideals. However, were these *Malinche*’s daughters “[...] repeating her error by [...] facilitating the co-optation of women’s activism? Or were they defiant daughters disdaining their mother’s passivity and abjection, exerting control over this unequal encounter by pre-empting violent domination, only to find that they could not fully escape the world their mothers created?” (ibid: 15).

Indeed, at the time most feminist activism was still very much underpinned by ideas of women’s selflessness, martyrdom, and self-sacrifice nature: “*abnegación*”

remained synonymous with idealised Mexican femininity and motherhood. All sides of the suffragist debate used women's "*abnegación*" as their main argument. Whilst opponents of women's political emancipation argued that subjugated and passive women did not merit citizenship and highlighted their domestic status as evidence of their incompatibility with the public sphere, women's rights activists argued that indeed their sacrificing nature what made women ideal citizens. A newspaper editorial of the date read: "The emancipation of woman prevails. Her weapons? Perseverance, study, work, sacrifice, and *abnegación*, and the principal of all these, her own femininity." (cited in Olcott 2005: 16). Similarly, in 1938 a suffragist activist reassured her audience that the female voter "would not leave off being a loving mother and an abnegated wife." (ibid). Furthermore, Communist Party members (formed in 1919) and Catholic women's organisations alike appealed to women's *abnegación* to advance their causes and claimed it as the paradigm of Mexican feminine identity (see Tuñón Pablos 1999; Olcott 2005).

Nonetheless, the practical implications of this feminine archetype varied amongst communities, classes, and ethnic groups, changing over time. The persistent ideal of the "*mujer abnegada*" (abnegated women) clearly informed how Mexican women constructed themselves as moral and political subjects, simultaneously elevating and subjugating them (Olcott 2005). Indeed, Mexico's historical records confirmed women's active participation in the Revolution. From this period new archetypes of Mexican femininity were added to *La Malinche* and la "*madre abnegada*" (abnegated mother): the "*soldadera*" (a term that includes both female armed soldiers and camp followers) has also become a recurrent image in Mexico's collective memory. This image, as Tuñón Pablos (1999) would argue, has also been constructed upon ideals of *abnegación* and sweetness, though a sexual overlay has been added. However, this author exhorts us to avoid the fixed idea of submission and docility applied to women throughout Mexican history and recognise their varied but continuing struggle for emancipation.

Despite the prevalence of "*abnegación*" and motherhood, women remained committed to overcoming the conditions that relegated them to an inferior status. During the 1920's and 1930's feminist organisations proliferated across the country (e.g. mothers' clubs, consumption cooperatives, temperance leagues, women-only militia, motorcycle clubs, and labour unions), but not without conflict, as it was impossible to establish a common conception of womanhood

and femininity (see Tuñón Pablos 1999; Olcott 2005). For instance, even the apparently fixed biological identity of “motherhood” varied between and amongst rural and urban women, wage earners and housewives, and across different generations and social class.

The feminist activists’ agenda remained ill-defined and divided, without a united “feminist perspective”. Although these differences persisted for years, the matter of whether women’s household labour constituted consumption or production became a common interest amongst policymakers, women’s rights activists and general discussants of Mexico’s gender order. This demonstrates not only modernist and socialist views on labour and productivity but also feminist concerns with women’s traditional and emerging economic roles, which gave way to other female archetypes such as that of “*la chica moderna*” (modern girl) and “*la mujer nueva*” (new woman) (Olcott 2005: 17-30; Tuñón Pablos 1999). In this context, ideas on contraception and racial improvement generated intense debates about the centrality of motherhood to modern, post-revolutionary Mexican women’s identity. In Yucatan (state that became the first one to give women “limited” voting rights in 1922), prominent radical feminist Elvia Carrillo Puerto and her allies advocated unrestricted access to birth control, promoted literacy and hygiene, and fought against drug addiction, alcoholism and prostitution. Their actions had national repercussions as women across the country joined the discussions. They also supported free love and the right to divorce, which annoyed Catholics while debilitating government’s attempts to counter fanaticism. However, as Olcott (2005: 40-41) notes, the Cristero War (1926-1929) transformed the context of women’s activism and the contingent terms of post-revolutionary citizenship. In this rebellion women from conservative sectors had a legendary role, participating in armed combat, intelligence gathering and provisioning brigades. Thus, one could argue that their role was similar to that performed during the revolution.

Whilst the rebellion remained mainly in the centre-west region of Mexico, it found sympathisers all over the country. The “*cristeros*” (Catholic rebels) defended the interests of the clergy and opposed the secular policies of President Plutarco Elias Calles (Tuñón Pablos 1999: 98-99). Unsurprisingly, women’s widespread participation reinforced political leaders’ assumptions of feminine fanaticism. However, “fears of Catholic militarism also helped their cause by creating an

imperative to address the ‘woman problem’ and prevent women from becoming ‘tools of the reaction’.” (Olcott 2005: 41). Certainly, in the post-Cristero period feminist activists exert the threat of religious fanaticism as the price of ignoring their demands, whereas the influence of Catholic women in education and social customs became clear in the coming years.

From 1928 to 1934, a period known in Mexican history as the *maximato*<sup>4</sup> and arguably the origin of “presidencialismo” (presidential power), a key axis of Mexico’s political system, several important economic and political institutions were formed. Amongst these was the *Partido Nacional Revolucionario* (PNR) created in 1929 and renamed by President Lázaro Cárdenas as *Partido de la Revolución Mexicana*, (PRM) in 1938. Finally, in 1946 it changed its name to *Partido Revolucionario Institucional* (PRI). This party, created to manage the triumph of the 1910 Mexican Revolution, exerted a presidential “monopoly” for over seven decades (see Meyer 2007; Servin 2007).

Meanwhile, feminist activism remained strong but still divided regarding the definition of “women’s interests” and “womanhood”. The emerging debate in the 1930’s was on the relationship between prostitution, poverty and social inequality, while some feminists stressed the link between these factors, others discussed prostitution merely as a moral issue. In others countries women’s suffrage seemed inevitable: by 1931, women had gained voting rights - albeit in some cases with limitations - not only in most of Europe and the English speaking world, but also in Ecuador and Chile. By 1934, Cuba and Brazil would join the list of Latin American countries granting women voting rights. In Mexico, however, women’s suffrage had still a long way to go. At the time, the PNR leadership, divided on the suffrage issue as on many other political matters, argued that “[T]he Mexican woman is too domestic [*hogareña*], and establishing feminine political rights requires a family organisation that remains far off [...]” (cited in Olcott 2005: 58).

Nonetheless, during Lázaro Cárdenas’s presidential term (1934-1940) unions proliferated and grassroots organisations often turned into “national fronts”. In this political climate women’s groups found a perfect channel for their demands:

---

<sup>4</sup> So-called because, even after leaving office, General Plutarco Elias Calles maintained a strong influence over the governments of following presidents, and was referred to as *Jefe Máximo de la Revolución* (Supreme Chief of the Revolution) (Tuñón Pablos 1999, see also Servin 2007).

the *Frente Único Pro Derechos de la Mujer* (FUPDM, United Front for Women's Rights). From 1935 to 1938 the FUPDM was a national group of nearly 50,000 working, middle and upper-class women across the country, both literate and illiterate, Catholic and communist. Although independent from the state, the FUPDM had the support of the PNR and the Communist Party (CP). Its demands ranged from the opposition to imperialism, fascism, and inflation to those specific to women and feminism. It demanded a different role for women in education, in public life, in the workplace, and in land tenure, as well as more adequate social benefits (e.g. child care) and the inclusion of indigenous women in social welfare. Despite internal differences derived from PNR and CP adherences, in 1937 the group focused on the demand for women's suffrage. They had President Cárdenas's endorsement to grant women political equality, and finally in 1938 the Congress passed the amendments to the 1917 Constitution, but these were not promulgated until 1953 (Tuñón Pablos 1999; Olcott 2005).

Although the reasons behind the Congress's refusal to enact the amendment are debatable, as Olcott (2005: 183) notes, most historians have opted for Ward Morton's thesis that with the 1940 election approaching, policymakers denied women's suffrage out of concerns about women's Catholic piety (see Morton 1962). Olcott (2005) and Tuñón Pablos (1999), posit the idea that the party in power feared that women voters would support the most conservative sectors, especially the parties created in 1939, the short-term *Partido Revolucionario de Unificación Nacional* (PRUN) and *Partido Acción Nacional* (PAN), which was founded by industrialists in Monterrey, Nuevo León - the setting of this empirical study - appealing to the interests of diverse groups of intellectuals, Catholics, and middle and upper classes (see Servin 2007). PRUN's presidential candidate, for example, offered the Mexican woman "recognition of the important mission that she has in the family and in society." (Olcott 2005: 183), thus many feminist activists campaigned for that party. The political climate of this period however is far more complex, as most leftist political leaders and activists, who opposed PAN or PRUN, continued to fully support women's suffrage.

Interestingly, although Monterrey, Nuevo León, has always been considered very conservative, at the time it had a strong and diverse tradition of secular women's organisations, ranging from those advocating feminine domesticity to liberal clubs, a women's meat-packing union, the Women's Centre for Proletarian Action,

and chapters of national groups such as FUPDM, National Women's League, Women's Civic Action, and the Feminist Revolutionary Party, which doubled as the PNR/PRM state women's committee. Most of these groups aimed at creating opportunities for Monterrey's hundreds of unemployed women by establishing production cooperatives and lobbying functionaries and factory owners to hire more women. They also focused on other projects such as community organising, retirement and insurance benefits.

According to LeVine (1993), by the 1940s, Mexico's economy had rapidly expanded, its industry was strengthened, the middle-class and cities grew; in fact during this period urban growth paralleled by population growth. However, this was to the detriment of the countryside and fostered an increasing dependence on wealthy countries. Interestingly, as opposed to other countries, in Mexico urbanisation took place mainly in response to rural stagnation rather than to industrialisation of the cities. Nevertheless, for women, this represented a greater role in production, albeit in the more poorly paid jobs, whereas access to higher education increased. Despite this economic and social "progress", the mass media and the traditional ideological machinery maintained a portrayal of women rather "inconsistent with the lives of women who worked and struggled and who had to become competitive and tenacious if they wanted to climb the social ladder" (Tuñón Pablos 1999: 104). Still, the contradiction between the feminine myth and woman's true, subordinate role was maintained. As Tuñón Pablos (1999) notes: she was trapped between traditional obligations and those imposed by Mexico's capitalist drive.

Women's suffrage became a reality in 1953, during Adolfo Ruiz Cortines's office term: women finally voted in a presidential election in 1958, twenty years after Congress had passed the original amendment. Most historians agree that the state granted women voting rights because Mexico's modernisation project and capitalist growth needed legal equality amongst individuals, but mainly because developed countries had already done so. Thus, women's victory was rather linked to state patronage, which transformed its meaning as they were seen as political housekeepers rather than revolutionary citizens. Nonetheless as women acquired political equality they were often told to exercise their right carefully so they would not lose their femininity or forget their traditional roles as wives and mothers. Accordingly, historian Gabriela Cano (1995: 73) has expressed: "If, for

Lázaro Cárdenas, the establishment of women's suffrage was a question of democracy, for Adolfo Ruíz Cortínes it was an act of chivalry." Whilst for Cardenas, women's suffrage resulted from their equality to men, for Ruíz Cortínes it was women's worthiness, their feminine and maternal characteristics, and their obligation to protect the nation, starting at their homes that granted them the right to vote.

During the 1950s and 1960s, Mexicans enjoyed the benefits of the economic developments that began in the 1920s and accelerated in the 1940s. The era of the "Mexican Miracle" (1950-1970) was marked by a political stability but also a disregard for democratic process. Economically, the country implemented the import-substitution model. The state clearly centred on the model of "*presidencialismo*". Although, the model proved highly stable, the "Mexican Miracle" also generated increasing unemployment, new marginality, and deepening social inequalities that have persisted and deepened without sustained growth under neoliberal policies since the 1980s (Tutino 2007; Servin 2007; Tuñón Pablos 1999).

As Olcott (2005) notes, during this period, feminist activists navigated between nationalism and internationalism, tradition and modernity, materialism and maternalism, consciousness and loyalty, mobilisation and discipline, and especially, gendered equality and difference. More importantly they had finally, albeit at times with limited scope, taken part in public life. Also during this period, other important social mobilisations developed amongst railway workers, teachers, *campesinos* (field workers), medical doctors, students, and even amongst middle-class Catholics, who aimed to challenge the regime (Servin 2007; Tutino 2007).

The seamless trajectory of the postrevolutionary governments from Calles (1924-1928) to Cárdenas (1928-1932) to Ruíz Cortínes (1952-1958) and on to Díaz Ordáz (1964-1970) responded with authoritarianism and repression, albeit of varying intensity, to these social mobilisations. In the eve of the 1968 Summer Olympics, the lack of democratic participation culminated in a student mobilisation and subsequent Tlatelolco massacre (see Elena Poniatowska 1971). This movement came to symbolise the coming times and created an adequate atmosphere to

return to political and social struggles by those who felt excluded from political participation (Servin 2007).

By 1982, amid the oil crisis, Mexican economy suddenly stopped expanding. For the rest of the twentieth century the state's vulnerability as a promoter of growth became clear. As Meyer (2007) claims, this period became the "lost decades" of Mexican history, characterised by the bankruptcy of economic policy, stagnation and political crisis, which persisted until the first years of the twentieth-first century. Under neoliberalism the government embarked on privatising state-owned companies, promoting exports and liberalising foreign trade. Despite the obvious disparity between Mexico, Canada and the United States, in 1994 the Salinas de Gortari administration (1988-1994) signed the North American Free Trade Agreement (NAFTA). Unsurprisingly, the gap between rich and poor has deepened and the living standards of large sectors of the population have dropped: "almost 50% [...] fell to live within the grasp of poverty" (Meyer 2007: 276). Furthermore, women suffered from the "feminisation of poverty" as they were the most affected by declining standards of living (Tuñón Pablos 1999).

By the end of the twentieth century, Mexico was officially "mestizo", an accomplishment of the Mexican Revolution and the *indigenista* policies that incorporate the Indian and assimilated him into the national whole, the imaginary -modern Mexico. The *indigenista* program includes such policies as the distribution of *ejidos* (communal lands) and the expansion of public education, health care and so on. For Bonfil, however, the project true goal has been the redemption of the Indian through his disappearance, "[...] that is, to de-Indianise him, to make him lose his cultural and historical uniqueness." (1999: 116), in order to achieve national homogeneity. Nonetheless, indigenous difference and marginality has remained, giving way to the "Indian problem". Unsurprisingly, the states of Chiapas, Oaxaca and Guerrero include the largest indigenous populations and report the highest poverty rates (see Meyer 2007). Currently, the indigenous population corresponds to approximately 10.5% of the total population. The 1994 indigenous uprising in Chiapas led by the *Ejército Zapatista de Liberación Nacional* (EZLN) has highlighted the need to attend these groups' needs, particularly those of indigenous women, some of whom hold key leadership posts in the guerrilla movement. The war has given way to a cease-fire with prolonged negotiations continuing to the present, during which *Zapatista* women have called for a

Revolutionary Law for Women demanding key changes such as the right to choose their husbands, to limit the number of children they bear, and to not be abused by their spouses (Semo 2007; Tuñón Pablos 1999).

In terms of women's education there has been some improvement, albeit at a slow pace. Overall, illiteracy has declined. However, the percentage of women amongst the illiterate population, aged 15 and older, increased from 58.6% in 1970 to 60.6% in 1980 and 62.5% in 1990; this situation has been more acute in rural areas. As of 2010, 8 out of 100 women, aged 15 and over, are illiterate compared to 6 out of 100, in the case of men (INEGI 2011c). Conversely, access to higher education is nearly equal for women and men, albeit with regional variations. However, this equality does not extend to all fields of study and women continued to be concentrated in what have traditionally been considered "women's" fields. We can find far fewer women matriculated in engineering courses, for instance.

Health care has also deteriorated in recent years, although such deterioration varies according to region and social class. However, unlike women of older generations, today's young woman has "better" capacity and knowledge to control her reproductive life. As mentioned earlier, between 1940 and 1980 the urban population increased elevenfold. As a result of the 1970s government's policy on birth control, between 1970 and 1995 the average number of children a Mexican woman bore declined from 6 to 3 (UNICEF data in LeVine 1993). Through the 1970's slogan "la familia pequeña vive mejor" (a small family lives better) the government has successfully promoted the use of birth control methods. In 1976, 30.2% of sexually active women used contraceptives; in 1987 it increased to 52.5% and by 1995 the figure was 66.5% (Tuñón Pablos 1999).

Amid an economy recovering, finally in 2000, Mexico moved towards electoral pluralism and seven decades of PRI's presidential state ended. The victory of PAN's candidate, Vicente Fox, and his appeal for change created a new political situation: a transition to democracy. However, political alternation has not resolved social and economic inequality. The Fox government faced an acute economic recession with very limited political strength and experience. More importantly, it continued with previous neoliberal policies, creating even greater

social discontent amongst the poorest, most marginal and excluded groups (Servin 2007; Semo 2007).

As in the first years of the 1800s and 1900s, Mexico has many unresolved social and economic issues. The projects of modernisation and globalisation have been long and painful and “an impoverished majority feels increasingly distant from the few who lead the nation, caught halfway between the exhaustion of the [post]revolutionary regime [...] and the difficulties of [embarking on a] new political order” (Servin 2007: 387). So, as Servin (2007) contends, is it possible that the increasing demands of an exasperated society will lead to a popular and violent mobilisation?

Writing the preface of *Cycles of Conflict, Centuries of Change*, John Tutino (2007), wondered about the possibility of an outbreak of popular insurgencies or revolutionary conflict precisely in 2010. I wrote this introduction in late 2011 and social mobilisations seemed to have lost their “revolutionary capacity” (see Tutino 2007). Despite the proliferation of poverty and insecurity across the country, Mexican people seem unmotivated to play a more active role to contest the system. The government on the other hand, appears more concentrated on fighting organised crime, although their “War on Drugs” has arguably resulted in more terror and bloodshed amongst the general population than it has prevented. Amid the war on drugs and inter-cartel conflicts, Monterrey has devolved from being one of 10 safest cities in Latin America<sup>5</sup>, to being one of the most dangerous in Mexico. Is in this context of profound violence that the old women I interviewed for this study are now experiencing old age. In fact, the most recent and violent drug-cartels related act was the attack on a casino in Monterrey, where 52 people, many of them old women, were killed. At the time of my fieldwork, the situation was very different, and the issue of Monterrey’s insecurity and violence was not a real concern for my informants.

Perhaps, as in the past, in today’s Mexico motherhood and raising a family remains the chosen path of the majority of Mexican women. Furthermore, as Tuñón Pablos (1999) affirms, until 1974, a man could still prevent his wife from working due to his legal obligation to support his family. However, increasing unemployment particularly amongst many working-class men has forced women to find jobs in the

---

<sup>5</sup> This is according to 2008 Mercer ranking.

informal economy. They receive lower salaries than men and often lack social benefits (e.g. health insurance). Regardless, they have to work in order to support their families. According to LeVine (1993) this phenomenon has not led to a significant increase of either matrifocal families or single motherhood, it has however led to a crisis in values, customs, beliefs, intergenerational and power relations:

[More] women work outside the home, but they must do so without violating their nature - supposedly antithetical to profits - and without the desire for power or the ability to compete. They have civil and political rights, but they must be careful not to violate patriarchal models! - models that have been determined by a system of male privilege and that have been instilled in them as well. Given the supposed equality of rights, women must struggle to make these rights applicable to them; given their sexual condition, they must attempt to construct a hierarchy alongside the male hierarchy (Tuñón Pablos 1999: 115).

Indeed, a new gender culture has emerged precisely from the patriarchal paradigm. Women have transformed their assigned feminine identities but societal - men's - attitudes cannot automatically adjust to such changes as most of the time these are seen as a challenge to their masculinity. In today's Mexico, amongst traditional spheres the "good women" are still those who tolerate their man's infidelity, neglect, and sometimes violence even to the detriment of their own health, they do not get divorced or separated, all for the welfare of their families, that is, for their children. In less authoritarian spaces, good women are those who work outside the home and those who even study, *but* without neglecting their household duties. For others, the good women are those who find themselves a job to support their parents, siblings, or children, and put others' well-being and needs before theirs (see Lagarde 2005).

A glance at Mexico's history shows us that women have collectively become aware that they have "*voz y voto*" (voice and vote), they are organised at various levels and focused on different causes, from feminist activism to labour issues to community needs to human rights, to indigenous women's issues. Moreover, while women continue to be committed to taking care of others, they have also begun to demand the right to take care of themselves. In academia, interest has also increased, as many universities and other education centres include women's issues in their curricula. However, this also shows that there is still much work to

be done, and further recognition should be given to the contribution old women have made to society, directly benefiting today's young Mexican women.

Above, I have addressed several archetypes of feminine identity within the specificity of the Mexican context, and so now we have a clear image of the Mexican woman. However, such feminine identity cannot be fully understood without a discussion of its origins: Catholic religion.

## Religion and Gender Identity

Much has been written about the centrality of Mexican Catholicism to gender identity and the related concepts of *marianismo* and *machismo*. From a historical and sociological perspective, Mexico's gender identity is formulated upon the process of *mestizaje*, or to be more precise that of de-Indianisation through the assimilation of Christian religion. From a modern and political stance, studies of gender identity, both in Mexico and other Latin American countries, have focussed on the cult of motherhood for which scholar Evelyn Stevens (1977) coined the term *marianismo* to refer to "the cult of the spiritual superiority of women" by which they are regarded as semi-divine, morally superior, and spiritually stronger than men. According to Stevens, *marianismo* is counter-balanced by *machismo* (the cult of virility), which creates an interdependent relationship based on a strict role differentiation that empowers both sexes. However, as I will further explain, Steven's argument has been challenged on the grounds that *marianismo* and *machismo* are not equally balanced: "so long as men are in control in the outside world, women are by definition subordinate, however much their children might venerate them." (Bourque & Warren 1981 cited in LeVine 1993: 89).

## Mexican Catholicism and The Virgin of Guadalupe

When the Spaniards conquered America they not only had in mind the occupation of foreign territories and the domination of the natives but also their evangelisation and acculturation as this would legitimise the conquest. Despite Spaniards' efforts, Indian culture is embedded not only in popular Mexican Catholicism but in Mexican's entire life: "the family, love, friendship, attitudes toward one's father and mother, [elders], popular legends, the forms of civility and life in common, the image of authority and political power, the vision of

death and sex, work and festivity.” (Paz 1980: 405). Thus, today Mexico is a nation between two civilisations and two pasts: is the most Spanish country in Latin America and also the most Indian.

Accordingly, several scholars have commented insightfully on Mexico’s syncretism, particularly religious. For some, Mexican religious syncretism indicates a rather superficial Catholicism (supposedly derived from an incomplete evangelisation) mixed with the preservation of pre-Hispanic religious beliefs and practices (see Redfield 1941). For Ingham (1986: 8), such argument on syncretism may explain conditions in remote regions of Mexico, but it does not apply to those where “[...] sixteenth-century friars went to great pains to inculcate a proper religiosity, and where clergy have been present ever since [...]”. Drawing on the work of Foster (1960) and Ricard (1966) on the evangelising methods in New Spain, Ingham insists on a different thesis to explain Mexican syncretism in which the persistence of indigenous culture may be a direct effect of Catholicism itself, rather than indicative of its strength. Simply put, the church made concessions to local culture: Spanish missionaries adapted indigenous ceremonies and practices (e.g. songs, dances) to Christian ritual with the aim of speeding conversion. For instance, Christian symbols (e.g. the Cross) were accepted because of their similarity with indigenous icons (Tuñón Pablos 1999). The orthodox ritual was affected and the Catholic supernatural pantheon assimilated tribal and clan deities whilst also acquiring associations with agricultural fertility, meteorological phenomena, and healing. Certainly, throughout history this appears to be the model for converting native people to the Catholic faith. Unsurprisingly, as a result of the high frequency of mixed-race unions, women were amongst the first ones to convert - *La Malinche* is the ultimate example -, and thus they had a very significant role in the assimilation of Christianity.

Furthermore, Catholicism’s strong appeal amongst the natives most probably stems from the efforts of the early missionaries to defend the Indians against the economic and social abuse by the secular Spaniards. However, the secular clergy, who sympathized more with Spanish elites than with the Indian communities, replaced those early missionaries. As Ingham (1986) notes, “by then the Indians had fashioned their own Catholicism [...] which gave them not only a blueprint for survival but a critique of domination also.” (I further explain this in the sociology of religion section in Chapter 3). Moreover, as Octavio Paz (2004[1959]) claims,

the Mexican's veneration of a tortured and humiliated Christ derives from seeing him as a transfigured image of his own identity.

In a historical context, the Conquest coincided with the apogee of the cult of two masculine deities, *Quetzalcoátl*, the self-sacrificing god, and *Huitzilopochtli*, the young warrior-god. Their defeat, ultimate meaning of the Conquest for the Indians, produced the return to the ancient feminine divinities. "This phenomenon of a return to the maternal womb, so well known to the psychologist, is without doubt one of the determining causes of the swift popularity of the cult of the Virgin." (ibid 93). Needless to say, Mexican Catholicism is centred on the cult of the Virgin of Guadalupe. She is as venerated as *La Malinche* (discussed earlier) is hated.

In the first place, she is an Indian Virgin; in the second place, the scene of her appearance [in 1531] to the Indian Juan Diego was a hill that formerly contained a sanctuary dedicated to Tonantzin, "Our Mother", the Aztec goddess of fertility [...] The Catholic Virgin is also the Mother (some Indian pilgrims still call her Guadalupe-Tonantzin, but her principal attribute is not to watch over the fertility of the earth but to provide refuge for the unfortunate. [...] The Virgin is the consolation of the poor, the shield of the weak, the help of the oppressed." (Paz 2004[1959]: 92-93).

The religious syncretism around her symbolic figure is understandable, given the way in which Spaniards attempted to evangelise the native people. Accordingly, Juan Diego, "[...] exposed to Jesuit and Franciscan missionaries' propaganda about the Immaculate Conception of the Virgin, had merged her with the native snake mother goddess of the Indians [i.e. *coatalocpia* in Nahuatl], who was worshipped [amongst the locals]". (Warner 1976 cited in Herrera-Sobek 1990: 34-5).

During the colonial period, both the Virgin of Guadalupe and the Spanish Virgin of Los Remedios would alternate as the most prominent religious figures. However Guadalupe was the favourite amongst both the popular classes and the *creoles* whereas the Spanish virgin was a popular sacred figure amongst the "*peninsulares*" or "*gachupines*" (Spaniards) (see Rodríguez 1980). Certainly, both the political and religious instability of the period encouraged the cult of the Virgin of Guadalupe (Lafaye 1976). As mentioned earlier, during the war of independence from Spain, Guadalupe's religious meaning led to nationalist symbolism, and eventually to a political design that became synonymous with

revolutionary and political causes present even today (see Lafaye 1976; Vasconcelos 1971; Rodríguez 1980). Importantly, Mexicans attributed their triumph of Independence to their belief in the Virgin of Guadalupe: “They believed her special protection emanating from heaven helped their cause.” (Herrera-Sobek 1990: 37).

Indeed, the Virgin of Guadalupe plays a very significant role in the cultural, psychosocial and political landscape of Mexico. As Rodríguez (1994: 47) notes, for people who lost everything, *La Guadalupana* or “Reina de los Mexicanos” (Queen of the Mexicans), as she is often called, restores to them their dignity, humanity, and place in history. Her appearance to Juan Diego on the hill of Tepeyac, as other events in the history of Colonial Mexico, as Paz (2004[1959]) argues, could help in understanding the character of the Mexican.

In keeping with the feminist perspective of this study, a critical question arises: Why is there such devotion to the Virgin of Guadalupe, a female deity, in a supposedly *machista* country like Mexico? This is a very complex matter, however, there is a reasonable, persuasive argument. According to Warner (1976),

But it is this very cult of the Virgin's "femininity" expressed by her sweetness, submissiveness, and passivity that permits her to survive, a goddess in a patriarchal society. For her cult flourishes in countries where women rarely participate in public life and are relegated to the domestic domain. In countries like Ireland, Spain, Portugal, Italy, and Belgium, women are not rallying for her comfort to a symbol that holds out hope of something different from their lives. Mary is worshipped in places where the symbol of the subject housewife applies readily, and therefore both reinforces and justifies the ruling state of affairs, in which women are expected to be, and are, men's devoted mothers and wives. (cited in Herrera-Sobek 1990: 51).

### **The cult of Motherhood**

According to LeVine (1993: 79), under the sixteenth-century Iberian legal code, women were designated as inferior beings: “imbeciles by nature” (see Pescatello 1976). This condition was further emphasised in colonial Mexico where *machismo* supposedly developed. Arguably, within indigenous communities gender relations seem to have been less hierarchical than in Spain. There are claims, however, that *machismo* originates in both the feudal and warlike orientations of the Aztecs

and sixteenth-century Spanish culture - which already had a Muslim influence - and the conquerors' practice of taking Indian wives or concubines (Ingham 1986). *Machismo* therefore developed in Mexican *mestizo* culture, reflecting the nature of the sexual relationship between male and female, conqueror and conquered; relationship that Octavio Paz (2004[1959]) has commented about insightfully and juxtaposes as "*la chingada*". Accordingly, in colonial Mexico the Mesoamerican concept of women was adapted to the Iberian and Christian view. Both cultures centred women's role in marriage and motherhood, and regarded women's submissiveness, weakness, and devotion as related qualities. Further, both cultures idealised virginity and demonised women who deviated from the path they were expected to follow, as this clearly opposed women's eternal, feminine nature (Tuñón Pablos 1999).

Alternatively, proper discussions about the Mexican identity began as early as the 1930s, but basically as a problem of masculine identity. Thus, an extensive literature, that includes Octavio Paz's *Labyrinth of Solitude*, Rogelio Díaz-Guerrero's *Psychology of the Mexican* (1967), Oscar Lewis' *The Children of Sanchez* (1961), and Santiago Ramírez's *El mexicano, psicología de sus motivaciones* (1977) explains *machismo* as a defensive behaviour against dependency needs, mother-fixation, or confused sexual identity. Whether these analyses take a sociological or psychological approach, they all view the maternal figure as the most important one in the Mexican family structure, as well as in the Mexican psyche.

Interestingly, since some of these early studies portray the Mexican as psychologically sick, suffering from an inferiority complex that originates in the process of *mestizaje*, their theories have become highly controversial and therefore have been recently contested on the grounds of their supposedly "pop psychology" nature, particularly by revisionist scholars in the United States (Herrera-Sobek 1990: 9-12). For instance, psychologist Santiago Ramírez claimed that for the *mestizo* men sexual relations, mainly in the marital relationship, lead to a terrifying insecurity, and so he protects himself by indulging in vicious violence and compulsive promiscuity. Applying Freudian theories to his analysis Ramírez identified three basic features of the Mexican - male - psyche originated in childhood: (1) an intense mother-infant relationship, (2) a weak father-son bond, and (3) a traumatic experience from early insecurity with consequent feelings of abandonment by the mother (1977: 80-83). The woman, on the other

hand, who is likely to have lacked the emotional and/or economic support of her father, tends to distrust and despise her husband and seeks to undermine him (see Fromm & Maccoby 1970).

A person familiar with the Spanish - Mexican language should know about the popular expressions that clearly convey a devaluation of the mother, such as "*chinga tu madre*" ("fuck your mother"). Ramírez named this phenomenon "*importamadrismo*" and argued that it involves a denial type of defence mechanism that states the opposite of what the person feels:

If anything is valuable to him, to the Mexican, it is precisely that -his mother. In some of his articulations and his popular expressions he is denying the object to whom he is profoundly attached. [Thus] when an individual states: "*me partieron la madre*" [equivalent to the English expression "They beat me up badly"], he is expressing that it is precisely that early bond with the mother that is important; without it he loses all contact and all strength (1977: 114).

Since these popular expressions are not exclusive to Mexican culture, the devaluation of the "mother" should be perceived in terms of a broad patriarchal ideology that devaluates women in general.

Alternatively, in his discussion of the Mexican family, psychiatrist Díaz-Guerrero (1967) claimed that both the absolute supremacy of the father and necessary self-sacrifice of the mother are basic pillars of the family structure. According to Díaz-Guerrero,

the extreme separation between the "female set" of values and the "male set," plus the fact that it is the female who teaches and develops the personality of the child, often provokes in the male *guilt* regarding deviations from the female pattern. Actually, in order to be at ease with the male pattern, he must constantly break with the female one. Perhaps it is not an accident that the main religious symbol is a woman: The Virgin of Guadalupe. From their behaviour it appears that the males are caught in a compulsive behaviour asking for forgiveness from the same symbol they must betray if they are to be masculine (1967: 12).

Other scholars, however, take a different approach to the study of the mother figure and women's status in general. As discussed earlier, the negative feelings towards the mother are a direct consequence of the *mestizaje* process. When Mexico became an independent nation people began to modify their notions about

the gender inequality, generating a gradual rise in women's position. However, as political scientist Evelyn Stevens (1977) claims, mid-century saw the apogee of Virgin Mary worship - the idealisation of Mary in her position as mother of God - the Latin American version of the Victorian cult of motherhood: *marianismo*.

Among the characteristics of this feminine ideal are the belief in semi-divinity, the moral superiority and spiritual strength [of women]. This spiritual strength provides the mother with abnegation, that is to say, an infinite capacity for humility and sacrifice. No self-sacrifice is too much for the Latin American woman; one cannot guess the extent of reserves of her patience with the males of the world; even though she may be inflexible with her children and even cruel with her daughters-in-law, she is complacent with her mother and her mother-in-law for they too are a reincarnation of the Great Mother. She is also submissive toward the exigencies of men: husbands, sons, fathers, brothers (1977: 128).

Thus, consistent with this ideal of moral superiority women should be self-sacrificing and martyrs for their children, and accept men's abuse and infidelities, their "*machismo*" (see also Melhuus 1996). However, "the price they paid for this increment in status was confinement to the home, [...] the loss of any role in the public sphere with the exclusive charge of the children." (LeVine 1993: 89). Stevens, as the quote above indicates, believes that this strict role differentiation in fact empowers women, and their enduring and self-sacrificing nature gives them a semi-divine status in their children's eyes. Similarly, other scholars have claimed that Latin American women opt not to work outside the home because their position of moral and spiritual supremacy provides them with the emotional leverage they need to achieve their goals through the manipulation of husbands and sons (see Jaquette 1973). Others argue that *marianismo* and the leverage it provides can be extended beyond family limits, as at times it is a socially acceptable mechanism in dealing with the demands of society. For instance, if a family member is ill, the Latino woman has a legitimate excuse to be absent from work, as the cult of *marianismo* dictates that the family comes first (Herrera-Sobek 1990: 12).

As mentioned earlier, Stevens approach has been criticised for emphasising that *marianismo* and *machismo* exist side by side in a balanced relationship. Based on her study on Guatemalan women, Tracy Ehlers (1990 cited in LeVine 1993: 89-90) contends that the balance of power can only be maintained only if women are socialised to avoid men and public visibility. Further, it is when they enter the

world of work that they challenge male dominance (i.e. co-workers, spouses), which most likely would provoke a defensive and aggressive attitude, both in the workplace and the home, against which their capacity for *self-abnegation* and endurance is insufficient defence. More recently, Elhers has claimed that nevertheless *marianismo* comes in different forms, that is, different degrees of subordination depending on the woman's social class and personality, in reality, it is no more than a strategy for psychological survival necessitated by women's exclusion from income-producing activities (1991 cited in LeVine 1993: 90).

Indeed, Mexican gender ideology assumes a unique double standard: while men are compared to each other in terms of masculinity, women are judged in terms of morality. "[This is] the enigma of Mexican '*mestizo*' gender imagery: a male-dominant society which nevertheless places its highest value on the feminine, indicating a split between power and value" (Melhuus 1996: 230 cited in Dreby 2006: 35). As such, there is a great degree of social value placed on women's roles as mothers. Fathers' roles, on the other hand, are less idealised. I contend that this gender role differentiation can create a dynamic influence on attitudes towards and opportunities for women at different times in their life course, and consequently shape women's personal experiences of ageing and old age.

In sum, Mexican women have been brought up to be expressive, nurturing and receptive to the needs of others and are encouraged to define themselves according to their roles and relationships within the household (i.e. daughter, sister, wife, mother, grandmother and so on). Furthermore, such gender role differentiation within Mexican society has promoted an ideology that posits marriage and particularly motherhood as the basic anchor of feminine identity. However, we should be cautious and not mistake the cultural representation with the reality of the Mexican woman. As I will show in subsequent chapters, the women in this study, whilst caring for their families are also invested in taking care of themselves and, as other Mexican women long before them, they continue to exhibit a resilience and strength not only in their role as caregiver but as agents of social change. Below I discuss the Mexican context in terms of ageing and old age.

## **Ageing in Mexico**

“In Mexico the process of population ageing is mostly an unanticipated secondary effect” (Ham-Chande 2006).

In the early 1990's, post-industrial countries such as Japan raised concerns regarding low fertility rates and began implementing policies and social programs to face the various challenges accompanying demographic ageing (Makita 2010). Paradoxically, in 1995 Mexico's government explicitly set the goal of decreasing demographic explosion through a population policy focused on health care and particularly birth-control, which consisted mainly of enabling free access to family planning services (e.g. contraceptive methods), thus making them available to most Mexican people (Tuirán et al. 2002: 488-489). Interestingly, Mexico's total fertility rate began decreasing in 1974<sup>6</sup>, starting the trend towards population ageing. These demographic trends, however, were overlooked. The government continued to be focused on improving public health services and dealing with Mexico-US [illegal] migration issues (Ham-Chande 2006).

As discussed in the introductory section of this thesis, it was only in the last decade of the 20<sup>th</sup> century that population ageing became a topic of concern. However, it has mostly been analysed as a “social problem”, one that could create an economic crisis with negative consequences for social security and health care system as well as familial and intergenerational relations. Ageing in Mexico became both a policy concern and a popular topic of discourse within mass media. This approach to ageing is a perfect illustration of what Katz (1992) has referred to as “alarmist demography”.

However, the demographic ageing is not the real issue. Most developed countries have experienced this process. For instance, in the past four hundred years Europe has doubled its life expectancy and decreased its fertility rate by 50% (Garcia Ballesteros 1982). In contrast Mexico, in addition to other countries in Latin America and Asia, has seen this demographic transformation (i.e. decreasing fertility rates and increasing life expectancy) take place at a much faster pace. Currently, Mexico has one of the lowest proportions of old people in the world. Put simply, Mexico is broadly a ‘young’ country, with a population aged 60 or over

---

<sup>6</sup> Families had around 6 children at the beginning of the twentieth century, reaching a maximum average of 7.2 children during the early sixties (Tuirán et al 2003; Partida 2005a).

representing only 9.1% (UN 2009) of a total population of 112,336,538 (INEGI 2011b). According to national and UN projections, by the year 2050 this share will be 28% (approx. 34 million people). For instance, to put Mexico's demographic changes in a global context, Japan currently has the greatest proportion of old people in the world with 30% of people aged 60+, and is projected to reach 44% by 2050.

Seemingly, the causes and effects of Mexico's rapid population ageing will not follow the forms previously observed. In other words, its characteristics will not be similar to those experienced by the developed and 'older' nations with advanced demographic transitions. Rather, ageing will manifest according to the socio-economic, cultural, and health processes of the Mexican society. As Ocampo (1999: 3) stresses, in Mexico many of the issues related to ageing are "[...] exacerbated by the shortcomings and inequality characteristic of our society's pattern of development".

In this context, Ham-Chande (2006) notes that a review of the experiences of 'older' ageing societies has uncovered the issue of ageing and old age as one far more complex than simple demographic statistics and projections, and assessments of social security programs and medical care. This implies the need to formulate unique concepts of age and ageing, to undertake studies, and to design population, health care, and social policies. Above all, it requires taking into account the social actors, Mexico's "*adultos mayores*" themselves and their immediate familial and social contexts.

As mentioned earlier, one the aims of the present study is to complement the knowledge currently available about ageing and old age in Mexico by bringing to the fore the *diversity* and *complexity* that can only be found through an examination of personal experiences of ageing. These, however, would only make sense if the individuals' biographies were situated in the macro-social context in which they are simultaneously shaped by and shaping social and cultural structures. In view of the paucity of qualitative research on ageing in Mexico from a sociological or anthropological perspective (Montes de Oca 2010), here I will also recourse to socio-demographic statistics in order to contextualise the lived experiences of the thirty-two women that participated in this study.

The discussion above serves as the framework for this chapter. The next section provides a picture of the current socio-economic and demographic trends in Mexico, focussing on old people. It then goes on to explore the diversity of ageing experiences within the country, particularly between states and rural and urban areas. It examines issues pertaining to health care and social security programs for old people. Finally, I discuss the role of the family as a central source of care and support for old people, with special attention given to gender and class differences.

### **Socio-economic and Demographic Trends**

Regarding the so-called demographic transition, which begins with the shift of population growth from high and uncontrolled fertility and mortality rates to another with low and controlled rates, Mexico has followed a typical pattern. According to Partida (2005a), Mexico registered an intense population growth between 1930 and 1970, and thereafter grew at a significantly slower rate during the last three decades of the twentieth century (Tuirán et al. 2003; Partida 2005a). Moreover, the changes in fertility and mortality rates, in addition to international migration patterns, had a substantial impact in the age group structure. In 1970, Mexico's population pyramid displayed a triangle form with a broad base and a very narrow peak. This means Mexico had very high proportions of both children and youths, which characterised it as a very young country. In 2005 Mexico showed a population pyramid much wider in the centre and also with a narrowing base (CONAPO 2006; INEGI 2011b), which corresponds to a decrease in the proportion of children and a relative increase in young and working-age groups. This demographic pattern means that Mexico still has a good potential supply of support for old people. According to projections, this ratio will dramatically decrease by 2050 (UN 2002). (Appendix 1 summarises Mexico's main demographic "ageing" indicators for the period of 1975-2000 and the projections for 2025 and 2050).

Concerning migration issues, Mexicans mainly immigrate into the United States, and this mobility is estimated to account for a reduction of 0.4% in the current natural growth rate of Mexico. Partida (2005a) comments that for the next fifty years the net emigration rate could decrease from 0.39% registered in 2000 to 0.23% in 2050, due to the contraction of Mexico's own total population. In other

words, if the fertility, mortality and migration rates forecasted for 2050 remain constant, the total growth rate of the population could be at risk.

Throughout the first half of the twenty-first century these tendencies will continue to have significant effects in the age group structure of Mexican population, and will fuel an accelerated demographic ageing process. On the condition that fertility decreases, the base of the population pyramid will gradually tighten, and therefore the groups of pre-productive (0-14) and reproductive age (15-44) will have less relative weight and become less numerous. In the meantime, an increasing number of people will reach age 60 and over, resulting in a gradual expansion of the pyramid population peak.

In socio-economic terms, and according to the World Bank (2011), Mexico is classified as an upper-middle-income nation and is the second largest economy in Latin America, after Brazil. In 2010 Mexico ranked as the world's twelfth largest economy (as a reference, the same year the UK was number 9) (World Bank 2011). Mexico is, however, a country of greater contrasts. Similarly to Brazil, Mexico presents high levels of social inequality between income groups, more evident between regions (i.e. north and south) and rural and urban locations (Gomes 1997; Gomes & Montes de Oca 2004). The country faces enormous challenges in spreading prosperity across the majority of its population. Poverty is widespread. Currently, around 47% of the population is considered poor and 18.2% live in extreme poverty (CONEVAL 2010). This is a much higher proportion than in the year 2000 (24.2%), and thus high rates of economic growth are needed to create legitimate economic opportunities.

According to several economists, since the 1994 devaluation of the peso, successive Mexican governments have improved the country's macroeconomic structures. However, the economic crisis of 1995 resulted in a dramatic decrease in real household incomes along with a reduction of opportunities in the formal labour force (Gomes & Montes de Oca 2004). In 2009, the Mexican economy experienced its deepest recession since the 1930s, with gross domestic product (GDP) contracting by 6.5%. Amongst the reasons for this are: a decrease in the exports to the United States, lower remittances "*remesas*" (I will explain this issue below) and investment from abroad, a decline in oil revenues, and the impact of H1N1 influenza on tourism (INEGI 2011b, CIA 2011).

Mexico is a major recipient of remittances, sent mostly from Mexicans living in the United States. Remittances average around 21 billion USA dollars per year, and are the country's second-largest source of foreign currency, after oil. Most remittances are used for immediate consumption such as food, housing, health care, and education. However, some collective remittances, sent from a USA-based community of migrants to their community of origin, are used for shared projects and infrastructure improvements. As Montes de Oca and other scholars have argued, in today's Mexico migration and consequently remittances are a key factor shaping household composition and patterns of family support, particularly for old people (Gomes & Montes de Oca 2004; Montes de Oca et al. 2008; Montes de Oca forthcoming). Another interesting pattern related to migration and ageing is the increasing flow of returning old migrants, who despite having higher incomes and more valuable assets, lack formal social security entitlements (Wong 2001 cited in Gomes & Montes de Oca 2004). Interestingly, the government participates through a fund-matching program called 'Programa Iniciativa Ciudadana 3x1' and also has implemented social development programs, such as *Oportunidades*, to address the problems of poverty (Pereznieto & Campos 2010; SEDESOL 2010).

In sum, the current rapid growth of the ageing population is in itself a challenge, since it indicates that Mexico has a shorter timeframe and fewer resources to cope with the social and economic consequences of an ageing population. This is why ageing has been discussed as an imminent problem, and as such became central to Mexico's political agenda. Ironically, as Robles-Silva et al. (2006) argue, if ageing and old age had not been primarily seen as a problem and source of many other problems, we would be in a much "worse" situation in terms of social policies. Indeed, urgent anticipation of the consequences of rapid population ageing must be made to design strategies and programs in order to successfully face the forthcoming challenges. In light of this, Ocampo (1999) alleges that in spite of this scenario, most countries [such Mexico] are in a position to take advantage of current rapid growth of their working-age population. He suggests that if human resources are reinforced and brought efficiently into the production process, this significant growth of the labour-force can be used to increase productivity. Moreover, if such actions also include equality of opportunity for the total population, as well as appropriate redistributive mechanisms, the positive consequences will engender improved living conditions for current old men and

old women and lessened social vulnerability for today's generations of young people and adults.

### **No Uniform Mexico, No Uniform Ageing**

As mentioned earlier, Mexico is a country of great contrasts. Although the whole country will experience the ageing process in the coming decades, the process will vary amongst its thirty-two states. Notably, such differences will derive not only from the changes in mortality and fertility but will also be closely related to the effects of migration, both national and international.

At present, the state with the largest proportion of people aged 60 and over is Distrito Federal (Mexico City) (8.7%). Following are federal entities with shares between six and eight per cent. In this vast group some states located in the north of the country are already in an advanced phase of the demographic shift, such as Nuevo Leon, where the present study was conducted, Tamaulipas and Chihuahua. In contrast, other states already show an ageing process resulting mainly from emigration, such as Oaxaca and Zacatecas, located in the south of Mexico (Zúñiga 2004). As we can see, there is clearly a north-south divide shaping the determinants of the ageing experience. In the latter group a considerable part of the working-age population emigrates, resulting in an atypical demographic ageing in which the whole population includes mostly children and old people.

Finally, the federal entities with the lowest proportions of old people are Quintana Roo (3.4%), Chiapas (4.8%), Tabasco (5.3%), Baja California (5.4%), and Estado de Mexico (5.5%). Furthermore, the more the ageing process advances, the more rapidly the differences among these states will occur. Certainly, the population of some states will age more rapidly than others. Such is the case of Distrito Federal, Veracruz, Nayarit, Morelos, Zacatecas and Colima, all of which will have proportions of old people greater than 16% by 2025. In contrast, the rate of ageing will be much slower for other federal states, such Quintana Roo, Chiapas, and Baja California, in which the percentage of people aged 60 and above will be nearly 12.5% (Zúñiga 2004).

In the introduction of the thesis I mentioned that most of the knowledge available on ageing and old age pertains to the experience of old people in rural areas or

living in impoverished conditions in both rural and urban areas. According to Reyes-Gomez (2006), who has compared rural and urban experiences of old age, there has been a tendency to construct and generalise an *ideal* image of rural old age, in which old people are honoured and respected by the younger generations. However, there is evidence counteracting such an image. As Reyes-Gomez notes, today in the indigenous communities old people too suffer ageism, as traditions and customs have weakened and given way to modern values of individualism (Aboderin 2004). Particularly in the context of rural ageing, and amongst old people in urban areas, who belong to the working-class or live in extremely impoverished conditions, retirement from work takes effect without social security entitlements. The reason for this is that most of these old people have been involved in informal jobs. Under such circumstances, it is most likely that old people would continue working as long as they are physically capable of doing so, or, literally, until their deaths. An interesting finding in Reyes-Gomez study is that whilst there is a consensus in acknowledging that life is easier in the countryside, as it keeps the person strong, active, exercised, and healthy, old people in rural areas also argued that urban living should be better because it offers health care services that are not available in rural areas. This is a clear example of how individual experiences as well as expectations of old age in both rural and urban realities are strongly shaped by wider structural issues. Relatedly, in the next section I describe some general issues pertaining to health care and ageing in Mexico.

## Health Care

It is generally understood that Mexico's ageing population will create significant issues for health care services. Statistics have shown that old people's rate of demand for health services are amongst the highest when compared to the demand of all age groups (Borges-Yañez & Gomez-Dantes 1998; Palloni, Pinto-Aguirre & Pelaez 2002). Additionally, the tendencies in the epidemiologic profile of the older Mexican population suggest that the demand for health services will not only increase but will also change significantly in terms of the type of chronic diseases and disabilities requiring treatment.

Furthermore, as with most less developed countries, in Mexico social protection for health care is segmented and fragmented, this being the heritage of a

corporatist political economy (Mesa-Lago 1978; Ham-Chande 1996). The Sistema Nacional de Salud (SNS, national health system) is a compulsory system of rights acquired under formal relations of work, and also with a voluntary component from the responsible institutions (See Appendix 2).

According to the latest *Censo de Población y Vivienda 2010* (Census of Population and Housing 2000), 41.9% of Mexico's total population is not covered by any of the SNS institutions (INEGI 2011a). In 2000, the number of people with no health insurance was around 60%. The population who are not included in Mexico's social security system form a complete mosaic; it includes people from all social classes, from the wealthiest self-employed professionals, people working in family businesses, craftsmen, small landowners to the poorest rural workers and indigenous people. People have the option of voluntarily insuring with IMSS (Mexican Institute of Social Security); however the costs and requirements to do so, along with the lack of advertisement about this option have made it an irrelevant one (Tamez & Molina 2000).

In Mexico, 52.9% of total health spending is from people's pockets, particularly for expenses not covered by insurance (Barraza et al. 2000). This poor performance becomes more evident when compared to other countries. This percentage is 25.9 in Colombia, 16.6 in the United States, and 3.1 in the United Kingdom (WHO 2000). Even though almost all population groups have high out-of-pocket spending, this obviously can have a greater impact amongst families of low-income, thus out-of-pocket health expenses can easily lead to or exacerbate poverty. In this sense, poverty and old age converge with institutional provision systems, whose programs do not meet the real needs of the elderly population, particularly those who live in extreme poverty and/or without family support. Orozco-Mares (2006) notes that in the last decade the government has implemented social programs aimed at assisting old people with their health-care needs. Based on data generated in her empirical study amongst poor old men and old women, the author argues that in Mexico family support for old people is becoming less of a norm. She argues that, given the current financial situation, most Mexican families and also the state favour child care instead. In contrast, some statistical analysis (Valencia & Mojarro 2006), most likely by following an 'alarmist' approach, have estimated that by 2050 more than one third (32.2%) of the total public budget for health care will be destined to elderly care.

However, a low coverage of health insurance amongst old people is not the only negative effect of Mexico's corporatist policies.

### **Pensions, Work and Income**

A significant proportion of workers will reach the retirement age (65 for both men and women) without any secured income, since they will not be eligible for a pension as a result of working in informal employment for most of their lives (See Appendix 3 for a description of Mexico's pension system). Currently in Mexico *only* 27% of all old people aged 60 and over are covered with a retirement pension. In 2002, coverage was only 17.6% (Zúñiga 2004). Moreover, the majority of that percentage belongs to a very select group of old people: those in middle and upper socio-economic classes. This group is formed by those who have worked for most of their active life in formal employment, either within the public or private sector. Thus, they can be considered as a privileged group since they have a permanent income source and are not completely dependent on employment in old age or on their family in order to satisfy their financial needs. This means that pension coverage is practically non-existent for the old and poor population. Unsurprisingly, as Rubio and Garfias (2010) indicate, most of the excluded population are old women living in urban settings. Thus, a greater effort will be required for the creation of formal employment in order to guarantee retirement pensions to most Mexicans who reach old age (Zúñiga 2004: 37).

Given the insufficient coverage of pensions, older adults opt for a series of strategies that allow them to maintain an income source in order to satisfy their personal needs. One such strategy is to remain economically active, which explains the high rates of economic participation amongst old people, particularly among old men. According to recent statistics, within the total population aged 60 and over 58% of men and 18% of women (UN 2009) undertake some kind of labour activity. In the case of women, their participation is much higher in the informal sector. Zúñiga (2004: 38) argues that the rather high proportion of informal jobs amongst old people indicates that their working conditions are unstable, characterised by low wages and lack of labour benefits. These participation rates are considerably higher than those observed in some developed countries where the coverage of the pension programs includes most of the population in retirement ages (i.e. Japan). Thus, the participation in the work force by old

people in Mexico should not be interpreted as a positive feature related to a 'productive' old age, but as a result of the deficiency of the social security programs, which obstructs the institutionalisation of retirement and oblige many to remain in jobs that involve low income and hazardous activities.

Furthermore, following the well-known sayings of "women get sicker, but men die quicker" and "women live longer but not better" (Lorber & Moore 2002) and the available statistics, there are significant and negative implications for old Mexican women in extreme poverty since they have more limited access to the social security and health care systems, making them more dependent on the family support. Moreover, with longer life expectancies and being the primary providers of care, we must question who will take care of these women when they become ill or disabled. As Lorber and Moore (2002: 31) note, this "advantage" of longer life for women may not be that appealing after all, particularly for those in impoverished living conditions.

Finally, in addition to work income and pensions many old people in Mexico receive economic support from their families. Even though it is difficult to determine the intergenerational transfers within a domestic unit from the surveys on income and expenses, it is still possible to estimate the frequency and amount of such transfers aimed at old people in each household. As I mentioned earlier, "remesas" are very important source of economic support for many Mexican families, especially those with low and middle income (See Aragonés, Salgado & Ríos 2008). According to *Encuesta Nacional de Ingreso y Gasto de los Hogares 2000*, ENIGH (National Survey of Income and Expenses of Households 2000) nearly 22% of people aged 60 and over receive "remesas" (remittances) of national origin, while just above six per cent receive them from international locations, particularly the USA. Possibly, the percentage of old people that receive financial support from relatives is much greater if transfers inside the households are considered. In fact, De Vos, Solís and Montes de Oca (2004) note that according to other estimations, the proportion of men aged 60 and over who receive economic support from relatives could reach 42.5%. Moreover, since women usually receive support more frequently, the proportion for the total population should be even higher. This observation confirms that family transfers play a very important role as a source of economic support for old people.

In sum, there are several issues that increase the economic vulnerability of the elderly population in Mexico. As discussed above, the most important amongst these are the inefficient coverage of the pension system, the high rates of participation in jobs with precarious conditions, and high dependencies on family financial support. Although there is expected to be an increase in pension coverage, if the current employment growth rate (for formal jobs) prevails this will not be sufficient to include most of the population in old age. On the other hand, the absolute and relative growths of older adults, in addition to the decline of fertility rates, will exert pressure on both the labour market and family support systems as alternative economic resources. Moreover, this suggests that the issue of satisfying the economic needs of old people is one of the greatest challenges of the demographic ageing process that Mexico will face the next 40 years. However, a further exploration it is needed in order to understand how old people experience ageing and old age in Mexico. Old people's family contexts could offer some insights.

### **Families and Living Arrangements**

In Mexico research on families and ageing is an area of recent expansion, and thus empirical – qualitative – data are still very limited. Nevertheless, according to several authors, Mexican families continue to be considered as an invaluable source of support and care, especially in a climate of high economic uncertainty, where the capacity of the state to take care of the demands of an increasing ageing population is limited (Tuirán 1995; Montes de Oca 1999; Palloni 2001; Saad 2003).

In contrast to most developed countries, in Mexico the proportion of old people living alone is relatively low, and the most common living arrangement is co-residence, most usually with their adult children. This situation derives from two factors: (1) The strong tradition of intergenerational support and (2) the necessity to optimise the resources from the integration of individuals of different generations under the same roof (Ruvalcaba 1999). According to the data for 2000, in 23.3% of all Mexican households there lives at least one person aged 60 or over. In 35.2% of these homes, the household head is a woman. Interestingly, old people living alone represent only 5.4% of all households (INEGI 2000). This implies that the majority of people aged 60 and over live with other younger persons, most likely their own adult children.

The living arrangements of old Mexican people also differ significantly between men and women. Such differences arise from old people's marital status. The proportion of men, either married or co-residing out of wedlock lies above 75%, whereas for women this is just above 40%. On the other hand, less than 20% of men are widowed. The number of widowed women is considerably higher, at 41.6%. Such differences are associated to both the higher life expectancy of women and the fact that widowers are more likely to remarry. The higher proportion of old men (married or co-residing) leads to differences in living arrangements. Amongst men there are three typical arrangements: couples without children, co-residence only with the spouse/partner, and co-residence with children and other relatives. Female household heads tend to live on their own more frequently than men, however higher percentages of women also co-reside with their children and/or other relatives. Yet, statistics alone cannot tell us of the experience of growing old.

In line with a traditional patriarchal family structure within Mexican society, respect for parents and obligations to care for old people have been based on control of the resources, reinforced by religious and secular sanctions against those who did not conform to the normative standards of the dominant group. Apparently, the high frequency of co-residence reflects the notion of a family that provides material, economic and emotional support for all its members. Several authors, however, have argued that such an assumption "obscures many inequalities within families" (Gomes & Montes de Oca 2004: 232) that derive from the intersection of age, gender, kinship and power relations. Thus, like many feminists, some scholars in Mexico argue for deconstructing the ideology of the traditional Mexican family that "operates as a safety net of [caregivers] for children, the old, and people of all ages with [illness] and disabilities" (Allen & Walker 2006: 158). The analysis of families is indeed complex.

In fact, in Mexico the so-called multigenerational family is a very recent phenomenon. Instead, according to several authors, it is the nuclear family that has been the most common type of household (e.g. Tuirán 1993; Del Rey 2001). It is the increase in life expectancy that has resulted in multi-generational households. However, the statistics indicate that the preference for the nuclear household remains strong; at the end of the 20th century 68% of the Mexican homes were considered to be nuclear families, whereas 25% were considered

extended (Gomes & Montes de Oca 2004). To a certain extent, the nuclear family model that can be found today in Mexico imitates that of most Western and developed societies, which is characterised by the “[...] decreased willingness of children to support older parents [...] as a result of the erosion of the ethic of *familism* (of which filial obligation is assumed to be an integral part), itself a consequence of increasing secularisation and the growing influence of ‘modern’ values of individualism.” (Aboderin 2004: 36). Now, with the increasing ability of younger family members to determine their own fate in marriage, work and economic security, the power of old people to demand filial responsibility is certainly reduced. Besides, more and more women are now demanding lives of their own, pursuing education and entering the labour force, whereas before, their roles were limited primarily to the caring of others.

Family support and living arrangements in Mexico are being determined by old people’s own preferences and also by the presence or absence of resources. Gomes and Montes de Oca (2004) argue that in cases of extreme poverty, formerly established social and family support networks may be weakened, particularly at times of economic difficulties and when the older adult is taken ill (Gomes & Montes de Oca 2004). Some authors (Enriquez 2000; Reyes-Gomez 2006; Orozco-Mares 2006) have documented cases of old people, usually males, who are living alone as a result of poverty, illness and consequently abandonment, and not necessarily by their own choice. This is illustrated in the following account of one of Reyes-Gomez’s (2006: 171) informants:

I have no one, I have no friends, I have no family. I alone [...] My wife and my daughter left me since I went blind. The only thing I want is to say goodbye to them before I die, but I don’t know where they are (male, age 75, rural area).

There is also evidence that some old adults in poverty conditions would opt to live alone in order to preserve their own welfare. In contrast, old men who remain in employment or receive a pension are more likely to live with other family members (Gomes 2001). Unsurprisingly, there are also gendered factors impacting old people’s living arrangements. For example, Chant (1996, 1997) and Varley and Blasco (2001, 2003) have documented that women are considered to be more attractive candidates for co-residency with adult children or other relatives. Amongst the reasons, these authors highlight women’s *traditional* gendered

socialisation to housework and caregiving, especially childcare. This means that, in comparison to old men, old women are in an advantageous position as they are able to exchange their care labour for support from their adult children or any other live-in relatives.

In their study survey carried out in Guadalajara, Varley and Blasco found examples of children “[...] cheating or trying to cheat their parents of their property.” (2000: 52). Their study concluded that home ownership can prompt abusive treatment towards old people, and that is also the most common form of intra-family conflict.

Nonetheless there is evidence that families in Mexico do not necessarily provide a safety net that compensates for the lack of institutional provision. Gomes & Montes de Oca (2004) advise us not to generalise, as the country presents a complex variety of household types and forms of family support. Certainly the family is an important source of support for old people; however this is a two-sided situation, as old people themselves continue to “[...] [fill] important gaps in the lives of working-age adults; more by providing services, care and gifts than through financial contributions” (ibid: 240).

The need, then, is to undertake more qualitative research on subjective experiences of ageing and old age across various sectors of the society, as this might clarify the commonalities as well as the peculiarities to different social classes and how these intersect with other categories such as gender, geographic location (urban/rural) and health status. The prevalent knowledge about old age in Mexico is that of old people living in impoverished conditions. Thus, to explore how other groups live their old age is an important task as it might help us to deepen our understanding and appreciate the diversity and complexity seen in the ageing process.

## **Conclusion**

In this chapter, I have stressed the significant role Mexican women have had not only as active feminists within the nation-building project, but also as social agents responsible for the survival of the country’s culture and religion. Regarding Mexico’s ageing society, I also have stressed the importance of not generalising

the information here presented. Mexico is a country of many contrasts, most of which are embedded in social and economic inequalities, and therefore offers diverse ways of ageing and multiple images of old age. Yet, I have shown a relatively broad Mexican picture of the socio-cultural and economic reality experienced by both old men and old women. Given the lack of qualitative data, the emphasis has been given to most recently available socio-demographic statistics.

At the structural level, the ageing of the population imposes several challenges to Mexican society, mainly of economic and institutional character. Within the economic sphere it is crucial to attain higher growth rates and design strategies aiming to diminish accumulated disadvantages and reduce inequalities and poverty. These issues however have always been present in Mexico. The difference is that population ageing has been analysed as a 'problem' and depicted by both government and mass media as an *alarmist demography*. Adopting a demographic perspective is only the first step to describe the complexity of the issue, "but is not enough to develop a social gerontology" (Kehl & Fernandez 2001: 133). Perhaps in the case of Mexico, the alarmist aspect is not ageing or old age per se but to become an "old and poor country" (Partida 2005b: 303). Walker affirms that social "[p]olicies in the fields of employment and social security have been particularly influential in the production of poverty in old age" (1992: 243). This is true for the Mexican case. Regarding the institutional arena, it is more than obvious that there is a need for structural reforms to allow the transformation of the social security system, which was designed with a corporatist vision and a young population in mind, and above all has legitimised the role of the family as the primary provider of informal support.

As we have seen, there is no such a thing as the traditional Mexican family. There is a mosaic of household compositions and a complexity of intergenerational relations and patterns of reciprocity within families. The value old people attribute to their expectations of family care and support is central to understanding their experience of ageing and old age. The information currently available indicates that old women might have a more "favourable" position in comparison to old men when it comes to receiving family support. However, this seems to be determined by her ability to continue providing care work.

Certainly, *old age* and *ageing* are not only a demographic concern; they are also products of concrete historical, economic, political and cultural interactions amongst all age groups. This study is concerned with how women experience ageing and old age; in Chapter 2, therefore, I outline several concepts and theories, and examine their usefulness to the study of old Mexican women.

Chapter 2

## Conceptualising Old Women: Gender, Age and the Body



## **Introduction**

It is evident that existing research on ageing and old age in Mexico has concentrated on analysing the demographic and socio-economic effects of population ageing. The focus on real and projected statistical information to define old Mexican people has contributed in creating a homogenous and problematic vision of old age. The discussions are generated under the terms of “dependency ratio”, “life expectancy” and access to public health and security systems, to name but a few. As shown in the previous chapter, another recurrent area of research on ageing concerns analysing the role of the family in terms of intergenerational support exchange and provision of elderly care. However, without underestimating the relevance of this body of research, this only offers us with a macro-social perspective, that is the importance of the society and the possible public policy response to face the challenges accompanying ageing and old age. As I have earlier alluded to, it is necessary to complement such perspective with micro-social analyses, to explore the individual experiences of ageing. Thus, I argue that we could bridge the micro and the macro by analysing gender differences; after all, Mexican patriarchal society constructs (old) women and (old) men differently. A starting point, however, is a focus on old women’s personal narratives of ageing and old age. In both developed and developing countries ageing can be defined as a women’s issue because women constitute the majority of older adults, and also because they are disproportionately affected by poverty and chronic illness in comparison to men (Sen 1995; Browne 1998).

This chapter provides an overview of the current status of knowledge development on the conceptualisation of old women with an emphasis on recent progress in feminist gerontology. Given that in Mexico both empirical data and theoretical discussions on ageing and old age from a feminist perspective are still underdeveloped, I will recourse to western debates, particularly British and North American, in which social gerontology’s theories have proven to be more prolific. I will reflect on the relevance of some of these theories to the Mexican context in order to identify what might be useful in seeking to better understand old Mexican women’s experiences of ageing and old age.

Thus, drawing on feminist theories, I begin with a review of the cultural images that are commonly ascribed to old women, particularly within a patriarchal

society, that is, as caregivers and as grandmothers. In this context, caregiving is conceptualised as a site of women's oppression as well as source for a counter-narrative of resistance. Then I go on to discuss the centrality of exploring subjective bodily experiences in order to deepen our understanding of ageing and old age, arguing for the importance of an approach based on the interplay of gender and age and the recognition of the positive aspects of women's old age. Besides a feminist perspective, I also acknowledge the insights and usefulness of other perspectives, such as symbolic interactionism, successful ageing and a religious approach to exploring old women's lives. Through discussion of the latter two the significance of cultural value-orientations to how people make sense of ageing and old age is uncovered as an aspect worthy of consideration not only for cross-cultural ageing studies but also for mainstream gerontology, and in this case for the examination of old women's ageing process. Finally, drawing on a life course perspective situated within social gerontology and feminism, and considering women's bodily experiences as well as cultural and religious realities, I go on to suggest a re-conceptualisation of old women.

## **Prevailing Images of Old Women**

### **Old women as caregivers**

A traditional patriarchal society prescribes clear-cut gender roles for both women and men. According to Browne (1998: 205) it is from women that society expects and demands the maintenance of physical, emotional and social health of the family, which sometimes also extends to meeting the family financial needs; what Duffy (1995: 70) calls "the daily maintenance and ongoing reproduction of the labour force". In view of this prescribed – not natural – role, feminist scholarship has conceptualised family caregiving as a site of intersecting inequalities and oppressions for women, and particularly for old women (Finch & Groves 1983; Browne 1998; Hooyman & Gonyea 1999). Accordingly, caregiving is recognised as a major marker of women's experiences throughout the life course as it influences the creation and validation of not only society's view of women but also of women's own worldviews (Browne 1998: 233). In fact, through this patriarchal gender socialisation, women learn to define themselves in the context of family relationships, mainly as wives and mothers, and judge themselves, as Carol Gilligan (1982) has argued, on their 'ability to care'.

Thus, women's image and values in society are constructed in relation to men, primarily as men's caregivers. Gilligan's (1982) feminist work on the ethics of care, however, has challenged theories of economic arrangement and psychological development, particularly Erikson's (1959, 1980, 1982) eight-stages life cycle model, by suggesting that such theories are male-oriented and so they assume the male as the model of "normal" development, praising the achievement of "autonomy" and "independence". This theoretical view, Gilligan argued, devalues women's development for being rather concerned with "mutuality" and "interdependence", recognising their own needs alongside the needs of others; hence men construct women's caring and nurturing labour as a symbol of women's weakness rather than a human strength. And yet, men have been the primary recipients of women's care. Browne (1998) encourages us to demystify this and many other male narratives by which old women's contributions to society have become devalued and invisible:

The very fact that older women survive their later years in a society that ignores and devalues them substantiates just how courageous and persistent they actually are! If women are incompetent and weak, how do they manage to survive 7 years longer than men, with so little with which to survive? If women are so incompetent, why are they handed the role of caregiver for the next generation, the sick, and the frail? (Browne 1998: 235).

Some feminists recognise that caring involves multiple dimensions such as 'love labouring' (See Lynch, Baker & Lyons 2009) or 'care work' (term that implies its 'bodily character', see Twigg 2004) and that it can be examined from different perspectives, including those of carers and care-recipients, childcare, elderly care, adult children, old persons, mothers, fathers, spouses, women and men (See Calasanti & Slevin 2001). According to Neysmith and Reitsma-Street (2009) feminists disagreed on whether the problem of valuing women's care work is best approached by focusing on mechanisms that will distribute familial caring responsibilities more equitably between men and women, which could lead to privatise caring as a family matter, leaving out society's responsibility. The other feminist dilemma pertains to pursuing the development of caring services, such as child and elderly care policies, which in contrast to the first approach would bring options for women, yet without addressing gender disparities directly.

However, what feminists working on issues of care seem to agree on is that women should have the *choice* to provide care, as well as the *choice* to receive it

(Browne 1998). Feminists acknowledge that women of all ages continue to do most of both paid and unpaid care labour, which very often has costs and consequences detrimental to their own well-being. In this context, the challenge is in developing policy strategies that are multi-dimensional. As Neysmith and Reitsma-Street (2009: 2) put it: “[...] it is not questioned that care is work but if it is to be valued and linked to [citizenship] entitlements [...] parallel to those associated with paid employment and volunteer work; and if so, what are the claims that can be made by those taking up such responsibilities?” Indeed, the issue of women’s care needs to be further discussed and theorised to deepen our understanding of its meaning and impact on other aspects of old women’s lives. To facilitate the integration of economic, familial and community-work realms in the analysis and debates of care, feminist economists have proposed the use of the term *provisioning*, which they defined as “the work of securing resources and providing the necessities of life to those for whom one has relationships of responsibility (Nelson 1998; Neysmith, Reitsma-Street, Baker-Collins & Porter 2004; Power 2004 as cited in Neysmith & Reitsma-Street 2009: 2). Thus, within this approach the emphasis is on the work-relationship connection rather than the public/private or paid/unpaid dichotomies, under which care has been analysed and theorised.

Discussing caring responsibilities by means of an analytical framework such as the concept of *provision* could offer new insights to the ongoing theoretical and public policy debates on care work and above all challenge the dominant assumptions of old women’s care work as invisible and devalued.

In the context of Mexico, women’s caregiving responsibilities have also been the focus of recent empirical research on ageing and old age. Most of these studies, conducted by Mexican and North American researchers (e.g. Mendez-Luck, Kennedy & Wallace 2008, 2009; Robles-Silva 2000; Robles-Silva 2006) examine care from the perspective of young and middle-aged women who are responsible for caring for old people, usually their parents or older relatives. The focus of such studies is on the caregiver’s experience of stress and burden. Nonetheless this is valuable data, especially for advancing our understanding of the personal experiences of Mexican women at younger stages in their life course, care is analysed as a one-dimensional concept. This approach, I would argue, leaves out the experiences of old people who are being cared for, particularly as they do contribute to the caring relationship with their carers. More importantly, by

considering only young and middle-age caregivers, the experiences of old people who care for other old people, as Calasanti (2006) has noted, do not influence feminist [or ageing studies'] theoretical development. There are however, some exceptions, one being Varley and Blasco's (2003) qualitative study of old Mexican women's living arrangements. Although the authors did not focus on the experience of ageing *per se*, they explored old women's own ideas about family caring relationships and issues of gender and care from a life course perspective. One of their main arguments is that the seemingly increasing numbers of old women living alone in Guadalajara city, where their study took place, might be "a result of some older women discarding the idea that a woman's life revolves around her family rather than the alleged selfishness and materialism of younger generations" (ibid: 537) who would not care for their elderly relatives. More recently, Robles-Silva's (2006) empirical study on elderly care in rural and urban areas of Mexico examines old people's own expectations of care in old age; however it subscribes to the notion of old people as care-recipients only. Whilst the author highlights the feminisation of care and social change, this is only constructed with reference to young and middle-aged women who work outside the home and struggle to combine family life, childcare and elderly care, household responsibilities and working life (Krekula 2007).

Intertwined with the dominant notion of old women as caregivers is the almost universal image of old women as *grandmothers*.

### **Old women as grandmothers**

Some feminists have also begun to question this role commonly ascribed to old women (Browne 1998; Facio 1996; Russell 1987). According to Macdonald (Macdonald & Rich 1983) and Browne (1998), the work old women undertake while taking care of their grandchildren or other people's children is rarely acknowledged or valued, and more importantly, limits the freedom they might otherwise enjoy (Calasanti 2003b: 215). The truth is that old women's care work in their role as grandmothers has enabled their daughters or daughters-in-law to pursue paid employment and/or education. As Calasanti notes: "the 'superwoman' may often depend upon the *unpaid* labo[u]r of [old women]. In this way, younger women *exploit* their elders, whether they intend to or not." (Ibid, emphasis added). Thus, following Calasanti, grandmothers may enjoy caring for grandchildren; however such a role reinforces women's status as caregivers and

domestic labourers, and indeed exploits women based on their age as their free labour benefits other family members (Laws 1995, cited in Calasanti 2003b: 215).

This and the historical devaluation of old people has contributed to seeing grandmothers as 'passive' figures within families; hence the limited attention within mainstream British sociology (Mann, Khan & Leeson 2009: 5). Interestingly, most current studies of grandparenting focus on the dynamics of intergenerational relationships and the roles and attitudes of grandparents regarding childcare (see Cotterill 1992; Harper et al. 2004; Wheelock & Jones 2002). As Neysmith and Reitsma-Street have noted, existing [western] literature on grandmothers (e.g. Callahan et al. 2004; Dolbin-MacNab 2006; Goodman & Silver-Stein 2006; Minkler 1999) nevertheless recognises the caring work of old women, but does not always interrogate the significance of this work nor does it challenge assumptions about the contributions or citizenship claims of old women.

Conversely, in Mexico old women's role as grandmothers remains underdeveloped, both theoretically and empirically. Instead, as discussed in the previous chapter, the 'family' has been a subject of great interest and a site to investigate issues of elderly care and intergenerational reciprocity (see Montes de Oca 2001, 2004; Gomes & Montes de Oca 2004). In Mexico there is a strong societal expectation that old women will provide free childcare for grandchildren. Citeroni (1998) formulated two basic social archetypes that represent the socio-culturally expected and accepted roles for old Mexican women: Sage and Servant. The former evokes the ideal of respect and wisdom of old people, "She is symbolised in the wise old grandmother who [advises] children and young adults [...], in keeping with the traditional values and beliefs of Mexican society." (Citeroni 2006: 209). The Servant, on the other hand, is a culturally exploited figure. She represents the day-to-day care work responsibilities placed on old women (i.e. caring for grandchildren and endless list of housework). Citeroni summarises the Servant figure as: "the epitome of selfless services to others in the family". For many other old Mexican women living in poverty who are employed as domestic servants, this "metaphor" becomes quite accurate. As Browne notes (1998), when it comes to care work, middle-class women may be able to resist the imposition of the caregiver role; poor women, however, do not always have the same choices.

In relation to the grandmother figure, Varley and Blasco's (2003) findings challenged the traditional Mexican feminine ideal of "*abnegación*" [self-denial], socially constructed as the female counterpart of machismo (See Stevens 1973). They concluded that many of the old women in their study would prefer to live alone than in an extended family household, so they would not be pressed into taking care of their grandchildren. Those women's resistance to the grandmotherly caregiver role, to the Servant cultural ideal was cut-clear: "on my own, so I don't have to be battling either with my daughters-in-law or with my grandchildren." (Varley & Blasco 2003: 535).

Indeed, as Martha Holstein (2007: 163) has noted, "even when lovingly given", women of all ages give care because it is needed and because they feel responsible. That is the prevailing cultural image. However, women's sense of obligation also arises as a response to vulnerability, both subjective and constructed within a patriarchal gendered ideology, cultural expectations, power and 'age relations' (Calasanti 2003b) within families. This is not to say that women do not often derive great satisfaction from providing care. In fact, old women's caregiving cannot only be seen as a site of oppression, but must be seen as a counter-narrative (Nelson 2001; Ray 2007), as a source of old women's resistance and strength (Baines et al. 1992). Thus, although choice over providing care is important, what really matters is to acknowledge its value and collective responsibility, away from constructing it as a women's issue.

Theorising women's cultural narratives of caregiving is useful in developing our overall understanding of old women's experiences of ageing and old age. However, we must also look at the feature that is the most critical marker of ageing, and yet one oftentimes taken for granted: the body.

## **Old Women's Ageing Bodies**

In this section I will first present several of the various ways in which the body has been explored within sociology, this however is not intended to be an exhaustive examination, but rather a conceptual framework for the discussion on how old women's bodies have been problematised within feminist theories and social gerontology.

## **Bodies in sociology and social theory**

To talk about bodies is, particularly for sociology, problematic as the discussion commonly raises several contradictions and paradoxes: “we have bodies, but we are also [...] bodies” (Turner 1996: 42); people talk distinctively of minds and bodies, usually giving a privileged status to minds (Cartesian dualism), which in turn invokes aspects of subjectivity (the “I”) and objectivity (the “me”) and consequently the “definite” separation between the self and the body (See G. H. Mead 1964; Strauss 1997); and self(identity) and society (See Goffman 1990[1959]; Berger 1990 [1967]). These are not the only tensions within the discussion of the body. As Turner (1996) states, the body is irreducible to both nature and culture. More specifically, the body is both ‘socially constructed and organically founded’ (Turner 1992: 17), and socially experienced (Turner 1996: 78). This, in turn, relates to aspects of distinction between sex and gender (see de Beauvoir 1993; Haraway 1989; Woodward 2008).

Accordingly, feminist theorists have criticised the way women are represented in terms of biology, emotion, sexuality and instinct; above all they have criticised the male domination and “objectification” of the female body (e.g. Jaggar & Bordo 1989; Grosz 1991; Humm 1990). Conversely, Scheper-Hughes and Lock (1987), brought to the fore the “body politic”, a concept that refers to the regulation and control of the bodies. The body has also been discussed at the collective level in relation to discourses of political knowledge and power like those of medical and sexual science and institutional forms (e.g. hospitals, prisons, psychiatric asylums) aimed to discipline population bodies (See Foucault 1973, 1980, 1986; T. Turner 1997). The discussions on the body extend to the realm of spirituality, faith and religion (See Csordas 1990; Weber 1966; Berger & Luckmann 1963; Turner 1980). Such discussions go from the distinction between natural and supernatural bodies, or natural corporeality and divine incorporeality, to question the kind of bodies the members of a specific culture confer on themselves in order to relate with the deity they identify with (Feher 1989 cited in Csordas 1997: 3). Moreover, as Csordas (1997) argues, if we agree on the body being a cultural phenomenon, then religion is a domain of culture that provides enough evidence to deepen our understanding of such claim. I will return to the topic of religion and its role within studies about ageing and older people later in the chapter.

## Bodies in social gerontology

Within social gerontology *bodies* are central to any understanding of ageing (Tulle 2008: 1) and old age, both as personal *bodily* experience and as an object of social and cultural discourse. Certainly, we are aged by our bodies, as Gubrium and Holstein (1999) and more recently, Twigg (2003, 2007) have emphasised; thus in order to deepen our understandings of how old people experience and make sense of age and ageing (Laz 2003), the focus must be on their *ageing bodies*, on the *corporeal* aspects of growing old. The emphasis of social gerontology on bodily experiences of ageing is, however, very recent and scarce (e.g. Hurd 1999; Öberg 1996; Tulle-Winton 2000), with the exception of studies exploring issues of illness and disease (Cruikshank 2003 cited in Slevin 2006).

According to Twigg (2004), there are various factors behind the relatively underdeveloped theorising of the ageing body. In the first front is social gerontology itself. As part of the *Cultural Turn*, critical gerontologists, influenced by humanities and postmodern and poststructuralist approaches (e.g. Molly Andrews 1999; Simon Biggs 1999; Mike Featherstone & Mike Hepworth 1991; Harry Moody 1992; and Kathleen Woodward 1991), have consciously favoured the social ageing rather than the “physicality that is the essence of old age” (Gilleard & Higgs 2000: 130). In an attempt to counteract the biomedical discourse of ageing, cultural critics have argued that we are “aged by culture” (Margaret Gulleto 1997), hence leaving the “biological materiality of the body” out of the theoretical discussion about ageing and old age. The cultural construction of the old body is further exacerbated within a youth-oriented Western consumer society and framed by anti-ageing cultural practices (Slevin 2006). In this context, as Twigg (2004) and many others have argued, a “narrative of decline” (Gulleto 1997) and loss has become the *dominant* narrative for interpreting the aged body, and consequently, ageing and old age. Drawing on Cole (1992), Twigg notes that restricting the otherwise complex meanings and interpretations of the old body to the narrative of decline has obscured the possibilities of multiple narratives of old age, particularly those “linked to larger cosmological systems of thought [, rituals] and symbolism.” (2004: 61), that is, individuals’ religiosity. I return to an examination of this last topic towards the end of the chapter.

Similarly, in explaining how growing old is experienced the political economy approach of ageing has always been concerned with analysing social structural opportunities rather than physiological factors (e.g. Martha White Riley 1987; Meredith Minkler & Carrol Estes 1991; Alan Walker 1981; and Peter Townsend 1981). The emphasis is at the macro-social level, namely the transformation of the ageing society and the welfare state.

Although the works from these perspectives have advanced the theoretical and empirical knowledge we currently have on ageing and old age, there is still a lacuna on the exploration of individual *lived* experiences amongst both old men and old women, and particularly the “concrete and mundane activities” (Twigg 2000: 72) of their ageing bodies.

Interestingly, despite notable exceptions like Simone de Beauvoir’s (1996[1970]) and Susan Sontag’s (1978) work on the gendered double standard of ageing and the negative connotations of the old female body, most feminist scholars have also downplayed the importance of old age and consequently ignored ageing bodies (Calasanti & Slevin 2001; Holstein 2006; Slevin 2006; Twigg 2004) in their work on gender and women’s issues. Whilst feminists have focused on the social construction of gender and its intersection with class, ethnicity, sexual orientation and, to some extent, disability, this is not the case for the intersection of age and gender (Calasanti 2003b; Krekula 2007; Slevin 2006).

[...] by ignoring the phenomenological bodies of old women, feminists elide their commitment to rendering visible *the unexplored, the ignored*. They participate in the cultural exclusion of old women and so fail to work towards remedying that exclusion. [...] feminists have made a difference in the lives of younger women by analysing women's unique experiences, such as childbirth and menopause, by politicising the seemingly nonpolitical, and by calling attention to gender relations and to issues such as domestic violence and income inequality. They have not done the same for issues that predominantly affect old women. [...] If feminism is about the liberation of all women, then feminism needs to move beyond menopause and take a look at [issues experienced by old women] (Holstein 2006: 325, emphasis added).

Quoting Arber and Ginn (1991a), Twigg (2004) considers that the exclusion of old women from feminist studies mirrors the gerontophobia of the wider culture; feminists fear ageing just as anyone else. However, as mainstream feminists have

themselves aged, some have begun to draw on their personal experiences of ageing (e.g. Greer 1991; Friedan 1993; Gullete 1997; Sheehy, 1997), and thus we can see the emergence of a feminist perspective on ageing studies focused on gender differences as an organising principle across the life course, one that modifies the experiences of ageing, often in inequitable terms (Calasanti 1992): 'feminist gerontology'. This critical and oftentimes 'autobiographical' approach (Ray 1996, 1998) to the gendered nature of ageing and old age is a fairly recent but promising area for academic theorising. Thus, feminist gerontologists have begun to analyse old women's lives in their own right and acknowledge that old age is a predominantly female world (Chambers 2005).

Yet in the middle of this increasing interest, some feminist scholars have also argued that at the empirical level social gerontology could be considered as a "feminised" discipline (Russell 2007). More specifically, they question whether old women's empirical visibility is counterbalanced by an equal amount of theoretical discussion. This dissociation between social gerontologists and feminist sociologists has been illustrated as "diners at separate tables", exchanging glances but without bringing together their conceptual resources (Ginn & Arber 1995, cited in Krekula 2007).

## **Age and Gender**

According to Gibson (1996), within both feminist and social gerontological studies that focus on old women there has been a tendency to define old women in terms of problems, what Krekula (2007) has called, a "misery perspective", one that only highlights issues of disadvantage in comparison to ageing male patterns that are likely to be considered as the "ideal" (McMullin 1995). For example, a political economy perspective has emphasised the disadvantaged position of old women in relation to health care access, income, housing, pensions and health status (See Peace 1986, 1993; Arber & Ginn 1991a; Minkler & Estes 1991). Similarly, Russell (2007: 174) has argued that earlier studies on old age and gender have established a "competitive suffering paradigm". This approach, as Gibson (1996) notes, has ignored the heterogeneity of old women and above all the aspects at which old women seem to hold an advantaged position compared to old men. Those aspects include their connectedness to others over the life course, their greater experience of and their commitment to the private sphere, their involvement in

the informal economy; their experience in moving between the formal and informal sectors and the private and public spheres, and their experience of maintaining family links, and establishing better social relationships (Arber et al. 2003; Chambers 2005; Jerrome 1993). All this, as Chambers (2005) asserts, shapes women's life experiences and may serve them well in old age. Thus, recognising the gendered nature of old women's development over the life course (Gilligan 1982; Silverman 1986) is central for better understanding their own ageing experiences, as opposed to merely "adding [old] women in" (Calasanti 2003b) to existing theories of research that emphasise the differences, the so-called disadvantages of old women that render their experiences as "other".

Both men and women experience ageism, however responses to aged bodies are gendered in various ways (Slevin 2006). In this sense, the interplay between age and gender is or, more precisely, should be central to any exploration of old women's bodily experiences. According to Krekula such interplay has commonly been characterised as a 'double jeopardy'. As such, the combination of sexism and ageism arguably makes women's ageing more problematic or painful. The author questions Sontag's (1978) thesis that men are valued for their accomplishments, symbolised in their money, social status, power, and professional position, and women are only judged by their appearance. Thus, Sontag's argument is that women are more likely to feel shame and aversion as they entered old age because, as Bordo (1993) would also argue, women lose more quickly than men the ability to conform to dominant notions of beauty, mainly centred on sexual attractiveness and youthfulness.

Krekula (2007), however, claims that Sontag's double standard thesis can be contested on theoretical grounds. She argues that Sontag's assumptions of women's negative relationship to their bodies and appearance demonstrates "how a simplistic understanding of embodied meanings contributes to narrowing theoretical points of departure." (2007: 163). Krekula also offers two examples of empirical evidence that challenge Sontag's thesis. One is Öberg and Tornstam's (1999) Swedish study in which they concluded that old women were more satisfied with their bodies than younger women, and that old women were just as satisfied with their bodies as old men. These findings might suggest that we tend to overemphasise the negative aspects of women's old age (Gibson 1998 cited in Twigg 2004).

On her own study with old women, Krekula (2007: 164-166) uncovered similar findings. Her informants seemed to develop twofold bodily dimensions: the body as a physical entity, and the body as an embodied identity claim. For the women in her study, their bodies' physical appearance is important and they also use negative words to describe them, which is in keeping with the findings of Hurd's (1999, 2000) and Slevin's (2006) studies on old women. However, they also elaborate on other aspects such as health and independence. Moreover, amongst her informants' accounts there is also evidence of *acceptance* of the physical changes as part of becoming old. They also see their bodies as a direct source of pleasure and pride in terms of sexuality and physical exercise, and as expression of their identity as independent individuals, particularly in situations such as self-care. Krekula used Goffman's concept of "on-stage" as her analytical framework. In this context, rather than being contradictory, the informants' two bodily meanings, "the on-and-off-stage-body express different bodily aspects.

Krekula's findings are evidence that the assumption of women's ageing as something painful and negative derives from a limited interpretation of the ageing process; one that focuses on physical changes and therefore ignores ageing as an experience of embodiment. The focus on embodiment, I contend, could help us further advance our understanding of how both men and women experience ageing, particularly regarding issues of age and identity. More importantly, such an approach appears to be an alternative to those in which the experience of old age is interpreted as radical separation between the mind and the body (i.e. *Mask of Ageing, Masquerade*). I discuss these issues in more detail in the closing chapters of the thesis.

In the following sections I bring forward to the discussion the usefulness of symbolic interactionism, 'successful' ageing and a religious approach to the study of ageing and old age and the conceptualisation of old women.

## **Symbolic Interactionism**

Thus far, I have alluded to the centrality of exploring old women's personal bodily experiences and particularly the complex intersection of age and gender. Such an exploration is important as it could help us deepen our understanding of individual ageing processes as both a physiological experience and as an embodied identity

claim. After all, As Heidegger argued: “we do not ‘have’ a body; rather, we ‘are’ bodily” (1979 cited in Wainwright & Turner 2006). In this context, the usefulness of a symbolic interactionist approach should be put forward.

Located within social constructionism, symbolic interactionism examines social reality as a narrative that is constructed, negotiated, creatively authored and interpreted in everyday life (Mead 1964; Blumer 1969, Mills 1998; Abercrombie, Hill & Turner 2006). Moreover, Bond, Coleman and Peace (1993) explain that symbolic interactionism focuses on how people create *meaning* during social interaction by indicating to others who and what they make themselves to be; how they construct and present the self before others. According to this perspective, the self “is not seen as some kind of personal property we are born with, created in advance of our awareness of it and housed ‘inside’ the body, but a *living process* which changes throughout the life course.” (Hepworth 2000: 29, emphasis added). Thus, as emphasised by Waskul and van der Riet (2000: 488 cited in Waskul & Vannini 2006: 3) “[i]n this process, body, self, and social interaction are interrelated to such an extent that distinctions between them are not only permeable and shifting but also actively [...constructed].”

According to Goffman (1990[1959]) a way to understand how people come to decide, through social interaction, who they are, is by employing the metaphor of theatrical performance. In other words, for Goffman we make a presentation of ourselves to others as being just like “on stage”. As for Blaikie (1999: 4), our understanding of the world is formulated from the ways we describe it; resulting in the main significance of labelling, stereotypes, and images to the interpretation of ageing. Hence, according to this theory, the relationship with others affects how people experience ageing and old age.

Following Hepworth (2000), for interactionists, society always comes first and yet, paradoxically, so does the body. This is because biology i.e. the physical body “[...] is conceptualised in dynamic interaction with society and culture”, which serves as the premise of symbolic interactionism for analysing issues of health, illness, and medical care. The ageing process, illness and disease together with the ways in which we think about, treat, and live our changing bodies impacts on our individual sense of self and lived reality (Lupton 2003; Bury 1988), and consequently on our identity. The role played by language is also a key aspect in

the ways people make sense of and talk about their bodies; therefore the knowledge, meaning and notions of bodily changes, in both functionality and appearance, and health and illness are clearly dynamic and subject to an active interaction of the individual within the social and cultural structures. Within this socio-cultural interaction, it is through social identity and agency that individuals interpret their lived experiences and create meaning out of them.

Symbolic interactionism has dominated much of the current studies on chronic illness and disability (Gerhardt 1989 cited in Watson 2000). The main premise of such studies is that the presence of a chronic illness or physical impairment “disrupts” (Bury 1982, 2001) the expected person’s life course and leads to loss of control and self-esteem, a “loss of self” (Charmaz 1983). Thus, central to the work of symbolic interactionists is the construction of disability or impairment as a form of deviance from the social order (Blumer 1969). Watson critiques this approach to disability studies on the grounds that it focuses on the individual’s interaction with his/her social and material world but does not problematise wider social issues, such as inequality, power relations and violence; hence these remained in the background of the analysis, fully unexplored. Another limitation of this theoretical perspective is its normative nature, as Watson (2000: 24) argues, “having an impairment [...] separates the individual from the rest of the society and their impairment becomes their defining characteristic.” As we all know, with or without intent a similar normative approach can be found in ageing studies, where the emphasis on positive or active ageing has further strengthened the distinction between the age categories of old (bad) and young (good). Moreover, the categories also are generated to make distinctions amongst old people; similarly to being non-disabled, ageing well is normalised, which might consequently indicate that some individuals age “badly”, given rise to narratives of ageing as a personal failure (Blaikie 1999; Hepworth 1995; Holstein, 2000, 2006; Katz 2000, 2005). I further discuss these issues in the section of ‘successful ageing’.

According to Chambers (2005), both Martin-Mathews’ (1991) and Davidson’s (1999) research on later life widowhood has made the case for the utility of the symbolic interactionist approach, particularly to explore old widows’ experiences. Both authors questioned male-oriented explanatory theories of ageing, such as ‘disengagement theory’ (Cumming & Henry 1961) and role theory as they clearly

focus on discontinuity and identity loss, and consequently construct widowhood in negative terms. Instead, they both theorised widowhood by acknowledging both the potential diversity within widowhood experiences, and the way old women's lives are shaped by themselves and others in their social interactions. This approach however, also has limitations, particularly the lack of exploration of the significance of the individual's interactions with society and the meanings ascribed to those interactions over the life course (Chambers 2005: 53-4).

Within ageing studies, Hurd's (1999) work on active old women follows a symbolic interactionist approach and explores how old women (between the ages of 50 and 90) construct and negotiate a complex identity of 'not old' and distance themselves from the negative stereotypes associated with being old. Hurd's discussion focuses on issues of health, body image and widowhood and how these impact women's identity construction, through which she recreates an understanding of the ageing process as both bodily and social. The analysis, however, stresses how old women's positive self-image is undermined by society's praise on youth, activity and independence. Hurd's findings regarding her informants' dissatisfaction with their own bodies, in terms of attractiveness and weight, seem to confirm Sontag's thesis, mentioned earlier, that women are primarily valued for their appearance. In this sense, old women seem to have no other strategy to resist ageism but to comply with images of positive ageing, that is, "keeping busy, [...] active, fit and productive" (Slevin 2006: 256). Whilst social ageing may be resisted at the discursive and personal level (i.e. "I'm not old") bodily decline, on the other hand, is inevitable but our societies have constructed it as something abnormal, something to be denied. This reinforces an *ideal* image of old age without disability and disease, while equating the maintenance of "good health" with ageing well. However, such an approach highlights abilities and capacities and thus normalises the "young body" (Harper 1997), which, arguably, reinforces stigma, fear and hostility towards *visibly* aged bodies.

As Holstein (2006: 326) asserts, "[g]erontology, by creating the context for thinking about old age, can therefore further burden those of us negotiating an identity that incorporates socially devalued [bodily] changes". The challenge then is to envision ways to uncover the diversity of experiences of ageing and old age rather than focusing on celebrating strengths and dialectical notions (young/old; healthy/unhealthy), the focus should be on the recognition of the bodily changes

that are authentically connected to ageing and hence significant to old people's life stories (Hillyer 1998).

Furthermore, as I illustrated above with Krekula's empirical research, our understandings of the ageing process are still very limited, especially since they depart from the assumptions that women experience old age in a more painful and negative way than men do. The lack of empirical data that explore the lived bodily experiences of ageing of both men and women warns us not to "normalise" the dominant cultural narratives, and instead retrieve subjective experiences of old age and the aged body (Öberg 2003 cited in Slevin 2006).

## **Successful Ageing**

Many scholars have critically discussed the elements of physical decline, dependency, frailty and poor health, widely associated with old age (e.g. Arber & Ginn 1991b; Achenbaum & Bengtson 1994; Featherstone & Hepworth 1989; Holstein & Minkler 2003; Gullette 1997; Moody 1988; Phillipson 1998; Minkler & Estes 1998; Andrews 1999; Katz 2000). Many, too, have focused on the "positive" and "successful" extremes of ageing (e.g. Rowe & Kahn's Model of Successful Ageing [1987, 1997, 1998]).

Nevertheless, some claim that by using concepts such as "ageing well" as a mere prescription of how individuals should age, those who are not able to meet such criteria would be or feel marginalised by the use of such a term (Chapman 2004: 11). On the other hand, other theorists have argued that the concept of ageing well is useful since it contributes to positive and resourceful images of old age and the resources and abilities of old people, rather than on the more negative aspects such as dependency, frailty, and poverty. In the light of this theorising about the nature of "ageing well" several terms emerged which reflect this recent approach: healthy ageing, active ageing, productive ageing, and so on. Yet, it is worth noting, as Gubrium and Holstein (2003); Hepworth (1995) and Holstein (2000) have done, the uncritical use of those positive ageing terms could deny the legitimacy of other ways of ageing.

In the late 80s and earlier 90s, the 'Model of Successful Ageing' proclaimed itself as the way to age well. For Rowe and Kahn (1997), the concept of successful

ageing refers to a “state of being”, the positive extreme of normal ageing. Undoubtedly, in the West the dominant understandings of ageing construct old age as a burden to society, reinforcing the negative association of old people with disability, frailty, helplessness and weakness. Hence, according to this threefold model, to age well, an individual has to avoid disability and disease, and consequently maintain mental and physical capacities, thus enabling a productive<sup>7</sup> and social engagement in society (Rowe & Kahn 1997).

However, Rowe and Kahn’s successful ageing model, in spite of its scientific contribution to ageing studies, has coercively equated the maintenance of “good health” with successful ageing, hence comparing disability, frailty and poor health conditions to personal failure. Moreover, since this model is rather normative, then it undoubtedly reinforces the cultural fear of and hostility towards old people, and also promotes deficient policy responses (Holstein & Minkler 2003: 792).

Taking the latter into consideration, many elderly people are likely to accept the established cultural images and stereotypes regarding the aged and in consequence “[...] they feel inadequate and inferior, often lacking the motivation to do things which they are actually capable of doing, and sometimes choosing to withdraw entirely from all activities.” (Yeung 1989 cited in Kit-Ling Luk 2006). Furthermore, as Calasanti (2003b) has argued, the moral emphasis on activity of this model simply pushes the label “old” onto those who are chronically impaired or who opt for passivity and even acceptance.

A year after Rowe and Kahn published their model, Matilda White Riley entered the discussion with a constructive criticism of their “successful ageing” perspective. Riley (1998) states that Rowe and Kahn’s model “remains seriously incomplete: Although it elaborates the potentials for individual success, it fails to develop adequately the social structural opportunities necessary for reali[s]ing success” (151). In response to such comments, Kahn (2003: 61-62), acknowledges their model of successful ageing is fundamentally individual, since the health-promotion activities which enhance the probabilities for ageing successfully must be performed by the individual. However, Kahn does agree “[...]that the factors

---

<sup>7</sup> For Kahn (1986 cited in Rowe & Kahn, 1997) a productive engagement refers to being involved in productive activities, paid or not paid, that create goods or services of economic value, such offering informal help or voluntary work.

that encourage or discourage and enable or prevent such behaviour are social.” (2003: 61), and also recognises that factors such as income, education, race, physical environment, employment status, accessibility of medical care, among others, are decisive for both life quality and life expectancy in old age (Kahn 2003: 62).

As we can see, within this framework, the individual is expected to entirely assume responsibility for maintaining cognitive and physical functions in pursuit of preserving self and being socially and productively engaged with life. However, the issue is with leaving out of the picture the link between the correspondent influence of individuals' lives and social change. Certainly, within gerontology as Andersson claims: “[...] we must distinguish between studies of ageing as a social process extending over the life course, and studies that focus on the social conditions of the life of elderly people or, more simply, between ageing and age-related issues.” (1999: 135).

The above, however, are not the only problematic elements arising from Rowe and Kahn's model of successful ageing. Both Calasanti (2003b) and Holstein (2000) have made a feminist critique of this approach. They both considered that it embraces a middle-class, white, masculinist definition of productive activity, and therefore the ageing experience is formulated from a male point of view and holds negative connotations and consequences for old women as the model does not seem to recognise women's socialisation and nurturing activities such as family caring as “productive” activities.

Torres (1999, 2001), on the other hand, has advocated for recognising that the construct of ‘successful ageing’ is both socially and culturally determined. Drawing on several cross-cultural studies on ageing (e.g. Fry et al. 1997; Keith et al. 1994), she argues that each society's value-orientations system influences the way people conceptualise ageing-related constructs even more than structural issues. In other words, “by focusing on the structural differences between ethnic groups we have neglected the cultural meaning that these groups attach to the experience of ageing” (Torres 2001: 15). For example, there is evidence that shows that American elders associate successful ageing with self-sufficiency and independent living, whereas Chinese elders construct their families' willingness to meet their physical, psychological and material needs as successful ageing (Fry et

al. cited in Torres 2001). Understanding the cultural backgrounds and present realities of the old people we study should then be part of gerontology's main objectives, especially in the context of international migration that translates into societies with multiple ethnic minorities.

Finally, recent revisions of the model of successful ageing situate the factor of "positive spirituality" as the missing concept in Rowe and Kahn's model. Crowther et al. (2002) have claimed that there is a strong link between positive spirituality and health, and more specifically between health professionals and religious communities. In the words of Crowther et al. positive spirituality uses aspects of both religion and spirituality and "involves a developing and internalised personal relation with the sacred or transcendent that is not bound by race, ethnicity, economics, or class and promotes the well-ness and welfare of self and others." (2002: 164). There are several items of empirical evidence that assert the importance of religiosity/spirituality amongst older adults, particularly in terms of their health and well-being.

## **Research on Religion and Ageing**

Within social sciences, religiosity and spirituality have been treated with a degree of ambivalence and scepticism. Whilst some scholars have embraced them as important dimensions of human life (e.g. Berger 1990[1967]; Weber 1991[1966]; Geertz 1973), others have deemed these phenomena as pathological responses to difficult circumstances and existential anxiety. Freud for instance referred to religion as a "universal obsessional neurosis" (see Freud 1952). Unsurprisingly, this ambivalent treatment towards religiosity and spirituality extends to research in gerontology.

As discussed in Chapter 1, in Mexico ageing has been explored from different perspectives, mainly demographic and economic. In the same chapter, I described how religion is a salient aspect of Mexican culture. However, research that explores ageing and old age from a religious perspective is certainly underdeveloped, the exception to this being the empirical work of Vazquez (1991, 1999, 2001, 2003, 2006). This author has examined the role of religion on the social construction of old age amongst marginalised and/or deprived groups of both men and women particularly in rural areas of Mexico, by focusing on how old

people's religious beliefs and practices impact their ageing experiences. According to Vazquez (2006), in Mexico most scholars on old age, although aware of the significance of religious faith in ageing have opted to keep this issue in the background as they consider it a theme lacking in scientific character.

The lack of scholarly interest on religion and ageing amongst Mexican social science researchers seems to mirror the now familiar academic disdain for religious phenomena found amongst North American and European gerontologists. In such a context, a notable exception is the work of David Moberg (1970, 1993, 2001), who has been examining the relation between faith and old age in the USA over the last fifty years. According to Johnson (1995) and Coleman (2005), the neglect or insufficient coverage and depth on religion in ageing studies stems from the secularisation of modern societies that has been taking place in both North America and Europe since the 1960s (See Heelas 1998). However, despite living within an increasingly secular world "with a diminished sacred foundation" (Johnson 1995: 189), there is evidence of the central role religion plays in the lives of old people and the association of religious belief and practice with numerous physical and psychological benefits (Johnson 1995; Ardel & Koenig 2006). For instance, in 1976 Blazer and Palmore found positive correlation between religion and happiness, feelings of usefulness, and better adjustment that increased with age.

More recently, several researchers have uncovered similar positive relations between the religious activity of old people and their general well-being, health, functional ability and life satisfaction, and a negative relation with depression (Guy 1982; Markides 1983; Witter et al. 1985; Idler 1987; Idler & Kasl 1992; Koenig, George & Titus 2004; Koenig et al. 1997; 2001; Payne & McFadden 1994; Levin 1994a; Levin, Chatters & Taylor 1995; Beit-Hallahmi & Argyle 1997). While some studies found no association at all (Markides, Levin & Ray 1987) and others found a significant but weak relationship between religion and quality of life measures (Argyle 1987), positive findings are prevalent and overall religious faith and practice seem to enhance well-being in old age (Larson, Sherrill & Lyons 1994; Levin 1994b). More interestingly, most of the studies on the implications of religion and spirituality for ageing and old age have been undertaken from within a psychological approach and commonly followed a quantitative or conceptual methodology.

Notably, in western cultures women practitioners outnumber men, which could suggest that women are more religious than men (Benson 1991; Coleman 2005; Cornwall 1989). According to Weiss (1996) there is evidence that women of all ages are more likely than men to describe themselves as religious, to be church-affiliated, to pray frequently, among other things. Furthermore, there is some evidence that suggests that old women may be more involved in a wide range of religious practices and beliefs (e.g. church attendance, Bible reading, feeling closer to God) than old men (Levin, Taylor & Chatters 1994 cited in Krause 2006; Teinonen et al. 2005). Surprisingly, this important gender difference and its implications for women's ageing experience remains underexplored. As Cole has argued, "gerontology will continue to be impoverished if it excludes metaphysical, spiritual and religious perspectives as genuine contributions to knowledge." (2002: 36).

## **Conclusion: Re-conceptualising Old Women**

The main objective of this chapter has been to outline the various approaches within feminist theories and social gerontology on the study of ageing and old age, and particularly those pertaining to the conceptualisation of old women. I have explored the prevailing cultural images of old women, namely as caregivers and grandmothers. In most of the first part of the discussion I subscribed to Colette Browne's ideas and her advocacy for a feminist framework to the analysis of old women. As I have alluded to, a feminist analysis can enable us to see old women's ageing and old age experiences from a life course perspective, recognising both opportunities and oppressions. Through a lifetime experience of care labour old women have contributed to the cultural and economic development of their families and communities, with both men and younger generations of women being the main beneficiaries. However, the social construction of caregiving as a woman's "natural" role along with the moral emphasis on male economic activity has limited women's choices and resources and above all obscured the *value* of their free labour. This in turn, as we have discussed, has also contributed to the construction of women as dependent and their exclusion from citizenship entitlements, as those are designed only for those in formal paid labour. In this sense, a feminist critique has advanced our understandings of the impact of patriarchy on shaping women's gendered roles in society and so any discussion of

the ageing experience of old women must take this into consideration for further theoretical and empirical development.

Another central aspect in re-conceptualising the ageing experience of old women is to look at how they themselves make sense of their bodily changes. As Neysmith and Reitsma-Street (2009) have noted, the challenge lies in how to theoretically factor in physical changes and limitations while avoiding ageism. However, as I have shown here, in the analysis of old women's experience of ageing and old age the interplay of age and gender has been discussed from a "misery perspective" (Krekula 2007), in which women's ageing is constructed as more painful and problematic in comparison to men's. Thus, the challenge is not only how to avoid ageism but to develop alternative frameworks to study the ageing female body on its own, and not from a "double standard" (Sontag 1978) perspective that only serves to reinforce women's ageing process as deviant from a male norm and a younger norm and precisely ignores the complexity and diversity within subjective ageing experiences. One way forward is to listen to "the voices that emanate from the [female] bodies themselves" (Nettleton & Watson 1998 cited in Slevin 2006) so that we can acquire the language women themselves use when they talk about their own ageing experience. This would contribute to new forms of knowledge and could also help to counteract social gerontology's emphasis on positive images of ageing that has imposed normative standards of "successful" or "productive" ageing and "obscured the ambiguity that is central to the ageing experience." (Holstein 2006: 326). Indeed, we need an approach that views the body as something that is not controllable, while at the same time recognises that people of all ages are vulnerable to illness, disability and physical ageing (Morell 2003; Wendell 1996).

Finally, in our analyses of old women we must bring forward their social and cultural locations as these not only shape their ageing process but the totality of their life experiences, hence the necessity of incorporating a biographical life course perspective to the feminist approach. Such a perspective, as Bernard, Chambers and Granville (2000) would argue, places women's past and present experiences at the centre of the analysis and acknowledges the impact of age and gender and how these intersect with other significant positions such as class, race, ethnicity and religious beliefs. As I have discussed above, gerontology has slowly begun to analyse the influences of religion and spirituality on the ways people construct and interpret their experiences of ageing and old age. More

interestingly, empirical research suggests that old women may be more involved in a wide range of religious practices and beliefs than old men. Certainly this is a potential area for development in feminist social gerontology and scholars should be open to incorporating this into their theoretical and empirical discussions, provided that old people, and in this case, old women themselves construct their religious faith or spirituality as part of their value-orientations. Exploring these possibilities could enhance the current debates on ageing and particularly re-conceptualise the ways we study old women. The next chapter continues examining the usefulness of adopting a feminist perspective that takes into consideration the issues arising from the present discussion and provides a detailed description of the methodology adopted in the study of the ageing experiences of thirty-two old Mexican women.

Chapter 3

## Methodology



## Introduction

The aim of this study was to elicit old women's ideas about ageing and old age in Mexico. As indicated in the introduction, little is known about the *actual experience* of being an old woman in early twenty first century Mexico. Thus, the present study is an important attempt to fill the knowledge gap concerning the ageing experiences amongst Mexican women.

As a research field, social gerontology has been criticised for being “rich in data, but poor in explanations” (Daatland 2002: 1), particularly by the paucity of theorising about the heterogeneity of lived experience (Dannefer 1988; Calasanti 1996; McMullin 2000) and lack of sensitivity to cultural diversity (Torres 1999; Wray 2003) as it has built on dominant western (i.e. British and North American) ideas about age and ageing. In this context, the research question became one of methodological concern: selecting the method for data collection and harmonising theoretical ideas and procedures for doing my research on ageing in Mexico (Stanley & Wise 2008: 222). More specifically, how can I go about collecting, analysing and interpreting the experiences of Mexican women by recourse to theories and concepts grounded in a Western context, without falling into a normalisation of Western values? How can I adequately address the specific cultural and social contexts in which the women in my study make sense of ageing and old age? I needed an approach by which to emphasise women's biographies and locate their personal ageing experience within wider socio-cultural and structural settings in order to identify both individual agency and structural aspects of ageing and how these influence each other. A review of the literature suggested that these requirements would be met by establishing a methodological framework informed by theories of feminist social gerontology, cultural variation, and sociology of religion along with a biographical/life-history approach to data enquiry and a broadly thematic narrative analysis.

This chapter, therefore, examines relevant issues pertaining to the way this study was carried out. First, the three theoretical approaches of the research, feminist social gerontology, cultural variation and sociology of religion are presented. Then, both the method for data collection and analytical approach are discussed. Greater detail is placed on data collection procedures with special emphasis on language translation dilemmas, and the positioning of the researcher along with

ethical considerations. Finally, the chapter presents a detailed account of the process of data analysis and interpretation.

## **Theoretical Framework**

### **A feminist gerontological approach**

This section is not intended to offer an exhaustive and detailed account of feminism and all its variations and paradigms (e.g. liberal, radical, contemporary), rather it aims to situate the present study's theoretical point of departure, and thus the focus will be on feminist gerontology. According to Chambers (2005), feminist gerontology explores and tries to understand the impact of gender not only in later life, but also throughout the life course (i.e. emphasis on 'ageing' and not merely 'old age'), at both individual and societal level. Feminists understand gender as socially and culturally constructed through the relational, structural and symbolic uses of power dynamics between men and women in both the public and private spheres (Hooyman et al. 2002), which in turn shape the individual and collective ageing experience. As discussed in the previous chapter, for some feminists, caregiving is a site of interlocking oppression and a social construct derived from a masculinist narrative (Browne 1998).

In this context, the feminist agenda has attempted to explain the role of women, the relevance of domestic work and the strong connection between households and labour markets as aspects whose interactions are fundamental not only to the understanding of social reproduction, but also to women's submission and social inequalities (Torrado 1978; Jelin 1983; García et al. 1982). A feminist analysis, then, seeks to make publicly visible and validate the importance of women's lifelong experiences and responsibilities as caregivers (Abel 1991) as well as acknowledge their role as the moral anchors to their families. Here, I contend that there are four basic tasks of feminist scholarship, and specifically of feminist gerontology: (1) to rediscover old women's position in society, (2) to re-examine societal values, roles and expectations in old age, (3) to critique patriarchy, and (4) to create new understandings of ageing and old age that emerge from women's own life experiences.

Furthermore, a feminist approach to the study of ageing is interpretive and critical (Ray 1996) and highlights the gendered advantages and disadvantages, constraints and opportunities of women throughout the life course. Moreover, it asserts that, compared to men, women are more financially marginalised and have gender-specific health concerns. Above all, a feminist-oriented gerontology elicits women's voices and lives and validates alternative methodological approaches.

Thus, the present research is informed by feminist methodology<sup>8</sup>, that is, one concerned with the production of “unalienated knowledge” (Stanley 1990) about ageing, which, drawing on Ray (1999: 173), should be characterised by:

- (1) challenging the scientific paradigm by being personally involved and critical, and also overtly political (i.e. advancing an agenda towards the empowerment of both researcher and researched), and
- (2) pursuing alternative ways of form and style to report scholarly findings, which are equally involved and critical (e.g. life history; narrative analysis, auto/biography).

By undertaking a feminist methodology, the Mexican women participating in this study have the opportunity to describe and examine their own ageing process and the issues they deem important to it. Certainly, what is needed is not just a shift to a feminist definition of ageing and old age, but also an approach that takes into account cultural and personal lived-experiences, as well as socially-constructed identities and gender differences and inequalities, with a view of uncovering alternative – non Western forms and images of ageing and old age (Makita 2008).

---

<sup>8</sup> Following the discussion of Liz Stanley's (1990) account of the need in feminism for bringing together useful *knowledge, theory* and *research processes* as a form of *feminist praxis*, I opted for using the term “feminist methodology”, in the sense of overall “framework”. Furthermore, at this particular point the use of this term, and not “perspective” or “standpoint” to name a few, seem more obvious after reading Stanley and Wise's *Feminist Methodology Matters!* Here, the authors point out that: “Methodology is [...] the basis of making good convincing theoretical arguments and of advancing good convincing facts about the *social* world (my emphasis) (2008: 221).

## Cultural variation approach

This theoretical framework, however, is far from complete. Beyond specific theories or bodies of knowledge my working approach was that each woman's experience is grounded in history, in a particular historical, social and cultural context, interacting with people. Put simply, a woman's experience is shaped by culture, history and economics; similarly a [Mexican] culture's experience is shaped by its history (Rodríguez 1994), and this includes language, customs and ways of making sense of the world, and being in that world. In what follows, I discuss some of the current debates within social sciences regarding the study of culture and outline my own "cultural" point of departure for the study of ageing and old age in Mexico.

Part of the recent expansion of the 'sociology of culture' in anthropology, sociology and ethnography derives from the fact that "culture" is a complex and ambiguous concept (Wuthnow et al. 1984; Alasuutari 1995). In an attempt to provide a conceptual framework of sociological theory, Eubank (1932) drew on four approaches to study culture as: (1) group ways (customs and norms), (2) group feelings (beliefs, attitudes and mental sets for action), (3) group creations (artifacts, mentifacts, language, moral codes and systems of thoughts) and (4) the combination of the above. Conversely, the Birmingham School, in a more recent attempt defines culture as a "collective subjectivity [...] a way of life or outlook adopted by a community or a social class" (Alasuutari 1995: 25). Fry, a cross-cultural gerontologist, defines it as "the symbolic dimension through which we comprehend order and predictability in our world." (1980: 12 cited in Torres 2001: 45).

Nevertheless, the confusion around "culture" does not end in the lack of consensus about its definition; there is also an issue of "sociological" or rather methodological/theoretical inquiry, a dissociation of two "cultural" approaches: social sciences' sociology of culture and humanities' cultural studies. The former being mostly interested in the implications of cultural backgrounds; what Hannerz (1992: 7) refers to as ideas and modes of thought, their forms of externalisation and how they are spread over a population and its social relationships, to studies of social behaviour (e.g. the work of Marx, Weber, Parson, and Bourdieu). Cultural studies or 'cultural analysis' (Vincent 2006: 682), on the other hand, is concerned

with the study of cultural products -and mass media- and examines how language and rhetoric create and contest meaning. It is rooted in cultural anthropology (e.g. Douglas 1978; Clifford 1988; Geertz 1973, 1983), the work of Foucault (1973, 1980) and critical theory (e.g. Habermas 1990). For instance, some of the work of Mike Featherstone and Mike Hepworth (e.g. 1991a, 1991b, 1993; Hepworth 2000) on ageing is in line with a cultural studies approach. Still, presenting the differences of these two types of studies does not clarify what exactly culture entails. “Is culture a set of logically interrelated symbols or is it values that assert desirable social qualities?” (Alexander 1990: 25-26).

Within social gerontology, there seems to be an increasing focus on the importance of culture, which has been termed the ‘cultural turn’ (Gilleard & Higgs 2000: 22) or ‘post-modern turn’ (Blaikie 1999: 14). Central to this cultural shift is the personal meaning of ageing and identity negotiation. I, however, see in this an individualistic approach that aims to validate what Gilleard and Higgs (2000) called ‘cultures of ageing’ or ‘ageing subjectivities’ which emerge in a consumer or ‘post-industrial’ Western society (i.e. UK and USA). Their approach, therefore, does not necessarily engage with ethnic variation, nor does it move away from Western notions of ageing.

Torres (1999) and Wray (2003) argue that ethnic and cultural diversity remains under-researched and mainstream social gerontology has yet to uncover the role culture plays in shaping people’s understandings of quality of life in later life, agency and dependency, to name a few constructs. Moreover, it is also evident that these conceptual indicators depart from western (British/North American) value orientations and theoretical frameworks that are often applied, uncritically, across ethnic and cultural diversity. This means that, although (cross-cultural) social gerontologists sometimes acknowledge the importance of culture to those understandings, the incorporation of such acknowledgement into the arguments they put forward is lacking.

In this respect, Torres’ work, on cultural variation in relation to the concept of “successful ageing<sup>9</sup>” (2001) was particularly useful to setting my own theoretical

---

<sup>9</sup> As shown in Chapter 2, although this paradigm has been widely discussed within social gerontology it remains problematic as it “[...] ignores evidence indicating numerous routes to [ageing] well; and fails to consider the implications for [older people] who cannot age ‘successfully’ (Scheidt et al. 1999).

framework (though her work is not strictly qualitative). In her approach, modelled upon Kluckhohn and Strodtbeck's theory of cultural variation (1961 cited in Torres 2001), she argues that cross-cultural gerontology lacks theoretical frameworks for the examination of the interplay between ageing and culture and proposes a 'culturally-relevant' theoretical model, that is, one that considers how value orientations (i.e. understandings of successful ageing) are shaped by the particular socio-economical, political and religious foundations that underlie each and every culture.

Thus, I advocate the relevance of a culturally-sensitive approach to social gerontology research on non-Western societies. I argue that such an approach is much needed in order to grasp cultural differences; how cultural value orientations (derived from religious roots and beliefs system) shape understandings of old age and ageing experiences as well as definitions of health and illness, and attitudes and expectations regarding caring in later life (Torres 2001; Fox 2005).

Initially I considered the informants' references to both God and religion as merely linguistic conventions, eventually it became empirically clear that the way religious faith influences the women's constructs of identity and meanings of ageing and old age was rather complex and could not be reduced to discursive peculiarities or practices amongst old Mexican women. Given the centrality of religion to my informants' lives it is crucial to explore the main theories of the 'sociology of religion'.

### **Sociology of religion**

In previous chapters I have discussed the centrality of Catholicism to the patriarchal patterns of Mexican identity and its effects on feminine identity. I also have highlighted the lack of studies focusing on religion and ageing in Mexico. Such neglect seems even more surprising given that religion is considered a salient aspect of Mexican culture. Furthermore, in view of the specificity of the Mexican context presented so far we could refer to a 'Mexican religious culture'. Thus, in order to frame the empirical analysis more clearly, we need to discuss some of the major debates and perspectives within the sociology of religion and most

importantly put forward what is meant by 'religion' and how it differs from other related concept, namely spirituality.

In clear opposition to the thesis that equates modernisation with secularisation, religion continues to play a significant role in politics, society and culture (Turner 2010). Yet, the importance of religion in modern culture would depend on which society we are studying. In the case of Mexico, as discussed in Chapter 1, contemporary Mexican character is deeply rooted in a religious syncretism; a mixture of European Catholicism and indigenous religious beliefs and practices. For Mexico, Roman Catholic symbolism, particularly the figures of the Crucified Christ and the unselfish mother, the Virgin of Guadalupe, is crucial to its historical self-understanding as an imagined community in terms of a story of suffering, resignation and stoicism (Paz 2004 [1959]; Zubrzycki 2006 cited in Turner 2010). Parallels to this expression of Catholicism and nationalism are found in the Philippines, East Timor and Poland. In contrast, Protestantism has historically been the vehicle for expressive individualism and subjectivism and less likely to allow the expression of a collective action, however Protestant nationalism in Scotland and Northern Ireland are now classical exceptions (Turner 2010: 24). In this context, there is no doubt that the study of religion, namely 'sociology of religion', remains central to the sociological project (Mellor & Shilling 2010).

In broad terms, 'sociology of religion' examines religion's nature and effects; how it both shapes and is shaped by society. According to Hamilton (1995 quoted in Garrod & Jones 2009: 2-3), the sociology of religion has two focal questions: a) why have religious beliefs and practices been so central a feature of culture and society? And b) why have [public] religious beliefs and [private] practices taken such diverse forms?

There is much disagreement on what "religion" or "religious" mean, however many seem to agree that a focus on Christianity has dominated most of the work undertaken in the West by sociologists of religion (Turner 2010; Garrod & Jones 2009). More recently, this ethnocentric interpretation, has been challenged by a more comparative agenda, in which Islam, fundamentalism and political religion, to name a few, have gained greater importance (See Beckford & Demerath 2007; Clarke 2009; Juergensmeyer 2006). Furthermore, Turner (2010) argues that for most of the post-war period the sociology of religion has been dominated by

American sociology, which in turn has marginalised the work of contemporary European sociologists (e.g. Niklas Luhmann 1984; George Bataille 1992; David Martin 2002; Steve Bruce 2003). In view of this, works such as *The New Blackwell Companion* edited by Turner (2010) attempt to balance and reflect both North American and European traditions.

Looking at the historical development, from its glory days in the 1960s and 1970s, the sociology of religion has been largely focused on the changing nature of religion, and particularly on the process of ‘secularisation’ (or declining public significance of religion). In this period, besides its ethnocentric focus, the sociology of religion was centred on the institutional analysis of religion (i.e. church-sect typology) (see Wilson 1967, 1970). Conversely, from the 1980s onwards we can identify a revival or reshaping of religion as sociologists have investigated about informal and unorthodox practices and organizations, private experiences, consumption of religious products, the effects of globalisation (see Peter Beyer 1994), and the significance of religious and spiritual discourses. Notably, by inquiring into such aspects, sociologists have come to challenge the secularisation thesis (Wood 2010; Turner 2010). Yet, we can also trace a distinctive approach between European and American sociology of religion. The latter usually draws on rational choice theories and is focused on the economic dimensions of religious behaviour (e.g. demand and supply of religious beliefs, practices and objects, state responses to religious pluralism) and “takes note of the resilience of religion, not only in the United States but globally” (Turner 2010: 10); all of which is said to promote a “new paradigm” within the sociology of religion. In contrast, the European or ‘old’ tradition has been largely focused on the meaning that social actors need to make sense of life and is arguably inclined to the theory of “inevitable secularisation” (ibid: 11).

Thus far, I have provided a brief account of the development of the study of religion, however unless we are clear about what is meant by religion we will be unable to undertake our analysis.

### *Defining religion: Classical approaches*

In etymological terms the word religion derives from Latin ‘religio’ (what attaches or retains; moral bond, scruple), used by the Romans (A.D.) to indicate the

worship of their deities. However, the origin of ‘religio’ has been questioned ever since, as there seems to be two related roots of the word religion: *relegere* and *religare*. The former means to bring together or to gather in; the latter means to tie or to bind together. Cicero’s *Oratio de Domo* proves that Cicero himself preferred *relegere*. Later, Roman philosophical poet Lucretius (c. 96 to 55 B.C.) and Christian philosopher Lactantius (about 313 A.D.) supported the connection of “religion” with *religare* (Hoyt 1912). Following Derrida’s reflections on Kant’s analysis of religion, Turner (2010: 13) argues that both *relegere* and *religare* should be considered the roots of the word religion. According to Turner, the first meaning recognises the role of the cult in forming human associations, whereas the second acknowledges the regulatory practices of religion in disciplining the self. Accordingly, “[...] in cultic religions individuals seek favours from the gods through prayer and offerings [...] Such cultic practices promise to bring healing and wealth to its followers, but by contrast religion as a system of moral precepts commands human beings to change their earthly behaviour in order [...] to lead a better moral life.” (ibid). Initially used for Christianity, the use of the word religion gradually extended to all the forms of social demonstration in connection with the sacred, providing the model for all those traditions we now understand as religious (see King 1999).

In general terms, definitions of religion are divided into two categories: inclusivist and exclusivist. According to Garrod and Jones (2009), inclusivist definitions make reference to belief systems, albeit they do not specify a belief in a God(s). Therefore, this type of definition includes beliefs not conventionally regarded as religious (e.g. communism, psychoanalysis). One of the earliest definitions of religion to form the basis of sociological enquiry can be found in Émile Durkheim’s *The Elementary Forms of the Religious Life*. Durkheim claimed that religion was not a belief in a high god or gods, but rather: “A unified system of beliefs and practices relative to sacred things, that is, things set apart and forbidden, beliefs and practices which unite into one moral community called a church, all those who adhere to them” (1965: 47). The emphasis in this definition lies on the collective character of religion and not on a supernatural being. To Durkheim ‘society worships itself’; he sees religion as a positive response to the very ‘socialness’ of social life. Thus, the sacred represents things that have the capacity to bind people together in collective rituals that produce shared emotions and give rise to a ‘collective effervescence’ (Garrod & Jones 2009: 23-

24; Turner 2010: 22-23). His analysis took Durkheim to conclude “that it was religion that produced society, not society that produced religion.” (Turner 2010: 21; for an extensive discussion on Durkheim’s theories see also Ramp 2010).

In contrast, an exclusivist definition refers *explicitly* to belief in god(s). In *A Theory of Religion*, Stark and Bainbridge (1996) give their definition, drawing on rational choice theory. To these authors religion “refers to systems of general compensators<sup>10</sup> based on supernatural assumptions.” (ibid: 39). In their definition ‘supernatural’ refers to: “forces beyond or outside nature which can suspend, alter or ignore physical forces.” (ibid). Thus, they acknowledge that religions involve some conception of a supernatural entity or force that justify most general explanations of the meaning and purpose to the existence in the world. Interestingly, the work of Stark and Bainbridge represents a radical challenge to the secularisation thesis, as they believe people will continue to need supernatural belief systems in their search for understanding the ‘meaning of life’. They also claim that due to the current competitive religious environment people now participate in religion freely and because they choose to do so (Garrod & Jones 2009).

So far, we have described a classical and a modern view of religion. The present empirical analysis benefits from both definitions. If we see religion as an individual experience of a supernatural being and above all as a framework to explain a personal worldview, then Stark and Bainbridge’s definition is indeed relevant to my interpretation of the informants’ religiosity. When we look at the specificity of the Mexican religious culture, we could easily apply Durkheim’s thesis: “[...] there is no society that can exist that does not need at regular intervals to sustain and reaffirm its collective life - its historical narrative, shared emotions and dominant ideas.” (Turner 2010: 22).

However, not only Durkheim but others amongst the founding figures of sociology, from Auguste Comte to Karl Marx, to Max Weber to Georg Simmel, were concerned with the role played by traditional forms of religion in society, particularly in relation to processes of modernisation, urbanisation and scientific

---

<sup>10</sup> These refer to postulations of reward (Stark & Bainbridge 1996). Probably, the most universal reward, at least amongst Christians, is the promise of eternal life after death (see Cook & Wimberley 1983).

and technological transformation. Therefore, it is important to review their approach, albeit briefly, in order to have a working definition of religion.

For instance, Comte, to whom we owe the word 'sociology', saw religion as being at the root of social meaning and order. In contrast to Durkheim, who assumed that religion would survive, albeit not in the traditional sense, Comte claimed that religion would inevitably decline as societies advance scientifically and technologically (Mellor & Shilling 2010; Garrod & Jones 2009).

Marx's view of religion was similar to that of Durkheim as he too saw religion as a social construction. Whilst for Durkheim religion has the function of social integration and solidarity, Marx saw religion as an instrument of oppression, used by those in power (i.e. bourgeoisie), to legitimate social inequalities and maintain the system's *status quo*. Thus, for Marx religion is "[...]the sigh of the oppressed creature, the sentiment of heartless world, and the soul of soulless conditions. It is the opium of the people" (Marx & Engels 1848/1969 in Riis & Woodhead 2010: 63). In the Marxist framework, then, the function of religion is not merely social but socioeconomic and political. The phenomenon of appropriation of Spanish Catholicism by Mexican native people, discussed in Chapter 1, can easily be framed within a Marxist analysis of religion. For the Mexican people the imposed Catholic religion is "both the expression of real misery and the protest against that very misery." (Garrod & Jones 2009: 19). For Marx, then, religion serves an ideological function as it reinforces the *status quo*. Also, it is a symptom of social contradiction as it is both hope and oppression. According to Riis and Woodhead (2010: 62-63), nonetheless much briefer than Durkheim's account, Marx's critique of religion is perhaps more insightful as he does not only relate religion to the issue of power and relations of social domination but also includes the notion that "[r]eligion may be the only permissible arena in which the oppressed can express their feelings." (ibid: 63).

Like Marx, Weber too recognised the broad socio-economic factors that lead to capitalism, however he did not argue for a casual relationship between religious ideas and economic activity. Instead, he employed the term 'elective affinity', allowing some relative autonomy to religion, which in turn led to the establishment and domination of purposive rationality in the Western world (Garrod & Jones 2009: 27-29; Mellor & Shilling 2010: 203; Riis & Woodhead 2010:

165). This is why I find problematic to apply Weber's approach of religion, and as discussed above an either Durkheimian or Marxist perspective is more adequate to Mexico's symbolic and historical religious content.

Finally, although less well known, for Weber religious acts can also be emotionally charged, inspiring a sense of empowerment and extreme action. According to Mellor and Shilling (2010) Weber's concept of elective affinity ties aspects of religious life to important changes in the human experience of embodiment. For Weber, "[...] what modern [secularisation] entail[s] is the promotion of a *form of embodied existence* that renders religious commitment marginal to the core of social and cultural life." (Mellor & Shilling 2010: 204, emphasis in original). In contrast, Mexico's socio-cultural life is highly influenced by religion (see Chapter 1).

Simmel's arguments on religion are similar to Durkheim's as he too acknowledges the social character of religion, however he considers a broader range of social situations than ritualised gatherings and gives more importance to symbolic objects in the development of religious faith. Drawing on Simmel, for Riis and Woodhead (2010: 31), "[w]hether such objectification takes shape in scriptures, dogmas, totemic objects, icons of God, or sacred buildings, it is a vital part of the process by which emotions are captured, stabili[s]ed, cultivated, communicated, and reinforced." In this sense, Simmel argues that the origin of religion lies within the individuals' embodied potentialities; before the emergence or continued existence of specific forms of religion, there exists a religious impulse that seeks to unify divergent experiences and sensations, and above all to provide a sense of meaning of self and world (Mellor & Shilling 2010: 204). Finally, Simmel also recognised the rejection of fixed forms of religious life as a characteristic feature of modern industrial societies. Thus, "[r]eligious elites find it harder to filter out the secular from the sacred and to control the use and interpretation of sacred symbols [as modern societies] offer a new set of opportunities and restrictions for religion." (Riis & Woodhead 2010: 182).

Indeed, the so-called secularisation process, the growth of 'spirituality' and the revitalisation of religion's role in society, are no doubt amongst the main themes within the contemporary debates of the sociology of religion.

### *The significance of religion: Contemporary debates*

Whilst most of the work of the founders of sociology remains valid to the central task of the study of religion, we can also find influential studies from contemporary authors, such as Talcot Parsons, Bronislaw Malinowski, Peter Berger, Thomas Luckmann, Rodney Stark and William S. Bainbridge, Luce Irigaray, and Carol Christ. These and others authors have developed their ideas on religion from within very differing perspectives: Neo-Functionalism, Phenomenology, Exchange Theory (discussed earlier as ‘rational choice theory’) and Feminist critique, which I will briefly examine below.

In line with Durkheim’s analysis, neo-functionalists like Parsons and Malinowski claimed that religion was a form of social cement that functioned to maintain social solidarity. Particularly, Malinowski’s social anthropological work focused on the role religious rituals play during life crises (i.e. death, bereavement) when individuals are most likely to experience anxiety. Parsons, on the other hand, was interested in the ‘explanatory’ nature of religion. He claimed that religion has gained, rather than lost, social significance. Religion has indeed lost certain social functions it had in the past (e.g. education and welfare), but in turn it can now focus on its primary function, that is providing answers to questions about the nature of being and the purpose of life. Thus, to Parsons, “[...] the meaning of happiness and suffering, of goodness and evil, are the central problems of religion [...]” (1960: 303). In keeping with this argument, O’Dea (1966) claims that religion is useful in helping people to cope with the uncertainties and misfortunes in life. However, O’Dea’s critique to the functionalist approach lies on his argument that religion is not the only mechanism for coping, and therefore it is not necessarily an inevitable feature of society. For O’Dea, a functionalist approach views religion’s role as a *conservative* social force, which makes it difficult to see it as promoter of social change (Garrod & Jones 2009).

According to Mellor and Shilling (2010), humans are ‘world-open’ -that is, their relationships with social and natural environments are vulnerable and therefore require of meaning, discipline and training. Religion then can help people to attach meaning to their actions. Within the sociology of religion, the development of such arguments is mainly associated with the work of phenomenologists Berger (1990 [1967]) and Luckmann (1967). These authors developed a highly influential

sociology of knowledge that highlighted the 'biological unfinishedness' of humans and the existential consequences of this; they subsequently applied this to religion (Mellor & Shilling 2010). Berger and Luckmann (1963) saw religion as the means by which individuals make the world meaningful by imposing 'cognitive order' upon 'ontological chaos'. This interpretation of religion transforms Durkheim's dichotomy of sacred/profane into an order/chaos one. For Berger, a 'meaningful order' is a social product that provides individuals with an "existential framework in which they can act, construct a role-based-identity, and develop a structured habitus that, biologically they lack" (Mellor & Shilling 2010: 208). In this sense, religion gives 'order', or what Berger calls 'nomos', a sacred character, that is seen as mysterious and very powerful. Furthermore, Berger argues "[...] that religion has played a strategic part in the human enterprise of world-building" (Berger 1990 [1967]: 27).

Similarly, Luckmann's work also focuses on the sacred as meaningful order; however, his model draws more on Durkheim's than Berger's. Like Durkheim, Luckmann also believes that the secularisation process involves a decline in traditional religious forms and institutions and not religion itself. Particularly, he claims that major world religions can be replaced by 'functional equivalents'. According to Luckmann the main function of religion is that it helps people to develop a sense of self, "[a world view that endows everyday life with ultimate significance." (Garrod & Jones 2009: 41). Whilst before this sense of self was acquired through traditional religious beliefs and practices, nowadays Luckmann argues (1967) it is more likely to be achieved through ideas such as self-realisation and individual autonomy. Luckmann refers to such a phenomenon as 'invisible religion'. Importantly, one could argue that such writings encouraged the analysis and growth of the concept of 'spirituality' amongst other social scientists (see Bellah 1970; Wuthnow 1976). In contrast, for Berger the fate of religion is inseparable from the effectiveness of its theodicy and thus has strongly supported the secularisation thesis, though more recently he began to question his own ideas (Mellor & Shilling 2010: 209; for a deeper discussion on Berger see Woodhead, Heelas & Martin 2001).

The phenomenological approach, however, is accused of 'cognitive reductionism', of focusing on subjective meanings of culture and assuming there is a shared worldview. Moreover, since some people seem to live fulfilling lives without

religious beliefs, the idea that religion is a universal human need has also been challenged (Garrod & Jones 2009).

Earlier in the thesis, and this chapter in particular, I have argued for the relevance of employing feminist theories to analyse the ageing experiences of my informants. As mentioned before, one of the main tasks of feminist scholarship is to critique *patriarchy*; unsurprisingly women's studies and feminist theories within the study of religions have also criticised "[the forms of misogyny that are produced and legitimated by religious discourses, the subsequent marginalisation or subordination of women within religious traditions, and the distorted accounts of religious phenomena that result from the failure of [...] scholars to attend both to gender differences and to the broader ideological dimensions of its own history." (Hawthorne 2009). For Shih (2010: 222), however, there is no such a thing as a feminist critique of religion, otherwise there would be a coherent set of ideas, propositions and practices across all religions that unify feminists in criticism. More importantly, for a feminist critique of religion to be plausible, there needs to be an agreement on what exactly constitutes both 'religion' and 'feminism'. With this problem of definition in mind, worth noting are the differences between a 'feminist critique' and a 'gender-critical' approach to religion. According to Hawthorne (2009: 135-136), whilst both approaches are politically engaged to identifying the causes of gender inequality and improving its symptoms, their units of analysis are slightly different. Whereas feminists have used the category "woman" as a universal concept, gender-critical scholars tend to leave categories such as "women", "men", "gender" and "identity" open to examination. The common ground is that both approaches are informed by a feminist sensibility, however, despite acknowledging the problems with this binary framework, both have "[...] operated with alternative dualist models that imply the divisions male/female, or masculine/feminine experiences of religion, [Western/non-Western woman,] and androcentric/gynocentric scholarly modes of inquiry." (ibid: 136). As I will be drawing on both approaches, I have opted for using the term 'women's perspectives'.

From women's perspectives, most modern religions featured patriarchal patterns as they emphasise male power over female. Further, many feminists take as their point of departure the ancient religions where the divine was rooted in the earth and nature, and the mystical power of women was celebrated, and there were

goddesses and priestesses (Garrod & Jones 2009; Shih 2010). “[P]atriarchy [then] emerged as male gods replaced goddesses, and eventually a patriarchal genealogy was established that outlawed the recognition of maternity, along with a new, masculine linguisticity that denies women their own discourse.” (Shih 2010: 231).

Drawing on post-structuralism, French radical feminist Luce Irigaray (1993) argues that within Christianity women’s access to the divine has been blocked. Her claim is made on the basis of looking at the role of Virgin Mary, who became divine only by becoming the mother of God, through the immaculate conception and a virgin birth. Thus, Irigaray and other radical feminists have rejected Christianity in favour of a ‘Goddess Religion’. Similarly, gender-critical scholar Suchocki rejects the elevation of Christianity as a prototype of religion and argues that:

Absolutising one religion such that it becomes normative for all others is a dynamic with clear parallels to sexism, whereby one gender is established as the norm for human existence. Therefore the critique of gender can be extended as a critique of religious imperialism (Suchocki 1989, as cited in Hawthorne 2009: 140).

According to Carol Christ (1997), one has to transform the worldview and way of thinking rooted in biblical religion and Western culture as it only legitimises and preserves elite male power (see also Christ 1979). Thus, for Christ, the Goddess helps women to break from male control so they no longer look to males as symbols for the divine and the saviour. In the case of Mexico, the Virgin of Guadalupe can be perceived as a contemporary addition to the pantheon of goddesses who had been worshipped on earth. According to Herrera-Sobek (1990), echoes of this worshipping must resonate in the collective unconscious with a force too difficult to avoid. The Catholic Church realised this attraction and used it for its own purpose: to consolidate itself as a powerful institution in Mexico (see Chapter 1). Interestingly, as Julia Kristeva (1986 cited in Franco 1994: 16) notes, very often it is argued that feminism flourished in protestant societies not because women have more participation in the social realm but because of Protestantism’s lack of the ‘maternal’, which clearly contrasts with Mexican Catholicism.

Although it is of significance to the broad study of religions, goddess religion feminism has been criticised with respect to their seeming rejection of empirical

research of religiosity. Christ's ideas led feminists such as Sandra Harding (1991) and Donna Haraway (1989, 1991), to posit feminist critiques of methodology and epistemology since the late 1980s and early 1990s. Such 'epistemological feminists', as Hawthorne (2010: 233) calls them, are interested in the connection between knowledge and power, while challenging the structure of scholarship and revealing the gender biases of scientific knowledge production. Since most of what we know about religious belief and practices comes from the work of male clerics and male sociologists, the work of these feminists is considered central to any feminist critique of the study of religion (Hawthorne 2010; Garrod & Jones 2009).

For Mexican feminist Marcela Lagarde (2005: 312), women exist to nurture and protect others, and not to be nurtured or protected. That is why they are compelled to search for someone who could protect them, to believe in something that allows them to make sense of the nonsense: the Catholic God. One could argue that women's faith in God might originate in the vulnerability, dependency, and absence of control they experience throughout their lives (Largarde 2005; Coleman 2011). In contrast, the greater female attraction to Christianity, in spite of its masculine bias (e.g. familism, the control over female sexuality) and patriarchal conception of God, is explained in terms of the Christian emphasis on 'feminine' values such as love, self-sacrifice and humility (Woodhead 2004).

Within Christianity the power of women is not fully recognised as legitimate and autonomous, and women assume a subordinate position in relation to men. A woman conceives herself first as a daughter, a wife, a mother, or a widow before a woman. Ironically, the survival of a society in terms of its culture and religion depends on the continuity of the socialisation process, which historically has been dependent on women.

These contemporary perspectives offer very different views on the significance of religion. Their commonality, however, is that, religious beliefs and practices, or the lack of them, continue to influence many areas of modern life. Undoubtedly, this contrasts with the view of the founding fathers of sociology that assumed that as societies become more complex individuals would no longer rely on religious meanings to understand their world but rather use rational explanations. To them, if religion were to survive at all, it would be only at the personal level. To

conclude this section I now turn to explore whether the concept of 'spirituality' differs from 'religiosity'.

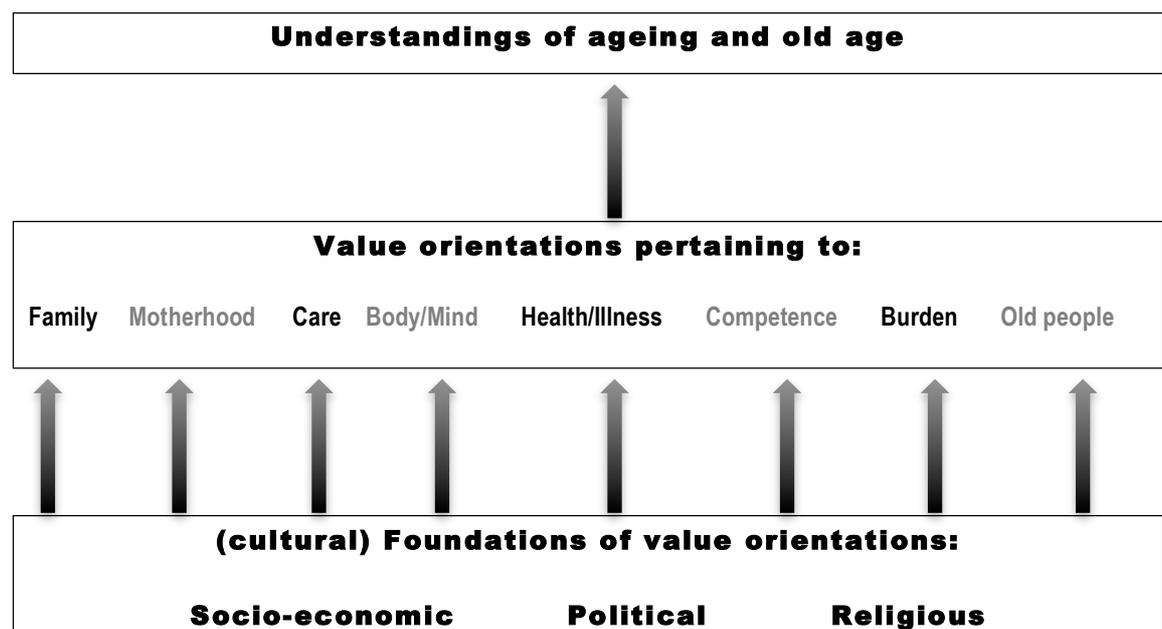
### *Religion Vs. Spirituality*

Although the term 'spirituality' is rarely defined in a precise way, there are still those who would defend its definition in a religious context or belief in God (Hamberg 2009; Fawcett & Noble 2004); importantly the degree to which a person's religiosity can be described as 'spiritual' will vary between believers. For instance, for McGuire, spirituality is "a way of conceptualising individual involvement in religion that allows for the considerable diversity of meanings and ritual practices which ordinary people use in their everyday lives" (2000: 99 cited in Hamberg 2009: 746). In contrast, Heelas and Woodhead (2005), in probably the most influential study on spirituality to date, have postulated a definition that involves a clear-cut distinction between religion and spirituality. These authors associate religion with behaviour that is guided by an external authority (i.e. God, religious congregation) and modelled as 'life-as-religion'. Spirituality, however, is characterised as the actual exercise of self-authority, what the authors label 'subjective-life' (cited in Droogers 2009: 270; Wood 2010: 271).

In this context, the relationship between spirituality and participation in religious institutions is a crucial question, one that is put forward by Davie (1994), who describes modern spirituality as "believing without belonging" (see Davie 2010). The modern use of the term spirituality may refer to personal responsibility and self-authority and the rejection or scepticism of church dogma, authority and tradition. However, as Wood (2010) would argue, a sociological approach to people's beliefs should address social practice and the broader social contexts of people's lives and biographies. Throughout this thesis, the terms 'religion' and 'religious' are used more often than 'spirituality' and 'spiritual'. The reason for this is that my informants have been regular churchgoers. Their spirituality therefore does not rely on a rejection of religious dogma or a de-churching process, what Davie identified as "believing without belonging". Instead, their spirituality is in keeping with those definitions that link the term with individual practices of a religion, such as prayer and meditation. I recognise their personal experiences regarding the intersection of their religious belief and ageing process, but these are located in the wider social, cultural and historical Mexican contexts.

The arguments presented above result in a suitable theoretical framework to the study of the ageing experiences of old Mexican women. As discussed in previous chapters, Catholic religion is central to Mexican identity, however, for my informants, religion is not exclusively seen or acted upon as an organised activity (e.g. church attendance). I am interested in religion as a cultural and symbolic system: how these women make meaning of their world, their daily ageing experience through their religious faith, and also through personal values, needs, and capacities, interpersonal relations, and their social and physical aged bodies. Thus, the impact of religious beliefs on the women's construction of meaning cannot be disregarded (Torres 2001) and should be analysed along with the political, socioeconomic and familial structures present in their culture. Figure 3.1 represents such complex relations, albeit not exhaustively.

**Figure 3.1 Cultural-Religious Framework**



Source: Adapted from Figure 1 in Torres (1999: 45).

## The Method: Life-story Interview & Thematic Narrative Analysis

As I alluded to earlier, feminist research has had an instrumental impact in the development of alternative methodologies, particularly biographical and life-course perspectives across the wide range of social sciences (Roberts 2002; Bernard, Chambers & Grenville 2000: 12). Biographical research, according to Wilkinson, departs from an analytical approach that focuses on “people’s search for meaning and their attempt to make sense of their lives and identities” (2000: 438 quoted in Reeve et al. 2010). There are, however, an extensive variety of methods used in biographical research (e.g. autobiography, oral history, life story; see Denzin 1989 for a clarification of terms) whose application depends on the intended purposes of data collection and interpretation. In light of my endeavour, a life story/life history<sup>11</sup> interview appeared the most viable to the nature of this research inquiry. “Life stories are central to human development, the interaction between generations, and integrity in late life.” (Atkinson 1998: 17), thus the approach can ideally serve as the data collection method within a cross-cultural, cross/language gerontological research.

Thus, its emphasis on the intersection of individual lives and wider social and structural contexts made it a perfect means to explore the meanings of old age and the experience of growing old in Mexican women’s lives. In fact, it is precisely such intersection that uncovers both the patterns of women’s lifetime gendered and social inequalities and their sites of agency and empowerment. With ‘contexts’ I am referring to multiple dimensions: the physical, historical, cultural (religious) and ideological milieu in which the informants’ lives are lived and also to the ways in which they have shaped their context. This study, then, subscribes to the main premise of biographical research, and evokes C.W. Mills’ sociological imagination that “enables us to grasp history and biography [...] and their intersections within society [...]” (1970: 12).

---

<sup>11</sup> Whilst Atkinson (1998: 8) and Bornat (2002: 118) state that these two terms are used interchangeably, Roberts (2002: 3) makes a distinction: the life history usually refers to the collection, interpretation and report writing of the ‘life’ whereas the term life story is applied to the “narrated” story by the author.

For the data analysis and interpretation I needed an approach by which I could continue looking at ‘biographical ageing’ (Randall & Kenyon 2001); how meanings of ageing are constructed and re-constructed. A narrative approach was, therefore, especially suitable to these requirements.

According to Ray (2007: 65) most narrative gerontology researchers focus on narrative as *texts* (derived from in-depth interviews) trying to elicit retrospective accounts of informants’ lives (*personal narratives*) to then analyse the individual narratives for themes and organisational patterns (*cultural narratives*) in relation to constructions of the ageing self (see de Medeiros 2005; Kaufman 1986; Koch 2000). Here, however, I should highlight that my analytical approach is not that of ‘narrative analysis’, in which the researcher constructs a story using a plot line, and it is usually case-centred (Creswell 2007; Riessman 2008). Rather, my approach is more similar to what Polkinghorne terms “analysis of narratives” (1995 cited in Creswell 2007: 54) or what Riessman defines as “thematic analysis”, in which the attention is given to “what” is said and not on “how” the narratives are organised; thus the analytical focus lies on the “told” rather than on the “telling” (2008). Still, given the cross-language nature of my study, namely the complexities of transcription, in my approach to the informants’ narratives I do interrogate *intention* and *language*, but this however is not to the extent of being able to claim that my focus was on the “how” of the women’ stories. The analytical procedure is further detailed in the section of analysis of data and interpretation.

## The Study

My empirical research, which took place from August 2007 to January 2008, targeted women aged 60 and older living in the metropolitan area of Monterrey, Nuevo Leon, in northeast Mexico. These selection criteria stem from two basic reasons: in Mexico the age of 60 is the official determinant for older adults or “*adultos mayores*”, and having lived myself in that city for 10 years prior the fieldwork I hoped to use my familiarity with the area. As mentioned in earlier chapters, in Mexico the majority of both qualitative and quantitative research on ageing and old age has mainly focused on population of – very – limited economic

resources (population living below the national poverty line)<sup>12</sup> and consequently the middle-class has received little attention within public and private academic research projects. The other reason derives from a careful consideration of my own safety as trying to access and contact participants living in impoverished areas of Monterrey could possibly expose me to risky situations that should be avoided given the current climate of violence in the city. This is not to say that I am not interested in studying that particular ageing population, however I believe such an endeavour should be carried out by a resourceful research team, and not as a part of a PhD. And so, I decided to obtain a representative sample of Monterrey's (lower and upper) middle-class old women. Still, given that 'middle-class' is a complex sociological concept and hard to delimit, my final sample includes women from a wide range of social, economic and cultural backgrounds, and some also could be considered of 'working-class'.

### Getting started: The Pilot

Following Frankland and Bloor's (1999: 154) argument that piloting provides the researcher with a "clear definition of the focus of the study" I decided to undertake a pilot study prior to fully embarking on my fieldwork. To this end, I interviewed two women aged 64 and 73 early on in July 2007. Both women were recruited from a centre for physical therapy (*Unidad Básica de Rehabilitación, DIF Nuevo Leon*<sup>13</sup>). I visited this centre on a regular basis and so the waiting room proved to be a good place for meeting potential participants. I approached several of the old women who were either accompanying a friend or relative, as I was, or taking physical therapy themselves. In the end, one 'patient', a widowed woman, (Señora Pérez) and one 'companion', a never-married woman (Señorita García) agreed to participate. At this first stage I had drafted a letter in Spanish stating

---

<sup>12</sup>According to the National Council for the Evaluation of Social Development Policy (CONEVAL 2010), a person is considered in an 'income poverty' situation whenever his/her income is below the minimum amount necessary to satisfy his/her essential needs. By 2008, 50.6 million Mexicans (over 47% of total population) were in patrimony poverty conditions, that is, did not have sufficient income to satisfy their needs for health, education, food, housing, clothing and public transportation, even if devoting their entire economic resources to this purpose. Furthermore, the same year 19.5 million were under the food poverty line, that is, were without sufficient income to acquire a basic food basket, even if devoting it exclusively to this purpose (CONEVAL 2010; INEGI 2008b).

<sup>13</sup> The *Sistema de Desarrollo Integral de la Familia* (DIF) is a national public institution in charge of implementing and applying public policies regarding social welfare and is administered at state and municipal levels.

my academic affiliation, the nature and general aims of the research, the potential use of the work, and that participation was voluntary, stressing that the interviewee's identity would be treated confidentially. I interviewed Señora Pérez at her home. Señorita García, on the other hand, wanted to be interviewed at the centre<sup>14</sup>, and so I attempted to carry out the interview with her in a quiet visitor area of DIF. At this time, however, a female medical doctor interrupted us and asked me to obtain permission from the administrative office as it turned out I was not allowed to interview patients or visitors in any of the centre facilities. On a later visit to the centre, Señorita García and I resumed the interview at a near café. Accordingly, I submitted a formal petition to recruit participants inside the DIF's facilities to the office secretary and made contact on several occasions but never received a response. This was certainly disappointing yet in line with the bureaucracy and apathy of public institutions towards (non-commissioned) independent research, a response that I continued to receive during the course of the fieldwork.

Whilst data from the pilot is not included in the main study, the completion of these two interviews served several purposes: (1) it allowed me to devise a strategy to approach potential informants and talk assertively about my research project. (2) Both informants found the consent letter "too technical" and "hard to understand" and required further explanation. More importantly, both highlighted the preference for a verbal explanation instead. As a result of this and consequent feedback in the course of fieldwork, the letter underwent some alterations until it became more effective and easy to understand amongst my informants. (3) The pilot interviews also helped me to identify whether the questions were ambiguous or difficult to understand. This, in turn, gave me the opportunity to improve my interview schedule and the wording of more direct or "personal" questions. (4) Listening to the recordings of those pilot interviews gave me feedback about my own performance as an interviewer and whether I was being an active listener. Whilst I am not new to this inquiry technique, this was the first time I designed and conducted an interview where the aim was to explore individuals' personal-life events and experiences, and the meanings they ascribed to those. In this regard, I was impressed by my informants' openness to talk about their own process of growing older, and especially their willingness to participate in a

---

<sup>14</sup> The reason for this being that Señorita García takes care of a disabled relative and thus it was easier for her to have the interview while this person was taking his/her physical therapy.

project that was already, albeit implicitly, labelling them as “old women”; and thus by participating were they already, though inadvertently, accepting themselves as *old*? This was, undoubtedly, an aspect that needed greater examination and already a finding in itself, as I will show in Chapter 7.

Besides the technical awareness, the pilot interviews led to relevant topics under which I could further explore ageing and old age. For instance, the two women interviewed during the pilot phase were both primary informal caregivers. They, however, differed in various and relevant aspects such as age, educational background, marital status, family responsibilities, health status, economic resources, expectations and understandings of quality of life in old age. These differences determined who these women were: their biographies, their personal narratives of ageing.

At the beginning of this study, my theoretical framework was very much modelled around the concepts of ‘quality of life’ (Farquhar 1995; Bowling 1991, 2005) and ‘successful ageing’ (Baltes & Baltes 1990; Rowe & Kahn 1997; Torres 1999, 2002), and thus the pilot interview questions were primarily aimed at identifying whether the informants had ever thought about ageing and ‘ageing well<sup>15</sup>’ and what they considered to be the main determinants of quality of life in old age. Whilst in my study I adopted a semi-structured interview method, during the pilot and the first four interviews of the main study I also employed a “show card” (See Appendix 4). This instrument was designed based on the findings of a 1997 Swedish study on perspectives on quality of life among male and female elderly people (Wilhelmsen et al. 2005). At the end of the interview, I asked the informants to choose from the show card three items they deemed as necessary to quality of life. The use of this instrument prompted several issues: The majority of the informants selected more than three items; others appeared to be selecting the items or statements that match their own current situation. Overall, the use of this card generated further discussions regarding the factors that these informants deemed as important to quality of life, and also prompted discussion of other aspects of their lives not discussed during the main interview. In the end, I considered the use of this card more problematic than useful, as it made me think whether I was influencing the informants’ own understandings of the ageing process and old age

---

<sup>15</sup> During both the pilot and subsequent interviews I used the phrases “*envejecer bien*” [ageing well] or “*envejecer con dignidad*” rather than “*envejecer con éxito*” because in Spanish such a phrase does not make sense or could also evoke an economic or material success.

rather negatively, or even, as Kauffman et al. (2004) argue, encouraged them to fear the inevitable approach of ageing. Thus, I discarded it and rather asked the informants open-ended questions about well-being in old age.

After the pilot interviews (and the first four of main study) it became clear that I needed to change my approach; I was too focused on eliciting pre-coded definitions of “quality of life in old age” and thus I was missing the opportunity to explore the meanings and understandings informants themselves make of ageing and old age. Therefore, with an exploratory approach my empirical research has focused on the women’s own constructs and moved away from using a pre-determined conceptual framework (i.e. “successful ageing”) and comparing it with the women’s lay definitions. By doing so, I was in fact following a feminist methodology, the one I initially intended to do, which allowed participants to tell me their life-history, their auto/biographies in their own terms.

## Sample

The recruitment of my study sample took various forms. Initially, I contacted several public institutions (i.e. *INAPAM*, *DIF*, *Instituto Estatal de las Mujeres*, *IMSS*) and governmental programs (i.e. *Adultos Mayores*, *Desarrollo Social*). The contact was made via e-mail, telephone and letter and also in person at their corresponding office. However, as mentioned earlier, gaining the interest, let alone the cooperation of public institutions proved to be unattainable. Still, this negative response or more precisely “lack of response” could be partially due to the fact that originally I had chosen another research setting and invariably I had a relatively shorter time (i.e. 6 months) to approach the above-mentioned institutions, prior to empirical data collection.

Following the pilot interviews, I continued to make contact with several potential informants through my visits to *DIF*’s centre for physical therapy. Although at the beginning most of the women I approached seemed to be interested in participating, they did not seem as keen once I explained we would need to change our location and allocate at least 1 hour of their time. In several occasions they thought I was administering a questionnaire and asked me if they could take it home and bring it back on their next visit. Perhaps, I had been more ‘persuasive’ during the pilot recruitment or also the presence of my own mother,

an old woman herself, had been useful to gain interest and trust. Putting that aside, the problem, however, seemed to be that I was trying to recruit my informants amongst women who were the primary caregivers of impaired or disabled people, and therefore (as it was certainly the case) had limited 'free' time. Hence, I changed my target and directed my efforts towards DIF's personnel. In this way, I managed to secure one interview, which subsequently led me to one more.

Given the difficulties in obtaining collaboration from public institutions to find participants I opted for employing *emergent or opportunity sampling*. This strategy involves on-the-spot decisions that take advantage of events as they unfold during fieldwork. This is a flexible design that fosters a continuous reflection and preliminary analysis, and above all 'permits the sample to emerge during the fieldwork' (Patton 2002: 240). Thus, my research participants were "hand-picked" with specific criteria in mind, which in turn allowed me to achieve a wide variety in the sample (Denscombe 2007: 15-6). As mentioned earlier, I set out to study the ageing experience of broadly middle-class Mexican women, and so, being part of the middle-class myself, everywhere I went became a potential recruitment site. I found informants through acquaintances, taxi drivers, customers and attendants in various shops, gyms, in medical doctors' waiting rooms, in local churches, and public parks. To a lesser extent, I also found informants through referrals from other participants (snowball sampling). Using these procedures I recruited 18 participants.

In the meantime, I also contacted and/or visited several public and private nursing homes. The main selection criterion was the accommodation price. I excluded the ones I deemed "expensive" or were not reflection of the people I wanted to include in the study. Some of the places I contacted showed no interest whilst others were "suspicious" of the nature and impact of my study, it seemed to me they were concerned about whether I was going to report about administrative or service-related issues. Eventually, I obtained positive response from *Casa de Reposo Nuestra Señora de Fátima*<sup>16</sup> (CRNSF) (See Appendix 5) and interviewed 12 of its residents.

---

<sup>16</sup> This is a fictitious name to ensure anonymity of the informants.

CRNSF's agreement to participate was not without certain restrictions. The staff acted as information gatekeepers: they selected the residents who would take part in my study using their own criteria. This is important because I was not able to recruit participants amongst the very old residents or "*las encamadas*", those who were bedridden (due to impairment or disability). I was not given any reason for such restriction; however it seems that in the eyes of the staff the stories of those women were not of the same value as those from the non-dependent and/or younger residents. This sampling restriction is already a finding in itself as it uncovers a clear image of the kind of marginalisation that old people can suffer within an institutional setting, and how easily their voices remain unheard, most likely as a consequence of enfeebling and ageist attitudes of the administrative staff.

In the end, I obtained a sample of 32 women, of whom 20 were living in the community (either alone or with relatives) and 12 in a nursing home in the metropolitan area of Monterrey. Their ages ranged from 60 to 89. More importantly, as mentioned earlier, I managed to include women from a wide range of social, economic and cultural backgrounds. Amongst them we can find married, never-married, divorced and widowed women; with and without children and grandchildren; women who were working outside the home (in either formal or informal jobs) and women who only worked at home (housework); women with no formal education and women holding professional degrees.

### **A note on differences within the sample**

Earlier in this thesis I have argued that in Mexico we have very little understanding of the lived experience of becoming and being old. My aim, therefore, is to make a contribution to such understanding by engaging with a qualitative approach to the study of old women's subjective experience across the life course. As discussed above, the informants were mostly recruited employing an opportunity sampling, a strategy that proved adequate for the nature and purpose of my study: elicit the voices of "ordinary"<sup>17</sup> old Mexican women.

---

<sup>17</sup> I emphasise this word because I was not interested in studying solely a specific segment of the population of old women, like for instance veteran athletes, an ethnic minority, lesbians or disabled people.

Certainly, the final sample included differences of age (60 to 89), education level, residential context (i.e. community, care home), marital status (including differing lengths of widowhood in the case of the widowed informants), socio-economic resources and health status, to name a few. These differences might have impacted the findings with respect, for instance, to limiting their generalisation across the whole population of (working class/lower middle class) old Mexican women. However, I was not interested in generalising from the experience of my informants but rather in learning from their experience (Chambers 2005); in other words, in my study I aimed for *diversity* rather than homogeneity, which I argue enables the complexities of women's ageing and old age to be further explored. Nonetheless throughout my analysis and interpretation of data I have classified my informants into different categories. I have also tried to study their experiences, their stories, as individual and unique rather than being typical of a particular group (e.g. same cohort; women living in a care home; solo-living).

As I will show in the data chapters, amongst the informants we can find both similarities and differences that stem from the combination of several factors such as family arrangements, caring responsibilities, education/work opportunities, religious belief or (pre-existent) medical conditions, and not merely from the women's differing chronological age or residential status. For instance, one could argue that Gertrudis (65, NM), Isabel (72, NM), Cecilia (80, NM), Sara (85, W) and Norma (86, NM) share a more similar experience between themselves than with rest of the sample. Despite the obvious chronological age difference and differing living arrangements (Gertrudis and Isabel both live in the community, the former alone and the later with relatives whilst Cecilia, Sara and Norma live in a care home) none of them had children, which is a very significant aspect that has shaped the way they experience and make sense of ageing and old age, as will be discussed in later chapters.

Before presenting the details of the interview schedule and the overall dynamics and rapport built with my informants during the fieldwork, I will give a brief note on ethical issues and how these were faced.

## Ethical considerations

As the researcher it was my duty to ensure the rights, privacy and well-being of the study participants (Berg 2004) whilst they took part in my study. It was also my duty to consider such ethical issues as informed consent and data confidentiality (Banister et al. 1994; Berg 2004). Each participant, the administrative staff of *CRNSF* and at times relatives of the participants were informed about the general purposes of the study, the content of the interview, what exactly their participation would involve, potential benefits and risks, and that the work was intended for educative purposes and ultimately for achieving a doctorate degree. This information was always given verbally and in writing at the beginning of the interview. Interestingly, most of the informants preferred a verbal explanation on the nature of the research and only a very few read the written letter (in Spanish) given to them. Each participant was informed that their participation was voluntary: they could decide which questions they would answer, pause, postpone or entirely withdraw of the study at any time and for any reason. Even though the staff members at *CRNSF* were very friendly and helpful, at times they would tell the informants that they “have to answer my questions”, thus in those occasions I made a much stronger emphasis on the voluntary nature of their participation. As with the pilot interviews, all participants (and at times a witness, usually a relative) signed a formal consent letter and kept a copy for themselves. Worth noting is the fact that none of the informants received economic remuneration for taking part in the study.

In accordance with the ethical approval sought and granted from the Ethics Committee of the Social Sciences Faculty, all data generated during the fieldwork and following analytical stages, including digital recordings, interview notes and transcripts, has remained confidential and the real names of the informants have been replaced with pseudonyms. All data in electronic form stored in both my personal and office computers was secured and accessed with passwords that I only had access to and changed periodically in order to preserve confidentiality and privacy.

The use of a semi-structured interview format appeared to generate both the development of rich data and also personal relationships. Becoming so close with most of the informants, however, affected the way they shared information with

me. They would confide in me very personal and emotionally charged accounts, but they would explicitly ask me not to include specific feelings, actions or events in my study. Ethically, this represented a dilemma. At the time, I felt that restriction was unfair as I deemed sharing those stories with the final readers of this study necessary in order to have a complete picture of the informants' ageing reality. Eventually, I understood that such omissions did not have such an impact on the overall findings and the narratives of my informants. As Denzin postulates,

[my] primary obligation is always to the people [I] study, not to the project or a larger discipline. The lives and stories [I] hear and study are given to [me] under a promise, that promise being that [I] protect those who have shared them with [me]. (Denzin 1989: 83).

### Interview procedure

The interview was designed following a semi-structured in-depth format informed by the approach of Wengraf (2004). I chose this format because (1) it would allow the informants enough freedom to reconstruct their life-stories within the context of their ageing experience, and (2) I would still be able to cover a range of specific topics/questions. Due to time<sup>18</sup> and availability constraints only 19 of the 32 participants were interviewed twice over a period of 5 to 6 months. Interviews lasted from less than 40 to 140 minutes and were conducted in Spanish at various locations. These included the informants' home, their work place and coffee shops. In the case of the informants living in a care home, the interviews took place in either their private rooms or a communal lounge, when this was empty. The variety of locations did not seem to have a significant difference in the type and quality of data. In other words, even at a relatively noisy cafe my informants and I were able to engage deeply in our conversation. Thus, I found that the disclosure of information as well as the interaction itself was mainly shaped by individual preferences and dispositions rather than by the location. All the interviews were digitally recorded; however one participant (Delia) found this rather intrusive and asked me to stop the recording. In another instance (Norma's interview), the recording had too much ambient noise that made it difficult to retrieve exact quotes. Thus, there are few direct quotes from these informants in

---

<sup>18</sup> This limitation was the combination of the time allocated for reflecting on the collected data and the time frame set by my sponsors for the duration of my fieldwork.

the final thesis; nevertheless their experiences, views and perceptions are included in the overall analysis.

The first interview schedule was drawn upon the emerging data from the pilot interviews. At the start of each interview, I covered personal details of the informant, such as her age, marital status, whether or not she had children and grandchildren, education level, working experience, living arrangements and medical conditions and health services.

Since I tried to engage with the informant's responses and unique story, every single interview followed a different order and wording of questions. In most cases, informants' accounts took on a retrospective outlook of their lives but also a reflection on the possible future. Throughout the interview, I made sure I covered particular topics: an account of their typical day, sense of own health, self-image, family life, quality of life, views on elderly care, gender and intergenerational differences regarding ageing, past and present attitudes and beliefs towards ageing and old people, current (social and physical) activities, present worries or concerns and personal expectations of old age. In the case of the participants in a care home I also explored the reasons for entry and their views on such experience.

The use of a follow-up gave both participants and myself time to reflect on the issues discussed in the first interview. In other words, it enabled clarification and validation of initial findings, and served to verify and further elaborate on the themes, constructs and inconsistencies that emerged from the first encounter. It had a less formal and structured format than the initial interview; particularly it looked at the events or actions that the informants deemed relevant in the time elapsed between interviews and whether they had altered their understandings of old age. In this second interchange, the informants were more relaxed; however at the time some of them raised concerns regarding issues of confidentiality; specifically they checked which of their accounts could be included in the study. This last aspect is particularly important (see section on ethical issues), however I cannot claim here that I followed a "collaborative" methodology, as the informants have not been consulted again. Still, they have been contacted (via telephone or in person) several more times and kept informed of the overall status of the project.

On the other hand, with one exception, all the women I interviewed were very enthusiastic and I felt very welcomed into their lives, or more exactly, into a fraction of their lives. Whilst many of them seemed to forget it was a research “interview” and were very relaxed and eager to talk, few informants kept making comments regarding the utility of their accounts: “I don’t think this is useful for your *study*, is it making sense to you” (emphasis added). Feminist researchers, amongst others, have commented on methodological issues regarding the necessity of developing an intimate and non-hierarchical relationship between researcher and researched and the positive impact of sharing gender identity and experiences (Oakley 1990; Finch 1984). Certainly, I could claim to have developed a positive rapport with my informants, and even become friends with some of them. I really enjoyed listening to their stories and many of them told me how much they appreciated having someone to talk to about their ideas and feelings. One informant even said: “I loved this, can I tell my friend? Can she talk to you as well? This would do her so much good”. This informant’s friend is one of the 32 participants.

Overall, sharing the same gender, language and cultural background with my informants helped generating a positive relationship. However, valuing a reflexive stance I will further elaborate on my own position within the study.

### **Me and Them/ I and We**

Some feminist researchers have argued for a reflexive sociology in which sociologists locate their own social identity and values within their work (Roberts 1990; Stanley & Wise 1993; Reay 1996). Given that I am doing a qualitative study that involves issues of language translation (to be discussed in following sections) and the use of women’s life stories, I felt committed to locating myself within my research. Drawing on Roberts (2002), ‘telling my own story’, locating my role as a young Mexican woman studying and reconstructing the lives of old Mexican women is fundamental as it provides the reader with an insight into the subjective interpretations – and even judgments – across the research from design to the writing of findings. Although how much my personal story (e.g. my gender, social class, ethnicity or religion) influences what the informants shared with me and the whole study cannot really be assessed, it is important to reflect on such an influence and make visible my identity within the research.

As a Mexican national I share the same 'culture', language, religious heritage and gender socialisation with my informants. Yet, being myself a Mexican-Japanese of second-generation (*Nikkei*) I am aware of a degree of cultural variation. For instance, I have been brought up with a diet consisting of a mixture of Japanese and Mexican food, and part of my personal identity is being knowledgeable and fond of both cuisines. Furthermore, whenever I meet a new person or simply when I am asked my name I have to explain why I have a full Japanese name whilst my physical features are not quite as Japanese. Most people would usually follow by saying something like "Oh, yes I can see it now, your eyes have that oriental shape, but to me you look Mexican". The majority of my informants did the same. Some women showed great curiosity and asked me more details about my Japanese heritage and very few did not make any comments about it.

However, despite my Japanese roots, I believe most informants saw me as I see myself: as a young Mexican woman. I was born and raised in the North of Mexico, off the Pacific Ocean. I am knowledgeable of the region's vegetation, climate, gastronomy, production activities, the accent and nuances of the language, and the habits, manners and customs of the people. In short, I am a "mujer norteña" (Northerner woman) and so are many of the women I interviewed, either by origin or adoption. Nonetheless one cannot generalise about northerners, especially because there is a cultural diversity within the region, the sense of identity of a Northerner differs from that of the people from another part of the country. And thus, I would argue that I have more in common with people that have been immersed in Mexico's northern culture. Perhaps, I would not have felt as an "insider" had I undertaken my fieldwork with women living in a community in southern Mexico.

As mentioned in Chapter 1, we cannot talk about one, but rather many Mexicos and thus there does not exist a unified national culture, instead a complex and heterogeneous milieu. According to Guillermo Bonfil (1996), one of the main causes for such a cultural diversity is the land base: "The diversity and contrast of ecological niches, each with different natural resources, has been the permanent framework for the cultural configuration of Mexico." (Ibid: 42). On paper it is a very difficult task to systematically delineate all the different regions in Mexico according to the presence or absence of certain cultural traits. Indeed, the only way to construct a more accurate image of Mexico's cultural diversity is by

“experiencing” it. Yet, we could try and simplify such cultural diversity by considering the differences between the north and the south, or what Kaplan (1997) has called Mexamerica and Mexicentroamerica, respectively.

The cultural and economic differences between the north and south of Mexico have been long documented (See Kaplan 1997). There is even a popular saying “El norte trabaja, el centro piensa y el sur descansa” (The North works, the centre thinks and the south rests) that although simplistic helps to exemplify such regional differences. Indeed, there is an abysmal social inequality between these two regions. The north, and the city of Monterrey in particular, is well-known for being the industrial heart of the country, and is also considered to be a more westernised Mexico, almost disconnected from its roots, as Bonfil (1996) would argue. In contrast, in social and economic terms the south is significantly underdeveloped. When compared to the north, the south regions of Mexico show higher rates of poverty, mortality and illiteracy (See Davila, Kessel & Levy 2002). And yet, I would venture to say that the south seems to remain more in touch with the Indian culture, what Bonfil (1996) has called the *Mexico profundo*, which is rooted in Mesoamerican civilisation. Undeniably, this north and south divide underpins, in each region, people’s ways of life and their understanding of being in the world, in which a basic common culture is embedded.

Reflecting on this latter aspect is also where I share a common ground with my informants. For example, although I cannot write or read as many *kanji* (Japanese ideographic characters) as I wish, I do speak fluent Japanese. Sadly, I do not speak any indigenous language still extant in Mexico (e.g. Maya, Zapoteco, Tarahumara) and neither can any of my informants. In a broad sense, one could argue that our shared Mexican culture is based on a non-Indian ethnicity. According to Bonfil (1996), in Mexico the majority of the popular classes and sectors have Indian origins. In contrast, some upper-class sectors are derived more or less from the Spanish colonisers and tend to conserve non-Indian cultural forms. Even though my study sample is not representative of very poor or deprived sectors of Mexican society, in reality I am unable to determine with certainty the informants’ or even my own precise ethnicity, as it is evident that the Indian genetic contribution was fundamental to the physical features of the Mexican population. Thus, biologically and culturally, my informants and I share being the product of *mestizaje* or racial/ethnic mixture. We also share being immersed in a Mexico where

industrialisation, urbanisation and middle class-isation conditions cultural dynamics that prevail over the *Mexico profundo* (mentioned above). For Bonfil (1996) this “other” Mexico is an “imaginary Mexico” that tries to imitate the West and denies the reality lived daily by the remaining Indian communities, rural mestizos and vast sector of the poor urban population. Further elaboration on the complex relationship between these two Mexicos is outwith the scope of this study (for further detail see Bonfil 1996). My intention here is to reflect on the informants’ and my own cultural reality and identity.

I have a similar socio-economic background to that of my informants, who have much in common with my parents. My parents did not have higher education and instead they both undertook vocational training. Moreover, the reasons for this, especially my mother’s experience, mirror most of my informants’ own experiences regarding access to formal education, as will be shown in Chapter 4. Now, my parents’ upward social mobility enabled me to pursue higher education. However, despite my current social position of privilege, particularly in terms of my formal education and the possible better opportunities accompanying it, I found myself easily relating to the stories or experiences of the working-class women, as this is the same background of my own parents.

As mentioned earlier, my informants and I share the same religious tradition, which is another ideology imposed by the West and also a basic feature of the “imaginary Mexico”. Like all of the women interviewed I too had a Catholic upbringing. I do believe and have faith in God, the *Virgin of Guadalupe* and other various saints, however I do not consider myself to be a “religious” person in the sense that my belief is not rooted in church membership. In fact, I seldom attend mass and certainly do not believe in confessing my “sins” to a priest. I am aware that the way I practice my faith might seem a little lax or unorthodox to both devout practitioners<sup>19</sup> and atheists. The way I currently live my faith is not as a result of being disillusioned of the Catholic Church as an institution but rather the combination of my education, study of other types of religions and above all my interest in learning my grandfather’s religion: Buddhism/Shintoism. Without claiming that I am a very spiritual person I like the way (Zen) Buddhist meditation complements my prayers. Indeed, I identified with many of my informants who

---

<sup>19</sup> By ‘devout practitioners’ I mean those who attend mass regularly and participate of all Catholic sacraments.

talked about expressing their faith by means of prayer and not necessarily by mass attendance, with the difference that most of them considered themselves to be highly spiritual. Yet, for the majority of these women with whom I felt related, not going regularly to church derives from a restricted health and mobility or/and lack of transport and company, whereas in my case is a personal choice.

Since this section is about my positionality within the research, it must be said that I did not openly disclose my religious belief with my informants and only commented about it when I was asked directly. This however, is not something I planned ahead; still in hindsight I wonder whether I should have been more explicit about this aspect of my position and if by doing so I would have been able to recognise sooner the informants' accounts regarding their faith and religious belief as their resource for making sense of their world and not merely as linguistic features of Mexican culture. This aspect is very important as it might have affected my analysis and interpretation of the findings. As we will see in the following chapters, for these old women spirituality/religious faith is an explanatory framework through which they construct their feminine identity and ascribe meanings to ageing and old age.

I recognise that belonging to the same culture, speaking the same language, sharing beliefs, and having a similar social status has both positive and negative effects on the research process and outcomes. Having taken for granted my informants' religious belief is the perfect example of this. Now, I believe what really helped my informants and myself to feel comfortable, establish trust and gain more intimate insights during the interviews was our shared gender.

Taking into account all the aspects discussed so far my researcher's identity and positionality could be considered that of an "insider", and thus I could easily construct my informants' stories in terms of "us". However, paradoxically, being an "insider" might also increase awareness on both researcher and participants regarding the social divisions between them (Ganga & Scott 2006), which in turn structure the interaction dynamics and impact on the analysis and interpretation. In other words, by being an insider I also realised that there was a considerable social distance between "me and them". This distance stems from a combination of various factors. First of all, there is an age gap. I turned 30 two months into the fieldwork. At some point in the interview, the informants made a comment about

my age. Usually, most of them were under the impression that I was in my mid-twenties. When the informants learned my “real” age, the first questions they tend to ask were: “are you married?”, “do you have any children?” Before my negative response they would usually make comments about the age they entered their own marriages and/or had their children, which oftentimes were followed by statements about changing social practices. Although not all of my informants had experienced marriage and/or motherhood, they all certainly have had “caring” experiences/responsibilities at some point in their lives (as shown in the following chapter). Indeed, not sharing such life-course events and knowledge was another distancing factor between them and me.

Now, following the questioning about my age and “feminine” life-experiences there was also certain amount of interest in knowing my reasons for being single. Typically, the informants thought it was good I was pursuing higher education and commented on how fortunate I was for having such an opportunity. Some also reflected on how by having a higher education I was increasing my chances to land a good job and also a good husband. A few others told me it was good I was not yet responsible for a house and husband/family. Several of them even gave me [unsolicited] advice on love-relationship matters and the importance of saving my own money for ‘a good old age’. One informant even said to me: “Now, it’s OK *“ponerte tus moños”* (to be picky) after all, you are only 30 [...] however at 40 you should just get whatever is available!! [Laughs]”. Certainly, through these initial comments and personal advice but also through the informants’ questions I was not only gaining insight to my informants’ values and how they had adapted their own worldview, but I was also reflecting on my own life and generational context.

In my sense of identity as a middle-class, Catholic, university educated, young Mexican woman living abroad, I am in a privileged social location in comparison with most of my informants. Such location derives from the interplay of structural factors, family resources and dispositions, and individual choices. The fact that I have shared aspects of my life with the informants made both the interview process and writing about their lives more ‘balanced’ as well as charged with personal meaning. Contrary to a positivist perspective, where the researcher holds a position of power, my approach was to see my interviewees as *experts* on the topic and not merely as objects of study, under surveillance (Oakley 1990: 33) and I tried to follow the principles of reflexivity, relationality, mutuality, care,

sensitivity and respect (Cole & Knowles 2001: 73). Perhaps, I could claim that during this process, particularly during the interviews, I achieved a relatively intimate and non-hierarchical relationship (Oakley 1990) with my informants. In this context, as Stanley (1990) would argue, the research accounts that form this study are products that merge my autobiography and the biographies of the participants. Quoting Reay (1996), from where I am socially and culturally located, and how I come to understand what I do, personally and professionally, certain aspects of the women's life stories are much more prominent than others and thus my interpretation is biased and remains an imperfect and incomplete process. Paradoxically, as Bornat (2002) would argue, this emphasis on reflexivity – on subjectivity – may have shifted the “balanced” relationship I claim to have achieved with the informants. Ultimately, though, my aim was not to achieve ‘objectivity’ but to try and make sociological sense of my data. In the following section I will explain this ‘making-sense’ process whilst uncovering my concerns of representation and unequal power relations in the context of cross-language research.

## **Analysis of Data and Interpretation**

### **Getting familiarised**

My analysis involved several phases and levels. Ideally, the analytic process starts during the data collection phase and involves an inductive and comparative approach (See Lofland & Lofland 1995). With that in mind, immediately after each interview I audio-recorded myself reflecting on the quality of the interaction between the informant and me, and the contents of the interview in general. Afterwards, I would listen to both recordings and make notes on emergent ideas for subsequent analysis. Moreover, this initial immersion in the data also allowed me to make alterations, and hopefully, to improve my interviewing skills.

### **Constructing transcripts**

The following phase was that of transcribing. I transcribed all audio-recorded interviews verbatim. This process, albeit time-consuming and laborious, “[...] is deeply interpretive as [...] is inseparable from language theory” (Riessman 2008:

29). Considering the cross-language issues ahead, I opted for constructing a “detailed” transcript of each interview. Informed by the work of Riessman (1987) and the transcription convention of Silverman (2000), my detailed transcription consisted of displaying speech and conversation features such as emotion, pauses, hesitations, interruptions, shifts in pitch, and overlapping talk, amongst others. The notes taken during the interview complemented this representation of the verbal exchange with my informants. At this stage, I had to make a very important methodological decision: when and how translation should take place within my study. I considered several options. Hiring a professional Spanish-English translator was out of the question due to cost. Then again, translating all the material myself might have been a time-consuming and arduous process, especially since I did not feel qualified enough to do such work. More importantly, since my research was concerned with eliciting old Mexican women’s voices I was afraid that making and working with translated interviews would erase the very Mexican context I was interested in preserving in the first place. Given that my transcripts were already, as Riessman (2008) would argue, merely representations or imitations that cannot really capture the dynamic movement of words and gestures, let alone Mexican dynamic talk, I decided not to translate them into English. In this way, I believe I was able to stay closer to the data, paying attention to particular words and lexical choices of my interviewees. Thus, nonetheless “[...] incomplete, partial and selective [...]” (Riessman 2008: 50) my Spanish transcripts were ready for further analytical readings.

### **Working from Spanish into English**

Meanings are constructed in and not just expressed by language (Derrida 1991; Barrett 1992) and this in turn generates a particular social reality. Thus, choosing which word “represents” the view of my informants and “communicates” best in a sentence in another language, in this case English, becomes a crucial issue. According to Temple and Edwards, language itself

[...] carries accumulated and particular cultural, social, and political meanings that cannot simply be read off through the process of translation, and organises and prepares the experience of its speakers. (2002: 5).

As a multilingual person I am aware of the various possibilities and challenges that might derive from undertaking a cross-language research, and the accompanying

translation and interpretation processes. Now, as a native Spanish speaker I share with my informants a similar way to make sense of the world and attain and process knowledge. Thus, in our conversations Spanish language is not just a tool or technical label both I and my informants use for conveying abstract concepts but it also incorporates values and beliefs with which we co-construct meanings of social interaction.

Working across languages in qualitative research intensifies already existing issues of representation, voice and authority (Hole 2007) between the researcher and researched. Put simply, since my informants organise their life experiences and construct meaning through their own language an English translation can potentially distort or misrepresent their ideas and therefore construct new meanings (Derrida 1991). In this context, the positionality and authority of my dual role as researcher-translator, constantly making the decisions regarding issues of selection and interpretation between Spanish and English, requires special consideration.

### **Positioning myself as researcher-translator**

Within cross-cultural and cross-language qualitative studies it is not uncommon to see both translation issues and the role of interpreters/translators not being fully addressed as part of the research process. An example of this is Margaret Lock's now classic ageing study on Japanese women's experiences of menopause (1993a, 1993b). Nonetheless at the theoretical and analytical levels Lock masters the deconstruction of the biology/culture dichotomy of the ageing body through the contextualisation of Japan's local histories, local politics and local knowledge, she keeps the translation dilemmas in the shadows "[...] as if interviewees were fluent English speakers or as if the language they used is irrelevant." (Temple & Young 2004: 163). As a reader I ended up wondering about when and how the collected data was transcribed and translated into English and how deeply involved the interpreter/translator in the interpretation process was.

Thus, I am aware that besides the epistemological and ontological issues related to translation across languages, the choice of when and how to translate will be always determined by the resources available to the researcher, in terms of language fluency, time availability and the funding designated to the research

project. Moreover, I believe translation issues had an impact on the overall methodology of my study, thus they deserve to be addressed openly and in detail. In doing so, my decisions and the whole translation process should become transparent for the reader. Below I only focus on how I treated such issues. The reader, however, should bear in mind that this was not a linear process and that I dealt with issues of translation and interpretation not only during the design of the interview schedule and throughout the data analysis process, but also during the writing-up of the findings (Subsequent sections present the rest of the phases of the analysis).

Being both the researcher and translator was an advantage in the sense that I did not rely on a third person's translation and interpretation of what my informants said. Nevertheless, during this process, new meanings or 'in-between' forms of understanding (Smith 1995 cited in Twyman et al. 1999) emerged from a variety of texts, such as the audio-recorded conversations, the transcripts, my memos and margin notes, translated excerpts, descriptions and interpretations, and thus new insightful material could be produced.

Initially, I assumed that speaking the same language as my informants meant that I would easily locate and grasp the cultural context in which they constructed concepts and meanings. Interestingly, it was in fact the translation process, my dual role, which gave me the opportunity to uncover ambiguities and interrogate specific word choices in Spanish and also to rethink about cross-cultural meanings and verify the validity of my own interpretations. Some frustration, however, came at times when I found myself unable to find equivalent words in English that would convey a similar meaning or intention than that of my informants. I dealt with this issue by engaging in discussions with colleagues who are native English speakers and Mexican friends who speak fluent English<sup>20</sup>. This strategy proved to be useful, as I believe I have achieved plausibility in the English representations of my informants' accounts. Nonetheless, I should note that as I wrote this methodology chapter, I was considering making further revisions, and possibly transformations to the interview excerpts presented in the data chapters.

---

<sup>20</sup>An example of these is the phrase "*no hay mas remedio que batallar*" (Cecilia 80, NM). Neither "struggle" nor "fight" conveyed the original's intention. Finally, a native speaker solved the dilemma with the expression of "soldier on".

Another important decision regarding the translated quotes is that I opted for preserving particular words in Spanish whenever I considered there were no adequate equivalents in English (e.g. “*viejitos*”) but this was also an attempt to render the Mexican flavour of the women’s accounts. This strategy then is not about finding the exact meaning of words or literal translation, but provides foundations on which differences and context may be discussed. For example, regarding the concept of health many of my informants talked about “*tener salud*” (having health), as opposed to “*estar sano*” (being healthy); I opted for keeping the former phrase, since this in itself gives us an opportunity to analyse the way these Mexican women construe such concept. Different, however, was my approach in translating the way the informants expressed their age: “*tengo N años de edad*” (I have N years of age). I translated it into the English phrase “I’m N years old” because in this instance the use of “*tengo*” is inherent to the linguistic features of Spanish language itself rather than to the informants’ subjective constructs of meaning. Thus, regarding issues of translation the emphasis should be on

[...] understanding [...] the way language is tied to local realities, to literary forms and to changing identities. [...] In fact the process of meaning transfer has less to do with finding the cultural inscription of a term than in reconstructing its value. (Simon 1996: 137-138).

Thus far, I have presented some of the dilemmas that arose while working with data collected in a language other than English, as well as the decisions I made in an attempt to minimise representational concerns. With the translated exemplar quotations from the interviews I tried to re-construct the Spanish speech of my informants into plausible and “vivid” English accounts. However, the reader should bear in mind that the informants’ accounts are the product of my own view and interpretation of what happened in the interviews along with my English proficiency levels, and therefore they should not be considered as “true” accounts but as selected and edited versions offering insight into personal lived processes. In this sense, I adopted a ‘subtle realist’ perspective (see Hammersley 2002) in which the focus is centred on the “assumptions and processes underpinning [knowledge] production” (Doucet & Mauthner 2002, as cited in Reeve et al. 2010). In the following sections I will describe in detail the phases of my ‘formal’ analysis (during which, as mentioned earlier, I continued dealing with translation issues) but now Table 3.1 summarises the process of knowledge production from Spanish into English:

**Table 3.1 Working Across Languages**

Texts	Description
Interviews	Audio-recorded interviews were conducted in Spanish
Fieldwork notes	Fieldwork notes and memos were generated in Spanish
Audio-recorded memos	
Transcripts	Interviews were transcribed verbatim in Spanish
'Thick descriptions'	Thick descriptions of informants were generated in English and integrated the actual interview and fieldwork notes
Coding/categories	Codes and categories were generated in English
Memos of analysis and countless marginal notes	Memos and margin notes were originated mostly in English. Spanish was also used, especially to comment on the informants' linguistic choices, when finding a suitable equivalence seemed problematic, or to hasten the writing of ideas.
Informants' quotes	Extract examples were selected from the Spanish interviews and translated into English
Written report	Analysis and interpretation of data was generated in English making use of the original Spanish recordings together with the rest of the texts generated throughout the study.

### Working with data

As mentioned earlier, from the start of the fieldwork and during the transcription process I had already started reflecting on the data collected, trying to make sense of my informants' responses. 'Formal' analysis, however, began once I had completed the final versions of all interviews' transcripts and transcribed and organised all my audio-notes and fieldnotes. This analysis was done both manually and assisted by QRS NVivo 8, a computer program for qualitative data analysis (See Bazeley 2007). In what follows I will describe this process in detail.

### *Managing Data*

I imported all the word-processed files into an NVivo 8 project; these included all the interview transcripts, fieldnotes and the transcripts of my own audio-notes. At this stage, I only used NVivo for storing, managing and locating my data more easily; no proper computerised analysis was done. Instead, I use the program in a "take away" mode. I printed out each interview transcript, read it through several times and hand-coded; annotated in the margins trying to identify emergent ideas

and categories, and get a sense of the whole data set. At this time, my goal was to grasp the major themes in the informants' personal stories, looking for life-course stages, markers or experiences (e.g. youth, education, marriage, widowhood) in an attempt to reconstruct each woman's biography (Denzin 1989). To this end, I wrote, "biographical thick descriptions" (Denzin 2001) of the participants that basically included (a) an extensive account of the interview itself, (b) the interactional experience of the interview (e.g. the quality and dynamics of the conversation, emotions), and (c) descriptions of both the participant and the site where the interview took place. This exercise allowed me to gain a thorough understanding of the personal experience narratives of my informants. However, at this stage I was focused on individual stories, on the unique features of each woman's life and thus I had yet to identify the collective story, the recurrent and overarching patterns and meanings across individual biographies.

NVivo was of great help at this phase of analysis for approaching the coding, categorisation and interpretation of the data in a systematic and iterative way. I was aware of what Bazeley (2007) terms as 'the coding trap': being too close to the data, unable to see the big picture. Still, my analytical approach upon the 'formal' use of NVivo was that of "detailed coding", working up to broader categories. In this way, I could attend to the nuances of the language used by my informants (e.g. interrogate specific words). Furthermore, as Bazeley (2007: 69) would argue, a detail-approach contributes to an awareness of the richness of the data and helps to focus primarily on the text rather than on one's own preconceptions. Nonetheless my intention was always to develop an inductive, data-driven analytical process; the truth is that as researcher I cannot free myself from my own theoretical and epistemological stances and thus the codes did not 'just emerge' (Braun & Clarke 2006). Instead, some codes were derived from a specific question in the interview, others from (single) words or phrases used by a participant and others resulted from breaking up or slicing the text into its components (Dey 1993).

After several readings of my transcripts I developed quite a long list of codes. Then I moved on to a broader organisation, looking for categories and making connections amongst the codes. Following the use of NVivo's tree/node index system, some codes were merged into others; discarded or renamed. While

mechanistic, as I worked through my data this categorising process prompted me to move from simple coding and description to analysis, developing new ideas and ways of organising the material (Strauss & Corbin 1998; Roberts 2002). However, in order to avoid getting “disconnected” from my informants’ biographical contexts, I continued using NVivo in the “take away” mode I mentioned earlier. Therefore, for further analysis and interpretation, my strategy was to read and re-read the printouts of the interview transcripts and my working memos. Although Bazeley (2007: 92) does not recommend coding offline, for me this approach was much easier and flexible, as it meant I could also work away from the computer and thus avoid the temptation of over-coding. In this way, my in-progress interpretation, that is, evolving ideas and categories were ‘tested’ across the data set, searching not only for common instances but also “uniquely telling accounts” (Bornat 2002: 125). Going back and forth through my data and emergent categories, allowed me to situate individual biographies within broader structural, cultural and socioeconomic contexts. In other words, I was able to identify various ‘cultural narratives’ that my study participants have acted upon, internalised and/or negotiated. Identifying such ‘master narratives’ or ‘cultural scripts’ (Kenyon & Randall, 1997) and their intersection with the women’s life stories helped me to understand how these old Mexican women experience ageing and old age. This is what my research study is about.

Thus far, I have presented the methodological framework of my study, in which the theoretical point of departure has been examined to great extent along with details on how I conducted the fieldwork and the data analysis. Special attention has been given to emergent dilemmas related to language translations, reflexivity and ethics. Now, the thesis moves on to the presentation of empirical findings, actual analysis and theoretical reflections on four main emergent themes: (1) pathways to ageing, (2) narratives of care, (3) health and day-to-day bodily experiences, and (4) meanings and images of old age. Across these four themes, however, there is a collective Mexican identity rooted in *cultural values* and *religious faith* that not only influences the way in which ageing and old age are experienced and understood but is also constructed and transformed by effect of the intersection of personal and collective narratives (Jacobs 2002).

In the following chapter I will examine the women’s pathways to ageing. The informants’ experiences of ageing and old age do not start when they reach

certain age, but are constantly shaped throughout their lives. Women's personal biographies, their prior social, cultural and economic locations have been informed by a range of structural factors and personal choices and opportunities (i.e. life-course events). Identifying the intersection of their individual lives and specific social and cultural structures provided the key to start uncovering how the informants make sense of their ageing process. Such personal-public intersection and its impact on women's present situation is the focus of chapter 4.

Chapter 4

## Pathways of Ageing



## Introduction

This chapter sets the agenda for the analysis that follows in the next three chapters by exploring themes that the old women identified as important in shaping their pathways towards old age. As highlighted in Chapters 1 and 3, the study of social gerontology has moved away from a focus on old age *per se* to the recognition of old age as part of the life course, and more importantly, as the result of a lifetime's experiences. Thus, whilst the concern of this project is primarily with the women's present experiences of ageing and old age, these cannot be understood without considering their past (Johnson 1978), their unique biography. Women's individual lives are structured by the society in which they live. In other words, their personal biographies, their current social, cultural and economic locations have been informed by a range of structural factors (e.g. social class), institutions (i.e. family, religion) and personal attitudes, choices and opportunities throughout the life course. Moreover, feminist scholarship has long contended that women's lives are gendered, and this occurs in the realm of domestic relations (Oakley 1974), caring responsibilities (Finch & Groves 1983; Dalley 1988; Hooyman & Gonyea 1995) and limited access to education, work, and social security and health care and financial resources, particularly in old age (Arber & Ginn 1991a).

Thus, in order to make sense of individual life stories, these should be connected to the society, or in terms of C. Wright Mills (1959) sociology should observe the link between "the personal troubles of milieu" and "the public issues of social structure" (14-15). Even though the word "troubles" has a negative connotation, by referring to Mills' premise my intention here is to stress the importance of structural and personal mechanisms that underpin the socio-cultural construction of ageing and old age, that is, the relation between the objective reality and subjective experiences of ageing. As Denzin (1989) has insisted, personal experiences account for a person's life story; however one's story could never stand alone since it is always embedded in a cultural, ideological, and historical context. In this sense, the accounts presented here tell of personal events and socio-cultural structures as well as attitudes towards and opportunities for women at different times in their life course (Chambers 2005).

In this chapter I start with a recapitulation of the women's historical location, pertaining to the main changes in social, economic, political, religious and institutional contexts experienced by the informants' cohorts. This sets the background to examine the women's lives as structured by gender and class. The focus here is on both the individual and the collective experience by paying attention to women's access to education, work opportunities, timing of marriage, motherhood and widowhood. The chapter concludes with a brief discussion of the circumstances in which the women entered old age.

## **Women's Cultural-Historical Location**

As mentioned in Chapter 3, the women who participated in the study encompass an age range from 60 to 89. They were generally born between 1916 and 1949 in a Mexico that has experienced enormous changes in social, economic, political, religious and institutional contexts. Whilst the specificity of the Mexican context was discussed in greater detail in Chapter 1, the intention here is to briefly review the informants' socio-historical pathway to ageing and old age. Firstly, these women were brought up in a Mexico with a strong Catholic tradition. The country's religious landscape, although remains predominantly Catholic, has experienced dramatic changes as Protestant and Evangelical churches have expanded their membership. In 1970, 96.2% of the population aged five and older self-identify as Roman Catholic. By 1980, the share decreased to 92.6% and to 89.7% by 1990 (INEGI 2010). These cultural features are evident in the study as all the informants identified themselves as practicing Catholic. The only exception was Isabel (72, NM) who converted to Evangelical Christian in her earlier 40s. In following chapters I will discuss further the issue of the informant's religious beliefs and its impact on their experience of ageing and old age. Secondly, according to the statistics presented in Chapter 1, the cohorts of people currently aged 60 and older are the first ones "experiencing" Mexico's accelerated population ageing. They were brought up in a social context where, despite the existence of elderly people, 'old age' was not present in quantities large enough to create a social image of ageing and old people. The situation is now different, as the ageing population is now more visible. Thirdly, many of these old women had a prominent role in the country's urbanisation as they migrated to cities from

rural areas when they were very young<sup>21</sup>, either to continue their education, seek job opportunities or after getting married. In this sense, their generational view on ageing and old age is embedded in two social contexts: the past life in the countryside and the current lifestyle of the city. I will explore in Chapter 6 how some informants construct meanings of health and illness in old age by acknowledging lifestyle differences between the countryside and the city.

Fourthly, these women were socialised within a cultural tradition characterised by the dominant role of the family on its members' individual lives, and a clear gendered division of labour. The family in Mexico is the only institution in which Mexicans have total trust<sup>22</sup>; it provides strong affective ties but also authority and dependency relationships among its members. Along with religion, the family gives Mexicans a space of certainty, of belonging, of identity. These cohorts of women have been instrumental in maintaining such family values and dynamics. Thus, they would be more likely, compared to men, to follow a path that prioritises family rather than market transitions and events across the life course (Wong & DeGraff 2009). And so, for these old women the transformations in family ideology (i.e. cultural norms and values) and domestic dynamics as well as gender relations were not part of their adult life as it is for their children and grandchildren. This in turn, gives way to different meanings and images of ageing and old age across generations, which impact on people's attitudes and expectations of old age.

Indeed, the traditional Mexican social order, in which the well-being of the elderly people, and in this case old women, depends on the younger generation, is gradually shifting because of the rapid fertility decline and a transformation in living arrangements (see Chapter 1). Unlike developed countries in which traditional living arrangements changed prior to ageing, in Mexico these transformations and population ageing are occurring at the same time (De Vos & Palloni 2002). Put simply, population ageing in Mexico is taking place under changing family relations and, as discussed in Chapter 1, a weak institutional environment (Cutler et al. 2000) undergoing major reforms towards privatisation that is expected to further reduce access to social security and health care (Cruz-Saco & Mesa-Lago 1998; Klinsberg 2000). However, in this context the family –

---

<sup>21</sup> The largest rural-urban migration in México took place before 1960, particularly between 1930 and 1950 (Arroyo, Winnie & Velazquez 1986).

<sup>22</sup> Statement resulted from the analysis of 1993 and 2000 National Surveys discussed in Ponte Durand (2006).

and women within still remain an important source of care and well-being for individuals in old age.

Having set the informants' cultural-historical context, I now turn to describe the intersection of women's personal biographies and key social and cultural structures, which would have clearly shape each woman's pathway to old age, her ageing identity and the way she experience old age.

## Gendered Narratives

Each one of the women in the study had their own personal biography; however they all shared a similar historical and socio-cultural location (Appendix 6 presents summaries of women's biographies). More importantly, in a variety of ways, all these women constructed a life narrative structured by gender. In recalling their past experiences, they all recognised, implicitly or explicitly, the role both social institutions (i.e. family, marriage) and the state had played in structuring their lives. Whilst some of them were very aware of the effects of Mexico's patriarchal – *machista* society on their lives, others seemed to have performed the 'gendered script' (Butler 1990; Ray 2000) available to them more "unconsciously" or with less of a questioning. Yet, many of them also took this "autobiographical moment" as an opportunity to reflect on these structural and personal issues and their impact on their life experiences and also on the oftentimes different experience of their mothers and daughters. Here, I explore these gendered narratives in the realms where they had the most impact on the informants' lives: education, work, marriage and motherhood.

### Education

Amongst the informants their formal education varies considerably. In 1970 Mexican women had received only 3.2 years of education on average, and by the end of the century the figure was 7.1 years (Hernandez 2004). This means that the women of the study have witnessed a gradual but continuous development of Mexico's educative system, which is most likely to be reflected in the education levels of their children and grandchildren. On average, the women had 9.25 years of formal education. Most of them had little access to anything more than

elementary school (See Appendix 7). Five of the thirty-two women only completed up until 3rd to 5th grade of elementary school and one never attended school. The common reasons why these women did not complete their elementary schooling are the lack of support from their family (usually their fathers), the lack of public infrastructure and their own engagement in family care and household duties. For example, being born and brought up in small villages, Guadalupe, Elena and Cecilia recalled they went to school as long as 'possible': "I did only up to 5<sup>th</sup> year because that was it, there was nothing more! The other school was very far from home (.) and my father said that [5<sup>th</sup> grade] was enough for me because I was going to be home helping around anyway" (Guadalupe 82, W).

Regina, although sharing the narrative of lack of government infrastructure, recalled that she never really liked going to school; instead she enjoyed working at her ranch, helping her family. By the age of nine, when the first one of her oldest sisters got married, she took over some household duties, in order to help her mother, since there were another six younger and older brothers:

[...] I always helped my mom! By the time she went outside to milk the cows, I already had made the dough [to make "*tortillas*"], made the coffee and prepared the breakfast for everyone. My mum just came to eat her breakfast and that was it, and I would keep on doing the rest of the housework!

For those girls who were living in very small towns or in rural areas of Mexico, there were no other choices. The combination of lack of public infrastructure and the preference of parents to keep their daughters 'at home', to help with household duties, prevented them from progressing in formal education.

After completing their elementary schooling, sixteen women went on to train for, what Rowbothan (1999) would refer to as "female" occupations, such as seamstress, secretary, teacher, nurse and beautician. With the exception of Gertrudis (65, NM), Victoria (65, W) and Concepcion (62, M) none of these women pursued higher education. Vocational training was a common alternative for working class girls who could not afford pursuing further studies (i.e. secondary), and needed to start working at an earlier age to contribute to the family income, like Isabel (72, NM) or Leonor (63, M). Again for others the options were limited by the public education available at the time in their communities along with the reluctance or inability of their families to allow their daughters to continue their

education in a larger city, like Beatriz (66, W) or Teresa (66, S). Beyond such reasons, most of these narratives of education were mainly gendered. When asked about her education access, Irasema reflected regretfully on this:

**Irasema:** Oh, I feel so ashamed to tell you!

**MM:** No, don't be, please!

**Irasema:** I only finished primary! In those years my dad (.) I finished primary and [my dad] didn't want me to go on to secondary schooling because there were men there, and it was a no-no! He didn't want me to be around men (.) those years!

**MM:** And did you want to keep studying?

**Irasema:** Oh, yes! I'd have loved to! I wanted secondary. I had always wanted to become a teacher! But my dad didn't want me to study: "No-no! Girls cannot be mixed with men!" My dad was one of those "*viejitos antiguos*" [very old-fashioned men] no! So it was a no! When I was 12 years old he took me to this beauty institute and I went there for over 3 years or so. [...] I learned a lot there, and then I went on to work and then a couple of years after my dad helped me to open my own salon at our home, I was 16 or 17 at the time.

Although they shared a similar gendered and class narrative, other women, like Angeles and Paulina, went on to pursue further education during their adulthood, mainly with the support and encouragement of their husbands. Paulina commented:

Well, recently at much older age I finished secondary school because my dad never allowed me to study, just not, "what for?" he used to say, he also said I was meant to be financially dependent on whoever would marry me, that I was not going to get myself a leech for husband. So, thank God I found a nice, very supportive husband; he encouraged me to study. I always got everything I needed, thank God! (Paulina 79, W).

For Angeles (89, W), social class more than gender was the main obstacle for completing her education while young. She recalled how difficult it was for her family to make ends meet; she completed the last two years of elementary schooling while working in several informal jobs to help support her parents and siblings. In this regard, she acknowledged that her children experienced a different pathway, as they did not have to work when they were little and went to private school:

My eldest sister had money and she helped us [me and my husband] move to the city [Monterrey]. My husband had a good job and I was also working at my sister's shop. I always wanted to be a teacher so I went to train as teacher at nights. My husband was very understanding about that. And so my daughters studied in a private school (pause) I was determined they would not suffer like I did! Although I wasn't fully prepared, we managed to do well and I thank God for that and wish all people were this lucky!

As we can see, both social class and gender impacted on the education patterns of many of the working class women in the study. Yet, the informants whose families were better off also voiced gendered narratives of education. In contrast to most of the informants mentioned above, Matilde (76, W) and Violeta's (88, W) both went on to complete prep school. Moreover, their fathers held academic degrees and had professional careers; however they were not allowed to pursue a similar path for themselves. As Violeta stated:

**MM:** Did you undertake further studies?

**Violeta:** No, I would have liked that! My father was a journalist; very well known at his time!

**MM:** right!

**Violeta:** At the time a woman was not allowed to work, and usually we weren't allowed to go to university.

**MM:** Oh my!

**Violeta:** They taught us to be "*señoritas de casa*" [nice young ladies], to play the piano, to do embroidery, to sew, to recite.

**MM:** OK!

**Violeta:** To do all the things that only "*niñas bien*" [nice girls] do

**MM:** I see!

**Violeta:** back then working outside the home was a no-no for a woman! Not even in dreams!

**MM:** So you never worked then?

**Violeta:** No, never!

The middle-class women of the study might not have experienced the same household duties let alone the material difficulties as the working class or poor women did. Nevertheless, regardless of the social class these women were

brought into they were all subject to a patriarchal gender role differentiation and thus had limited access to education.

Amongst the informants who did undertake university studies we can find two categories. On one hand, there were the middle-class women for whom university was a prelude to marriage, like Delia (85, W) or Luisa (82, W), who completed only her first year of university because she got married. They never worked outside the home, or more precisely, they did not have the need to so. On the other hand, there were both working class and middle class women who pursued a professional career, like Bertha (60, M) or Norma (86, NM). Of note is that amongst these women Gertrudis (65, NM), Victoria (65, W) and Concepcion (62, M) finished their bachelor degrees in their late 20s and early 30s and were working outside the home at the same time; the majority of these women postponed getting married. In contrast to the first category, for these women education became a very important element in their lives, as they in fact worked to support their studies while continuing to contribute to their family income. Unsurprisingly, the women of this group who married and had children invested in the education of their children – their daughters, and so they have managed to change the gendered narrative in this regard.

In sum, for most of these women, particularly those who outlive their spouses, their children may be an important source of support in old age; moreover the “educative” attributes of their children, which are more likely to be higher than theirs, may also be powerful determinants of the informants’ own well-being in old age.

### **Timing of Marriage**

For most of these women, marriage has played a central role in structuring their lives and continues to have a significant impact on their experiences as old women. With the exception of five informants, all the women in the study have been married<sup>23</sup>. As a life course transition, marriage intersects with other issues such as social class, education and work. I mentioned earlier that for some women school was a prelude to marriage whereas other delayed it as a result of pursuing

---

<sup>23</sup> In México, amongst the cohorts of current older people marriage is nearly universal. Only 5% of women and 3% of men aged 50 and older have never been married or in union (Wong & DeGraff 2009).

higher education. In this sense, it is not surprising that the age at which the informants entered their marriages varies to a great extent.

Thus, there are two groups of women: those who married young and those who postponed marriage. Those in the latter group were engaged in other activities, such as paid jobs, family care work, or professional careers. Most of the women in the first group married in their earlier twenties (ages ranging from 20 to 24) and at younger age (15 to 18).

It is worth noting that of all the study informants, Violeta (88, W) is the only one who married twice. During our first encounter she made no comments about those events; it was not until the follow-up interview that Violeta discussed this with me. Her first marriage took place when she was 21 years old, and ended in divorce less than a year after having her first child, aged 22. Almost three years later she remarried and had a second child. The case of Violeta is important given that at the time (i.e. 1940's) divorce rates in Mexico were very low<sup>24</sup> and the social pressure to stay married was certainly higher than today, also Mexican gender ideology particularly encouraged women to stay married, even if they were 'unhappy'. Here, social class had a favourable impact, and Violeta was encouraged and supported by her family, morally and economically.

Evelia (74, M), Xóchitl (85, W) and Teresa (66, S) were those who married at a much younger age, 15, 17 and 18 years old, respectively. Although belonging to different age cohorts, they share similar social locations: they were all originally from small towns and belonged to the working class. At first glance, I would have expected to find the majority of the oldest informants, especially those currently in their late seventies and eighties, amongst the first group, given that those cohorts were more likely to get married at a very young age<sup>25</sup>. However, it is clear that not only chronological age is a decisive factor for marriage occurrences, but social and economical issues also play a relevant role.

---

<sup>24</sup> In 1940 México there were 2.7 divorces for every 100 marriages per year (INEGI 1990). For 2008 the rate is 13.9 (INEGI 2009).

<sup>25</sup> Currently in México, marriages at an early age are still the norm. However, it is possible that in the following years the tendency to postpone marriage and to remain single will become more evident in both women's average age on first marriage and also in marriage total rates. For instance, in 1995 and 2000 the average age at which women entered their first marriage was 20 and 23 years, respectively; as for 2007, this indicator was 25 years (INEGI 2008a).

Taking aside the “romantic” (and even the lack of romance) and more personal aspects, by looking at the biographical accounts of the informants we can distinguish three main reasons why the women of the second group postponed marriage until their mid-twenties and beyond: they were either working outside the home, completing higher education or taking care of their family; in some instances it was a combination of the three.

For example, Sara (85, W), Felicitas (75, W), Hortensia (74, W) and Leonor (63, M) are amongst those informants who started working at an earlier age (15 to 17 years old) to support themselves and also to help their families and married roughly in their 30s. Conversely, Victoria (65, W) and Concepcion (62, M) were both working and continuing their higher education at the same time and even though they moved out from the family home they were still contributing to the family income. They both married after age 30. Referring to her marriage and other life-course events, Victoria (65, W) summed up her sentiment: “Everything has been delayed in my life, but I’m happy with what was in store for me”. Concepcion (62, M), on the other hand, did not see marrying at an older age as a “delay” and clearly remarked that this was her plan as she was determined to accomplish a better education, before thinking about getting married and having her own family:

Because of the [bad] economic situation of my parents I couldn’t study like other people normally do [...] and I’ve always had boyfriends, but you know, I wasn’t into marrying, I wanted to work for me and to better support my parents (.) so I guess I planned it that way “I study first, get a better job and then I’ll get married” cause then, there is also an age when you are supposed to get married and have children, so that got into me at some point, well when I was 31. But then I think everything comes to you at the right time!

Regina (76, W) and Guadalupe (82, W), who were amongst the informants with very little access to formal education, married at ages 25 and 30 respectively. Although they belong to different age cohorts and certainly their age at marriage varies significantly, what Regina and Guadalupe have in common is the fact that both postponed marriage because they were engaged in housework and caring responsibilities. Both women were born and brought up in very small villages. Since both of them were the youngest daughters within their families, and because both had older sisters who married before them, Regina and Guadalupe

were given important household duties, and became “indispensable” to their families. In addition, living in a small village made it more difficult to meet new people to be friends with, let alone marriage prospects.

Besides having lacked opportunities in terms of education, Guadalupe was never allowed to work outside the home. Therefore, she remained engaged in housework activities. Her mother died when she was 22 years old, and since her oldest sister had already left home after getting married, Guadalupe took care of her father, four brothers and a younger sister. She recognises her hard work at home as the main reason why she delayed marriage until age 30:

I was in charge of the household, taking care of my four brothers, my dad, and a much younger sister, but for me it was like five males, I was washing their clothes by hand, making “*tortillas*” for them, making the “*nixtamal*” [the tortillas’ dough] first, then making the “*tortillas*”, lunches to go, one at 7 am, another at 2pm, then another at mid-night, and whatever the time, I had to do everything for them. So, that’s why I’m telling you! It took me longer to get married because I only had work to do, only housework. I didn’t have any chance of anything. I never went to the movie theatre, never went to a ball (.) I don’t even know how to dance! [Laughs]. And I’m telling you, anyway I missed the bus and [laughs] but I wasn’t going to miss the train because I got married to the train guy [laughs]. Well, one of them, someone that was just passing by, because I didn’t have any contact with more people [laughs]. [...] Well, I mean, in spite of marrying that old I managed to have 6 children (.) the only thing is that the very first one didn’t make it, but well, anyway! I’m telling you; although I got married older I have five children.

This quote above tells of a strong gendered narrative of family care, “work” as Guadalupe in fact calls it that clearly compromised her life chances and opportunities. What is interesting is that she reflects on this with a combination of regret and acceptance, probably because in the end it worked out for her, as she was determined to “not miss the train”. In Chapter 5 I will show how, for some informants, this narrative of care, although remaining gendered, actually evolved with the informant’s old age into a “collecting a care debt” story.

After reviewing the paths of marriage all these women followed, the theme of the importance of the family emerges even stronger than during the first examination. Particularly, ‘family-care’ appears to be the prevailing collective narrative amongst the informants. What is clear now is that in parallel to broader processes (e.g. gender ideology; lack of public infrastructure) the social and economic

circumstances of the given family household from which each of these women come play a decisive role in the way each of them planned, or were forced to plan, their futures either consciously or inadvertently. As shown so far, education and work patterns and consequently marriage patterns are in fact paths which derived from the sense of filial responsibility my informants were brought up with, which translates into both financial and caring support towards their families. This extends to the never-married women of the study as they were also very much engaged in hard work activities aimed to help and support their families, either outside the home, like Gertrudis (65), Isabel (72), and Norma (86); or in caring responsibilities and household duties, as Cecilia did most of her life, by taking care of her parents and siblings.

Clearly, for these women, the family obligations they undertook were in correlation with the position they held within their family unit. Obviously, as discussed here, and also according to common practices and customs held in Mexican culture, being the eldest or the youngest daughter, and/or also the only daughter among male children, was a decisive factor shaping the path towards marriage. The important question is to ask whether these women have modified their beliefs, and hence their expectations of the family role, as provider of primary care now that they are experiencing ageing and old age. I will explore this further in Chapter 5.

## **Motherhood**

As a result of the influence of Catholicism on family size and gender ideology, motherhood has been socially constructed as the basic anchor of feminine identity and therefore is extremely valued within Mexican culture, to the extent of considering such a life event as the most important function for women. Thus, beyond impacting on their personal and social identities, having or not children of their own has certainly shaped the informants' pathways into old age, particularly in relation to the arrangements and commitments that define the contexts of care, namely at home or in a nursing home, or the social or economic capital these women have access to, which subsequently impacts on their well-being and the meanings they ascribe to ageing and old age.

With the exception of Sara (85, W), all the informants that had been married had children. They had on average 3.09 children, eight being the largest number of children and one the lowest. In line with a patriarchal discourse, the never-married women of the sample were less likely to have children out-of-wedlock in comparison to much younger cohorts. The majority of my informants were middle-class or working class women who were brought up in a very traditionalist society where having children without being first married by law and church was out of question. In this respect, the never-married women, Gertrudis, Isabel, Cecilia and Norma have followed the socially ‘acceptable’ pathway into old age: single and childless. Jacinta (75), however, represents a distinctive case within this group of women. Jacinta had two children out of wedlock with a man who was already married and so her case helps us to illustrate some particular Mexican “social” occurrences of her age cohort. Jacinta’s and prior generations were brought up at a time when the practice of “*casa chica*” – where married men set up separate households and families with other women – was not only commonplace but also expected and, most of the times, “accepted” by those men’s wives. Yet, to be the ‘other woman’ was socially stigmatised and shameful. In Jacinta’s life story, however, there is no indication of such a theme, most probably because she separated from the father of her children when they were young and focused on her job. Nevertheless, one could argue that Jacinta’s path into old age differs from the rest of the never-married women merely because she had children. Despite the difference, one could also argue that these never-married informants were subject to social criticism or even pity for remaining single; for not following the ‘normative social biography’ (Riessman 2008) for a Mexican woman, that of getting married and bearing children.

Amongst these cohorts of women, motherhood then is a powerful cultural narrative, and telling their narratives of motherhood provided them with an opportunity to reflect on how such a narrative appears to be weaker amongst younger generations. By doing so they were, albeit implicitly, acknowledging the different experiences of their daughters and granddaughters:

Family is what keeps the world going [...] and these days we are getting married at a much older age and we are not having children. And we don’t want the responsibility that implies having a child (Pause) and God has prepared us with everything for that! (Pause) And that is why motherhood is so wonderful! (Bertha 60, M).

Indeed, most of the informants with children voiced this cultural narrative of motherhood. Most of them referred to being satisfied with their role as mothers and with the way their family, their children turned out. As I will show in Chapter 7 and particularly Chapter 5, for most women their caring role as mothers has a significant impact on the way they adapt and accept the changes brought with old age and how they make sense of their new circumstances. Notably, the majority of these women acknowledged they *felt* supported and cared for by their children in various ways. As Margarita (77, W) put it:

Uyyy! One [of my children] started taking care of me since the age of 9! How is that? He has always worked hard! And everything was for our home! <I want to be grown-up, have loads of money and buy everything that is needed>, he used to say. And even today, he has never let me down [...] Yesterday, or before yesterday he gave me four thousand pesos [approximately £205], because I asked him for money to go to the doctor.

Reading through their accounts, it became clear that many of these old women, and especially those who are widows, depend on their children for economic well-being, particularly in a country with limited access to governmental health care and social security programs for those who had not participated in the formal labour market.

### Working patterns

Nine of the 32 women in the study reported to have never worked at all, other than household duties, whereas fifteen of them had been in formal paid jobs at some point in their lives. The rest of the informants were involved in temporary and/or informal economic activities; others even established their own small businesses at home, like Florencia (72, D) or Evelia (74, M) (See Appendix 8). Most of these working patterns are the result of women's limited access to education, combined with family finances and the influence of a patriarchal society that dictates that women's place is in the home. A clear example of how class, gender and lack of education impacted on these women's working paths is Xóchitl (85, W), who was left with "no other choice" but to work as a live-in housemaid.

Also, when constructing their narratives of work, some of the women also reflected on the working and ageing experience of their mothers and how they sought to follow a different path. As Richardson (1990, 1997) argues, people make

sense of their lives through the narratives available to them. More importantly, they would either try to fit such narratives or transform them. Jacinta, for example, clearly not only disapproved of her mother's reluctance to take advantage of her cooking skills as a means of an extra economic income but also of how she limited herself to the domestic sphere:

My mum died at age 79, but she was blind the last 20 years of her life. I tell my brothers and sisters that she was blind all the time. She was really good for making "tortillas" and I used to tell her: <mum, why don't you make them for selling><you want me to work? What would people say? Your father never allowed me to work and now that all of you are grown up I'm going work? No! What would people say?> Imagine that! What would people say? What would people say? (Pause) I've never cared about what people would say, never! That's not me! My poor mum only made breakfast, lunch and dinner and contemplated the husband. When the husband died she went on to cry and went blind. I'm nothing like that.

Yet, Jacinta and several of the informants went on to train for traditional "female" occupations such as secretary, teacher or beautician. Most of them remained active in either informal or formal paid jobs and combined them with domestic duties and family life. Others, like Hortensia (74, W) and Irasema (89, W), left their jobs after getting married, as their husbands would not allow them to continue working outside the home. Isabel (72), who never married, made her job a priority in her life. Officially retired after working for 35 years, she is one of the very few informants who remain active in a formal paid job. A strong work ethic is evidently a main feature of Isabel's identity and thus of the way she is experiencing old age:

The day that I'd want to work and can no longer work, well, then that's it! Right now to me my work is my life! The day I don't work, that will be the day I became sick! I will become sick of everything; all my body is going to hurt! Sometimes I have a headache, and as soon as I get to work it goes away! Keep working is my quality of life, to keep active, have an occupation, and overall an income, right?

As shown in the quote above, economic security is the main reason why several of these women continued to work in either informal or formal jobs. Although when asked directly the majority of the women expressed they did not have any worries about meeting their financial needs in old age, this issue appeared across many of the informants' accounts. As Florencia, who has her own business but not a fixed income, stated:

I don't have any capital. I don't have a pension. I am in God's hands and only! Sometimes, to be honest that makes me feel a bit anxious, but then I think (pause) God will provide! In his hands I am (pause) and so be it!

With the exception of Delia who never worked outside the home, the informants with a professional degree, like Victoria (65, W), (Concepcion (62, M) and Gertrudis (65, NM) made a long working career in civil service, and thus today in old age they have access to their own occupational pension, which can provide them with a certain economic well-being. I emphasise "certain" as these public pensions did not rise in line with inflation; consequently some women, like Gertrudis, continue to be active in informal jobs out of necessity.

Others, in attempt to obtain economic security, have entered the formal labour market in later life. After separating from her husband and being involved only in informal and temporary economic activities, Teresa had recently started in a full-time job:

Yes, right now at my work I feel I have become very indispensable. Besides, at the moment I am having some economic difficulties, that I am trying to overcome by myself, so in that aspect I am very proud of myself, as a working woman!

Nevertheless, in old age most of these women found themselves dependent on their husband's income (or widow's pension), their lifetime savings (when they managed to do so), but mostly they found themselves dependent on their children or extended family (refer to Appendix 8). For instance, Xóchitl has no 'formal' pension – she currently depends on her informal ex-employers; they cover her nursing home expenses and health care as a form of reimbursement for her lifetime services. Xóchitl was certainly "lucky". In Mexico, domestic workers, and people in other informal jobs as well, are most likely to face old age in poverty and with limited access to health care public services as these are only obtained as a result of former or current participation in the formal labour-market, or from benefits transferred by becoming the economic dependant of a worker entitled to social security.

Similarly to their education opportunities and choices, the working patterns of these cohorts of women are clearly gendered. Some of them were not allowed to work outside the home, or they did but only as a prelude to marriage. For others

to work outside the home was not optional, but rather a necessity. Then again, they had limited choice of jobs. Over half of these women engaged in informal economic activities or resigned from their formal jobs long before reaching the eligible retirement age or accumulating the number of working years for a full occupational pension. Therefore, they do not have access to an occupational pension of their own. Instead, most of them depend on their husband's income and/or their savings, but mostly on their adult children or extended family resources.

### **Becoming a widow**

This study is not concerned with the experience of widowhood *per se*. The reason is that women themselves made few references to their identity as either wife or widow. Apparently, most of them ascribed more meaning to their identity as a mother. Thus, despite Mexico's patriarchal society, where women are traditionally defined in relation to men, as wife, daughter, or sister, the male figure remained almost absent in the majority of the women's narratives. Even the women who were married at the time of the fieldwork commonly mentioned their husbands in passing. Nevertheless, most of them would emphasise on women being more capable than men to cope with loss and readjust their lives, especially in old age. Others, however, recognised that to some extent they saw widowhood as a form of retirement from their role as providers of care.

Furthermore, only in the cases where they had become widowed at an early age do the women acknowledge their strength and resilience in coping and adjusting to the changes in their lives, like Amalia (67) and Matilde (76). In the cases where the death of the husband was relatively recent, the women would speak about it in terms of loss and bereavement and how their families – their children – were helping them to adapt to the change, as Luisa (82), Regina (76) and María Inés (85) did.

Victoria (65) was the only informant who explicitly constructed a social identity as widow and voiced a narrative of loneliness in old age whilst stressing how as a widowed woman she had more limited options in terms of social network than a married woman:

You see, I feel alone outside, not in my house. In my house I really enjoy myself even if I'm alone, but is when I go out by myself, on buses or in a taxi, all that, even at the movies, that I feel loneliness, because I don't have friends that I can say: 'this person is in the very same situation as myself, she is widowed, she can go out at any time, lives near my house, we can keep each others company'. I have many friends but all of them are either married or live far away, and don't want to commute to there, etc, etc. Therefore, it is outside where I feel lonely.

Nonetheless most of the women spoke little about their old age in relation to being a widow; I will briefly describe their experiences as such in order to have a better understanding of the circumstances that have shaped their ageing and old age.

Twenty of the women in the study are widows. Notably, some of them had been so for several years, even decades (See Appendix 9). This situation corresponds to Mexican demographic trends, covered in Chapter 1, since women outlive men by several years<sup>26</sup>. According to national statistics life expectancy in 2010 was 73.7 and 77.8 years for men and women, respectively. Although the gender gap is not as large as in the case of more developed countries, in Mexico gender demographics follow the same pattern as global life expectancies.

Interestingly, none of the widowed women had remarried. This feature becomes even more significant if we take into consideration the instances of those women who became widowed relatively early in life, as Matilde (76), Amalia (67) and Beatriz (66), who were in their early 30s or 40s. In contrast, Xóchitl's (85) experience is extremely singular since she was only 25 years old, and had already a child, when she lost her husband, due to an accident. The majority of these women claimed they were so immersed in bringing up their children and being the financial support for their families that they did not have the time to get involved in new affective relationships. Others, although they did have marriage proposals, preferred to remain alone, especially to avoid raising conflict within their family and children.

---

<sup>26</sup> According to Lorber and Moore (2002: 13-14), there is still not a solid explanation to this worldwide phenomenon. Some authors (See Perls & Fretts 1998) advocate for a biological explanation about the protective effects of estrogens and the potentially toxic effects of testosterone. On the other hand, others suggest it is necessary to include in such biological explanation both historical and social changes, as well as factors such ethnicity and class differences.

Although nowadays a woman in her forties is considered young, in the Mexico of 1970s and 1980s that was not the case, especially if such a woman had already been married, had children and had acquired the status of a widow, and consequently were unlikely to find a new spouse, as was the case of Matilde (76), Amalia (67) and Beatriz (66). Similarly, Florencia (72) who married at age 20, had her only child at age 21, divorced three years later and never remarried. Having the legal status of a divorced woman, Florencia somehow sees herself also as a widow since her former husband had died and especially because they had been married within the Catholic Church and the husband did not remarry either. Her situation is very similar to Xóchitl's; both of them lost the status of "married" woman at a very young age and had a child to take care of, with the difference that Florencia had financial child support from her ex-husband, whereas Xóchitl had that responsibility on her own. Similarly to Xóchitl, Florencia expressed the main reasons for never remarrying: (1) they never wanted to give their children a stepfather and (2) also they were more focused on their paid jobs. Certainly, Xóchitl (85) and Florencia (72) have followed a very similar pathway towards old age, at least regarding the absence of male companionship over much of their lifetimes.

In contrast to most of the widowed women, Raquel (81) and Luisa (82) – both of whom had lost their husbands relatively recently and were living in a nursing home – and Amalia (67), who was mentioned above amongst the 'young' widows, explicitly commented on male companionship in relation to old age. As Raquel puts it: "[...] at this age having a male companion is important, not indispensable, though! However, one needs to have a friendship, a nice man to make you company, to go for a coffee with, an ice cream, see? Even being taken for dancing, why not?" At the time of the fieldwork, Luisa was planning on getting married to a man of her own age; the only condition was that this man would have to come and live in the same care home as her; she did not want the responsibilities that come with having a household. On the other hand, Amalia, who still lives in the community with her adult daughter, clearly regrets not having a male companionship in old age:

Right now I don't have material needs or anything like that, perhaps, I would like to have a little bit of affection, you know? I've always felt lonely, I was very solitary as a child (.) and to be left alone relatively so young (pause) to lack the affections of a man (.) I was only there to give

affection to my children, right? To give them support, strength, but for me, for myself, well, no! [...] I forgot about me and now at this age, [...] now that I see those couples of older people, even older than me (.) then I started to think that I was left alone, and that how wonderful would had been to have a companion, but to marry again, never! I never thought of it, my children were first and second, and that was it!

Most of these women, especially the ones that became widows at a relative young age appeared to have sacrificed their “romantic” life and engaged in caring for and about their families. Perhaps they did not notice whilst still young, since they were too busy bringing up a family by themselves. Interestingly, whilst Amalia sees having male companionship as a “missed” opportunity, a few other women, who incidentally were much older than her, explicitly talked about being open to make new relationships, as they think it contributes positively to their social world in old age. Indeed, perhaps this difference in attitudes and behaviours about male companionship in later life stems precisely from the combination of the women’s personal experience of widowhood and their current location and sense of independence in old age.

Thus far, I have explained how most of these women’s lives have been shaped within a particular historical, cultural and social location as well as by their own personal choices and attitudes. While social class and gender have impacted their education, work and consequently their marriage and motherhood patterns, some of the women – especially those of working-class families – have used their individual agency and contested the dominant gender narrative that posits women’s place is in the home. Yet, for the majority of these women such a narrative is still very strong and becomes even more significant in old age, when most of them found themselves increasingly dependent – particularly in terms of financial security – on their adult children or extended family, as in the case of the never-married women. Indeed, if in the past both class and gender had the most impact on these women’s lives, in their present old age contributes to the complexity of how they make sense of their biographical experience.

## **Women's Present**

In this last section I briefly describe the current circumstances in which the informants are experiencing ageing and old age. This is important because it completes the chapter's aim of setting the scene for the analysis that follows in the next three chapters.

### **Living arrangements**

Living arrangements change as people grow older, and also as a consequence of variations in life-style or the emergence of significant events in the life course. The factors impacting on the women's living arrangements are contingent on the pathways by which they have reached old age. In other words, where they live and whom they live with is correlated to their economic and material resources, their access to public services of health and social security, the family support available to them as well as their physical and social competence and overall health state. In light of this, the participants in my study can be classified in two main groups: those who continue living in the community (20) and those who have entered a care home (12).

Contrary to the dominant view of care homes as a final destination for old people, many of the widowed women living there constructed a counter-narrative of institutional care in old age. As I will demonstrate in Chapter 5, for those women entering a care home was not their last recourse; instead it was a site of agency as they continued to construct themselves as independent and competent social actors. Certainly, for other widowed and never-married women institutional care was their only option as they could no longer take care of themselves, and their families were not able to provide them with primary care. Earlier in the chapter, I mentioned how most of the women in this study had migrated from rural or small areas to large cities either for studies or work. Notably when selecting a nursing home, most of the women in institutional care made their choice based on their adult children's current location. I contend that this also shows old women's strength and strategies to adjust and adapt to the changes in old age, as they not only entered a care home but also made a drastic change to their geographic location.

The patterns of support and expectations for receiving and providing care in old age become even more complex amongst the women living in the community. This group represents the most diverse one, as it comprised of widowed, married, never-married, divorced and separated informants. Amongst them we can identify three subcategories: (1) living alone in their own home; (2) living with children and/or relatives in their own home; (3) living with children and/or relatives in their children/relatives' home. In most of these instances, the women continue to be providers of care work. Some also provide care for their husband, adult children, their grandchildren or elderly parents almost simultaneously, like Leonor (63) or Concepcion (62).

Indeed, whether it is institutional or primary care, the majority of my informants acknowledged being cared for by their adult children or extended family in a variety of ways, but especially in terms of economic support. As will be discussed in Chapters 5 and 7, given the patterns of support now available to them, most of these women have adjusted their expectations of receiving and providing care in old age. Now, as mentioned earlier the current location of these women is also shaped by the health status they have reached old age with, which as will be uncovered in Chapter 6, is another dimension that adds complexity to their ageing identity.

## Health

Currently, most of my informants suffer from at least one chronic condition, impairment or illness that requires medical treatment (See Appendix 10). Importantly, several of these women have entered old age with pre-existing medical conditions or ill-health issues. Some even have had major surgery at points in their lives. Whilst the dominant discourses of ageing and old age reinforce the association of this life process with illness and physical decline, the fact is the such conditions are not attributable to old age *per se*, but rather as Sidell (1997) argues, they are the result of close interactions between the physical, social, [material] and emotional environments. In this sense, the study sample indeed accounts for a vast range of lived experiences of old age. Certainly, as I will show in Chapter 6, most of the women engaged in adapting and managing strategies for the health-related changes they experience in old age. Through the women's accounts of health it became clear that they were referring to their day-

to-day bodily experience of ageing. When constructing their notions of health most of the informants took into consideration the whole person – body, mind and spirit and not merely the absence of disease; this allowed them to give accounts of having a good health (see Chapter 6). Furthermore, an aspect that impacts directly on the women's health management strategies and consequently in their health status is their access to health care services.

As mentioned in Chapter 1, the Mexican public health system is not universal. For old people there are particular conditions to meet in order to have access to social security and then be entitled to public health care services. Such conditions can be met by prior or current participation in the formal labour market, and also from benefits transferred by becoming the economic dependant of a worker entitled to social security. Notably, the latter form is how the majority of the informants have access to public health care. Yet, many of the women recognised that they would rather have private medical attention whenever possible. According to their experience the public system does not often meet their needs efficiently. As Isabel (72, NM) simply put it: "I have social security [IMSS], but I never but I never want to go to the [IMSS] clinic, I don't like it! I prefer going to see a private doctor." Teresa (66, S) stated:

I have a very good health care policy that my husband got me, that is not the social security [IMSS], so I benefit from that (.) I have a good health care in order to be well taken care of.

In this sense, the economic support the women have access to by means of their own and/or husband's income (or widow pension) or from their adult children, as is the case for many of them, becomes crucial for determining the kind of health services available to them, and consequently for the way they experience ageing and old age.

## **Conclusion**

As highlighted in Chapters 1 and 3, the study of social gerontology has moved away from a focus on old age per se to the recognition of old age as part of the life course. In this chapter therefore, I have sought to bring the women's past,

their experiences prior to old age, to the fore so that we could start to understand their present lives as old women.

By making references to the women's historical and cultural location and their gender socialisation, I contend that not only is there an individual biography, but also a collective story (Richardson 1990). As we have seen, these women's lives were all structured by social class, the lack of government infrastructure and particularly by a patriarchal gendered narrative embedded in a religious and cultural ideology. Such structures limited their options in education and working patterns, shaped their timings of marriage and consequently their pathways to old age.

Although these cohorts of women shared a particular collective story, throughout this chapter I have also addressed the diversity amongst their life experiences and more importantly how through some specific actions such as attaining higher education and continuing to work after marriage, they enacted their individual agency and challenged the prevailing patriarchal narrative. Thus, their actions, although offering "transformative" and "liberating" narratives (Richardson 1997), become more evident in the experience of their daughters and granddaughters.

As discussed here, the women's – formal and informal – participation in the labour market has not brought them real benefits in their old age, as most of them do not have their own occupational pension, thus making the role of the family central to their well-being in old age. This finding was somewhat expected, given that Mexico is a country with low institutional coverage of both health care and social security. Moreover, this situation becomes relevant in relation to the family arrangements and commitments that define the contexts of care, namely at home or in a nursing home, and the social and/or economic capital these women have access to, which all have an impact on the images and meanings they ascribe to ageing and old age. In the following chapter I explore in detail the multiple narratives arising from the informants' experiences and expectations of care.

Chapter 5

## Narratives of Care



## Introduction

Having looked at the informants' personal biographies and the ways these intersect with social structures, cultural norms, barriers and opportunities, this chapter presents the multiple narratives that have been derived from an analysis of the part of the women's life stories pertaining to care. Narratives, as Faircloth et al. (2004: 402) note, provide interpretive anchors for making sense of a life. These women's narratives of care are yet another part of the picture, which make up both the individual and the collective experience of ageing and old age in Mexico. Thus, the following is essentially a discussion of identity (Chambers 2005), reflected on narratives of care.

The dominant social constructions of old age are embedded in images where being old means entering a stage of increasing vulnerability, constant decline, loss, and dependence. In this sense, the level of dependence becomes a marker of the "performance" of the biological, social, economic and political body (O'Connor 1996; Smith 2001). Although dependency is a characteristic feature of human beings at different stages or periods in their life course (e.g. infancy, illness, disability), in old age most individuals try to maintain a basic level of *competence*, characterised mainly by *self-care* related daily life activities (Baltes et al. 1999). Put simply, they try to avoid for as long as possible entering a dependent status and *being cared for*. Interestingly, as I argued in Chapter 4, to a greater or lesser extent care responsibilities have affected each of the informants' personal biography and identity construction over the life course.

This chapter first examines the women's day-to-day experiences of care. It then explores some of the reasons why women undertake caring responsibilities. Subsequently, it moves on to identify women's constructions of care. Whilst some of them considered care as love, or as pleasure, others reflected on care being an obligation and a burden. The next section uncovers various narratives of self-care, which is central to defining their identity. Women's narratives of 'being cared for' are then discussed: collecting a care debt, resistance to becoming a burden and unfulfilled care expectations. Finally, I focus on the feminisation of care obligations and the tensions between women's expectations and the traditional discourse of care in old age.

## Care as a Day-to-Day Activity

When embarking on this project I wanted to gain an understanding of how old women experience ageing and old age in today's Mexico. Therefore, at the start of each interview I asked the participants to describe the things they do in a typical day. I purposefully set this as the very first question to be able to put away my research agenda in favour of allowing each woman to speak of her day-to-day life. Most of them recollected their typical day in terms of *el quehacer*<sup>27</sup>, the practical work and responsibilities around the family household. For instance, Teresa (64, S), who works full-time, commented on her daily swimming practice and not bothering too much with cleaning and tidying up; what she does care about is providing her live-in children with a healthy diet. Amalia (67, W), Bertha (60, M), Regina (76, W) and Concepción (62, M) also expressed their concern about either preparing the family meals or making sure these were prepared by someone else (e.g. housemaid, helper) and stressed how important to their daily routines this duty was. As Felicitas (75, W), who lives at her sister's home, puts it: "Look, I take care of the house, of the meals, basically, and I think (.) I think that is a very important aspect."

Although very few of the informants used the term "care" *per se*, it soon became clear to me that the descriptions of their day-to-day life were embedded in the experience of care. For most of them, caring was an activity that gave structure to their lives. As Evelia (74, M) notes:

[...] I make the breakfast, and then I start doing all "*mis quehaceres*" [my chores], especially cleaning the kitchen, sweeping the floors, dusting, and taking out the trash, and so everything. I make the beds then I do the laundry and mop the floors. Later on, I prepare our [lunch] meal. Once we are finished with that, we take a nap, and then I start over again and it's dinnertime already. It's just about eating all day long! Ah, and then in the evening my grandchildren and great-grandchildren come, they come here almost everyday, and we eat all together.

Beyond showing that her everyday life is structured around care work, Evelia's household duties are a means to keep her identity of a physically able person, a person that is still capable of performing caring activities for her family. Her

---

<sup>27</sup> An English equivalent for "*el quehacer*" would be house chores or tasks.

caring activities have also a symbolic meaning as they enable her to build on social relationships, especially with her grandchildren and great-grandchildren. Thus, by doing household duties or working outside the home to financially support their families, as Isabel, Florencia, Teresa and Adela do, by being responsible for meeting others' needs, most of the participants saw caring as an integral part of their daily lives. I asked these old Mexican women about "what they do", but what clearly emerges from these data is that for them *caring* is interrelated with their self-identity, with being a woman. Thus, if my concern is with gaining an understanding of how these women experience old age, then their roles and ideas on care should be explored.

## Why Do Women Care?

The women in this study were brought up to be nurturing and receptive to the needs of others and encouraged to define themselves according to their roles and relationships within the household (e.g. daughter, sister, wife). Caregiving has therefore been central to their feminine identity and in line with a culture embedded in a traditional patriarchal system that reproduces the idea that caring is a natural female obligation (see Qureshi & Walker 1989; Dailey 1998; Hooyman & Gonyea 1995; Fine & Glendinning 2005); which is reinforced by religious beliefs and by the country's lack of long-term care options (Chapter 1). As a result of this feminisation of care, some authors argue that women have more limited access to the political system, employment, and positions of power and authority compared to men (Chant 1985; de Oliveira & Garcia 1990). Accordingly, most of the women in this study may have given meaning to their caregiving roles to counteract their subordination within domestic and public spheres (Mendez-Luck et al. 2009), leading them to use this prescribed socio-cultural role to construct personal meaning and make sense of their identity, beliefs and actions, particularly of their experience of ageing and old age.

Putting aside the possible explanations of what motivates these women to situate caregiving as a central part of their identity construction, as shown below, the caring most of these women are involved in is not a unidirectional act but an active relationship between the people who are simultaneously receiving and giving care (Henderson & Forbat 2000; Bytheway & Johnson 1998). Moreover, for many of the women these care relations do not merely involve physical work or

moral obligations: they not only ‘care for’ but also ‘care about others’. In other words, their caring, as Hooyman and Gonyea argue (1999: 151), integrates “[...] both the performance or supervision of concrete tasks and a sense of psychological responsibility.” derived from love and concern. Yet, within the informants’ accounts of care, some elements prevailed more than others. Besides giving structure to their everyday life, as mentioned earlier, for some women care was seen as an expression of love whereas others clearly saw care as pleasure. Some informants understood care as obligation and others regarded it as a burden that ‘wears a woman down’. I discuss these typologies in detail below.

## **Typologies of Care**

As stated in Chapter 4, in Mexican gender ideology women’s mothering roles are idealised. More specifically, mothers’ caregiving roles are considered core aspects of Mexican feminine identity and, according to Dreby (2006: 35), are highly celebrated and linked to the self-sacrificing characteristics of the Virgin of Guadalupe. Hence, society expects women to fulfil the caring role within the family or household, especially that of “mother”. Interestingly, most women in this study, whether or not having children of their own, were undertaking “mothering” care roles nevertheless in a wide range of forms.

### **Care as love**

As I have alluded, the care work these women perform for their families involves multiple dimensions of caring. However, whilst domestic and physical childcare are visible and commodifiable forms of work, O’Brien (2009) notes that both emotional work and ‘love labour’ (Lynch 1989, 2007) involved in caring are often intangible, invisible and unrecognised. The difference between these two types of care work is that love labour refers mainly to one’s concern about the well-being of others, whereas emotional work could be used for emotional management in one’s own interests or for instance for profit (Lynch 1989; Hochschild 1983 cited in O’Brien 2009: 159). Interestingly, these dimensions of care work are both socio-culturally gendered and deeply personal (Chodorow 1999), which enables women to care for their children in ways that men and fathers traditionally do not (O’Brien 2009). Despite the significance of this dimension of care work in terms of

the resources or capital (Bourdieu 1986) required for its reproduction, it has often remained overlooked.

In this respect, some informants constructed narratives of care as love that were clearly embedded in their religious beliefs. As their physical strength and capabilities begin to decrease, and they can no longer perform or even supervise tangible tasks for their families as before, their religious faith strengthens and the way they take care of their loved ones is through their prayers to God. As Angeles, who at the time of the interview was bedridden, puts it: “I spend most of the time here, don’t go out much, but I pray, I always pray! And I don’t forget anyone, I pray to God for everyone to be well”. For many others, geographical distance as well as physical decline prompted them to rely on their religious beliefs as a means of caring for their family. As Margarita explained:

The most important thing for me is my children; my children’s well-being, to be close to them, to be sure they are OK, and not having any problem, that they are healthy and without financial worries. So I worry about them, especially the ones that live far away. I have a grandson in Korea, with the US Army; tell me if you wouldn’t be worried (.) that worries me so much! Well, I worry pretty much about everything but I leave all in God’s hands; He is almighty!

Faith in God is clearly these women’s capital for care, a source of emotional and spiritual comfort that is present and exercised on a daily basis in the form of care. Thus, the informants place in God’s hands their well-being as well as that of their family members, especially in terms of their health and also regarding economical, emotional and safety matters.

Importantly, these women are becoming aware of the effect that their physical changes and decline has on their ability to perform practical care work; they are enacting their role as mothers by focusing on emotional and spiritual care relationships. This is relevant because it shows how ageing impacts on caring dynamics within the family (e.g. caring for/being cared for), and specifically shows the relationship between old age, physical changes, levels of competence and ability to take care of self and others, and identity. These particular aspects are covered later in the chapter.

## Care as pleasure

In my study there was no intent to explore the participants' meanings of grandparenthood, instead focussing on their experience of care work through the life course, the relationship with their grandchildren took central stage in the women's accounts of care.

As with parenthood, becoming a grandparent is a life-course transition, a turning point experience that, as Denzin (1989) would argue, impacts on an individual's sense of identity. The difference is that becoming a grandparent is a change frequently associated with old age, hence the notion of 'grandmother' or 'granny' being commonly used to describe an old woman. This, however, is a cultural stereotype, as in fact most people become grandparents in middle age and great-grandparents in old age. This is the case for many of my informants. According to Cunningham-Burley (1984) such common understanding has extended into sociological investigation, and that is why most studies in this area traditionally focused on grandparenthood in relation to old age<sup>28</sup>.

Research has shown that grandmothers often act as babysitters (Lajewski 1959); surrogate mothers (see Townsend 1957); helpful persons in times of crises and disaster (see Young 1954; Von Hentig 1945; Hill 1949); vessels of family history and tradition (Boyd 1967); household caretakers when parents are ill, giving birth, or on vacation, and also contributors to family income through giving gifts to grandchildren or by helping with educational expenses (See Sussman 1953, 1963; Sheldon 1949). In contrast, grandmothers also act as companions and confidants to grandchildren (Neugarten & Weinstein 1964). Moreover, their relationships are somewhat based on the satisfaction from having fun with and spoiling their grandchildren (Kivnick 1982). As de Beauvoir (1996: 475) claims:

[The grandparents] can love the children in a completely disinterested, wholly generous manner because they have neither rights nor responsibilities; it is not the grandparents who are required to assume the thankless task of bringing them up, of saying no, and of sacrificing the present to the future.

---

<sup>28</sup> Exceptions to such trend are Neugarten and Weinstein's 1964 study of the 'Changing American Grandparent' and Bengtson and Robertson's 1985 edited collection on grandparenthood and of course most of Cunningham-Burley's work (e.g. 1986, 2001).

Such caring experience is evident in the accounts of Matilde, Beatriz, Raquel, Margarita, and Victoria. For example, Beatriz stated:

As a grandmother you really enjoy the grandchildren, it's in fact because you no longer have the responsibility, as it was the case with the children, and therefore you spoil them in everything.

This type of relationship, and more specifically, the care and support Beatriz provides is, as Askham et al. (2008) have suggested, mainly defined by a more *indulgent* role on the part of grandparents as opposed to the parents' role. In fact, it is this idea on indulgence that several participants recognised as part of their role as grandmothers. In this sense, to “really enjoy and spoil one's grandchildren” echoes de Beauvoir's claim about grandparents not having rights or responsibilities towards their grandchildren, this also coincides with the *traditional* grandmothering style identified by Neugarten and Weinstein (1964), in which grandmothers have a supporting role and intervene with childrearing only when needed. As Evelia puts it:

[...] the times spent with my grandchildren and great grandchildren are a blessing, besides at the end of the day they always go back to their parents [laughs].

In contrast to the common ambivalence caused by the parental state, the status of grandmother gives comfort to the experience of old age; with fewer responsibilities and a great sense of life fulfilment. Conversely, Adela further elaborates on her role as grandmother and issues of childcare.

**MM:** Do you take care of your grandchildren or any other children?

**Adela:** Taking care of grandchildren? Yes! But it is not that I take care of them, but that they come and visit me [...] Once in a while my children do ask me that as a favour, in case they have a special work meeting or social event.

**MM:** OK! So it's not as an obligation?

**Adela:** Ah no, no, it's nothing like that! My daughter comes on Saturday, another one every Sunday, or everyone gets together on a Saturday, and (.) Because I think it is very important that all the grandchildren spend time with their grandmother!

In this account, she is clearly making a distinction between care as a duty and her role as a grandmother, built on a personal relationship. Similarly to previous

accounts, Adela's caring activities for her children and grandchildren (i.e. babysitting) are only occasional, and that is why there is no sense of obligation to engage in those and instead the meaning of her caring role is placed in enjoying the leisure time spent with the grandchildren. Of note is the fact that there is no mention of the grandfather figure, though there is one, which echoes O'Brien's idea about 'love labour' and 'emotional work' being socially gendered.

As grandmothers, these women clearly have more choice over providing childcare and support than they did with their own children. For instance, some of them have taken on childcare activities to help their daughters to finish further studies or work outside the home. Beatriz recalled the experience of taking care of her eldest grandchild for most of the time her daughter was undertaking university. Similarly, during our follow-up interview Victoria told me that she had just become a grandmother for the first time and how she visits her full-time worker daughter, who lives in the USA, more often and for longer stays than before the grandchild was born, in order to help her with baby care. In neither of these two accounts was I able to perceive a forced continuation of their "mothering" role, but rather a caring relationship resulting from a free choice. In these two accounts it is clear that the attitudes of both women in being helpful and caring have their explanation in their feelings and role as mothers, and not necessarily as grandmothers. In this sense, the identification and caring relationship was a mother-daughter type, and not one involving the grandchildren *per se*, since the relationship with them had not fully developed yet. Slightly different is Margarita's (77, W) account of grandmothering as her caring role is built on the grounds of a close relationship with one of her grandchildren who recently moved in with her so that she could attend university.

These women are clearly contributing a great deal to the family's care through their role as grandmothers, they do so by exercising autonomous choice and control. The care they provide is occasional and short-term and notably they decide when and where they take on care. Clearly, this type of caring relationship is based on strong emotional bonds between grandmothers, children and grandchildren. For them while caring labour is a means to keep company, it is mainly something they take enjoyment and pleasure from.

## Care as obligation

Violeta (88, W), Irasema (89, W), Angeles (89, W), Guadalupe (82, W), Paulina (79, W) and Isabel (72, NM) are the informants who considered it as their duty or “natural obligation” to care for others. Except for Paulina and Isabel, these women belong to the oldest group of the sample, which gives us a reason to argue that this particular view on care is interconnected with the socio-historical context in which they were brought up.

Interestingly, as the eldest of seven children, Isabel has always constructed caring for her family as an obligation. Currently, she lives at the family home that she inherited from her father, together with her sister, her sister’s husband, their daughter and granddaughter. She is a very hard worker and as she makes clear, continuing in a paid work is very important for her to feel financially secure and support her brothers.

Being always active, having an occupation and above all an income, right? Financial support, because my brothers they are not going to support me (.) not at all (.) what is more, I have always helped them all, I helped my father give them a professional career [...] so I always helped them [her parents] with my siblings’ studies.

She went on to state:

I have some friends that are always telling me: “come on, don’t work anymore!” and I reply to them: “No, then who is going to support me?” I’m my own support, and not only mine, but sometimes I have to “*sacar de apuros*” [help] my brothers with their [financial] problems, yes! With those so-called [credit] cards that they just use and use and overuse, and then they have huge debts they cannot pay back! I’ve never been like that, and never spent more than I can afford!

Clearly, Isabel continues to see it as her duty to support her family, particularly her male siblings, towards whom she is indeed a ‘protective’ figure and feels obliged to help; hence her account exemplifies a ‘mothering role’. Important also is the distinction she made between the relationships she has with her brothers and her live-in sister: “My sister, the one with me, she takes care of the house and all the cooking (.) And the lunch I take to work every day. I’ve never cooked in my life, never!” In this statement there is clearly an acknowledgement of a caring relationship, not only of giving but also receiving care. We can also see, how care

labour is gendered – feminised: between sisters there is a caring exchange, whereas the males in these accounts are only portrayed as recipients of care. I will return to the gender issues of care towards the end of the chapter.

Similarly, when asked about whether or not she took on childcare responsibilities, Irasema also constructed this narrative of care as obligation.

**Irasema:** Ehh (.) three boys, three grandchildren! My daughter became a widow after six years of marriage. She was left with three kids and had to work and she left [them] to me (.) and I took care of her children!

**MM:** For how many years did you do that? Was it just for few hours a day, or what was the arrangement?

**Irasema:** [It was out of obligation! All day! (.) bathing them, taking them to school, because, well, they were very little, and she went to work, and she was left a widow, although she got a pension, but very small, and her (.) she was also doing her own cooking, for her only. She, well (.) she was working and she was polishing her finger nails. [...]. And I (.) I was taking care of them, and had to take them to the kindergarten, and then to primary school. [...]. And so it was! Then the kids grew up and they started walking to school on their own! They were bit older by then, they are married now! There are two who are very good boys, out of those three two grew up to be good people! When they come [to the residential care] to see me they bring along their children, they call me “*abuelita*” [granny] and they all know who am I and everything! The other one, that one is very penny-pinching! He does not want to waste gasoline, so that is why he never comes [...].

**MM:** Did you ever think it was too much (.) too much work?

**Irasema:** Well, no, no, I don’t think it was! No, no! I never complain! Never got desperate! No, I didn’t suffer, not at all! I saw [taking care of grandchildren] as very natural. I think! I don’t remember! At least, I didn’t feel I was complaining at any moment [laughs] [...] It was very natural! A natural obligation! My daughter became a widow very young (.) and she had to work, to go out. [...] She needed me! So I took them as my own little children, my children!

This account is reminiscent of the Mexican image of the caring mother that was discussed earlier. The nurturing role Irasema undertook towards her daughter and grandchildren is undoubtedly the result of the influence of traditions and values embedded in a patriarchal society that expects women to follow and reproduce this family-oriented caring pattern. Since she sees care work as a “natural obligation” it is clear that she did not contest it, not then, not even now in her old age, when she is living in a nursing home, and one of the three children that

she took care of never visits her. So it seems she has no regrets or complaints having fulfilled that role for most of her life – until she was unable to do so. She clearly states her reasons for having helped her daughter in raising her children: she was young, she was a widow, and she had to work outside the home. There was a small hint on her view with regards to her caregiving and the situation of her daughter as some of her comments conflicted in tone: ‘she was working and she was polishing her finger nails’ and ‘she had to work, to go out’, however there was no direct disapproval. Indeed, it seems that being young entitled her daughter to not fully take care of her own children and resume her life as if she had no caring responsibilities to anyone apart from herself; hence she made her own meals, polished her nails and went out. Therefore, for Irasema her duty was to take care of her grandchildren ‘as my own little children’.

There were other informants whose notion of care, as obligation, was not derived from an internalisation of socio-cultural traditions but from an imposition. Apparently, they did not have a choice over providing care and support to their families. For example, it was not until the second interview that Paulina (79, W) directly expressed what she had only implied during our first encounter: the relationship with her live-in single and oldest daughter was very ‘conflicted’. Paulina told me she gets more support from her other two married daughters who live near by. Although it was impossible for me to know the daughters’ motivations to look after their mother, it seems there are particular expectations and even unspoken reciprocal agreements between them about childcare:

[...] I am alone; with my pension I buy all my stuff, my groceries, everything by myself! Well, my daughter also brings me stuff, but the bottom line is that I know I am alone! [...] and it is not an obligation, but I take care of her children because when I fell down and hurt myself she took care of everything, the one that lives with me, she didn’t do anything, don’t want to speak ill of her (pause) but that’s what happened! So [my other daughter] she took care of the hospital stuff, she was there to help me bathe and everything, so then, that is why I have to (pause) I have to take care of her children too!! [showing distress]

The mention of both ‘it is not an obligation’ and ‘I have to take care of her children’ shows ambivalence about her role as caregiver. Beyond the sense of reciprocity she feels *forced* to take on childcare responsibilities because her daughter took care of her when she had the accident. Paulina acknowledges herself as being alone and reliant on her own resources, thus one could argue that

the care and support she claims to be receiving from her daughters might not be enough for her to feel secure, both economically and emotionally.

Although the family is commonly considered the main context where caring relationships develop across the life course (Hockey & James 2003), I would argue that those relationships are not always reciprocated in similar terms. This aspect seems to be more difficult to cope with in old age, when the individual is more likely to become dependent on others at various levels (e.g. emotionally, economically, physically). In Paulina's account, the personal experience of [grand]mothering becomes, as Adrienne Rich would argue, "an oppressive social institution" (1976 cited in Abel 1986: 486) that evokes conflicted feelings and attitudes, especially towards care. What might at first glance be considered a mutually beneficial exchange between mother and children seems to originate from Paulina's fear of being *abandoned* by the time her health and/or economic situation worsens and not necessarily from wanting to play a traditional feminine caring role. This contrasts with some studies that show grandmothers *voluntarily* engaging in care behaviours with their children and grandchildren in an attempt to secure love and attention (Robertson 1977). Apparently, what we see here is an intergenerational exchange contract being breached: Paulina has not been able to collect her children's care debt; rather she continues to "invest" her care labour in an attempt to "secure" being taken care of by her daughters.

Since the majority of my informants, especially the ones from a much older generation grew up at a time when society assumed that a woman's fulfilment would only be "[...] achieved through perpetual work for others." (Browne 1998: 205), they consider care as an obligation. Nonetheless providing care to one's family and others can indeed be an enjoyable and satisfactory experience, Barbara Macdonald would argue that "[t]o see an old woman as "grandmother" is to [... define] her as a woman whose right to exist depends on her loving and serving us." (cited in Browne 1998: 206). Other informants constructed care as burden and strongly contested taking on any care work.

### Care as burden

The resistance to undertake care work is evident in Jacinta's (75, CU-CS) account. Contrary to the rest of the informants, she refuses to define herself by means of

caring for others. Instead she gives preference to her paid job over childcare and housekeeping activities:

Do I like to trouble myself with taking care of children? No! I'm not so fond of children, absolutely no! No, I can't be bothered! I work hard at my job, my profession, but with children no. If I have to take care of a child I get in such a bad mood. No, I don't have the patience, not for that! However, I do have patience for my profession, for my job, with my clients, but for all those things that have nothing to do with my job, not so much. I don't like washing either, or ironing, or cooking, not even being in the kitchen, that doesn't go with me, I'd rather buy it already made. [...] When my daughter finally got married I said: "Oh, thank God!"

She then added:

[...] [the customers] Their children are all married already and (.) they are (.) more or less like me, my age, well maybe a bit younger, but they always ask me that [why she looks so well]. And I look at them, and say to myself: 'a husband wears [a woman] down, indeed!' The husband finishes them off! The children and the grandchildren "*friegan*" [nag] too much. I tell my grandchildren "Mijitos, if it's about troubles or worries, don't even talk to me, eh!" Isn't it right?

In this description there is no sign of conflict or ambivalence in her views about care. Apparently, Jacinta is exercising her own choice of not being a caregiver (in the typical-cultural fashion). Her ideas contrast with the previous typologies, where care is seen as love, a pleasurable activity or as an obligation, and even as a cause of tension regarding fulfilling the caring role voluntarily or otherwise. Whether it is childcare or household chores, it is clear that for Jacinta taking on caring activities represents a burden, something that "wears one down", so she actively avoids undertaking such a care role. Interestingly, she also does not want to get involved in 'emotional work' let alone listening her grandchildren's "troubles or worries". Thus, she is only focused on sharing the 'good times', on the positive benefits of her relationship with her grandchildren. In this sense, her style is that of a "distant" carer. Noteworthy is the fact that for Jacinta how she looks and feels regarding her age is strongly linked to her level of involvement in caring activities, particularly childcare, and domestic labour. According to her, if she feels and looks 'younger' for her age it is because she has purposely managed to not take on that type of caring responsibilities. This exemplifies how relevant social interaction and cultural context are in constructing the body's 'look age' and 'feel age' (Hockey & James 2003: 110) along with self and social identities.

(The informants' personal views on ageing and the practical and symbolical meanings they ascribe to old age are discussed in chapter 7). Certainly, what we see here is also Jacinta's narrative of self-care.

In this section I have outlined key features my informants attribute to the way they undertake caring responsibilities: love, pleasure, obligation and burden. I have suggested that care does not only refer to practical work or a set of activities (e.g. household chores) experienced unilaterally but also to various forms of mutual help and support (e.g. emotional, spiritual, social) between the people involved in such personal relationships. Yet, there is another narrative of care that becomes relevant to this analysis as it particularly impacts most old people's sense of a competent and independent self. In the next section I identify various forms in which these women engage in self-care.

### **Narratives of Self-care**

As mentioned earlier, in old age most individuals try to maintain a basic level of physical and cognitive competence and therefore they engage in control activities or preventive measures that mostly involve the identification of risk factors, health-related issues, functional ability and physical changes. Since care is linked to health-promoting attitudes and management strategies to deal with illness, more detailed accounts of self-care are discussed in Chapter 6. Here we look at care of the self as a complex concept that is both an *ideal* and a *daily reality* beyond the health realm. By definition self-care refers to practices undertaken by one alone, involving issues of autonomy and independence (Fine & Glendinning 2005), however I would argue that it also involves interpersonal relationships and extends to 'caring about others' and 'being cared for'. Below, I will illustrate how the care of the self in old age derives from personal responsibility and self-awareness of increasing vulnerability.

The majority of the informants consistently stated the importance of keeping themselves physically and socially active. Amongst them we can distinguish several who have maintained physical exercise regimes:

I walk everyday approximately 5 km. and I go to yoga classes twice a week, sometimes I go three days if possible, but I go to my Bible study on

Wednesdays and that sometimes overlaps with the yoga schedule (Amalia, 67 W).

I practice yoga here at home on my own, and I go swimming almost every day, that's what keeps me healthy, and above all it helps me to cope with stress plus in my swimming practice there are mostly young people (Teresa, 66 D).

I've done exercise all my life, especially jogging, so I think all that is what makes the body to be healthy, more flexible, that and also the way I eat. I take good care of what I eat, at my age that is important (María Inés, 85 W).

Conversely, other women highlighted the importance of being mentally active:

I try to read as much as I can, mostly novels; my daughter is always bringing me or recommending new books to read, and I always try to do the sudoku that comes in the newspaper and I think I'm getting faster at solving it (Bertha, 60 M).

Besides my church group I am taking a Philosophy course, each term we have different themes. They give us a lot of readings, but everything is so interesting and I keep learning new things, and the people there are so nice as well (Florencia, 72 D).

All these accounts of activity are clearly expressions of self-care. These women take care of themselves by purposefully making sure their bodies and minds remain active. They have a strong belief in the power of physical and mental activity and in the benefits of their own lifestyle choices. It appears they also believe in the benefits of social interaction as some of their activities take place in a group class. This is important because it reveals that the care of the self, although decided in an autonomous way, can also involve other people for its execution.

Other narratives of self-care related daily life activities explicitly linked "old age" to physical capabilities. For instance, Guadalupe (82, W) said:

For my age [...] at least I'm still able to take care of myself; I still I can go outside and water the plants, and clear out all the dried leaves. And that's what I do! And here, well, I do the dishes, because I don't like it when it's all dirty pots. Whichever dishes get dirty I wash them! When the people that help [housemaid] are here, well, then they do it. But like today, in the morning my daughter leaves for work, the children go to school, so I do

the dishes and tidy up as much as I can! Sweeping and mopping (.) that, I don't do that because I get exhausted.

This account is clearly embedded in the awareness of physical decline. Guadalupe, as with many of the informants, recognises that the physical signs of ageing (e.g. illness, frailty) may affect the performance of her body and consequently her ability to care for others, and above all can damage her sense of identity as a person able to take care of herself. She is interested in maintaining a competent self, but continues taking care of her family, albeit respecting the limits of her current physical capabilities. According to Hepworth (2000: 105) the risks of physical and mental decline are often seen as detrimental to the ability to maintain an independent self. Thus, one could argue that as people grow older their concern about their bodies and health intensifies and consequently their self-care attitudes and/or claims of competence intensify as well.

For some informants the care of the self takes on issues of 'safety' and 'company'. The realisation that they can no longer live alone or simply do not want to do so is especially significant. Raquel, Delia, Luisa and Matilde were in this situation. For them self-care represents their capacity to envision their own needs, expectations and also potential risks. In their capacity to make autonomous decisions and exercise control over their current circumstances they have taken responsibility for their well-being and found ways to address safety issues and matters of emotional health (e.g. companionship): This narrative of self-care is illustrated by these two informants' decision to enter a nursing home:

[...] I said to myself: "lets see how I organise my life, because I need to be in a place, as the doctor said, in which there are always people around, to not be alone, with people that could help me in case of an emergency, an ambulance and (.) I have social security [IMSS], so they would know where to take me! [...] In the house where I was living with my children there was a staircase, you needed to go up and down, so I started to worry about that, I said to myself: "what if I get dizzy while I'm on the stairs and fall down, and there is no one to help me out until 7pm when [my children] would have arrived home [...] So, due to personal responsibility, I said 'that's it!' I'm going to a [care] home, where I will have all I need at any time. [...] and also to have some company (.) I have made very good friends here at the house! (Matilde, 76 W).

[...] I'm very happy here [care home]. I came here because I ended up alone. My husband died, my daughter died and I didn't want to live alone, or take care of the house or the cooking, as a matter of fact I'm lazy,

that's why I came here [laughs] [...] so the protection, health care, and the security we have here! [...] I don't have any of those things anywhere else! Back home, I told you, right? a thief had broken in, so no!! Here I have safety, which is the most important thing for me, I get help for everything, if I need to go to the doctor a nurse comes along with me, back home where would I get a nurse to take me to my check up? (Luisa, 82 W).

The prospect of being unable to care for themselves represents a threat to their sense of identity as competent individuals. In making the autonomous decision to enter a nursing home they prove to themselves and to others they are still responsible and capable of meeting their own needs and desires whether it is to feel safe, to have company, or to be free from household chores. Although they live in a nursing home, these women do not seem to construct an identity of being taken care of. Instead, they acknowledge themselves as being “helped” in their self-care. They do not assign themselves the status of dependent and have the certainty they will be taken care of when needed.

Indeed, for these women their physical and cognitive functional abilities are what allow them to perform their caring roles. They construct both their caring for others and self-care attitudes and activities as inherent to their identity as competent social actors. They seem to be aware that the physical and cognitive changes that accompany old age can affect their competence and lead them to ‘being taken care of’ in various forms. Moreover, these narratives of self-care are interwoven with the informants’ ideas on ‘being cared for’. For instance, Matilde and Raquel’s previous accounts are also narratives of resistance to becoming a burden, whereas Guadalupe by being cared for by her daughter is in fact collecting a care debt. There were, however, other informants who had expected to be cared for by their families, but this was not the case, and so they articulated a narrative of *unfulfilled expectations*. These narratives are the basis of the following section.

## Narratives of ‘Being Cared For’

Drawing on Denzin (2001), one can argue that the epiphany of old age usually occurs when an individual realises that she/he has to be taken care of and depend on others in material, financial, physical, emotional, or psychological terms. Since the life course is full of changes and challenges, ‘dependency’, Hockey and James (2003:170) would argue, cannot only be attributed to age identities (e.g. children,

elderly). However, in old age, more often than in other life stages, individuals usually face such changes with more resistance because their sense of identity as an independent adult is at risk. Nevertheless, within the women's narratives of being cared for there are yet another three story lines: (1) collecting a care debt; (2) resistance to becoming a burden and (3) unfulfilled care expectations.

### **Collecting a care debt**

The overall narrative here is of a woman who is being cared for by their family. Moreover, we can distinguish a pattern of filial responsibility in which the children reciprocate the actions or favours received from their parents over the life course and become a reliable source of support for them (See Seelbach 1984; Nydegger 1991). While within this narrative some informants expressed that they felt comfortable about being cared for, others voiced an awareness of their lack of autonomy and even reflected some disappointment with their circumstances.

Since the home environment is both a physical entity and a meaningful context for everyday life (Kontos 1998) it plays a critical role in both how they experience the physical decline and changes that accompany old age, and also their interpretation of their independence, sense of personal competence and control. For instance, Angeles (89, W) has been cared for at her own home by one of her daughters as a result of a recent fall. Her children had temporarily installed her bed and some personal possessions on the ground floor because she could no longer climb the stairs. When I asked her about this change she replied:

**Angeles:** I tell my daughter that I need to go out! I want to be (.) at least I want to go and look after my garden as before. I'm not going to live as long like this! I love to use the sewing machine! Before I had my own bedroom and now I'm here [sad]

**MM:** How would you feel if you could do all that again?

**Angeles:** I would feel more satisfied and I wouldn't feel as sad! Because you go: 'I'm still useful, I can still do it, and I have the strength and everything!'

The lack of physical and moral competence is a main component of Angeles' account. Clearly, she has resented the loss of mobility, but above all she resents that her children do not "allow" her to do things. She has lost the autonomy to

make her own decisions. Her children now decide for her. Also, by noting that she will “not live as long like this” she is acknowledging the correlation between her lack of physical activity, emotional well-being, health and also death. For her, doing things represents feeling ‘more satisfied’ and would help her to not feel “sad”. From our conversations it was clear that Angeles was grateful for being cared for by her children, however in her new “dependent” status her self-esteem has been affected, so not having the autonomy to decide on her own and the competence to care for herself are her reasons for not feeling useful.

Conversely, María Inés (85, W) lives alone but benefits from the proximity of her son and daughter-in-law. For her this aspect is important especially in the event that she is suddenly taken ill or has an accident. She told me that ever since she and her husband legally transferred the property of their own house to their eldest son, he has taken care of the utility bills. Then her daughter took responsibility for grocery shopping after her husband died (prior to the fieldwork). Thus, María Inés is indeed collecting a care debt. However, she does not fully construct a notion of being taken care of, but of receiving ‘support’ and being ‘cared about’:

I’m telling you, at any time, any, just that I feel something, or if they [my son and daughter-in-law] know that I need anything, they both are here right away, checking on me, and then they go and get the medicine or whatever the doctor has ordered during my visit to IMSS [clinic]. I feel their support, in that sense I haven’t felt alone!

Noteworthy is that her children and in-laws do not benefit from María Inés’ potential help with childcare. Their argument is that she has cared for them and should not take on childcare activities anymore, hence they do not ask her to “babysit”. This family dynamic, then, derives from a caring relationship, as her children ‘don’t want to burden’ her with care responsibilities. Also, what is relevant here is that since none of her children ever ask her to provide childcare, she is not given the choice. Certainly, this is evidence of enfeeblement, as she is not in *total control* over what to do and what not to do.

A more powerful story of enfeeblement underpinned Amalia’s (67, W) being cared for narrative:

For an older woman I think it's important to remain physically and mentally independent. I've started to be very dependent on [daughter's name], but I also think that somehow it's her fault, because if she sees me having troubles, lets say, I'm trying to open a plastic bag, she takes it and opens it for me. So it's like that in so many aspects. We go on a trip and she takes care of everything, she fills in all the forms. I couldn't travel alone anymore because I don't know how to fill those forms! And why is that? Because she takes care of everything! Those are only two examples of how I'm becoming very dependent on her.

This account reflects not only on the recognition of depending on other people but on the idea that such dependency is socially constructed. It is clear that Amalia remains physically and mentally independent (as shown in previous sections), therefore she does not really need help but her daughter 'takes care of everything'. Nevertheless, the caring relationship with her daughter indicates a certain resistance to these signs of 'becoming very dependent'; evident in the mention of 'somehow is her fault'. For Amalia this is a moral struggle: she no longer feels in charge and is afraid of entering a state of dependency in old age. As Brisenden (1989) would argue, Amalia is not "able to exercise control [and make decisions] over whatever help [she] requires in order to achieve chosen goals and objectives" (cited in Fine & Glendinning 2005: 610). Thus, she is already dependent on her daughter.

Other informants constructed the narrative of collecting a care debt in a different way. Upon becoming widows Guadalupe (82, W) and Regina (76, W) went on to live with their married and single daughters, respectively; Felicitas (75, W) moved in with her younger sister. Since their relatives work full-time, these informants spend most of the time at home by themselves. Importantly, none of these women see themselves as dependent on their families as they are still capable to provide help (see narratives of self-care), which confirms their competent selves, giving them personal satisfaction. Regina and Guadalupe expressed being very comfortable with their relatively new living arrangements and with the company of their children. Noteworthy, these three informants receive a monthly pension, which also gives them certain autonomy. As Regina notes, "I spend that [pension] money on whatever I want! Here I don't contribute to any of the household expenses; my daughter takes care of all! [...]". Despite relying on their families in order to meet their material, physical or emotional needs these women see their situation more in terms of interdependence as they continue to engage in caring activities within their families.

As shown so far, most of the informants continue to perform care work and have constructed a positive image of care. However, the common feeling expressed by some of the women was that “when one starts being cared for by the family, sooner or later, one becomes a burden” (Beatriz, 66 W) and so the best thing an old person could do was to enter a care home.

### Resistance to becoming a burden

In *Coming of Age*, de Beauvoir (1996: 252) offers a negative view of institutional life at old age:

When old people can no longer manage for themselves, physically and economically, their only resource is the hospice -the institution. In most countries it is utterly inhuman-no more than a place to wait for the end, a ‘deathbed’, a ‘last halt’[.]

Interestingly, some of the informants offered another point of view that challenges the traditional idea of a care home as the “final destination”. I contend they construct narratives of resistance to the social expectations of dependency in old age and exercise their autonomy as agency. As discussed earlier, *caring for others* continues to be a day-to-day experience for the majority of the informants; they see it as a fulfilling personal activity and a moral obligation. However, in these women’s notions about care there is a contradiction. When care is in the form of *caring for* they all appear to see it as a noble undertaking but the prospect of being cared for is constructed in a rather negative way. In this context, entering a care home represents their form of resistance to becoming a burden on their families and their own way to remain independent. As Beatriz (66, W) puts it:

At certain age (pause) a person is a problem. There is a moment when you are no longer the ‘grandmother’ but instead you are ‘a problem’: ‘What should we do?’ That’s what I think! I’ve seen a lot of cases. ‘What will we do with my mum?’ or ‘What will we do now with my dad?’ Therefore, I think that if the time comes, the healthiest thing to do is to be taken to a place where I would not be a problem to anybody, neither to my daughters, nor to my grandchildren or son-in-laws, nor to my sisters.

Similarly, Bertha (60, M), Victoria (65, W), Isabel (72, NM), Leonor (63, M), and Gertrudis (65, NM) are also contemplating a care home when they can no longer live on their own. For example, Isabel commented that she would not want to

become a burden on her sister and had considered entering a care home by the time she is taken ill, or impairment forces her to stop working. Although Leonor does not use the word “burden”, in her account there is a suggestion that she would not like to “trouble” her children once she is much older:

I tell my children, ‘Do not worry about me’. For more than 30 years I’ve been going to this *asilo*<sup>29</sup> [care home] therefore for me that is the ideal place for a person. I really don’t know why many people see it as the worst thing that can happen to you; to end up there, really I don’t see why!

Leonor finds the idea of entering a care home appealing. However there is a sort of contradiction in her views on care and care homes since she currently takes care of her elderly mother; helping her with bathing, dressing, medicines and meals, among other things, almost on a full-time basis. As she states: ‘I am the only one of my siblings taking care of her, nobody else wants to take responsibility for my mum [...] and sure, sometimes it’s very exhausting, but then poor her, we don’t know how long she is going to be around, so she needs to be helped’. Obviously, she sees it as her duty to take care of her frail mother. However, arguably, it is due to her personal experience as a caregiver that she wishes instead to go and live in a care home, a place that she sees as “ideal” for elderly people.

Gertrudis (65, NM) has already made arrangements to enter a residential care home because she does not want to become a burden on any of her siblings or other relatives. Notably, she undertook the role of caregiver for her father, brother and aunt for several years, although at different times. Like Leonor, she knows at first hand how difficult the caring experience can at times be, especially in extreme cases of physical impairment or disease, regardless of the affection involved. Yet, paradoxically, she is still willing to take on a caregiving role, in case any of her relatives asks for it.

The only possible explanation for the accounts above is that these women’s perception of care changes once they enter old age, and realise the interrelation between old age and dependency. It may also derive from their experiences of caring for others, which often can be physically and emotionally very distressing,

---

<sup>29</sup>The word Leonor used was “*asilo*”. In México this word has a rather negative connotation and it is usually linked to older people that have been abandoned by their families. The terms “*casa de reposo*” (rest home), or “*casa de retiro*” (retirement home) are commonly considered the politically correct ones.

and also from “watching the slow and painful deterioration of loved ones.” (Jenike 1997: 234).

In contrast, Jacinta’s (75, CU-CS) resistance to becoming a burden is derived from her reluctance to engage in typical caring roles:

I have never thought of being cared for by anyone. Never thought of it at all!. [...] Not before, not now, never! I wouldn’t like to go and impose myself and live in someone else’s house! What for? To be taken care of?, to have company? No, I don’t like having company. When I was left alone, that [my daughter] got married, and I was left alone, I said to myself: That’s great, thank God!

If we recall, Jacinta is the only informant who explicitly stated that any household duty or caring activity “wears down” a woman. Given that for her caring roles are undesirable, it is not surprising that she will try by all means to avoid being cared for by her children or other relatives. Thus she has already made arrangements to enter a care home when the time comes.

This narrative can also be found amongst the informants who already live in a care home. Prior to entering a care home, Elena (79, W) lived at her own home with her eldest and never-married daughter. All of her seven married children offered to have her live with them: “We are seven so you could live with each of us for a certain period of time, and then move in with the next one, one after another”. But she refused, claiming that sooner or later she would become a burden on her children and in-laws and that it also would damage their relationship. Instead she opted for a care home in order to keep her independence and privacy, to have stability, which according to her is crucial at this life stage.

Irasema (89, W) who has been in a care home for three years had a similar outlook. Although her entry was mainly prompted by an accident she had while at home alone, she further noted:

I have three married children but I don’t want to go [and live] with them, because why would I bother them? I don’t want to get in their way! “No, I said no! Here I’m very well, I’m very content!”

With that statement she was implying that her children did offer her their home. Thus, there is a certain personal satisfaction that her children had made her such

an offer. Yet, her wish to avoid becoming a burden and to remain, at some level, independent is crucial for her well-being.

Most women who voiced this narrative attributed simultaneously two meanings to care. At one end, care is beneficial and desirable, as it symbolises personal achievement, and thus one is deserving of being cared for. At the other end, to these women being cared for is something rather undesirable as it could damage the very caring relationship between them and their families. Thus, the informants' construction of care home as a positive site for negotiating the image of dependency of old age allows them to resist becoming a burden on their families, retain control over their lives and assert their self-identity as an individual still able to take autonomous choices.

### **Unfulfilled care expectations**

The overall narrative here is of a woman who was brought up with a strong sense of filial responsibility, in a social and historical time when the norm was that family (i.e. women) must take care of the elderly. Her children and grandchildren have more opportunities, access to better education and more social mobility. Social norms and practices regarding care have changed and more importantly, these do not match her expectations of care in old age: she is not being cared for by her family at home, instead she had to enter a nursing home.

As discussed within narratives of self-care and the previous section, it is evident that for some informants living in a nursing home helps them maintain a feeling of personal autonomy, a sense of competence. Such positive meaning seems to originate in the fact that entering a care home was their own autonomous choice. Norma (86, NM), Hortensia (74, W), Sara (85, W), Cecilia (80, NM) and Violeta (88, W) all voiced having *unfulfilled care expectations*, as they all were *forced* to enter a home. Yet, within this narrative we can find a mixture of sub-plots from unhappiness and passive resignation to resilience and adaptation to change. Therefore, this narrative reflects a subjective experience of the nursing home.

Some informants, besides constructing their entry to a care home as a marker of dependency in old age, showed a strong feeling of resentment and were longing

for their past lifestyle. Hortensia (74, W), who has lived in a nursing home along with her learning disabled eldest son (age 39) for the past 3 years, stated:

**Hortensia:** Of course, well [pause] of course I like my life as it was before [entering the home]. It is impossible to have such a life anymore, but I live here because I have to.

**MM:** OK! How did you decide to come here?

**Hortensia:** I didn't decide it [with an angry tone] My son decided for us to come here, his brother and I, to be better taken care of. [She then softens her voice tone] He is interested in our well-being (.) he is an airline pilot.

**MM:** OK!

**Hortensia:** He doesn't have time for other things. He flies, what can he do? as he says "Mom, even if I wanted to spend more time with you, how? If I'm flying! I'm working! No, no! Those are things that you are not interested in!

Here, Hortensia takes on a fatalist explanation of her entry to a nursing home: "I live here because I have to". In doing so, she is showing a rather passive resignation to her fate of unfulfilled expectations. Hers is an account of lack of decision-making autonomy. Hortensia's social identity as an independent and competent person is no longer recognised. She acknowledges her new status, her caring capabilities: due to her old age, and, arguably, because of her youngest son's concerns about care, she can no longer take care of her eldest son herself. Thus, her role as a carer, the one she has experienced throughout her life, is becoming rather passive as she engages in the role of care-recipient. Her narrative is complex: she is unhappy and has not adjusted to her current situation but in her caring role as a mother, which continues to be part of her self-identity, she tries to make sense of her dependent status, of being "better taken care of" in a nursing home, and not by her family, as she had expected.

Violeta (88, W), too reflected on having unfulfilled care expectations. Prior to our interview she had been living in a nursing home for a few months, however, she gave a more open claim of adjustment to being cared for by others rather than by her family.

**MM:** Did you take on caring responsibilities for your mother?

**Violeta:** Yes! Yes, of course! Yes, I was the one with bad luck!! In my home, in my family, among all the people I know there had never been the case of a person in an “*asilo*” (care home), ever!

Because of the sense of responsibility toward her elderly mother, and also because of the family and social customs of her time, Violeta once had different “expectations” toward her children regarding issues of care in old age. There is an evident disappointment with her family, as she regards the experience of living in a care home as having ‘bad luck’. The use of the word *asilo* is worth further consideration. In contrast to the positive view given by Leonor earlier, Violeta’s use of “*asilo*” has a derogative connotation, as she equals bad luck with being in this place. Clearly, her adjustment to this environment has not been easy:

[...] there I was, waking up among strangers [pause] it’s been very difficult for me! I have cried alone, without letting my daughter know about it, without worrying her, without telling her! But it is difficult! [...] I guess I never really thought about the future, never thought this could happen to me in my old age, ending up in a house like this one, we used to see an “*asilo*”, like you are a “*estorbo*” [hindrance] to your children, like “get out of our home” and things like that! And that’s the way we always saw it, that’s how I really felt about it! But then, to tell the truth this is a place where you can be just fine, when there is no one else to look after you! [...] and I see other people and I feel fortunate! [...] [My daughter] is at ease because she knows I’m being taken care of in every single aspect. She knows I don’t need anything! She takes care of me, comes and goes: ‘Mum, do you need anything?’ this and that, everything I want!

This account reflects an active cognitive coping strategy. Violeta has clearly adapted her worldview: she understands both her daughter’s sense of responsibility and her choice to undertake such a duty by means of a care home, which she has come to consider as the ‘*place where you can be just fine, when there is no one else to look after you*’, as Hepworth (2000: 95) would argue, “the appropriate setting for old age”. Nonetheless there is certain ambivalence in her views on care homes, what prevails is the recognition that at a much older age, due to illness and frailty, a person can no longer take care of him/herself. There is no longer a struggle to remain independent, but to find a middle point between one’s expectations and needs in old age and the new settings and family circumstances, and above all the resilience to adjust to those changes.

Violeta and Hortensia showed very different coping experiences of an institutional life. As I will show in Chapter 7, most women in this study drew on their life course experiences and made an overall positive construction of ageing and old age whereas the women who voiced a negative construction were apparently reflecting on the hopelessness and boredom that living in a nursing home brought to them. Now, the difference between these informants lies on Violeta being in contact with her daughter more often whereas Hortensia stated that her son “doesn’t have time for other things”, implying he does not have time for her. Although Hortensia’s son covers the nursing home expenses, due to his work duties his involvement is limited as opposed to Violeta’s daughter who does not work outside the home and therefore has a more *visible* caring role. The difference is then of a gendered nature as men – sons – have been an almost absent figure when it comes to elderly care responsibilities (Robles 2006). I further discuss this issue in the following section.

Among the informants that did not have any children of their own we can also find a narrative of unfulfilled expectations underpinned by a blend of acceptance and resignation. As Cecilia (80, NM), who had been in a care home for nearly two years, explains:

[...] I never thought of coming to live here [...] Yes, well, my “*sobrinos*” (nephews-nieces) told me: “we are going to take you to a home where you will have friends and you won’t be alone!” They work, and have two daughters, one is already married, so there is just one left, and well, they go out! She goes out to study, [...] so I was left there all by myself with a little dog, and lately they started to get concerned about me: “What if you fall down or something, or something happens to you while being home alone (pause) so we had better take you”, “First, we are going to take you so you can see the place, to see if you like it”. So, they brought me here to see the house first, and I liked it because it’s very nice, so I stayed here!

Cecilia’s account is about the increasing concern of one’s family regarding issues of safety and responsibility that are triggered by the decline and frailty that comes with old age. It is also about enfeeblement and dependence, as she does not totally control her own life. Now her relatives decide what is “best” for her, in terms of care and companionship. Throughout her description I could not find any hint of resentment or deception; there was no ambiguity in her notions of care. Instead, the most important aspect in Cecilia’s account is not only her understanding towards her relatives’ choices on elderly care, but her adjustment

to the changes brought about by old age, which, one could argue, is a mix of resignation and an active coping strategy.

In sum, these women's entry to a nursing home was a decision made entirely by their relatives. For them being cared for in this environment symbolises (1) the shift from being socially recognised as a competent person to not being able to care for themselves and make their own choices; and (2) not having fulfilled her expectations of care in old age.

## Gendered Narratives of Care

Most feminist literature shows caring as an activity across the life course that makes the role of women within society both central and marginal. Its marginality derives from not being valued, and yet is central because of its impact on the functioning of society and economy as a whole. In light of this, societies such as Mexico, driven by neoliberal politics, tend to favour "market" activities over informal/domestic activities, as the latter do not produce profits. Thus, men's work in the labour market is viewed as productive, whereas much of women's life work, the work of caring, being non-monetary, non-technological and relatively invisible, is regarded as "not real work." (Hooyman et al. 2002: 8). As Bertha (60, M) puts it: "the housework is non-monetary but it certainly is rewarding". The reward she refers to is obviously at the emotional, moral and psychosocial level. However, the question remains whether caregiving is in fact a mode of women's oppression and gender inequality across the life course. Here, I contend that the family as 'the first and last location in which care is given and experienced' (Watson et al. 2004: 333), is where this oppression might originate.

As stated earlier, in Mexico women's caregiving roles within the family are highly idealised and considered as central to feminine identity. In various ways, most of the informants subscribe to this ideology by constructing *care* as a woman's responsibility and as an integral part of their life course experiences. As demonstrated in this chapter, the majority of these women are on the borderline between past and new social and family values and practices; the care work most of them have provided and continue to provide has enabled their daughters' emancipation from domestic labour and childcare. More importantly, many of these women have begun to tell, what Ray (2007) would call "counter-narratives

of care”: they have adapted their care expectations of old age to the current times and constructed stories of resistance to becoming a burden on their families. In turn, “those listening began to imagine different narratives [of care] for themselves.” (ibid: 61). Nonetheless these counter-narratives exist, the meta discourse remains intense and so the narrative possibilities are limited. In other words, despite social change the status of women as primary carers appears slightly altered.

According to Robles’ (2006) study on elderly care amongst Mexican men and women aged 60+, there are three main reasons why her informants considered a daughter as the ideal carer. First, they highlighted women’s traditional feminine virtues. They have more patience, empathy, better attitudes, and show their affection more than men do. The second reason was women’s position within the social division of labour (i.e. domestic responsibilities) clearly differentiated from the men’s primary role as breadwinner. The third reason was the better quality of the daughter’s care work itself. This social construction of a daughter as the ideal carer for elderly parents is an image that also appears strongly in the accounts of Evelia, Concepcion, Adela, Florencia, Guadalupe, Regina, Margarita. Incidentally, some of these informants were or had been working outside the home and undertook elderly care responsibilities at some point in their lives, so they know about the double burden these activities could cause on women. Yet, when asked about their expectations, specifically to “being cared for” they promptly mentioned their own daughters or any other female relative, as the person who would possibly take care of them in old age. Interestingly, the informants who were married did not consider their husbands as potential carers. Possibly, since they were married to much older men they had assumed they will outlive their spouses, but more importantly they all have legitimised elderly care as a filial obligation. Florencia’s account reflects the latter aspect:

Uhmm, well! Who will be able to take care of me? My daughter, well! She has so many things going on, but she will have to give me shelter (pause) Yes, I hope so! She has to! I’ve been working so hard all my life, but I don’t have enough savings, I don’t have any private coverage, neither social security, I only have the divine will. So, from heaven and with my daughter’s support, and my grandchildren’s, they will have to take care of me. They must!

However, filial obligations towards elderly parents are clearly feminised. As Concepcion (62, M) stated:

Look, I'm not worried about old age itself, because I know we have to accept it! We know that life's principle is to be born and to die, right? The only thing one wants is to grow older with a good quality of life, a better one and (.) and what worries me, my concern is that perhaps when I get much older no one will take care of me. My children are male, and usually men are not so close to the mother (pause) so that's my affliction, that perhaps we [she and husband] will have to live in a care home (pause) because I don't think my [future] daughters-in-law would want to take care of me, right? [Laughs] it depends on whom I get as a daughter-in-law, but I don't think she will be taking care of me!

This account reflects a powerful gendered narrative of care. Concepcion has constructed care as a woman's responsibility and therefore is ruling out being cared for by her sons. Moreover, this feminisation of care is what makes her consider the idea of entering a care home, so she and her husband can 'grow older with a good quality of life'. Although implicit, there is also an assumption that men cannot care for their elderly mothers because it involves 'bodywork' (Twigg 2000) such as bathing or dressing. It is possible that most of these women think of this corporeal aspect of care and so would prefer a same sex carer: a daughter. Concepcion articulated this gendered view on care work:

**Concepcion:** [...] My brothers, for example, they did not take care of my parents, I mean physically. They took care of them in the economic aspect, the eldest one did, but physically they didn't, because they were men! My sister and I had to change my mum; we helped her with the bathing, and all that towards the end of her life. And my brothers because they were men they didn't enter the room to help with that. It's a matter of trust and modesty. Yes, modesty above all!

**MM:** Right, so only women could take care of old people?

**Concepción:** No, care labour can be for both men and women. What I mean is that a man is usually not as close to the family as a woman is; he is more distant. One as a parent would trust more a daughter than a son [...] That's how I see it! But, I've also seen men that take care of their mothers like if they were women; they take care of everything!

This account echoes the traditional feminine virtues Robles' (2006) informants spoke about, which apparently make women the ideal carers for elderly parents. Men on the other hand are considered as providers in terms of material and economic needs, but they are not *expected* to do bodywork. Despite not having

any daughter of her own, Conception's idea that a parent would feel more comfortable with a daughter than a son shows how deeply rooted is the social construction of women as primary carers amongst this generation of old women. The feminisation of care is so strong that when men display a good quality in their care labour, they do it "like if they were women".

I want to end this section with Adela's (64, M) remarkable account:

My children say to me: "Oh mom why did you have so many children?", "Ahh! Clearly, I was thinking of my future!". Then I go: "See, the youngest is the one who is going to stay here with me, she is not going away to get married nor she is going to have any love interest, she is the one that is going to take care of me!". But it is only a joke of course!

Nonetheless this joke, the notion of caregiving as women's responsibility, is so strongly embedded in Mexico's social imagery that it may still be a social reality. Perhaps, not as extreme as Adela's joke on "the youngest is not going to get married and instead is going to look after me", but this marginalisation is still present in Mexican society.

The informants' traditional discourse of expectations in old age reminded me of the main premise of Laura Esquivel's 1993 novel *Como Agua Para Chocolate* (Like Water for Chocolate) set during the Mexican Revolution. The author draws a picture of the family tradition where the youngest daughter, Tita, is forbidden to marry and ordained to look after her mother until she dies. Tita's fate might no longer be the norm for the youngest daughter in every Mexican family, and is only a very old tradition, yet this remains a symbolic image. Today, social class and gender-based structural factors continue to affect constructs of family care and systematically disadvantage women as a group throughout their lives.

In this sense, as Hooyman et al. (2002: 11-12) have noted, family obligations that keep women out of the paid labour force [or limit their educational opportunities], along with restricted opportunities and incomes in the marketplace, and perhaps limit their freedom for personal and romantic experiences are all detrimental over time, but especially in old age. As commonly known, women are less likely to have full benefits through social security or pension plans. This is the case for several of my informants (See Chapter 4). Women have more restricted access to health care and higher rates of poverty

than their male counterparts. However, they are the ones encouraged and expected to take on non-remunerated caring responsibilities, which most of the time remain overlooked.

## Conclusion

This chapter has shown how *care* has been and still is central to the everyday experiences of old women. By analysing their narratives of care we uncovered that their ability to perform various caring roles and activities is a site for agency and for constructing an identity of a competent self. We also gained insight into the complex processes through which the informants are becoming aware of the effects their ageing bodies have on their social interactions and caring relationships. In so doing, they engage in less practical work while enacting their role as mothers and grandmothers by focusing on spiritual and affective care relationships with their families. As we have seen, most of the informants construct care as a moral obligation. In contrast, others see care, particularly childcare, as something that gives them 'pleasure' and a sense of life fulfilment. However, alongside these narratives of care there is evidence that some women construct 'caring for others', whether in practical or emotional ways, as detrimental to their well-being; as a burden that wears a woman down, and thus they resist undertaking caring responsibilities. Nevertheless the narratives of self-care revealed less contrasting views.

For the majority of the informants being able to undertake self-care practices and attitudes is crucial in old age as it allows them to maintain an identity of an autonomous and independent self. As shown in their accounts, as women grow older and become aware of their physical decline and loss of competence they realise they are increasingly dependent on others at various levels and forms, but especially materially and physically. Whilst some struggle to adjust to such changes, others see this new care dynamic as something positive. Interestingly, although the latter acknowledge their dependency status, they do not construct themselves as 'being cared for' as they still see themselves as capable of caring for themselves and to contribute to caring for others. Thus, whilst collecting a care debt, they construct 'being cared for' as being *helped*. Moreover, such notion extends to some of the informants who are living in a nursing home. This is relevant as it supports Shakespeare's (2000: 71) call for replacing 'care' and

‘dependency’ by ‘help’ and ‘interdependency’ as they imply the possibility of alternative forms of social support and community networks.

As seen in several accounts, the care home is also revealed as a site for exercising agency and competence in old age. Furthermore, for some of these women a care home is a site of resistance to the social expectations of dependency in old age and to becoming a burden on their families, giving them their own strategy to remain independent. And thus, they are voicing a counter-narrative to the dominant discourse of old age and the social view of care homes.

However, it is only when they are *forced* to enter a care home that their sense of autonomy and social identity as a competent person is most affected. In such narratives, unfulfilled expectations of care are the main feature. These women see themselves as ‘being cared for’. Yet, some of them continue to negotiate and claim an identity of an ‘able self’ as they are still capable of undertaking basic self-care daily activities (e.g. bathing, dressing). Although they did not make the decision about their current living arrangement, they are nonetheless making use of the physical capabilities they are left with. In doing so, they try to expand the scope for agency.

As discussed in the previous section, there is a tension between the ideal or patriarchal modality of family care and the way these women develop their own dispositions and expectations of care in old age. I have contended that most of these women construct themselves as competent and independent social actors who are also aware of the risks and changes that accompany ageing and old age. The life-long care work these women have provided has enabled their daughters to take advantage of the better educative and paid-work opportunities now available to them. Many of these old women recognise that social change is manifested in particular values and practices that are not necessarily in line with their own views, but they have adjusted their expectations of care accordingly. Yet, amongst other informants the narrative of care as women’s responsibility is still strong.

As this chapter has shown, these women’s daily experiences of ageing and old age are embedded in multiple narratives of care. Whether the care they engage with is in the form of ‘caring for others’, ‘care of the self’ or ‘being cared for’ their

levels of engagement and competence as well as their social interactions and relationships depend on their health status, functional abilities, and above all, on their emotions and bodily sensations. The thesis now turns to an examination of how these aspects interact with old age, and particularly, to how old women experience illness and disease.

Chapter 6

## Health and Day-to-Day Bodily Experiences



## Introduction

As stated earlier, one of the aims of this study is to gain an understanding of the physicality of getting old and how this adds meaning to the entirety of the ageing experience. Thus, this chapter explores the ways in which the informants talk about how they experience the material aspects of ageing and old age; that is the embodiment of getting old. Embodiment, in the sense I am using it here, is a method of exploring the bodily experience, particularly the tensions and contradictions between the body, mind and society (Csordas 1997; Tulle 2008a). In other words, the focus here is on the lived experience of having and being an ageing body. This analysis, however, needs to uncover not only “[...] how people conceptualise experiences, but how people ‘feel’ experiences” (Williams & Bendelow 1998, cited in Reeve et al. 2010: 180): the emotion (feeling/sentiment) associated or derived from the lived experience. In this context, the role of emotions is, as Lyon and Barbalet (1997) have noted, a crucial link in understanding the relationship between the body and the social world, the experience of embodied sociality, and in this case specifically of embodied ageing.

Having stated my standpoint regarding the notion of embodiment, the *body* is the central issue in this chapter. Further, because of their historical and cultural location

Mexican women have a very lively awareness of the body. For them, the body, woman’s and man’s, is a concrete, palpable reality. Not an abstraction or a function but an ambiguous magnetic force, in which pleasure and pain, fertility and death are inextricably intertwined (Paz 1980: 409)

Thus, my goal is to engage in a discussion of the experience of the body in old age, especially through the analysis of health and disease along with changing body functionality; aspects by which ‘the body (noun) is embodied (verb)’ (Waskul & van der Riet 2002: 488 cited in Waskul & Vannini 2006: 3). The participants’ descriptions pertain to their notions of health, their own bodies and physical changes, as well as the strategies to manage their health and ageing bodies in relation to *self* and others.

The chapter is organised into three main parts. The first takes a look at various definitions of health and disease by way of providing a brief conceptual template prior to the presentation of the empirical data. It then examines the participants' various and general ideas about what "healthy" means, presenting several notions of health in terms of function; fate; lifestyle/diet, absence of disease/pain, and attitude. This is then contrasted with individual accounts of health in the third section, which presents four main categories of (un)healthy bodies: (1) by being able to engage in social and care activities; (2) despite the "presence" of disease, pain or impairment; (3) in the "absence" of disease, pain or distress, (4) as "normal" for an old person.

### What Does Being 'Healthy' Mean?

Within contemporary sociological theory the concept of "health" by way of encoding and articulating social structures such as class, race, gender and sexuality (and age) has become central to the definition of *Self* and its counterpart, *Other* (Crawford 1994). Bio-medically, socially and morally, the 'healthy self', Crawford has argued, is constructed in opposition to the 'unhealthy other'. Thus far, we have talked of 'health' without attempting to delimit the concept. In 1948 the World Health Organisation (WHO) defined health as: 'a state of complete physical, mental and social well-being, not merely the absence of disease or infirmity' (WHO 2003). This definition, however, seems to be more adequate for defining 'healthy' rather than 'health' *per se*. Commonly, when people talk about health they assign a value; a person's health can be good, bad, poor or excellent. As Figlio asserts, the term 'health' by itself is not necessarily the opposite of disease or illness, 'perfect health', for instance, would be the counterpart to disease (1989, cited in Lupton 1995: 69). The concept of health therefore is certainly complex as it denotes more than a medical condition or the absence of illness. This brings us back to the WHO definition. Usually, official definitions of health do not allow for people's own personal definitions, which are relative, dynamic and derived from lived experiences that represent those who do not conform to the normative notion of health (Lupton 1995: 72). At this point, it is also relevant to provide clarity regarding the concepts of *illness* and *disease* as used in this study.

In his article *Disease and illness: distinctions between popular and professional ideas of sickness*, Eisenberg (1977: 143) proposed to differentiate the two terms

by stating that medical practitioners *diagnose* and *treat* “diseases”, which in the scientific paradigms of modern medicine are seen as abnormalities in the function and/or structure of body organs and systems, while “illnesses” are *experienced* and *suffered* by an individual and are also, as other authors have argued, social or symbolic pathogens or events that threaten to disrupt everyday activities, role performances and obligations upon which self-identity relies (Kelly & Field 1998; Cassel, E. cited in Crawford 1994: 1356; Bury 1982).

Given that “health” is such a complex concept I opted for asking my informants to describe what being healthy means to them, before asking them to reflect on their own current *health status*. I wanted to see whether their ideas or values of health, as a categorical concept, would differ from their assessment of their own health status. Certainly, I expected both types of account to be shaped by their personal experiences and day-to-day concerns and embedded in their socio-cultural setting -the question remained *how?*

## Women’s Definitions of Health

In what follows I present the participants’ general notions of what being healthy is, and their own health status perceptions with a view to uncovering how they construct their ideas about the relation between health and an ageing body in the context of their everyday life.

The majority of the women defined “healthy” beyond just bio-medical or physical terms; very few focused on the absence or presence of specific disease, illness, pain or impairment. In their descriptions of what healthy means to them, there was an evident sense of embodiment as most of them initially stated that ‘feeling good’ was the very first sign of being healthy. They were certainly referring to the *emotions* derived from their bodily experiences; from what they ‘do’ with their bodies. In this sense, it is through the body that their emotional well-being finds its confirmation (Crawford 1984). For most of these women the state of ‘feeling good’ constitutes the meaning and, drawing on Crawford (1994), the symbolic substance of – being – healthy. However, more extensive accounts, or categories of *health* (or ‘feeling good’ as its interchangeable term) were evident: health as function; health as fate; health as lifestyle/diet, health as absence of disease/pain, and health as attitude.

## Health as function

To be healthy? (Pause) Well, it's to feel good, feeling (.) to feel you are well, that you can do things, that you are able to manage on your own [...] (Leonor, 63 M).

As stated earlier and as this quote shows, for the majority of these women to be healthy was equivalent to “feeling good”. However, an impressively consistent theme emerged in several interviews. Many of the informants discussed the word ‘healthy’ (and consequently ‘feeling good’) in terms of ‘being able to do your own things’, to “manage on your own”, as expressed by Leonor. They went on to relate health with everyday activities such as personal care, domestic chores (e.g. cleaning, cooking), caring for others, or ‘being able to go out on your own’, as stated by Victoria (65, W), or engaging in social activities, which clearly reflects on issues of independence and remaining active, as it was also stressed by Maria Inés (85, W) and Adela (64, M). In this sense, the meaning of being healthy definitely expands bio-medical interpretations. To these women, feeling good is certainly not an end in itself but rather a means in order to take care of themselves. As Angeles noted:

[Healthy] is to feel well, healthy in the sense that you can walk, that if I fall down I'm able to stand up by myself, that I still have the strength to do that!

For these informants, being healthy was, unmistakably, explained in relation to having a physically *able body*; a body that remains functioning, is able to take care of itself and care for others and engage in various activities. In other words, being healthy, by means of remaining functional has a purpose: self-care and care for others, an attitude/action that one could argue is motivated in the women's cultural values (i.e. family, feminine identity).

## Health as fate

Another understanding of healthy was constructed in terms of *determinism* in the sense of fate or destiny. Such understanding derives from two main ideas. One is the notion that health is determined by genetic characteristics, that is, that no matter what we do we are predetermined to have a certain health status and/or health issues. The other is the idea that health is determined by God's will,

regardless of what people did or not to remain healthy or to prevent becoming ill. This construction of health as fate is important because it connects being healthy to religious beliefs on the one hand, and to biological predispositions on the other. In this latter respect, Victoria (65, W) was the only informant who elaborated on the notion of health as a genetic predisposition. Although, she recognised that people could improve their health and quality of life by taking some pertinent actions, such as eating healthily and doing physical exercise, she highlighted that these actions have a minimal impact and that it is mainly genes that determine whether one is healthy or not.

Within such deterministic views, it seems there is little room for personal control and the possibility to influence one's own health status, as the emphasis is on inherent biological constraints and limitations without considering the development of biological potentialities (Bandura 2001: 21). The second notion of health as fate, that is, as determined by God, explicitly offers a more self-reflective idea of one's own health and bodily experiences and certainly about one's life purposes and existence. Thus, this notion of health embodies agency, as the person actively exercises his or her beliefs and gives a religious meaning to the construct of health. Although the assessment of the relationship between religion and health has proven problematic, some research has revealed that people who are older are certainly more deeply involved in religion than younger people (Barna 2002, cited in Krause & Bastida 2009: 114). As I have alluded in previous chapters, this religious involvement or spirituality is evident in the majority of the informants, and so one could argue their religious faith is central not only to their notions of health and illness, but of ageing and old age, as I will discuss in following chapters.

Xóchitl (85, W) and Angeles (89, W) were the two informants that explicitly – at this point in the interview – gave a religious account about the meaning of being healthy. Both of them conceptualise health according to their faith; both see health and illness indistinctively as a mandate from God.

**MM:** For you, what does being healthy mean?

**Xóchitl:** well, it depends; being healthy depends on each person's health, right?

**MM:** uhuh!

**Xóchitl:** But I think it's also that God's will has them like that!

**MM:** Like that, how?

**Xóchitl:** Sick, I mean; it's definitely God's will if you are sick or not, 'cos you can take lots of vitamin and lots of everything, anything, but what God, our lord says, that's what is going to happen.

**MM:** so, no matter what you do...

**Xóchitl:** [Well, there are many things to think about, like when I see people that have never, ever worked, well that's also something not good, but still when God says you are gonna get sick, you get sick, no matter what that person does. Because no one is going to die healthy and sane! One has to have something, anything, a headache, a fall, anything! So many things that can happen to you, and you can't be like "That is not going to happen to me, I'm not like that... not me, no!" You shouldn't say "not me", "I'm healthy and good and this and that, so it's not going to happen", No, you can't think like that because anything can happen, to anyone!

As Xóchitl's account reveals, the understanding that God has designated a certain fate for each person, allowing things to happen, and more specifically, allowing a person to be healthy or sick is built within a deep religious faith that forms part of her identity. Thus, it is through her beliefs that Xóchitl is able to explain and accept why people would get ill or unwell, and so it is fair to say that her understanding of health as God's will is a key management strategy she uses to cope with illness and disease. Certainly, Xóchitl's notion of health is relevant in the sense that it is consistent with the findings of some scholars that have long argued that one of the main functions of a religious faith is to give people a sense of meaning and purpose in life (Spilka et al. 2003). Even though in her account there is no other possible explanation as to why people get sick, her brief comments of 'I see people that have never, ever worked' could be regarded as another explanation for health and disease in the grounds of the benefits of keeping (physically) active. However, it is clear that here she is also looking at "work" as an activity by which a person feels useful and serves him/herself, other people, and ultimately serves God. Since her view of health is indeed deterministic it is also not surprising that she recognises how vulnerable anyone is to illness and disease. This is noteworthy because, as we will discuss later in this chapter, the awareness of vulnerability is a theme shared by many of my informants, notwithstanding their varied definitions of healthy and notions of their own health state.

If we recall, Angeles first gave me an account of health in terms of functional independence, however later on she added other interesting aspects to her definition of healthy. Although in both parts of her account there is no mention of sickness, the latter one clearly goes beyond the physical aspects she initially referred to:

**Angeles:** But I also think to be healthy is (pause) well, most of the time with people's suffering and your own suffering you teach yourself to be good, to be a better person each day and understand all the people that suffer, right? So, I'm very grateful to God, because thanks to "*Diosito*" [God] I've always been all good, I've always had everything I've needed [...] and my children look after me.

Here, it seems that Angeles has a deeply embodied notion of health embedded in her religious faith, with feelings and sentiments as key aspects, especially that of "suffering". For her, to be healthy converges with her desire and/or opportunity to be a "good person", thus for her healthy is, as Blaxter would argue, "the sign of moral well-being" (2004: 45). What is even more interesting is how she identifies understanding other people's suffering and her own as a means of becoming a better person, and by extension, a good Catholic. This latter aspect is relevant because it certainly evokes views of *suffering* and *pain* deeply rooted in Mexican Catholic culture, which are also closely associated with views of health, issues of care and notions of being a burden as discussed in Chapter 5.

Historically, there are several accounts of why pain and suffering are central features of Mexican culture. First, as discussed in Chapter 1, Spanish Colonisation brought native people and *mestizos* into a status of subordination and domination (by the Spaniards), and thus both natives and *mestizos* encountered a great deal of pain and suffering (Rodríguez 1994; Leon 2004). Second, in his book *The Labyrinth of Solitude*, Nobel Prize winner Octavio Paz discussed at length the roles "suffering" and "solitude" play in the psyche of many Mexicans today. Paz defines solitude as "[...] the feeling and knowledge that one is alone, alienated from the world and oneself [...]" (2004 [1959]: 88). Furthermore, he states that solitude creates a dualism: self-awareness and a longing to escape from ourselves. He also stresses that "[p]opular language reflects this dualism by identifying solitude with suffering [...]" (ibid: 89). Third, several authors argue that because of the impact of Spanish colonialism and subsequent historical events (e.g. Mexican Independence, Mexican Revolution, Mexican-US borders relationship) many

Mexicans sought relief in their religious faith, that is, Catholicism, which is particularly visible in the manifestations of faith surrounding *Our Lady of Guadalupe* (Rodríguez 1994; Leon 2004; Elizondo 1980). According to Rodríguez (1994: 46), *Our Lady of Guadalupe* has a role “[...] so central to Mexican culture that any consideration of the Mexican people in general [...] must include reference to her”. This is why, the historical accounts of pain and suffering came to shape the way many Mexicans live their religion and consequently the way they deal with the difficulties or challenges they encounter: health and illness.

In this context, for Angeles to be healthy is the result of a learning process; the outcome of understanding one’s own and others’ *pain* and *suffering*. Moreover, suffering *per se* is not as central as the learning experience that derives from it, that helps to fully understand the suffering of others, which at the same time is in line with the precepts of the Catholic faith. Whilst Xóchitl’s explanation of health was constructed on the grounds of God’s – arbitrary – will, Angeles adds other dimensions to such explanation: (1) her deep sense of appreciation and gratitude toward God and his purpose, and (2) the importance of her family interaction and care. The former aspect is relevant because some studies have shown that feelings of gratitude to God are related to better physical and mental health (Emmons & McCullough 2004; Krause 2006, cited in Krause & Bastida 2009: 118). However, the same can be argued about the effects on health of positive interpersonal relationships. As Krause and Bastida (2009) contend, the potential influence of significant others emerges as a central feature in the process of dealing with [illness] and suffering. Thus, with such realisation of health/suffering placing religious faith as its centrepiece, one could argue, Angeles is also revealing the strategy she uses for coping with her health problems, which is in line with Paz’s argument.

### Health as lifestyle

To be healthy depends on your lifestyle, the way you’ve been eating all your life, that’s it!

Delia’s (85, W) quote above indicates that health can be understood as a personal responsibility; the result of having taken care of oneself in an ongoing process that requires compliance with disciplined activities or regimes (Crawford 1984). To be healthy, then, is not the result of genetics or given by God’s power, nor is it

simply a means to remain functional and able to care for others and self. Rather, health as lifestyle (i.e. diet), is learned through social interaction. As Delia argues:

My mother taught me since I was very little that all food has to be balanced (pause) that I couldn't say, "I don't like this" [...] because all that was for my own good!

For Delia the meaning of healthy takes on a moral discourse as it requires will power to adjust and justify certain disciplinary regimes in order to achieve good health. Health, therefore, is something achievable, something manageable, a life-long project: the result of a lifestyle. In this sense, health, as Crawford (1984, 1994) would argue, is understood in terms of *self-control* and consequently constitutes "[...] an opportunity to reaffirm the values by which the self is distinguished from other." (Crawford 1994: 1353). Margarita's (77, W) account is consistent with this symbolic view of health:

**Margarita:** Uhhh, healthy is (.) how can I tell you? I think one's diet says it all!

**MM:** Right!

**Margarita:** If they since were little [children] have had a bad diet, then their body is weak! I've been eating very well all my life, God bless! Only fresh meat, lots of home-produced honey, many freshly produced things [...]

In her construct of health, Margarita makes a difference between the healthy *disciplined body* and the unhealthy *weak* one. Here, health is clearly a symbolic marker for creating and recreating the self and also a marker of distinction from the unhealthy *other* (Crawford 1984). Thus, it is also evident that achieving health becomes a personal project; a site for discipline and above all, an "[...] extension of agency through intentionality and forethought [...]" (Bandura 2001: 1). By choosing a food regime the individual becomes the producer/agent of his/her own health, though still within the limits of a socio-cultural system that dictates the healthy value of any given practice, in this particular case, food. Thus, viewing health as a lifestyle that values self-regulation and discipline towards food is in itself the strategy these women deem necessary for a person to follow in order to be healthy.

## Health as the absence of disease/pain

As stated earlier, very few of the informants defined 'healthy' by focusing on the absence or presence of disease, illness, pain or impairment. Nonetheless these types of accounts are in line with the biomedical discourse of health as they also reflect the role of emotions in the individual's experience, and since illness and pain are lived/felt in the body these are certainly embodied accounts. Amalia (67, W), Raquel (81, W), Guadalupe (82, W) and Norma (86, NM) shared this view of health:

**MM:** What does being healthy mean to you?

**Guadalupe:** Well, to me that means to be a little more comfortable, the less diseases one got the better one feels!

Clearly, Guadalupe defines 'being healthy' as the counterpart to having a disease: The fewer diseases, the healthier a person is. However, this account also reveals another definition of health, that is, a definition of health grounded in the day-to-day "social-emotional experience" (Crawford 1984: 85). Thus, being healthy is not only valued upon the absence or presence of a disease but in terms of *being comfortable*. In this sense, to Guadalupe both the cause and purpose of being healthy is to *feel* comfortable. Amalia's account of health takes on a similar line:

[Healthy] is to feel, basically, to feel that your body is not giving you any signals of pain, or that something is bothering you. It's having enough energy to do things, without making a huge effort and without feeling that your body is in pain.

Here again the concept of health appears in terms of the relationship between "feeling" and the state of the physical body. For Amalia, the absence of pain is what determines not only being healthy but *feeling* healthy. Consequently, feeling healthy is also what helps her to be at ease and get around her everyday reality.

Whilst these two informants view health as the absence of disease and pain which in turn serves as the vehicle to *feel* healthy, Norma's account goes a step beyond and reflects the absence of disease/pain as a *desired goal* that requires active management. In this context, being healthy is the result of having medical care. More specifically, to Norma, healthy is being regularly monitored by her private medical doctor; the fact that she stresses how important it is for her to get

vaccinations and regular check-ups in order to “keep illness away” conveys a narrative of prevention. Furthermore, in her account there is also an implicit sense of well-being derived from the reassurance of being taken care of, as she referred to how fortunate she was “for having a private doctor that takes care of my health that is always checking in”. Accordingly, to be healthy and to maintain health, avoiding illness, takes on the symbolic value of an interpersonal relationship built on trust.

### Health as attitude

Thus far, these notions of health differ greatly from one another; however they all are conceptualised upon the daily experience of embodiment, in which the relationship between the body and emotions is crucial. This is because “[...] it is with our bodies that we express our feelings and dispositions and actively occupy the spaces we inhabit.” (Lyon & Barbalet 1997: 51). Interestingly enough, so far none of the women’s definitions of what “healthy” means made any reference to age, let alone to old age and ageing. However, there is still a significant account of the meaning of health to discuss: health as attitude. This last category is important for two reasons: (1) a considerable number of informants (eleven) shared this view, and (2) it provides an opportunity to examine mind-body relationship and issues of agency and emotion.

In sociology, traditionally, to discuss the mind-body dualism is certainly problematic (Crossley 2001, 2007). The reason for this, Crossley (2007: 81) would argue, is that sociologists have primarily focused on people’s behaviour, actions, interactions and practices by which, almost inadvertently, they have managed to transcend the distinction between mind and body. As is well-known, the foundations for such a distinction are attributed to Descartes’ reflexions on the existence of God and human nature in which he provided modern Western culture with an epistemological notion of the body as an *object*, a *mechanical* entity separated from the *soul* or *mind* that was clearly elevated as an *inner substance* rooted in thought and knowledge and distinct from the *corporeal* body (Crawford 1994; Crossley 2001; Tulle 2008a). Even though, sometimes there is a tendency in contemporary human-science theorising to demean “Cartesian dualism” (Csordas 1997: 7), this shift has been a valuable aid to analyses with practical consequences for human agency as it marked the rise of – Western –

individualism (Tulle 2008a). Moreover, this radical separation of mind and body gave way to a new kind of knowledge aimed at mastery and control of the newly objectified body. Thus, “[w]hen the body became an abstracted entity, identical to all other bodies, detached from living situations, health became a concept for describing its normal state.” (Crawford 1994: 1350).

In this context, the account of health as attitude appears to be a “mind over matter” narrative; the body is objectified and the self is the conscious mind that “has” an objective body (Jackson 1997). Thus, *attitude* for these women is a main signifier of health. More specifically, a healthy body seems to depend on a healthy mind, contrary to the famous dictum of *mens sana in corpore sano*. However, this construct of health as attitude is rather complex and needs to be unpacked in detail. For instance, Florencia’s (72, D) description summarises this notion of health:

[...] The thoughts, the mind, the attitude is what determines to feel good or bad; good thinking and bad thinking are reflected in yourself. We are creations of our own thoughts.

The account above shows clearly how it is through the mind – good or bad, positive or negative thinking and attitudes – that the person is affected and becomes either a healthy or an unhealthy body. In this sense, such a notion of health is in line with an act of management, as this woman sees being healthy as the result of an active “integration” of the mind and body into her lived processes. This is of course where this mind-body dynamic becomes quite complex, as Florencia in fact is not merely talking about the body as an object, but instead she appears to be talking about the whole person, the *self* as the one that is affected by both positive and negative attitude. This notion of being “creations of our own thoughts” is expressed by many of the informants, for instance Evelia highlighted how important is to have a “peaceful mind” in order to be physically healthy. Furthermore, Evelia along with Florencia, Luisa, Raquel, Adela, Isabel, Elena and Matilde all share the idea that leading a stressful life, having a negative attitude or being bad-tempered cause people illness or disease. For example, Bertha stated that worrying too much is one of the reasons some people develop cancer. And thus she, as well as the informants mentioned above, claimed that in order to avoid health-related issues one should have a “take it easy” attitude; one should be “*conchuda*” [laid-back], as Evelia notes, and not

think about illness at all. This, certainly, is in line with Crawford's (1984: 81) notion of health as 'release': "[...] an attempt not to worry about the multiple threats to personal well-being".

Apparently, for these women being healthy is a matter of personal responsibility, the ownership of a positive mental attitude with a positive impact on the physical body. One could argue that the emphasis on the mind over the body appears as a result of these women being aware of their ageing bodies. Theirs are bodies increasingly vulnerable to disease, distress and dysfunction, prone to fail and *dys-appear*, as Leder (1990) would argue. In fact, Leder's *dys-appearing body* seems to constitute the experiential core of Cartesian dualism by explaining why there are times when people experience the self as separated from the body: when the body functions properly and without pain or discomfort, when it is absent from experience, body and the self (mind) are fully integrated in a harmonious performance. When it is the opposite case, the dys-appearance of the body brings the notion that self and the body exist separately, and thus the mind is the subject and the body is an object (Hepworth 2000: 38-48; Csordas, 1997: 8). That is why these women claim their mind is the site of personal agency for everyday life experience, and therefore they feel they are in control of their ageing bodies. In Chapter 7, I will further discuss the informants' mind-body complex relationship, which according to the Mask of Ageing approach (Featherstone & Hepworth 1991) may help explaining how oftentimes old people "experience their bodies as a mask which conceals and ultimately betrays the real self" (Tulle 2008b: 4). Nevertheless, the notion of health as attitude can be considered a strategy to manage one's own identity as agent in control of one's health despite physical decline.

In sum, whether the key aspect defining health was the ability to function independently, God's will or genetics, the result of a disciplined lifestyle; freedom from pain and disease or the consequence of a positive attitude, the women formulated their accounts based on their everyday experience of embodiment. Clearly, the meanings of healthy discussed so far reveal the ways in which these women retain or redefine their self-identity in old age, and claim agency for having health. Yet, we can also find the notion of renegotiation of a healthy self. Amongst some women, we can find awareness, almost ownership of

the *unhealthy* as if not being *completely* healthy was rather *normal*. This is evident in Felicitas' (75, W) account:

Well, totally healthy no one can be; that I've learnt in all these years, right? But healthy is not only in the physical aspect, it's emotional, spiritual, mental, right? And people are never at 100%, we always have something, some fault, spiritual, mental, or emotional or physical, always, always there is something in which one fails.

Although, there was no allusion to ageing and old age, all these accounts were informed by the informants' current lived-experiences. The age factor becomes evident once I asked them to describe their own health status. Interestingly, as will be shown below, at the *individual* level most of these women do make references to the physical aspects of their ageing bodies and elaborate further details on the absence or presence of certain disease, illness or (physical or emotional) pain, which were missing for the most part in their definitions of what being healthy means.

### **(Un)Healthy Bodies**

When specifically asked about their own health status, the majority of my informants reported themselves as having "good health", or "very good health". As explained in Chapter 3, I opted for using a literal translation of "*tener salud*" (having health), as it provided the cultural context in which particularly health ideas and behaviours (Kleinman 1980) can be identified and discussed. Moreover, the phrase "*tener salud*" (I have health) is not the result of Spanish linguistic rules, as one can also say "*estoy sano*" (I'm healthy). Rather, it appears that most of these women talk about health as something one *has* (attain and maintain) that could be separated from what one is or becomes, from the *being*. The *how's* of these women's health talk might be different if compared, for example, with Western European women, however as will be shown below, there are some similarities in their *what's* regarding health.

Most women gave positive answers regardless of whether or not they had a chronic or degenerative disease, or were in fact undertaking a medical treatment for such conditions. Very few acknowledged their health status as "normal". Interestingly, the Spanish word the informants used was "regular"; in Mexico people use this word in the sense of a middle-ground value. However, I could not use this word

because in English “regular” refers to time or frequency value. Another informant defined her health as “very poor” and one defined herself as an “ill” person. The subjectivity of the informants’ answers about their health status denotes how individual meanings are embedded in particular social interactions and cultural settings. Most informants took into consideration the interaction of the self (mind) and the physical body, the role of emotions and embodied experiences and therefore were able to normalise illness and disease and give an overall “positive” account of their health status.

This section focuses on the participants’ day-to-day experience of their ageing body from which four main narratives around the concept of health emerged: (1) some participants considered themselves healthy as a result of being able to engage in social and caring activities; (2) Others viewed themselves as a healthy person despite the “presence” of disease, pain or impairment. Within this category, they explained their health status in terms of (a) activities of control and routines; (b) by comparing their current health with their own previous status or with other people; (3) Some participants would only consider themselves to be healthy in the “absence” of disease, pain or distress, and (4) others considered their age and claimed to have “normal” health for an old person. Within each of these four main narratives there was a salient aspect: most of the participants’ accounts were embedded in a material perspective of ageing and old age and engaged in personal agency, showing the potential to *adapt* to the changes that accompany old age, and also challenging the socio-cultural discourses that see ageing and old age in negative terms.

### **Healthy by ‘being able’ to engage in social and caring activities**

The notion of health as the ability to perform meaningful social roles has been discussed within several studies of ageing (e.g. Arcury, Quandt & Bell 2001; Bryant, Corbet & Kutner 2001). Hurd Clarke et al. (2005) have also uncovered this meaning of health in their study about old women with osteoporosis. And although our findings are similar, those authors relate ‘health’ to the concepts of ‘quality of life’ and ‘well-being’, whereas I am only focused on the informants’ interpretation of their health status, albeit paying attention to the implicit/explicit references to well-being.

As mentioned earlier, the health accounts of my informants are certainly embedded in their social realities, their self-identity, their experiences of ageing, and their interactions and relations with others, especially with their families. That is why the perception these women have about their health state is highly linked to their ability to engage in social activities and caring relationships rather than to the mere presence or absence of disease. However, it is clear that their health status was determined by their ability to remain *active*, physically functional, and thus by being able to perform their day-to-day routines and enjoy their social relationships and events. As Adela's (64, M) notes:

I describe my health as good because I never have a headache; I never stay in bed because of feeling poorly, or because my body does not react, it is never like that! I am active all day long! In my home, I still do the laundry, iron, and prepare the meals. My children do the dishes, and they don't let me sweep or mop the floors. I do everything else; it keeps me active!

Firstly, Adela's definition of being in good health is given in terms of physicality, of being able to be active all day. Secondly, never having a headache or staying in bed is what allows her to construct her notion of healthy. For her a painful or sick body would affect negatively her ability to engage in her daily activities and routines. For Adela having an "able body", the opposite of a "body that does not react" allows her to take care of her home and engage in domestic duties (e.g. laundry, preparing meals). This latter aspect is clearly an account of her day-to-day bodily experience which also refers, albeit implicitly, to being able to take care of her family. As stated in Chapter 5, most of the activities undertaken by the majority of these women are embedded in a caring relationship, and what is relevant here is how these caregiving dynamics, some of which are in the form of bodywork (Twigg 2000) shape their own health assessment. Clearly, there are three aspects involved in Adela's construct of 'good health': a body that is in harmony with the *self*, and thus is set in the background; the physicality inherent in her daily activities, and the social interaction in which she is involved while performing such activities.

Evelia (74, M), who was diagnosed with rheumatoid arthritis at age 68 and has been on medication ever since, further incorporates this social dimension into her valuation of her current health while also highlighting the importance of physical mobility and functional independence:

Well, I still feel good, and my health is good, I have my disease yes and all that, but it's not like I can't walk, or that can't do anything at all, no! I'm perfectly fine; I can do whatever I want. I have people here with me, people with whom I can enjoy some company, I can go and visit my neighbours here and there, and I have my group, so I can also go with them to church. You see, I try to be more or less like this; not to be confined to my house.

Evelia makes the distinction between 'feeling good' and 'having good health' as two separate things, and given that she does in fact have a disease, the mention of the 'still' indicates some awareness of its degenerative characteristics. Clearly for her having arthritis does not represent poor or bad health. Since her disease has become part of her and her bodily experience, she is able to separate it from her notion of being healthy. Therefore, similarly to Adela's bodily experience, Evelia's disease is absent; it disappears from her daily life because it does not interfere with whatever she wants to do. For Evelia physical mobility is key source of good health which is clearly expressed in her statement "it's not like I can't walk, or that can't do anything at all, no! I'm perfectly fine!" Moreover, both 'feeling good' and 'good health' are constructed as being able to engage in social activities and relationships with her family, friends and church group. This last aspect coincides with the idea that how we experience our physical bodies is shaped and constrained by our social reality, and therefore is an example of lived embodiment and how the self/mind cannot be easily extricated from the corporeal body and vice-versa. For Evelia, physical mobility and social interaction are crucial: by keeping herself "socially" involved in activities that she enjoys, she has certain control over how she feels about her health and body.

### **Healthy despite the "presence" of disease, pain or impairment**

This category explores the participants' ideas on considering themselves healthy in spite of having a disease, suffering (chronic) pain, having a physical impairment, or any other health-related issue. Their sense of health is given in terms of (1) activities of control and routines, and (2) social and temporal comparisons, which are discussed as follows.

#### *Healthy by activities of control and routines*

When people suffer from an illness or acute pain, particularly, when they have been diagnosed with a disease and undertaken medical treatment, they often

engage in activities of control that consequently become routines. By adopting disciplined activities with the purpose of maintaining and/or improving one's health some of these women can define themselves as healthy. Such approach is clear in Teresa's (66, S) account:

**MM:** How would you describe your health at the moment?

**Teresa:** To the fullest! [Laughs] Very good!

**MM:** Right! and what do you mean by "very good"?

**Teresa:** At this moment I feel good! I don't have any disease that needs treatment. I mean, I do have some cholesterol, but I'm taking care of it by eating more veggies and fruits and I try not to eat loads of fat. I'm not diabetic, I don't have hypertension, I don't have anything related to heart disease, so far! The hormones that I'm taking (.) well, that's a treatment I must continue all my life and cannot be suspended at all. I have tried to do so, because I get tired of taking them, but I shouldn't, I must take them! [...] So, there I don't have any disease!

In contrast to the previous theme, where healthy was defined as being able to engage in social and caring activities, Teresa's account is undoubtedly about taking care of oneself in order to be healthy and "feel good". For her, being healthy is also acknowledged in the absence of very specific diseases (i.e. diabetes, hypertension, heart problems). Moreover, it seems that the control activities she follows, such as the healthy diet [plus the daily yoga and regular swimming she talked about during the interview] are aimed at remaining healthy and hence avoiding suffering the types of disease she is concerned about. Teresa's awareness of her vulnerability to disease and illness, which is hinted at with the expression "so far", is also the reason she is taking care of her health in a disciplined way. Interestingly, Teresa does have a condition that needs treatment: hypothyroidism, which she was diagnosed with in her early thirties, and has been controlled ever since. Thus, her condition appears to have become part of her, something that she incorporated into her everyday life. That is why she does not refer to it as a disease but instead she uses the phrase "the hormones that I'm taking"; she is clearly considering her treatment as part of her daily routines. However, people often get tired of their routines and opt for a change. In the case of Teresa this is not an option because she knows she must follow them in order to maintain good health.

Similarly, Bertha (60, M) gives an account in which the theme of routines and self-control is present:

**MM:** How would you describe your health right now?

**Bertha:** In what respect? You mean in a percentage?

**MM:** In any way you like!

**Bertha:** Good.

**MM:** OK, What you mean by “good”?

**Bertha:** I eat healthily, I have my regular check-ups, I do exercise, and I feel good!

Bertha was one of the informants that explicitly stated that “being healthy” mainly depends on a *positive mind*, on the *attitude* of the person. Now when asked to describe her own health status she integrates the physical body and the self into her account. Here she is specifically referring to all the activities she routinely undertakes: “I eat healthily”; “I have my regular check-ups”; “I do exercise”, all are things she does purposefully to keep healthy which also make her “feel good”. Interestingly, none of the diseases she has been diagnosed with (i.e. hypertension and hypothyroidism) are mentioned here. One could argue that such medical conditions are the underlying reason for her pro-healthy activities. However, as she maintains certain control over them, they have become part of her, part of her embodied experience and therefore are not brought forward into the definition of her current health status. She is aware of their presence, but as long as they do not become problematic or impede any of Bertha’s activities, they would remain, as Leder (1990) would argue, in the background; absent, forgotten from the body and the self, and giving way to the overall positive valuation of her own health.

As shown in these women’s accounts and as discussed in the section on *health as a lifestyle*, it is clear that by making the right choices and activities, by having certain discipline and control, health becomes an achievable status. In his study on health among Americans, Crawford’s (1984) captured this notion of health as self-control. To this author self-control, self-discipline, self-denial and will power underpinned the Western system of values, and thus in the pursuit of health they function as cultural mandates. Such insights, however, do not apply entirely to

Mexican culture or to this particular study, as my informants do not see self-control as a goal in itself, contrasting with Crawford's findings. Instead, they see their activities as a management strategy, as a means towards being healthy. Furthermore, these informants do not talk of their health in strictly physical terms; in their narratives they also incorporate references of well-being, of enjoyment derived from their control routines, which contrast with Crawford's findings about self-control (1984: 81).

### *Healthier in comparison with oneself or others*

Some informants evaluated their health by making two main types of comparisons. In the first type, social comparison, the informants compared themselves to other people of the same age or younger than them. The second type, temporal comparison, involves evaluating oneself against one's own health at another time in the life course (Suls Marco & Tobin 1991, cited in Henchoz et al. 2008: 283). Both types were always expressed in positive terms as the women considered themselves to be "healthier" than other people or than themselves at a previous time.

Florencia (72, D), Violeta (88, W) and Guadalupe (82, W) had a positive notion of their health by contrasting their current health issues with those of other people. For instance, when asked to describe her own health, Guadalupe, who has suffered from hypothyroidism since she was young, gave an account that was not so much about herself but rather about her sister-in-law's health state:

My health is good, 'cause I see other people that are much younger than me and they have so many problems, put simply, my sister-in-law she is just five years younger than me, and it's been more than two years and she continues to be bedridden. She broke her hips, and even though she had an operation it wasn't good. She can't stand on her own; she cannot even turn around on the bed.

Despite not being explicit, it is clear that Guadalupe's positive perception of her own health comes from identifying the opposite of "good health" with the physical dependence or lack of mobility that her sister-in-law experiences. For her, then, the scenario where she is not able to walk, let alone stand on her own, would signify being 'unhealthy'. Therefore, and despite her own disease, it is through this contrast that Guadalupe manages to see her current situation as more

desirable than that of her sister-in-law but also to that of other people much younger than her.

Similarly, Florencia's assessment of "good health" is made upon her perception about the health state of younger close friends 'with incurable diseases' and a more abstract group of people of her same age or even younger than she is:

Well, for my age and looking at the people of the same age as me, who suffer from so many diseases [pause] Right now, I have two friends with incurable diseases, they are both five years younger than me, that is why I see myself good! [...] so many people of my age are ill and I don't feel like an ill person, I don't feel like that! I have hypertension, but it only troubles me when I work too much; even the doctor tells me: "you work as if you were a 50 year old", so for my age I'm perfectly well! I eat well, sleep well, my physiological functions are perfect, and I live well!

Despite acknowledging her disease, Florencia distances herself from the *other*, the old and ill and claims a healthy identity. The reason she is able to do this is because she relies on her sense of well-being. She *feels* healthy and therefore is able to transcend her body-related issues, which 'trouble' her only when she works too much, as if she were a younger person, as stated by her doctor. This later aspect is relevant as it shows how prevailing social images and expectations of old age influence people's ideas and behaviour regarding health. In this sense, the socio-medical discourse appears to be that a 70 year old should not keep working as a 50 year old arguably does if that person wants to maintain good health. Paradoxically, Florencia seems capable of working as a 50 year old, and thus by comparing herself to people of the same age as her, or younger, who suffer from illness she is able to construct a healthy identity. Accordingly, this shows how individuals make sense of their health in relation to their social interactions and age-appropriate societal expectations.

Thus far, we have seen that despite the presence of disease or illness these women can distance themselves from the image of an ill or troubled old age by assessing their situation as being better off than that of other old people who also suffer from disease or impairment. Interestingly, this positive comparison mechanism appears also amongst individuals with even more severe and numerous health issues than those experienced by the previous informants. This is illustrated by the explanation of Violeta, who, despite being diagnosed with

hypertension, ischemic cardiopathy and more recently, senile maculopathia<sup>30</sup>, suffering from poor blood-circulation, spine lesions, and chronic physical pain and having had several surgical procedures throughout her life, considered herself to be in 'good health'.

**MM:** How would you say is your health right now?

**Violeta:** Well, if I compare myself with how other many people are, especially here at the [nursing] home, yes, I think my health is good. I take care of myself. There are people younger than me who cannot do their own things. I take care of myself, I bathe, I change my clothes by myself, I look after myself. So, uhhm, taking all those circumstances that I told you already, well, I do feel, to put it in a simple way, I am so grateful to God because despite all those many surgeries, all the years you see I have, I take care of myself, and I don't want to be a burden, to be confined to a wheelchair (.) or become a person that doesn't even know who she is, nothing like that, no! God have mercy on me, and take me before that ever happens!

It is clear that Violeta takes account of factors other than merely biomedical indicators of her health. First, the positive assessment she gave to her own health is partly the result of juxtaposing her own situation with that of other residents in the nursing home. She compares herself with those residents who unlike her cannot take care of themselves and are not *functionally independent* as she still is. Thus, Violeta sees her current situation as preferable to that of *others*. Second, remaining physically and cognitively functional provides her with the feeling that she has some control over her health, of what is left that is still "working". This gives her a sense of *not being a burden*, all of which contributes to her notion of 'good health'. As stated in Chapter 5, this narrative of *not wanting to become a burden* is ever present in many of the informants' accounts on ageing and care. However, only Violeta integrated such ideas with the explanation of her own 'health'. Third, her notion of being satisfied with her life, despite all of her health problems, as well as being grateful to God adds to the equation of 'good health'. Although it might seem contradictory, by relying on her religious faith she is entrusting God with her health and at the same time enacting meaningful agency.

In contrast, Regina is one of the informants who made a temporal comparison of her health:

---

<sup>30</sup> This is an age-related disease of the eye, which can cause irreversible blindness, and is not treatable.

You see, I describe my current health as good 'cause before I was suffering from my eyes. One doctor told me I had cataracts and that I needed surgery urgently, but I wasn't sure, besides he was going to charge me 16 thousand pesos for each eye (.) so thank God I went to this other doctor; he only gave me a vitamin treatment and that was it. The ocular growth I had in this eye [points to the right eye] is almost gone, it was all red. I'm cured now! [...] Also, another thing that was affecting me was my [blood] pressure, so I went to the cardiologist because I had this 'dolorcito' (slight pain) in my chest, but it went away! They gave me a treatment and now I don't have pain at all, it is gone completely! So, I think that if it wasn't for my legs, which is the only thing that hurts me, I would be perfect!

In this comparison account it is evident that the notion of being in good health is also constructed in terms of *seeking and receiving medical attention*. Furthermore, getting the best medical treatment she can afford along with *relying* on the effectiveness of the doctors' work are key aspects in the meaning Regina gives to being healthy and also her management strategy to deal with illness and disease.

Interestingly, the comparison she makes between her current and previous health states shows a paradox. On the one hand she is talking about being healthy as a result of her medical conditions (i.e. cataracts, hypertension) having been taken care of. On the other, she refers to her painful legs as the reason why she is not in 'perfect' health but in 'good' health nonetheless, and compares her current condition with a previous and "painless" time:

Look, when I was in the ranch, we lived there always until five years ago when my husband died, I did everything, fed the animals, all the house chores and now the lack of exercise is destroying my legs, is like the legs' nerves are getting more, more (.) clumsy! And here [at her daughter's], well, I just sweep the sidewalk, but it is very small, you know how small the houses are now, right? And I also clean the backyard but that's all! *So I know it is the lack of exercise, and not because of the years, no, I still am very strong! I just need that, to exercise!* While I was in the ranch my legs never hurt, well, one just had started to hurt but very little, then the pain would go away with all the exercise I used to do; my legs were good! *Here, since there is not much work to do, nowhere to go the body is stagnant,* mostly sitting, so anytime soon I'm going to be in a wheelchair, I think! [Laughs] (emphasis added).

The salient aspect here is that to Regina 'the legs' have become an object, something she can "separate" from herself (Leder, 1990: 76), and hence from her overall health status. Clearly she accepts her bodily pain as a consequence of her changing 'physical' and also emotional circumstances (i.e. the loss of her husband

and moving in with her daughters in the city). In this context, to Regina her pain is caused by the changes in her lifestyle and especially by the lack of exercise. And since a “painless past is all but forgotten” (Leder 1990: 76), her current pain makes her long for her previous and active life. In this account, as Blaxter (2004) also found amongst her informants of rural background, there seems to be a sense of a *healthier past* as opposed to her current urban living: as the ranch owner Regina asserts herself as more physically active and in control of her body.

By comparison, in her present reality Regina’s body seems to be out of her control: “since there is not much work to do, nowhere to go the body is stagnant, mostly sitting, so anytime soon I’m gonna be in a wheelchair, I think”. As with her painful legs, now she refers to her inactive, “stagnant” body as something separate from herself.

According to Jackson (1997: 206-207), people often objectify their bodies in an attempt to understand and control the difference between painful and painless conditions. Jackson also notes that the reason we objectify pain, and by extension our bodies, as something apart from the self (subject) is because, paradoxically, it can produce a sense of control. And this is probably why Regina and most of the informants at times try to “maintain” mind-body and subject-object dualisms and at others they try to transcend them, both strategies being a – conscious/unconscious – attempt to make sense of their bodily and mental-emotional experiences. Consequently, this is also the reason why they think of themselves as healthy despite the “presence” of disease, pain or impairment.

Thus, by comparing themselves – whether directly or in an abstract way – with another person that “appears” to be in a more difficult situation and hence having “poorer health” or with themselves at another time in their life course, these informants seem to be able to construct a rather positive perception of their health even though they also experience health issues. Apparently, as mentioned earlier, through this comparison mechanism these women separate themselves from the *other* old people; and in doing so they try to resist an image of old age that is related to illness, frailty and dependency.

### **Healthy in the “absence” of disease, pain and distress**

Some informants initially defined their health as “more or less good” or even considered themselves to be in “ill-health”. Their accounts made clear distinctions between their physical and emotional health, while emphasising the rather negative effects disease, pain or distress have in their individual lived experience. This in turn influenced them to perceive their own health as “not so good”. In other words, they would only consider themselves to be in “good health” in the absolute absence of illness. Certainly, this contrasts with many of the previous accounts where the women rated their health as ‘good’ despite suffering a disease and/or pain.

Within this category, both religious and emotional capital appear to be salient features in determining the informants’ constructs of their own health. In this context, ‘emotional capital’, as Williams (2000: 568) explains, is defined as the resource an individual applies in order to balance positive and negative emotional experiences, set within a socio-cultural context of the material and psychosocial circumstances in which people are immersed. Conversely, ‘religious capital’ reflects the degree of one’s knowledge and emotional attachment to an organised set of beliefs, values, traditions, and rituals, of which the ultimate function is to know God (Stark & Finke 2000: 120; Hill & Pargament 2003, Sulmasy 2002 cited in Feild 2007: 76). Thus, for the religious person, ‘religious capital’ becomes intrinsic to his/her biography and in later life or at the end of life provides a structural framework for understanding life experiences (Koenig 2002; Finke 2003; Field 2007) (i.e. suffering and illness), maintaining self-identity and managing personal agency.

Margarita’s (77, W) account is relevant in this context. She was diagnosed with type II diabetes at age 50, and ever since has followed a treatment that includes daily medication and a special diet. She also suffers from hypertension; two years prior to taking part in my study she had a heart attack, and six months after that she suffered a stroke. Since she received prompt medical intervention in both cases there were no severe consequences. However she still experiences blood-flow problems and is on anticoagulant medication. When asked to describe her current health she replied:

[More or less good, yes. But, what worries me the most is the diabetes that has no cure! It's a thing that I have under control but only controlled, and my knee, a couple of months ago I fell down and my knee cap got broken so badly, it broke in two or something, and then I had this thing that I have to wear in my leg like fifteen days from here up to here [pointing to her left leg] but it hurts so much with the cold weather, it hurts terribly! But when I am lying down I don't have pain, it is only when I spend too much time standing. [...] Perhaps, my health is not so good because of the diabetes but I do feel very good, very calm, very satisfied! I leave all things in our Lord's hands!

This account shows how instead of keeping her diabetes and physical pain in the background (as many of the informants do), she brings them forward to her daily reality; they are not *absent*. That is the reason why she can only value her health as “more or less good”. However, this outlook on her health is only about the physical aspect. Her disease and pain have not disrupted her emotional balance: she ‘feels good’ and thus she is emotionally healthy. Interestingly, it seems that *feeling* calm and satisfied derives from her faith, her religious capital. Thus, such capital helps her to maintain a coherent account of the self and consequently a coherent account of health. Finally, by transferring the control of her health and life into “God's hands”, she is actively managing and coping with her daily experiences of disease and pain, and also of old age.

While Margarita is able to separate her physical pain from her emotional health other informants found their daily lives, their emotions, their spirituality, to be *dominated* by their painful bodies (Jackson 1997: 207). For instance, Xóchitl, who had been in a wheelchair for two years, and now uses a walker, described her current health by emphasising that she was a healthy person ‘only at times’. Then, she added: “one feels bitter or so bad when you are having pain, then you feel down”. Thus, it is the physical pain what affects her emotional stability, and consequently the notion of her own health status. Since her *painful body* is powerfully influencing her mind this could initially be considered a problem of “matter over mind” and therefore mind-body dualism. However, Xóchitl is not objectifying her body, instead she seems to view her pain simultaneously as a bodily and a mental-emotional experience (Jackson 1997: 209); she is transcending the mind-body dualism. Her pain is not just part of her body but part of her self, and therefore, her account of health is somewhat different from those described previously. Xóchitl's body is not dys-appearing; rather body and mind are integrated by the experience of pain, affecting each other in equal measure.

Similarly to Xóchitl, Amalia's (67, W) and María Inés' (85, W) integrated their emotional and physical health in their notion of health. Both had been diagnosed with clinical depression and taken anti-depressants. For Amalia the reason of her depression was not clear and had lasted for over a year prior to this study. In contrast, for (85, W) her illness had derived from the recent death of her husband. For instance, she defines herself as "healthy in half terms":

**MM:** How do you see yourself in terms of health?

**María Inés:** Well, normally, uhmm [pause] well, yes, in half terms I am healthy (.) because I don't have problems with (.) I don't know how to tell you but, uhm, but I feel good! Physically I feel good! They [her children] took me to the doctor you know? But it's only the depression, as I told you, that I got (.) and, and it's over now, well, it's less and less [pause] it's been 7 months my husband, but [teary eyes] if right now my daughter-in-law comes and asks me "how are you?", I would say "good"; "How do you feel, good?", "Do you feel this or that?", "No, no! I'm fine!" I mean, I cannot tell her I feel this or that, that this hurts or this other because [pause] it doesn't, nothing in my body hurts me! [Laughs] I am sensible because [pause] but I feel good, thank God! Physically I feel good! [...]

Like Xóchitl, this informant does not see herself as a 'healthy' person. Whilst she acknowledges that she feels good 'physically' she also recognises that her mental-emotional capital has been disrupted by the recent loss of her husband. In contrast to the previous account, María Inés appears to be maintaining mind-body dualism as she actively separates her bodily experience from her emotional experience. Furthermore, a relevant aspect in her narrative is that since her pain is not physical or of physical origin she struggles to "validate" her feelings of emotional pain and mental distress. This is hinted at by the way she would interact with her daughter-in-law regarding how she feels. In this respect, Jackson (1997: 210) has noted that knowing the causes of a pain is very important, as this will often have an impact on the experience *per se* and on the strategies to manage or overcome the pain.

Finally, Sara (85, W) was the only informant who described herself as an ill person. By the time of the interview she had been residing in a nursing home for five years. Although she was still able to walk by herself, she complained of feeling physically weak and often used a wheelchair to get around the home, and especially while outdoors. Initially, she described her health by contrasting her current health status with the time when she was suffering from a severe cough

that lasted for several months. Then she added that she often suffers from insomnia and from “the nerves”, as she called it, and that these two factors are the reason why she sees herself as having ill health. Similarly to the previous accounts, to Sara mental and emotional health are equally or probably more important than her physical impairment. Interestingly, she acknowledged that her illness manifested itself right after she moved into the nursing home, after having lived at her sister’s home for a considerable time. In doing so, she constructs this as the cause of her ill-health. This becomes clear once she explicitly related the way she feels to her stay at the nursing home:

**Sara:** “*Aqui estoy de oquis!*” (Here, I got nothing to do!) Well, I don’t know, I go and take a nap, then I get up and come here [to the garden] and then the rosary. Before I used to knit, but since they cured my eyes I can’t knit anymore; I can’t read either, those tiny letters I can’t read any!

**MM:** So are you missing doing all those things...?

**Sara:** [Yes, but to tell the truth I want to die (.) I had the surgery in my eyes but I can’t read, can’t knit either I’m not doing anything here! And it’s been a while since my sister came to visit me; I don’t know why that is; maybe she is unwell or something!

Clearly, Sara’s emotional capital is out of balance; she lacks social interaction and can no longer do the activities that used to make her feel good. Moreover, her idea of health is not just about the lack of physical or social activities *per se* but the lack of enjoyment and feeling useful. This last aspect is hinted at by the Spanish expression she uses at the start: “*Aqui estoy de oquis*”, which is commonly used to express “boredom” or “doing nothing”. Hers is a narrative of pain, of emotional suffering as she feels abandoned by her family and without any motivation which translates into her ill-health and builds up into her desire to die sooner.

The narratives that were discussed in this section show that the informants’ ideas about their own health draw upon aspects that go beyond their biophysical circumstances. They incorporate mind and spirit into their accounts as they relate being (un)healthy with their emotional and mental state, their own attitude towards their specific conditions and whether or not they maintain religious and emotional capital. Yet in these accounts the age variable has not appeared as a salient feature of their health descriptions, at least not explicitly. The next

section explores the women's ideas about their health in relation to ageing and old age.

### **“Normal” health for an old person**

Given that how we respond to biophysical decline is indeed part of the human condition, it often makes sense to associate old age with illness and impairment. However, to see whether or not that is the case, it is necessary to uncover how old people themselves make the connection between their age and their health status. To begin with, only Cecilia (80, NM) stated this relationship in a subtle way. She does not mention her age *per se* but what it seems to be the “normal” or common consequence of old age:

I still feel strong and I feel good, I don't have any other disease, I don't have anything! Well, sometimes I get rheumas and my knee hurts, but it's only because of the weather and the old bones, there is no remedy but to soldier on!

Beyond the clear references to physical capabilities, emotional state, and absence of disease and illness used to define her own health, what is relevant in this account to this section in particular is how she explains her at times *dys-appearing* condition, arthritis, not merely as a disease but as something that is a direct consequence of the changes in weather and the ‘old bones’. Although she might not be referring directly to her own age, the use of the term ‘old bones’ evokes her experience of an ageing body. Moreover, it is in the last part of her statement where a salient discourse is revealed: “there is no remedy but to soldier on”. There is clearly an acceptance of the new circumstances of the body, the rheumatism and the pain. She sees these as normal. So, arguably, here there is a normative discourse of the body and its correlation with health and old age.

Other informants, although initially evaluated their health as “not so good”, considered themselves to be in “normal” health for their age. Interestingly, they all used the expression “*los achaques normales de la edad*”, which could be translated into English as: “the normal travails of old age”. Beyond the obvious references to bodily experiences of ageing, the most significant part of that expression was the term “normal”. Elena's (79, W) account is a good example:

**MM:** How would you describe your current health?

**Elena:** How? Well, definitely I have bad health, I am telling you, that thing of having pain here or there and there that is not very good health. Although it's not, it's not (.) how can I say? (.) It's not like I can't move at all! I think my health is very normal at my age, like I say, at my age and with all the things I've been through and everything, I do think it's normal, right? I take it as a normal thing!

Elena is giving a coherent description of her health status as it is based on her health problems: she is on medication for hypertension, has prosthesis in her right leg, suffers from a stomach ulcer and also from thrombophlebitis in both of her legs. Interestingly, she constructs the notion of her health by integrating two elements: “my age” and “all the things I've been through”. She recognises that her age is not the exclusive cause of her current health but merely another factor along with other issues and previous experiences in her life course. As Sidell (1997) would argue, disease and decline are not “naturally” attributable to old age but rather the result of close interactions between the physical, social and emotional environments. Elena is somewhat aware of this dynamic and its impact on her health. Furthermore, she seems to overcome her health problems (e.g. pain) by attributing them to her age, and in doing so, she takes a “healthy” outlook.

Irasema (89, W), who suffers from hypertension, glaucoma, and uses a walker, also attributed, though implicitly, this “normal” label to her health state:

I'm not well, but I am not complaining of having bad health either, like (.) uhmm (.) for my age I have to have “*achaques*” [travails/afflictions] I have to have (.) and then with my [health] consequences (pause) Well, thank God I am doing good!

According to Irasema, her current health is a direct consequence of both her age and the health problems she experienced prior to entering old age, which she refers to ‘consequences’. The latter echoes the previous informant’s account because Irasema also acknowledges that (1) not having good health is not exclusively due to old age and (2) that all of us are susceptible to becoming ill or sick during the course of our lives. Nonetheless, the salient aspect in her account is how she asserts that her health issues are not only “normal” at her age but also “expected”; she has to have them.

In their accounts, these women were explicitly acknowledging their old age and clearly assessing their own health in a different way to what we have discussed in previous sections. Apparently, for them the various physical changes and more specifically “health problems” often – but not exclusively – take place in old age. For them, having problems was something “expected” as a consequence of the passage of time and their various life experiences. Hence, they interpreted their biological/physical difficulties as part of the normal process of ageing and old age, as long as they continue to function. Raquel’s (81, W) comments are pertinent here as she contested that old age is not the cause of feeling unwell or unhealthy: “I have this pain in my [right] hand, it comes and goes, and the doctors keep telling me is because of my age; so is that it? Only ‘cause one is old then there is no cure or treatment! There must be a valid reason for my pain, not just my age!”

Certainly, these accounts are more focused on the physical or biological aspects of health and do not fully integrate the emotional or social context of their experiences as the informants in the previous section did. Instead, their understanding or perception of their own current health is in relation to being an old person and their life course experiences as a whole. For these women seeing “*los achaques de la edad*” as normal is definitely not a narrative of conformity to the physical and biological changes that commonly accompany old age but rather a personal coherent account grounded in the reality they experience everyday, through their own bodies.

## Conclusion

As shown in this chapter, health is a dynamic concept people explain by making references to the daily experience of both the physical body and the social-emotional body. Given the interpretations of what being healthy means to these women (e.g. function; fate; lifestyle; attitude) it is clear that for most of them the concept of health takes on physical, moral, emotional and spiritual dimensions and therefore it is also constructed as an *ideal*. However, their individual perceptions of their own health were mainly affected by their sense of reality embedded in their personal experiences of disease, impairment or pain and the social and cultural contexts they live in. Thus is not surprising that many of these women’s ideas and behaviour regarding health are also embedded in Mexican Catholic values.

On the other hand, the women's health talk is also quite complex. Most of them appear to make sense of their health status by emphasising a mind-body dualism, usually giving a privileged status to their minds. Here, it is also helpful to consider the role of language in this process. For these Mexican women health is something one *has*, something apart from the self (subject). In other words, they "have health" and consequently they also objectify their bodies. Yet, paradoxically it is by experiencing their own corporeality that they "separate" their bodies from the minds. Theirs are bodies increasingly vulnerable to disease, distress and dysfunction and that is why oftentimes most of them construct their mind as the site of personal agency for their everyday life experience. Evidently, their bodies are central both to the experience and feelings associated with illness and disease and in the processes involved in their management (Kelly & Field 2004: 262). Thus, mind-body dualism is an essential management strategy not only for constructing an identity of a healthy self but also for making sense of ageing and old age. In doing so, they feel in *control* of their ageing bodies, their pain, illness or disease.

Being in control is also the reason why most of these women had a positive outlook in relation to their health and highlighted the importance of "feeling good" by focusing on the positive aspects of their lives, by relying on their emotional and physical capital, instead of focusing on the physical symptoms or limitations they may experience. In this sense, "feeling good" derives from *wanting* and *having* the attitude to "feel good". And that is why the majority of the informants considered themselves to be in "good health". It is not, however, that they deny their experiences of pain, impairment or disease. On the contrary, they are aware of their vulnerability to illness, disability, decline, and ultimately dying. As these narratives reveal, most of these women show a resilient attitude toward the changes and issues they face in old age. In this context, the investment in their social, emotional, religious and physical capital represents for these women the mechanism for managing their lived-experiences and maintaining their self-identity, so that they are able to make sense of health, illness and bodily changes. The following chapter explores the ways in which the informants construct and negotiate meanings of ageing and old age.

Chapter 7

## Meanings and Images of Ageing and Old Age



## Introduction

The analysis presented in the previous chapter has uncovered the central role of the *ageing body* in the women's social interactions, their constructions of personal meaning and identity, and also future expectations. By *ageing body* I am referring to what Gubrium and Holstein (2003: 206-7) have identified as the *objective* and *everyday* dimensions of the body. For these authors, in both instances, the body is a material entity with a physical presence that can be observed, evaluated, and responded to while interacting with others (e.g. functional ability, intelligence, memory, physical appearance). The difference however resides in the *everyday* body being what we take into account when organising our thoughts, feelings, and actions (ibid) (e.g. pain, illness, tiredness, and self-image) also through social interaction. Thus, the everyday body is the *lived* body (Leder 1990; Nettleton & Watson 1998). In this context, the interplay of the women's visible bodily ageing (appearance), their physical functioning and performance, and their 'lived bodies' is central to the women's subjective experiences of ageing and to the images and meanings they ascribe to old age.

As discussed earlier, my informants are aware of their physical changes and their increasing vulnerability to illness and disability. On one hand their day-to-day bodily experiences, their engagement and performance in physical and social activities is closely interlinked with how they construct their own understandings of health and illness. On the other, being able to prove themselves and others as competent agents (i.e. in the form of care of the self and others) is a signifier of well-being and self-worth through which these women are able to construct both self and social identities whilst trying to make sense of their ageing process. In this context, the notion of care forms the basis for these women to construct their resistance to becoming a burden on their families and their discourse of – residual – competence. Thus, although their narratives of care and health are embedded in their own experiences and interpretations of ageing and old age, it is precisely the women's own constructions of ageing and negotiation of an old age identity that need to be further explored.

As with the concepts of health and care, the way these women make sense of identity in later life is interlinked with how they conceptualise and *feel* their experiences of having and being an ageing body. The exploration of women's ideas

about their bodies is not merely within a biological or physical context. Instead, what informs the analysis in this chapter is the notion that the personal meanings assigned to old age derive from the intersection of how the informants experience their ageing bodies with their culture, religion, social interaction and individual life experiences, living conditions and dispositions. Quoting Martha Holstein (2006: 314), the aim is to show how these women “integrate ‘materialist’ and ‘social constructionist’ views of the body” as their source of meaning and meaning construction on ageing and old age.

The chapter begins with an examination of the positive and negative meanings women ascribed to ageing and old age: joy/fulfilment and boredom/hopelessness. The majority of informants seemed to employ three main strategies for constructing positive meanings (i.e. social comparison, residual functionality, and control activities). Next, religious beliefs and spirituality are uncovered as a significant frame some informants drew on to interpret old age in positive terms. This section ends with an exploration of the negative construction of old age as “hopelessness” and as “something ugly”. This is followed by a detailed account of the factors most women designated as main determinants of old age (i.e. chronological age, functional abilities, social status). Consequently, I look at the complexity of the informants’ ageing identities and the distinction all women made between *being* and *feeling* old, which they seemed to explain in terms of mind-body dissociation, their embodied interactions, their health status, or by constructing the *other* as old. The chapter then moves on to explore how some women constructed themselves as a “burden” upon self-realisation of decline. Throughout the chapter the language informants used to refer to old age and their ageing experience is highlighted along with broader cultural narratives of ageing and their impact on the informants’ biographical accounts about old age. In the last section, I return to discuss the women’s religious faith as a management strategy that shapes their understandings and expectations of old age.

## **Women’s Definitions of Old Age**

As explained in the Introduction of this thesis, in Mexico individuals aged 60-plus are officially considered as older adults or “*personas adultas mayores*” (INAPAM<sup>31</sup> 2010). However, an official criterion does not give us the whole picture of how

---

<sup>31</sup> *Instituto Nacional de las Personas Adultas Mayores.*

age is socially constructed and what discursive and ideological associations these women make use of in an attempt to reconstruct ageing.

I purposefully asked my informants to describe what 'old age' means to them. With the exception of two informants who constructed a negative meaning, in their responses all the women elaborated both positive and negative aspects on the meaning of old age. Overall, the women's definitions can be grouped under three main categories: (1) *neutral*, (2) *positive* and (3) *negative*. Within the first category old age is defined as: a natural life process; the last stage in life – prior to death; the accumulation of years; the balance of positive (joys) and negative (suffering) life experiences. Among the positive definitions the informants constructed old age as: wisdom and knowledge, and freedom from responsibilities (i.e. formal work, housework and childcare). Finally, old age is defined in negative terms as: decline and loss (in functional abilities/physical appearance/health); social seclusion; and something 'ugly'. I will illustrate this, particularly by examining the positive and negative meanings the informants ascribed to old age.

### **Old age as 'joy and fulfilment'**

Although at the beginning of their responses the majority of the informants talked about old age in a general and at times abstract ways, all of them at some point drew on their personal experiences. Interestingly, in their accounts of old age they were not only elaborating on their later life but on their experiences across the life course. Most of them reflected on being satisfied and happy with themselves, their families and their lives as a whole, albeit not without recalling negative aspects and events (e.g. illnesses, accidents, conflicting interpersonal relationships), regrets and personal losses. All in all, the majority constructed a positive meaning of ageing and old age; for them to grow older and reach 'old age' translated to accomplishing an overall fulfilling and joyous life experience. The following excerpt illustrates such finding:

**Violeta:** [Old age] means to have enjoyed many pleasant and wonderful things in life, to have received great affections, *great joys* (emphasis added). Someone recently asked me about what had been my greatest joy in life; I told them that the day my daughters were born, those were the happiest moments of my life. And well, not all is good. I told you, the car accident I had when I was young left me with many "*achaques*" (health-

related difficulties), lots of problems but one has to keep going! [...] Old age is then to have life experience [...]

In this account Violeta (88, W) is drawing on both positive and negative aspects over her life course. She is making allusion to meaningful life events, namely her daughters' birthdates and her car accident, which have shaped and constrained her path into later life; by doing this she is actively constructing ageing as a *balanced* and coherent biographical story. That she is happy about her life as a whole makes it possible for her to elaborate specific details of her life course as opposed to elaborating *only* on her current situation, or being fixed on a single theme (this is the narrative of other informants, as I will show under the section of old age as something 'ugly'). Furthermore, with the mention of "one has to keep going!" Violeta is clearly showing not a passive resignation to her fate, to her ageing and old age, but rather a more active cognitive coping strategy. I will return to this towards the end of the chapter.

### **Constructing a positive meaning of old age**

Thus, with this positive construction of ageing and old age the informants seemed to transcend their bodily experiences of ageing while emphasising their *emotional* and *mental* state. However, in order to be able to construct such a positive meaning of old age, the women made use of strategies that, ironically, situated their bodies as the central source of meaning: social comparison, residual functionality, and control activities.

#### *Social comparison: Being better than other old people*

In Chapter 6 we established the importance of social comparison, and specifically downward comparison, as a strategy employed by some of the informants to assess themselves as having 'good' health. Again, comparing themselves with other old people, even much younger (old) people enabled some of the women to elaborate on a positive evaluation of their own ageing and the way they were experiencing old age. For example, Violeta's previous account on the meaning of old age, continued as follows:

[...](.) and then what you see here [care home], you recognise the *suffering* of so many people, how they are, so that helps you not to despair and to be grateful to God for allowing me to be like I am now, because

here there are people much younger than I and they are doing terribly badly. So I am indeed grateful to God that I reached this age like this [emphasis added].

As we can see, Violeta makes sense of old age and is able to construct a positive meaning of her ageing experience by means of a downward comparison. Similarly to when asked to define her health status (see Chapter 6), she is contrasting her current situation with that of other 'much younger' people living with her at the care home whose circumstances she perceives as worse than hers. Interestingly, she uses the word 'suffering', by which she is implicitly referring to health-related issues, involving not only physical pain but also emotional distress. Now, being able to 'recognise' such a suffering means she is not only being empathic but that she also acknowledges sharing that experience with other people living at the care home. She seems to gain emotional strength and resilience from her own current situation and personal values and beliefs (i.e. motherhood, religious faith, caring for her family, her views on elderly care [see Chapter 5]) along with the recollection of a fulfilling life story and having lived up to those values and beliefs. This comparison mechanism, then, allows her to minimise her own difficulties and construct a positive or 'better off' image of herself in old age. More precisely, she is constructing a positive *ageing identity* through, what Frisby (2004) calls, "self-enhancement", that is comparing herself positively with others who appear to be less fortunate, which also reflects on notions of normalisation and appropriate behaviour (Meadows & Davidson 2006).

### *Residual functionality: What I am still able to do*

Other informants, however, were not comparing themselves to others. Instead, they took on a different approach to construct old age in positive terms, that of residual functionality. These women, then, were focusing on what their ageing bodies are still able to do, on physical functionality. In Chapter 6 we uncovered the relevance of a having a physically *able body* in the informants' notion of what being healthy means. Thus, unsurprisingly the meanings they attributed to old age are also underpinned by their physical abilities and functioning status. This is important because as I have earlier contended the degree to which these women remain physically functional, able to take care of themselves and engage in various activities, is correlated to their sense of competence (Hepworth 2004) and

independence, which impacts on the way they construct their own old age and ageing. María Inés' statement is representative of this strategy:

Uhhh, I think (pause) I thank God because *I can still walk very well and all that* (emphasis added), I just have some difficulties, I can't hear that well. Sometimes I use this thingy [a hearing-aid device] but I don't really like it. But to me old age is something very natural, isn't right? I don't know what else to say. It's normal! It does not affect me, thank God. I mean, I am not like 'aayy (emulating a cry of pain) this, and that' (.) I mean, I am not "*quejumbrosa*" (a whinger) (María Inés, 85 W).

What is evident in this account is the importance María Inés gives to her *able body*. Now with the mention of "I can still walk very well and all that" she is in fact employing a narrative of *residual functionality*. She focuses on what she can *still* do with her body, on *what is left* as her physical capital whilst also acknowledging some of the physical "difficulties" she is currently experiencing. At this time, we should recall that María Inés constructed herself as "healthy in half terms"; she made special emphasis on being "physically" good and acknowledged to be suffering from depression caused by her husband's recent death (see Chapter 6). Now, by reading her entire narrative it is clear that María Inés has a positive outlook on life and similarly to most informants she considers ageing and old age a fulfilling experience despite unfortunate events. Thus, unsurprisingly María Inés makes sense of old age by focusing on her – residual – physical functionality, arguably because that is what she deems to be her greatest capital at the moment. Interestingly, enough, in this particular excerpt she defines both her current physical capabilities and old age as something rather "natural", as the expected consequences of living to this age. By doing so, she is clearly relying on a fairly normative narrative of biophysical decline which in turn also gives way to her evident *acceptance* of the changes brought with ageing: "It's normal! It does not affect me".

Another aspect worth noting is María Inés' statement of not being "*quejumbrosa*". This is interesting because it places her personal experience of ageing within a social context. Although implicitly, she is making references to not being a burden on her family (adult children), an aspect that in retrospect appears clearly in Chapter 6 when she elaborated about her health status. The resistance to becoming a burden is a salient aspect amongst the women's images of old age, and therefore I will return to this at a later section in the chapter.

*Control activities: I take care of myself*

The final strategy other informants employed, when defining old age, involves the notion of *self-care*, particularly health promoting activities and attitudes. For instance, Jacinta's construction of old age is a clear example of the use of such strategy:

I have my mental capabilities, my hands, my eyes, my feet; I have already told you all the things I do, right? I can bend over, *I'm constantly doing exercise, I walk everywhere!* They [medical doctors] have prescribed me to walk at least 40 minutes a day (emphasis added). So, I don't feel (.) because to me the 75 years I am going to reach this month have been a great experience, a wonderful experience, a blessing! To reach this age like this, like I have, it's really an enormous blessing from God, our lord! That's what I can tell you about old age (Jacinta, 74).

In line with other informants' idea that the body needs to be taken care of through control activities or preventive measures and regular physical exercise (as discussed in Chapters 5 and 6), Jacinta recognises that engaging in physical activity and exercise (self-care) has contributed to the maintenance of her physical and mental capabilities. This in turn has an impact on the way she constructs both her ageing and her 75 years of age, as "a wonderful experience, a blessing!" Undoubtedly, their level of physical activity informs the way most informants perceive their own age. Furthermore, it is clear that many of them are aware of the benefits that taking good care of their bodies and overall *keeping active* can bring to them in both physical and mental terms.

Taking the example of Jacinta's account, one could argue that a rather negative construction of old age could have its basis in experiencing bodily decline (e.g. ill-health; loss in functional ability, tiredness). However, as discussed earlier, through the analysis of Violeta and María Inés' accounts, the majority of the informants (even those with various health-related issues or experiencing physical decline) have found ways that enabled them to construct a positive meaning of ageing and old age, namely the strategies of social comparison and residual functionality.

Still, locating the sources enabling the majority of these women to construct old age as joy and fulfilment is not that simple, and thus cannot be reduced to the strategies discussed so far. A closer look at the women's accounts clearly

demonstrates how the significance attached to ageing and old age is embedded not only in the women's personal values and expectations, but in a broader socio-cultural context, that of religion.

### **A religious/spiritual interpretation**

As explained in the Methodology Chapter, when I started analysing the interviews data I purposefully disregarded all references to God and religious faith as a linguistic feature of the women's talk that had no real impact on their construction of meaning. However, after several analytical readings of the informants' accounts I came to realise that their day-to-day attitudes, thoughts, feelings and behaviour, and particularly the significance they ascribe to ageing and old age are underpinned by their religious beliefs.

These are women that have been socialised within a cultural tradition characterised by the dominant role of the family upon the social and individual life. Family gives Mexicans their beliefs, values and concepts about life and death, good and bad, feminine and masculine (Paz 2004 [1959]: 330). More specifically, within the Mexican family the Catholic faith has been inculcated from early childhood and has been particularly influential on women's familial roles (see Bridges 1980; Finkler 1994).

Earlier in this thesis, religious faith has been discussed as one of the main features characteristic of today's Mexican culture and it has also been uncovered as a significant framework upon which some of the informants constructed and interpreted meanings of care and health/illness. In Chapter 5, I described how caregiving has been central to Mexican women's feminine identity construction and in line with a culture embedded in a traditional patriarchal system. As we have seen, within this gender ideology the influence of religious beliefs has been central to the idealisation of mothering roles, imposing on Mexican women a societal expectation, that of mirroring the characteristics of the Virgin of Guadalupe (*marianisma role*) within the Catholic religion, which is also referred to as "*la madre abnegada*" (self-sacrificing mother) (Hubbell 1993). Conversely, in Chapter 6, religious beliefs came to be understood as a means through which some of the informants make sense of their health status and bodily experiences, and their life purpose. By constructing health as God's will, their religious faith was

also revealed as a strategy for managing health-related issues and accepting their current circumstances.

Within sociology there have been numerous claims that there is a religious root to social values and norms (e.g. Weber 1930; Wach 1947; Geertz 1973). As Inglehart and Baker (2000: 19) have stated, “[t]he broad cultural heritage of a society – Protestant, Roman Catholic, Orthodox, Confucian and Communist – leaves an imprint on values that endures despite modernisation”. Thus, in order to explain how religious beliefs are embedded in Mexican culture and how most of the informants consider them to be the most important framework of meaning to positively evaluate old age, one needs to locate religion in its historical context.

Following the argument presented in Chapter 6, here I will again make use of Octavio Paz’s now classic literary work *The Labyrinth of Solitude* (2004 [1959]). According to Paz, Catholicism must be seen as the centre of the colonial society because it is the source that nurtures the activities, passions, virtues and actions of the population. Thanks to religion, the colonial order is not merely a superimposition of new historical forms but a living organism. “By means of the catholic faith, the indigenous population, in their status as orphans, broken from the connection with their ancient cultures, their gods dead along with their cities, they nonetheless found a place in the world.” (ibid: 112). Thus, through baptism Catholicism makes society available to one and all, thus making it a universal order. Paz also argues that such an opportunity of belonging to a living order – albeit at the very bottom of the social pyramid – was ruthlessly denied to the Native Americans by the Protestants of New England. Then, Paz continues, it is often forgotten that belonging to the Catholic faith symbolised finding a place in the Cosmos. For the indigenous people Catholicism is the bridge to the world. It brings them back a sense of existence, nurtures their hopes and justifies both their life and death. In sum, the imposed Catholic religion, in a mixture of new and ancient beliefs, became a refuge to all Mexican people and therefore “it explains a large part of our history and it is the origin of many of our psychic conflicts” (ibid: 116). Religion, then, as a cultural value has been constructed, reconstructed and reproduced generation after generation and thus is another value with which my informants have been brought up that is ever-present in their everyday language, attitudes and behaviour.

As mentioned in Chapter 4, all the study participants considered themselves as Catholics; the only exception was Isabel, who is a converted Evangelical Christian. For this reason, when analysing the informants' accounts pertaining to God I am not referring to 'Catholic faith' but to religious belief/faith instead. Also worth noting is the fact that the majority of the women stated that their religious experience was not merely about going to church (e.g. mass services, confession, communion) but about praying either alone or in group (i.e. Bible group). This, then, indicates a more "spiritual" dimension. In other words, their religious experiences are not restricted to sacred issues or ecclesiastic spaces, but are in line with their everyday necessities within an autonomous space – usually their homes – controlled only by themselves (Vazquez 2006).

Although I did not specifically ask informants about their religious beliefs and practices, let alone if these have changed over time, the evidence indicates that most of these women do not see religion as a mere "refuge" to overcome stigmatising images associated with old age but as a means to find peace and company, and a higher power through which they make sense of life and particular situations. As Margarita (77, W) stated, "I am a big believer. I pray a lot, I pray a rosary every day. At daytime, when I am home alone I like to play music to keep me company, but at night I say a prayer." Although there is not enough empirical evidence to assume that old people are much more involved in religious practices and have a stronger faith (Vazquez 2006), according to my analysis it is amongst the older informants where we can find a religious beliefs system that seems to order their daily life and validate their actions. In this respect, Angeles (89, W) commented: "I've always felt blessed by God, always surrounded by people that love me. You, for instance, God sent you and I had never met you before, and here you are!"

As will be shown below, religious beliefs are the overarching explanatory framework that enables informants to interpret, respond and accept their personal situations pertaining to ageing and old age. Furthermore, it is by means of their faith that they can look at the passage of time as a symbolic experience and thus construct positive meanings and images of old age. If we go back and look at Violeta, María Inés and Jacinta's previous accounts we will find evidence of such frameworks of meaning-construction taking place. These three women, similarly to the majority of the informants, explained ageing and old age in terms

of God's will and considered old age to be a "blessing". For instance, Violeta is grateful to God for *allowing* her to have 'great joys' in life and to reach her current age. Moreover, it is through her faith that she finds *resilience* and *adaptability*, the competencies that Blaikie (1999: 180) deems crucial for dealing with the changes accompanying her old age. In a sense, this is how and why she is able to construct old age in a positive way. Conversely, for Jacinta reaching 75 years of age represents God's blessing, a gift that goes beyond the realm of physical capabilities. Worth noting is that Jacinta's system of beliefs did not appear to interfere with her ability to accept and comply with control activities or biomedical health regimes. If we recall, many of the informants try to follow, to some extent, some type of health-promoting activity or medical regime (Chapters 5 & 6), proving that for most of them religious faith is not practiced in a fatalistic or deterministic sense. On the other hand, by recourse to her faith in God María Inés makes sense of both her physical competences and losses as something rather 'natural'. Thus, given that she considers her circumstances 'normal' in old age she cannot complain. On the contrary, she is grateful to God and, like Violeta, uses her faith as a means to adapt to physical decline and loss.

In sum, these informants explain their longevity, past, current and future circumstances within a narrative of faith in God. They are grateful for their present reality and therefore they can construct a positive meaning of old age, which in turn becomes their tool to manage their ageing experience. This religious discourse of ageing and old age as a management strategy becomes more salient when the informants talk about their expectations of old age or further elaborate on what the future may hold for them. I will return to this aspect towards the end of the chapter.

### **Old age as 'boredom/hopelessness'**

Thus far, I have analysed the positive meanings women ascribed to old age and the strategies they employed in order to do so. As mentioned earlier, two of the informants, Sara and Hortensia, defined old age in rather negative terms. They equated old age with frustration, as a time when they find 'nothing to do or hope for', which contrasts with the positive images the rest of the informants have constructed about their own ageing and old age. I find it noteworthy to recall that both Sara and Hortensia had been living in a nursing home for a few years prior to

taking part in the study. In what follows I present the accounts of their own personal experience in old age.

**MM:** For you what does 'old age' mean?

**Sara:** Well, it means that you're old!

**MM:** Ok, so what does it mean to be old?

**Sara:** It's not good! *Es mucho fastidio* [It's lots of boredom]

**MM:** *Fastidio?*

**Sara:** Yes, yes! I want to die!

**MM:** Since when have you been feeling this way?

**Sara:** Old?

**Meiko:** Uhm, I mean (pause) all those feelings you are talking about now...

**Sara:** Well, ever since I've been here [nursing home]! I've been here 5 years!

**MM:** So, before that how did you feel?

**Sara:** I was feeling good! I was living with my sister.

**MM:** Right! And...

**Sara:** [She was the one who brought me here, and I don't really know why! I've never asked her why she brought me here [sad]

**MM:** I see. Is your sister older or younger than you?

**Sara:** Ten years! Ten years younger than me. And she is the youngest of all of us, and the only sister I've got.

**MM:** What did you usually do when you were living at your sister's?

**Sara:** Well, I helped her around the house. I helped her! But now I can't do anything!

In Sara's (85, W) account we can find an image of the care home at odds with the image of the care home uncovered in Chapter 5, that of a site for resistance to the social expectations of dependency in old age. Contrary to the majority of the informants, in her construction of old age Sara does not elaborate on her life course experiences nor does she give an evaluation of her life as a whole. According to Luborsky (1993 cited in Ray 2007: 64), amongst old people,

depressed informants narrate less of the life course and usually fix on a single meaning for their story. Sara's account appears to be in line with Luborsky's argument, as she offers a narrative fixed on a single theme: not liking old age ever since she entered a care home. Moreover, her desire to die is no doubt a sign of distress. Prior to entering the care home, when Sara was living with her sister, she "was feeling good" at age 80. In this sense, one could argue that what Sara considers to be a "*fastidio*" is not old age *per se* but her current social location as an old woman who has lost her independence and is no longer capable to take care of herself, and most probably is seen as a "burden" by her family.

Also interesting in this account is the way she made sense of her living in a care home: for Sara, her inability to provide care – to others and herself – is the reason why her sister has taken her there. When she was able to care for herself, when she was able to live with and *help* her sister around the house is when, arguably, she had a positive image of old age. If we recall, Sara was the only informant that considered herself as having "ill-health" (e.g. insomnia, nerves) (Chapter 6). One could argue that her well-being has been negatively affected by living in the care home, and by the stigma of having become a burden to her sister. Here, however, we should take into consideration Sara's sister's own age as this is related to another important issue, that of 'old people caring for other old people'. According to Sara, her sister was also caring for her own family (e.g. husband, children, grandchildren), and presumably her caring roles had already become physically or emotionally heavy on her.

In sum, Sara constructed a meaning of old age around the significance of her social setting, namely the nursing home, which signifies the onset of becoming a dependent self, and arguably the cause for her "ill-health" and frustration.

Similarly, when asked to define old age Hortensia also constructed a meaning that is based on her experience of living in a nursing home. The difference, however, is that in her account there seems to be a narrative of a life-long dislike of old age and old people for which she has no specific reason.

[...] All my life I have always thought that I don't like old age or "*los viejitos*" [old people], but can't tell you why that is. I only know that I grow older and that's very unfortunate 'cause I don't like it.

Later, she added:

[...] Here [nursing home] I got nothing, I do nothing and there is nothing to wish for! Anyway, here there is nothing! But I don't think that's any of your interest! [...] Let's see how life goes! Let's see how things turn. Hopefully everything will be better, let's hope this life gets better (.) *but here we are!* (emphasis added).

Clearly, in this account what prevails is a lack of a sense of meaning to life. For Hortensia, the nursing home is a location where there is 'nothing to do or wish for'. Since entering a nursing home was not her own decision but her son's (Chapter 4), she is clearly unhappy and thus holds a negative image of ageing and old age. Similarly to Sara, she constructs her story around only one theme: her aversion to old people. She "accepts" her growing older but not without a certain sense of fatalism, as there is a rather passive resignation to ageing. Yet, there is a hint that she is looking forward to the future and tries to be hopeful; however the only possible way her life 'can get better' is if she did not live in a nursing home<sup>32</sup>.

### Old age as 'something ugly'

Thus, with the exception of Sara and Hortensia, all the informants constructed positive images of ageing old age. Interestingly, though, when asked to define old age, a couple of informants initially articulated it as 'something ugly'. Their statements are informed by different levels of significance and interpretation, however they do not evoke their own personal definitions but rather others' perceptions of old age. As stated earlier, in this chapter I am concerned with identifying the *language* these women use when attempting to construct and reconstruct images of old age. This is important because the way they *talk* about old age can help to uncover how they *perform* their ageing identities (see Langellier 1999; Mishler 1999). In this sense, through discourse and language women indicate their stance towards old age and their own ageing as well as towards that of others and whether they internalise or resist cultural narratives of old age. For instance, when Felicitas (75, W) stated that 'old age' is something ugly, she was not referring to her personal experience of ageing or the life stage

---

<sup>32</sup> Almost one year after completing my fieldwork I visited the care home and received bad news: Sara had died within a few months of our last interview and Hortensia's cognitive health had clearly deteriorated.

but to the term itself. She does not like the words ‘*vejez*’ (old age) or ‘*viejo*’ or ‘*vieja*’ (old man; old woman):

**MM:** What would you say is the meaning of “*vejez*” (old age)?

**Felicitas:** Old age is something very ugly.

**MM:** Ugly? What do you mean?

**Felicitas:** To me that is a very derogative way to identify people. There are other forms to do so, to describe certain people (.) one can say “*él es un adulto mayor*” [he is an older adult], a respectable person. I’ve never liked to say ‘he is an old man’, [she] ‘is an old woman’, right? That upsets me! I find that word offensive!

Whilst in English language there is not much difference between the terms ‘older’ and ‘old’, and they are sometimes used interchangeably within ageing studies, one could argue that in Mexico the terms *adulto mayor* and *viejo* help to convey different categories and social images. In this account, Felicitas is showing a strong resistance to the use of the word ‘*viejo*’. Although her claims are in linguistic terms, she is still making an argument about not wanting to be identified with such a social category because for her it has a negative connotation. Clearly, she wants to construct herself as an “*adulto mayor*” instead of “*viejo*”, as the former evokes maturity, honour; the image of a ‘respectable person’. Moreover, she is constructing herself as an “adult” – not a child – and in doing so she is also rejecting the infantilising image that oftentimes underlies the negative social construction of old people. Interestingly, as mentioned above, “*adultos mayores*” is the official term employed by the Mexican state, so it also seems that Felicitas has internalised the terminology the government employs to address old people.

Conversely, when Raquel described old age as something ‘very ugly’ she was clearly referring to *other people’s perceptions*, to dominant negative images of old age:

Ayy, [old age] is very ugly, yes! Many [people] think (.) that they [old people] are useless, or stupid, stubborn, or they think of them as sick people [...] *as if we were no longer capable to do anything!* And everybody wants to diminish *them* [...] so people think that the “*viejitos*” [elderly] *are a burden!* I’m here [care home] because I wanted to, but so many are here and they cry, they want to leave. They are here because they couldn’t stay in their own homes, or with their grandchildren, or the daughter, or with whomever; you name it! They can’t be at their homes just because! And they [the relatives] confine them here and many people

are like that (.) How can I put it? (Pause) So, many people have the idea that *one* is taken to this kind of places against one's will, because they don't want him/her anymore, because they can't stand him/her! (emphases added) (Raquel, 81 W).

In this account, by describing old people as 'useless' and 'sick' Raquel is drawing on the negative social construction of old age. At the same time she resists placing herself within the category of 'old', and does so by constructing 'others' as old, from whom she differentiates and distances herself, hence the use of the pronoun 'they'. There is, however, a certain ambivalence that is evident in her shifts of the use of 'them' and 'we'. Still, when she uses 'we' and identifies herself as a member of the category of 'old', she seems to be constructing an identity of an *old* and *competent* self; this is hinted at by the phrasing of 'as if we were no longer capable to do anything'. This shows that Raquel is distancing herself from the stereotypical image of decline and loss in old age and the construction of old people as a burden on society. Again, she uses this distancing strategy while commenting on the situation of *other* people living in a care home, the "*viejitos*", those who became a burden to their families and were confined to a care home. As discussed in Chapter 5, for many of the informants to enter a care home is seen as a strategy to avoid becoming a burden. Here Raquel is clearly emphasising how different her situation is from those old people, and thus she is situating her own experience as an alternative to the narrative of decline and the social construction of old people in a care home as a burden. By identifying what she is not, she is able to reconstruct her ageing in a positive way.

Raquel's and Felicitas' accounts are similar in the sense that they engage in a narrative of resistance to the negative images associated with old people, and they use the label "ugly" to exemplify the stereotypical discourse of ageing and old age. The former interprets her experience of ageing as different from that of other old people and constructs an identity of an old and competent woman. The latter conceptualises an ageing identity by employing a linguistic strategy: she calls for the use of the term "*adultos mayores*" because it is associated with more positive images whereas the term "*viejos*" represents what she wants to distance herself from. Interestingly, in these definitions, like the ones mentioned so far, the informants either implicitly or explicitly claim to be old. However, as I will show below, the informants' construction of old age proved to be more complex and extended beyond their initial definitions.

## Determinants of Old Age

Along with their definitions all the informants conveyed a particular ageing identity, that is, whether they consider themselves to be old or not. With the exception of two, all informants implicitly or explicitly claimed to be old. In this section, I present the informants' specific accounts that illustrate how they tried to make sense of ageing through their own – material and social – bodies and by reflecting on wider socio-cultural determinants and perceptions.

Amongst all the informants there were three main determinants for considering themselves (not) old: functional abilities, social status (i.e. dependent), and chronology. The first two aspects appeared constantly throughout the women's accounts of how they construct their age identities. Conversely, only two women considered themselves old based mainly on their chronological age.

### Chronological age

As stated earlier, in Mexico people are officially labelled as older adults (*persona adulta mayor*) from the age of 60. Interestingly, Bertha (60, M) and Evelia (74, M) seemed to construct their age according not only to chronological markers but institutional categories of old as the excerpts below illustrate:

I'm 74 years old, so I think that (.) that I'm in that stage, right? The stage of old age (Evelia).

Ohh yes, I take it [old age] as mine because I've just turned 60 recently and that tells me that from now on I am in what we call in Mexico the third age [...] (Bertha).

Through these accounts, informants can be viewed as internalising a socio-cultural definition of being old, in which the primary indicator is being 60 years old and over. Of note is the significant age difference between these two informants that becomes evident in the language they use. Whilst positioning herself in the category of old, Evelia is using the term 'old age' as one single phase in the life course. On the other hand, by using the term 'third age' Bertha seems to be making a distinction, albeit indirectly, between herself and much older people, possibly those in the 'fourth age'. Thus, clearly she is being more specific, and unlike Evelia, seems to construct old age as not just one life phase but several.

However, one cannot help but wonder if Bertha would have labelled herself as old if the institutional marker of old age were, for instance, age 65 or higher. Conversely, in Evelia's account we could not ignore a certain hesitation, as she appears to be questioning whether or not to assign herself to the category of old, at 74 years of age.

Interestingly, several informants also used the term 'third age' in their age-related accounts. This is important because it shows how both social knowledge and consequently self-representations regarding old age "are formulated and acquired through the structural language of distinction" (Bourdieu 1984 cited in Hazan 1994: 1). As stated earlier, the majority of these women recognise themselves as old. However, by articulating the term 'third age'<sup>33</sup> (young-old) into their accounts, one could argue that they try to make sense of their ageing experience in positive terms. Thus, they seem to use such a term to differentiate themselves from other specific conceptual categories such as 'fourth age' (oldest-old), which is commonly associated with dependence, decrepitude, and death; the negative images of old age (See Neugarten 1974; Laslett 1991; Baltes 1997). In fact, as Twigg would argue this distinction between the third and fourth age has nothing to do with chronological age and is only about "nothing but the *body*" (2004: 64, emphasis added). More recently, Gilleard and Higgs (2010: 7) have argued, that such a dichotomy does not originate in an aversion for the visible signs of bodily ageing, in terms of both functionality and appearance, but rather in "the perceived loss of agency and bodily self control, and the failure to [restore them]". Some of my informants made sense of their old age by reflecting precisely on the onset of bodily decline.

### **Functional abilities**

Additionally, the majority of the informants considered their physical changes and decreasing bodily functions as the basic determinants of old age. In this sense, most of these women do not see their body as a project or "continuously unfinished business" (Gubrium & James 2003), as found in a consumer culture context with its physical features or states being continually subject to both self

---

<sup>33</sup> There are several ways (e.g. socio-economic roles; biophysical functioning) to locate people within certain stages in the life-course, and specifically, in the later life, however social gerontologists frequently opt for using chronological age to define the study groups. Although arbitrary, the range of age typically used to classify people in the third age is between 50 and 74 (Victor 2005: 8).

and social evaluation and interpretation. Instead, these women appear to see their body as a form of management of physical capital; that is, they are focused on the *performance* of their bodies as a determining factor in considering themselves old.

Gertrudis (65, NM), for example, talked about on how she has “troubles” in quickly getting up from being seated, and how she is now aware that she has to take care of herself as she recently started to develop arthritis; then she also notices that she is losing her “white” hair and how both her hearing and sight capacities have decreased considerably. For her, all these signal that she is an old person. As Felicitas (75, W) summarised it: “You get tired, you get really tired; it is not the same, you know, at 75 than at 25 [laughs]”. This is then an acknowledgment of the biophysical deterioration that accompanies old age. The following informant also expressed this view in talking about the bodily experience of ageing:

When one is old one becomes *inútil* [useless/incompetent] and can't do the things the same as before! [...] Walk fast! I can't, I can't! Before, I could do my “*quehacer*” [housework] in a blink; I used to do it “*rapidito*” [very fast]. That, that is old age because people, *they* can't move as fast as before. For me the “*quehacer*” was nothing; now I think about it twice whether or not to do it, 'cause I can't move fast! (emphasis added) (Regina 76, W).

Here Regina is drawing on narratives of physical decline and loss, and elaborates ideas around negative images of ageing, ‘becoming incompetent’, for instance. Similar to previous accounts, the choice of language is also significant as it shows the informant’s construction and negotiation of a complex age-related identity. Regina uses the generic pronoun “one” and the third-person when assigning specific physical features or images to old age and old people. Furthermore, by using the third-person she seems to construct decline and loss in old age as something rather expected and possibly ‘normal’ for people, for everyone. Then, by acknowledging that she cannot walk quickly or do her “*quehacer*” as she used to, she immediately relates herself to what she deems the physical condition characteristic of old people. Moreover, Regina views both the physical decline and its impact on her daily activities not only as determinants but also as the major consequences of old age. In this sense, Regina’s construction of old age is in line with Bury’s (1988) concept of “meaning as consequence”. Notably, Regina’s

determinants of old age, that is, having less physical mobility and functionality – a stagnant body – are also what she and other informants interpreted as the opposite of having good health (Chapter 6). Thus, it appears that decreasing bodily competence leads to constructing an identity of both an unhealthy and aged self.

### Social status

As we can see, the determinants of old age can take several forms. However, other informants' accounts evoke the idea that a full adult status (Blaikie 1999), or more precisely, a not-old status can be preserved as long as one manages to perform as a competent and independent social agent, and in doing so, one is able to resist self-categorisation as old. María Inés and Victoria were the informants who considered themselves to be in such a situation.

Old age is when a person is in decline, *when he/she can no longer do many things that I am still capable of doing*, such as getting on a bus, going on your own to the cinema, walking alone in the street, in other words, to *conduct yourself*, right? [...] I've always gone alone [everywhere]. That's why I'm telling you, *old age to me will be when I can no longer go downtown alone*. For me that's what old age represents! (emphases added) (Victoria 65, W).

Victoria, like Regina, is using language, the third-person pronoun, as a means to construct her age identity. She clearly differentiates herself from the category of old people on the grounds that she is 'still capable of doing' many things old people cannot; hence she positions herself as *not old*. Similarly to Regina, Victoria is drawing on *physical capabilities* and *activities*. However, it becomes clear that for her being able to perform such activities takes on a symbolic meaning. Victoria's determinants for not considering herself old, then, are in line with Bury's (1988) concept of "meaning as significance": for her remaining physically able represents a way to remain autonomous and independent, 'to conduct herself' socially.

In considering why these informants' views differ from one another, one could argue that the main reason is in fact the 11-year age gap between them, which means they are currently at different social locations with respect to the ageing process. Regina at age 76 appears now to have accepted and tried to adjust to the

physical changes – the decline accompanying old age and its effects on her everyday life (e.g. walking slower); she sees these as “normal”. This approach, then, allows her to claim that she is old. In contrast, Victoria finds herself unable to make such a claim because she has yet not experienced such drastic physical changes and thus by relying on her physical capital she maintains her status as an independent and competent social agent. In this context, it is easier to see the connection between the meanings women attributed to health and old age. For instance, as discussed in Chapter 6, Victoria also constructs being healthy in terms of being able to go out alone, thus the significance of maintaining such abilities emerges as a recurrent theme throughout Victoria’s narrative of self-identity: she constructs herself as healthy and not old by means of being able to get around on her own. And although she refers to old age as a future event, when asked about which life stage she considers herself to be in, Victoria, as the majority of the informants, articulated a more complex age-related identity: “I’m in the third age, but I don’t feel old! I don’t feel like a granny!”

Certainly, as illustrated in the above comment, the complexity of these women’s age-identities resides in the distinction they all made between *being* and *feeling* old.

## Being or Feeling Old?

As I will show in this section, there is evidence that most of these women make sense of ageing by constructing and enacting complex personal narratives of the self: nonetheless they recognise they *are* old, their self ‘does not feel old’. Thus, exploring how the informants construct such claims becomes relevant when trying to understand their ageing experiences and how they construct their ageing selves<sup>34</sup>. Drawing on Somers (1994), I contend that the claim of “being old but not feeling old” derives from the interplay between narrative, self, body and society. Particularly, the construction of the ageing self is shaped by the complex

---

<sup>34</sup> Although there are endless definitions of “self”, for the purposes of this analysis, ‘self’ is understood in the sense intended by Herzog and Markus (1999: 228) as “a multifaceted, dynamic system of interpretive structures that regulates and mediates [behaviour]”. According to de Medeiros (2005: 4), this definition implies both an influential cultural background for interpretation and an active and ongoing mediation in view of the dominant cultural forces in place. This definition also allows the consideration of feminist views of dominant culture, including the notion of master cultural narratives, or the dominant cultural stories, which may frame the narrative and the sphere of public and private.

interaction of two types of narratives: ontological and master cultural. For Somers, *ontological narratives*, or what de Medeiros (2005) calls *personal stories*, are

[...] the stories that social actors use to make sense of – indeed, to act in – their lives. Ontological narratives are used to define who we *are*; this in turn can be a precondition for knowing what to *do*. [...] Ontological narratives make identity and the self something that one *becomes*. Thus narrative embeds identities in time and spatial relationships. Ontological narratives affect activities, consciousness, and beliefs and are, in turn, affected by them. (1994: 618).

Nonetheless personal, ontological narratives “can only exist interpersonally in the course of social and structural interactions over time” (Sarbin cited in Somers 1994: 618), that is, they are “[...] attached to cultural and institutional formations larger than the single individual, to intersubjective networks of institutions [...]” (ibid: 619). This, then, refers to *master cultural narratives*. According to de Medeiros (2005: 6), these narratives are embedded in cultural values and thus they can be used to define groups and individuals, which can be positive or negative depending on their use. Furthermore, master narratives can also impose identities on groups or persons (e.g. women, the disabled, the old), which can lead to a misinterpretation, marginalisation or even silencing of voices (Friedman 1988 and Wendell 1997 cited in de Medeiros 2005).

With Somers and de Medeiros’ framework in mind, one could posit the informants’ ageing selves, their ageing narratives as socially and culturally constructed (Holstein & Gubrium 2008). The informants *know* they are old. Most of them claim to be old and elaborated on several determinants for it, as discussed earlier. Certainly, such a statement derives from being immersed in social and cultural contexts, subject to the models and values these contexts provide us with. Thus, *being old* is understood in relation to an “other” (i.e. the young, also culturally constructed); put simply, an aged identity, as Eakin notes, is relational (1999).

In this context, the complexity of the informants’ ageing identity calls for an exploration of the ways they are able to make the distinction between *being* and *feeling* old: mind-body relationship; embodied interaction; health status; construction of the *other* as old.

## Mind-body relationship

Whilst an ageing self is certainly informed and shaped by the cultural narratives available, it is also shaped by and through the *body* (Hepworth 2000; Tulle-Winton 2000; Twigg 2004). Phoenix and Sparkes (2008) borrow from Baumeister (1997: 192), who argues that our understanding of the self “begins with the awareness of the body and [...] continues [as such] throughout life”. Interestingly, many of the informants, while aware of their ageing bodies, produced accounts in which they clearly favoured the mind over the body; showing, therefore, a complex relationship of the mind-body unit (Tulle 2008b).

The informants’ “I’m old, but I don’t feel old” stance echoes the theories of “mask of ageing” (Featherstone & Hepworth 1989, 1990, 1991) and “masquerade” (Woodward 1995; Biggs 2004) with which people appear to deny their bodily ageing and conceal their ageing identities in an attempt to protect the self against ageist attitudes and images. This implies there is certain dissociation between the exterior body or *look-age* and the inner subjective self or *feel-age* (Öberg & Tornstam 1999). Yet, these two approaches, underpinned by dominant Western values (i.e. beauty, youth), are not entirely applicable to the ageing experience of these women as they focus on the tension between old people’s *physical appearance* and an *ageless inner self* and not necessarily on bodily functionality and competence and the concept of an ageing self. Moreover, those approaches seem to see such tension as a biographical disruption, with little room to view it, and the ageing process itself, as both change and continuity of the self, similar to Andrews’ (1999) interpretation of ageing self-identities as both durable and dynamic. To most of my informants old age does not appear as something to be denied or masked. Yet, it is constructed and performed through a complex dialectical relationship between the self and the body (Kontos 1999).

**Luisa:** [...] physically, I am not a very strong person; I am not athletic either and (pause) no, no! And that is because I am an “*anciana*” [elderly person] but my mind, that one is still strong.

**MM:** So you see yourself as an old person...

**Luisa:** Look, according to my birth certificate I’m 81 years old [laughs] I know that. However, I don’t feel it! I know I have to take care of myself in certain things and to make the most of this time, to be as happy as possible because I don’t have much time left. It’s not that I’m a pessimist, but I know that is true, isn’t it? So, I try to be the best I can. And I think

the mind is indeed powerful, more than the body. For instance, if I'm ever in pain I just ignore it! Take an analgesic and go to the garden or go to the movies! That's much better, right?

Luisa's account is an illustration of both epistemological and ontological formulations of meaning. Hers is a distinction between *being old*, what she knows in relation to her external world and *feeling old*, her beliefs about her current situation; what she has and does in relation to self and body. It is evident that Luisa does not deny being old. On the contrary, she acknowledges herself as "*anciana*". Her language is interesting because (1) in Mexico words such as "*vieja*" or "*anciana*" have negative connotations, and (2) most informants preferred using the terms "*personas mayores*" or "*adultos mayores*" to refer to themselves and others. Thus, the term "*anciana*" does not evoke a negative image for Luisa but rather the appropriate adjective to call herself old. Arguably, by choosing to use "*anciana*", Luisa is trying to reclaim a positive valuation of the linguistic term, as if there was no need for euphemisms and 'old people' could simply be called 'old'.

Moreover, Luisa is acknowledging her limited physical capabilities, a condition that she attributes to being old. Now, her chronological age and the loss of her physical competence are explicitly contrasted with the state of her *mind* that she considers 'still strong' and gives way to her claim: 'I don't feel old'. This is exactly where the complexity of the mind-body unit resides. Noteworthy is that her claim of having a strong mind should not be confused with a claim of a youthful inner self. Luisa is not denying or masking her physical ageing with an ageless self. Hers is the ageing experience of an embodied self, as she clearly acknowledges the importance of bodily management along with a positive attitude to enjoy her 'time left'. Certainly, she is actively integrating her physical and cognitive capabilities into an ageing self. However, as her physical body declines and becomes more vulnerable to dysfunction and pain she focuses on the mind, on what she can control, and claims it as the site of personal agency. For instance, it is through the 'powerful mind' that she can control and even 'ignore' experiencing pain. This "mind-over-matter" approach that Luisa and many other informants employ to explain how they do not feel old, is similar to the one discussed in Chapter 6 with which they enact agency and construct an identity of a "healthy" self despite pain and disease.

Thus far, the meaning of being and (not) feeling old is formulated upon the day-to-day experience of the corporeal body; these women are not denying their bodily ageing. In fact, there is an awareness and also acceptance of their increasing physical limitations. However, as they lose control over their bodies, informants turn to their minds, their *emotions* as the ultimate source of self-control in an attempt to claim an identity of an ageing but competent self. Thus, corporeality, the experience of *being old*, as Tulle argues, “is at once felt and constructed” (2000: 81)

### Embodied interaction

The body serves as a point of reference to others and ourselves, and as such “feature[s] our identities in practice” (Holstein & Gubrium 2000: 24). The way informants *feel* about their old bodies is also mediated by discursive practices that take place in social interactions. Put simply, alongside self-perceived bodily and biological ageing informants are aged by culture (Gullette 2003). Thus, immersed in a network of cultural images, norms and expectations, the body, Twigg would argue, becomes a “social text” (2004: 60), which is constructed and interpreted by others “in a shared discursive grid” (Tulle-Winton 2000: 79), one that devalues the visible signs of oldness and rewards a younger or *competent-looking* body. Victoria’s (65, W) account is a clear example of social/cultural ageing:

**Victoria:** Look, the worst thing is that my body tells me that I’m fine, but all the people treat me like an old granny of 80 years.

**MM:** When you say ‘all people’ whom are you referring to?

**Victoria:** To the taxi drivers, even my own friends, those younger than me, right? They go: “Hey, careful!” “Hey, look there is a step”, and things like that.

As with many other informants Victoria *does not feel old*; interestingly she implicates her *body* in this claim. However, her ageing experience is shaped by her interactions with both friends and strangers, as she cannot control the views and the readings others have of her physical appearance, which seems to be at odds with her self-image:

I was with a friend who is 56 years old, so 10 years younger than me, and they asked if she was my daughter. They have asked me twice that about that same friend. And with my sister who is only 6 years younger than me; they also ask me if I'm her mom. [...] So, I've always told my friends and now I'm telling you, *I don't know what is worst, feeling old and being told you look younger, or feeling young and then they let you down by telling you: "is that your daughter?"*, a person who is only 10 years younger! (Pause) No way!! (emphases added).

Victoria is clearly setting her age in a social context and making a distinction between her own "material-corporeal" experience of ageing and a "constructionist-discursive-representational" view of her body (Phoenix & Sparkes 2006). For her, the contradiction between how she feels and thinks her body appears and the way others perceive her body might lie in the way she dresses, which she considers appropriate for her age. However, it contrasts with the more "youthful" outfits both her sister and friend usually wear: 'maybe I do dress older for my age, I don't know, but to be told I'm their mother (.) that's a little too much'. Thus, Victoria's ageing identity is constrained not only by the ageist attitudes and expectations of others but also by her own "bodily betrayals" (Estes et al. 2003: 41). Also, it is perhaps that she displays a "maternal" attitude whilst in the company of her sister or that particular friend; I could not possibly think of another reason, especially because I have met her younger sister and to me the so-called look-age difference was not significant. In this sense, I argue that age is given meaning in our embodied selves; through our own actions, behaviours, social interactions and interpersonal relationships.

Other informants, however, seem to maintain a more "congruent" understanding between self-ageing, particularly their "feel-age" and other people's perceptions and assumptions (social ageing):

*I feel young in my body, and I feel attractive! I feel pretty and all the people that see me they like how I look and they tell me so. What's more, most of the time they think I'm younger! [...] And all is due to my gymnastics (.) all this! And that I don't want to let myself go! So, it's because I'm "vanidosa" (vain) and "orgullosa" (full of pride) and I feel I'm 40 and want to see myself pretty. (Teresa, 64 D) (emphasis added).*

Drawing on Tulle (2008a), we could interpret Teresa's experience of old age "as the interaction between self generated narratives of bodily sensations and bodily management and the [social and cultural contexts]". Certainly, Teresa's body is a social text that unlike Victoria's is read as a younger and attractive body, which

allows her to perform a younger social age. Noteworthy is the emphasis she places on the correlation of practicing physical exercise and both younger look and feel-age. There is also a clear concern with other people's perceptions and with protecting herself from visible physical deterioration, from 'letting herself go', and above all from performing old age. Teresa's construct of old age is quite different to all the informants' accounts reviewed so far. She has a physical body that she can still rely on, trusting in both its physical attractiveness and competent performance.

She does not make sense of ageing by dissociating the mind and the body, like Luisa, for instance. And yet, similarly to most informants, she is trying to distance herself from the cultural images that associate old age with decline. Paradoxically, she does this by engaging with ageist stereotypes.

### Health Status

Alternatively, some informants construct an age identity by drawing on their current physical resources, more specifically on their health status. Furthermore, they made references to past circumstances; the way they felt at a younger age and/or before experiencing certain physical changes or specific health problems. Like Teresa, Margarita also articulated a specific *feel-age* and her account is an example of how a person's age-identity changes depending on health and biological deterioration:

**Margarita:** Well, I have noticed changes, of course! How not to? From when I was 50 to now (.) at 60 I still felt like I was 18! Back then, my son asked me "how are you feeling motheer? Because he calls me "motheer" [laughs]. "Uhhh, I feel like I'm 18 years old!", "ah, that's good!" and a few years ago he asked me again: "How are you feeling mother?", "Well, I was going to tell you that I feel like I was 18 or 20, but right now I can tell you that I feel I'm 80 or more!

**MM:** Right! And why did you feel like that?

**Margarita:** [because I suffered from a strangulated hernia, they took me to the emergency room where I had surgery, then I suffered a stroke, then I had a heart attack. I was so weak, so much medicine that they give you, so many injections and all those things, that is why I was feeling so weak.

Here Margarita is not only talking about how good she felt before having the various and consecutive health issues but also how, before those episodes, she felt

“younger”. It is interesting that at age 60 (arbitrarily, the starting point of old age for this study) she ‘felt like she was 18’, and how a few years after having suffered from a stroke and a heart-attack she felt ‘like 80 or more’, when in fact she was in her early 70s. This shows how both an old age (80) and a young age (18) can evoke certain physical states or overall health status. Conversely, a person’s sense of well-being can also be assigned to certain chronological ages. In other words, when Margarita felt good and considered herself to be in good health she ‘felt like she was 18’. Interestingly, there is a very high discrepancy between Margarita’s feel-age (18 years) and her chronological age (at 60), as opposed to some studies that show that there is still a strong correlation between actual chronological age and feel-age (Öberg & Tornstam 2001). Nonetheless amongst my informants Margarita’s case is the extreme; it illustrates the temporality and mobility of age identities due to health-related issues.

### Constructing the *other* as old

As we can see, the tension or distinction between being and feeling old that most of my informants seem to engage with is a strategy they use to resist social ageing and the negative images usually associated with old people. Put simply, “[...] to say ‘I don’t feel old’ is to dissociate oneself from dependency and decline” (Blaikie 1999: 181). The cultural stereotypes are precisely what these women try so eagerly to distance themselves from and not old age *per se*. This distancing mechanism is accomplished in and through language (i.e. being, feeling) but also through a discourse of “otherness”. This is evident in the way some informants, based on stereotypical images of old age, construct the *other* as old. In doing so, they are able to not feel old. In their view, the “*viejitos*” are those people who do not try to “resist” physical and social decline as they do. As Jacinta (74, NM) stated:

Today I went to IMSS (health clinic) and there was a 60 year-old lady, she was a “*viejita*”, like a little trunk without waist, right? And then she goes “I’m 60 years old” [...] And then they asked her, “what is your weight?” “80 kilos” she said, and she was short also, uh! Ayy, I saw her all “*viejita*”, all wrinkly and her hair with a (.) she was wearing a thing on her hair, very strange! No, no, I was there to consult the medic, and *I was feeling better already!* I was like, oh my God, what is this? 60 years!! (Informant’s emphasis) “*Que atrasada ella*” (what a shame!), *I’m nothing like that!!* (emphasis added).

Raquel (81, W) made a similar comment that complies with this idea of distancing oneself from the negative images of old age, from the *other*. She does so by managing her bodily appearance and fitness:

Ayy, well having these love handles is not funny, you know, but I do exercise. I like walking very much; here at the gym [at the nursing home] I use the treadmill and this other machine for this part [the arms]. See there? [Pointing at one corner of the room] I have my weights. [...] Yes, I look after myself, and I take care of the way I dress, take care of my clothes. I'm wearing trousers now, but my skirts are short, look! [Taking some clothes out of her closet]. Ah, but I also have "decent" clothes; dresses bit longer [laughs] Looking good and all that for me is uplifting. *You will never see me dressed like a little granny, ever!* (emphasis added).

These informants rely on traditional narratives of ageing and are constrained by cultural images and expectations of old age. Both Raquel and Jacinta have recognised themselves as old; however they construct their own old age as different from the prevailing image of physical and social decline. They are not denying ageing nor claiming youthfulness. However, by constructing the other as a negative image of old age, they are able "to restore sense of self-worth and well-being" (Westerhof & Tulle 2007: 252), which is evident in the accounts above. Moreover, we could argue that their claim of not feeling old, not feeling like a "*viejita*" or "*abuelita*" (granny), derives from the self-realisation of not fitting the cultural stereotype of an old woman, that of '*the "abuelita", the "viejita"*' on a chair, knitting, wearing glasses and her shawl [who] has a lot of trouble to get up by herself!" (Matilde, 76, W). Yet, is not merely about a self-realisation but a purposeful resistance to decline as they engage in a wide range of bodily management strategies, like those stated by Raquel. Their resistance, however, seems to reproduce and legitimise ageist discursive practices and attitudes that, as Westerhof and Tulle (ibid) argue, force people into compliance and reinforce old people's marginalisation.

Besides making a distinction between being and feeling old as a means to make sense of their ageing, some of the informants further elaborated on a self-realisation of increasing dependency and decline whilst drawing on narratives of acceptance and adjustment to their changing circumstances underpinned by a narrative of burden.

## **Realisation of Decline: Women Constructing Themselves as ‘Burden’**

The notion of caring for others intertwined with the desire of not becoming a burden to their children is a recurrent theme amongst the informants’ accounts. As discussed in chapter 5, caring for and about others is and has been a core element of these women’s everyday reality. They were brought up in a society with a gendered division of labour and have always been expected to undertake the role of the primary caregiver within the family (Chapter 4). Care therefore has shaped their feminine identity throughout their lives. Yet, as their physical and cognitive competence decreases they consider the prospect of being cared for, particularly by their families, as rather undesirable. In view of this, several of the informants have already entered a care home, whereas many others are willing to do the same, once they can no longer take care of themselves at home. In this sense, they construct the nursing home as a site of resistance to becoming a burden on their families. Interestingly, whilst most of the informants do not construct care(giving) as burden (Chapter 5) the prospect of becoming dependent and needing physical assistance (McPherson et al. 2007b), becoming a care-recipient contributes to constructing themselves as a burden. The following is an example of many similar accounts:

**Elena:** Well (.) to tell the truth not being able to walk as fast as before makes anyone sad, doesn’t it? ‘cause one cannot take care of oneself. One has to (.) now I don’t even (.) what it is more, my son comes and says “let’s go to this X place, let’s go there”, “look son, I better stay here!”. I know they have their kids and they want to go out, they want to run here and there and the wives too. And so, I don’t want them to worry about that, I don’t want them to (.) like in these past festivities, there in [trying to remember something]

**MM:** [Christmas?

**Elena:** No, there (.) how is it called? (Pause) in [name of park]. Look, they took me with them. To begin with they had to ask for a wheelchair.

**MM:** And you didn’t like to use that?

**Elena:** Well, it’s not that I don’t like the wheelchair, no. I didn’t want them to bother, to take me from one side to another, and at the end, they couldn’t go and see all the things, ‘cause there were places where they couldn’t take the wheelchair.

**MM:** I see.

**Elena:** So, that is what worries me the most, to prevent them from doing what they would like to do, because I can't, so I prefer not to go out. I'd rather not go out with them. I don't want to "*darles la lata*"! (be a burden to them).

Beyond the realisation of decline through physical fragility and mobility limitations, the main theme here is Elena's desire not to be a burden on her family. She thinks that she is interfering with her children and grandchildren's recreational and social activities, and this clearly distresses her. Thus, her intention of not being a burden does not merely originate in placing value on remaining physically competent or being perceived as an independent woman. Instead, one could argue, this response or attitude, pulling herself out of the family leisure time comes from an emphatic concern: Elena's caring relationship and sense of responsibility towards her family by which she places their needs and well-being first. And by doing this, she is actively challenging the notion of burden and extending her role of caregiver, hers is not care work but *love labour* (See Chapter 5).

As discussed earlier, the awareness of an increasing physical decline influences many of the informants to engage in a mind-over-matter interpretation of ageing. They construct their *mind* as the only capital they can still rely on and control, and so one of their main concerns is to retain mental capabilities. Accordingly, the realisation of a decreasing cognitive health imposes severe distress on them and it also gives way to the narrative of burden. As Irasema (89, W) stated:

Well, I don't know! How can I tell you? Well, I feel a little bit sad but I'm fine! I am happy with my age and with what was in store for me! 'Cause I am almost 89 years old and I think and reason! [...] And I, I do thank God. However, I am telling you, "*se me empieza ir el avión*" [I'm losing it!]. The other day, like eight days ago, I thought that (.) it was time for breakfast (.) so I went and sat in the living room, 'in a little bit the bell will go off and we are gonna have breakfast', and nothing! And then the nurse comes and tells me: 'what are you doing here Mrs. Irasema? It's 9, at night time!' [Laughs] There I was, and I even told her when she asked me: 'I am going to have breakfast' [laughs] I didn't realise! It has just started! And she [the nurse] goes: It's 9 at night, let's go, I am taking you to your bed [laughs] That was the first time that happened to me (.) that was like 15 days ago, when it started! [...] And it's quite distressing! Yes, I think I am doing bad already. From now on my sense is going to decrease, the (.) I don't know! And, I do worry, I even cried alone in my room. Oh God! Yes, one goes in decline, but that's what happens!

Clearly, the decline Irasema is talking about is not physical. Her body competence is not being scrutinised. Instead, Irasema is referring to her cognitive state, which is gradually becoming part of her daily reality, something that she is now aware of and causes her distress, and most probably the reason why she feels “a little bit sad but fine”. Although she is worried about it she also acknowledges and *accepts* it as something expected and inevitable now that she is 89 years old: “that’s what happens”. This evokes the attitude found in many other accounts where informants stressed the importance of accepting and adapting to the changes brought on by ageing. However, Irasema as many other informants commonly chose not to share or discuss their health-related concerns with others, particularly their children because they do not want them to worry, to be burdened.

Besides the desire to avoid being a burden, the common idea amongst most of these women is that there is no gain in telling others about their pain or distress, and that people do not like hearing complaints. As Felicitas stated, “laugh and the whole world will laugh with you, cry and you will cry alone”. I contend that this attitude of “suffering alone” to avoid becoming a burden on others is rooted in the cultural and religious beliefs, in which these women have been socialised to follow the Virgin of Guadalupe as an example of spiritual strength and self-sacrifice. Therefore, they turn to God with their everyday problems and concerns.

Earlier in this chapter I showed how some informants ascribed a religious explanation to their positive meanings of old age and described the influence of Catholicism on Mexican people. Drawing on such discussion, below I will show that the way these women ultimately manage ageing, the accompanying changes and their expectations in old age, is underpinned by their religious faith.

## **Managing Ageing Through Faith in God**

In the previous Chapter, I discussed in detail the various activities and attitudes these women have undertaken in order to remain healthy and/or cope with illness and disease. As we have seen, most informants acknowledge that taking care of their selves, that is, keeping physically, mentally and socially active can positively impact the way they experience later life. However, relying on their physical, mental and social capital is not their only strategy for managing ageing. This

analysis has revealed that for most women their faith in God is significant – so significant that it cannot be separated from the way they make sense of their daily lives and their interpretation of old age. Nonetheless they talked about their expectations in later life as defined by their faith in God’s purposes; they did so in a variety of forms. From reading their accounts I was able to identify three main narratives with which they articulate their understanding of life, God’s will, and the impact on their ageing experience: ‘How and when I leave is God’s will’, ‘I ask God to keep me well until the last day’, and ‘I pray to God to take me soon’.

### **“Que sea lo que Dios quiera y cuando Él quiera” (How and when I leave is God’s will)**

Many of the informants (11) expressed a deep faith in God’s purpose by making references to both the remaining years of life, their health state and living conditions in general as being designated by God; as something they were willing to “accept” and adapt to. In this reasoning or religious language, God’s will is seen as unquestionable and thus accepted as the only way to find meaning and get on with their lives.

**Matilde:** Yes, I have thought about the future. I mean, I don’t know (pause) how it is going to start, the (.) the problems have to start, obviously, right? [...] I accept whatever God sends me, whatever is in store for me! [...] Whether it is impairment, blindness, whatever! Anyway, I will take advantage of it as much as I can, as long as my mind keeps working. Once my mind doesn’t work anymore, then my will doesn’t work either and so that will be no problem! [Laughs] [...] I mean, I tell myself ‘the future?’ I am in God’s hands! Whatever God wants for me! Having said that, I am not waiting for or searching for problems, but if they come, they are welcome!

**MM:** You would accept that...

**Matilde:** [Look, look, I (pause) I have thought of it because I see it, I am surrounded by that, aren’t I? [Referring to other people at the nursing home]

**MM:** uhuhm!

**Matilde:** There is going to be a moment (.) I mean, I make my own bed everyday [...] but there is going to be a moment that I won’t be able to do so. Physically, I won’t be able to do that! [...] I’m going to accept and be grateful that they make my bed, as they want! There is going to be a moment that I probably will have to use nappies, as I won’t be able to control the sphincters. And so, I’ll go “welcome nappies” right? And what else could come? Well, I might need to be fed, so they are going to feed

me. God bless that there is someone, someone here [laughs] that feeds you! Me and my friends (.) all of us are aware that we are nearly 80, and that the physical problems start, so while we are still able to go around, hearing, participating (.) all that makes our lives acceptable, happy! And you need to prepare mentally for whatever may come. Like I said before, that they make my bed, to the nappies, to being fed, that they take me in a wheelchair from one side to another, to where I might not want to go. Perhaps, I even won't be able to express myself about what I want and don't want, *but I will have to adapt to all those circumstances without losing my own self!*

From reading this excerpt, one could argue that the strategy Matilde uses to manage her ageing self, her present and prospect experiences in later life is through an exercise of *acceptance* and *resilience*. However, it is evident that such competencies are developed through practicing and strengthening her faith in God. Given that Matilde was one of the more physically active and socially engaged informants of the study who also complied with health-control regimes, her interpretation of her life as depending on God's hands is not passive resignation or fatalism, but an active cognitive coping strategy based on her beliefs system.

***“Que Dios me conserve bien hasta el último día” (I ask God to keep me well until the last day)***

For many other women (13) God is ultimately experienced through feelings of “hope”. This is not to say that Matilde and the other informants sharing narrative 1 do not also wish to remain healthy or physically competent, or that they do not undertake preventive measures of self-care accordingly. The difference resides in the informants' attitude or approach to God's will. Whilst the previous narrative is all about acceptance of both good fortune and adversity and the interpretation of such as an unalterable mandate, here God becomes a symbol of power to which they entrust their needs, and particularly from whom they ask to be heard and favoured. Thus, their relationship with God is one in which he takes care of them and helps them to “solve” their problems. In various degrees, most of these women expressed uncertainty about the future. They are wishing for preservation of their current living circumstances, their health status as well as their economic situation and so their prayers are focused on asking for that. The following excerpt illustrates this hopeful interpretation of God's purpose:

**Florencia:** With my friends we don't really talk about old age, but with some of my customers, who are more or less my age, we compare moods, health issues. However, I usually tell God my biggest problems, I talk to him. And it might sound like a fantasy but he gives me the answers through my mind. And that's how I have solved my problems all my life. There is no better psychologist than God.

**MM:** And what do you think about getting much older? Would you like that?

**Florencia:** Well, if God allows me to grow beyond, let's say the age of 80 in perfect physical and emotional conditions, and above all mental (pause) because I think that by then I won't be able to move around as easily and quickly as I do now. But I hope that my mind will still be working. I would like that very much! The mental deterioration is what really worries me because a person that is mentally well is perhaps less of a burden than another that has no idea of what is going on. [...] The other thing that worries me is that I don't have enough savings; I don't have a pension. I'm entirely in God's hands. [...] So, to be honest, I don't know what would happen the day I can't generate the money I'm making right now, if I can't support myself. I worry and then it goes away. It's not like I lose sleep over it! Instead, I think about what could I do, so I don't despair but I keep it in mind and I'm asking God for his help to illuminate me to see what I'm going to do.

The way Florencia articulates her concerns about the future allows a consideration of the complexities of these women's faith and the impact on their daily life and their ageing experience. Beyond the evidence of a deep religious relationship, Florencia's choice of language is noteworthy. In using 'it might sound like a fantasy but he gives me the answers through my mind' there is an attempt to clarify and even validate the nature of such a relationship.

Nevertheless to nonbelievers the informants' faith in God's will seem deterministic and restrictive. One could argue that such a faith is also liberating and even empowering, as it is what gives them the answers to their problems, a sense of meaning and ultimately peace of mind. Evidently, as illustrated by Florencia's account, amongst the women with this management narrative there is a real concern about the physical and mental deterioration and the impact this may have on their ability to take care of themselves in every single aspect of their lives. Furthermore, they acknowledge their worries as "normal fears in life" (Teresa, 66, 5), however those worries appear to dissipate as a result of their deep faith in God. As Margarita put it:

There are so many things that worry me, but I leave everything to God's will. We should leave all that to God. He can do everything, everything! Praise to the lord, thanks to him we can endure it all! [...] Thus I don't

worry at all as long as I am able to walk, see and hear, and the wrinkles are the least I worry about, I'll think of something for those! As long as God gives me long-life, that's enough for me. That's all I ask for. I ask God every night: "Let me live, "*Diosito*"<sup>35</sup>!"

### **"Le ruego a Dios que ya me recoja" (I pray to God to take me soon)**

Thus far, some informants have constructed a narrative of absolute acceptance of God's will whilst others showed a deep faith in being favoured by God without serious health problems in old age. In contrast, a few informants (4) seemed to convey a narrative of "readiness to die". Interestingly, their narrative was not rooted in negative feelings, such as those illustrated by Sara's account much earlier in this chapter. Instead, this narrative conveys a sense of life accomplishment as well as the desire for ending physical suffering. This is evident in Violeta's description of her expectations:

I'm undergoing such physical pain! [...] That is why I ask God when I go to mass or everytime I pray: 'Please, think of me, "*Diosito*", take me with you! It's time! I've fulfilled my duties, I saw my children getting married, my granddaughters too. I fulfilled my mission to see my family doing well! [...] and so I feel that my cycle has concluded. I'm done! I did what I was sent to do here. God sent me to this world to have children, they are all grown up, married, I have grandchildren and great grandchildren. I made a lovely family, and now it's my time! It's my time!

As we can see, the relationship to God's mandate and its impact on a person's biography is quite strong and definitive. Violeta is drawing on her current experience of physical pain and according to her personal system of beliefs she is now entitled to be free from such pain. In this context, her image of God is not necessarily that of a *suffering* one (narrative 1) or a *problem solving/preventing* God (narrative 2), but a rewarding one: to Violeta's understanding she has fulfilled God's purposes and this validates her readiness to die as she no longer has a mission to accomplish.

These three narratives of ageing management are underpinned by a profound religious faith and cultural teachings that see the cause and meaning of all things as God's will. However, one could argue that the construction of such narratives is

---

<sup>35</sup> This is an affective term to refer to God that is widely used amongst Mexicans; literal translation would be 'little God'.

given in relation to the ageing body. As has already emerged, the awareness of the vulnerability and gradual deterioration of the body is what makes the informants exacerbate the distinction between feeling and being old. In a similar way, it is possible that they reconstruct their narratives as their physical capabilities and health status diminish. This however cannot be answered within the scope of this study and further research is needed to understand the role of religion in old age.

## **Conclusion**

This chapter has attempted to engage in an analysis of a variety of meanings and images of ageing and old age constructed by old Mexican women. The majority of the informants elaborated on both negative and positive definitions of old age. These findings proved to be in line with existing research on the personal meanings of ageing and old age (See Keller et al. 1989; Dittmann-Kohli 1990). Interestingly, some informants did not identify health status *per se* as a determinant for old age, but offered chronological age, functional abilities and social state as the main factors that determine whether a person is old or not.

Unsurprisingly, most of the informants constructed their ageing selves and conveyed “who they are” to others by relying on dominant discourses of ageing, cultural stereotypes, social expectations and perceptions, as well as specific linguistic terms. Accordingly, these resources are, as Giddens would argue, what helps them “to keep a particular narrative going” (1991: 54 cited in Shakespeare 1996, Disabled people identifying section: ¶ 3). And as we have seen, this ongoing ageing narrative is rather complex. In general, these women identified themselves as being old but they claimed not to feel old.

I have argued that the distinction informants made between being and feeling old can be explained in terms of a *complex relationship of the mind-body unit*, in which they seem to favour the mind over the physical body as they become aware of their increasing physical decline. In doing so, they were able to distance themselves from that image of old age, and claim that they “don’t feel old”. Other women, however, took another approach to make sense of their ageing. They were aware that their bodies and other material aspects (e.g. clothing, appearance) of social interaction, that is, their *embodied interaction* and

particularly others' perceptions influenced their ageing experience and hence their ageing identity. Other informants appeared to construct a 'feel-age' depending on their current *physical health status*. For instance, good health and sense of well-being were equated with a younger feel-age, whereas ill-health evoked the feeling of an older chronological age. This shows us the temporality and mobility of age identities in relation to health status. Alternatively, some informants, in their effort to differentiate themselves from the negative images of old age, from the "other", are, paradoxically, reinforcing the dominant cultural narratives of old age. Finally, throughout all these accounts language about ageing (e.g. "*viejita*"; *granny*; *third age*; *feel*) also emerged as a strategic tool informants make use of to construct their own and others' ageing identity.

Of note is the narrative of burden that accompanies the ageing narrative of most of the informants. As we have seen, the self-realisation of physical decline and increasing dependency triggers in most of the informants a desire to avoid becoming a burden on their families. In this sense, the nursing home has been uncovered as the site of resistance to becoming a burden. Interestingly though, I found evidence which indicates that some women, although living in a nursing home, continued to construct themselves as a burden. Most of the informants have been brought up in a time and society where they have always been responsible for the caring of the family, therefore they want to keep contributing to such caring. They do so by not "getting in the way" of their families and by not externalising their problems and concerns to others. Instead, they employed other coping strategies: their religious faith.

Clearly, the majority of the informants explained old age, and particularly the positive meanings they ascribed to it, in terms of their religious beliefs. This interpretation transcends the material and corporeal problems they may encounter in later life as well as any sociological explanation. Unsurprisingly, most of these women hope to maintain their health, well-being and their current quality of life for as long as possible. However, feeling hope *per se* is not the strategy these women use to manage their ageing experience. As we have seen, a profound faith in God's purpose is a strategy most of the informants use to make sense of their everyday life and articulate their expectations of old age. In examining the way the informants talked about their future we were able to identify three different narratives that seemed to be tied up with their identity as

old Mexican women who trust their fate in God's will. Yet, there are significant differences amongst the narratives. Whilst some informants seem to be prepared to welcome both positive and negative aspects in their lives, and construct a narrative of acceptance, others apparently prefer to trust that God will only send them good things. Finally, amongst the informants there is also a narrative of fulfilment, their accomplishment of God's purpose that enables them to feel ready to die.

The meanings and images of ageing and old age articulated by some of these old Mexican women to some extent mirror the dominant stereotypes found in Western societies (e.g. UK, USA) that seem to reinforce ageism. Yet, despite the cultural narrative of decline, what we see here is a predominantly positive image grounded in women's own review of their ageing experience; a fulfilling life story living up to their personal and cultural values and religious beliefs. Therefore, it is my hope that by uncovering the intersection of the social construction of the meanings and images of old age and the deeply held religious beliefs I have shown a salient feature of Mexican culture that shapes the ageing experience of its people in distinctive ways. The theoretical considerations of the findings presented here and in the previous data chapters will be discussed along with the limitations of the study, and possible areas for future research in the following chapter.

Chapter 8

## **Ageing Experiences of Old Mexican Women: A theoretical discussion**



## **Introduction**

At the outset the aim of this research was to explore the ageing lived experiences of old Mexican women. The findings presented in the previous chapters demonstrate the extent by which cultural values and norms influence individuals' patterns of ageing (Sokolosvsky 1990). As indicated in the introduction the aims of this study were twofold: bring to the fore old women's individual experiences of ageing and old age and contribute to the research agenda of ageing studies in Mexico, particularly in social gerontology.

This final chapter brings together and discusses the significant themes emerging from the analysis of old Mexican women's life stories presented in the previous four data chapters. Developing this discussion is important and should enable me to contribute to wider debates within social gerontology and deepen existing understandings of how people experience ageing and old age. In this study, by exploring what the informants had to say when they constructed their personal narratives and described their experiences of ageing and old age, a clear picture of the culture in which they are located has emerged. Thus, here I put forward the Mexican context in which these women are ageing by highlighting the elements that make their case distinct from the experiences of western societies (i.e. British, American), and also recognising the cross-cultural similarities. First, underpinning these old women's Mexican identity is religion, used as an overarching framework that shapes the way they make sense of their reality. Second, the informants' religious faith influences their interpretation of care not only as an activity but also as an expression of love and concern. Crucially, they also seem to challenge the notion of burden in old age through their caring role. Third, the majority of the women did not express concerns about their changing appearance; it was the functionality of their bodies that took central stage. In this sense, the 'mask of ageing' approach, given its western groundings, did not prove entirely appropriate for understanding how these old Mexican women construct their ageing identities and shows the need for sociological theories and concepts to be contextualised to specific culture. Thus, with my empirical findings I am also endorsing Torres' (2001) call for a culturally-relevant theoretical framework (See Chapter 3) that could bring insight into the debates of mainstream social gerontology and new ways for analysing and classifying constructs of ageing and old age.

In this thesis, I also argued that we can only begin to understand the experience of old age if we acknowledge it as part of the life course, and thus a biographical approach seemed more appropriate for such an endeavour. Chapter 4 documented how the women in my study shared common themes or narratives. Their lives were influenced and shaped by structural factors that corresponded to a specific historical and cultural location, in which age, period and cohort intersect (Giele & Elder 1998) with issues of gender and social class. Certainly, we cannot understand an individual's experience of ageing without first gaining an understanding of both individual and collective biography (Birren et al. 1996).

The data also demonstrated the extent to which women's life stories were shaped according to a Mexican 'gendered script' underpinned by a patriarchal ideology and the strong influence of Catholic religion. Thus, culture is both an internal and external force, which influences the patterns and experiences of ageing (See Fry 1980, 1981; Gelfand & Barresi 1987; Sokolovsky 1990). In this sense, the 'cultural scripts' (Blau 1973) available to these old women have a salient impact on the subjective experience of old age. Additionally, these cultural scripts explain the underlying organising principles and the strategies applied for 'adapting' to old age and constructing an ageing identity. Cultural scripts (i.e. gender ideology; religious faith inculcated from childhood) are guidelines, accessible and familiar to these old women, which pattern their attitudes and behaviours. However, it is important not to homogenise these experiences, as old women are a diverse group. As I have shown throughout this analysis, there are individual interpretations as well as flexibility in the degree of adherence to traditional societal norms and expectations. This is evident in the women's multiple narratives of care through which they show not only their capacity to adapt to change but also to be agents of social change. These women's contribution to society is invaluable, but at the same time, *invisible*. At the individual level, however, it is through their role as caregivers that they are able to construct narratives of resistance to social expectations of dependency in old age and counter-narratives of being a burden to their families. Care, however, is not the only resource available to the women. The findings suggest that religious faith is the overarching framework by which the majority of these women make sense of their world, manage the physical and social changes brought on by old age, and above all, are able to construct a narrative of an ageing self and derive a sense of purpose and continuity in their lives.

Below I return to these issues. First I discuss the women's religious narratives of ageing and locate my findings within existing research literature on ageing and religiosity. Here, I contend that faith is the women's resource for meaning-making and a management strategy. I then move on to present the implications of the findings pertaining to women's anticipated sense of becoming a 'burden to others', especially their adult children and how this impacts their ageing experience. Next, I re-examine issues raised in Chapters 6 and 7 concerning the complex ways in which informants made sense of their ageing identity, particularly by differentiating between being old and feeling old. Finally, I reflect on the contribution of my study and identify possible areas for future research.

Before drawing conclusions from my research, this chapter will review and summarise the findings presented thus far.

## **Summary**

### **Pathways of Ageing**

In this chapter I explored the themes that my informants identified as important in shaping their pathways towards old age. The focus was on the importance of the structural and personal mechanisms that underpin the socio-cultural construction of ageing and old age, that is, the relation between the objective reality and subjective experiences of ageing.

These women's lives were all structured by social class, the lack of government infrastructure and particularly by a patriarchal gendered narrative embedded in a religious and cultural ideology. Such structures limited women's options in education and working patterns, shaped the timing of marriage and consequently their pathways to old age. The data also showed diversity amongst their life experiences. Importantly, the women's – formal and informal – participation in the labour market has not brought them real benefits in their old age because most of them do not have their own occupational pension, thus making the role of the family central to their well-being in old age.

This situation becomes relevant in relation to the family arrangements and commitments that define the contexts of care, namely at home or in a nursing

home, and the social and/or economic capital these women have access to, which all have an impact on the images and meanings they ascribe to ageing and old age.

### **Narratives of Care**

Care responsibilities punctuated many of these women's lives and this role has continued into old age, shaping their personal biographies and identity construction over the life course. Care is central to the everyday experiences of old women. The analysis of their multiple narratives of care uncovered their ability to perform various caring roles and activities as sites for agency and for constructing an identity of a competent self.

As the findings show, their ageing bodies have effects on their social interactions and caring. They engage in less practical work while enacting their role as mothers and grandmothers by focusing on spiritual and affective care relationships with their families. Most of the informants construct care as a moral obligation, while others see care, particularly childcare, as something that gives them 'pleasure' and a sense of life fulfilment. Still others construct 'caring for others', whether in practical or emotional ways, as detrimental to their well-being, as a burden.

For the majority of the informants being able to undertake self-care practices and attitudes is crucial as it allows them to challenge notions of old age and burden and also assess their identity as an autonomous and independent self. They realise they are increasingly dependent on others, especially materially and physically. Importantly, they do not construct themselves as 'being cared for' as they still see themselves as capable of caring for themselves and to contribute to caring for others. Thus, whilst *collecting a care debt*, they construct 'being cared for' as being helped.

The care home is also revealed as a site for exercising agency and competence in old age, as a site of *resistance to becoming a burden* on their families; by constructing a counter-narrative to the social expectations of dependency in old age, and devising their own strategy to remain independent. However, it is when they are forced to enter a care home that their sense of autonomy and social

identity as a competent person is most affected. In such narratives, *unfulfilled expectations of care* are the main feature.

Evidently, there is a tension between the ideal or patriarchal modality of family care and the way these women develop their own dispositions and expectations of care in old age. Most of these women construct themselves as competent and independent social actors who are also aware of the risks and changes that accompany ageing and old age.

### **Health and Day-To-Day Bodily Experiences**

Chapter 6 explored the lived experience of having and being an ageing body. Central to this is a discussion of the experience of the body in old age, especially through the analysis of health and disease along with changing body functionality; aspects by which ‘the body (noun) is embodied (verb)’.

For these informants health is a dynamic concept. It is explained by making references to the daily experience of both the physical body and the social-emotional body. The concept of health takes on physical, moral, emotional and spiritual dimensions and therefore it is also constructed as an ‘ideal’. Thus, the women’s health talk is very complex. Most of them appeared to make sense of their health status by emphasising a mind-body dualism, usually giving a privileged status to their minds. The role of language was central to explaining this process.

For the informants, mind-body dualism is an essential management strategy not only for constructing an identity of a healthy self but also for making sense of ageing and old age. In so doing, they feel in control of their ageing bodies, their pain, illness or disease. Feeling in control is also the reason why most of these women had a positive outlook in relation to their health and highlighted the importance of “feeling good” by focusing on the positive aspects of their lives.

### **Meanings and Images of Ageing and Old Age**

The findings show that the way these women make sense of identity in later life is interlinked with how they conceptualise and feel their experiences of having and being an ageing body. More importantly, the personal meanings assigned to old

age derive from the intersection of how the informants experience their ageing bodies with their culture, religion, social interaction and individual life experiences, living conditions and dispositions.

The majority of the informants elaborated on both negative and positive definitions of old age. Many identified themselves as being old but they claimed 'not to feel old'. As with the concept of health, this is also explained in terms of a complex relationship of the mind-body unit, in which they seem to favour the mind over the physical body as they become aware of their increasing physical decline or vulnerability.

Their embodied interaction and particularly others' perceptions influenced their ageing experience and hence their ageing identity, although others based their identity on their current physical health status. Some informants, in their attempt to differentiate themselves from the negative images of old age, from the "other", are, paradoxically, reinforcing the dominant cultural narratives of old age. Language about ageing (e.g. "*viejita*"; granny; third age; feel) also emerged as a strategic tool informants use to construct their own and others' ageing identity.

Most of the informants explained old age, and particularly the positive meanings they ascribed to it, in terms of their religious belief, with a profound faith in God's purpose being a strategy most of the informants used to make sense of their reality.

Whilst some informants seem to be prepared to welcome both positive and negative aspects in their lives, and construct a narrative of acceptance, others apparently prefer to trust that God will only send them good things. Finally, amongst the informants there is also a narrative of fulfilment, and so their accomplishment of God's purpose enables them to feel ready to die.

Many of these findings mirror those of previous studies undertaken by European or North American scholars (See e.g. Arber & Ginn 1991a; Baltes et al. 1999; Dittmann-Kohli 1990; Hurd 1999; Hurd et al. 2005; Keller et al. 1989; Öberg & Tornstam 2001; Tulle 2008a). There are, however, specific issues deeply rooted in these old Mexican women's personal and cultural values, making their ageing

experiences quite distinctive. I now discuss further such key elements, starting with the discussion on the significance of their religious faith to ageing and old age.

## **Religious Narratives of Ageing**

Baltes and Lang (1997) have argued that the degree to which individuals cope and adjust to change over the life course is partly determined by the resources available to them. The findings indicate that most of these women have access to a system of family support, social relations and financial and cultural resources upon which they can rely on to have their basic needs satisfied. However, the findings also suggest that amongst the women's resources religious faith has a central role in the way they make meaning of and manage life events and experiences.

Religion as a key theme was one that emerged only when I had nearly finished my analysis. The study had not set out to investigate how old Mexican women integrate religious beliefs to their everyday life, or how this might impact their construction of ageing and old age. I did not ask my informants about their attendance or involvement with their church or religious group, the meaning of religion, how often they pray or if they considered themselves to be a religious or spiritual person. My only question was regarding whether they had a religious affiliation. In my methodology chapter, I mentioned how at the first stages of my analysis I considered the women's religious references as merely language nuances. Being myself Mexican and socialised to the Catholic religion made me overlook the significance of the informants' religious faith to their experiences of ageing and old age. To my surprise, further analysis of my data revealed the informants' religious faith to be an overarching cultural and symbolic system that permeates their day-to-day life experiences and enables them to construct a positive meaning of old age. Thus, most of these women use their religion as a management strategy, not only to make sense of their ageing experience, adapt to the changes brought with ageing and construct their expectations of later life but also as a framework in terms of which they understand and *live* their lives (Allport & Ross 1967; Donahue 1985). Simply put, the informants' attitudes and behaviours are deeply rooted in their religious faith, which in turn influences the

way they organise, structure and make sense of their world, their life course experiences, and the meanings they ascribe to ageing and old age.

### **Religious faith as old women's resource to meaning-making**

What can these old Mexican women's narratives tell us about the role of religious faith in their experience of ageing? The findings of this study suggest that faith in God is a personal resource that most of these women use for their meaning-making process and accepting the reality of their circumstances across their life course, their ageing process and old age. Most of the informants emphasised a private or intrinsic approach to religion rather than seeing it as a social activity. More specifically, they constructed their religious experience upon praying alone or in a group (i.e. Bible study) and not merely about church attendance (e.g. mass services, confession, and communion). Many of the informants referred to having a "personal relationship" with God, like Florencia who commented on how she usually confides her biggest problems in God: "I talk to him, and it might sound like a fantasy but he gives me the answers through my mind. And that's how I have solved my problems all my life. There is no better psychologist than God!".

Informants' religious experiences were not restricted to sacred issues or ecclesiastic spaces, but punctuated their everyday activities (Vazquez 2006) and their sense of self. This indicates a more spiritual dimension and mirrors what Allport and Ross (1967) conceptualised as the 'intrinsic orientation' of religion. In contrast, 'extrinsically religious' persons use religion "to attain security, social status and social interaction" (ibid: 434). According to these authors, an intrinsic religious orientation is more likely to lead to a sense of meaning and purpose in life than an extrinsic one, as the former provides a person with a 'master motive' for living, whereas an extrinsically oriented person might only use his/her religion to meet primary needs (e.g. social interaction). In other words, extrinsic religiosity is a "religion of comfort and social convention, a self-serving, instrumental approach shaped to suit oneself" (Donahue 1985: 400). Most probably, this is what Xóchitl was referring to when she talked about the way she practices her religion:

I'm not one of those people that are always attending mass or taking communion [...] they spend all their time stuck to the church and this and that, but it means nothing to them. They don't really behave accordingly! Seeing all that also helps you, you know. They are all day in church, they don't miss any service and take communion every single day, but they haven't gotten out of church when they are already wrong doing, that's not good, not at all!

Although Xóchitl was the only informant who voiced such strong ideas about church commitment, it became evident that most of the women preferred to commit to their religion in a more personal way, “intrinsically” motivated rather than engaging in institutional religious participation. One possible explanation could be that, like Xóchitl, many of these women have become disillusioned with religion's role as a social organisation. Berger (1969) and Moody (1986) would argue another explanation, that as one approaches the end of the life course, one begins to search for a deeper, more existential meaning and purpose of life, physical decline, illness, social losses, suffering and death, which most religious systems are able to provide. Search for a sense of meaning and purpose in life was found amongst most of my informants, and it could be argued that this is the reason they are able to construct an overall positive meaning of ageing and old age. However, this is supposition and would require further exploration.

Within the scope of my study I had access only to women's current construction of religious faith and the significance of their religious activities (i.e. prayers, Bible study, mass service), and thus I cannot demonstrate whether their intrinsic and/or extrinsic religiosity has altered over the life course. Nevertheless, of relevance is the fact that some informants, like Bertha (60, M) and Concepcion (62, M) who were still married and at a relatively more privileged social location and younger age, made “less” direct references to the impact of their religious faith in their world view. This particular finding, albeit inconclusive, is in keeping with McFadden's (2000) argument regarding the association of an increase in the importance of religious faith and age. The author states that religiosity – particularly an intrinsic religious orientation might serve as the vehicle to a deeper cosmic meaning at a time when many terrestrial meaning-making activities valued by a secular culture (e.g. active engagement, productivity, and interpersonal relationships) decline substantially or even cease. This however adds more complexity to understanding the significance of religious faith for these women's world view and meaning-making process, especially given that most of

them, to varying degrees, continue to have social, physical and economic resources.

It appears that the informants' religious faith exists on its own and not as a mere "refuge" to overcome physical or social decline or more exactly, the stigmatising images associated with old age. The evidence presented in Chapters 5, 6 and particularly 7 indicates that for these women religiosity constitutes an overarching explanatory framework through which they interpret, respond and accept their personal situations over the life course. Simply put, for them God is a higher power through which they both make sense of their life and use as a coping strategy.

All in all, the informants use their religious faith to construct their ideas about life as a whole and ageing in particular, as well as their attitudes about death and health/illness issues and physical decline that might accompany the dying process. I now turn to discuss such ideas.

### *Faith and ideas about life and ageing*

As the evidence suggests, most of the informants regardless of the existence of health-related issues constructed a narrative of feeling satisfied with how their lives had turned out. In this sense, as Koenig (1994) has noted, one of the central messages of the Christian faith involves trusting that God has a purpose and plan for each of us and although this plan might involve exposure to difficult experiences and adverse circumstances (e.g. illness, personal losses), the goal of religion is to promote greater spiritual and personal development. Another core element within these women's narratives of life fulfilment was being grateful to God for allowing them to reach old age. As Jacinta (75, CU CS), so clearly put it: "to reach this age like this [...] it's really an enormous blessing from God".

Drawing on Erikson's (1959) extensively cited theory of adult development, Krause (2006: 169), notes that old age is a time of life introspection; many of these women were focused on constructing the story of their lives into a more coherent whole, and in doing so they came to a deeper appreciation for the way things have unfolded. Given that 'feeling satisfied and happy about their lives' is a common narrative amongst almost all the informants, here I contend that their

feelings of gratitude towards God, and more precisely their understanding of having fulfilled God's plan underlies these women's subjective well-being and motivates them to construct positive meanings about ageing and old age. Quoting Krause (2006), if these women believe that difficult experiences are part of God's plan to strengthen them and help them grow, they are more likely to feel grateful to God when adversity arises, and consequently the detrimental effects of such experiences are likely to be diminished. In this way, religious beliefs are not only women's resource for making sense of their world but also an important strategy to face specific situations, such as illness and physical decline.

Interestingly, for many of the women with children, the feelings of gratitude to God and life accomplishment are also embedded in a 'gendered script'. In Chapters 4 and 5, I have demonstrated how most of these women were socialised within a strict gender role differentiation and encouraged and expected to define themselves by their caregiving roles. Motherhood in this sense has become both a core anchor of their feminine identity and an integral part of God's plan for them. Thus, for several of these women (e.g. Angeles, Matilde, Violeta, Elena, Guadalupe) having fulfilled such a role translates to a deep sense of meaning and purpose in life and motivates them to feel satisfied as well as grateful to God about their lives and above all, to view ageing as a positive experience.

### *Faith and ideas about ageing and death*

As shown in Chapter 7, most of the women framed their expectations in later life within their religious assumptions, particularly their faith in God's will and purposes. The only exceptions were Hortensia, Sara, Bertha and Amalia. The former two informants rarely made references to their religion, and are incidentally the only two women who ascribed negative meanings to ageing and old age. Sara for instance, mentioned her mass attendance and group prayers (i.e. Rosary) merely as part of her daily routines in the nursing home (See Chapter 6) and expressed feeling hopeless about her current situation. Thus, in this particular case religious involvement was not helping alleviating her feelings of hopelessness; however the causes of this might primarily originate in Sara's lack of social support, as discussed in Chapter 7. On the other hand, Bertha and Amalia, although made references to being involved in religious-related activities (i.e. church membership, Bible study, altruism), they did not seem to locate their

religious beliefs as the overarching structure supporting their thinking or symbolic “world view” (R. Williams 1990: 287). Arguably, as I mentioned earlier, this might be related to these women’s relative younger age combined with a more ‘privileged’ social class and physical and economic resources in comparison with the rest of the informants.

In contrast, the rest of the informants voiced three main narratives of ageing that were clearly embedded in their faith and trust in God, thus implying a ‘principle of meaning that transcends the social world’ (G. Williams 2004: 253): (1) how and when I leave is God’s will; (2) I ask God to keep me well until the last day; and (3) I pray to God to take me soon. Through such narratives informants articulated their ideas towards ageing and death, and in some instances, attitudes concerning their health and illness issues.

Although all of these women see God’s will as a higher power they have faith in and to which they entrust their lives, there are specific differences on the way they understand and enact their religious faith. Clearly, for the women who voiced narrative 1 faith translates into an absolute acceptance of God’s purposes, even if that includes adverse circumstances, that being illness and physical impairment. This means that by adopting a religious interpretation of adversity they seem to have found meaning and above all a way of coping positively whenever they encountered difficulties, especially regarding the competence and functionality of their bodies. In contrast, the informants who voiced narrative 2 did not appear as “ready” to endure illness or physical impairment. As Teresa clearly stated, “I pray to God to keep me healthy while I’m alive, standing, and able to move around on my own, not bedridden, and above all, I want to have a peaceful death, I always ask him for that and I know God will grant me those things.” Thus, these informants have constructed their faith and hope through an image of a benevolent God who will favour them with the avoidance of serious health difficulties in old age. Interestingly, the women who voiced narratives 1 and 2 do not seem to hold a ‘deterministic’ world view, especially in relation to their health, as Adela noted: “God is sending me this message, therefore I have to seek medical attention, I got to do something; that’s what medicine is for!” Surprisingly, this non-fatalistic world-view found amongst my informants is in keeping with R. Williams’ (1990) study of old people in Aberdeen, Scotland. He found that contrary to an ‘expected’ Protestant reading of illness and death as

punishment for sin, for many of the Aberdonians he spoke to faith is a resource they use for dealing actively and realistically with suffering, which enables them to interpret it and search for effective ways to overcome it.

Finally, other informants voiced a narrative of readiness to die. They have faith in a rewarding God and thus to them death represents the end of their physical suffering, something they feel entitled to especially since they acknowledge accomplishing God's unfolding purpose. As Moody (1986) argues, individuals who have sought and found existential meaning in their lives might be less afraid of or in this case be ready for death because they might be able to integrate the necessity of death into a broader cosmic purpose that includes illness, physical decline and the finality of life on earth. Most probably, the women who voiced narratives 1 and 3 have come to make sense of their ageing experience, and their lives as a whole in similar terms to the ones described by Moody.

According to O'Brien (2008: 92), if one believes in God but does not trust in or feel at peace in accepting his purpose, an illness experience may be interpreted as an unwarranted burden at best, or a punishment for past sins at worst. Notably, none of the informants constructed illness or physical pain as 'punishment' (*castigo*). This means that for most of these women both health and illness are part of God's purpose. This contrasts with most of the research conducted amongst Mexican migrants to the USA, where, as O'Brien (2008) notes, the concept of illness as "*castigo*" is a recurrent theme. Here of course, social class and cultural context might be important variables to consider when examining the differences.

Regardless of the subjective character of religiosity and spirituality, these findings indicate that religious faith is present in most of the women's daily lives and is in fact a resource for meaning-making and an important management strategy for ageing and old age. However, in trying to elucidate these issues, it is important to keep the limitations of the present study in mind. More specifically, since the research was not designed to investigate the relation between the informants' religious beliefs and ageing experience, the data for the analyses provided throughout this thesis were gathered at a single point in time. Moreover, the relationships between religious faith, meanings of ageing, notions of health and illness and attitudes towards death could be examined more rigorously if study participants had been asked directly about such relationships. I will discuss the

limitations of my study towards the end of the chapter. Women's ageing narratives, however, are not limited to the religious/spiritual dimension. The intersection of a gendered discourse, in the form of caregiving, and physical decline offers another important narrative in old age.

## **Narratives of Care and 'Burden'**

Although most of the women ascribed an overall positive meaning to ageing and old age by recourse to their religious faith, they are not immune to pervasive cultural narratives, particularly the one that portrays old women "as burdens to themselves and society" (Browne 1998: 236). A key aspect that is intertwined within this narrative is the meaning of caregiving and how it relates to gender and age. Here, I return to the issue of care as it has been revealed as central to the lives of most of these women and therefore central to the ageing experience.

As discussed in Chapter 2, within social gerontology studies on gender in old age have commonly taken a political economy approach (See Estes 1991; Walker 1992). In this context, scholars in the UK and the USA have examined women's economic status in old age and revealed the wider structural issues – the basis of social inequality by which old women are left vulnerable and in a disadvantaged position in terms of pensions, health status and access to care (Arber, Davidson & Ginn 2003; Gibson & Allen 1993). As mentioned earlier, the majority of the women in the study are relatively resourceful. In Chapter 4 I discussed how even though most of these women do not have their own occupational pension, they are [financially] supported mainly as dependants through either social security (i.e. husband's work/pension; widow pension) or directly through their children or other relatives. Yet, by analysing their ageing experiences I have found that the vulnerability voiced by many of these old Mexican women is very complex; it was not constructed in economic terms, but rather emotional and social. More precisely, the informants felt more vulnerable as they became – physically/socially – dependent, and yet they tried to preserve their dignity and sense of self through maintenance of their role as caregivers, striving for a balance between the family care and support they give and receive, and above all, maintaining their sense of responsibility towards their family's well-being or adult children and grandchildren in the case of the women who had been or were married. Certainly, this means that for most of these old women, the narrative of

burden, that is, the desire to not become a burden on their families is interwoven with the traditional narrative of motherhood, which as we have seen in Chapters 4 and 5, continues to influence societal expectations upon women.

Interestingly, there is a vast literature focused on the issue of caregiver burden, especially within the context of family care, yet less consideration has been given to the other end of the caring relationship – care recipients' notions on having become a 'burden to others', which is commonly referred in the literature as 'self-perceived burden' (McPherson, Wilson & Murray 2007a, 2007b). Currently, there is a small but increasing body of empirical studies from several different countries and cultures (i.e. Canada, Japan, Kenya, Korea, the UK and the USA), which suggests that feeling like a burden to others – particularly in the context of illness or at the end of life – is a universal concern (See McPherson, Wilson & Murray 2007a; Broom & Cavenagh 2011). Notably, caregiving research in Mexico is in its early stages (Mendez-Luc, Kennedy & Wallace 2008) and focused predominantly on young and middle-aged women's experiences of burden as carers for ill, disabled or elderly people (See Robles-Silva 2000). However, there is no research addressing the burden experienced by care recipients. In this context, the discussion of women's narrative of burden becomes significant to understanding how the informants experience old age.

My data revealed women's notion of caregiving as a very complex construct with simultaneous positive and negative meanings. With the exception of Jacinta (CU-CS), for whom 'caring for others' was clearly a burden that "wears a woman down", all the informants viewed caregiving as a positive experience. However positive for themselves, it is evident they did not want their family to take on caring responsibilities when they could no longer care for themselves. Indeed, for these women, the possibility of 'being cared for' by someone else had a negative connotation, one through which they constructed themselves as a burden to those possible caregivers, particularly loved ones. As Beatriz (66, W) clearly stated:

When one starts being cared for by the family, sooner or later, one becomes a burden. [...] Therefore, I think that if the time comes, the healthiest thing to do is to be taken to a place where I would not be a problem to anybody, neither to my daughters, nor to my grandchildren or son-in-laws, nor to my sisters.

As demonstrated in Chapters 5 and 7, the majority of my informants voiced a desire to not become a burden to their children, and so institutional care was the option they preferred over receiving primary care within the family setting. Interestingly, the possibility of being cared for by ‘professional carers’ did not trigger the women’s narrative of burden; this was only expressed in relation to their families’ well-being. As Irasema (89, W), referring to her adult children’s offer to care for her at home, neatly stated: “I don’t want to get in their way!” Irasema’s and the rest of the women’s disposition, I contend, could have multiple explanations. In line with earlier arguments, at the macro-level, women’s narrative of burden might derive from the prevailing socio-cultural construction of old people as a burden to society’s economy. Yet, a more likely explanation lies on the women’s own understanding of their role and responsibilities as the family primary caregivers, which they have been inculcated with from early childhood, through their religious belief and gender socialisation (Chapter 7). In this sense, these women are very likely to consider caregiving as an integral part of their lives. As Gilligan (1982) would argue, women define themselves in the context of their relationships and evaluate themselves and others on the basis of their ‘ability to care’ for those who rely on them. This is why they are interested in maintaining such a role.

Another explanation for the informants’ notion of burden may simply reflect women’s general tendency to undervalue their own entitlements (Major 1993). This means that they might not feel as deserving of being cared for, perhaps as a result of internalising society’s lack of appreciation for their work at home and as nonpaid caregivers for the children, the ill and the old that has been culturally prescribed to them (Browne 1998). An interest in not damaging the affective relationship and “emotional connectedness” (Twigg 2004: 67) between them and their possible caregivers might also explain their resistance to being cared for and becoming a burden.

Their resistance to becoming a burden can also reflect the women’s active attempt to retain control over their lives and assert their self-identity as competent and independent social agents. Some of them attained this by means of entering institutional care. Also many of the informants who were living with their families or alone continued undertaking caring responsibilities as much as possible, in order to preserve their self-esteem and assert themselves as

competent individuals. Furthermore, my data suggests that many of the informants who currently live in a care home, such as Matilde, Raquel, and Guadalupe, challenge the traditional idea of a care home as the “last halt” (de Beauvoir 1996: 252), and construct it as positive site for negotiating the dominant image of dependency, as they are clearly still capable of taking care of themselves physically, socially and economically. The latter aspect is relevant because the care these women received within an institutional setting is a ‘service’ they pay for, and so by looking at care in this way they are perhaps able to dissociate it from the context of filial responsibility and affective/emotional relationships, within which they assume conflict and emotional distress are more likely to arise. Notably, as the data suggest, many of the women in care homes are aware that their personal concerns can be exacerbated by the experience of increasing physical and cognitive decline and thus they are less likely to share or discuss these issues with others, particularly their children as they do not want them to be burdened. This narrative of “suffering alone” by which some informants avoid becoming a burden on others might be rooted in the women’s cultural and religious beliefs, in which they have been socialised to follow the Virgin of Guadalupe as a role model of spiritual strength and self-sacrifice. Certainly, this tells of a strong Catholic influence that permeates in the everyday life experiences of these women.

Nevertheless, I contend that is through their *free* caregiving that most of these women living in the community or in a care home manage to construct narratives of resistance to social expectations of dependency in old age and counter-narratives to becoming a burden on their families. Drawing on Browne’s (1998: 206) ideas on ageing women, I see these old Mexican women as examples of *survivors* who have held their families together, who have experienced the loss of loved ones (i.e. husband, siblings and children), who have contributed much to society, especially by helping their daughters to enter the work force and take advantage of education opportunities, and who have constructed through their personal biographies numerous narratives of resistance to a society that is not known for being supportive of them.

As discussed in Chapter 2, within research in both feminism and social gerontology ageing women have remained relatively invisible; hence their voices have not been heard as much. In this context, the goal of feminist gerontology should be

that of correcting the prevailing images about old women as burden to their families and to society, as such images have clearly shaped social policies and subsequently social welfare, which in turn do not recognise women “as contributory citizens in their multiple and varied forms” (Browne 1998: 179). More importantly, Arber and Ginn (1991a: 49) have argued that “by asserting themselves as competent, strong and resourceful, women can begin to reclaim their right to age without stigma”, without constructing themselves as a burden.

Thus, drawing on Ross-Sheriff (1994), feminist gerontologists need to conduct more research that examines old women’s lives within the context of their diverse positions and further develop feminist theories that provide a deeper understanding of old women’s complex conditions. Similarly to Ross-Sheriff, I advocate considering “age and gender as intertwining systems” (Krekula 2007: 156), and developing theories that provide “a more complex understanding of the intersection of age” within a context of caregiving.

Here, I have alluded to two prevailing sources of women’s narratives of ageing. My data has revealed the informants’ religious faith as an overarching explanatory framework for their worldview, and the significance of caregiving for women’s sense of self and competence. However, the discussion of how these women experience ageing and old age is far from complete. Throughout this analysis, the complex ways in which these women *make sense* and *feel* their material and socially constructed bodies has also been uncovered as an important narrative source by which they develop and express their ageing identities.

## **Complex Narratives of the Ageing Self**

In this section I want to briefly re-examine the main arguments covered in Chapter 7 pertaining to the women’s ageing identities. As I have already shown, the majority of my informants construct both ageing and old age as a positive experience. With only two exceptions (Victoria and María Inés) all of them claimed to be old by means of their chronological age, functional abilities or social status. More importantly, most of the women acknowledged being proud of their age. However, this is not to say that these women constructed and enacted their ageing identities without showing any ambiguity. On the contrary, the way the informants engage with their ageing selves and talk about ageing is very complex.

This complexity is manifested at two interconnected levels of embodiment. At one level, women made sense of their ageing self through a conscious recognition of the lived experience of having and being an ageing body, that is, their *corporeality*. Certainly, by assessing their own corporeal body they were able to say “I’m old”. However, as discussed in Chapter 6, by definition, the lived experience of our bodies also includes the experience of ‘emotions’, namely feelings and sentiments. The role of emotions then becomes a crucial link between women’s material bodies and their social world, which accounts for the second level of women’s embodiment. Here, informants’ self-perceived bodily and biological ageing intersects with social and cultural ageing (Hepworth 2004a; Gullette 1997, 2003). In fact, as Tulle (2008a: 5) has noted, it is the cultural and social processes which cause and reinforce the marginalisation of old people. Consequently, at this level of embodiment is where the informants are able to elaborate their narrative of “I don’t feel old”. In this sense, while they do not deny they are old, they all make deliberate attempts to resist the narrative of decline, that is they avoid being identified with prevailing negative images of old age.

Thus, by stating that they do not feel old, these women can distance themselves from the image of decline and dependency. As Blaikie (2006: 88) has argued, if an individual says, “I feel old”, he/she indicates that is acting out the ‘destined’ ageing script. Thus, when these women say, “I don’t feel old” they might be suggesting that the script needs to be changed because it no longer feels right to them, and it does not feel right merely because the cultural ageing script devalues the visible signs of bodily ageing and rewards a younger-looking and competent body. Thus, as my findings demonstrate, the women’s claim of ‘not feeling old’ derives from the interplay between narrative, self, body and society. In this process, however, the body, or more specifically the women’s ageing body takes central stage.

### **Functionality over Appearance**

As has been demonstrated, amongst the informants there is an awareness and also acceptance of the materiality of old age and the increasing physical limitations and bodily changes. In these women’s accounts there is not enough evidence that they claim to have an inner younger self or ageless self disrupted from or betrayed

by their external body, as the theoretical approaches of ‘mask of ageing’ (Featherstone & Hepworth 1989, 1990, 1991a) and ‘masquerade’ (Woodward 1995; Biggs 2004) have identified. As I alluded to in Chapter 7, my findings cannot be entirely framed within these Western theories of ageing because of their focus on the tension between old people’s *physical appearance* and an *ageless inner self* and not necessarily on bodily functionality and competence. The latter aspects are certainly what the majority of these Mexican women emphasised when talking about their bodies and ageing process, rather than attractiveness or youth, or the loss thereof. Perhaps the reason for this is embedded in the social values and cultural norms with which these women were brought up (see Chapters 4 and 5), as well as their working-class and (lower) middle class location that seems to have placed more value on their capacity to perform caring roles rather than their looks. (In fact, only Teresa (66, S) and Florencia (72, D) externalised their wish for having a face-lift). Indeed, my findings regarding issues of age and identity would be quite different had I interviewed extremely poor or wealthy Mexican women.

All in all, to most of these women ageing is indeed a *corporeal* experience, one that they do not deny or mask. For them, old age then is not a ‘biographical disruption’ (Bury 1982) but both change and continuity of the self. Indeed, this narrative coherence of the ageing self makes all the more sense in the context of these women’s religious faith, whose significance has already been established. As Twigg (2004: 64) succinctly put it, “continuity is not the same as agelessness”.

Certainly, the informants do engage in a variety of body management strategies in order to preserve their physical and cognitive competence, and their general well-being (as demonstrated in Chapter 6). However, in my data there is no evidence mirroring the body techniques aimed at preserving a youthful, almost unreal physical appearance, what we might term the “anti-ageing enterprise” (Vincent, Tulle & Bond 2008), so characteristic of the West. Yet, there are some aspects about the ways in which these Mexican women make sense of their ageing identities, particularly their narrative of ‘being old but not feeling old’ which suggests that such claim is almost universal.

One of such aspects is the complex relationship between the mind and the body, voiced by many of the informants. A perfect example of such complexity was given by Luisa (82, W): “physically I am not a very strong person; [...] no, no! And

that is because I am an “*anciana*” [elderly person] but my mind, that one is still strong.” Luisa’s choice of language is very significant; she is asserting herself as an old woman and at the same time recognising her physical limitations and changes. However, her claim of having a ‘strong mind’ should not be confused with a claim of a youthful inner self. Clearly, she is focusing on her remaining bodily capabilities – her cognitive competence, though she conceptualises this as separated from the rest of her body. However complex she is in fact constructing an ‘ageing self’ narrative, in which the body and the mind are performed through a dialectical relationship (Kontos 1999); she is asserting both her old age and remaining competences.

### **Distancing**

The other aspect concerns the way almost all the informants relied on strategies of social comparison and distanced themselves from *other* old people (MacPherson & Fine 1995). According to Stapel and Blanton (2006), self-perception and behaviour do not occur in a social vacuum: who we are, and what we do, is often a function of what other people are and do. Following this argument, I argue that self-identity construction does not only depend on who we perceive we are or what we do, but who we are not and what we do not do. Thus, individuals tend to compare themselves to people with whom they interact in social situations, and the participants of my study are no exception. To these women their own personal ageing experience, particularly in terms of physical (i.e. health and appearance) and social resources (e.g. family support) was – positively – different.

Current theories of social comparison, albeit mostly with a psychological approach, have developed from Festinger’s (1954) original theory of social comparison (Wood 1989). With this theory the author introduced the concept that people make use of reference groups and individuals to evaluate their own abilities, beliefs and feelings. Festinger’s original claim was that seeking objective information about the self is what motivates social comparison. This, however, has recently generated an interest in how social comparison may assist other motives such as preserving self-esteem, avoiding social anxiety (see Liebowitz et al. 1985; Sherrard 1994) and overall, protecting one’s well-being and self-identity. In this context, the effects of the dominant discourse of ageing on limiting agency become more evident. Through these comparison strategies the informants are

actively trying to 'resist' the negative stereotypes of old age and protect their ageing self. Interestingly, here is where I find some similarities to the concept of 'masquerade' elaborated by Biggs (2005). Following Biggs' theory, the women's efforts to differentiate themselves from other old people are aimed at protecting themselves within an ageist society. By establishing that they are not "*viejitas*" or "*abuelitas*", as Raquel, Matilde or Jacinta so insistently stated, the majority of my informants seem to succeed on the negotiation between the physical and biological processes of ageing and the social and cultural construction of old age. I contend that this negotiation, this resistance is an expression of these women's individual agency. Their personal resistance, however, becomes a political issue as it may help to reproduce and legitimise ageist discursive practices and attitudes that, as Westerhof and Tulle (2007) have noted, force people into compliance and reinforce the stigma of old age. Quoting Blaikie (2006), if these women claim that they "don't feel old" it is because their experiences do not correspond to the social 'ageing script'. Until that script is improved they will keep exercising different personal strategies to manage social and cultural ageing. It is important to acknowledge this, and all the aspects discussed above, as it may deepen our understanding of how these old Mexican women make sense of their reality as well as bring new insights into understandings of ageing in contemporary Western societies.

## **Concluding Remarks**

On the basis of the theoretical discussion presented above and the arguments exposed in the conceptual, methodological and data chapters, I hereby propose an interdisciplinary gerontological framework to the study of old women. First, "[i]t is becoming increasingly clear that what has been omitted are the [subjective] experiences of growing old and being old." (Birren 1996: ix). Thus, the analysis of women's experiences of ageing and old age should be grounded in their own personal narratives. As we have seen, it is through exploring individual life-stories that we can gain a better understanding of the collective narrative, and the processes of both individual and group identity formation; this is particularly relevant in the context of social ageing, that is, attitudes and practices that reinforce the negative stereotypes of old people. Second, old women's ageing identities should be explored from a life-course feminist perspective, one that strives to challenge the prevailing negative conceptualisation of old women and

the devaluation and marginalisation of old age in general. Focus should be placed on highlighting old women's varied contributions to society, and on the diversity and complexity within old women's experiences of old age. A feminist perspective on old women should elicit the positive aspects of women's experiences and not merely examine how these deviate from what is currently known as the norm, that is, a male or middle-age perspective of old age. Only in this way we could develop alternative frameworks that are grounded in old women as 'subjects' and not as 'added in' (Calasanti 2003b) objects to existing models.

Third, feminist scholarship could also be advanced by bringing to the fore the analysis of the female aged body. Again, the emphasis must be on revealing the diversity and ambiguity of bodily experiences rather than applying a 'misery perspective' (Krekula 2007). Central to this, we should recognise that old women understand their *corporeality* not only in terms of physical appearance but also as a site for agency and for constructing an identity of a competent self. Fourth, researchers that study old women must pay attention to how cultural values and norms influence the meanings individuals ascribe to ageing and old age. In this sense, old women's lived experiences of ageing should be situated and analysed within their social, historical and political locations. Fifth, as Cole (2002) has noted, we should reconceive and re-symbolise ageing as a spiritual journey, an autobiographical opportunity to continuing learning, developing and serving in a pluralistic world. Thus, I argue for the importance of incorporating an analysis of how religiosity/spirituality affects old women's worldviews, as this could bring insights into how meanings of ageing and old age are constructed. Through this interdisciplinary approach, ageing and old age could move away from a 'problem' perspective and emerge as a complex and ambiguous process of intersecting opportunities and limitations.

## **Reflections on the Project**

Here I will address some particularities of my study. Firstly, as discussed in Chapter 3, the cross-language nature of the research added another layer to the analysis and interpretation of data. For the thirty-two women who participated in the study and me Spanish language is not just a tool or technical label we use for conveying abstract concepts but it also incorporates cultural values and beliefs

with which we co-construct meaning and make sense of a particular social reality. Therefore, although I always tried to find the appropriate English words that best represent and communicate the view of my informants, this involved very difficult decisions. Yet, the cross-language issues are also a strong element of this project. In my role as translator I was not simply translating the women's words but also their culture. I am making their experiences of ageing available to a wider audience. Moreover, the issues of translation and interpretation encouraged me to engage in a constant process of reflection, so fundamental for feminist research practice (Oakley 1981; Stanley 1990). While many of the exact "words" my informants and I used during the interviews were 'lost' in translation, with the final product my attempt has always been to elucidate the women's individual narratives and offer insight into their personal lived processes.

Secondly, my sample did not include old women living in rural areas, extreme poverty conditions or disabled women. For instance, as discussed in the Methodology chapter, I was not able to interview women of the section of "*las encamadas*" (bedbound) in the nursing home. The focus on broadly (lower) middle-class women derived from both personal safety issues and my own interest in undertaking an exploratory study on this part of the population, as their ageing experience has received very little attention within Mexico's research agenda. Thus, whilst I acknowledge that my findings cannot be generalised to old women with more limited resources than my participants, I however contend that the narratives that have emerged through the analysis can be useful as a comparative framework for further studies on ageing women.

Thirdly, my analysis did not engage with issues of public policy. In Mexico, as mentioned in the Introduction and Chapter 1, mostly social demographers and economists have discussed ageing and framed it as a social problem (Robles-Silva et al. 2006). In contrast, the sociological approach in understanding the personal experiences of ageing remains underdeveloped. My informants voiced gendered narratives that highlighted the prevailing issues of social inequality and limited access to social security and public health provision. Thus, their ageing experiences could contribute to informing the debate amongst policy-makers and consequently to addressing the needs of all ageing and old women in Mexico.

Finally, since I was only interested in old women's subjectivity, I purposely did not interview their family and friends or conduct participant observation. In Mexico we still know so little about old women's own perspectives, and so much about how their ageing and old age are perceived and constructed by society (Chambers 2005). However, I also recognise that focusing only on the experiences of old women does not deepen our understanding of gender differences in ageing and old age in Mexico. Thus, further studies should aim to identify how old men construct notions of care, health/illness, age and body, but more importantly what they deem significant to their own ageing experience.

## **Final Thoughts**

As a social gerontological endeavour, this study sought to offer a further understanding of how socio-cultural settings (i.e. socio-economic, political structures and religion) and current realities are embedded in the informants' own interpretations of care, body-mind relationship, health/illness, competence, burden and old people. These in turn account for the ways in which these women make sense of their own experiences of ageing and old age. My intention, however, was not to claim that there is a homogenous female experience of ageing in Monterrey, let alone Mexico. Nor did I intend to argue that there is a unique or "typical" Mexican way of ageing and experiencing old age completely different to what people in Western societies (e.g. UK, USA) experience. Instead, I wanted to emphasise the diversity within the informants' ideas and experiences derived from idiosyncratic, generational, material and economic differences. Nevertheless, as I have shown, within my study sample we can find some informants who constructed meanings of old age or define health, for example, in a way that mirrors the empirical findings of some European and North American studies hereby alluded to. Notably is the way in which many of my informants constructed a complex ageing identity by claiming that they "do not feel old" or how several others held ageist attitudes towards other old people; from which it would be easy to infer that these are universal strategies to resist the prevailing images of decline and dependency constructed around ageing and old age. My findings therefore illustrate the complexity of both the embodied ageing experience and women's strategies to constantly re-negotiate their ageing identities within an ageist society. This research focuses only on the ageing experiences of broadly middle-class women in an urban setting, which could

explain the similarities found with western studies. However, these findings should not mask the ageing experiences of those other old Mexican women who have less physical, material and economic resources than my informants.

In this sense, the main point of this analysis was to show that we can find both similarities and differences across cultures but also to identify distinctiveness in the ways these women make sense of their ageing experience, which in fact stems from the particularities of Mexican culture, namely gender ideology and religion, along with language nuances. My study unexpectedly revealed old women's religious faith as a central resource for creating meaning and managing ageing and old age. Although the findings regarding the role of religion in shaping women's experiences of ageing are rather inconclusive, they show a significant difference between old people in Mexico and the UK, as in the latter the baby-boom generation are the first of a succession of cohorts with increasingly weakened socialisation to the Christian religion (Coleman 2005). Moreover, this data shows us the importance of a biographical approach to ageing studies so we can really start listening to what old people themselves have to say about ageing and old age.

## Appendices

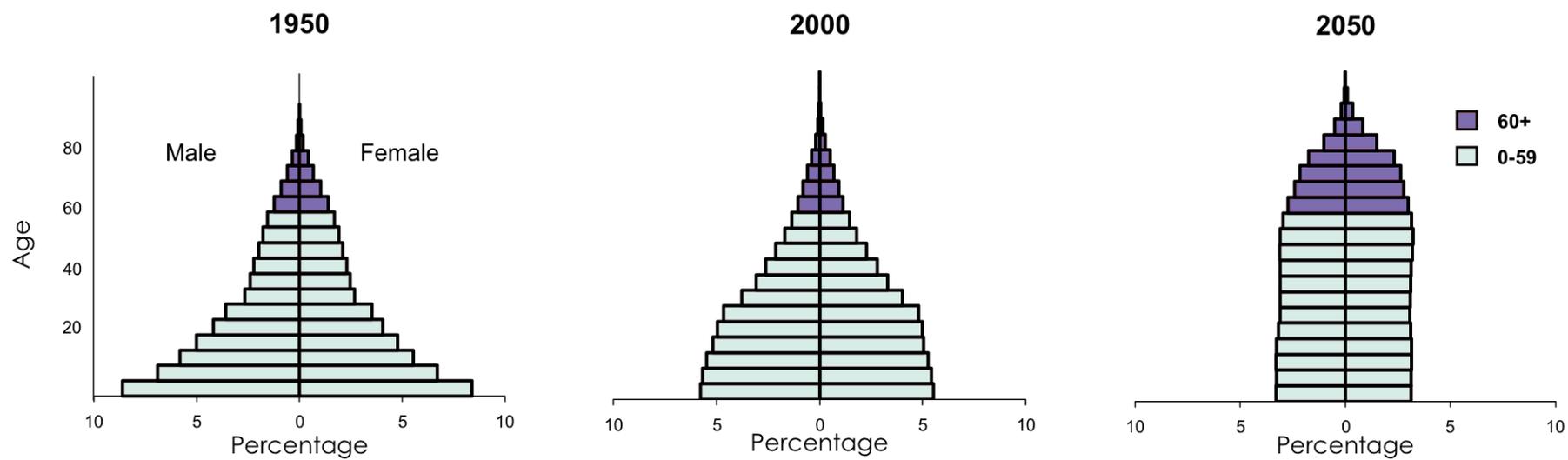


## Appendix 1. Mexico's main demographic ageing indicators

Indicator	Age	1950	1975	2000	2025	2050
Percentage in older ages						
Total	60+	7.1	5.7	6.9	13.5	28
	65+	4.4	4	4.7	9.3	18.6
	80+	0.5	0.7	0.8	1.8	4.6
Female	60+	7.6	6.1	7.4	14.6	26.4
	65+	4.8	4.4	5.1	10.2	20.6
	80+	0.5	0.8	1	2.1	5.5
Male	60+	6.5	5.2	6.4	12.3	22.2
	65+	4	3.6	4.3	8.3	16.6
	80+	0.4	0.6	0.7	1.5	3.6
Broad age groups (percentage)						
	0 - 14	42	46.5	33.1	23.2	19.3
	15 - 59	50.9	47.9	59.9	63.3	56.3
	60+	7.1	5.7	6.9	13.5	24.4
Median age (years)						
		19.1	16.7	23.3	32.5	39.5
Dependency Ratio						
	Total	86.6	101.9	60.9	48.1	61.1
	Youth	78.3	93.8	53.3	34.3	31.1
	Old Age	8.3	8.1	7.6	13.8	30

Indicator	Age	1950	1975	2000	2025	2050
Potential support ratio		12.1	12.4	13.2	7.3	3.3
Parent support ratio		1.5	4.1	4.3	4.8	11.3
Sex ratio (per 100 women)						
	60+	85.4	84.7	84.6	80.9	79.7
	65+	83.4	82.7	81.9	78.5	76.5
	80+	76	76.8	70.4	67.5	62.4
Total fertility rate (per woman)		6.9	5.3	2.5	2.1	2.1
Life expectancy (years)						
Total	Birth	50.6	65.1	73	76.7	78.8
	60	..	..	20.9	22.4	23.3
	65	..	..	17.2	18.5	19.3
	80	..	..	7.9	8.5	8.9
Female	Birth	52.5	68.6	76.4	80.4	82.7
	60			22	23.9	25
	65			18.1	19.7	20.7
	80			8.3	9	9.5
Male	Birth	48.9	62.2	70.4	74.3	76.5
	60			19.6	20.8	21.5
	65			16.1	17.1	17.7
	80			7.4	7.8	8.1

### Population pyramids



Source: Reproduced of UN (2002).

## Appendix 2. Mexican Health Care System

In Mexico, the *Sistema Nacional de Salud* (SNS, national health system) is a compulsory system of rights acquired under formal relations of work, and also voluntary, with the responsible institutions. It consists of three subsystems:

- The *Instituto Mexicano del Seguro Social* (IMSS, Mexican Institute of Social Security), which provides health services for the employed workers of the private sector;
- The *Instituto de Seguridad y Servicios Sociales de los Trabajadores del Estado* (ISSSTE, Institute of Social Security Serving the Workers of the State);
- *Petróleos Mexicanos* (PEMEX, Mexico's state-owned petroleum company), *Secretaría de Marina* (SEMAR, Secretariat of Navy Armed) and *Secretaría de la Defensa Nacional* (SEDENA, Secretariat of National Security), which all provide services and benefits to their own workers.

Every year, Mexico spends 6% of its GNP in the health sector which, according to the Organisation for Economic Co-operation and Development (OECD), is insufficient since similar countries such as Argentina spends over 9%.

Moreover, in its Health Report 2006, OECD also reveals that the cost per capita share in health services received by Mexico's inhabitants in government expenditure is only 662 US dollars per year, the second lowest amount amongst the countries belonging to the organisation.

To date the Mexican health system still operates with a framework designed in 1943, and therefore a major reform has started taking place in order to meet the needs of the population.

As a part of the health system reform, the government of President Vicente Fox (2000-2006) implemented a controversial health program, *Seguro Popular* (Popular health insurance) that aims to give health coverage to those people who do not have social security. According to Mexican authorities, by 2010 the *Seguro Popular* would have covered 100% of Mexican population. This goal has yet not been met: currently over 40% (nearly 45 million) of the total population is covered with *Seguro Popular* (Gobierno Federal 2011). Furthermore, the *Seguro Popular* does not have its own hospitals; therefore the users will need to go to state or federal clinics. The costs of this program are mainly covered by the federal (70%) and local governments (20%), the rest 10% of the costs is met by the families. Nonetheless, the program has been highly criticised, since its detractors believe it can only lead to the privatisation of the health services.

**Source:** Own elaboration based on data from Programa E-salud (2009) and BBC (2006).

### Appendix 3. Mexican Public Pension System

In Mexico, the granting of publicly funded pensions is linked to the labour market, and only the population in formal employment benefit from the social security system. Before 1995, there were only four types of provision for pensions:

- Instituto Mexicano del Seguro Social (IMSS, Mexican institute for social security);
- Private plans complimentary to IMSS;
- Social security institutes for the governmental sector, and
- Semi-official companies

For a significant section of the elderly population, the pension system represents the only source of income they have access to after retirement due to disability, old age, or after meeting the number of working years for an anticipated retirement (25 years for women, 30 for men). In theory, this system is responsible for providing the economic resources required by them and their dependants. However, the pension system is characterised by its scarce and differentiated redistributive policies, and also for excluding workers of the informal sector (Ham-Chamde 1996; Laurell 1991).

In their study on older people in the metropolitan area of Monterrey, Garcia and Madrigal (1999) demonstrated how restricted the Mexican pension scheme is. They found that only 27.8% of the interviewed population (461 people of age 60 and older) were covered by a pension scheme. Some informants reported a monthly pension of over 2000 MX Pesos, while there were extreme cases receiving less than 100 MX Pesos. For 71% of Garcia and Madrigal's informants, the pensions received averaged less than 400 MX Pesos per month.

However, the above refers to the former pension system. In 1995-96, Mexico underwent a reform of the pension system, shifting to a multi-pillar approach to old-age security. The objective of the publicly managed first pillar is redistribution; a fully-funded second pillar provides for mandatory individual savings accounts and competitive but exclusive and specialised pension fund management, with the third pillar being voluntary savings.

This scheme could provide effective economic security and protection from old-age poverty, aligned with goals of savings and economic growth. It offers Mexico's first real opportunity to shift to a defined-contribution model and to expand and deepen domestic capital markets by creating a new class of institutional investors, although in the short term its impact on capital markets will be limited by the need to focus on the security of pension fund investments. Nonetheless, there are weaknesses in Mexico's pension design, especially the limited scope for workers in the private sector, the continued role of the INFONAVIT housing-fund component, and the moral implications of the lifetime-switch option. More positively, the age structure in the former system is still very young, so coverage could increase. Also, reform took place after the inflationary 1980s and the 1994 financial crisis, which eroded the real value of the pensions in the previous system, the acquired pension rights of the transition generation, and the minimum pension for minimum-wage retirees. If returns on invested contributions are high enough, much of the transitional generation will choose the defined-contribution alternative over the old pay-as-you-go system. This will release the government from pension liabilities, except for the minimum pension guarantee for new affiliates.

**Sources:** Own elaboration based on data from Garcia & Madrigal (1999); Grandolini & Cerda (1998); Ham-Chande (1996) and Laurell (1991).

## Appendix 4. Show Card

<i>Calidad de vida</i>	
Salud física	Poder escuchar bien
No tener dolor	Energía para hacer lo que uno quiera
No sentirse cansada	Contacto con amigos y parientes
Salud mental (ej. no tener estrés / ansiedad)	Participación en clubs, organizaciones (ej. Iglesia
Salud cognitiva (ej. buena memoria)	No sentirse sola
Poder realizar las labores del hogar	Sentir que los demás la necesitan
Poder realizar por si misma su higiene personal (ej. bañarse, vestirse)	Permanecer en su propia casa
Poder leer	No tener preocupaciones económicas

## Show card (English translation)

<i>Quality of life</i>	
Physical health	Able to hear well
Having no pain	Energy to do what you want to
Not feeling tired	Contact with friends and relatives
Mental health (i.e. not having stress, anxiety)	Participation in clubs and organisations
Cognitive function (i.e. good memory)	Not feeling lonely
Able to do housework	Feeling needed
Able to manage personal hygiene (bathing, dressing)	Remain living in one's home
Able to read	Not worrying about personal finances

Source: Adapted from Wilhelmson et al. (2005).

## Appendix 5. Casa de Reposo Nuestra Señora de Fátima

The *Casa de Reposo Nuestra Señora de Fátima (CRNSF)* is a private, non-profit, long-term facility for old people administered by an order of Catholic nuns. According to *CRNSF's* secretary, this institution offers modest communal accommodation and few private rooms to both men and women aged 70+ and of limited economic resources. All the residents, with the exception of those fully sponsored by DIF Nuevo Leon, pay a fixed monthly amount for the services, which covers: accommodation, three meals a day, Infirmary services 24/7, daily Mass, recreational activities and excursions, laundry, room cleaning service, visit of medical doctors twice a week, gymnasium, physical rehabilitation and occupational therapy.

When asked, the secretary noted that the three main requisites for entrance were to be aged 70 or over, that the person should enter the home of their own free will, and to have at least some level of mobility. Every resident takes care of him/herself, but if needed the nursing home offers routine care, which includes bathing, feeding and toileting.

For the purposes of my study, I met several of the 80 residents of *CRNSF* between September 2007 and February 2008. It is worth mentioning that out of those 80 people living in the care home only 19 were men. Such a significant numerical difference in this Mexican case is in line with most of the (UK) research on ageing that has uncovered that “older women are more likely to spend the closing stages of their life living in a care-related communal setting.” (Arber 2007: 71). As noted by Arber and Ginn (1991, 2004 cited in Arber 2007), the main reason for this gender-difference is related to marital status; widowed and never-married people are more likely to live in residential care homes once they reach older stages, and these two groups are mostly women. The difference is much higher among older people aged 80+.

At the time of the fieldwork, among the *CRNSF* residents there were some who were in the bedridden section, “*las encamadas*” and therefore required special care. However, by order of the *Madre Superiora*, I was not introduced to any of them. Instead, I only made contact with those residents appointed by the *CRNSF* secretary as suitable for the study.

Since my objective was to study this “institutional” way of ageing from the residents’ perspectives and own narratives, I certainly was not interested in recording staff accounts. However, it is pertinent to say that residents’ stories differed significantly from the portrait painted of these residents by the staff. Prior to my first meeting with each of the informants I was advised on specific aspects or characteristics of the residents I was about to meet. It was as if the staff had labelled each of the residents depending on what appeared to be their distinctive personality feature, or in the case of “*las encamadas*”, a bodily (disability) feature. To me, most of the times such labels were incorrect, or inappropriate, however they might originate from the institutional daily routines of a care home. For instance, I was advised that Raquel (81, W) was an “attention seeker”, always complaining and not willing to let other person do the talking for a change. That was certainly not the case and I had one of the most enjoyable interviews with her.

## Appendix 6. Informants' Biographies

### Jacinta

<b>Age</b>	75
<b>Place of birth</b>	Small town
<b>Marital status</b>	Never married (lived for a short period of time with the father of her children)
<b>Age at marriage</b>	22 (on entering consensual union described above)
<b>Living arrangements</b>	Alone
<b>Household</b>	Owner
<b>Education</b>	Elementary school; vocational training
<b>Work history</b>	Informal job since age 23; vocational trainer
<b>Current job</b>	Part-time
<b>Pensioned</b>	No
<b>Children</b>	2
<b>Grandchildren</b>	3
<b>Great Grandchildren</b>	2
<b>Age at birth of first child</b>	26
<b>Age at birth of last child</b>	31
<b>Monthly salary (or income)</b>	5,000-7,000 MX Pesos

**Evelia**

<b>Age</b>	74
<b>Place of birth</b>	Small city
<b>Marital status</b>	Married
<b>Age at marriage</b>	15
<b>Living arrangements</b>	With husband, daughter and grand-daughter
<b>Household</b>	Owner
<b>Education</b>	Junior high school
<b>Work History</b>	Worked in own business upon getting married.
<b>Current job</b>	None. She stopped working in 1982.
<b>Pensioned</b>	No
<b>Children</b>	8
<b>Grandchildren</b>	17
<b>Great Grandchildren</b>	4
<b>Age at birth of first child</b>	17
<b>Age at birth of last child</b>	40
<b>Monthly salary (or income)</b>	5,000-7,000 MX Pesos

## Gertrudis

<b>Age</b>	65
<b>Place of birth</b>	Village
<b>Marital status</b>	Never married
<b>Age at marriage</b>	N/A
<b>Living arrangements</b>	Alone
<b>Household</b>	Owner
<b>Education</b>	Elementary school, vocational training, bachelor degree
<b>Work History</b>	Formal job for 45 years
<b>Current job</b>	Retired
<b>Pensioned</b>	Yes
<b>Children</b>	None
<b>Grandchildren</b>	None
<b>Great Grandchildren</b>	None
<b>Age at birth of first child</b>	N/A
<b>Age at birth of last child</b>	N/A
<b>Monthly salary (or income)</b>	Under 5,000 MX Pesos

**Beatriz**

<b>Age</b>	66
<b>Place of birth</b>	Small city
<b>Marital status</b>	Widowed
<b>Age at marriage</b>	24
<b>Living arrangements</b>	Alone
<b>Household</b>	Owner
<b>Education</b>	Elementary school, vocational training
<b>Work History</b>	Formal job since age 29. Worked for 37 years.
<b>Current job</b>	Retired from work in December 2005
<b>Pensioned</b>	Yes
<b>Children</b>	2
<b>Grandchildren</b>	4
<b>Great Grandchildren</b>	0
<b>Age at birth of first child</b>	25
<b>Age at birth of last child</b>	28
<b>Monthly salary (or income)</b>	5,000-7,000 MX Pesos

## Isabel

<b>Age</b>	72
<b>Place of birth</b>	Large city
<b>Marital status</b>	Never married
<b>Age at marriage</b>	N/A
<b>Living arrangements</b>	With a sister, sister's husband, their daughter and granddaughter.
<b>Household</b>	Owner (inherited from her father)
<b>Education</b>	Elementary School, vocational training
<b>Work History</b>	Formal job since age 18; stayed at the same job for 35 years. Then retired in 1995
<b>Current job</b>	Formal job (since 1997)
<b>Pensioned</b>	Yes (by IMSS)
<b>Children</b>	None
<b>Grandchildren</b>	None
<b>Great Grandchildren</b>	None
<b>Age at birth of first child</b>	N/A
<b>Age at birth of last child</b>	N/A
<b>Monthly salary (or income)</b>	5,000-7,000 MX Pesos

**Adela**

<b>Age</b>	64
<b>Place of birth</b>	Large city
<b>Marital status</b>	Married
<b>Age at marriage</b>	21
<b>Living arrangements</b>	With husband and 3 single children
<b>Household</b>	Owner
<b>Education</b>	Elementary school, vocational training
<b>Work History</b>	Formal job since age 33
<b>Current job</b>	Formal job
<b>Pensioned</b>	No
<b>Children</b>	6
<b>Grandchildren</b>	4
<b>Great Grandchildren</b>	None
<b>Age at birth of first child</b>	22
<b>Age at birth of last child</b>	28
<b>Monthly salary (or income)</b>	Under 5,000 MX Pesos

## Florencia

Age	72
Place of birth	Village
Marital status	Divorced, and widowed
Age at marriage	20
Living arrangements	Lives with older sister
Household	Owner
Education	Elementary school, vocational training
Work History	Formal jobs since age 14 until her late 50's
Current job	Self-employed
Pensioned	No
Children	1
Grandchildren	2
Great Grandchildren	None
Age at birth of first child	21
Age at birth of last child	N/A
Monthly salary (or income)	Over 8,000 MX Pesos

## Felicitas

<b>Age</b>	75
<b>Place of birth</b>	Village
<b>Marital status</b>	Widowed, since 15 years ago (1992)
<b>Age at marriage</b>	30
<b>Living arrangements</b>	Lives with younger sister
<b>Household</b>	Sister's own house
<b>Education</b>	Elementary school; vocational training
<b>Work History</b>	Formal job since very young until 1997, when she retired.
<b>Current job</b>	Housekeeper
<b>Pensioned</b>	Yes
<b>Children</b>	2 (1 has already died)
<b>Grandchildren</b>	4 (3 boys, 1 girl)
<b>Great Grandchildren</b>	6 (6 girls, expecting 1 boy for January 2008)
<b>Age at birth of first child</b>	33
<b>Age at birth of last child</b>	39
<b>Monthly salary (or income)</b>	Under 5,000 MX Pesos

**Amalia**

<b>Age</b>	67
<b>Place of birth</b>	Village
<b>Marital status</b>	Widowed
<b>Age at marriage</b>	21
<b>Living arrangements</b>	Lives with single daughter
<b>Household</b>	Owns house
<b>Education</b>	Bachelor's degree (undertaken after becoming widow)
<b>Work History</b>	Never followed a professional career. Had a shop of her own since her earlier 30's
<b>Current job</b>	Housekeeper
<b>Pensioned</b>	Yes
<b>Children</b>	4
<b>Grandchildren</b>	7
<b>Great Grandchildren</b>	None
<b>Age at birth of first child</b>	23
<b>Age at birth of last child</b>	29
<b>Monthly salary (or income)</b>	5,000 - 7,000 MX Pesos

## Paulina

Age	79
Place of birth	Large city
Marital status	Widowed (her husband died in 1997)
Age at marriage	24
Living arrangements	Lives with a daughter
Household	Owns house
Education	Finished Junior high school in adulthood
Work History	Worked while very young in informal activities
Current job	Housekeeper
Pensioned	Yes
Children	7
Grandchildren	10
Great Grandchildren	None
Age at birth of first child	25
Age at birth of last child	45
Monthly salary (or income)	Under 5,000 MX Pesos

**Bertha**

<b>Age</b>	60
<b>Place of birth</b>	Small city
<b>Marital status</b>	Married
<b>Age at marriage</b>	23
<b>Living arrangements</b>	With husband
<b>Household</b>	Owns her house
<b>Education</b>	Bachelor degree
<b>Work History</b>	Followed a professional career during 14 years; academic teaching for 6 years
<b>Current job</b>	None
<b>Pensioned</b>	No
<b>Children</b>	1
<b>Grandchildren</b>	None
<b>Great Grandchildren</b>	None
<b>Age at birth of first child</b>	29
<b>Age at birth of last child</b>	N/A
<b>Monthly salary (or income)</b>	Over 10, 000 MX Pesos

## Victoria

Age	65
Place of birth	Small city
Marital status	Widowed
Age at marriage	31
Living arrangements	Alone
Household	Owns her house
Education	Vocational <i>training</i> ; Bachelor degree
Work History	Professional career during 32 years
Current job	Housekeeper
Pensioned	Yes
Children	3
Grandchildren	None
Great Grandchildren	None
Age at birth of first child	33
Age at birth of last child	36
Monthly salary (or income)	Over 8, 000 MX Pesos

## Guadalupe

<b>Age</b>	82
<b>Place of birth</b>	Village
<b>Marital status</b>	Widowed (since 2003)
<b>Age at marriage</b>	30
<b>Living arrangements</b>	With daughter's family (husband and 2 children) and housemaid
<b>Household</b>	Daughter's own house
<b>Education</b>	5 <sup>th</sup> grade of elementary school
<b>Work History</b>	Never worked outside the home
<b>Current job</b>	Housekeeper
<b>Pensioned</b>	Yes (by IMSS)
<b>Children</b>	5 (4 males, 1 female)
<b>Grandchildren</b>	12
<b>Great Grandchildren</b>	1 to be
<b>Age at birth of first child</b>	32
<b>Age at birth of last child</b>	40
<b>Monthly salary (or income)</b>	5,000 -7,000 MX Pesos

## Teresa

<b>Age</b>	66
<b>Place of birth</b>	Village
<b>Marital status</b>	Separated
<b>Age at marriage</b>	18
<b>Living arrangements</b>	With two daughters and one grandson
<b>Household</b>	Own house
<b>Education</b>	Elementary school, vocational training
<b>Work History</b>	Some work outside the home
<b>Current job</b>	Formal job
<b>Pensioned</b>	No
<b>Children</b>	4
<b>Grandchildren</b>	3
<b>Great Grandchildren</b>	None
<b>Age at birth of first child</b>	19
<b>Age at birth of last child</b>	28
<b>Monthly salary (or income)</b>	5,000 -7,000 MX Pesos

**Angeles**

<b>Age</b>	89
<b>Place of birth</b>	Village
<b>Marital status</b>	Widowed (since 20 years ago, 1987)
<b>Age at marriage</b>	26
<b>Living arrangements</b>	Lives with a never-been-married daughter and a granddaughter with her husband
<b>Household</b>	Own house
<b>Education</b>	Elementary school, then at age 40 undertook vocational training
<b>Work History</b>	Worked for 24 years as a vocational trainer until her 60's
<b>Current job</b>	None
<b>Pensioned</b>	Yes
<b>Children</b>	5
<b>Grandchildren</b>	15
<b>Great Grandchildren</b>	6
<b>Age at birth of first child</b>	26
<b>Age at birth of last child</b>	41
<b>Monthly salary (or income)</b>	Under 5,000 MX Pesos

**Leonor**

<b>Age</b>	63
<b>Place of birth</b>	Large city
<b>Marital status</b>	Married
<b>Age at marriage</b>	30
<b>Living arrangements</b>	With husband and 3 children
<b>Household</b>	Own house
<b>Education</b>	Elementary, secondary school, vocational training
<b>Work History</b>	Worked outside the home
<b>Current job</b>	Informal economic activities
<b>Pensioned</b>	Yes
<b>Children</b>	3
<b>Grandchildren</b>	0
<b>Great Grandchildren</b>	0
<b>Age at birth of first child</b>	31
<b>Age at birth of last child</b>	40
<b>Monthly salary (or income)</b>	5,000 - 7,000 MX Pesos

## Maria Inés

<b>Age</b>	85
<b>Place of birth</b>	Large city
<b>Marital status</b>	Widowed
<b>Age at marriage</b>	20
<b>Living arrangements</b>	Alone
<b>Household</b>	Own house
<b>Education</b>	Elementary school, vocational training
<b>Work History</b>	Worked outside the home (briefly)
<b>Current job</b>	None
<b>Pensioned</b>	Yes (by IMSS)
<b>Children</b>	5
<b>Grandchildren</b>	17
<b>Great Grandchildren</b>	8
<b>Age at birth of first child</b>	21
<b>Age at birth of last child</b>	32
<b>Monthly salary (or income)</b>	5,000 - 7,000 MX Pesos

## Regina

Age	76
Place of birth	Village
Marital status	Widowed *since 2002
Age at marriage	25
Living arrangements	Lives with two daughters, one single, the other soon to marry (at age 41)
Household	Own house
Education	Up to 3 <sup>rd</sup> grade of elementary school
Work History	Informal economic activities since she married at age 25
Current job	Informal economic activities
Pensioned	Yes (by IMSS)
Children	3 daughters
Grandchildren	0
Great Grandchildren	0
Age at birth of first child	28
Age at birth of last child	36
Monthly salary (or income)	5,000 - 7,000 MX Pesos

**Margarita**

<b>Age</b>	77
<b>Place of birth</b>	Village
<b>Marital status</b>	Widowed, for 27 years
<b>Age at marriage</b>	20
<b>Living arrangements</b>	Lives with a granddaughter in her own house
<b>Household</b>	Own house
<b>Education</b>	Elementary school
<b>Work History</b>	Informal economic activities
<b>Current job</b>	None
<b>Pensioned</b>	No
<b>Children</b>	6
<b>Grandchildren</b>	14
<b>Great Grandchildren</b>	5
<b>Age at birth of first child</b>	21
<b>Age at birth of last child</b>	40
<b>Monthly salary (or income)</b>	5,000 - 7,000 MX Pesos

## Concepcion

<b>Age</b>	62
<b>Place of birth</b>	Small city
<b>Marital status</b>	Married
<b>Age at marriage</b>	31
<b>Living arrangements</b>	Lives with 2 sons and husband
<b>Household</b>	Rented flat
<b>Education</b>	Technical bachelor degree
<b>Work History</b>	Followed a professional career for 23 years
<b>Current job</b>	Housekeeper
<b>Pensioned</b>	Yes (by IMSS)
<b>Children</b>	2
<b>Grandchildren</b>	0
<b>Great Grandchildren</b>	0
<b>Age at birth of first child</b>	32
<b>Age at birth of last child</b>	33
<b>Monthly salary (or income)</b>	Over 8,000 MX Pesos

## Hortensia

<b>Age</b>	74
<b>Place of birth</b>	Large city
<b>Marital status</b>	Widowed
<b>Age at marriage</b>	31
<b>Living arrangements prior to NH</b>	With her son of 39 years old
<b>Household</b>	Nursing home, renting an individual room
<b>Education</b>	High school, vocational training
<b>Work History</b>	Worked outside the home
<b>Current job</b>	None
<b>Pensioned</b>	Yes (by IMSS) and widowhood pension
<b>Children</b>	2 (males, 39 and 37 years old)
<b>Grandchildren</b>	2 (13 and 11 years old)
<b>Great Grandchildren</b>	0
<b>Age at birth of first child</b>	35
<b>Age at birth of last child</b>	37
<b>Monthly salary (or income)</b>	Under 5,000 MX Pesos
<b>Years in nursing home</b>	3 years
<b>Notes</b>	Her (mentally challenged) 39 year old son also lives in the nursing home

## Cecilia

<b>Age</b>	80
<b>Place of birth</b>	Village
<b>Marital status</b>	Never been married
<b>Age at marriage</b>	N/A
<b>Living arrangements prior to NH</b>	With her brother's family
<b>Household</b>	Nursing home, renting a communal room
<b>Education</b>	5 <sup>th</sup> grade of elementary school
<b>Work History</b>	Worked outside the home for 2 years only
<b>Current job</b>	None
<b>Pensioned</b>	No
<b>Children</b>	None
<b>Grandchildren</b>	None
<b>Great Grandchildren</b>	None
<b>Age at birth of first child</b>	N/A
<b>Age at birth of last child</b>	N/A
<b>Monthly salary (or income)</b>	Under 5,000 MX Pesos
<b>Years in nursing home</b>	21 months (since Feb 2006)

**Luisa**

<b>Age</b>	82
<b>Place of birth</b>	Large city
<b>Marital status</b>	Widowed
<b>Age at marriage</b>	22
<b>Living arrangements prior to NH</b>	She was living alone in her own home
<b>Household</b>	Nursing home, renting an individual room
<b>Education</b>	Enrolled in university, but only finished first year.
<b>Work History</b>	Never worked outside the home
<b>Current job</b>	None
<b>Pensioned</b>	Yes, by IMSS
<b>Children</b>	1 daughter, who died at age 40 of cancer in 2006
<b>Grandchildren</b>	2
<b>Great Grandchildren</b>	2
<b>Diseases under medical treatment</b>	Osteoporosis, prosthesis in both legs
<b>Age at birth of first child</b>	25
<b>Age at birth of last child</b>	N/A
<b>Monthly salary (or income)</b>	5,000 - 7,000 MX Pesos
<b>Years in nursing home</b>	2

## Violeta

<b>Age</b>	88
<b>Place of birth</b>	Large city
<b>Marital status</b>	Widowed since 1984, got married at age 21
<b>Age at marriage</b>	21
<b>Living arrangements prior to NH</b>	She was living alone in her own home in Mexico City
<b>Household</b>	Nursing home, renting an individual room
<b>Education</b>	High school
<b>Work History</b>	Never worked outside the home
<b>Current job</b>	none
<b>Pensioned</b>	Yes
<b>Children</b>	2 daughters (one has already died)
<b>Grandchildren</b>	5
<b>Great Grandchildren</b>	11
<b>Age at birth of first child</b>	21
<b>Age at birth of last child</b>	26
<b>Monthly salary (or income)</b>	5,000 -7,000 MX Pesos
<b>Years in nursing home</b>	4-5 months

## Raquel

<b>Age</b>	81
<b>Place of birth</b>	Large city
<b>Marital status</b>	Widowed
<b>Age at marriage</b>	20
<b>Living arrangements prior to NH</b>	She lived at her daughter's home in Monterrey for 3 years (2001-2004)
<b>Household</b>	Nursing home, renting an individual room
<b>Education</b>	Vocational training, technical college
<b>Work History</b>	Formal job
<b>Current job</b>	None
<b>Pensioned</b>	Yes by her former company
<b>Children</b>	4
<b>Grandchildren</b>	7
<b>Great Grandchildren</b>	8 (1 female)
<b>Age at birth of first child</b>	22
<b>Age at birth of last child</b>	28
<b>Monthly salary (or income)</b>	Over 8,000 MX Pesos
<b>Years in nursing home</b>	3 years

**Delia**

<b>Age</b>	85
<b>Place of birth</b>	Large city
<b>Marital status</b>	Widowed
<b>Age at marriage</b>	24
<b>Living arrangements prior to NH</b>	Living alone in Monterrey
<b>Household</b>	Nursing home, renting an individual room
<b>Education</b>	Bachelor degree
<b>Work History</b>	Never worked outside the home
<b>Current job</b>	None
<b>Pensioned</b>	Yes, by IMSS
<b>Children</b>	1
<b>Grandchildren</b>	3
<b>Great Grandchildren</b>	None
<b>Age at birth of first child</b>	27
<b>Age at birth of last child</b>	N/A
<b>Monthly salary (or income)</b>	5,000 - 7,000 MX Pesos
<b>Years in nursing home</b>	7 years

**Matilde**

<b>Age</b>	76
<b>Place of birth</b>	Large city
<b>Marital status</b>	Widowed, since 1974
<b>Age at marriage</b>	22
<b>Living arrangements prior to NH</b>	Living alone in Monterrey
<b>Household</b>	Nursing home, renting an individual room
<b>Education</b>	High school, several diplomas
<b>Work History</b>	Never worked outside the home; informal economic activities
<b>Current job</b>	None
<b>Pensioned</b>	No
<b>Children</b>	7 (3 have already died)
<b>Grandchildren</b>	7
<b>Great Grandchildren</b>	1
<b>Age at birth of first child</b>	23
<b>Age at birth of last child</b>	38
<b>Monthly salary (or income)</b>	Over 8,000 MX Pesos
<b>Years in nursing home</b>	6 months
<b>Notes:</b>	Has properties and lives on the rental of those properties

## Irasema

Age	89
Place of birth	Large city
Marital status	Widowed, since 28 years ago
Age at marriage	25
Living arrangements prior to NH	Living with a son
Household	Nursing home, renting an individual room
Education	Elementary school, vocational training
Work History	Worked outside the home
Current job	None
Pensioned	No
Children	4
Grandchildren	9
Great Grandchildren	3
Age at birth of first child	26
Age at birth of last child	30
Monthly salary (or income)	5,000 - 7,000 MX Pesos
Years in nursing home	3 years

**Sara**

<b>Age</b>	85
<b>Place of birth</b>	Large city
<b>Marital status</b>	Widowed
<b>Age at marriage</b>	29
<b>Living arrangements prior to NH</b>	Lived with a younger sister
<b>Household</b>	Nursing home, renting a communal room
<b>Education</b>	Elementary school up to 5 <sup>th</sup> grade
<b>Work History</b>	Worked outside the home
<b>Current job</b>	None
<b>Pensioned</b>	Yes
<b>Children</b>	0
<b>Grandchildren</b>	0
<b>Great Grandchildren</b>	0
<b>Age at birth of first child</b>	N/A
<b>Age at birth of last child</b>	N/A
<b>Monthly salary (or income)</b>	Under 5,000 MX Pesos
<b>Years in nursing home</b>	5 years

**Elena**

<b>Age</b>	79
<b>Place of birth</b>	Village
<b>Marital status</b>	Widowed, since age 59
<b>Age at marriage</b>	23
<b>Living arrangements prior to NH</b>	Lived with a daughter at her own home
<b>Household</b>	Nursing home, renting an individual room
<b>Education</b>	Elementary school up to 4 <sup>th</sup> grade
<b>Work History</b>	Worked outside the home prior to getting married
<b>Current job</b>	None
<b>Pensioned</b>	Yes, by IMSS
<b>Children</b>	8 (4 males, 4 females)
<b>Grandchildren</b>	16, oldest is 21 years old
<b>Great Grandchildren</b>	0
<b>Age at birth of first child</b>	24
<b>Age at birth of last child</b>	39
<b>Monthly salary (or income)</b>	Under 5,000 MX Pesos
<b>Years in nursing home</b>	1 month

## Norma

<b>Age</b>	86
<b>Place of birth</b>	Large city
<b>Marital status</b>	Never been married
<b>Age at marriage</b>	N/A
<b>Living arrangements prior to NH</b>	Lived with brother and sister-in-law in Monterrey
<b>Household</b>	Living in NH in an individual room
<b>Education</b>	Bachelor degree
<b>Work History</b>	Formal job during 60 years
<b>Current job</b>	None
<b>Pensioned</b>	No
<b>Children</b>	None
<b>Grandchildren</b>	None
<b>Great Grandchildren</b>	None
<b>Age at birth of first child</b>	N/A
<b>Age at birth of last child</b>	N/A
<b>Monthly salary (or income)</b>	Over 8,000 MX Pesos
<b>Years in nursing home</b>	7 years

## Xochitl

<b>Age</b>	85
<b>Place of birth</b>	Small city
<b>Marital status</b>	Widowed, in her early 20s
<b>Age at marriage</b>	17
<b>Living arrangements prior to NH</b>	Lived with the family she worked for most of her labour life
<b>Household</b>	Nursing home, renting a communal room
<b>Education</b>	None
<b>Work History</b>	Informal economic activities during 49 years
<b>Current job</b>	None
<b>Pensioned</b>	No
<b>Children</b>	1
<b>Grandchildren</b>	3
<b>Great Grandchildren</b>	0
<b>Age at birth of first child</b>	18
<b>Age at birth of last child</b>	N/A
<b>Monthly salary (or income)</b>	Under 3,000 MX Pesos
<b>Years in nursing home</b>	8 years

## Appendix 7. Formal education over the life course

Informant	Primary School	Secondary School	Vocational Training <sup>1</sup>	Prep School	Bachelor Degree
Victoria	✓	✓	✓	✓	✓
Concepcion	✓	✓	✓	✓	✓
Gertrudis	✓	✓	✓	✓	✓
Amalia	✓	✓	none	✓	✓
Bertha	✓	✓	none	✓	✓
Norma	✓	✓	none	✓	✓
Delia	✓	✓	none	✓	✓
Luisa	✓	✓	none	✓	1st year only
Angeles	✓	none	✓	none	none
Paulina	✓	✓	none	none	none
Evelia	✓	✓	none	none	none
Violeta	✓	✓	none	✓	none
Matilde	✓	✓	none	✓	none
María Inés	✓	none	✓	none	none
Jacinta	✓	none	✓	none	none
Beatriz	✓	none	✓	none	none
Florencia	✓	none	✓	none	none
Isabel	✓	none	✓	none	none
Teresa	✓	none	✓	none	none
Adela	✓	none	✓	none	none
Leonor	✓	none	✓	none	none

Felicitas	✓	none	✓	none	none
Irasema	✓	none	✓	none	none
Raquel	✓	none	✓	none	none
Hortensia	✓	none	✓	none	none
Margarita	✓	none	none	none	none
Regina	3rd grade	none	none	none	none
Elena	4th grade	none	none	none	none
Guadalupe	5th grade	none	none	none	none
Sara	5th grade	none	none	none	none
Cecilia	5th grade	none	none	none	none
Xochitl	none	none	none	none	none

<sup>1</sup> This might include vocations such as seamstress, secretary, teacher, nurse, beautician, etc.

## Appendix 8. Informants' work patterns and pension coverage

Name	Age	Started work at age:	Age at official retirement	Retired from work at age:	Pension	Notes
María Inés	85	16	N/A	56	Yes (IMSS)	owned a tailor shop for a few years
Jacinta	75	21	N/A	currently working	No	owns a tailor shop
Beatriz	66	29	65	65	Yes	
Victoria	65	21	56	52	Yes (laboral) & widowhood	
Gertrudis	65	15	57	currently working	Yes (ISSSTE)	currently at informal job
Angeles	89	10	60	60	Yes (IMSS)	
Paulina	79	HW	N/A	N/A	Yes (IMSS)	only worked before getting married as maid at neighbours' house
Margarita	77	HW	N/A	N/A	No	
Evelia	74	20	N/A	60	No	Family business

Florencia	72	15	N/A	currently working	No	Has her own business
Isabel	72	18	60	currently working	Yes (IMSS)	
Amalia	67	HW	N/A	N/A	Yes (widowhood)	Had her own shop in her earlier 30's; it only lasted for a couple of years.
Teresa	66	19	N/A	currently working	N/A	
Adela	64	18	66	currently working	Yes (ISSSTE)	Retired after completing my fieldwork, at the end of 2008
Leonor	63	16	48	48	Yes (IMSS)	
Concepcion	62	16	52	57	Yes (IMSS)	
Bertha	60	26	N/A	41	No	
Guadalupe	82	HW	N/A	N/A	Yes (IMSS)	at age 22 her mother passed away and she took over on the HW responsibilities
Regina	76	25	N/A	currently working	Yes (IMSS)	informal job
Felicitas	75	16	65	65	Yes (IMSS) & widowhood	
Irasema	89	15	N/A	25	NO	had her own beauty salon
Violeta	88	HW	N/A	N/A	Yes, widowhood	

Norma	86	23	N/A	68	NO
Xochitl	85	26	71	71	NO
Delia	85	HW	N/A	N/A	Yes by IMSS
Sara	85	15	45	45	Yes (laboral) & widowhood
Luisa	82	HW	N/A	N/A	Yes (IMSS)
Raquel	81	43	63	63	Yes (private)
Cecilia	80	HW	N/A	N/A	No
Elena	79	18	N/A	27	Yes (IMSS)
Matilde	76	HW	N/A	N/A	No
Hortensia	74	17	N/A	35	Yes (IMSS) & widowhood, orfandad

## Appendix 9. Widowed Informants

Name	Age	Widowed at age:	Husband's age at death	Years of widowhood
María Inés	85	85	85	0.4
Beatriz	66	32	51	34
Victoria	65	54	52	11
Angeles	89	69	73	20
Paulina	79	69	69	10
Margarita	77	58	70	19
Amalia	67	39	41	28
Guadalupe	82	78	80	4
Regina	76	71	67	5
Felicitas	75	58	60	17
Irasema	89	61	N/A	28
Violeta	88	62	71	25
Xochitl	85	20	25	65
Delia	85	65	71	20
Sara	85	70	74	15
Luisa	82	79	81	3
Raquel	81	68	70	13
Elena	79	56	56	23
Matilde	76	43	NA	33
Hortensia	74	63	72	11

**Appendix 10. Illnesses, physical conditions and diseases as described by informants.**

Arthritis	Low blood pressure	Chronic constipation
Osteoporosis	Hypertension	Varicose veins
Depression	Hypothyroidism	Allergies
Diabetes	Heart disease	Cerebral tumour
Rheumatism	Prostheses in legs	Spine lesions
“ <i>nervios</i> ” (Nervousness)	Sore legs	Insomnia
Injured knee	Hormones	Thrombophlebitis
Hernia	Ulcer	Glaucoma
Ischemic cardiomyopathy	Problems with blood circulation	Thrombosis on ocular retina

## References



- Abel, E.K. (1991) *Who cares for the elderly? Public policy and the experiences of adult daughters*. Philadelphia: Temple University Press.
- Abercrombie, N., Hill, S. & Turner, B. (2006) *Dictionary of Sociology*. 5<sup>th</sup> edition. England: Penguin Books.
- Aboderin, I. (2004) Modernization and ageing theory revisited: current explanations of recent developing world and historical Western shifts in material family support for older people. *Ageing & Society* 24(1): 29-50.
- Achenbaum, A. & Bengtson, V. (1994) Re-engaging the disengagement theory of aging: On the history and assessment of theory development in gerontology. *The Gerontologist*, 34(6): 756-63.
- Alasuutari, P. (1995) *Researching culture: Qualitative methods and cultural studies*. London: Sage.
- Alexander, J.C. (1990) Part I Analytic debates: Understanding the relative autonomy of Culture. In J.C. Alexander & S. Seidman (eds), *Culture and Society: Contemporary Debates* (1-27). New York: Cambridge University Press.
- Allport, G.W. & Ross, J.M. (1967) Personal Religious Orientation and Prejudice. *Journal of Personality and Social Psychology* 5(4): 432-43.
- Amuchástegui, A. (1996) El significado de la virginidad y la iniciación sexual. Un relato de investigación. In I. Szasz & S. Lerner (eds), *Para comprender la subjetividad. Investigación cualitativa en salud reproductiva y sexualidad* (137-72). México: El Colegio de México.
- Andersson, L. (1999) Sociological research on age: Legacy and challenge: a comment. *Ageing & Society*, 19(1): 133-5.
- Andrews, M. (1999) The seductiveness of agelessness. *Ageing and Society*, 19(3): 301-18. [Online]  
[http://www.journals.cambridge.org/abstract\\_S0144686X99007369](http://www.journals.cambridge.org/abstract_S0144686X99007369) [27 Dec 2010].
- Annino, A. (2007) The Two-Faced Janus: The Pueblos and the Origins of Mexican Liberalism. In E. Servin, L. Reina & J. Tutino (eds), *Cycles of Conflict, Centuries of Change: Crisis, Reform, and Revolution in Mexico* (60-90). Durham, NC: Duke University Press.
- Aragones, A.M., Salgado, U. & Rios, E. (2008) ¿A quién benefician las remesas? *Economía Unam*, 5(14): 37-55.
- Arber, S. (1998) Health, ageing and older women. In L. Doyal, L. Harrison & P. Charlwood (eds), *Women and the National Health Service: A Case for Change?* Buckingham: Open University Press.
- Arber, S. (2001) Designing samples. In N. Gilbert, (ed.), *Researching Social Life* (58-82). London: Sage.
- Arber, S. (2007) Gender trajectories: how age and marital status influence patterns of gender inequality in later life. In S.O. Daatland & S. Biggs (eds),

- Ageing and Diversity: Multiple Pathways and Cultural Migrations* (61-78). Bristol: Policy Press.
- Arber, S. & Ginn, J. (1991a) *Gender and Later Life: A Sociological Analysis of Resources and Constraints*. London: Sage.
- Arber, S. & Ginn, J. (1991b) 'In sickness and in health': care-giving, gender and the independence of elderly people. In C. Marsh & S. Arber (eds), *Households and Families: Divisions and Change* (86-105). London: Macmillan.
- Arber, S., Davidson, K., & Ginn, J. (2003). Changing approaches to gender and later life. In S. Arber, K. Davidson, & J. Ginn (eds), *Gender and ageing: Changing roles and relationships* (1-14). Maidenhead, UK: Open University Press.
- Ardelt, M. & Koenig, C. (2006) The Role of Religion for Hospice Patients and Relative Healthy Older Adults. *Research on Aging*, 28(2): 184-215.
- Argyle, M. (1987) *The psychology of happiness*. New York: Meuther.
- Arroyo, J., Winnie, W. & Velazquez, L.A. (1986) *Migración a centrosurbanos en unaregión de fuerteemigración. El caso de occidente de México*. Guadalajara: Universidad de Guadalajara.
- Askham, J., Ferring, D. & Lamura, G. (2008) Personal relationships in later life. In J. Bond, S. Peace, F. Dittmann-Kohli & G.J. Westerhof (eds), *Ageing in Society* (186-208). London: Sage.
- Atkinson, R. (1998) *The Life Story Interview*. Qualitative Research Methods Series, Volume 44. London: Sage.
- Baines, C.T., Evans, P.M., & Neysmith, S.M. (1992). Confronting women's caring: Challenges for practice and policy. *Affilia*, 7(1): 21-44.
- Baltes, M. & Lang, F. (1997) Everyday functioning and successful aging: The impact of resources. *Psychology and Aging*, 12(3): 433-43.
- Baltes, M., Maas, I., Wilms, H.U., Borchelt, M. & Little, T.D. (1999) Everyday Competence in Old and Very old age: Theoretical Considerations and Empirical Findings. In P.B. Baltes & K.U. Mayer (eds), *The Berlin Aging Study. Aging from 70 to 100* (384-402). Cambridge: Cambridge University Press.
- Baltes, P. (1997) On the incomplete architecture of human ontogeny: Selection, optimization, and compensation as foundation of developmental theory. *American Psychologist*, 52: 366-80.
- Baltes, P. & Baltes, M. (1990) *Successful Aging: Perspectives from the Behavioural Sciences*. Cambridge: Cambridge University Press.
- Banister, P., Burman, E., Parker, I., Taylor, M. & Tindall, C. (1994) *Qualitative Methods in Psychology: A Research Guide*. Buckingham: Open University Press.
- Barraza-Lloréns, M., Bertozzi, S, González-Pier, E. & Gutiérrez, J.P. (2002) Inequity In Health And Health Care In Mexico. *Health Affairs*, 21(3): 47-56.

- [Online] <http://content.healthaffairs.org/content/21/3/47.full#R7> [19 Jul 2009].
- Barrett, M. (1992) Words and Things: Materialism and Method in Contemporary Feminist Analysis. In M. Barrett & A. Phillips (eds), *Destabilizing Theory: Contemporary Feminist Debates* (201-219). Cambridge: Polity Press.
- Bataille, G. (1992) *Theory of Religion*. New York: Zone Books.
- Bayer, P. (1994) *Religion and Globalization*. London: Sage.
- Bazeley, P. (2007) *Qualitative Data Analysis with NVivo*. London: Sage.
- BBC (2006) *México: ¿cobertura para todos?* BBC Mundo, México. [Online] [http://news.bbc.co.uk/hi/spanish/specials/2006/salud/newsid\\_5212000/5212836.stm](http://news.bbc.co.uk/hi/spanish/specials/2006/salud/newsid_5212000/5212836.stm) [26 Mar 2009].
- Beckford, J. & Demerath, N.J. (2007) *The Sage Handbook of Sociology of Religion*. London: Sage.
- Beit-Hallahmi, B. & Argyle, M. (1997) *The Psychology of Religious Behavior, Belief, and Experience*. London: Routledge.
- Bellah, R. (1970) *Beyond Belief*. New York: Harper and Row.
- Bengtson, V.L. & Robertson, J.F. (1985) *Grandparenthood*. California: Sage Publications.
- Benson, P. (1991) *Development of religious faith and practice across the life cycle*. Paper presented at the 99<sup>th</sup> Annual Conference of the American Psychological Association, San Francisco, CA.
- Berg, B.L. (2004) *Qualitative Research Methods for the Social Sciences*. Boston: Allyn & Bacon.
- Berger, P. (1990 [1967]) *The Sacred Canopy: Elements of a Sociological Theory of Religion*. New York: Anchor Books.
- Berger, P. & Luckmann, T. (1963) *The Social Construction of Reality*. London: Allen Lane.
- Bernard, M., Chambers, P. & Granville, G. (2000) Women ageing: changing identities, challenging myths. In M. Bernard, J. Phillips, L. Machin & H. Davies (eds), *Women Ageing: changing identities, challenging myths* (1-22). London: Routledge.
- Biggs, S. (1999) The blurring of the life course: narrative, memory and the question of authenticity, *Journal of Aging and Identity*, 4(4): 209-221.
- Biggs, S. (2004) Age, gender, narratives, and masquerades. *Journal of Aging Studies* 18: 45-58.
- Biggs, S. (2005) Beyond appearances: perspectives on identity in later life and some implications for method. *Journal of Gerontology*, 60B, S118-28.

- Birren, J.E., Kenyon, G.M., Ruth, J.C., Schroots, J.J.F & Svensson, T. (eds) (1996) *Explorations in Adult Development*. New York: Springer.
- Birren, J.E. (1996) Aging and Biography. In J.E. Birren et al. (eds), *op. cit.*
- Blaikie, A. (1999) *Ageing and Popular Culture*. Cambridge: Cambridge University Press.
- Blaikie, A. (2006) The search for ageing identities. In S.O. Daatland & S. Biggs (eds), *Ageing and Diversity: Multiple pathways and cultural migrations*. Bristol: Policy Press.
- Blau, Z. (1973) *Old Age in a Changing Society*. New York: Franklin Watts.
- Blaxter, M. (2004) Why do the victims blame themselves? In M. Bury & J. Gabe (eds), *The Sociology of Health and Illness. A reader* (36-46). London: Routledge.
- Blazer, D. & Palmore E. (1976) Religion and Aging in a Longitudinal Panel. *The Gerontologist* 16: 82-85.
- Blumer, H. (1969) *Symbolic Interactionism: Perspective and Method*. Berkeley: University of California Press.
- Bonfil, G. (1996) *Mexico Profundo. Reclaiming A Civilization*. P.A. Dennis, trans. Austin: University of Texas Press.
- Bond, J., Coleman, P. & Peace, S. (eds) (1993) *Ageing in Society: An Introduction to Social Gerontology*. 2<sup>nd</sup> edition. London: Sage.
- Borges-Yañez. S.A. & Gomez-Dantes, H. (1998) Uso de los servicios de salud por la población de 60 años y mas en Mexico. *Salud Pública de México*, 40(1): 13-23.
- Bornat, J. (2002) Doing life history research. In A. Jamieson & C. Victor, *Researching Ageing and Later Life: the practice of social gerontology* (137-54). Buckingham, Open University Press.
- Bourdieu, P. (1986) The Forms of Capital. In J.G. Richardson (ed.) *Handbook of Theory and Research for the Sociology of Education*. Westport, CT: Greenwood Press.
- Bowling, A. (1991) *Measuring Health: a Review of Quality of Life Measurement Scales*. Milton Keynes: Open University Press.
- Bowling, A. (2005) *Ageing well: quality of life in old age*. Growing Older Series. Maidenhead: Open University Press.
- Boyd, R. (1967) The emerging social roles of the four-generation family. In C.G. Oakes (ed.), *Our Elderly Americans: Challenge and Response* (11-21). Spartanburg, SC: Converse College.
- Braun, V. & Clarke V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2): 77-101. [Online] <http://dx.doi.org/10.1191/1478088706qp0630a> [20 Feb 2008].

- Bridges, J.C. (1980) The Mexican family. In M. Singh Das (ed.), *The Family in Latin America* (295-334). New Delhi: Vikas.
- Broom, A., & Cavenagh, J. (2011) On the meanings and experiences of living and dying in an Australian hospice. *Health*, 15(1): 96-111. [Online] <http://www.ncbi.nlm.nih.gov/pubmed/21212116> [05 Mar 2011].
- Browne, C.V. (1998) *Women, Feminism, and Aging*. New York: Springer.
- Bruce, S. (2003) *Politics & Religion*. Cambridge: Polity.
- Bury, M. (1982) Chronic Illness as biographical disruption. *Sociology of Health and Illness*, 4(2): 167-82.
- Bury, M. (1998) Meanings at Risk: The Experience of Arthritis. In R. Anderson & M. Bury (eds), *Living with Chronic Illness* (89-116). London: Unwin Hyman.
- Bury, M. (2001) Illness narratives: fact or fiction? *Sociology of Health and Illness* 23(3): 263-85.
- Butler, J. (1990) *Gender Trouble*. London: Routledge.
- Bytheway, B. (1995) *Ageism*. Buckingham: Open University Press.
- Bytheway, B. & Johnson, J. (1998) The social construction of carers. In A. Symonds, & A. Kelly (eds), *The Social Construction of Community Care* (241-53). London: Macmillan Press.
- Caissie, L. (2011) The Raging Grannies: Narrative Construction of Gender and Aging. In G. Kenyon, E. Bohlmeijer & W. Randall (eds), *Storying Later Life. Issues, Investigations, and Interventions in Narrative Gerontology*.
- Calasanti, T. (1993) A socialist-feminist approach to aging: Embracing diversity. *Journal of Aging Studies*, 7(2): 117-31. [Online] <http://linkinghub.elsevier.com/retrieve/pii/089040659390029J> [18 Aug 2009].
- Calasanti, T. (1996) Incorporating diversity: meaning, levels of research, and implications for theory. *The Gerontologist*, 40(3): 367-73.
- Calasanti, T. (2003a) Masculinities and care work in old age. In S. Arber, K. Davidson & J. Ginn (eds), *Gender and Ageing: Changing Roles and Relationships*. Maidenhead: Open University Press.
- Calasanti, T.M. (1992) Theorizing about gender and aging: Beginning with women's voices. *The Gerontologist*, 32: 280-2.
- Calasanti, T.M. (2003b) Theorizing Age Relations. In S. Biggs, A. Lowenstein & J. Hendricks (eds), *The Need for Theory: Critical Approaches to Social Gerontology for the 21st Century*. (199-218). MA: Baywood Press.
- Calasanti, T.M. (2006) Gender and Old Age: Lessons from Spousal Care Work. In T.M. Calasanti & K.F. Slevin (eds), *Age Matters. Realigning Feminist Thinking* (269-94). London: Routledge.
- Calasanti, T.M. & Slevin, K.F. (2001) *Gender, Social Inequalities, and Aging*. Oxford: Altamira Press.

- Calasanti, T.M. & Slevin, K.F. (eds) (2006) *Age matters: Re-aligning feminist thinking*. New York: Routledge.
- Callahan, M., Brown, L., MacKenzie, P. & Whittington, B. (2004) Catch as catch can. *Canadian Review of Social Policy*, 54: 58-77.
- Canales, A.I. (2001) La población en la era de la información. De la transición demográfica al proceso de envejecimiento. *Estudios urbanos y demográficos*, 16(3): 485-518.
- Cano, G. (1995). Una ciudadanía igualitaria: El presidente Lázaro Cárdenas y el sufragio femenino. *Desdeldiez*, 69-116.
- Carrette, J. & King, R. (2005) *Selling spirituality*. London: Routledge.
- CDI (2011) Comisión Nacional Para el Desarrollo de los Pueblos Indígenas 2011. Gobierno Federal. [Online]  
[http://www.cdi.gob.mx/index.php?option=com\\_content&task=view&id=217](http://www.cdi.gob.mx/index.php?option=com_content&task=view&id=217) [12 Nov 2011].
- Chambers, P. (2005) *Older Widows and the Life Course: Multiple Narratives of Hidden Lives*. New Perspectives on Ageing and Later Life Series. Hants, England: Ashgate.
- Chant, S. (1985) Family formation and female roles in Queretaro, México. *Bulletin of Latin American Research*, 4(1): 17-32.
- Chant, S. (1996) *Gender, Urban Development and Housing*. Development Programme, Publications Series for Habitat II. Vol. 2. New York: United Nations.
- Chant, S. (1997) Women-Headed Households: poorest of the poor? Perspectives from Mexico, Costa Rica and the Philippines. *IDS Bulletin*, 28(3): 26-48.
- Chapman, S.A. (2004) Theorizing about Aging Well: Constructing a Narrative. *Canadian Journal of Aging*, 24 (1): 9-18.
- Charmaz, K. (1983) Loss of self: a fundamental form of suffering in the chronically ill. *Sociology of Health & Illness*, 5(2): 168-95.
- Chodorow, N. (1999) *The Power of Feelings*. New Haven: Yale University Press.
- Christ, C. (1979) Why women need the Goddess: phenomenological, psychological, and political reflection. In C. Christ & J. Plaskow (eds) *Womanspirit Rising* (237-87). San Francisco: Harper and Row.
- Christ, C. (1997) *Rebirth of the Goddess: Finding Meaning in Feminist Spirituality*. New York: Routledge.
- CIA (2011) The World Factbook. North America / Mexico. [Online]  
<https://www.cia.gov/library/publications/the-world-factbook/geos/mx.html>

- Citeroni, T.B. (1998) Neither sage nor servant: A sociological interpretation of older women's narrative perceptions of self, family, and social support (Cuernavaca, México). University of Texas at Austin: PhD Dissertation.
- Citeroni, T.B. (2006) Life history as narrative subversion: older Mexican women resist authority, assert identity, and claim power. *Gender and the Local-Global Nexus: Theory, Research, and Action Advances in Gender Research* 10: 195-218.
- Clarke, P.B. (ed.) (2009) *The Oxford Handbook of Sociology of Religion*. Oxford: Oxford University Press.
- Clifford, J. (1988) *The Predicament of Culture: Twentieth Century Ethnography, Literature and Art*. Cambridge, MA: Harvard University Press.
- Cole, A.L. & Knowles, J.G. (eds) (2001) *Lives in context. The art of life history research*. Walnut Creek, CA: Altamira Press.
- Cole, T.R. (1992) *The Journey of Life: A Cultural History of Aging in America*. Cambridge: Cambridge University Press
- Cole, T.R. (2002) On the Possibilities of Spirituality and Religious Humanism in Gerontology or Reflections of One Aging American Cultural Historian. In L. Andersson (ed.), *Cultural Gerontology* (25-44). London: Auburn House.
- Coleman, P.G. (2005) Spirituality and ageing: the health implications of religious belief and practice. *Age and Ageing* (editorials), 34: 318-319.
- CONAPO (2006) Proyecciones de la población de México 2005-2050. Consejo Nacional de Población, México. [Online]  
[http://www.conapo.gob.mx/index.php?option=com\\_content&view=article&id=36&Itemid=234](http://www.conapo.gob.mx/index.php?option=com_content&view=article&id=36&Itemid=234) [12 Feb 2007].
- CONAPO (2011a) Envejecimiento de la Población de México. Reto del siglo XXI. Anexo "Indicadores demográficos para los adultos mayores por entidad federativa, 2000-2030". [Online]  
[http://www.conapo.gob.mx/index.php?option=com\\_content&view=article&id=340&Itemid=15](http://www.conapo.gob.mx/index.php?option=com_content&view=article&id=340&Itemid=15) [12 Mar 2011].
- CONAPO (2011b) Indicadores demográficos básicos 1990-2030. [Online]  
<http://www.conapo.gob.mx/> [12 Mar 2011].
- CONEVAL (2010) Measurement of poverty. Income poverty. [Online]  
<http://medusa.coneval.gob.mx> [18 Feb 2011].
- Cook, J.A. & Wimberley, D.W. (1983) If I should die before I wake: Religious commitment and adjustment to the death of a child. *Journal for the Scientific Study of Religion*, 22: 229-38.
- Cornwall, M. (1989) Faith development of men and women over the life span. In S. Bahr & E. Peterson (eds) *Aging and the family*, 115-139. Lexington, MA: Lexington Books/D. C. Heath.
- Cotterill, P. (1992) "But for freedom, you see, not to be a baby minder": Women's attitudes towards grandmother care. *Sociology*, 26(4): 603-618.

- Coupland, N. (2007) *Style: Language variation and identity. Key topics in sociolinguistics series*. Cambridge: Cambridge University Press.
- Crawford, R. (1984) A cultural account of health, control, release and the social body. In J. McKinlay (ed.) *Issues in the political economy of health* (60-103). London: Tavistock Publications.
- Cremin, M.C. (1992) Feeling old versus being old: views of troubled aging. *Social science & medicine*, 34 (12): 1305-15. [Online]  
<http://www.ncbi.nlm.nih.gov/pubmed/1529368>. [20 Aug 2009].
- Creswell, J.W. (2007) *Qualitative Inquiry & Research Design: Choosing Among Five Approaches*. 2<sup>nd</sup> edition. London: Sage.
- Crowther, M. et al. (2002) Rowe and Kahn's Model of Successful Aging Revisited. Positive Spirituality, The Forgotten Factor. *The Gerontologist*, 42: 613-620.
- Cruz-Saco, M. & Mesa-Lago, C. (eds) (1998) *Do Options Exist? The Reform of Pension and Health Care Systems in Latin America*. Pittsburgh, PA: University of Pittsburgh Press.
- Csordas, T. (1990) Embodiment as a Paradigm for Anthropology. *Ethos*, 18(1): 5-47.
- Csordas, T. (1997) Introduction: the body as representation and being-in-the-world. In T. Csodars (ed.) *Embodiment and experience. The existential ground of culture and self* (1-24). Cambridge: Cambridge University Press.
- Cumming, E. & Henry, W.E. (1961) *Growing Old: the process of disengagement*. New York: Basic Books.
- Cunningham-Burley, S. (1984) "We Don't Talk About It..." Issues of Gender and Method in the Portrayal of Grandfatherhood. *Sociology* 18(3): 325-338.
- Cunningham-Burley, S. (1986) Becoming a Grandparent. *Ageing & Society*, 6(4): 453-470. [Online]  
[http://www.journals.cambridge.org/abstract\\_S0144686X00006267](http://www.journals.cambridge.org/abstract_S0144686X00006267) [12 Jul 2010].
- Cunningham-Burley, S. (2001) The Experience of Grandfatherhood. Middle-aged husbands and wives describe the meaning and significance of the grandfather role. In A.J. Walker, M.M O'Dell, L.A. McGraw & D.L.G. White (eds), *Families and Later Life. Connections and Transitions* (92-96). London: Sage.
- Cutler, D., Knaul, F., Lozano, R., Mendez, O. & Zurita, B. (2000) Financial Crisis, Health Outcomes and Aging: Mexico in the 1980s and 1990s. *NBER Working Article 7746*. Cambridge, MA: National Bureau of Economic Research.
- Daatland, S.O. (2002) Time to Pay Back? Is There Something for Psychology and Sociology in Gerontology? In L. Andersson (ed.) (2002), *Cultural Gerontology* (1-12). London: Auburn House.
- Dailey, N. (1998) *When baby boom women retire*. Westport, CT: Praeger Publishers.

- Dalley, G. (1988) *Ideologies of caring: Rethinking community and collectivism*. London: Macmillan.
- Dannefer, D. (1988) What's in a name? An account of the neglect of variability in the study of aging. In J.E. Birren & V.L. Bengtson (eds), *Emergent theories of aging* (356-384). New York, NY: Springer.
- Davie, G. (1994) *Religion in Britain 1945: Believing without Belonging*. Oxford: Oxford University Press.
- Davie, G. (2010) Resacralization. In B. Turner (ed.), *The New Blackwell Companion to The Sociology of Religion* (160-177). Oxford: Wiley-Blackwell.
- Davidson, K. (1999) Gender, Age and Widowhood: how older widows and widowers differently realign their lives. Unpublished PhD thesis. University of Surrey.
- Davila, E., Kessel, G. & Levy, S. (2002) El sur tambien existe: un ensayo sobre el desarrollo regional de Mexico. *economia mexicana. Nueva Epoca*, 11(2): 205-260.
- de Beauvoir, S. (1993) *The Second Sex*. London: David Campbell.
- de Beauvoir, S. (1996[1970]) *The Coming of Age* (P. O'Brien, Trans.). New York: W.W. Norton.
- de Medeiros, K. (2005) The complementary self: Multiple perspectives on the aging person. *Journal of Aging Studies*, 19 (1): 1-13. [Online] <http://linkinghub.elsevier.com/retrieve/pii/S0890406504000659> [16 Dec 2010].
- de Oliveira, O. & Garcia, B. (1990) Work, fertility and women's status in Mexico. *Development*, 3-4: 152-158.
- de Vos, S. & Palloni, A. (2002) *Living Arrangements of Elderly People Around the World*. Madison: Center for Demography & Ecology, University of Wisconsin-Madison.
- de Vos, S., Solís, P. & Montes de Oca, V. (2004) Receipt of assistance and extended family residence among elderly men in Mexico. *International Journal of Aging and Human Development*, 58 (1): 1-27.
- Denscombe, M. (2007) *The Good Research Guide: for small-scale social research*. 3<sup>rd</sup> edition. Maidenhead: Open University Press.
- Denzin, N.K. (1989) *Interpretive Biography*. Qualitative Research Methods Series, Volume 17. London: Sage.
- Denzin, N.K. (2001) *Interpretive Interactionism*. 2<sup>nd</sup> edition. Applied Social Research Methods Series, Volume 16. London: Sage.
- Derrida J (1991) From "Des tours de Babel". In P. Kamul (ed.), *A Derrida reader: between the blinds* (243-253). New York: Columbia University Press.
- Dey, I. (1993) *Qualitative data analysis: A user-friendly guide for social scientist*. London: Routledge.

- Díaz -Guerrero, R. (1967) *Psychology of the Mexican*. Austin: Austin University Press.
- DiGirolamo, A.M. & Salgado de Snyder, V.N. (2008) Women as primary caregivers in Mexico: challenges to well-being. *Salud Pública de México*, 50(6): 516-522.
- Dillaway, H.E. & Byrnes, M. (2009) Reconsidering Successful Aging: A Call for Renewed and Expanded Academic Critiques and Conceptualizations. *Journal of Applied Gerontology*, 28 (6): 702-722. [Online] <http://jag.sagepub.com/cgi/doi/10.1177/0733464809333882>. [19 Dec 2010].
- Dittmann-Kohli, F. (1990) The Construction of Meaning in Old Age: Possibilities and Constraints. *Ageing & Society* 10(3): 279-294.
- Dolbin-MacNab, M. (2006) Just like raising your own? Perceptions of parenting a second time around. *Family Relations*, 55: 564-575.
- Donahue, M.J (1985) Intrinsic and Extrinsic Religiousness: Review and Meta-analysis. *Journal of Personality and Social Psychology*, 48(2): 400-419.
- Douglas, M. (1978) *Purity and Danger: An Analysis of Concepts of Pollution and Taboo*. London: Routledge & Kegan Paul.
- Dreby, J. (2006) Honor and Virtue: Mexican Parenting in the Transnational Context. *Gender & Society*, 20 (1): 32-59. [Online] <http://gas.sagepub.com/cgi/doi/10.1177/0891243205282660> [17 Aug 2010].
- Droogers, A. (2009) Defining Religion. A Social Science Approach. In Peter B. Clarke (ed.), *The Oxford Handbook of the Sociology of Religion* (263-279). Oxford: Oxford University Press.
- Duffy, M. (2005) Reproducing Labor Inequalities: Challenges for Feminists Conceptualizing Care at the Intersections of Gender, Race, and Class. *Gender & Society*, 19 (1): 70. [Online] <http://gas.sagepub.com/content/19/1/66> [18 Aug 2010].
- Durkheim, E. (1965) *The Elementary Forms of the Religious Life*. New York: Free Press.
- Eisenberg, L. (1977) Disease and illness: distinctions between popular and professional ideas of sickness. *Culture Medicine and Psychiatry*, 1(1): 9-23.
- Enriquez, R. (2000) Redes Sociales y Envejecimiento en Contextos de Pobreza Urbana. Paper presented at the Sixth National Meeting on Demographic Research, Mexican Demographic Society and Colegio de México. México, 31 July.
- Erikson, E.H. (1959) Identity and the life cycle. *Psychological Issues*, 1(1): 1-171.
- Erikson, E.H. (1980) *Identity and The Life Cycle; a re-issue*. New York: WW Norton.
- Erikson, E.H. (1982) *The Life Cycle Completed: a review*. New York: WW Norton.

- Esquivel, L. (1993) *Like Water for Chocolate*. (C. Christensen and T. Christensen, Trans). Great Britain: Black Swan.
- Estes, C. (1991) The new political economy of aging: introduction and critique. In M. Minkler & C. Estes (eds), *Critical Perspectives on Aging: The Political and Moral Economy of Growing Older*. New York: Baywood.
- Estes, C.L. (1979) *Aging Enterprise: A critical examination of social policies and services for the aged*. San Francisco, CA: Jossey-Bass Inc.
- Facio, E. (1996) *Understanding older Chicanas: Sociological and policy perspectives*. Thousand Oaks, CA: Sage
- Faircloth, C.A. et al. (2004) Energizing the ordinary: Biographical work and the future in stroke recovery narratives. *Journal of Aging Studies* 18: 399-413.
- Farquhar, M. (1995) Elderly people's definitions of quality of life. *Social Science & Medicine*, 41(10): 1439-1446. [Online]  
<http://linkinghub.elsevier.com/retrieve/pii/027795369500117P> [13 Mar 2006].
- Fawcett, T.N. & Noble, A. (2004) The challenge of spiritual care in a multi-faith society experienced as a Christian nurse. *Journal of Clinical Nursing*, 13: 136-142.
- Featherstone, M. & Hepworth, M. (1989) Ageing and old age: reflections on the postmodern lifecourse. In J. Bytheway, T. Keil, P. Allatt & A. Bryman (eds), *Becoming and Being Old: Sociological Approaches to Later Life* (143-157). London: Sage.
- Featherstone, M. & Hepworth, M. (1990) Images of ageing. In Bond, J. & Coleman, P. (eds), *Ageing in Society. An introduction to Social Gerontology* (250-76). London: Sage.
- Featherstone, M. & Hepworth, M. (1991a) The mask of ageing and the postmodern life course. In M. Featherstone, M. Hepworth, & B.S. Turner (eds), *The Body: Social Process and Cultural Theory* (371-89). London: Sage.
- Featherstone, M. & Hepworth, M. (1991b) The Midlifestyle of 'George and Lynne': Notes on a Popular Strip. In M. Featherstone, M. Hepworth & B.S. Turner (eds), *The Body: social process and cultural theory* (197-208). London: Sage.
- Featherstone, M. & Hepworth, M. (1993) Images of Ageing. In J. Bond, P. Coleman & S. Peace (eds), *Ageing in Society: an introduction to social gerontology*. 2<sup>nd</sup> edition (304-32). London: Sage.
- Feild, L. (2007) Religiosity and Spirituality at the End of Life. Challenges and Opportunities. In R. Pruchno & M. Smyer (eds), *Challenges of an aging society: ethical dilemmas, political issues* (74-113). Baltimore: Johns Hopkins University Press.
- Festinger, L. (1954) A theory of social comparison processes. *Human Relations*, 7: 117-40.
- Finch, J. & Groves, D. (1983) *A Labour of Love: women, work and caring*. London: Routledge & Kegan Paul.

- Finch, J. (1984) "It's Great to Have Someone to Talk to": The Ethics and Politics of Interviewing Women. In C. Bell and H. Roberts (eds), *Social Researching: Politics, Problems, Practice* (70-87). London: Routledge & Kegan Paul.
- Fine, M. & Glendinning, C. (2005) Dependence, independence or interdependence? Revisiting the concepts of "care" and "dependency." *Ageing & Society*, 25(4): 601-621. [Online]  
[http://www.journals.cambridge.org/abstract\\_S0144686X05003600](http://www.journals.cambridge.org/abstract_S0144686X05003600) [10 Jun 2010].
- Finkler, K. (1994) *Women in pain: Gender and morbidity in Mexico*. Philadelphia, PA: University of Pennsylvania Press.
- Foster, G.M. (1960) *Culture and Conquest: America's Spanish Heritage*. Viking Fund Publications in Anthropology, no. 27. New York: Wenner-Gren Foundation for Anthropological Research.
- Foucault, M. (1973) *The Birth of the Clinic* (trans. A.M. Sheridan). London: Routledge.
- Foucault, M. (1980) 'Body/Power'. In C. Gordon (ed.) *Michel Foucault: Power/Knowledge*. (55-63). Brighton: Harvester.
- Foucault, M. (1986) *The care of the self: The history of sexuality*, Vol. 3. (R. Hurley, trans.). New York: Pantheon.
- Fox, N.J. (2005) Cultures of Ageing in Thailand and Australia. (What Can an Ageing Body do?). *Sociology*, 39(3): 481-498.
- Franco, J. (1994) *Las Conspiradoras. La representacion de la mujer en Mexico*. M. Cordoba, trans. México: El Colegio de México y Fondo de Cultura Económica.
- Frankland, J. & Bloor, M. (1999) Some issues arising in the systematic analysis of focus group material. In R. Barbour & J. Kitzinger (eds), *Developing Focus Group Research: Politics, Theory & Practice* (144-155). London: Sage.
- Freud, S. (1952) *Totem and taboo: Some points of agreement between the mental lives of savages and neurotics*. New York: Norton.
- Friedan, B. (1993) *The fountain of age*. London: Jonathan Cape.
- Frisby, C. (2004) Does Race Matter? Effects of Idealized Images on African American Women's Perceptions of Body Esteem. *Journal of Black Studies* 34(3): 323-47.
- Fromm, E. & Maccoby, M. (1970) *Social Character in a Mexican Village: A Sociopschoanalytic Study*. Englewood Cliffs, N.J.: Prentice-Hall.
- Fry, C.L. (1980) *Aging in culture and society: comparative viewpoints and strategies*. New York: Praeger Publishers.
- Fry, C.L. (1981) Introduction: anthropology and dimensions of aging. In C.L. Fry (e.), *Aging, culture and health*. New York: Praeger Publishers.

- Fry, C.L., Dickson-Putman, J. & Draper, P. (1997) Culture and the meaning of a good old age. In J. Sokolovsky (ed.) *The Cultural Context of Aging*. Westport, CT: Bergin and Garvey.
- Fulton, J. (1987) Religion and Politics in Gramsci: An Introduction. *Sociological Analysis*, 48(3): 197-216. [Online] <http://socrel.oxfordjournals.org/> [Oct 19 2011].
- Ganga, D. & Scott, S. (2006) Cultural “Insiders” and the Issue of Positionality in Qualitative Migration Research: Moving “Across” and Moving “Along” Researcher-Participant Divides [40 paragraphs]. *Forum Qualitative Sozialforschung/Forum: Qualitative Social Research*, 7(3), Art. 7 [Online] <http://nbn-resolving.de/urn:nbn:de:0114-fqs060379>.
- García Ballesteros (1982) *Crecimiento y problemas de la población mundial*. Barcelona: Salvat.
- Garcia, B. & de Oliveira, O. (1997) Motherhood and extra domestic work in urban Mexico. *Bulletin of Latin American Research*, 16(3): 367-384.
- García, B., Muñoz, H. & de Oliveira, O. (1982) *Hogares y trabajadores en la ciudad de México*. México: El Colegio de México.
- García, H. & Madrigal, R. (1999) Redes sociales y vejez: Apoyos formales e informales en el área metropolitana de Monterrey. *Papeles de Población*, January-March, 19: 217-242. Toluca, México: Universidad Autónoma del Estado de México.
- Garrod, J. & Jones, M (2009) *Religion & Belief*. Skills-Based Sociology Series. Hampshire: Palgrave Macmillan.
- Geertz, C. (1973) *The Interpretation of Cultures*. New York: Basic Books.
- Geertz, C. (1983) *Local Knowledge*. New York: Basic Books.
- Gelfand, D.E. & Barrresi, C.M. (eds) (1987) *Ethnic Dimensions of Aging*. New York: Springer.
- Gibson, D. & Allen, J. (1993) Parasitism and phallocentrism in social provisions for the aged. *Policy Sciences*, 26, 79-98.
- Giele, J.Z. & Elder, G.H. (1998) *Methods of Life Course Research*. California: Sage.
- Gilleard, C. & Higgs, P. (2000) *Cultures of Ageing*. Harlow: Pearson.
- Gilligan, C. (1982) *In a Different Voice*. Cambridge, MA: Harvard University Press.
- Goffman, E. (1990[1959]) *The presentation of self in everyday life*. London: Penguin Books.
- Gomes, C. (1997) Seguridad social y envejecimiento: la crisis vecina. In C. Rabell (ed.) *Los Retos de la Poblacion*. México: FLACSO/Juan Pablos.

- Gomes, C. & Montes de Oca, V. (2004) Ageing in Mexico. Families, Informal Care and Reciprocity. In P. Lloyd-Sherlock (ed.), *Living Longer. Ageing, Development and Social Protection*, (230-248). London-New York: ZED Books.
- Goodman, C. G., & Silverstein, M. (2006) Grandmothers raising grandchildren: Ethnic and racial differences in well-being among custodial and co-parenting families. *Journal of Family Issues*, 27(11): 1605–1626.
- Grandolini, G. & Cerda, L. (1998) The 1997 Pension Reform in Mexico. World Bank Work Paper Series. [Online]  
<http://www.worldbank.org/html/dec/Publications/Workpapers/WPS1900series/wps1933/wps1933-abstract.html> [27 Mar 2009].
- Greer, G. (1991) *The change: Women, ageing and the menopause*. London: Hamish Hamilton.
- Grosz, E. (ed.) (1991) Feminism and the Body. *Hypatia (Special Issue)* 6(3).
- Guerra, F.X. (2007) Mexico from Independence to Revolution: The Mutations of Liberalism. In E. Servin, L. Reina & J. Tutino (eds), *Cycles of Conflict, Centuries of Change: Crisis, Reform, and Revolution in Mexico* (129-152). Durham, NC: Duke University Press.
- Gubrium, J. & Holstein, J. (1999) The nursing home as a discursive anchor for the ageing body. *Ageing & Society*, 19(5): 519–538.
- Gubrium, J. & Holstein, J. (2003) The Everyday Visibility of the Aging Body. In C. Faircloth (ed.), *Aging Bodies. Images and Everyday Experiences* (205-228). Oxford: Altamira Press.
- Gubrium, J. & Holstein, J. (eds) (2003) *Ways of Aging*. Oxford: Blackwell Publishing.
- Gullete, M. (1997) *Declining to Decline: Cultural Combat and the Politics of the Midlife*. Age studies series. Charlottesville: University of Virginia Press.
- Guy, R.F. (1982) Religion, Physical Disabilities, and Life Satisfaction in Older Age Cohorts. *International Journal of Aging and Human Development* 15: 225-32.
- Habermas, J. (1990) *Moral Consciousness and Communicative Action*. London: Polity Press.
- Hagestad, G. (1998) Towards a society for all ages: New thinking, new language, new conversations. *United Nations: Bulletin on Population Aging*. 2(3): 8-15.
- Ham-Chande, R. (1993) México: país en proceso de envejecimiento. *Comercio Exterior*, 3(7): 688-696.
- Ham-Chande, R. (1995) *The elderly in Mexico: Another challenge for a middle-income country*. Committee for International Cooperation in National Research in Demography. International Institute on Aging. Malta: United Nations.
- Ham-Chande, R. (1996) El envejecimiento: una nueva dimensión de la salud en México. *Salud Pública de México*, 38: 409-418.

- Ham-Chande, R. (2003) *El envejecimiento en México: El siguiente reto de la transición demográfica*. Tijuana: El Colegio de la Frontera Norte/Miguel Angel Porrúa.
- Hamberg, E.M. (2009) Unchurched Spirituality. In Peter b. Clarke (ed.), *The Oxford Handbook of the Sociology of Religion* (742-57). Oxford: Oxford University Press.
- Hammersley, M. (2002) Ethnography and realism. In A. Huberman & M. Miles (eds), *The Qualitative Researcher's Companion* (65-80). London: Sage.
- Hannerz, U. (1992) *Cultural Complexity: Studies in the Social Organization of Meaning*. New York: Columbia University Press.
- Haraven, T. (1994) Aging and generational relations: A historical and life course perspective. *Annual Review of Sociology* 20: 437-61.
- Haraway, D. (1989) The Biopolitics of Postmodern Bodies: Determinations of Self in Immune System Discourse. *differences: A journal of Feminist Cultural Studies*, 1: 34-43.
- Haraway, D. (1991) *Simians, Cyborgs, and Women: The Reinvention of Nature*. London: Free Association Books.
- Harding, S. (1991) *Whose Science? Whose Knowledge? Thinking from Women's Lives*. Ithaca: Cornell University Press.
- Harper, S. (1997) Constructing later life/constructing the body: Some thoughts from feminist theory. In A. Jamieson, S. Harper & C. Victor (eds), *Critical approaches to ageing and later life* (160-72). Buckingham, England: Open University Press.
- Harper, S. (2005) Understanding Grandparenthood. In V.L. Bengtson & M.L. Johnson (eds), *Cambridge Handbook of Age and Ageing*. Cambridge: Cambridge University Press.
- Harper, S. et al. (2004) *Grandmothercare in Lone Parent Families*, Research Report, Oxford Institute of Ageing, University of Oxford.
- Hawthorne, S. (2009) Religions and gender. In Peter b. Clarke (ed.), *The Oxford Handbook of the Sociology of Religion* (134-51). Oxford: Oxford University Press.
- Hazan, H. (1994) *Old age: Constructions and deconstructions*. Cambridge: Cambridge University Press.
- Heelas, P. (1996) *The New Age movement*. Oxford: Blackwell.
- Heelas, P. (1998) *Religion, Modernity and Postmodernity*. Oxford: Blackwell.
- Heelas, P. & Woodhead, L. (2005) *The spiritual revolution: Why religion is giving way to spirituality*. Oxford: Blackwell.

- Henchoz, K., Cavalli, S. & Girardin M. (2008) Health perceptions and health status in advanced old age: A paradox of association. *Journal of Aging Studies*, 22: 282-90.
- Henderson, J. & Forbat, L. (2002) Relationship-based social policy: personal and policy constructions of 'care'. *Critical Social Policy* 22(4): 669-87.
- Hendricks, J. (1982) The Elderly in Society: Beyond Modernization. *Social Science History* 6(3): 321-45.
- Hendricks, J. (2003) Structure and identity -Mind the gap: Toward a personal resource model of successful aging. In Biggs, S., Lowenstein, A. & Hendricks, J. (eds), *The need for theory: Critical approaches to social gerontology* (63-90). Amityville, NY: Baywood Publishing.
- Hendricks, J. (2008) Coming of age. *Journal of Aging Studies*, 22 (2): 109-14. [Online] <http://linkinghub.elsevier.com/retrieve/pii/S0890406507000850>. [15 Dec 2010].
- Hepworth, M. (1995) Positive ageing: What is the message? In R. Brunton, R. Burrows, & S. Nettleton (eds), *The sociology of health promotion: Critical analyses of consumption, lifestyle and risk* (176-90). London: Routledge.
- Hepworth, M. (2000) *Stories of Ageing*. Buckingham: Open University Press.
- Hepworth, M. (2004a) Embodied agency, decline and the masks of aging. In E. Tulle (ed.), *Old Age and Agency*. Hauppauge, NY: Novascience.
- Hepworth, M. (2004b) Images of Old Age. In J.F. Nussbaum & J. Coupland (eds), *Handbook of Communication and Aging Research*. 2<sup>nd</sup> edition (3-29). Mahwah, NJ: Lawrence Erlbaum.
- Hernandez, E. (2004) *Desarrollo demográfico y económico de México 1970-2000-2030*. Serie Metas Milenio. México, DF: CONAPO.
- Herrera-Sobek, M. (1990) *The Mexican Corrido. A Feminist Analysis*. Bloomington and Indianapolis: Indiana University Press.
- Hertz, R. (1997) Introduction: Reflexivity and Voice. In R. Hertz (ed.), *Reflexivity & Voice* (viii). London: Sage.
- Hills, R. (1949) *Families Under Stress*. New York: Harper & Brothers, Inc.
- Hillyer, B. (1998) Embodiment of older women: silences. *Frontiers: A Journal of Women Studies*, 19(1): 48-60.
- Hockey, J. & James, A. (2003) *Social Identities across the Life Course*. Great Britain: Palgrave Macmillan.
- Hole, R. (2007) Working Between Languages and Cultures: Issues of Representation, Voice, and Authority Intensified. *Qualitative Inquiry*, 13 (5): 696-710. [Online] <http://qix.sagepub.com/cgi/doi/10.1177/1077800407301186> [27 Dec 2010].

- Holstein, M. (1999) Women and productive aging: troubling implications. In M. Minkler & C.L. Estes (eds), *Critical Gerontology: Perspectives from political and moral economy* (359-73). New York: Baywood Publishing.
- Holstein, M. (2006) On Being an Aging Woman. In T. Calasanti & K. Slevin (eds), *Age Matters: Realigning Feminist Thinking* (313-34). New York: Routledge.
- Holstein, M. & Minkler, M. (2003) Self, Society, and the 'New Gerontology'. *The Gerontologist*, Health Module, 43(6): 787-96.
- Holstein, M.B. (2000) The New Aging: Imagining alternative futures. In K.W. Schaie & J. Hendricks (eds), *The evolution of the aging self: The societal impact on the aging process* (319-31). New York: Springer Publishing.
- Holstein, M.B. (2007) Long-Term Care, Feminism, and an Ethics of Solidarity. In R. Pruchno & M. Smyer (eds), *Challenges of an Aging Society. Ethical Dilemmas, Political Issues*. Baltimore: The Johns Hopkins University Press.
- Hooyman, N. & Gonyea, J. (1995) *Feminist perspectives on family care: Policies for gender justice*. Thousand Oaks, CA: Sage.
- Hooyman, N., Browne, C., Rat, R. & Richardson, V. (2002) Feminist Gerontology and the Life Course. *Gerontology & Geriatrics Education*, 22(4): 3-26. [Online] [http://dx.doi.org/10.1300/J021v22n04\\_02](http://dx.doi.org/10.1300/J021v22n04_02) [6 Jul 2009].
- Hooyman, N.R. & Gonyea, J.R. (1995) *Feminist perspectives on family care: Policies for gender justice*. Thousand Oaks, CA: Sage.
- Hooyman, N.R. & Gonyea, J.R. (1999) A Feminist Model of Family Care: Practice and Policy Directions. In J.D. Garner (ed.), *Fundamentals of Feminist Gerontology* (149-70). London: The Haworth Press.
- Hooyman, N.R. et al. (2002) Feminist gerontology and the life course. *Gerontology and Geriatric Education*, 22(4): 3-26.
- Hoyt, S.F. (1912) The Etymology of Religion. *Journal of the American Oriental Society*, 32(2): 126-9. [Online] <http://www.jstor.org/stable/3087765?seq=4> [12 Oct 2011].
- Hubbell, L.J. (1993) Values under Siege in Mexico: Strategies for Sheltering Traditional Values from Change. *Journal of Anthropological Research*, 49(1): 1-16. [Online] <http://www.jstor.org/stable/3630627> [23 Jan 2011].
- Humm, M. (1990) *The Dictionary of Feminist Theory*. Columbus: Ohio State University Press.
- Hurd, L. (1999) "We're Not Old!": Older Women's Negotiation of Aging and Oldness. *Journal of Aging Studies*, 13(4): 419-39.
- Hurd, L. et al. (2005) Being Able to Do the Things that I Want to Do. *Activities, Adaptation & Aging*, 29(4): 41-59. [Online] [http://dx.doi.org/10.1300/J016v29n04\\_03](http://dx.doi.org/10.1300/J016v29n04_03) [26 May 2010].
- Idler, E.L. (1987) Religious Involvement and the Health of the Elderly: Some Hypotheses and an Initial Test. *Social Forces* 66: 226-38.

- Idler, E.L. & Kasl, S.V. (1992) Religion, Disability, Depression, and the Timing of Death. *American Journal of Sociology* 97(4): 1052-79.
- INAPAM (2010) Inicio. [Online] <http://www.inapam.gob.mx> [16 Nov 2010].
- INEGI (1990) Anuario Estadístico, SPP. INEGI, México 1985. Agenda Estadística 1989. México.
- INEGI (2000) *XII Censo General de Población y Vivienda*, Instituto Nacional de Estadística, Geografía e Informática, INEGI, México. [Online] <http://inegi.gob.mx>
- INEGI (2008a) Edad media al matrimonioparentidadfederativa de residencia habitual de los contrayentes según sexo, 2003 a 2007. Estadísticas de Nupcialidad. [Online] <http://www.inegi.org.mx/est/contenidos/espanol/rutinas/ept.asp?t=mpob79&c=9700> [03 Mar 2009].
- INEGI (2008b) Mexico at glance 2008. Red de Consulta Interna/Biblioteca Digital. [Online] [www.inegi.gob.mx](http://www.inegi.gob.mx) [17 Feb 2011].
- INEGI (2009) Indicadores Relación divorcios-matrimonios, 1980 a 2008. [Online] <http://www.inegi.org.mx/sistemas/sisept/Default.aspx?t=mdemo82&s=est&c=23566> [02 Mar 2011].
- INEGI (2010) Esperanza de vida – género – 2006-2010 – entidad federativa. Instituto Nacional de Estadística y Geografía, México. [Online] <http://www.inegi.org.mx> [07 Oct 2010].
- INEGI (2011a) Comunicado de Prensa. Resultados definitivos Censo de Poblacion y Vivienda. Datos México. [Online] [www.inegi.org.mx/inegi/contenidos/espanol/prensa/.../comunica3.doc](http://www.inegi.org.mx/inegi/contenidos/espanol/prensa/.../comunica3.doc) [30 Mar 2011].
- INEGI (2011b) Home page. [Online] <http://www.inegi.org.mx/Default.aspx> [30 Mar 2011].
- INEGI (2011c) Población / Educación / Analfabetismo. [Online] <http://cuentame.inegi.org.mx/poblacion/analfabeta.aspx?tema=P> [12 Nov 2011].
- Ingham, J.M. (1986) Mary, Michael, and Lucifer: Folk Catholicism in Central Mexico. Austin: University of Texas Press.
- Inglehart, R. & Baker, W.E. (2000) Modernization, cultural change, and the persistence of traditional values. *American sociological review*, 65: 19-51.
- Irigaray, L. (1993 [1985]) Divine women. In *Sexes and Genealogies* (57-72). G.C. Gill, trans. New York: Columbia University Press.
- Jacobs, R.H. (1990) Friendships Among Old Women. *Journal of Women and Aging* 2(2): 19-32.
- Jacobs, R.N. (2002) The narrative integration of personal and collective identity in social movements. In M.C. Green, J.J. Strange & T.C. Brook (eds), *Narrative*

- impact: Social and cognitive foundations* (205-228). Mahwah, NJ: Lawrence Erlbaum.
- Jaggar, A. & Bordo, S. (eds) (1989) *Gender/Body/Knowledge: Feminist Reconstructions of Being and Knowing*. New Brunswick: Rutgers University Press.
- Jaquette, J.S. (1973) Literary Archetypes and Female Role Alternatives: The Woman and the Novel in Latin America. In A. Pescatello (ed.), *Female and Male in Latin America: Essays* (3-28). Pittsburgh: University of Pittsburgh Press.
- Jelin, E. (1983) Familia, unidad doméstica y división social del trabajo. Qué sabemos y hacia dónde vamos? Conferencia Nacional de Población. *Papeles de Población*. Universidad Autónoma del Estado de México.
- Jenike, B.R. (1997) Gender and Duty in Japan's Aged Society: The Experience of Family Caregivers. In J. Sokolowsky (ed.), *The Cultural Context of Aging. Worldwide Perspectives*. London: Bergin & Garvey.
- Johnson, M. (1978) That was your life. In V. Carver & P. Liddiard (eds), *An ageing Population*. Sevenoaks: Hodder & Stoughton.
- Johnson, T.R. (1995) The Significance of Religion for Aging Well. *American Behavioral Scientist*, 39 (2): 186-208. [Online]  
<http://abs.sagepub.com/cgi/doi/10.1177/0002764295039002007> [12 Mar 2011].
- Jones, R. (2006) 'Older people' talking as if they are not older people: Positioning theory as an explanation. *Journal of Aging Studies*, 20(1): 79-91.
- Juergensmeyer, M. (2006) *The Oxford Handbook of Global Religion*. New York: Oxford University Press.
- Kahn, R.L. (2003) Successful Aging: Intended and Unintended Consequences of a Concept. In L. Poon et. al. (eds), *Successful Aging and Adaptation With Chronic Diseases* (Springer Series on Life Styles and Issues in Aging) (Kindle Edition). New York: Springer Publishing.
- Kaplan, R. (1997) La historia se mueve hacia el norte. *Este País*, 74 (May): 62-6.
- Katz, F. (2007) International Wars, Mexico and U.S Hegemony. In E. Servin, L. Reina & J. Tutino (eds), *Cycles of Conflict, Centuries of Change: Crisis, Reform, and Revolution in Mexico* (184-210). Durham, NC: Duke University Press.
- Katz, S. (1992) Alarmist Demography: Power, Knowledge, and the Elderly Population. *Journal of Aging Studies*, 6(3): 203-25.
- Katz, S. (2000) Busy Bodies: Activity, Aging and the Management of Everyday Life. *Journal of Aging Studies*, 14(2): 135-52.
- Katz, S. (2005) *Cultural Aging: Life Course, Lifestyle and Senior Worlds*. Peterborough, Ontario: Broadview Press

- Kaufman, S. (1986) *The ageless self: Sources of meaning in late life*. Madison: The University of Wisconsin Press.
- Kaufman, S., Shim, J.K., & Russ, A.J. (2004) Revisiting the biomedicalization of aging: Clinical trends and ethical challenges. *The Gerontologist*, 44: 731-8.
- Kehl, S. & Fernández, J.M. (2001) La construcción social de la vejez. *Cuadernos de Trabajo Social*, 14: 125-61.
- Keith, J., Fry, C.L., Glascock, A.P., Ikies, C., Dickerson-Putman, J., Harpending, H.C. & Draper, P. (1994) *The Aging Experience: Diversity and Commonality Across Cultures*. Thousand Oaks, CA: Sage.
- Keller, M.L., Leventhal, E.A. & Larson, B. (1989) Ageing: the lived experience. *International Journal of Ageing and Human Development*, 29(1): 67-82.
- Kelly, P. & Field, D. (1998) Conceptualising Chronic Illness. In D. Field & S. Taylor (eds), *Sociological Perspectives on Health, Illness and Health Care* (3-19). London: Blackwell Science.
- Kelly, P. & Field, D. (2004) Medical Sociology, Chronic Illness and the Body. In M. Bury & J. Gabe (eds), *The Sociology of Health and Illness. A reader* (256-65). London: Routledge.
- Kenyon, G.M. & Randall, W.L. (1997) *Restoring our lives: Personal growth through autobiographical reflection*. London: Praeger.
- King, R. (1999) *Orientalism and Religion: Post-Colonial Theory, India and the Mystic East*. New York: Routledge.
- Kit-Ling Luk (2006) The mask of ageing: Doing Cultural Research for a 'Social Problem'. *Cultural Studies Review*, 12(2): 129-48.
- Kivnick, H. (1982) *The meaning of grandparenthood*. Series Research in clinical psychology, no. 3. Ann Arbor, MI: UMI Research Press.
- Kleinman, A. (1980) *Patients and Healers in the Context of Culture: An Exploration of the Borderland Between Anthropology, Medicine, and Psychiatry*. Berkeley: University of California Press.
- Klinsberg, B. (2000) *America Latina: Una Región en Riesgo, Pobreza, Inequidad e Institucionalidad Social (Latin America: A Region of Risk, Poverty, Inequality and Social Institutions)*. Washington, DC: Inter-American Development Bank.
- Koch, T. (2000) *Age speaks for itself: Silent voices of the elderly*. Westport, CT: Praeger.
- Koenig, H.G. (1994) Religion and hope for the disabled elder. In J.S. Levin (ed.), *Religion in aging and health: Theoretical foundations and methodological frontiers* (18-51). Thousand Oaks, CA: Sage.
- Koenig, H.G. (1994) Religion and Hope for the Disabled Elder. In J.S. Levin (ed.), *Religion in Aging and Health* (159-75). Thousand Oaks, CA: Sage.

- Koenig, H.G. (2002) A commentary: The role of religion and spirituality at the end of life. *Gerontologist* 42 (Special Issue 3): 20-3.
- Koenig, H.G., George, L.K. & Titus, P. (2004) Religion, Spirituality, and Health in Medically Ill Hospitalized Older Patients. *Journal of the American Geriatrics Society* 52(4): 554-62. [Online]  
<http://onlinelibrary.wiley.com/doi/10.1111/j.1532-5415.2004.52161.x/full> [23 Feb 2011].
- Koenig, H.G., Hays, J.C., George, L.K., Blazer, D.G., Larson, D.B. & Landerman, L.R. (1997) Modeling the Cross-Sectional Relationships Between Religion, Physical Health, Social Support, and Depressive Symptoms. *American Journal of Geriatric Psychiatry* 5(2): 131-44.
- Koenig, H.G., McCullough, M.E. & Larson, D.B. (2001) *Handbook of Religion and Health*. New York: Oxford University Press.
- Kontos, P. (1998) Resisting institutionalization: Constructing old age and negotiating home. *Journal of Aging Studies*, 12(2): 167-84.
- Kontos, P. (1999) Local Biology: Bodies of Difference in Ageing Studies. *Ageing & Society* 19(6): 677-89.
- Krause, N. (2006) Gratitude Toward God, Stress, and Health in Late Life. *Research on Aging*, 28 (2): 163-83. [Online]  
<http://roa.sagepub.com/cgi/doi/10.1177/0164027505284048> [22 Feb 2011].
- Krause, N. & Bastida, E. (2009) Religion, suffering, and health among older Mexican Americans. *Journal of Aging Studies*, 23 (2): 114-23. [Online]  
<http://linkinghub.elsevier.com/retrieve/pii/S0890406509000024> [23 Aug 2010].
- Krekula, C. (2007) The intersection of age and gender: Reworking gender theory and current social gerontology. *Current Sociology*, 55(2): 155-71.
- Lafaye, J. (1976) *Quetzalcoatl and Guadalupe: The Formation of Mexican National Consciousness, 1531-1813*. Chicago: University of Chicago Press.
- Lagarde, M. (2005[1990]) *Los cautiverios de las mujeres: madresposas, monjas, putas, presas y locas*. Coleccion Posgrado. Mexico: Universidad Nacional Autonoma de Mexico.
- Lajewski, H. (1959) Working mothers and their arrangements for the care of their children. *Social Security Bulletin*, 22: 8-13.
- Langellier, K.M. (1999) Personal Narratives: Perspectives on Theory and Research, *Text & Performance Quarterly* 9: 243-76.
- Lara, M. (1993) *Inventario de masculinidad y feminidad (IMAFE)*. México: El Manual Moderno.
- Larson, D., Sherrill, K. & Lyons, J. (1994) Neglect & misuse of the 'R' word: Systematic reviews of religious measures in health, mental health, and aging. In J.S. Levin (ed.), *Religion in aging and health: Theoretical foundations and methodological frontiers* (178-95). Thousand Oaks, CA: Sage.

- Laslett, P. (1991) *A fresh map of life: The emergence of the Third Age*. Cambridge, MA: Harvard University Press.
- Laurell, A.C. (1991) Crisis, neoliberal health policy, and political processes in Mexico. *International Journal of Health Services*, 21(30): 457-70.
- Laz, C. (1998) Act your Age. *Sociological Forum*, 13(1): 85-113.
- Laz, C. (2003) Age Embodied. *Journal of Aging Studies*, 17: 503-19.
- Leder, D. (1990) *The absent body*. London: University of Chicago Press.
- Leon, L. (2004) *La Llorona's children: Religion, life, and death in the US-Mexican Borderlands*. Berkeley, CA: University of California Press.
- Levin, J.S. (1994a) Investigating the epidemiologic effects of religious experience in health, mental health, and aging. In J.S. Levin (ed.), *Religion in aging and health: Theoretical foundations and methodological frontiers* (3-17). Thousand Oaks, CA: Sage.
- Levin, J.S. (1994b) Religion and Health: Is There an Association, Is It Valid, and Is It Causal? *Social Science and Medicine* 38(11): 1475-82. [Online] <http://www.sciencedirect.com/science/article/B6VBF-465D5BB-KD/2/531a8c7c0110f627881f516008db252e> [01 Mar 2011].
- Levin, J.S., Chatters, L.M. & Taylor, R.J. (1995) Religious Effects on Health Status and Life Satisfaction Among Black Americans. *Journal of Gerontology: Social Sciences* 50B(3): S154-63 [Online] <http://psychogerontology.oxfordjournals.org/content/50B/3/S154.full.pdf+html> [12 Mar 2011].
- LeVine, S. (1993) Dolor y Alegría. Women and Social Change in Urban Mexico. (in collaboration with Clara Sunderland Correa). Wisconsin: The University of Wisconsin Press.
- Lewis, O. (1961) *The Children of Sanchez: Autobiography of a Mexican Family*. New York: Random House.
- Liebowitz, M.R., Gorman, J.M., Fyer, A.J. & Klein, D.F. (1985) Social phobia: review of a neglected anxiety disorder. *Archives of General Psychiatry*, 42: 729-36.
- Lock, M (1993a) *Encounters with Aging: Mythologies of Menopause in Japan and North America*. Berkeley: University of California Press.
- Lock, M. (1993b) Ideology, Female Midlife, and the Greying of Japan. *Journal of Japanese Studies*, 19(1): 43-78.
- Lofland, J. & Lofland, L.H. (1995) *Analyzing social settings: A guide to qualitative observation and analysis*. 3<sup>rd</sup> edition. Belmont, CA: Wadsworth.
- Lorber, J. & Moore, J. (2002) *Gender and the social construction of illness*. 2<sup>nd</sup> edition. Oxford: Altamira Press.
- Luckmann, T. (1967) *The Invisible Religion*. New York: Macmillan.

- Luhmann, N. (1984) *Religious Dogmatics and the Evolution of Societies*. New York and Toronto: Edwin Millen Press.
- Lupton, D. (2003) The Social Construction of Medicine and the Body. In G. L. Albrecht, R. Fitzpatrick & S. C. Scrimshaw (eds), *The Handbook of Social Studies In Health and Medicine* (50-63). London: Sage Publications.
- Lynch, K. (1989) Solidarity Labour: Its Nature and Marginalization. *Sociological Review*, 37(1): 1-14.
- Lynch, K. (2007) Love Labour as a Distinct and Non-Commodifiable Form of Care Labour. *Sociological Review* 55(3): 550-70. [Online]  
<http://onlinelibrary.wiley.com/doi/10.1111/j.1467-954X.2007.00714.x/full> [20 Feb 2011].
- Lynch, K., Baker, J. & Lyons, M. (eds) (2009) *Affective Equality. Love, Care and Injustice*. Hampshire: Palgrave Macmillan.
- Lyon, M. & Barbalet, J. (1997) Society's body: emotion and the "somatization" of social theory. In T. Csordas (ed.) *Embodiment and experience. The existential ground of culture and self* (48-66). Cambridge: Cambridge University Press.
- MacDonald, B. & Rich, C (1983) *Look Me in the Eye: Old Women, Ageing and Ageism*. London: The Women's Press.
- Major, B. (1993) Gender, entitlement, and the distribution of family labor. *Journal of Social Issues* 49: 141-59.
- Makita, M. (2008) *Deconstructing Older Women's identities: Images of "successful ageing" and the roles of older women in Mexican society*. Poster presented at British Gerontology Society conference 'Future Landscapes of Ageing'. Glasgow, United Kingdom, 20 June 2008.
- Makita, M. (2010) Gender roles and social policy in an ageing society: the case of Japan. *International Journal of Ageing and Later Life*. [Online]  
<http://www.ep.liu.se/ej/ijal/2010/v5/i1/a04/index.html> [10 April 2011].
- Mann, R., Khan, H.T.A. & Leeson, G.W. (2009) Age and gender differences in grandchildren's relations with their maternal grandfathers and grandmothers. K. Howse (Series editor). *Working paper 209. Oxford Institute of Ageing Working Papers*. University of Oxford. [Online]  
[www.ageing.ox.ac.uk/system/files/Workingpaper209.pdf](http://www.ageing.ox.ac.uk/system/files/Workingpaper209.pdf) [30 Aug 2010].
- Markides, K.S. (1983) Aging, Religiosity, and Adjustment: A Longitudinal Analysis. *Journal of Gerontology* 38(5): 621-625. [Online]  
<http://geronj.oxfordjournals.org/content/38/5/621.full.pdf> [21 Feb 2011].
- Markides, S.M., Levin, J.S. & Ray, L.A. (1987) Religion, aging, and life satisfaction: An eight-year, three wave longitudinal study. *The Gerontologist*, 27(5): 660-5.
- Martin-Matthews, A. (1991) *Widowhood in Later Life*, Toronto: Butterworths.
- Martin, D. (2002) *Pentecostalism: The World Their Parish*. Oxford: Blackwell.

- McFadden, S.H. (2000) Religion and Meaning in Late Life. In G.T. Reker & K. Chamberlain (eds), *Exploring Existential Meaning: Optimizing Human Development Across the Life Span* (171-83). Thousand Oaks, CA: Sage.
- McKinlay, J. (1995) The new public health approach to improving physical activity and autonomy in older populations. In E. Heikkinen, J. Kuusinen & I. Ruppila (eds), *Preparation for aging* (87-103). New York: Plenum Press.
- McMullin, J.A. (2000) Diversity and the state of sociological aging theory. *The Gerontologist*, 40(5): 517-30.
- McPherson, C.J., Wilson, K.G. & Murray, M.A. (2007a) Feeling like a burden to others: a systematic review focusing on the end of life. *Palliative medicine*, 21 (2): 115-28. [Online] <http://www.ncbi.nlm.nih.gov/pubmed/17344260>. [04 Mar 2011].
- McPherson, C.J., Wilson, K.G. & Murray, M.A. (2007b) Feeling Like a Burden: Exploring the Perspectives of Patients at the End of Life. *Social Science & Medicine* 64(2): 417-27. [Online] <http://www.ncbi.nlm.nih.gov/pubmed/17069943> [04 Mar 2011].
- Mead, G.H. (1964) *On Social Psychology*. Chicago: University of Chicago Press.
- Meadows, R. & Davidson, K. (2006) Maintaining Manliness in Later Life: Hegemonic Masculinities and Emphasized Femininities. In Calasanti, T. and Slevin, K. (eds), *Age Matters: Realigning Feminist Thinking* (295-312). New York: Routledge.
- Mellor, P.A. & Shilling, C. (2010) The Religious Habitus. Embodiment, Religion, and Sociological Theory. In B. Turner (ed.), *The New Blackwell Companion to The Sociology of Religion* (201-20). Oxford: Wiley-Blackwell.
- Mendez-Luck, C., Kennedy, D.P. & Wallace, S.P. (2009) Guardians of health: the dimensions of elder caregiving among women in a Mexico City neighbourhood. *Social science & medicine*, 68 (2): 228-34. [Online] <http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=2917379&tool=pmcentrez&rendertype=abstract> [10 Jan 2011].
- Mendez-Luck, C.A., Kennedy, D.P., & Wallace, S.P. (2008) Concepts of burden in giving care to older relatives: A study of female caregivers in a Mexico City neighborhood. *Journal of Cross-Cultural Gerontology*, 23(3): 265-82.
- Merleau-Ponty, M. (1962) *Phenomenology of perception*. C. Smith, trans. London: Routledge & Kegan Paul.
- Mesa-Lago, C. (1978) *Social Security in Latin America. Pressure groups, stratification and inequality*. Pittsburgh: University of Pittsburgh Press.
- Mills, C.W. (1970 [1959]) *The Sociological Imagination*. Harmondsworth: Penguin.
- Mills, M. (1998) *Narrative Identity and Dementia. A study of autobiographical memories and emotions*. Hampshire: Ashgate/CEDR.
- Minkler, M & Estes, C.L. (1991) *Critical Perspectives on Aging: The Political and Moral Economy of Growing Old*. Amityville, NY: Baywood Publishing

- Minkler, M. & Estes, C.L. (1998) *Critical Gerontology*. New York: Baywood Publishing.
- Minkler, M. (1999) Intergenerational households headed by grandparents: Contexts, realities, and implications for policy. *Journal of Aging Studies*, 13 (2): 199-218.
- Mishler, E.G. (1999) *Storylines: Craft Artists' Narratives of Identity*. Cambridge, MA: Harvard University Press.
- Moberg, D.O. (1970) Religion in the later years. In A.M. Hoffman (ed.), *The daily needs and interest of older people*. Springfield, IL: Charles C Thomas.
- Moberg, D.O. (1993) Religion and aging. In J. Johnson & R. Slater (eds), *Ageing and later life* (221-7). Thousand Oaks, CA: Sage.
- Moberg, D.O. (ed.) (2001) *Aging and Spirituality. Spiritual Dimensions of Aging Theory, Research, Practice and Policy*. New York: Haworth Press.
- Montes de Oca, V. (1999) Diferencias de genero en el sistema de apoyo a la poblacion envejecida en Mexico. *Papeles de Poblacion*, 19(enero-marzo): 149-72. Mexico: CIEAP/UAEM.
- Montes de Oca, V. (2001) Bienestar, familia y apoyos sociales entre la población anciana en México: una relación en proceso de definición. In C. Gomes (ed.), *Procesos sociales, población y familia. Alternativas teóricas y empíricas en las investigaciones sobre vida doméstica* (345-76). Mexico: Facultad Latinoamericana de Ciencias Sociales & Miguel Ángel Porrúa.
- Montes de Oca, V. (2004) Envejecimiento y Protección Familiar. Limites y Potencialidades del apoyo al interior del hogar. In M. Ariza & O. de Oliveira (eds), *Imágenes de la familia en el cambio de siglo* (519-63). Mexico: IIS-UNAM.
- Montes de Oca, V. (2010) Pensar la vejez y envejecimiento en el Mexico contemporaneo. *Renglones*, 62: 159-81.
- Montes de Oca, V. (ed.) (Forthcoming) El otro rostro de la migración. Envejecimiento rural en municipios de alta migración. Un estudio de la condición social de las personas mayores en el campo guanajuatense, sus oportunidades de integración y productividad. México: IIS-UNAM/CONACYT.
- Montes de Oca, V., Molina, A. & Avalos, R. (2008) *Migracion, redes transnacionales y envejecimiento*. Estudio de las redes familiares transnacionales de las personas adultas mayores guanajuatenses. Guanajuato: Gobierno del Estado de Guanajuato/IIS-UNAM.
- Moody, H.R. (1986) Meaning of Life and the Meaning of Old Age. In T.R. Cole & S.A. Gadow (eds), *What Does It Mean to Grow Old? Reflections From the Humanities* (9-40). Durham, NC: Duke University Press.
- Moody, H.R. (1988) *Abundance of life: Human development policies for an aging society*. New York: Columbia University Pres.
- Moody, H.R (1992) *Aging: Concepts and Controversies*. London: Sage.

- Morell, C. (2003) Empowerment and long-living women: return to the rejected body. *Journal of Aging Studies*, 17(1): 69-85.
- Nettleton, S. & Watson, J. (eds) (1998) *The Body in Everyday Life*. London: Routledge.
- Nelson, H.L. (2001) *Damaged Identities, Narrative Repair*. Ithaca, NY: Cornell University.
- Neugarten, B. (1974). Age groups in American society and the rise of the young-old. *Annals of the American Academy of Politics and Social Sciences*, 187-98.
- Neugarten, B. (1996) *The Meanings of Age. Selected papers of Bernice Neugarten*, edited by Dail A. Neugarten, University of Chicago Press. [Online] <http://books.google.co.uk/books?id=nEeevUu1moC&dq=%22neugarten%22+age+significance+book&psp=1> [12 Mar 2007].
- Neugarten, B. & Weinstein, K. (1964) The Changing American Grandparent. *Journal of Marriage and Family*, 26(2): 199-204. [Online] <http://www.jstor.org/stable/349727> [27 Aug 2009].
- Neysmith, S.M. (1991) Dependency Among Third World Elderly: A Need for New Directions in the Nineties. In M. Minkler & C. Estes (eds), *Critical Perspectives on Aging: The Political and Moral Economy of Growing Older* (311-21). New York: Baywood.
- Neysmith, S.M. & Reitsma-Street, M. (2009) The provisioning responsibilities of older women. *Journal of Aging Studies*, 23 (4): 236-44. [Online] <http://linkinghub.elsevier.com/retrieve/pii/S0890406508001424> [11 April 2011].
- Nydegger, C.N. (1991) The Development of Paternal and Filial Maturity. In K. Pillemer & K. McCartney (eds), *Parent-Child Relations throughout Life*. Hillsdale, NJ: Lawrence Erlbaum Associates.
- Nye, F.I. (1979) Choice, Exchange, and the Family. In W.R. Burr, R. Hill, F.I. Nye & I.L. Reiss (eds), *Contemporary Theories about the Family*, Vol. 2. New York: Free Press.
- O'Brien, E. (2008) *Spirituality in Nursing. Standing on holy ground*, 3<sup>rd</sup> edition. London: Jones & Bartlett Publishers.
- O'Brien, M. (2009) The Impact of Economic, Social, Cultural and Emotional Capital on Mothers' Love and Care Work in Education. In K. Lynch, J. Baker & M. Lyons (eds), *Affective Equality. Love, Care and Injustice*. (158-79). Hampshire: Palgrave Macmillan.
- O'Connor, J.S. (1996) Citizenship, welfare state regimes and gender stratification. *Current Sociology*, 44: 48-77.
- O'Dea, T. (1966) *The Sociology of Religion*. Englewood Cliffs, New Jersey: Prentice Hall.

- Oakley, A. (1974) *The Sociology of Housework*. London: Martin Robertson.
- Oakley, A. (1981) Interviewing women: a contradiction in terms. In H. Roberts (ed.) *Doing Feminist Research* (30-61). London: Routledge.
- Öberg, P. (1996) The absent body – a social gerontological paradox. *Ageing & Society*, 16: 701-719.
- Öberg, P. & Tornstam, L. (1999) Body Images among Men and Women of Different Ages. *Ageing & Society*, 19: 629-44.
- Öberg, P. & Tornstam, L. (2001) Youthfulness and Fitness Identity Ideals for All Ages? *Journal of Aging and Identity*, 6(1): 15-29.
- Ocampo, J.A. (1999) The Challenges of an Ageing Society. United Nations. Economic Commission for Latin America and the Caribbean (ECLAC), ECLAC Notes, September.
- Okely, J. (1996) *Own or Other Culture*. London: Routledge.
- Olcot, J. (2005) *Revolutionary Women in Postrevolutionary Mexico*. Durham & London: Duke University Press.
- Orozco-Mares, I. (2006) Imagenes de la vejez. In L. Robles, F. Vazquez, L. Reyes & I. Orozco (eds), *Miradas sobre la vejez. Un enfoque antropológico* (221-46). México: El Colegio de la Frontera Norte and Plaza y Valdés Editores.
- Palloni, A. (2001) Living Arrangements of Older Persons. *Population Bulletin of the United Nations*, 42-43: 54-110.
- Palloni, A., Pinto-Aguirre, G. & Pelaez, M. (2002) Demographic and Health Conditions of Aging in Latin America and the Caribbean. *International Journal of Epidemiology*, 31(4): 762-70.
- Parsons, T. (1960) *Structure and Process in Modern Society*. New York: Free Press.
- Partida, Virgilio (2005a) Demographic transition and the ageing in Mexico. *Papeles de Población*. CIEAP/UAEM, 45: 1-24, July-September.
- Partida, Virgilio (2005b) Demographic Transition, Demographic Bonus and Ageing in Mexico. National Council on Population, Mexico. [Online] [http://www.un.org/esa/population/meetings/Proceedings\\_EGM\\_Mex\\_2005/partida.pdf](http://www.un.org/esa/population/meetings/Proceedings_EGM_Mex_2005/partida.pdf) [19 Oct 2006].
- Patton, M.Q. (2002). *Qualitative Research and Evaluation Methods*. 3<sup>rd</sup> edition. London: Sage Publications.
- Payne, B.P. & McFadden, S.H. (1994) From loneliness to solitude: Religious and spiritual journeys in late life. In L.E. Thomas & S.A. Eisenhandler (eds), *Ageing and the religious dimension* (13-27). London: Auburn House.
- Paz, O. (1980). Reflections: Mexico and the United States. R. Phillips, trans. *The History Teacher*, 13(3): 401-15. [Online] <http://www.jstor.org/stable/491679> [24 Aug 2011].

- Paz, O. (2004 [1959]) *El laberinto de la soledad*. México. D.F: Fondo de Cultura Económica.
- Perls, T.T. & Fretts, R. (1998) Why women live longer than men. *Sci. Am. Presents*, 9(2): 100-3.
- Pereznieto, P. & Campos, M. (2010) Gendered risks, poverty and vulnerability in Mexico: Contributions of the Childcare for Working Mothers programme. London: Overseas Development Institute. [Online] [www.odi.org.uk](http://www.odi.org.uk) [28 Mar 2011].
- Pescatello, A. (1976) *Power and Pawn: The Female in Iberian Families, Societies and Cultures*. Westport, Conn.: Greenwood Press.
- Phelan, E.A., Anderson, L.A., Lacroix, A.Z. & Larson, E.B. (2004) Older Adults' Views of 'Successful Aging' --How Do They Compare with Researchers' Definitions? *Journal of American Geriatrics Society*, 52(2): 211-6.
- Phillipson, C. (1998) *Reconstructing Old Age*. London: Sage.
- Phoenix, C. & Sparkes, A. (2006) Young athletic bodies and narrative maps of aging. *Journal of Aging Studies*, 20 (2): 107-21. [Online] <http://linkinghub.elsevier.com/retrieve/pii/S0890406505000903> [16 Dec 2010].
- Phoenix, C. & Sparkes, A. (2008) Athletic bodies and aging in context: The narrative construction of experienced and anticipated selves in time. *Journal of Aging Studies*, 22 (3): 211-21.[Online] <http://linkinghub.elsevier.com/retrieve/pii/S0890406508000236> [16 Dec 2010].
- Phoenix, C., Smith, B. & Sparkes, A. (2007) Experiences and Expectations of Biographical Time among Young Athletes: A life course perspective. *Time & Society*, 16 (2-3): 231-52. [Online] <http://tas.sagepub.com/cgi/doi/10.1177/0961463X07080269> [16 Dec 2010].
- Ponte Durand, V.M. (2006) Los determinantes y consecuencias de la desconfianza en México. *International Review of Sociology*, 16(3): 637-63. [Online] <http://dx.doi.org/10.1080/03906700600931434> [15 Oct2008].
- Programa E-salud (2009) E-Mexico/e-salud/seguro popular. [Online] [http://www.e-mexico.gob.mx/wb2/eMex/eMex\\_Conoce\\_el\\_Seguro\\_Popular](http://www.e-mexico.gob.mx/wb2/eMex/eMex_Conoce_el_Seguro_Popular) [26 Mar 2009].
- Qureshi, H. & Walker, A. (1989) *The caring relationship: Elderly people and their families*. Basingstoke: Macmillan Education.
- Ramírez, S. (1977) *El mexicano, psicología de sus motivaciones*. México: Editorial Grijalbo.
- Ramp, W. (2010) Durkheim and After. Religion, Culture and Politics. In B. Turner (ed.), *The New Blackwell Companion to The Sociology of Religion* (52-75). Oxford: Wiley-Blackwell.
- Randall, W.L. & Kenyon, G.M. (2001) *Ordinary Wisdom: Biographical aging and the journey of life*. Westport, CT: Praeger.

- Ray, R.E. (1996) A Postmodern Perspective on Feminist Gerontology. *The Gerontologist*, 36 (5): 674-80.
- Ray, R.E. (1998) Feminist Readings of Older Women's Life Stories. *Journal of Aging Studies*, 12(2): 117-27
- Ray, R.E. (1999) Researching to transgress: The need for critical feminism in gerontology. In J. D. Garner (ed.), *Fundamentals of feminist gerontology*. London: Haworth Press.
- Ray, R.E. (2000) *Beyond Nostalgia: Aging and Life-Story Writing*. Charlottesville: University of Virginia Press.
- Ray, R.E. (2007) Narratives as agents of social change: a new direction for narrative gerontologists. In M. Bernard & T. Scharf (eds), *Critical Perspectives on Ageing Societies* (59-72). Bristol: The Policy Press.
- Reay, D. (1996) Insider Perspectives or Stealing the Words out of Women's Mouths: Interpretation in the Research Process. *Feminist Review*, (53): 57-73. [Online] <http://www.jstor.org/stable/1395661>. [22 Jan 2010].
- Redfield, R. (1941) *The Folk Culture of Yucatán*. Chicago: University of Chicago Press.
- Reeve, J., Lloyd-Williams, M., Payne, S., & Dowrick, C. (2010) Revisiting biographical disruption: exploring individual embodied illness experience in people with terminal cancer. *Health*, 14(2): 178-95. [Online] <http://www.ncbi.nlm.nih.gov/pubmed/20164165> [24 Jun 2010].
- Reina, L., Servin, E. & Tutino, J. (2007) Introduction: Crises, Reforms and Revolutionary in Mexico, Past and Present. In E. Servin, L. Reina & J. Tutino (eds), *Cycles of Conflict, Centuries of Change: Crisis, Reform, and Revolution in Mexico* (1-20). Durham, NC: Duke University Press.
- Reyes-Gomez, L. (2006) Estatus social y rol de la ancianidad. In L. Robles, F. Vazquez, L. Reyes & I. Orozco (eds), *Miradas sobre la vejez. Un enfoque antropológico* (147-81). México: El Colegio de la Frontera Norte and Plaza y Valdés Editores.
- Ricard, R. (1966) *The Spiritual Conquest of Mexico: An Essay on the Apostolate and the Evangelizing Methods of the Mendicant Orders in New Spain, 1523-1572*. L.B. Simpson, trans. Berkeley: University of California Press.
- Rice, S. (1989) Sexuality and Intimacy for Aging Women: A Changing Perspective. *Journal of Women and Aging*, 1(3): 245-64.
- Richardson, L. (1990) *Writing Strategies. Reaching Diverse Audiences*. Qualitative Research Methods Series 21. London: Sage.
- Richardson, L. (1997) *Fields of play: Constructing an academic life*. New Brunswick, NJ: Rutgers University Press.
- Riessman, C. (1987) When Gender is not Enough: Women Interviewing Women. *Gender & Society*, 1 (2): 172-207. [Online] <http://gas.sagepub.com/cgi/doi/10.1177/0891243287001002004> [23 Mar 2007].

- Riessman, C. (2008) *Narrative Methods for the Human Sciences*. London: Sage.
- Riis, O. & Woodhead, L. (2010) *A Sociology of Religious Emotion*. Oxford: Oxford University Press.
- Riley, M.W. (1987) On the Significance of Age in Sociology. *American Sociological Review*, 52: 1-14.
- Riley, M.W. (1998) Letter to the editor. *The Gerontologist*, 38: 151. [Online] <http://dps.sagepub.com/cgi/> [01 Aug 2010].
- Robbins, S.P., Chatterjee, P. & Canda, E.R. (1998) *Contemporary Human Behavior Theory: A Critical Perspective for Social Work*. Boston: Allyn & Bacon.
- Roberts, B. (2002) *Biographical Research*. Buckingham: Open University Press.
- Roberts, H. (1990) Women and their doctors: power and powerlessness in the research process. In H. Roberts (ed.), *Doing Feminist Research* (7-29). London: Routledge.
- Robertson, J.F. (1977) Grandmotherhood: A Study of Role Conceptions. *Journal of Marriage and Family*, 39(1): 165-74. [Online] <http://www.jstor.org/stable/351072> [04 Sep 2010].
- Robles-Silva, L. (2000) *The caregiver phenomenon: An invisible result of aging*. In Mexican Society of Demography 6th National Meeting on Demographic Research. Mexico City: A.C. El Colegio de Mexico.
- Robles-Silva, L. (2006) El cuidado a los ancianos: la feminización de la obligación filial. In L. Robles, F. Vazquez, L. Reyes & I. Orozco (eds), *Miradas sobre la vejez. Un enfoque antropológico* (247-86). México: El Colegio de la Frontera Norte and Plaza y Valdés Editores.
- Rodríguez, J. (1994) *Our Lady of Guadalupe: Faith and empowerment among Mexican American women*. Austin, TX: University of Texas Press.
- Rodríguez, M. (1980) *Guadalupe ¿Historia o símbolo?* México: Editorial Edicol.
- Ross-Sheriff, F. (1994). Elderly Muslim immigrants: Needs and challenges. In Y. Haddad & J. Smith (eds), *Muslim communities in North America* (404-21). Albany: State University of New York Press.
- Rowe, J.W. & Kahn, R.L. (1987) Human aging: usual and successful. *Science*, 237 (4811): 143-9.
- Rowe, J.W. & Kahn, R.L. (1997) Successful aging. *The Gerontologist*, 37(4): 433-40.
- Rowe, J.W. & Kahn, R.L. (1998) *Successful aging*. New York: Pantheon/Random House.
- Rubio, G.M. & Garfias, F. (2010) Análisis comparativo sobre los programas para adultos mayores en México. CEPAL. División de Desarrollo Social. Serie Políticas

- Sociales. No. 161 (LC/L.3221-P). Santiago de Chile: CEPAL. [Online] <http://www.eclac.org/notes/65/Publicaciones.html> [17 Mar 2011].
- Russell, C. (1987) Ageing as a Feminist Issue. *Women's Studies International Forum* 10(2): 125-32.
- Russell, C. (2007). What do old women and men want? Gender differences in the "lived experience" of ageing. *Current Sociology*, 55(2): 173-92.
- Ruvalcaba, R.M. (1999) Ingresos de las personas de edad y características de sus hogares. In CONAPO, *El envejecimiento demográfico en México: retos y perspectivas*. México, D.F. Consejo Nacional de Población.
- Saad, P. (2003) Transferencias informales de apoyo de los adultos mayores en América latina y el Caribe: estudio comparativo de encuestas SABE. *Notas de Población*, 77: 175-217.
- Scheidt, R.J. Humpherys, D.R & Yorgason, J.B. (1999) Successful aging: what is not to like. *The Journal of applied social gerontology*, 18(3): 277-82.
- Scheper-Hughes, N. & Lock, M. (1987) The Mindful Body: A Prolegomenon to Future Work in Medical Anthropology. *Medical Anthropology Quarterly* 1: 6-41.
- Seale, C. (2005) *Researching Society and Culture*. London: Sage.
- SEDESOL (2010) Programa de Oportunidades. Evaluación Externa. Available at <http://www.oportunidades.gob.mx/EVALUACION/es/index.php> [06 April 2011].
- Seelbach, W.C. (1984) Filial Responsibility and the Care of Aging Family Members. In W.H. Quinn & G.A. Hughston (eds), *Independent Aging: Family and Social Systems Perspectives*. Rockville, MD: Aspen.
- Sen, K. (1995) Gender, culture and later life. A dilemma for contemporary feminism. *Gender and Development*, 3(3): 36-42.
- Shakespeare, T. (1996) Disability, Identity and Difference. In C. Barnes & G. Mercer (eds), *Exploring the Divide* (94-113). Leeds: The Disability Press. [Online] <http://www.leeds.ac.uk/disability-studies/archiveuk/Shakespeare/Chap6.pdf>. [07 Jul 2010].
- Shakespeare, T. (2000). The social relations of care. In G. Lewis, S. Gewirtz & J. Clarke (eds), *Rethinking Social Policy* (52-65). London: Sage.
- Sheehy, G. (1997) *New Passages*. London: Harper Collins.
- Sheldon, J.H. (1949) Old-Age Problems in the Family. *The Milbank Memorial Fund Quarterly*, 27(2): 119-132. [Online] <http://www.jstor.org/stable/3348161> [19 Aug 2010].
- Sheldrake, P. (1992) *Spirituality and history: Questions of interpretation and method*. New York: Crossroads.
- Sherrard, C. (1994) Elderly Wellbeing and the Psychology of Social Comparison. *Ageing & Society*, 14(3): 341-56. [Online]

- [http://www.journals.cambridge.org/abstract\\_S0144686X00001628](http://www.journals.cambridge.org/abstract_S0144686X00001628). [22 Jan 2011].
- Shih, F-L. (2010) Women, Religions, and Feminisms. In B. Turner (ed.), *The New Blackwell Companion to The Sociology of Religion* (221-43). Oxford: Wiley-Blackwell.
- Shilling, C. (1997) Emotions, embodiment and the sensation of society. *The Sociological Review*, 45(2): 195-219.
- Sidell, M. (1997) Older people's health: applying Antonovsky's salutogenic paradigm. In M. Sidell, L. Jones, J. Katz & A. Peberdy (eds) *Debates and dilemmas in promoting health. A reader* (33-9). London: The Open University/MacMillan Press.
- Silverman, D. (2000) Analysing conversation. In C. Seale (ed.), *Researching Society and Culture* (261-73). London: Sage.
- Simon, S. (1996) *Gender in Translation: Cultural Identity and the Politics of Transmission*. London: Routledge.
- Slevin, K.F. (2006) The Embodied Experiences of Old Lesbians. In T.M. Calasanti & K.F. Slevin (eds), *Age Matters. Realigning Feminist Thinking* (247-68). London: Routledge.
- Smith, J. (2001) Old age and centenarians. In N. Smelser & P.B. Baltes (eds), *International encyclopedia of the social and behavioral sciences* (10843-7). Oxford: Elsevier.
- Sokolovsky, J. (1997) *The Cultural Context of Aging: Worldwide Perspectives*. London: Bergin & Garvey.
- Somers, M.R. (1994) The narrative constitution of identity: A relational and network approach. *Theory and Society*, 23: 605-49.
- Sontag, S. (1978) The Double Standard of Ageing. In I. Carver & P. Liddiard (eds) *An Ageing Population: A Reader and Sourcebook* (72-80). Suffolk: Hodder and Stoughton in association with the Open University Press.
- Stanley, L. (ed.) (1990) *Feminist Praxis: Research, Theory and Epistemology in Feminist Sociology*. London: Routledge.
- Stanley, L. & Wise, S. (1993) *Breaking Out Again: Feminist Ontology and Epistemology*. London: Routledge.
- Stanley, L. & Wise, S. (2008) Feminist Methodology Matters! In D. Richardson & V. Robinson (eds), *Introducing Gender and Women's Studies* (221-43). 3<sup>rd</sup> London: Palgrave Macmillan.
- Stapel, D.A., & Blanton, H. (eds) (2006) *Social Comparison Theories. Series: Key Readings in Social Psychology*. London: Psychology Press.
- Stark, R. & Bainbridge, W. (1996) *A Theory of Religion*. New Jersey: Rutgers University Press.

- Stark, R. & Finke, R. (2000) *Acts of Faith: Explaining the Human Side of Religion*. Berkeley, CA: University of California Press.
- Stevens, E. (1975) Protest Movement in an Authoritarian Regime. *Comparative Politics*, 7(April): 361-82.
- Stevens, E. (1977) Marianismo: La otra cara del machismo en Latinoamérica. In A. Pescatello (ed.), *Hembra y Macho en Latinoamérica, Ensayos*. (121-234). México: Editorial Diana.
- Strauss, A. (1997) *Mirrors & masks: the search for identity*. London: Transaction Publishers.
- Strauss, A. & Corbin, J. (1998) *Basics of qualitative research: techniques and procedures for developing grounded theory*. 2<sup>nd</sup> edition. London: Sage.
- Sussman, M. (1953) The help pattern in the middle-class family. *American Sociological Review* 18 (February): 22-8.
- Sussman, M. (1963) The isolated nuclear family: Fact or fiction? In M.B. Sussman (ed.), *Sourcebook in Marriage and the Family*. (89-95). Boston: Houghton, Mifflin.
- Sussman, M. & Burchinal, L. (1962) Kin family network. Unheralded structure in current conceptualizations of family functioning. *Marriage and Family Living* 24: 231-40.
- Tamez, S. & Molina, N. (2000) The Context and Process of Health Care Reform in Mexico. In S. Fleury, S. Belmartino & E. Baris (eds), *Reshaping Health Care in Latin America. A Comparative Analysis of Health Care Reform in Argentina, Brazil, and Mexico* (133-150). Ottawa: International Development Research Centre.
- Teinonen, T., Vahlberg, T., Isoaho, R. & Kivelä, S.L. (2005). Religious attendance and 12-year survival in older persons. *Age and Ageing*, 34: 406-9.
- Temple, B. & Edwards, R. (2002) Interpreters/Translators and Cross-Language Research: Reflexivity and Border Crossings. *International Journal of Qualitative Methods* 1(2), Article 1. [Online]  
<http://ejournals.library.ualberta.ca/index.php/IJQM/article/view/4602/3776>  
 [19 Feb 2011].
- Temple, B. & Young, A. (2004). Qualitative research and translation dilemmas. *Qualitative Research*, 4(2): 161-78.
- Torrado, S. (1978) Clases sociales, familia y comportamiento demográfico: orientaciones metodológicas. *Demografía y Economía* vol. XII no. 3. México: El Colegio de México.
- Torres, S. (1999) A culturally-relevant theoretical framework for the study of successful aging. *Ageing & Society*, 19(1): 33-51.
- Torres, S. (2001) Understanding 'successful aging'. Cultural and migratory perspectives (Ph.D. thesis). Uppsala, Sweden: Dept. of Sociology, Uppsala University.

- Torres, S. (2002) Relational values and ideas regarding “successful aging”. *Journal of Comparative Family Studies*, 33, 417-30.
- Townsend, P. (1957) *The family life of older people*. London: Routledge & Kegan Paul.
- Townsend, P. (1981) The Structured Dependency of the Elderly: A Creation of Social Policy in the Twentieth Century. *Ageing & Society*, 1(1): 5-28.
- Tuirán, R. (1993) Vivir en Familia: hogares y estructura familiar en Mexico, 1976-1987. *Revista de Comercio Exterior*, 43(7): 662-76.
- Tuirán, R. (1994) Familia y sociedad en el Mexico contemporaneo. *SaberVer*, Número especial: La Nacion Mexicana, Retrato de Familia, 33-55.
- Tuirán, R. (1995) Cambios y Arraigos Tradicionales. *DEMOS*, 8: 30-1.
- Tuirán R, Partida V., Mojarro O, & Zúñiga E. (2003) Fertility in Mexico: Trends and Forecast, United Nations Reports [Online]  
<http://www.un.org/esa/population/publications/completingfertility/completingfertility.htm> [24 Oct 2007].
- Tulle-Winton, E. (2000) Old bodies. In P. Hancock, B. Hughes, E. Jagger, K. Paterson, R. Russell, E. Tulle-Winton & M. Tyler (eds), *The Body, Culture and Society: An introduction* (64-83). Buckingham, UK: Open University Press.
- Tulle, E. (2008a) Ageing, The Body and Social Change. London: Palgrave MacMillan.
- Tulle, E. (2008b) The Ageing Body and the Ontology of Ageing: Athletic Competence in Later Life. *Body & Society* 14(1): 1-19. [Online]  
<http://bod.sagepub.com/content/14/3/1> [17 Feb 2009].
- Tulle, E. & Mooney, E.A. (2002.) Moving to ‘age-appropriate’ housing: Government and self in later life. *Sociology* 36(3): 683-701.
- Tuñón Pablos, J. (1999) *Women in Mexico: A Past Unveiled*. A. Hynds, trans. Austin: University of Texas Press.
- Turner, B. (1980) The body and religion: towards an alliance of medical sociology and sociology of religion. *Annual Review of the Social Sciences of Religion*, 4: 247-86.
- Turner, B. (1992) *Regulating Bodies: Essays in Medical Sociology*. London: Routledge.
- Turner, B. (1996) *The Body and Society*. London: Sage.
- Turner, B. (2010) Introduction. Mapping the Sociology of Religion. In B. Turner (ed.), *The New Blackwell Companion to The Sociology of Religion*. Oxford: Wiley-Blackwell.
- Turner, T. (1997) Bodies and anti-bodies: flesh and fetish in contemporary social theory. In T. Csordas (ed.) *Embodiment and experience: The existential ground of culture and self* (22-47). Cambridge: Cambridge University Press.

- Twigg, J. (2000) Carework as a form of bodywork. *Ageing & Society*, 20: 389-411.
- Twigg, J. (2003) The body and bathing: help with personal care at home. In C.A. Faircloth (ed.) *Ageing Bodies: Images and Everyday Experiences* (143-69). Walnut Creek, CA: Altamira Press.
- Twigg, J. (2004) The body, gender, and age: Feminist insights in social gerontology. *Journal of Aging Studies*, 18(1): 59-73. Available at <http://linkinghub.elsevier.com/retrieve/pii/S0890406503000926> [19 Sep 2010].
- Twigg, J. (2007) Clothing, age and the body: a critical review. *Ageing & Society*, 27: 285-305.
- Twyman, C., Morrison, J. & Sporton, D. (1999) The final fifth: autobiography, reflexivity and interpretation in cross-cultural research. *Area*, 31 (4): 313-25. [Online] <http://onlinelibrary.wiley.com/doi/10.1111/j.1475-4762.1999.tb00098.x/abstract>. [16 Mar 2007].
- United Nations (2002) World Population Ageing 1950-2050. Department of Economic and Social Affairs. Population Division. Countries or Areas/Mexico. [Online] <http://www.un.org/esa/population/publications/worldageing19502050/index.htm> [02 Oct 2010].
- United Nations (2008) Guide to the National Implementation of the Madrid International Plan of Action on Ageing. Department of Economic and Social Affairs. [Online] <http://www.un.org/esa/socdev/ageing/documents/papers/guide.pdf> [01 Oct 2010].
- United Nations (2009) Population Ageing and Development 2009. Department of Economic and Social Affairs. Population Division. [Online] <http://www.un.org/esa/population/unpop.htm> [09 April 2011].
- Valencia, A. & Mojarro, O. (2006) Dividendo demográfico y erogaciones por atención a la salud en México. La situación demográfica de México 2006 (131-62). Mexico: CONAPO.
- van Young, E. (2007) Of Tempests and Teapots: Imperial Crisis and Local Conflict in Mexico at the Beginning of the Nineteenth Century. In E. Servin, L. Reina & J. Tutino (eds), *Cycles of Conflict, Centuries of Change: Crisis, Reform, and Revolution in Mexico* (23-59). Durham, NC: Duke University Press.
- Varley, A. & Blasco, M. (2000) Intact or in Tatters? Family Care of Older Women and Men in Urban Mexico. *Gender and Development*, 8(2): 47-55. [Online] <http://www.jstor.org/stable/4030473> [14 Nov 2008].
- Varley, A. & Blasco, M. (2001) ¿Cosechan lo que siembran? Mujeres ancianas, vivienda y relaciones familiares en el Mexico urbano. In C. Gomes (ed.) *Procesos sociales, poblacion, y familia. Alternativas teoricas y empiricas en las investigaciones sobre vida domestica* (301-22). Mexico: FLACSO/Miguel Angel Porrúa.

- Varley, A. & Blasco, M. (2003) Older women's living arrangements and family relationships in urban Mexico. *Women's Studies International Forum*, 26(6): 525-39. [Online] <http://linkinghub.elsevier.com/retrieve/pii/S0277539503001213> [16 Nov 2008].
- Vasconcelos, J. (1971) *Breve Historia de México*. México: Compañía Editorial Continental.
- Vazquez, F. (1991) *El Protestantismo en Xalapa*, Coleccion V Centerantio. Xalapa, Gobierno del Estado de Veracruz.
- Vazquez, F. (1999) Cultura de la ancianidad y de la muerte. *Papeles de poblacion*, 5(19): 65-67.
- Vazquez, F. (2001) La espiritualidad como estilo de vida y bienestar en el ultimo tramo de la vida. *Revista de Estudios Demograficos y Urbanos*, 16(3): 615-34.
- Vazquez, F. (2003) *Contando nuestros dias*. Mexico: Casa Chata.
- Vazquez, F. (2006) Construcciones sociales de la vejez rural/urbana a partir de la experiencia religiosa. In L. Robles, F. Vazquez, L. Reyes & I. Orozco (eds), *Miradas sobre la vejez. Un enfoque antropologico* (183-220). México: El Colegio de la Frontera Norte and Plaza y Valdés Editores.
- Victor, C.R. (2005) *The social context of ageing*. London: Routledge.
- Villarruel A.M. (1995) Mexican-American cultural meanings, expressions, self-care and dependent-care actions associated with experiences of pain. *Research in Nursing and Health*. 18(5): 427-36.
- Vincent, J., Tulle, E. & Bond, J. (2008) The anti-ageing enterprise: Science, knowledge, expertise, rhetoric and values. *Journal of Aging Studies*, 22 (4): 291-4. [Online] <http://linkinghub.elsevier.com/retrieve/pii/S0890406508000522> [16 Dec 2010].
- Vincent, J.A. (2006) Ageing contested: Anti-ageing science and the cultural construction of old age. *Sociology*, 40(4): 681-98. [Online] <http://soc.sagepub.com/cgi/content/abstract/40/4/681> [18 May 2009].
- Von Hentig, H. (1945) The sociological function of the grandmother. *Social Forces*, 24: 389-92.
- Wach, J. (1947) *Sociology of Religion*. London: Kegan Paul, Trench, Trubner & Company.
- Wainwright, S.P. & Turner, B.S. (2006) 'Just Crumbling to Bits'? An Exploration of the Body, Ageing, Injury and Career in Classical Ballet Dancers. *Sociology* 40(2): 237-55. [Online] <http://soc.sagepub.com/content/40/2/237> [27 April 2010].
- Walker, A. (1981) Towards a political economy of old age. *Ageing & Society* 1(1): 73-94.
- Walker, A. (1992) Poverty and Inequality in Old Age. In J. Bond & P. Coleman (eds), *Ageing in Society*. London: Sage.

- Walker, A. (1992) Conceptual perspectives on gender and family caregiving. In J.W. Dwyer & R.T. Coward (eds), *Gender, Families and Elder care*. Newbury Park, CA: Sage.
- Warnes, T. & Phillips, J. (2007) Progress in gerontology: where are we going now? In M. Bernard & T. Scharf (eds), *Critical Perspectives on Ageing Societies*. (139-54). Bristol: The Policy Press.
- Waskul, D. & Vannini, P. (2006) Introduction. The body and symbolic interaction. In D. Waskul & P. Vannini (eds), *Body/embodiment: symbolic interaction and the sociology of the body* (1-18). London: Ashgate.
- Watson, N. (2000) *Impairment, Disablement and Identity*. University of Edinburgh. PhD thesis.
- Watson N. et al. (2004) (Inter)Dependence, Needs and Care. The Potential for Disability and Feminist Theorists to Develop an Emancipatory Model. *Sociology* 38(2): 331-50.
- Weber, M. (1978) *Economy and Society: An Outline of Interpretive Sociology*. G. Roth & C. Wittich (eds). London: University of California Press.
- Weber, M. (1991[1966]) *The Protestant Ethic and the Spirit of Capitalism*. London: Harper Collins.
- Weiss, E. (1996) The Power, but Not the Glory: How Women Empower Themselves Through Religion. *Journal for the Scientific Study of Religion* 43(1): 17-29.
- Wendell, S. (1996) *The rejected body: Feminist reflections on disability*. New York: Routledge.
- Wengraf, T. (2004) *Qualitative Research Interviewing: Semi-Structured, Biographical and Narrative Methods*. London: Sage.
- Westerhof, G. & Tulle, E. (2007) Meanings of Ageing and Old Age: Discursive contexts, social attitudes and personal identities. In J. Bond, S. Peace, F. Dittman-Kohli & G. Westerhof (eds), *Ageing in Society: European Perspectives on Gerontology*. 3<sup>rd</sup> edition (235-54). London: Sage.
- Wheelock, J. & Jones, K. (2002) Grandparents are the Next Best Thing: Informal Child Care for Working Parents in Urban Britain. *Critical Social Policy*, 31(3): 441-63.
- WHO (2000) World Health Report 2000. Health systems: improving performance. [Online] <http://www.who.int/whr/2000/en/index.html> [21 Jul 2009].
- WHO (2002) Active Ageing, A Policy Framework; a contribution of the World Health Organization to the Second United Nations World Assembly on Ageing. Madrid, Spain, April 2002.
- WHO (2003) WHO definition of Health as appeared in Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization,

- no. 2, p. 100) and entered into force on 7 April 1948. [Online]  
<http://www.who.int/about/definition/en/print.html> [14 Jul 2010].
- WHO (2007) "Definition of an older or elderly person", Health statistics and health information systems, World Health Organization. [Online]  
<http://http://www.who.int/healthinfo/survey/ageingdefnolder/en/index.html> [13 Mar 2007].
- Wilhelmson, K., Andersson, C., Waern, M. & Allebeck, P. (2005) Elderly people's perspectives on quality of life. *Ageing & Society*, 25(4): 585-600. [Online]  
[http://www.journals.cambridge.org/abstract\\_S0144686X05003454](http://www.journals.cambridge.org/abstract_S0144686X05003454) [23 Feb 2006].
- Wilkin, D. (1987) Conceptual Problems in Dependency Research. *Social Science and Medicine*, 24: 867-73.
- Williams S.J. (2000) Reason, emotion and embodiment: Is 'mental' health a contradiction in terms? *Sociology of Health and Illness* 22(5): 559-81.
- Williams, G. (2004) The Genesis of chronic illness. Narrative reconstruction. In M. Bury & J. Gabe (eds), *The Sociology of Health and Illness. A reader* (247-55). London: Routledge.
- Williams, R. (1990) *A Protestant Legacy. Attitudes to Death and Illness among Older Aberdonians*. Oxford: Oxford University Press.
- Williams, S.J. (2003) Beyond Meaning, Discourse and the Empirical World: Critical Realist Reflections on Health. *Social Theory & Health*, 1(1): 42-71.
- Williams, S.J. & Bendelow G. (1998) *The lived Body: Sociological Themes, Embodied Issues*. New York: Routledge.
- Wilson, B. (1967) *Patterns of Sectarianism: Organization and Ideology in Social and Religious Movements*. London: Heinemann Educational Books.
- Wilson, B. (1970) *Religious Sects: A Sociological Study*. London: Weidenfeld & Nicolson.
- Witter, R.A., Stock, W.A., Okun, M. A & Haring, M.J. (1985) Religion and Subjective Well-Being in Adulthood: A Quantitative Synthesis. *Review of Religious Research* 26: 332- 42.
- Wood, J.V. (1989) Theory and research concerning social comparisons of personal attributes. *Psychological Bulletin*, 106: 231-48.
- Wood, M. (2010) The Sociology of Spirituality. Reflections on a Problematic Endeavor. In B. Turner (ed.), *The New Blackwell Companion to The Sociology of Religion* (267-85). Oxford: Wiley-Blackwell.
- Woodhead, L. (2004) *A very short introduction to Christianity*. Oxford: Oxford University Press.
- Woodhead, L. Heelas, P. & Martin, D. (eds) (2001) *Peter Berger and the Study of Religion*. London and New York: Routledge.

- Woodward, K. (1991) *Aging and Its Discontents*. Bloomington, IN: Indiana University Press.
- Woodward, K. (1995) Tribute to the older woman. In M. Featherstone & A. Wernick (eds), *Images of ageing* (79-98). London: Routledge.
- Woodward, K. (2008) Gendered Bodies: Gendered Lives. In D. Richardson and V. Robinson (eds), *Gender and Women's Studies*. 4<sup>th</sup> edition (75-88). London: Palgrave.
- World Bank (2011) Data. By Country. [Online]  
<http://data.worldbank.org/country/mexico> [05 April 2011].
- Wray, S. (2003) Women Growing Older: Agency, Ethnicity and Culture. *Sociology*, 37(3): 511-27.
- Wuthnow, R. (1976) *The Consciousness Reformation*. Berkeley: University of California Press.
- Wuthnow, R., Davison Hunter, J., Bergesen, A. & Kurzweil, E. (1984) *Cultural Analysis: The Work of Peter L. Berger, Mary Douglas, Michel Foucault, and Jurgen Habermas*. London: Routledge & Kegan Paul.
- Young, M. (1954) The role of the extended family in a disaster. *Human Relations*, 7 (August): 189-204.
- Zúñiga, E. (2004) Tendencias y características del envejecimiento demográfico en México. *La situación demográfica de México 2004*. (31-41). México: Consejo Nacional de Población.