



## **Aging Well as Activism: Advancing the Mexican Social Body through Individually Successful Aging**

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### **Abstract**

In contrast to discourses of “successful aging,” which pathologize and individualize change in later life, this case study of a retired Mexican couple highlights the pleasurable, political, and collective aspects of aging. Here, I analyze the narratives of a couple who found aging “well” fulfilling in part because it served as an intervention into societal-level problems. I argue that their activist form of aging was enabled by local cultural understandings of the Mexican populace as a biologically and socially interrelated whole. They hoped that the Mexican social body would follow a particular life course – of maturing toward modernity – and they sought to model and promote such maturation in their own later lives. This included promoting a health “culture of prevention,” living out self-consciously modern forms of gender and family, and active community participation. I assert that their happiness in older age, including their ability to cope with local crises of violence and corruption, stemmed partly from their belief that the attributes and activities, which enhanced their own lives simultaneously served as activist interventions into the broader populace’s ills. This discussion highlights the need to understand aging and later life as political arenas with collective rather than merely individual import.

*Keywords:* Activism; Healthy Aging; Mexico; Preventative Healthcare; Successful Aging

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## **Aging Well as Activism: Advancing the Mexican Social Body through Individually Successful Aging**

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I met Ricardo and Itzel through Ricardo's involvement in medical research. I was studying the social consequences of men's participation in the Cuernavaca, Mexico arm of the "HIM" study, in which asymptomatic men in several countries were tested over time to reveal the "natural history" of the sexually transmitted infection human papillomavirus (HPV). After four decades of a marriage they characterized as happy and faithful, this couple in their mid-60s did not report any concerns about sexually transmitted infections. Yet, they were excited for Ricardo to join and then continue for years in the HIM study, along with several other medical research studies. Ricardo often wore a cap with the HIM study's logo, which he said demonstrated that he was "a faithful client" of the project. The couple said they understood their duties as retired health system workers to include promoting such opportunities to receive health screening and support possible medical advances. They reported telling friends and relatives to take advantage of research participation, although Ricardo lamented that "a lot [of people] aren't interested because it takes time." Itzel added "We give it time, because health is important." They saw research participation as especially valuable because it helped both their individual health, and that of their broader society. Ricardo explained, "I'm a person who likes to participate in programs that benefit health – individual or collective."

Because of these commitments, and their quickness to befriend strangers, the couple also became enthusiastic participants in my anthropological study of HIM enrollment. They participated in a three year series of annual interviews with me at the clinic, while also inviting me to socialize with them at restaurants and their home. They were fit and always formally dressed, with stylish blouses for her and polo shirts for him. The couple also delighted in the dissonance between their dignified daily attire and the revealing sequined costumes that these senior citizen dance champions wore in the photos they showed me of their hobby. These varied forms of dress together reflected their personalities, which combined fun-loving civic engagement with a view of themselves as educated, forward-looking professionals who intentionally strove to model healthy and responsible living for others.

Itzel and Ricardo explicitly sought to live in ways that were not just pleasurable, but would also aid their broader society by encouraging others to similarly engage in healthy and progressive aging and citizenship. They shared strong opinions about how living a good "third age" – or later stage of life – could do this. Their vision of ideal later life included active participation in community events, exercise, socializing, preventative health care, and helping their community by supporting progressive political change. The couple participated in government offerings from medical research to pensioner vacations, took advantage of local cultural activities, kept an eye on local and international politics, and parented in ways they understood to promote desirably modern lifestyles for themselves and their adult children. They also vocally criticized the government and fellow citizens who were not engaging in positive behavior; in our conversations they railed against the violence, corruption, and lingering cultural

backwardness they thought were hampering national advancement. As a narcoviolence crisis befell Cuernavaca, they expanded these critiques and continued their activities while adding safety precautions like dancing during the daytime. Here, I discuss how their efforts to age well highlight the political possibilities of deciding how to live in later life.

I argue that Itzel and Ricardo's explicit efforts to achieve collective benefit from aging well drew implicitly on local cultural understandings of the Mexican populace as a biologically and socially interrelated whole. Elsewhere, I argue that people often implicitly understand the Mexican populace as a "collective biology," a group its members see as interrelated through shared physical and cultural experiences, and which they think can be tangibly influenced by the actions of those who form parts of the larger whole (Wentzell 2019). In Mexico, such visions of interrelatedness are rooted in cultural ideologies regarding post-conquest racial mixing, or *mestizaje*.

Since the Mexican Revolution, the government and public intellectuals have promoted the idea that a racially and culturally distinct *mestizo* (mixed) population has arisen from the intermixing of Spanish and Indigenous peoples, and that this population could continue homogenizing toward an ideal state over time (Vasconcelos 1997; Alonso 2004). The notion that Mexicans are *mestizos* is a core national ideology (e.g., López-Beltrán and Deister 2013). Yet, this concept is a cultural ideology regarding elite hopes for modernization - which marginalizes indigenous peoples and erases other groups like Afro-Mexicans - rather than a demographic reality (Vaughn 2013). Still, federal health and education programs continue to direct citizens to align their bodies and behaviors with ideally modern forms of *mestizaje* to embody an idealized, collective form of Mexicanness hoped to fuel national modernization and progress (e.g., Smith-Oka 2012; Stern 1999; Schell 2004). This encourages people to see their own performances of health, gender and citizenship as potentially advancing or thwarting the collective Mexican populace's movement on the path toward modernity (Braff 2013; Moreno Figueroa 2010).

Given this cultural logic, the experience of aging in Mexico can represent an arena for engaging in personal practices intended to affect this societal-level trajectory. Meeting local ideals for aging "well" in any context can confer both pleasure and moral authority (e.g., McNally 2009; Katz and Marshall 2002; Traphagan 2000). In Mexico, it may include changing one's behavior over time to reflect emerging societal visions of modernity. For example this could entail men's later-life rejection of traits associated with *machismo*, the widely critiqued yet widely naturalized form of womanizing masculinity thought to be an inheritance from conquistador forefathers (Núñez Noriega 2007; Wentzell 2013). Here, I discuss how aging well can be a context-specific political act, intended to provide happiness and comfort in later life but which can also care for and advance society. I examine Itzel and Ricardo's narratives of their life in and beyond the realm of medical research participation in order to examine how they framed meaningful aging as a morally significant form of social activism. This analysis is important because it highlights an activist politics of aging erased by Western cultural marginalization of older people, and the medicalization of aging as a bodily pathology rather than a meaningful life change (Lamb 2014). Tatjana Thelen and Cati Coe (2019:280) argue that "a focus on elderly care reveals how long-range temporalities and complex mutualities produce and reproduce forms of political belonging." Centering Ricardo and Itzel's experience enables extension of this kind of analysis from care-giving for elders to older people's own practices of providing care, for themselves, their communities, and the national populace.

Age-wise, Itzel and Ricardo were outliers in my study of mostly midlife HIM participants. They were also outliers in their own age cohort, both in terms of the easy access to healthcare they enjoyed via their status as health system retirees in a well-served urban setting, and, according to them, as active and civic-minded citizens in a peer group lazier and less civically engaged than themselves. Yet their

experiences are worth studying precisely because of their unusually self-conscious, deliberate, and explicit efforts to live a good later life in order to help others as well as themselves. Their narratives provide fertile ground for theorizing the collective benefits which people might seek by aging “well,” and for understanding how crafting one’s older personhood can be an ethical and political act. Research from social gerontology and related fields in Mexico has already illustrated the ways that forms of interpersonal interconnectedness shape local experiences of aging and how these mediate hardships like poverty and gendered forms of marginalization (Gomes 2007; Montes de Oca Zavala 2005; Montes de Oca Zavala 2010; Robles Silva *et al.* 2006; Salgado de Snyder and Wong 2006; Sokolovsky 1997; Varley and Blasco 2001). Inspired to understand aging as political by organized advocacy for older people’s rights (Sanjek 2012), I aim to analyze how the political nature and possibilities of Mexican ideologies of interconnectedness might enable people to frame their everyday activities in later life as activist efforts to address such hardships. This strategy might become more common as Mexico’s currently small population of people aged sixty-five and over triples over the next three decades and faces increasing economic precarity (Angel *et al.* 2017).

I argue that Ricardo and Itzel’s explicit efforts to age well drew implicitly on a cultural narrative of Mexicanness characterized by biological and social interrelatedness, which enabled their hope of advancing the Mexican populace as a whole through their own actions. In the sections that follow, I analyze their narratives of their own experience to discuss how they hoped to promote a health “culture of prevention,” model modern marriage and gender behavior, and engage actively in their community in order to live well in later life in ways that would positively benefit others. I also analyze their hopes that such acts could contribute to modernization over time despite the violence, corruption and “ignorance” they identified as thwarting this advance. In short, this article examines the ways this couple used their own life courses to push the broader social body down the path they hoped it would follow over time.

### **Local changes and my research practices**

As mentioned above, the case study analyzed here comes from a research project that focused not on later life specifically, but on the social consequences of men’s participation in a longitudinal sexual health research study in the central Mexican city of Cuernavaca. This medical research project, the “HIM” study, sought to investigate the “natural history” of the extremely common and often asymptomatic human papillomavirus (HPV) in men by testing a large multinational cohort repeatedly over several years (Giuliano *et al.* 2008). In research undertaken from 2010-13, I sought to understand how spouses incorporated men’s study experiences into shared daily life efforts to relate to changing gender and marital ideals during the course of HIM participation. The project expanded to address the ways people related these efforts to resistance to and coping with a narcoviolence crisis that unexpectedly emerged in Cuernavaca during this project, as well as enduring government corruption and the ongoing ravages of the 2008-9 global financial crisis. Amid this instability, many participants incorporated men’s medical research experiences into collaborative efforts to enhance the well-being of simultaneously biological and social collectives at the levels of the couple, family, religious congregation, and Mexican populace amid societal instability (Wentzell 2015).

As with other participants, I performed a series of three annual, hour-long, Spanish-language interviews with Itzel and Ricardo, identified pseudonymously, at the Cuernavaca HIM study site. These semi-structured interviews addressed reasons for and experiences of medical research participation, but ranged widely beyond that to capture the ways that those motivations and experiences related to people’s life histories and experiences of marriage, family, health, work and citizenship. I tried not to introduce terms with specific political connotations regarding health and local politics; thus, phrases

like “culture of prevention” were introduced by the interviewees themselves. Second and third interviews focused on changes over time in these experiences, as well as the ways that an unfolding narcoviolence crisis was changing participants’ lives. In addition to these interviews, Ricardo and Itzel invited me to continue our conversations in a visit to their home and another to one of their favorite restaurants. The data analyzed here comes from all of these interactions.

This warm couple seemed to see me as a peer in terms of our work lives – since we all had done research, administrative or practice jobs in the world of healthcare – and also as a younger person whom they could teach about their experiences. Their nickname for me, “*doctorcita*” (little doctor) exemplifies these relations. They seemed to think that I would understand their progressive views on health and politics given our shared sensibilities as health professionals, and they enjoyed the opportunity to share their ideas and activities related to these topics. Their enthusiasm about interacting with me also seemed to simply be an extension of their general joy in human connection; they knew the names of all the servers in the restaurant we visited and stopped several times on the drive to their home to speak with neighbors of all ages. They also often recounted stories of making friends on trips or through their hobbies. In short, their enthusiastic participation in both the HIM and my research projects bridged their delight in interpersonal connection and their desire to support healthcare systems and knowledge production. As discussed above, they were different in age from the largely midlife HIM participants and reported feeling that their lifestyle was quite different from that of most of their age cohort. It is their conception of themselves as outliers who could serve as models, which makes their experience useful for analysis here. Itzel and Ricardo’s narratives of participation in the HPV study and beyond shed particularly bright light on the ways that people might use individual efforts to age well as social activism aimed at advancing a broader social body.

### **Living and promoting a health “culture of prevention”**

Ricardo and Itzel engaged enthusiastically in health care, often discussing the importance of frequent check-ups to achieving a healthy and active later life. As retirees from federal health systems, they qualified for cost-free healthcare which they used to the utmost. For example, Ricardo noted that, “we go to the doctor monthly,” to control his hypertension. Framing this as key to healthy aging, Itzel added that as “third age” people, “we’re used to going.” The temporality of prevention – expressed in their efforts to forestall future illness through present action – was thus a key aspect of their own expected life courses and their hopes for the future of their society. Their frequent participation in health research, which they saw as benefitting society in the future rather than their own immediate health, exemplified this timeline. Ricardo described himself as “raw material” for medical studies, noting when we met that he currently had “two long questionnaires at home that I’m going to fill out and return” to see if he would qualify for new research projects.

The couple told me that they hoped their visible and enthusiastic healthcare participation would promote a “culture of prevention” which they thought Mexico lacked. In a typical statement, Itzel explained their frequent check-ups by noting that, “We have the culture of health,” which Ricardo clarified meant, “of prevention.” They said that they had passed this culture on to their children in ways including getting them vaccinated, modeling exercise, and helping them learn to “ignore the ads for unhealthy foods.” They had continued to pass health information on to their adult children, by informing them of new information – like the finding that gum chewing reduces rather than promotes cavities – which they read in newspapers or saw in science documentaries.

They also frequently told me stories of trying, and usually failing, to get their friends to participate in preventative health care. They would often conclude answers to my questions about their own



healthcare experiences with discussions of their efforts to encourage their friends to do the same. They said that they consistently invited friends to free health screenings or suggested that they get check-ups. However, Itzel said their friends never wanted to go. They said things like, “I don’t want to know what I have” or that they “don’t feel anything” bad happening in their bodies so they must not need checkups. She bemoaned this willful ignorance, saying that eventually when they do discover a problem, “it’s too late.” The couple understood the lack of the “culture of prevention” to be both gendered and classed. Both said that they saw men as “more resistant” to engaging in prevention. Ricardo said that his male friends often “prefer not to know” what is wrong, and Itzel agreed that “people, especially men, don’t want to know. Which is idiocy.” Itzel also mused that, “I think that if one has education, more education, one tries to take care of them self. Unfortunately, ignorance leads one to not care for themself.”

The desire to promote a cultural change away from ignorance toward a modern focus on self-care was shared by other highly-educated HPV study participants, especially health professionals and educators. It reflected long-standing Mexican government and public health service efforts to promote hygienic behaviors as desirable because they would not only enhance individual’s health, but also further national modernization. Middle-class Itzel had been enculturated in this health ideology since her childhood, noting that her “educated” parents had taught her to care for her health. Yet Ricardo, born into poverty and given the same health care “as the animals” his family kept, said he “didn’t have that education as a kid.” Instead, he adopted this way of thinking along with his upwardly mobile career trajectory.

Ricardo’s narrative of his own health trajectory mirrored the changes over time that he and Itzel hoped for in a modernizing Mexico. He recounted that when he was able to achieve an education and came to work for the Secretariat of Health as an accountant, “that made me conscious of having the culture of health in mind. It’s better to prevent than to cure.” He came to this understanding through the direct intervention of people like his boss in the cancer control program, who induced him to quit smoking by taking him to the general hospital to see a “museum” of diseased organs including lungs with cancerous tumors. Through such experiences, he said, “I began to understand the importance of self-care,” while at the same time “my wife induced me to get checkups, to care for myself, and so I assimilated to that attitude.” This assimilation was also a demonstration of Ricardo’s adoption of forms of masculinity and marriage seen as quite new and modern at the time; an egalitarian relationship in which a husband talked intimately with his wife and took her advice, and a form of masculinity predicated on self-care rather than invulnerability.

When Ricardo looked back on his life, he saw himself as having deliberately adopted a culture of prevention along with his rising educational level and socioeconomic status. He summed up his change by noting, “My economic situation was very humble, and they cared for me with home remedies. But now that I’m older I try to do the things that will enable me to have an adequate quality of life.” Yet, rather than understanding this attitude as a sign of elite difference, he and Itzel saw it as a tool for pushing others up the same path. This was exemplified by their efforts to recruit others into research studies and health care and to combat the “ignorance” which prevented such participation.

This collectivist orientation towards health care was highlighted by Ricardo’s habit of understanding his own health and life course in relationship to that of the Mexican populace. For instance, Ricardo understood himself through population statistics, often citing the average Mexican male life expectancy of seventy-three. In one representative comment, he said, “It worries me that the life expectancy of the man is less than the woman’s, on average. But I want to break the record!” Moving immediately from his individual body to the collective social body, he concluded, “We men need to be careful of *our* health.”

These desires reflected the couple's simultaneous understandings of themselves as part of a collective Mexican body which they could influence from within, and their belief that they were different from that body's norm – positioned by education on the leading edge to modernity. Through modeling self-care as well as specifically incorporating medical research participation into that care, they hoped to monitor their own health, to support medical advances that would help others, and to exemplify a "culture of health" to a populace plagued by "ignorance."

### **Modeling modern marriage, masculinity and family**

The couple's marital and gender practices also reflected ideals of Mexican modernity. They had been married for thirty eight years when we met and were early adopters of both companionate marriage and anti-macho masculinity. Describing their history, Itzel began with the comment that, "I really didn't want to get married" because she had seen friends' marriages fail and her life "wasn't missing anything." She had planned to focus on her career and enjoy the independent life it would finance. Yet, Ricardo jokingly interjected, "when she met this doll, she couldn't resist!" After meeting when he taught a statistics unit to her nursing class, Ricardo explained that he had known she was worth waiting for and had been happy to support her career aspirations. He "worked to convince her" that marriage was compatible with her individual goals during an uncommonly long courtship for the time. They dated for eight years while Itzel finished her studies and mandatory year of social service and became established in nursing. They now described each other as true partners in all aspects – emotionally, economically, and in the shared pursuit of a "high quality" life.

They reported that this happy partnership was based in large part on self-consciously open communication and the cultivation of shared interests. Throughout their marriage, they recalled engaging in an emotional openness that they saw as not necessarily typical in their society, but ideal. She noted that if they fight, "we try to figure out why and not repeat the same mistake." Since retirement, they had also identified Danzón as a new and important arena for both deepening their intimacy and seeking out the active health-maintenance that they believed characterized successful aging.

Danzón is an intricate partner dance popular with Mexican seniors. They began to dance when a physician suggested it was a form of exercise that could help Ricardo's hypertension. Yet as they took lessons, this shared health behavior became a way they worked together to deepen their emotional intimacy. Roberto called dancing "emotional therapy," which "helped me to get along with and better understand my wife." Itzel added that they had seen people their age divorce after growing apart once their children grew up. They sought to avoid that fate through shared activity and ever-deepening emotional intimacy. Roberto explained, "When you have defects of intolerance, we need to try to forgive each other, to overcome that for a happier life, a healthier life." He said dance facilitated that, because "If I'm mad, I have to calm down because we have a date to dance together!" Through this hobby they pursued interlinked forms of physical, emotional and familial health. Doing so enhanced their experience of later life; I argue that it also enabled them to continue modeling the modern health, marital and, gender identities they had long prized.

This focus on maintaining their own relationship represented what they understood as a modern yet faithfully Mexican take on the ideal of familial closeness. Ricardo and Itzel had two adult children in their thirties who had moved to other states to pursue professional careers. They both remained single and without children. Laughing, Itzel said "They haven't married – they've resisted!" This comment captured both the reality that their children were following an uncommon life course in a society where

most people marry and have kids, as well as her delight in this evidence of their modern self-actualization.

Itzel was able to rejoice in her children's life choices because while locally unusual, to this family they appeared to represent an evolution rather than rejection of what she and Ricardo saw as inherently and ideally Mexican familial closeness. This was because the family remained emotionally, though not spatially, close. Itzel said that although their children had moved away, they're all "very united," speaking very frequently by phone. This was a relationship that maintained closeness while making room for personal growth and engagement with community as well as family. Itzel noted that they would continue to reject the limiting aspects of closeness, saying that "I've even told my kids that if they get married, I don't want them here in my house because I'm only going to care for grandchildren when it's very necessary." Despite its differences from what they identified as a common but problematic pattern of extended families living together and depending on grandparents for continued care labor, they saw their family relationships as a modern version of the Mexican emphasis on family.

This was highlighted by the great pride they took in familial intimacy. For instance, Ricardo's mother was in her nineties and a major figure in his life. He took her out to eat weekly and expressed deepening concern over the years about the hole that would be left in his life after she died. He understood this close relationship to be inherently Mexican. Explaining this to me, as an "Anglo," he noted that, "You Anglos have another culture, but we Mexicans are really close-knit. Once, I was talking to a woman from Holland on a bus, she said she was going to visit her mother, who she hadn't seen in eight years. I see mine every eight days! That's one of our own Latino customs." The couple thus saw themselves as living out the positive aspects of inherently Mexican orientations of family, while modeling and enjoying modern versions of these which enabled family members to engage beyond the family unit.

### **Active community engagement**

It appears that Itzel and Ricardo understood this Mexican tendency of close-knittedness to ideally apply to the community-wide as well as family levels. As demonstrated by their constant modeling of and explicit discussion about the need for active community engagement, they viewed the physical and emotional health of individuals, families and communities to be interrelated. For them, engaging in thoughtful and progressive activities supported both healthy aging and the advancement and well-being of the broader populace.

In our conversations, they emphasized the need to stay active and civically engaged as they aged. Itzel said, "We're not those people who retire and sit around, watching television." Ricardo explained that their main goal was to really enjoy "the years that are left of our lives." For instance, when I visited their home they showed me stacks of free guides to local activities, judiciously dog-eared and annotated. Beyond simply attending events, they also engaged with others – in ways that they hoped would advance their community – throughout their daily lives. For instance, in a typical conversation, they recounted attending a free concert promoting ecological conservation. This led to a conversation about the need to recycle, in which Ricardo discussed Itzel's ambitious habit of sorting not only their recycling but picking up trash wherever she found it. Itzel expressed frustration about neighbors who put their trash out early, not caring that street dogs would tear open the bags and spread it around. She explained that she was constantly trying to clean up and improve their neighborhood to counter such regressive acts.

For them, upholding civic engagement and duty was a key part of deriving pleasure from later life. While we looked through those local event guides, Itzel told me about her father who had worked hard



to support his family but had not been able to enjoy his own life. She explained that because of his unceasing labor, “it was his kids who enjoyed the benefits of his hard work, not him.” She said that she would not want to live like that. Instead, she and Ricardo appeared to simultaneously seek pleasure from their activities as retirees, enjoy it as part of their own experiences of class and social advancement over the life course, and use it to model and promote modern practices which would advance their society.

This was the case for their Danzón hobby. As we thumbed through the guides, Itzel stopped at a picture of herself and Ricardo, dancing among their friends, which was featured over a dance event listing. Over our conversations about Danzón, the couple explained that in addition to the fun of dancing, and its health and relationship benefits, it could be a way to help others enjoy later life. Their dance group sometimes went to nursing homes in nearby rural towns to dance with the residents. Their goal was to help them “have some fun,” since “those who are still in a condition to [dance] really enjoy it a lot.” They saw Danzón as particularly well-suited to this task because it related to traits and talents they believed to be rooted in their Mexican and broader Latino heritage. Ricardo explained the history of the dance form, saying that it was “an amalgam of African, European and Latin music” developed in Cuba and then “adopted” by Mexico. While adopted, for Ricardo it still spoke to something innately Mexican; he noted that “Our ancestors, before the conquest,” did both ceremonial and erotic dances which made Spanish colonizers deeply uncomfortable. Underlining the specifically Mexican character of this innate disposition to dance well and seductively, Ricardo both encouraged me to attend dance events and warned me not to be disappointed with my progress since “generally the Anglo-Saxon doesn’t have much [dancing] flavor.” Dancing made Ricardo feel as if he were expressing positive aspects of his interlinked biological and cultural inheritances in ways that promoted health and happiness.

As Danzón enabled them to draw on ideas of racial roots in order to promote modern goals for the society and its members, the couples’ participation in other healthy aging activities enabled them to draw on government resources to support this goal. They made extensive use of the excursions and activities offered to pensioners from federal employment. For instance, whenever they reached the top of the waiting list, they vacationed at a regional mineral water spa resort run by the health service from which Ricardo had retired. They excitedly discussed the range of activities offered, like dinner dances with live music and the ability to befriend other seniors from around the region. They noted that such programs were also very inexpensive and overall, “a gift,” which Itzel said she could not believe many other retirees were not interested in using.

In a different year, they told me about an eagerly anticipated trip for retirees of the health system to Mexico City. As the violence and economic crises facing Mexico as a whole and Cuernavaca specifically worsened, Ricardo described the event in a way that also framed it as a respite from these concerns. He explained,

They take all of us third age people, there will be an event in Mexico City where we go for a week to a [federal health] organization hotel. We’ll go around, to the theater, the museums, in a group of thirty, forty people. With people to watch out for us. And we take advantage of all those kinds of spaces that enable us to enjoy ourselves.

This trip combined promotion of healthy aging and community engagement with protection, which would enable them to safely seek and enjoy these goals. Further, even planning for such trips served a kind of protective function; Ricardo said that looking forward to their trip to the mineral spring resort “gives us the strength to respond to the problems” facing the nation.

The couple thus came to see these opportunities for active engagement as promoting both physical and societal health for them and the broader groups to which they belonged. In the most basic way, doing these activities made them healthier. For example, Itzel said that on trips like the Mexico City excursion, there are optional exercise classes each morning, for which “we’re the first ones waiting!” They similarly sought direct health benefits from a “healthy aging convention” they attended in Cuernavaca, where they enjoyed learning from presentations about how to age vigorously and critiqued the low turnout of other third age people. Itzel mused that many elders did not want to leave their houses or were spending all their time caring for grandchildren; she saw this lack of engagement in community-level healthy aging programs as anti-modern and thus harmful to individuals’ and the society’s ability to become more healthy over time.

They believed that active participation in health programs and the cultivation of community ties were key antidotes to the regressive violence crisis and its health demoting effects. Both were major proponents of biomedicine, who also subscribed to the pervasive cultural notion that negative emotions directly harmed one’s health. For instance, Ricardo explained that being upset “affects your health.” He explained that after his sister’s recent stroke, which “devastated the family,” “I got a sore throat, a cold, I went downhill. Now I feel better, but emotions affect health.” He then linked that example to the violence crisis, which was a rampant source of negative emotion for the society. He continued that because of the insecurity, “Now, you go around looking behind you. It’s a major problem for the population.”

They experienced such health effects of insecurity directly when their daughter was injured in a robbery. In our final interview, Itzel said that she had recently experienced a bad asthma flare-up related to violence and environmental factors. Because of their daughter’s brush with violence, the couple had just returned from the city of Puebla, where volcanic ash from a regional volcano was heavy in the air, Itzel explained, “Our daughter, who lives in Puebla was assaulted, and cut in the hand with a knife. That’s why we were there. So, I was really *nerviosa*, and the ash is really fine and gets in everything, and it affected me.” To be *nerviosa* is to experience a specific physio-emotional state – disruption caused by a bad scare – thought to cause specific health problems including increased vulnerability to biomedically-recognized diseases (Poss and Jezewski 2002). Thus, their daughter’s attack not only harmed the family emotionally and put them in the way of dangerous volcanic ash, but also hurt their physical bodies through the incitement of negative feelings.

The couple understood the widespread violence to be doing such harm on the societal level. After Itzel concluded the story above, Ricardo noted, “It’s the insecurity. Emotionally it bothers us. Not just for our daughter, but for our country.” He continued, “It’s a whole other situation, *doctora*, the insecurity. It has us all unbalanced [*trastocados*] emotionally, right?” As Itzel’s discussion of *nervios* shows, this emotional distress could translate directly into physical ill-health. Together with the direct physical harm done by widespread violence, this reduced the well-being of the Mexican populace and pulled it directly away from a hoped-for, modern future where a functioning government could protect citizens.

In this context, their active community engagement served as an effort to redress some of these societal harms and thus counter these negative trends. Taking advantage of government-sponsored offerings for retirees was also a way to call on the government for support, even as they hoped to model health-promoting modernity for a Mexican populace affected by the failings of its government. They understood their frequent use of such programs to demonstrate the need for the government to offer them, and thus as an aid for making them available to others. Yet discussing the health programs they supported, Itzel noted, “We don’t see these projects really advancing until the government puts an end to this tremendous delinquency that has infiltrated everywhere.”

So, they also engaged politically, avidly reading the news and supporting leftist candidates who critiqued low pensions, rising food costs, and endemic corruption. For instance, in advance of the 2012 presidential election, Ricardo said that their candidate López Obrador “said we could buy fifty kilos of tortilla for a certain sum and today, with the same amount, we buy five.” Demonstrating their understanding of their own modern health behaviors to be a protective revision of fundamentally Mexican traits, Itzel cut in with the joke that “luckily we no longer eat much tortilla!” Ricardo returned to his support of the candidate’s critique – and the couple’s understanding of political failings harming their society’s health – by noting that basic needs have “gotten more expensive, in a brutal way.”

As the local violence crisis worsened, the couple also voiced deepening mistrust of the corrupt government, while retaining faith in and hope for the population. For example, Ricardo accused authorities of covering up violence but identified population-level knowledge as a source of accountability. He said,

...we’ve heard, by word of mouth from the population, on Twitter or Facebook... The government says, ‘there were twenty assaults,’ and then some private or civil association puts, ‘no, there weren’t twenty, there were fifty.’ ... The government minimizes or hides the reality, to the point where one no longer has confidence in their authorities.

This insecurity had forced the couple to curtail some of their economic activities. They had made enough money from a side retail business to fund private education for their children but now needed to stop. In Itzel’s words, “because of the insecurity – we had to travel all over with our products.”

They also felt trust and engagement eroding in their own neighborhood. They sought closeness with community members by participating in events but also through micro-level daily life interactions with others, which ranged from always asking a restaurant server’s name to stopping their car to talk to everyone they encountered in their neighborhood (and, in the case of Ricardo and some local kids, to engage in elaborate handshakes). Yet, Itzel recounted a recent act of violence which exemplified the threats to such ties. She said in their neighborhood, which “isn’t high risk, the person who does my hair was kidnapped. They just look her on Saturday and returned her three days later because they paid.” Ricardo added, “And no one dares to report it because they’re afraid. The scoundrels say, ‘Ok, now I’ll shut you up!’” Itzel continued that this reality rendered government requests to alert the authorities meaningless. She said, “They tell you, report, report. But then you see that the people who have dared to report... they do worse crimes to those people... They say, ‘it’s anonymous’ ... but then people know who said what...No one trusts anyone.”

Even as they felt their activities circumscribed and health threatened by this insecurity, they remained committed to active community engagement. Itzel said that even though she now “walks around afraid,”

We try to have a good time, and we also try to do it with all the precautions and the fears that we now have about going out. As little as possible in the night now, instead in the day. And to see the positives that you can find in the situation because if we were like ‘Ay, what will happen to us?’ imagine how we would be living.

Noting that events for “older adults” had been moved earlier in the day for safety, they expressed their enthusiasm about continuing to take advantage of such activities. For instance, Itzel said that by taking

advantage of events for federal retirees, “We still try to spice up our lives, looking for healthy diversions at prudent times of day.” Ricardo added “That’s how we’ve survived this situation.”

Therefore, I argue that using and thus promoting positive government offerings while engaging in other ways with community members and groups became a way for them to seek to counteract the harms of government failings to protect citizens. The couple believed that meaningful change in the behavior of the Mexican social body required government provision of basic security and resources. Their efforts to lead the Mexican social body toward a “healthy” life, despite the lack of a culture of prevention, were hamstrung by societal dissolution and government unreliability. So, they tried to lead the way forward for the Mexican populace and the government by being modern, active seniors.

### **How aging well can be activism**

Overall, Ricardo and Itzel sought to have a happy and healthy older age by embracing self-consciously modern forms of marriage, gender, self-care and civic engagement. They implicitly adhered to the broader cultural notion of the Mexican populace as a collective biology, which could become healthier and better off by embracing more modern behavior. To realize this hoped-for shift toward population-level modernity, the couple explicitly saw themselves as a part of a “third age” vanguard, modeling over their own life courses the changes they hoped to see the Mexican social body as a whole adopt over time. By living out later life in ways intended to provide health and fulfillment for themselves at the individual, couple, and family levels, they sought to push Mexican populace and nation down a hoped-for path to modernity despite the backward pull exerted by crime, corruption, and persistent “ignorance.”

Health behaviors in general involve aligning one’s body with material and social expectations for change over time. Thus, peoples’ embodied life courses are fundamentally shaped by the cultural norms and life possibilities available during their lives, which include local understandings of what are normal bodily and behavioral changes, healthy, and ideal at particular life moments. Here, I have examined the possibilities this relationship affords for affecting one’s broader society. Beyond simply living out emerging ideals for healthy aging and desirably modern personhood, Ricardo and Itzel sought to advance these ideals even further and then model and promote them for others. For instance, they understood themselves to bear innately Mexican racial traits, from dance rhythm to emphasis on family, but wished to live these out in ways which would pave a path for population-level advancement, such as balancing family intimacy with active community engagement. This understanding of themselves as located on the forward-moving edge of a biologically and socially interrelated populace was highlighted by Ricardo’s understanding of himself via population statistics. He saw himself through this collective lens but also hoped that through deliberate efforts at healthy aging he would not achieve average longevity but instead “break the record.”

That Itzel and Ricardo sought meaningful aging on both individual and societal levels and timescapes adds nuance to our understanding of the ways people relate to seemingly individualizing discourses of “successful aging.” Much public health, biomedical and gerontological work on “successful aging” presents aging as an individual and pathological experience to be ameliorated through pursuit of a young-appearing and acting body. In this model, ideas about one’s broader society only arise in the effort to keep older people from becoming economic drains by extending their youthful health and productivity (Lamb 2014).

Yet, Ricardo and Itzel’s example shows that people can bridge ideologies of successful aging with collectivist understandings of society and the longer-than individual temporal path it can take toward

desired advancement. They incorporated seemingly individualistic ideas of successful aging, such as participating actively in health maintenance, exercise, and events, into explicitly activist efforts to enhance collective well-being. From encouraging friends to get check-ups, to supporting scientific advancement, to demonstrating the need for the government to continue providing programs for retirees, the couple strove to model meaningful aging in ways that would benefit collective health and counteract violent crisis. They sought interlinked individual and societal change over time for the better, contributing their own improvements over time toward desired, population-level modernization. While future orientation is always a key component of health and self-improvement behavior, for Itzel and Ricardo this included attunement to a population-level future which would extend far beyond their own lives.

For them, aging well was a source of pleasure in part because it was also an activist effort to advance their society, enabled by the interrelationship they perceived between their individual life courses and the Mexican populace's potential for enhanced well-being over time. This finding enhances our understanding of aging by highlighting how aging can serve as a political arena. That knowledge can contribute to scholarly efforts to develop concepts like "affirmative old age," for theorizing forms of aging that derive benefit from embracing rather than forestalling embodied change over time (Sandberg 2013). In the Mexican context, the findings presented here demonstrate how people might draw on key cultural narratives of interrelatedness as they seek to influence the social body through their later life activities. As the proportion of older Mexicans rapidly increases and faces increasing precarity over the next several decades (Angel *et al.* 2017), this couple's strategy of fomenting societal change through the daily events of later life might become a broader trend.

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