



**DIFFICULTIES FOR AN AGEING SOCIETY TO BECOME A “GERONTOCENTRIC” SOCIETY - Reflections from the European-American and Latin-American scenario**

*DIFICULTADES PARA QUE UNA SOCIEDAD ENVEJECIDA SE CONVIERTA EN UNA SOCIEDAD “GERONTOCÉNTRICA” - Reflexiones desde el escenario europeo-americano y latinoamericano*

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## ABSTRACT

The concept of ageing society includes the quantitative factor that there will be more and more people aged 60 and over, and even more centenarians, in the total population as a whole, but it is questionable whether qualitatively this corresponds to the reality of a "gerontological" society. We suggest the hypothesis that the demographic bonus currently experienced by older people is neither sufficient nor fully relevant to be able to speak of a full and active "ageing society". For this, it would be necessary to simultaneously consolidate devices that allow for an economical, social and cultural revision of a paradigm of decrepitude that is still fully activated, which still places older adults in a place of social deficit, as shown by social and economic conditions, as well as by the resurgence of ageism since Covid-19.

**Keywords:** ageing society; ageism; gerontological society.

## RESUMEN

El concepto de sociedad de envejecimiento incluye el factor cuantitativo de que habrá cada vez más personas de 60 años o más, e incluso más centenarios, en el conjunto de la población total, pero es cuestionable que cualitativamente esto se corresponda con la realidad de una sociedad "gerontológica". Sugerimos la hipótesis de que el bono demográfico que actualmente experimentan las personas mayores no es suficiente ni totalmente relevante para poder hablar de una "sociedad envejecida" plena y activa. Para ello, sería necesario consolidar simultáneamente dispositivos que permitan una revisión económica, social y cultural de un paradigma de decrepitud aún plenamente vigente, que sigue colocando a los adultos mayores en un lugar de déficit social, como lo demuestran las condiciones sociales y económicas, así como el resurgimiento del edadismo desde Covid-19.

**Palabras clave:** sociedad de envejecimiento; edadismo; sociedad gerontológica.



## INTRODUCTION

The world population underwent major transformations during the 20th century, one of the most important of which was the so-called "demographic transition", resulting from the decline in mortality from the 1930s onwards and the decline in fertility in the 1970s. As a result of these changes, the population is decreasing, the age structure of the population has changed and the relative number of older adults has increased; in other words, the population is ageing (CELADE/ CEPAL, 2009; CONAPO, 2012; CELADE/CEPAL, 2021; UNITED NATIONS, 2019).

It is increasingly evident that a new form of society is taking shape, referred to as the ageing society as a result of the advanced demographic transition. One of its consequences is that the population of older adults is increasing while the population of children and young people is decreasing (UNFPA and HELPAGE INTERNATIONAL, 2012; CEPAL, 2019; SEDESOL, 2017).

Thus, by 2050, 21.8% of the world's population will be older adults (UNITED NATIONS, 2008). Between now and 2050, the 60-year-old population will increase from 667 million to 2008 million people, in percentages of 10.2% to 21.8% of the total population in the most developed countries. In less developed regions, the increase will be from 63 to 79 per cent. Similarly, by 2050, the population aged 80 will increase from 87 million to 395 million in the more developed countries, ranging from 1.3 per cent to 4.3 per cent of the total population. In less developed regions, the percentage will increase from 48 to 69% (VILLAGÓMEZ ORNELAS, 2009; UNITED NATIONS, 2008, 2018, 2019).

Studies in the 1990s estimated that the group of individuals aged 75 years and older constituted the fastest growing group of older adults (LAWHORN, 1996). However, recent research indicates that the fastest growing group of older adults, especially in European countries, is centenarians (LEESON, 2009; UNITED NATIONS, 2008). Thus, by 2050, the global population of centenarians is expected to grow from 324,000 to 4.1 million people (LEESON, 2009; UNITED NATIONS, 2008, 2018, 2019). Of course, in net numbers, we are talking about very low figures, but the percentages clearly indicate a trend whereby we can speak of a society of centenarians, which Dr. Leeson has pointed out in the sense that the 21st century is the era of the "centenarian revolution" (LEESON, 2009).



This transition also implies a change in the correlation between the population of children and older adults. In 2050, in the more developed regions, the proportion of children will be 15.4 % compared to 32.6 % of older adults. In the less developed regions, while in 2005 the proportion of children was 31 % and that of older adults 8 %, in 2050 the proportion of older adults will be 20.2 % and that of children 20.3 % (UNITED NATIONS, 2008, 2018, 2019).

However, it is important to point out that, unlike in developed countries, in non-developed countries the process of population ageing is occurring at a faster pace, with various variables that make it difficult for society to adapt to this process, so that new ones are added to the already chronic social problems, to which the State is urged to plan and implement relevant public policies (HAM, 1999). Therefore, population and development policies should increasingly shift their emphasis in line with demographic levels and trends (VILLAGÓMEZ ORNELAS, 2009).

We would therefore like to emphasize that the concept of ageing society is not limited to a quantitative aspect, as economic and productive transformations (TUIRÁN, 1999). It also implies profound qualitative changes, which involve cultural aspects, especially centred on the diagnosis of the extent to which society can transform paradigms that devalue old people (such as the paradigm of decrepitude) into others in which the older adult appears dignified, valued and associated with positive connotations. In short, and as we will develop below, the balance, legitimacy and adjustment of these quantitative and qualitative aspects, will favour the possibility of an ageing society approaching a gerontocentric social modality. As we shall see, there are many difficulties for this possibility to become a reality.

## **POSSIBLE ASPECTS THAT COULD PROMOTE A GERONTOCENTRIC SOCIETY IN THE AGEING SOCIETY**

It is certainly impossible to list all the aspects that could promote a clearly gerontocentric stance in the ageing society. Nor is it our intention to do so. But we would at least like to point out some of them and evaluate to what extent they do or do not have the potential to advance in the face of other aspects that indicate an unfavourable reality for older adults, related in some cases to social and economic vulnerability (especially in Latin America) and in others, to cultural vulnerability due to the rise of ageism (especially in the United States and Europe).



It seems undeniable that to a greater or lesser extent a gerontocentric structure should promote aspects related to quality of life, health promotion, legitimized autonomy achievements and favourable social recognition (FLORES, 2009, 2011). Thus, the need to cover the need for health coverage (CARDONA, 2002); to attend to social, spiritual and cultural needs (FERNÁNDEZ BALLESTEROS, 2007), to promote community contribution, as well as to continue to maintain labour links, avoiding compulsive retirement (MAYA, 2003); attending to the desire to continue with quality education, preserving and caring for social, family, generational, love and friendship bonds; simultaneously preserving positive social representations of old age in a society (KRZEMIEN, 2001) and finally, preserving a positive evaluation by older adults and their satisfaction with the variables described (PERALES & MORALES, 2003).

Thus, some authors (MOLINA, 2008) understand that these qualitative aspects of a possible gerontocentric quality of life for older adults include not only the services and benefits that the older person receives, but also the assessment that he/she makes of them. In other words, it is understood that beyond the objective factors, it is essential to incorporate a subjective dimension to the concept, insisting on the dynamic interaction between them, thus pointing out that it is a structural situation whereby the older adult is in a place of rights that dignifies him/her and not in a place where he/she is given handouts that infantilize him/her (BROWN, 2004).

In this sense, and due to different changes in subjectivity and culture (MORAGAS, 1991), the quality of life at stake is not simply that of an "ageing society", but of a society of "growing older adults" or a possible "gerontocentric society". Ultimately, a specific characteristic of these "new" older adults is that they do not see "death" in front of them, but a second or third chance at life, in terms of quality of life, but also in terms of resilience and empowerment (KLEIN, 2015).

In this changing scenario, it is necessary to highlight the potential citizenship capacity that older adults could acquire. Not only do they participate more in electoral processes to elect governments, but there is a potential for this participation to extend to local, community and other actions (KLEIN-RUSSO, 2020). If we take into account that older adults are the ones who participate more electorally, we could understand that this could imply a demand for the recognition of their citizenship rights and the satisfaction of concrete demands (BAYARRE, 2009).



Older adults probably vote to maintain democracy, but also to express their discontent and demand a response from their representatives. One way or another, the political class will not be able to recognize this fact, and from there it could be hypothesized that poor social policies will begin to change for more favourable ones (NIETO et al.. 1998; PARRA-RIZO, 2017).

In this context, a likely scenario will be that the State will begin to take steps towards the recognition and granting of social and civil rights. In other words, it will have to assume the situation of old people who, from being a political actor deprived of their civil and social status, will become (potentially) an indisputable actor in political decisions and orientations. An optimistic perspective is that this ambiguity could generate conditions for the benefit of their social citizenship (KYMLICKA & NORMAN, 1997).

From this perspective, one possible prediction is that in order for the ageing society to approach a gerontocentric society, older adults have to become a power group endorsed and legitimized by the State. In this sense: an unpredictable actor on the political scene capable of having their common interests recognized (MOUFFE, 1999; HUENCHUAN, 2009).

In any case, the factors outlined above need to be properly contextualized. It could be understood in this way that they are inseparable from conditions of security and ontological solidity, related to social structures linked to a social contract that guarantees the care and protection of its members. But, this in turn is related to states and nations with different degrees of economic and social development and in turn with different degrees of sensitivity and culture towards what older adults are, what they mean and what their cultural and social place is (RAMÍREZ, ORTEGA & MARTOS, 2015)

## **FROM LATIN AMERICA: PROCESSES OF SOCIAL AND ECONOMIC PRECARIOUSNESS**

The processes of impoverishment, precariousness and vulnerability are, unfortunately, particularly clear in many Latin American countries, severely damaging quantitative aspects, related to productive and economic processes. All data on the social and economic situation of Latin



American older adults indicate a lack of concern and social weakness with marked overtones of violence, helplessness and vulnerability (ABUSLEME & CABALLERO, 2014).

The educational levels of older adults are extremely deficient. So much so that it is estimated that older adults living in urban areas have barely completed 6 years of schooling, i.e. no more than primary school; 4.6 years in Colombia and Paraguay, around 3 years in Venezuela, the Dominican Republic, Brazil, Honduras and El Salvador. Only in Uruguay, Argentina, Chile and Panama do averages exceed this threshold (LIMA-COSTA et al., 2012). This structural "illiteracy" is compounded by alarming poverty rates. More than half of Latin American countries keep their urban older adults at a poverty line of 30%. This percentage is even higher in rural areas. In at least four countries, the urban poverty rate rises to 50%. In Bolivia and Honduras this percentage rises to a staggering 70% (URSINE, CORDEIRO & MORAES, 2011).

This structural poverty is aggravated by the fact that less than half of urban older adults are covered by social protection. This situation of extreme vulnerability is even more severe in rural areas. In a few countries - Argentina, Brazil, Cuba, Chile and Uruguay - social protection reaches more than 50% of older adults (RODRIGUES & NERI, 2012). In contrast, in Bolivia, Colombia, Dominican Republic, Ecuador, El Salvador, Honduras, Nicaragua, Paraguay, Paraguay and Venezuela, it does not even reach 25% of the older adult population (VALENZUELA, 2016).

Afflicted by chronic illiteracy, structural poverty and vulnerability to social protection, these urban older adults are forced to work in precarious and unprotected situations. Their wages are below average, with no social benefits. Thus, it is estimated that more than 30 % of Latin American older adults are inserted in the labour market, referring back to a perverse and extremely hostile cycle of poverty and discrimination (SÁNCHEZ, SAMANIEGO & GARCÍA, 2018; ROTONDI, 2001).

At the same time, gender specificity is an important characteristic of the precariousness of Latin American ageing. The greater longevity of older women leads them to face greater situations of widowhood, loneliness, helplessness and others. Gender inequality is even more accentuated in this age group, suffering situations of social, wage and labour inequality, with little or no impact on economic participation (BARBOT, 1999). Hence, there is a close relationship between high levels of poverty and female headship of household. To aggravate the situation, this group of women is more excluded than men from social security, maintaining their dependence on the male figure, either as husband or children (ARANGO & PELÁEZ, 2012).



All of the above implies the impossibility for Latin American older adults to maintain the independence of an autonomous household. Recurrent economic instability makes them dependent on children, grandchildren or other relatives in often multigenerational households. It is estimated that at least one older person lives in at least one in four urban households, demonstrating that in Latin America, the family remains the main protection mechanism for older adults (CELADE, 2013). But the opposite is also true: families depend on the pension or retirement of the older adult for their own survival (CEPAL, 2017).

Finally, it should be noted that another vulnerability factor is the fragility of social networks and social organizations of Latin American older adults. The constitution of national networks of organizations, sports and social clubs or other organizations of older adults is poor or almost non-existent, which makes it difficult to fight for their civil and citizens' rights (CABALLERO & MASSAD, 2013).

To go even deeper, let us take the case of Mexico as an example. According to the results of various surveys regarding discrimination, 27.9% of people over 60 have ever felt that their rights have not been respected because of their age, 40.3% describe economic problems as their main problems, 37.3% illnesses, access to health services and medicines and 25.9% labour problems (INAPAM, 2010; INEGI, 2018; CELADE/ CEPAL, 2009; CELADE/ CEPAL, 2021).

In addition, different data indicate that 17.7% of older adults live in overcrowded housing with more than 2.5 persons per room, 3.4% live in housing with dirt floors, 1.8% live in housing with a roof made of cardboard or waste materials, and 1.4% live in housing with walls made of mud, reed, bamboo or palm leaves, cardboard, metal or asbestos sheets, or waste materials; 20.7 per cent of older adults live in dwellings where the fuel for cooking is charcoal or firewood, the most common deprivation of basic services in their homes; 9 per cent do not have drainage connected to the public network or to a septic tank; in third place are dwellings without piped water inside the dwelling or on the land (8.5 per cent) and in the face of the almost universal coverage of dwellings with electricity services, this deprivation is the lowest percentage with 0.9 per cent (ENIGH, 2013; CELADE/ CEPAL, 2021). To these percentages must be added the lack of housing policy, the exhaustion of social integration processes and the miserable retirement conditions that are not guaranteed by the current social security systems (BARBOSA et al, 2017).



These figures are double in most Latin American countries. Hence, older adults can only be considered as one of the most vulnerable groups in Latin America (ETXEBERRIA, 2016). Thus, the Latin American older adult population suffers from various processes of discrimination, which places them in situations of precariousness and in the face of structural weaknesses of the State (NATIONAL CONGRESS OF CHILE, 2016). Therefore, it could be said that older people and their problems are still little reflected in the public policy agenda, with Latin American older adults appearing in processes of de-citizenisation and without the possibility of empowerment (MORENO TAMAYO et al, 2017; RUSSO, 2018).

With the above data, we would therefore like to return to the first central hypothesis of this article: the inversely proportional situation between the enormous and ever-growing demographic strength of old people and the diametrically opposed situation of a deprivation of social rights that weakens them in political terms and places them in the age and political category of "sub-citizenship", irremediably distances any possibility that the *ageing* society to come will be a "*gerontocentric*" society.

#### **FROM EUROPE AND THE UNITED STATES: RENEWED AGEISM PROCESSES.**

All indications are that, since the emergence of the coronavirus, we are witnessing an expression of "sanitary ageism", which in turn reveals the return of a paradigm of decrepitude that culturally and socially hurts old people. Therefore, against this paradigm of decrepitude as an "invisible" ideological background, in the name of "care", older adults have been confined and locked up, under the pretext of health measures (LOSADA-BALTAR et al., 2020).

It has also been rightly pointed out that this new wave of ageism has deepened the divide between young and old, increased resentment, mistrust and paranoia, and ultimately entrenched situations of social isolation that severely impact on physical, mental and family health (XIE et al., 2020). Many older adults who rely on social contact in community centres and places of worship are also experiencing significant disruption to their social networks and relationships. This isolation is compounded by studies indicating older adults' lack of access to current technologies, which further exposes them to situations of employment vulnerability compared to younger age groups and to situations of early retirement (COIBION et al., 2020).



It has also been reported that directives indicate that older adults are relegated compared to other age groups in health care settings, in emergencies, operations and hospitalizations (ROSENBAUM, 2020). It is also indicated that older adults from racial minorities are less likely to receive health care and are disproportionately vulnerable compared to white older adults (MONAHAN et al., 2020).

It is therefore no exaggeration to say that this resurrected ageism explains much of the slow, flawed and inadequate responses to coronavirus that have been attempted (AYALON et al., 2021). Other publications also indicate that over time in relation to coronavirus, the discriminatory and procrastinatory care that has existed at the hospital level towards older adults has not diminished in the face of the need to prioritize overstretched or scarce resources and procedures (ROSENBAUM, 2020). When it comes to saving lives, older adults remain the group with the fewest options (MORROW-HOWELL et al., 2020).

Authors, first cautiously and then more clearly, already speak of situations of "confinement" and "discrimination" and even begin to propagate an admittedly sinister play on words: "genocide" for "gerocide" (GOLUBEV & SIDORENKO, 2020; MARQUES & MENDONÇA, 2020.). Without going to the extreme use of this pun, other authors ask why this lack of empathy has arisen, without finding reasonable answers (ARONSON, 2020).

But the majority of the reviewed literature still seeks to raise awareness of the consequences of health decisions that are perceived to be wrong and hasty. True to this perspective, these studies highlight empirical data and experimental, longitudinal and cross-cultural research indicating how negative beliefs about age negatively affect a wide range of health outcomes (LEVY et al., 2020), as well as how emotional responses to stress can affect older people (LOSADA-BALTAR et al., 2020).

It is also reiterated, perhaps somewhat naively, that older adults should not be isolated, as this can have detrimental social, family and mental effects (BROOKE & JACKSON, 2020; ARMITAGE & NELLUMS, 2020). It is also pointed out how in the long term isolation can make health services even more expensive, which could aggravate the economic situation of older adults (LEVY et al., 2020). Finally, some authors consider it necessary to re-emphasize that if older adults are a risk group, it is not because of their age *per se*, but because of the associated co-morbidity (XIE et al., 2020; LEVY, 2009).



This return of a “sanitary ageism” acts as an extension of alibis and ideological resources that impose an impoverishing and unidirectional vision of older adults (FINGERMAN & TREVINO, 2020). In this way, the coronavirus has implied a new regression of the image of the older adult to that of the old, the decrepit and the antechamber of agony and death, in a fantastic resurrection of the paradigm of extreme decrepitude and helplessness (BELLINGTIER & NEUPERT, 2018).

Thus, since the renewal of the decrepitude paradigm, older adults have been confined once again to their homes, pensions, nursing homes. This confinement has generated such a broad and unquestionable consensus that there is no longer any hesitation in speaking of "confinement" (GOLUBEV & SIDORENKO, 2020). The prolongation of the pandemic has not changed the "consensus" that the situation of isolation and confinement of older adults is in their best interest. The power of stereotypes persists, despite a growing body of evidence refuting their basic assumptions (BIGGS, 1993).

In the space of a few months, the image of older adults as weak, vulnerable, decrepit and awaiting death has become ominously embedded in the social imaginary. It could be said that, suddenly, older adults have aged, but also that, suddenly, the paradigm of successful ageing has become deeply frayed (ARAÚJO et al., 2016; 2018; COSCO et al., 2018; CHAN et al., 2018; JOPP et al., 2016; MARTINSON & BERRIDGE, 2015; PRUCHNO & CARR, 2017; ROWE & COSCO, 2016; POCNET & POPP, 2020; STEWART et al., 2020; KLEIN, 2020).

Explaining this situation is not easy, yet it cannot be postponed. The paradigm of decrepit old age that was thought to have been overcome and eradicated has returned with more strength and legitimacy than ever. And one might even add: perhaps it never really went away. Thus, the sense of the "protagonism" of older adult went from being a social and identity renewal to being the group that could decide the course of the pandemic based on their confinement and decrepitude (KLEIN, 2021).

This indicates that, despite all efforts to try to establish a paradigm of active ageing, a paradigm of helplessness remains in place, whereby the ontological subject is referred to as "old" and is especially confronted with death, loneliness and helplessness. It is assumed that every subject goes through the same thing, as if there were no different and changing ageing situations. This is a subject who is already on the verge of death, not to say existential agony, full of memories, grief and nostalgia, facing a successive series of losses that torment or depress him/her (STEWART et al., 2020).



The ageing process inevitably appears as a process of chronic and irreversible deficit. Being such a vulnerable and deprived person, public or social policies will basically be conceived to cover this deficit, so that, in the end, public policies end up reinforcing what they claim to combat (HAKKERT & GUZMÁN, 2004).

In contrast to an adulthood capable of autonomy, vigour and productive profitability, older adult is characterized as unproductive and useless. Incapable of autonomy, decision making and self-support, the older adult is subjected to a process of infantilizing regression. He loses not only his physical and mental condition, but also his social and aesthetic dignity, which transforms him /her into a “poor” and “ugly” human being. His destiny can only be to be alone, on the street or in a public asylum in situations of ruin, loneliness and abandonment, seeking to highlight his vulnerability and decrepitude (KATZ, 1996, 2000).

When the paradigm becomes a dominant ideology, it offers identity references with which the older person easily identifies: "I am vulnerable, because I am old". In this sense, the different diversities implied by the context(s) of ageing are cancelled out (FERNÁNDEZ BALLESTEROS & MACIÁ, 1993).

Therefore, and taking into account all of the above, and from a vulnerability that is no longer due to social and economic factors, but rather cultural, a paradigm of decrepitude is reintroduced and reinforced that paradoxically "exiles" older adults from the coming ageing society, making it increasingly unlikely that the *ageing* of such a society will become a *gerontocentric* possibility.

## GERONTOLOGICAL CONFRONTATIONAL REVOLUTION VERSUS COVID-19

So, during the coronavirus pandemic, old people have been imperatively confined and have been labelled as a “risk” group, despite the fact that the passage of time has shown that all age groups are ultimately at risk.

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At the same time, but in a subterranean and invisible way (and sometimes, not even invisibly...), old people around the world have been left to die for lack of medical care. It was not denounced, it was not stopped, and there was no change of plans. Faced with the need to give priority due to the scarcity of health resources, priority was given to the care of young people and adults,



based on a perverse logic from which it was “agreed” that it was necessary to choose where the dwindling health resources would be allocated as a priority. It could be argued, certainly, that these “dwindling” resources are actually the result of decades of removal, dispossession and emptying of neoliberal policies that see health (like any other system that dignifies the human being) as a waste of money and resources.

It is difficult to understand how suddenly, older people have been stripped of their rights and guarantees and how they have been brought to this “sacrificial” place. It is also difficult to understand the blanket of silence that has been extended over a scandalous situation, with genocidal overtones. Where are the intellectuals, activists, thinkers, denouncing the barbarity of what has happened? They are not. Silence and prurience are the norm. While there is a high sensitivity towards other minorities and social movements, old people suddenly cease to matter, despite the fact that paradoxically we are approaching a demographic situation that is enunciated as an “ageing” society.

In quantitative terms, the ageing society is a fact. No one can doubt it anymore. It is estimated that by 2050, 21.8% of the world's population will be older people (UN, 2019). There are also transformations that go beyond the demographic transition and resignify it, to the extent -as we have already indicated above- that the older adult is engaged in a new empowerment of opportunities, aspirations and jubilant anticipations of living, which does not incorporate or transmit the traditional models inherited of what it was to be a grandparent, within what could be called: *gerontological confrontational revolution* (KLEIN, 2016).

This confrontation, as a strong critical process, deepens the processes based on the questioning of the established and tradition but with enormous difficulty to preserve, rescue or transform the generational heritage, from new models of social experimentation that are legitimized around an evaluation, at times very severe of the past, in which it is believed to find traits of authoritarianism and blindness of behaviors, which led (it is said) to the predominance of submission by fear. Thus, perhaps the most complex point of this new version of confrontational processes is that they no longer refer to the acquisition, renewal and use of previous models, which would mark the incidence and transforming persistence of the social past (GIDDENS, 1995).

As the models of the past are delegitimized, new identity, social and family models must be permanently constructed and reconstructed. Consequently, older people confirm a tendency that, although already present, is deepening even more: the loss of a tradition that indicates “how to do



things” increases the need for life and social experiences of “trial and error”, with a greater possibility of frustration and confusion. One “learns” to be a parent and grandparent by trial and error rather than by acquiring and transforming previous models. But an experimentation that perhaps burdens the father, is favored and facilitated in the group of grandparents who are already going through a high level of social and identity experimentation (HARPER, 2004).

The universe of family and social configurations is permeated by a cultural horizon, where everything, or almost everything, must be permanently reconstructed and re-signified, according to each context, according to each situation, which makes the exercise of roles lose reliability and gain in errors. And where in addition, probably, critical evaluations are redoubled, sifted by a demand and/or severity in front of situations that can end up being deficient. The social and generational inheritance in the traditional terms of “model” and “guide of conduct” is impoverished and becomes almost unfeasible. Practices that are considered demeaning and violent seek to exclude themselves from social inheritance.

The renewed version of old people embodies the legitimacy of this rejection, as much as they are depositaries of new social practices. This allows to indicate that in the new territories delimited by the identity, generational and cultural novelties sustained by the older people, resignifications that cannot be tolerated from a culture of the hard references and totalitarianism are raised (CZERNIKOWSKI, 2003).

Among these factors we can mention the refusal to maintain generational inheritance and thus ancestral collective memory and a “sacred” narrative as it has been traditionally understood until now. It should be noted that this is not only a “critique” of tradition as it has been generally approached, but rather of the extinction of the possibilities that sustain it. Concomitantly, the so-called “sacred word” loses its capacity to be a referent and social organizer. Another related factor appears here: while this “sacred word” is no longer configured in terms of force, authority, imposition and verticalism, structures of fraternity, horizontality and increase of dialogue are inevitably reinforced. The authority-fraternity pair proper to modernity is inevitably broken, with predominance of the latter (KATZ, 1996).

Together with this increase of the fraternal, where everything must be dialogued and reviewed, a confrontation is accentuated that surpasses the limits of what is traditionally tolerated as confrontational. It is no longer a marking of differences, but a radicalization of the processes of



confrontation, where the past is discarded when being considered a place of transmitters of values that are considered inappropriate, according to new forms and styles of life that no longer feel, in addition, any guilt for the lack of consideration to the past, the inheritance and the inheritable (TUIRÁN, 1999).

Another factor appears here: the traditionally more conservative and socially uninherited age group becomes innovative and disruptive, with a bold and unpredictable use of opportunities and with the capacity to impose new social horizons. From here there is a renewal of the social bond, as two devices traditionally assigned to adolescence are assumed as their own: being bearers of the promise and the future as devices of social integration (KLEIN, 2015).

All these processes indicate, on the one hand, that the new denominations that refer to older people present them no longer as old, but as a *subspecies* of adulthood or *another type of* adulthood, within an ambitious project of social, cultural and generational renewal, which they come to embody. But, on the other hand and unwittingly, they have become the symbol and the emergents of the exhaustion and anachronicity of the traditional social bond conceived in terms of authority, respect for the past and cushioned confrontation. Difficult ambiguity that sooner or later would become impossible to maintain.

That is why we indicate that since the coronavirus process something has happened. Suddenly older people were syndicated as the risk group par excellence, and forced to be confined to protect the social structure. Undoubtedly, scientific evidence can be found to support such a decision, but it should not fail to take into account other invisible social and cultural processes. Beyond the fact that the coronavirus is not only a sanitary or biological event, but also a diagnostic and prognostic indicator of our social fabric and of political, social and cultural configurations, it is possible to indicate that this place of “protagonism” in which the older adult is now placed, is point by point, a “negative” and even a denial, of its renewing subjective, social and cultural experimentation (BOURDELAIS, 1993).

To confine older people is ambivalently both to “take care” of them from death and to leave them at the “mercy” of death, that is to say that they are the ones who take care of it from an expiatory policy, which on the one hand augurs magical processes of offering typical of a mechanical and religious sociability, and on the other hand, resituates the place older people in the traditionally stereotyped terms of decrepitude, de-citizenization and helplessness. From champions of subjective



experimentation, they have been placed once again in clearer and more recognizable conservative roles (KLEIN, 2020).

Paradoxically, they are still needed, but no longer as contributors of options in the face of social disconcerts, bond precariousness and overwhelmed parents, but as scapegoats. To this is added the possible magical annulment of what this renovating and rupturist group came to represent (voluntarily or involuntarily) as a structurer of emerging social values: fraternity, exacerbation of dialogue, annulment of the past, tradition and the ancestor, deepening of generational confrontation. Disruptive and instituting elements, which could hardly be integrated to another great social and political tendency also more and more emergent: the totalitarian imposition of hard referents (KLEIN, 2020).

With the confinement of old people, therefore, an expiatory posture is achieved simultaneously to safeguard the social order, the apocalyptic virus is magically conjured, and an emancipating project that has become difficult to support is weakened, trying to restore traditional values, “clear” and in agreement. Older people seem to have to “disappear” with their confinement, with which their disappearance recreates a climate of genocide, without this term never being made explicit as such in the “communication” media, indicating a new version of the banality of evil. As it was indicated, the older adult is thus again an old man, who instead of worrying about projecting new life opportunities, must face alone, but “wisely” and resignedly, death (ERIKSON, 2000).

To the extent that old people is transformed back into decrepit old people at the mercy of death, they are placed in a “situation of submission”, as an offering. Before a structural helplessness in which the imaginary and symbolic supports that assured belonging and protection are broken, and before an increase of the horizon of hard references, where the logic of scarcity is imposed and therefore there is no health for all, beds for all, respirators for all, the need for acts of expulsion increases, which are presented, however, as protective. Old people are “handed over” to death in an attempt, perhaps, to restore social and emotional equilibriums, creating an imposition that does not admit discussions, alternatives or options. At this point, the older adult is no longer the emergent of social change, but the depository of collective madness in a movement that synthesizes the frenetic and magical search for social redemption in the face of the intrusive and destructive virus (DURKHEIM, 1968).



It could be said that the precariousness of today's world was not invented by the coronavirus; it was undoubtedly already there, and has been for a long time. The coronavirus generates panic not only because of its deadly effects, but also because it makes it impossible to continue the farce of a simulacrum of a happy world, in the face of catastrophic realities and precariousness, in a world of renewed scarcity where for a long time now there have been no opportunities for employment, wages, security or dignity.

The coronavirus does not invent recession, unemployment, chronic impoverishment. It deepens them and makes them impossible to deny. The widespread panic perhaps refers to the fact that the practice of simulacrum has become unviable. The desperate attempt to return to the “new normal” is a gesture of denial doomed to failure. What is being consolidated is too brutal and terrifying to deny. Social Darwinism is in place. No horizon of change is foreseen, as it seems to be understood that only the strongest, the most aggressive, the most anaesthetised will survive. Virally and socially.

Perhaps the coronavirus does mark a turning point: either we grieve for economic and social structures that must inevitably be changed in order to really protect the world, society and the subject, or maniacal structures of denial, de-responsibilization or expiatory practices, such as those described here, are reaffirmed. The hesitations, doubts, backtracking of liberal governments will probably be punished by a consumer from whom they take away the simulacrum of consumption, by a middle class from whom they take away the simulacrum of the middle class, by a generation from whom they take away the simulacrum of protagonism. The consumer is in reality a chronically indebted person, the middle class is in reality an impoverished shack, the generations are in reality an age group that has no influence whatsoever on their reality.

In this scenario, old people are relegated to an imposing practice of expiatory and sacrificial confinement. We suggest the hypothesis that for this social statement to be affirmed and legitimized with this swift and unanimous approval, it is because something has previously happened in the social imaginary and in the social structure that concerns older adults today. A scenario that is probably related to trends of hard references, for a long time “uncomfortable” with the cultural novelties that indicated the new generation of older people.



The accentuation of the precarious, implies a destructive, violent and totalitarian malaise, a scenario of symbolic and social death that requires scapegoats, but that ultimately reaches everyone. It is a culture of death and dispossession. All of us, in short, we are transformed into offal, tears, flesh and a defleshed mind.

In this climate of survival, of every man for himself, where it seems unlikely that the States will restore levels of well-being, we must also ask ourselves what agendas can be sustained: the human rights agenda, the poverty and indigenism agenda, the democracy agenda, the climate change agenda? Will there still be availability, funds, proactivity and interest in maintaining these agendas that have become uncomfortable or a hindrance, in the face of a bleak and threatening panorama of financial scarcity and subsidies, without loans, without jobs, with the permanent threat and fear of recession? On the other hand, when society can no longer fulfil even the minimum duty to protect its weakest and most vulnerable members, any further debate is probably suppressed and silenced.

The world on the horizon (the world that is coming but is already here) is full of grim resentments, the return of hard-line fascist governments and an even more marked social fragmentation in terms of groups against groups. It is essential to give ourselves the possibility of talking about the dangers to free coexistence, free thought, personal choices, democracy and the capacity to delegate representation. Not to mention the rational capacity to manage the problems of coexistence and the emancipatory project of differences and otherness and the need to face the challenges of the coming ageing society.

From here another difficult appear in order to establish a plenty ageing society. They are factors that is necessary, indeed, to take into consideration.

## CONCLUSIONS.

We have tried to discuss - as a working hypothesis- the conditions under which an ageing society can be transformed into a gerontocentric society. These factors are related to the rights to health, citizenship, education and quality of life, among other factors that we could point out as quantitative.



As we indicated from the Latin American scenario, these quantitative factors are weakened by social structures characterized by impoverishment and regressive redistributions of national wealth (HAM, 1999; VILLAGÓMEZ ORNELAS, 2009; TUIRÁN, 1999). Therefore, we find here a first difficulty, in relation to the increasingly precarious and destabilising social conditions, which in one way or another renew the temptation of neoliberal mentalities and strategies (KLEIN, 2021; GARCÍA RIAÑO, 1991).

And yet, as we will show from the North American and European scenario and in relation to the emergence of a sanitary ageing since Covid-19, it is not enough to reach the quantitative horizon of security in quality of life for an ageing society to acquire "gerontocentric" characteristics.

The effects of the social imaginary, when it generates the "invisibilised" consensus of the older adult as decrepit, weak and in agony before death, also generates cultural vulnerability for the older adult. Thus, the paradigm of decrepitude, which seems increasingly inclined to place old age in the realm of "handicaps", deficits and impairments, needs to be carefully and critically reviewed. The prevalence of this prejudice also acts as an obstacle to the debate on fundamental issues arising from the ageing society.

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In a scenario of social and economic vulnerability, where the provision of services and goods to older adults shows alarming detriments, dismantling social programmes, affecting health services and consolidating impoverishing pensions (TAVARES, 1999), where we also find a cultural vulnerability associated with negative stereotypes, in relation to the reappearance of the decrepitude paradigm, based on the way in which the coronavirus pandemic was managed in relation to older adults, the situation cannot but alert us to a multidimensional resurgence of ageism that must lead to a profound re-evaluation of how the so-called ageing society will be constituted in the remainder of the 21st century.

Likewise, the situation generated from and through the processes of regression of rights in the field of ageing, but, at the same time, the incidence of renewed negative stereotypes, raises the question of the place of older people in the global society as a whole, which merits concern and the need to open a debate on the subject.



The population and demographics changes, the irreversible trend towards longevity and the incessant decrease in births, augur an ageing society, but not necessarily a "gerontocentric" one. There is a whole series of difficulties that do not seem to have been solved, but on the contrary, are deepening. The issue of elder abuse, which is increasing at an alarming rate in families and institutions, should be reviewed as one of the axes of the ageing society. Perhaps the violence against this population group is directly proportional to the fact that they do not report it for fear of abandonment or retaliation.

In the process of moving from an ageing society to a gerontocentric society, many issues need to be debated. One is what obligations the State and society have towards the older adult subject, in terms of citizenship, empowerment, retirement, support networks, health systems and others (RABELL & D'AUBETERRE, 2009). Another is whether we can break out of the pigeonholing of "decrepitude" versus "vitality" to construct new and unprecedented registers of the corporeal, bonds, capacities and new aesthetics experiences. Of course, it would be necessary re-think what to do with death, one's own and that of others (in a scenario of displaced death), and, correlatively, how to deal with the loneliness due to generational deprivation (THOMAS, 1983). And, finally, whether the possible contributions of old age will be correlatively admitted from its emerging identities that tend towards creativity, community contribution and new ways of living (KLEIN, 2016).

These are some of the challenges at stake. But if we are unable to address, solve or resolve the economic, social and cultural prejudices mentioned above, this 21st century, dubbed the century of the "ageing" society, will end up being nothing more than the century of "ageism".

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