



A Significant Minority:

Mexican seniors in tourist resorts

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A personal comment by Bryan Massam

For almost 15 years I have been working with colleagues in Mexico at the Universidad de Guadalajara in Puerto Vallarta and in Canada, and at the University of Southampton UK, on the many and varied impacts of tourism on the quality of life of Mexicans. It has been a pleasure and privilege for me. I have learned much about Mexican life from this enterprise and about my values.

This will be my final academic project and it will focus on the lives of senior citizens in Mexico who live close to tourist resorts. As a senior citizen well into retirement from university life in Canada for more than a decade, I have a personal perspective on aging that allows me to learn each day about the changes in the body and mind as my journey moves along. This is not a gloomy prospect rather I am fully aware it is a natural and normal outcome of being born. For those who continue to study and write about the quality of life in Mexico and elsewhere I wish you courage and good intentions to continue. Poverty is a feature of Mexico and deserves to be alleviated while preserving the profound values of generosity and family support which pervade the country. In 2015 The Sveriges Riksbank Prize in Economic Sciences in Memory of Alfred Nobel 2015 was awarded to Angus Deaton *"for his analysis of consumption, poverty, and welfare"*. Perhaps progress in opportunities and equity for a country like Mexico will be forthcoming soon. With diligence and effort you –my friends– will be rewarded because you have tried to raise awareness and offer ways to make life more enjoyable for those who have limited means in Mexico to make their views known to the world. Bon voyage amigos. Bryan

Preface

*If you want to learn something, go to someone older than you, because
they have lived longer.
Chinese proverb*

The painting on the cover page is entitled: *Sitting Alone Together* by Achala Jeff LeGro, it represents a typical meditation in the Zen Buddhist tradition. This image captures the essence of aging as individuals become increasingly physically isolated yet still often keenly aware of others around. Attitudes, opportunities and circumstances largely determine the well-being of each individual and they sit, wonder and wait; in due course when nature intends they die. Such is the natural order of all humans as sentient beings. It is a journey nobody can avoid so why not travel with equanimity? What can an individual do to promote her or his life, and ultimately death with emotional ease, and what role does the state play in helping in this noble objective?

In what ways is aging a private journey? Perhaps it is a journey shared with a spouse, partner, family, friends and strangers or traveled alone. Is it a journey that is controlled to some degree by the state and institutions and practices of the society-medical, cultural, economic and social?

This project is an exploration of some of these issues in a specific context, namely with respect to selected individuals we classify as aged i.e. over 65 and hence eligible for some financial assistance from the state. The state in question is Mexico with about 6% of the population over 65. We specifically select individuals-men and

women-who live in eight communities close to tourist resorts in the states of Jalisco and Nayarit. This project complements a series of studies we have undertaken in recent years on the attributes and consequences of tourism on the lives of Mexicans. It is the first time that particular attention is focussed on seniors, and the specific circumstances they encounter as a consequence of living close to tourist resorts which inevitably offer many opportunities for younger Mexicans to devote much time and effort to seeking employment in such centres, and as a consequence through their encounters with foreign tourists become aware of different values and attitudes toward life compared to traditional Mexican ones.

Introduction

The moon and sun are travelers through eternity. Even the years wander on. Whether drifting through life on a boat or climbing toward old age leading a horse, each day is a journey, and the journey itself is home.

Matsuo Bashō

The oldest members of a society are often referred to as seniors or elders and they are viewed in a variety of ways as dependents or as the repository of sagacity and experience. Perhaps such people are viewed with reverence, respect and profound admiration and as sources of wisdom and advice about life. At the other extreme they may be treated as individuals who have served their basic purposes of living through work and serving others, and or procreation, and now are liabilities for a society to manage in some ways that keep them from interfering too much in the lives of younger people who seek their own independence. These stark caricatures are indeed extremes, and reality is often some

combination of parts of both stories without explicit recognition of the somewhat cruel often ignored truth that older folks are heading to the end of their lives, and in many cases are fearful of their later years as they confront death and dying, and aging and changing bodies and minds. Aging may involve matters of rights, duties and obligations as well as moral and ethical aspects of life regarding choices and decisions about the allocation of resources such as time, money and space for seniors both by individuals who feel some sense of responsibility and obligations toward older people, and by the state that confronts difficult conflicting pressures for scarce resources, especially for medical services and high quality care facilities for seniors. Aging is often seen as essentially a private matter in many countries in the contemporary world, and the market place caters to this by offering all sorts of opportunities to promote the so-called good life no matter what the age of an individual. Advertising is indeed seductive and profitable no doubt for the companies who market their products and specifically target affluent aged folks to consume with a view to seeking happiness and contentment.

The photograph below was taken in Toronto in July 2015: it speaks for itself!



FACT or FICTION Is everything for sale?

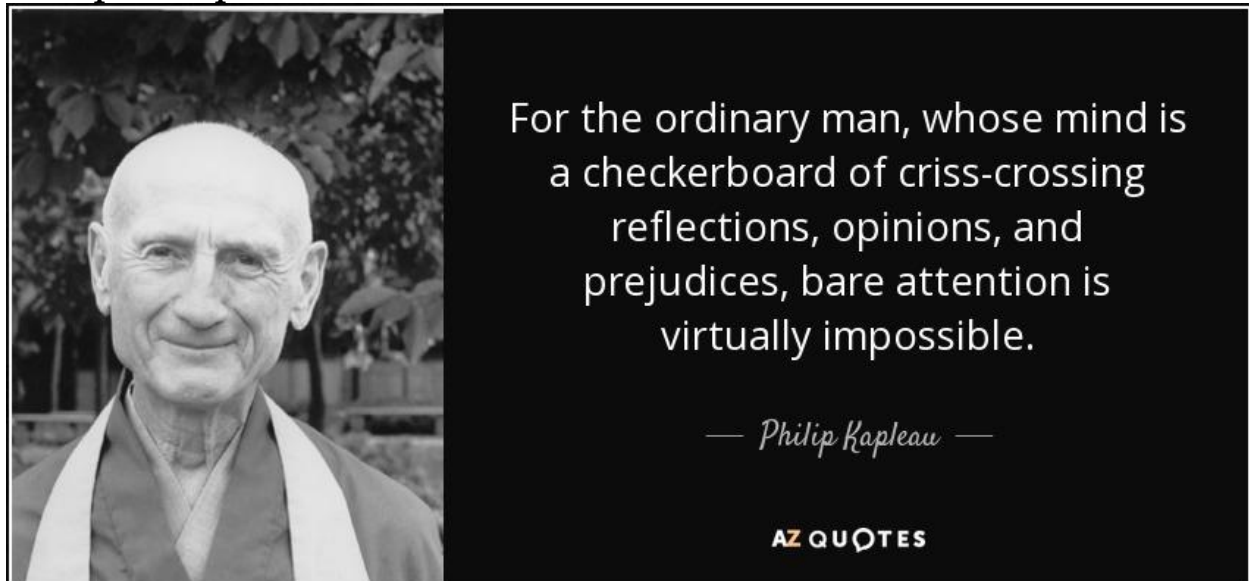
Matters of a spiritual nature are not excluded from the market place and the senior is well advised to pay attention to the maxim *caveat emptor*. Of course authentic and deeply held spiritual views about life and existence within formal religious traditions can offer profound comfort to believers, especially perhaps when the individuals are challenged and face some of the painful physical

and emotional aspects of aging. End-of-life care and movements like 'dying with dignity' are much discussed by some and ignored by others. Who is to say which the preferred approach is? Politics and legislation, as well as religion play roles in such debates as do personal attitudes, beliefs and values. In July 2015 *The Economist* (2015) published results of surveys of attitudes among Europeans and others regarding the so-called right to die with the assistance of professionals without the risk of interference of legal procedures and notions of criminal intent. The debate will continue in many forms and confront legal, ethical and moral imperatives, values and practices. Palliative care and the hospice movement are topics that deserve attention when we reflect on lives of and for seniors. A balanced overview is provided by The Worldwide Hospice Palliative Care Alliance (WHPCA) W1 (the complete list of websites is in the reference section). This is an international non-governmental organisation focusing exclusively on hospice and palliative care development worldwide. They are a network of national and regional hospice and palliative care organisations and affiliate organisations.

We might ask 'how do seniors take control of their lives?' as if this is a relevant question with some answers and advice to be offered. Why does it matter about controlling one's life? Rather how does an individual find peace, freedom and contentment no matter what happens in their life, whether young or old? Another question that some ask of seniors is 'how do you find meaning in your life as you get older?' as if this question has resonance with seniors more than with anyone else who reflects on life and the possibilities of it lacking meaning *per se* as suggested by evolutionary biology. Those of a spiritual inclination may turn to religious belief to give

meaning and purpose in life. For example, the Christian monk Thomas Merton records in his journal (December 22 1964) 'My life has no meaning except as conscious and self-dedication to the fulfilment of His intention (which in detail remains a complete mystery).' Yet as a sentient being with a reflective mind the matter of meaning is often uppermost in our thoughts, perhaps especially as we get older and reflect on the ways we have lived our lives so far. Perhaps some simply adhere to the maxim that meaning is created by the action of living, no more and no less, or perhaps some do not spare a thought for meaning as they live their daily lives. In February 2015 a young woman-Jennifer Logan-who had been a student at York University tragically died: she had lived every moment engaged with others and caring for some who are marginalised in the world. Her view of meaning and purpose of life is captured in her phrase: 'The meaning of life is to give life meaning.' W2

Philip Kapleau the celebrated Zen teacher reminds us:



Kapleau tells us '...one's life is thus centred not in reality itself but in one's ideas of it.'

Each senior is faced with their own perceived reality that embraces memories and prospects for the future, their activities, preferences, opinions, and attitudes. Words like control, freedom, rights, obligations and duties may define the context for an intellectual discussion of the milieu within which a senior lives. However, seniors quite naturally in their actual experienced life seek peace, contentment, ease, satisfaction, acceptance, happiness, purpose, meaning, significance, respect, appreciation and rewards. But who is to determine the sources of these desired outcomes: perhaps the individual, or the state, agencies in the public or private sectors including the market place, relatives, friends and neighbours. Notions of isolation and its attendant fears and satisfaction for a senior may confront ideals of community as offering comfort, support and security. A senior may feel encumbered by interference into their individuality by virtue of living in a community setting. Inevitably a senior faces compromises and choices as they get older and the range may become increasingly limited by restrictions on availability of resources and opportunities.

Aging as a 'scientific project' is promoted in some quarters, for example, in *The Atlantic* magazine (The New Science of Old Age, 2014) as if scientific advances can solve the 'problems of aging'! Relief from some aspects of suffering as one gets older may be provided by medical treatments and pharmaceuticals: yet again the maxim *caveat emptor* applies.

Aging is a process that starts at birth. Why devote attention to any particular segment of this journey that ends with death? It is unreasonable and even totally unrealistic to think we can stop the

natural process of aging. But indeed we can influence our attitudes toward our own aging, and our personality can play major roles in this to reduce emotional pains and distress, and try to find peace of mind and acceptance of the normality of aging. Of course we may hope for appropriate levels of care and attention from other individuals and the state. But we may have to deal with situations in which circumstances and conditions are not to our liking and beyond our control, or even the control of others, the state or medical science: such is reality. We wonder how many older people recognize the importance of attitude as they cope with aging: it is often the case that a person believes and blames the state of mind about aging on circumstances and conditions that are primarily beyond their direct control. It is well known in psychology that attitude represent a settled way of thinking or feeling about someone or something, typically one that is reflected in a person's behavior. Attitudes are related to personality traits. Personality traits are simply:

- Actions
- Attitudes
- Behaviors you possess

In psychology, there are five factors that determine different personality types. The big five factors are:

1. *Openness* is appreciation for a variety of experience.
2. *Conscientiousness* is planning ahead rather than being spontaneous.
3. *Extraversion* involves going out with friends and being energetic.
4. *Agreeableness* is, as it says, being agreeable.

5. *Neuroticism* refers to worrying or being vulnerable.

Your personality is entirely up to you. It is in the actions you take and the decisions you make. Either you are a patient person, or not; a responsible person or not. The only way to change your personality is to take active steps to become the person you want to be. W3

There have been many studies using questionnaires on attitudes of individuals and the effects on aging and coping with the prospects of dying (W4, W5, W6, W7, W8, W9).

In essence all these studies indicate that finding the right attitude is a personal matter over which we each do have some control if we choose. The type of attitude we have has profound effects on aging with ease and acceptance, and emotional robustness, yet with the capacity to accept the body and mind as it changes over time.

The psychotherapist and writer Irvin Yalom -a free-thinker and self-described iconoclast- in his book about facing death *Staring at the Sun*, tells us that 'Epicurus practised medical philosophy and insisted that just as the doctor treats the body, the philosopher must treat the soul. In his view, there was only one proper goal of philosophy: to alleviate human misery. And the root cause of misery? Epicurus believed it to be *our omnipresent fear of death*. Epicurus did not advocate sensuous pleasure; he was far more concerned with the attainment of tranquility (ataraxia/ ἀταραξία).'

For Epicureans, *ataraxia* is synonymous with the only true happiness possible for a person. It signifies the state of robust tranquility that derives from eschewing faith in an afterlife, not fearing the gods because they are distant and unconcerned with us, avoiding politics and vexatious people, surrounding oneself with trustworthy and affectionate friends and, most importantly, being an affectionate, virtuous person, worthy of trust.

The Stoics, for example Chrysippus, Zeno, Cicero, and Marcus Aurelius taught us that *learning to live well is learning to die well and that learning to die well is learning to live well*. In our everyday mode of living we are typically completely absorbed in our surroundings and we may ask HOW things are in the world: however, if we can reflect on the ontological mode of reasoning we can focus on and appreciate the miracle of 'being' -THAT things are and THAT I exist. Heidegger clarified the paradox about the difference between HOW things are and THAT things are. When absorbed in the everyday mode of living we turn toward evanescent distractions (pleasure seeking) such as physical appearance, style, possessions or prestige. In the ontological mode we may be prompted to take responsibility for trying to construct an authentic life of engagement, connectivity and meaning. Schopenhauer in his later essays clearly argues that it is only what an individual IS that counts, and that neither material wealth, nor social status nor good reputation result in happiness. The quality of our life is determined by how we interpret our experiences not by the experiences themselves. The German philosopher Paul Tillich offers us the felicitous phrase *ultimate concerns* which are particularly germane to the matter of finding our way in life through the maze of experiences that touch death, isolation, meaning in life and

freedom. Yalom believes we are free and have the opportunity to reflect on these ultimate concerns and decide what to do and accept the consequences. Of course we can perpetually torment ourselves by imagining or envisaging some perfect ways of coping while avoiding actual life and living each moment.

The celebrated writer and medical doctor Atul Gawande (2014) has considerable prestige around the world and recently he has written a down-to-earth book (Being Mortal) on aging and human mortality. The book was prompted by his personal experiences of being with his father who was also a renowned medical doctor in USA as he became sick and died. Gawande (2014) bemoans the lack of public and professional awareness and debate about the personal elements of aging and life prior to death, and the enormous devotion of resources to keeping people alive an extra few weeks/months or so when the inevitability of death is staring them in the face.

‘In the US, 25% of all Medicare spending is for the 5% of patients who are in their final year of life, and most of that money goes for care in their last couple of months that is of little apparent benefit’
‘I learned about a lot of things in medical school, but mortality wasn’t one of them. Our textbooks had almost nothing on aging or frailty or dying. How the process unfolds, how people experience the end of their lives, and how it affects those around them seems beside the point.’ (Gawande 2014)

According to research reported on W10 last-year-of-life expenses constituted 22 percent of all medical, 26 percent of Medicare, 18

percent of all non-Medicare expenditures, and 25 percent of Medicaid expenditures in USA.

The elderly (65 years of age and older) consume more than 33 percent of health care spending. Their medical expenses are substantially higher in the last year of life. While only 5 percent of elderly Medicare beneficiaries die annually, the percentage of elderly Medicare expenditures spent on persons in the last year of life fluctuates between 27 percent and 31 percent.

According to W11 estimates show that about 27% of Medicare's annual \$327 billion budget (\$88 billion) in 2006 goes to care for patients in their final year of life. It represents 22% of all medical spending in the United States, 18% of all non-Medicare spending, and 25 percent of all Medicaid spending for the poor.

The case study

This project is situated in the context of larger long-term project on the impacts of tourism on the life of Mexicans using a variety of approaches and empirical data sets. A summary of this work is presented in a series of publications: Everitt, et al. (2008), Massam B.H. Hracs B.J. and Espinoza R. (2012), Massam B. H. and Sánchez R. E. (2012), Massam B.H. and R. E. Sánchez (2013) and Massam B.H. Hracs B. J. and Espinoza R. (2015).

Collaboration between colleagues in Mexico and Canada has been continuing for more than decade and a summary in Spanish of our work is provided in the book:

Sanchez, E. R. et al. 2014 *Una decada de colaboracion academica para el desarrollo Mexico y Canada*, Guadalajara: Universidad de Guadalajara

In order to situate this project into the context of the health care system in Mexico with some understanding of the demographics of the country an overview is provided in recent OECD report (W12).

“OECD Health Statistics 2014: how does Mexico compare? Total health spending accounted for 6.2% of GDP in Mexico in 2012, among the lowest shares of OECD countries (only Estonia and Turkey spend less) and well below the OECD average of 9.3%. As a result of greatly expanded health coverage for the poor and uninsured in Mexico since 2004, the public share of health care financing in Mexico has increased by around 10 percentage points to stand at 50% in 2012. This remains one of the lowest across OECD countries (where the average is 72%), and around half of all health spending in Mexico is paid directly by patients.” (W12)

“The number of doctors and nurses is increasing in Mexico, but remains low by OECD standards OECD Health Statistics 2014 also shows that the supply of health workers in Mexico has increased over the past decade, but remains low by OECD Standards. The number of doctors per capita has risen substantially in Mexico since 2000, going up from 1.6 doctors per 1000 population in 2000 to 2.2 in 2012, but still remains below the OECD average of 3.2. The number of nurses in Mexico has also increased but more modestly, going up from 2.2 nurses per 1000 population in 2000 to 2.6 in 2012. It remains well below the OECD average of 8.8. Health status and

risk factors life expectancy in Mexico has increased much more slowly over the past ten years than that in other OECD countries, and Mexico now has the lowest life expectancy of all OECD countries. While life expectancy increased by three years on average across OECD countries between 2000 and 2012 (rising from 77.1 years to 80.2 years), it increased by one year only in Mexico (from 73.3 to 74.4 years). The gap in longevity between Mexico and other OECD countries has therefore widened from about four years to six years.” (W12)

“The slow progress in life expectancy in Mexico is due to harmful health-related behaviours including poor nutrition habits and very high obesity rates, increasing mortality rates from diabetes and no reduction in mortality from cardiovascular diseases. Very high death rates from road traffic accidents and homicides, as well as persisting barriers to access to high-quality care, also explain this relatively slow progress. The obesity rate among adults in Mexico—based on actual measures of height and weight—was 32.4% in 2012, up from 24.2% in 2000. This is the second highest rate among OECD countries, after the United States (35.3% in 2012). Obesity’s growing prevalence foreshadows increases in the occurrence of health problems (such as diabetes and cardiovascular diseases), and higher health care costs in the future.” (W12)

Successful coping with aging we are told by some requires the right attitude or right view, and the right effort. But what precisely and in practical terms are these notions of success, aging, attitude, view, effort and rightness, and how can they be put into practice by an individual? How much responsibility can or should an individual assume for interpreting and practicing the notions, and how much

should be assumed by someone else, an institution, or public policy? These are critical questions that can be debated at length. What are the consequences of not practising these notions? Are there clear examples of those who do practise that can serve as role models? Effort can yield transformation in life but who is to say what kind of effort and what kind of transformation is a worthwhile way for an individual to live?

Poverty among the aged is serious problem in Mexico and the RAND research organization has posed two critical research questions namely:

1. Could a non-contributory pension program be designed both to reduce poverty and to measure the health and welfare improvements of elderly Mexicans?
2. How expensive would such a program be, relative to the benefits observed?

A detailed research report by Rand (W13) suggests ways for a pension programme to be designed and the costs.

“Mexico is undergoing unprecedented demographic changes. Advancements in living conditions, health care, and technology have raised life expectancy, but a larger percentage of Mexico's elderly is poor and rural, and many lack the social safety nets available to urban seniors. Could reforms to Mexico's social security system help alleviate political and social instability before Mexico's baby boom reaches retirement age?” (W13)

The key findings are:

- ‘The RAND research team was able to develop a computerized questionnaire and employ a randomized design with treatment and control groups and measurements before and after the intervention.
- The treatment group – those receiving the pension – registered a decline in the number of older people still working, an increase in use of medical services and medicine, and improvement in food availability, relative to the control group.’
- RAND designed, with the State of Yucatan, Mexico, a non-contributory social security program for towns with more than 20,000 inhabitants, to evaluate the program's impact on the welfare of residents age 70 and over.
- The study follows both treatment and control groups over time to examine short- and longer-term effects. This is a unique project to test and understand the effects of non-contributory pension systems on the health and welfare of the elderly.

An overview of pension programs in Mexico and the ramification for the near future as a percent of the population over 65 moves from the current figure of about 6.5% to more than 20% by 2050 (W14).

“The lack of what can be called a “Getting old Culture” generates abandonment, lack of respect of basic human and legal rights and poverty for millions of Mexicans in this condition.” (W14)

“According to the National Council of Policies Evaluation and Social Development, 7 million elderly are in a poverty situation and 800,000 in extreme poverty. This data is shocking, more than 50% of grandparents do not have the resources to live with dignity, in addition, 27.9 % consider that their rights have not been respected because of their age.” (W14)

“The National Survey of Discrimination in Mexico (ENDM in Spanish) reveals two interesting pieces of data: 61.8 % of the elderly people in Mexico are supported economically by their relatives, and only 2 out of 10 receive a pension granted by an employer. The pension is a privilege that is similar to social security, but at the same time is getting harder to keep, thousands of seniors never had what is considered social benefits. This data clearly explains the need for this sector to work, but at the same time it is virtually impossible for them to be employed, due to the lack of federal laws that prohibit age discrimination.” (W15)

The decade of the 1980s heralded the coming of age, with worldwide attention to population ageing and its implications for societal development and the well-being of older persons.

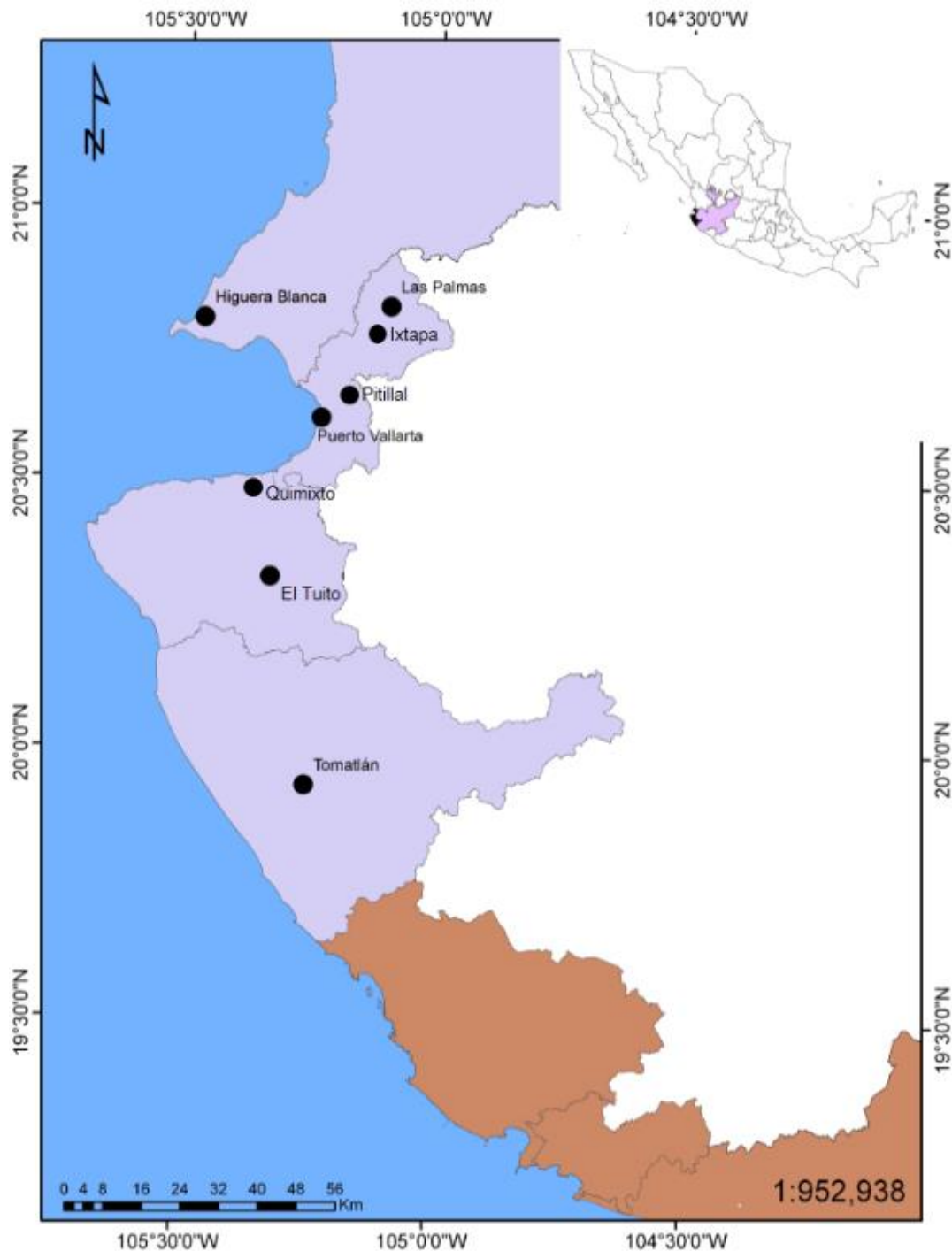
This monograph is a description of the socio-demographic ageing process in Mexico (W16).

Overview: purpose of case study

The focus of this project is to collect and examine the opinions and attitudes of senior citizens in 8 communities near a variety of tourist resorts in the region surrounding Puerto Vallarta. A variety of communities was selected to represent the various aspects and

types of tourism in Mexico. From the world-renowned a well-established community like Puerto Vallarta to Tomatlán which is the proposed site for major tourist investment in the coming years. The location of the communities is shown on Figure 1.

Figure 1 Study communities



Brief comments about each community are offered below.

- El Tuito

El Tuito with a population of about 3,000 is close to Puerto Vallarta: about 40 minutes away. Tourist activities are rare in El Tuito. It remains a rural community with Mexican traditions: it is still a classic Mexican community. This community is the head of the municipality of Cabo Corrientes and it is located to the south of Puerto Vallarta in the highway to Manzanillo city. Its climate is cool and its surrounding pine mountains are very beautiful for tourism activities.

- Higuera Blanca

Higuera Blanca (less than 1000) is located about 40 kms from Puerto Vallarta, in the Bahia de Banderas Municipality of the State of Nayarit. This community is located in the Ribiera Nayarit Tourism Development zone, and is very close to Litibu (a massive Tourism Resort with enclosed facilities that cater to affluent tourists); it is also very close to the Four Season Hotel that caters to many international tourists for conferences and meetings, and luxury holidays with golf and high-end sports facilities. However it is still a small rural community isolated from tourism apart for some opportunities for employment.

- Ixtapa

Ixtapa is located about 20 kms from Puerto Vallarta, and it is a community with around 15,000 inhabitants. It is very close to the University of Guadalajara, Centro Universitario de la Costa. In the past this community was a very productive agriculture centre. But now it depends on Puerto Vallarta for economic activities and employment opportunities. It has some cultural tourist attractions such as archeological ruins and agricultural fields where people see a variety of crops. So the main tourist attraction is the campus of Centro Universitario de la Costa where we can find enclosures with crocodiles, iguanas, turtles. There are hundreds of students studying and engage with the academic world (Espinoza, et. al., 2015).

- Las Palmas

Las Palmas (4,000) is located about 35 kms from Puerto Vallarta, and it is a small rural community. We find some rural tourist activities, visitors walk in the town visiting the church, the kiosco (in the public square -la plaza): also in this community there is a tourist activity the local people refer to as Las Paseadas. This tourist activity engages people enjoying drinking, eating and dancing. The most important tourist aspect of this community is a large scale tourist enterprise of ecotourism around the community. The community is surrounded by mountains, a magnificent river and very luxuriant vegetation which offer beautiful views for the tourists (Espinoza et al. 2014).

- Pitillal

Pitillal (50,000) is very close to Puerto Vallarta, it is like a neighbourhood of Puerto Vallarta in fact. The Pitillal River separates the city of Puerto Vallarta from this community. There is a very interesting aspect about Pitillal: all the people of this community still preserve the rural ways of thinking. They live as if they were living in a rural area and while they like to interact with the tourists they preserve their traditional way of life. The locals observe that their ways of living are so different from the ways of Mexicans in Puerto Vallarta. Religious tourism is promoted in this community, and the government is encouraging it too. We can find tourist activities relating to religion as well as walking on the sidewalk of the Pitillal River and admiring some animals (Iguanas) and remarkable vegetation. In the Pitillal town the tourist can be seen visiting Mexican restaurants and buying good from Mexican merchants.

- Puerto Vallarta

This city (about 350,000) is one of Mexico's most important tourist resorts that attracts many thousands of visitors each year to enjoy the full range of activities from the highest quality resorts to classic style hotels in the old city that offer a glimpse of another age of tourism and life in the city. Cruise ships visit often and the streets buzz with tourists who feel safe and secure in this resort town. Night life caters to a variety of tastes, values and attitudes, that some locals find disturbing.

- Quimixto

Quimixto (450) is a rural community, almost a village in the municipality of Cabo Corrientes, the people can reach this town only by boat, so it is very interesting for tourists. This community has a waterfall, beautiful littoral (beaches), also some *palapas* restaurants for the tourists, and a very special tourist attraction is an "indigenous Indian community". If tourists visit this place they have to take a boat in La Boca de Tomatlán and after about 30 minutes they arrive. From Vallarta to Boca de Tomatlán where you get the boat is about 25 kms. There we can find some tourist villages, restaurants, organized boat tours, horseback riding tours as well as walking and hiking trails and organized tours.

- Tomatlán

Tomatlán (9,000) is located about a 100 kms from Puerto Vallarta, and now it does not have any tourist activities. However, there is a huge project in Chalacatepec that is planned to exploit the superb beaches and countryside nearby. A new airport is planned as well as many types of accommodation. Much has been written about this proposed resort area that some suggest will be the largest attraction for tourist in Mexico in coming years. There is some local opposition and uncertainty about the timing of the investments.

During the months of June, July, August and September 2015 Rodrigo Sanchez arranged for each community to be visited by his research team. A selection of senior citizens (citizens over 65) was identified in each place: citizens who were willing to participate in the project after the aims and purposes were explained to them and matters of confidentiality of responses ensured. In each community 5 men and 5 women were selected at random from the

set of people who offered to participate. Each person completed a quality of life survey and a survey of their lived experiences. Details of these surveys are given later and the results are summarised. We offer a number of specific conclusions as well as general observations and policy recommendations as well as suggestions for further research on the general topic of aging in Mexico.

Quality of Life survey

The term quality of life (QOL) has attracted much attention from academics, planners and the public as it implies a measure of success or failure in the lives of individuals, families, groups, society and places, and as such policies and styles of life that purport to improve or limit QOL can perhaps be identified. A critical review of the literature on QOL as a reflection of public policies and private initiatives by individuals is offered by Massam (2002). The topic of QOL and its related surrogate 'happiness' have generated a vast array of literature ranging from the earliest times of Epicurus, for example, to the latest contributions on websites and search engines like Google. Recent comprehensive overviews of relevant literature are provided by the Dalai Lama (1998), Gilbert (2006), Haidt (2006) and Layard (2006). A search on Google for the topic 'definitions of QOL' yields over 76 million references. While the term QOL is used by academics, politicians, bureaucrats and journalists to describe how life is lived in a particular place by individuals, it is far from certain that the term means much to the individuals it claims to describe.

Asking a person to reflect or contemplate on the notion of QOL is to present them with a very difficult task. We can never be certain how an individual interprets or defines the abstract concept of QOL. So even if we have scores and numbers assigned by an individual to indicators that may contribute to QOL it is unclear what such numbers actually represent other than stated opinions: they are certainly not revealed behaviour patterns. Such opinions may not represent clearly and unambiguously the experiences of an individual in his or her life on matters like satisfaction or distress as manifestations of QOL. The numerical approach is essentially one that asks the person to imagine and envisage the notion of QOL. The approach of using stated values and numerical scores appears to be scientific in the sense of transparency and replication of method used to derive scores. Is the method meaningful though? This is the issue addressed by Kahneman (2011) and he argues that it is seriously flawed. The contributions of this renowned psychologist earned him the Nobel Prize in economics in 2002. Kahneman (2011) suggests that so many studies of QOL are based on surveys asking ‘how good is your life?’ The question should be “when you think about your life, how good you think it is?” or, “how good is your life at this point in time? Are folks introspective and can we ask them without prompting how good their life is and how good is their QOL? Selected web sites that relate to this argument are (W17, W18).

In a later section in this project we use the notion of Lived Experience to complement the QOL survey.

The general protocol for the QOL survey is based on the following overview.

1 Selected eight communities (El Tuito, Higuera Blanca, Ixtapa, Las Palmas, Pitillal, Puerto Vallarta, Tomatlán, Quimixto) and 5 men and 5 women in each community for interviews. The interviewers kept in mind the following questions. How do seniors perceive and experience their lives as members of communities in and near to tourist resorts? What is the current situation? How is this changing? What public policies need to be developed or changed? How much responsibility rests with individuals, family members, friends and neighbours to help seniors as they get older?

2 Interviewed each person separately

- explain the general purpose of the project and clarify that there are no **right** or **wrong** answers
- for each person collect basic demographic data: age, living arrangements, work habits in the past and present, family situation, economic situation, social, spiritual, cultural attitudes
- allow each person to describe their thoughts, feelings, emotions and comments about getting older

3 A set of 11 types of questions for each person who is interviewed was used.

1 how old are you? what do **you think** of your overall health and wellbeing?

2 do you live alone with a spouse or family/children/friends?

3 who looked after **your parents** when you were younger?

- 4 where would you like **to be** as you get older?
- 5 what are the **main difficulties** you have to deal with as you get older?
- 6 what are the **good aspects** about getting older?
- 7 do you have children? Are they helping you as you get older? In what ways do they help?
- 8 what are your general comments about getting older: are you pessimistic/optimistic/accepting/fearful/troubled etc?
- 9 is it better to grow old in a small rural community, a city, on the edge of a city, near a tourist resort OR **away from a tourist resort**
- 10 would you like to live in a **community** for old people ...a home or residence for retirees with food provided and medical care and social activities? Who would pay for this?
- 11 any other general or specific comments that you would like to make about getting older in your community?

Table 1 presents a summary of the response from each person in each of the 8 communities. This table is rich source of information about the attitudes and opinions of the seniors.

Summary information, 80 seniors in 8 communities Table 1 (Individuals marked * are shown on charts in Appendix 2 or 3)

EL TUITO (TU etc)

TUa Male, 76 years old, unemployed, realist, a little sick, lives alone.
 tub Male, 70 years old, craftsman, hard man, healthy, lives with his spouse.
 tuc Male, 65 years old, employee, realist, good health, lives alone.
 tud Male, 72 years old, retired professor, optimist, good health, lives with his spouse.*

tue Male, 72 years old, musician, realist, good health, lives with his spouse.*

tuf Female, 68 years old, housewife, fearful, bad health, lives with her spouse.*

tug Female, 76 years old, employee, realist, in a good health, lives alone.

tuh Female, 70 years old, housewife, realist, healthy, lives with her spouse.

tui Female, 67 years old, employee, realist, good health, lives with her spouse.

tuj Female, 68 years old, housewife, optimist, a diabetic, lives with her family

HIGUERA BLANCA (HB etc)

HBa Male, 72 years old, retired, optimist, good health, lives with his spouse.*

hbb Female, 65 years old, housewife, fearful, a little sick, lives with her spouse.*

hbc Male, 66 years old, hotel worker, optimist and realist, a little sick, lives with his family.

hbd Female, 86 years old, housewife, realist, blind woman, lives with her family *

hbe Male, 65 years old, farmer, realist, good health, lives with his spouse.

hbf Female, 65 years old, housewife, optimist, healthy, lives with her spouse.

hbg Female, 66 years old, housewife, realist, healthy, lives alone.

hbh Male, 77 years old, merchant, optimist, healthy, lives with his spouse.

hbi Female, 65 years old, unemployed, realist, good health, lives with her family.

hbj Male, 69 years old, farmer, fearful, good health, lives with his family.

IXTAPA (I etc)

Ia Male, 65 five years old, optimist, works as seller and lives with his family.*

Ib Female, 66 years old, realist, lives with her family and is diabetic.
 ic Male, 65 years old, unemployed, realist, lives with his family and depends absolutely of his daughter.*
 id Female, 66 years old, merchant, optimist, healthy, lives with her family.
 ie Male, 66 years old, merchant, optimist, healthy, lives with his spouse.
 if Male, 70 years old, unemployed, realist, healthy, lives alone.
 ig Male, 65 years old, mason, optimist, healthy, lives with his family.
 ih Female, 68 years old, housewife, pessimist, unhealthy, lives with her family.*
 ii Female, 70 years old, housewife, optimist, healthy, lives with her family.
 ij Female, 72 years old, housewife, realist, healthy, lives with her family.

LAS PALMAS (LP etc)

LPa Male, 87 years old, unemployed, realist, a good health, lives with his spouse.
 lpb Female, 65 years old, housewife, realist, in good health, lives with her spouse.
 lpc Male, 65 years old, worker, optimist, in good health, lives with his family
 lpd Female, 77 years old, housewife, realist, bad health, lives alone.
 lpe Male, 73 years old, farmer, realist, bad health, lives alone.
 lpf Female, 65 years old, cook and housewife, realist, healthy woman, lives alone.
 lpg Male, 78 years old, farmer, realist, good health, lives with his family.*
 lph Female, 68 years old, housewife, realist, good health, lives with her family.
 lpi Female, 87 years old, housewife, realist, optimist and fearful, good health, lives alone*.
 lpj Male, 65 years old, carpenter, fearful and difficult man, healthy, lives with his family. *

PITILLAL (P etc)

Pa Female, 67 years old, housewife, realist, healthy, lives with her spouse.*

pb Female, 76 years old, housewife, optimist, feels tired, lives with her spouse.

pc Female, 72 years old, ambulant merchant, optimist, feels well, lives alone.*

pd Female, 70 years old, housewife, realist, healthy, lives with her spouse.

pe Female, 66 years old, employee, realist and fearful, healthy, lives with her spouse.*

pf Male, 69 years old, worker, realist, healthy, lives with his spouse.

pg Male, 72 years old, worker, realist, healthy, lives alone.

ph Male, 65 years old, butcher, optimist, healthy, lives alone.

pi Male, 76 years old, unemployed, optimist, healthy, lives with his family.

pj Male, 78 years old, ambulant merchant, optimist, healthy, lives alone.

PUERTO VALLARTA (PV etc)

PVa Female, 69 years old, merchant, optimist, healthy, lives with her spouse.

pvb Female, 79 years old, housewife, realist, feels good health, lives with her spouse.*

pvc Male, 81 years old, farmer, fearful, healthy, lives alone.*

pvd Male, 71 years old, farmer, realist, healthy, lives alone.

pve Male, 67 years old, merchant, optimist, healthy, lives with his family.*

pvf Male, 71 years old, lessor, fearful, feels healthy, lives alone.

pvg Male, 75 years old, ambulant merchant, optimist, feels good health, lives alone.

pvh Female, 68 years old, housewife, fearful, feels good health, lives with her spouse.

pvi Female, 80 years old, unemployed, realist, feels good health, lives with her family.

pvj Female, 72 years old, housewife, optimist, diabetic, lives with her spouse.

QUIMIXTO (Q etc)

Qa Female, 69 years old, housewife, fearful and difficult, in bad health, lives with her family.*

qb Female, 72 years old, ambulant merchant, realist, feels good health, lives alone.*

qc Female, 68 years old, merchant, realist, feels good, lives with her family.

qd Female, 65 years old, housewife, realist, feels good health, lives with her family.

qe Female, 65 years old, housewife, realist, feels good health, lives with her spouse.

qf Male, 73 years old, fisherman, realist, feels good health, lives with her spouse.

qg Male, 86 years old, farmer, optimist, feels good health, lives with his family.*

qh Female, 73 years old, farmer, optimist, feels very good health, lives with his family.

qi Male, 84 years old, farmer, optimist, feels good health, lives alone.

qj Male, 65 years old, unemployed, fearful, feels bad health, lives with his family.

TOMATLÁN (T etc)

Ta Female, 72 years old, worker, optimist, a little sick, lives with her family

tb Male, 65 years old, farmer, realist, healthy man, lives alone.*

tc Female, 79 years old, housewife, realist, resigned, lives alone.

td Male, 79 years old, musician, optimist, sick man, lives with his family.*

te Female, 79 years old, saleswoman, realist, healthy, lives alone.

tf Male, 83 years old, farmer, difficult person, healthy, lives with his spouse.

tg Male, 70 years old, itinerant person, optimist, healthy man, lives with his spouse.

th Female, 78 years old, housewife, optimist, healthy, lives with her spouse

ti Male, 78 years old, merchant, optimist, healthy man, lives alone.
 tj Male, 67 years old, employee, pessimist, a little blind, lives alone.*

A summary of five specific self-identified attitudes is given on Table 2

Table 2: Summary of attitudes about aging

Optimist	TU 2	I 5	HB 4	LP 2	P 5	PV 4	Q 3	T 5	30
Realist	TU 6	I 4	HB 4	LP 7	P 5	PV 3	Q 5	T 3	37
Pessimist	TU 0	I 1	HB 0	LP 0	P 0	PV 0	Q 0	T 1	2
Fearful	TU 1	I 0	HB 2	LP 1	P 0	PV 3	Q 2	T 0	9
Difficult/hard	TU 1							T 1	2

Overall 37 individual out of 80 accept their situation and 13 find their situation challenging in one way or another. This aspect of attitude toward aging will be examined further after we discuss the results of the Lived Experiences of the 80 individuals.

A summary of the basic data from the QOL survey is provided in Appendix 1 as a series of charts. For each place 14 charts have been constructed. Using these data, and the comments and discussions that arose during the interviews, we have identified 8 specific topics that seniors acknowledge as important in their lives. The next section Dimensions of Aging will address the topics and focus on:

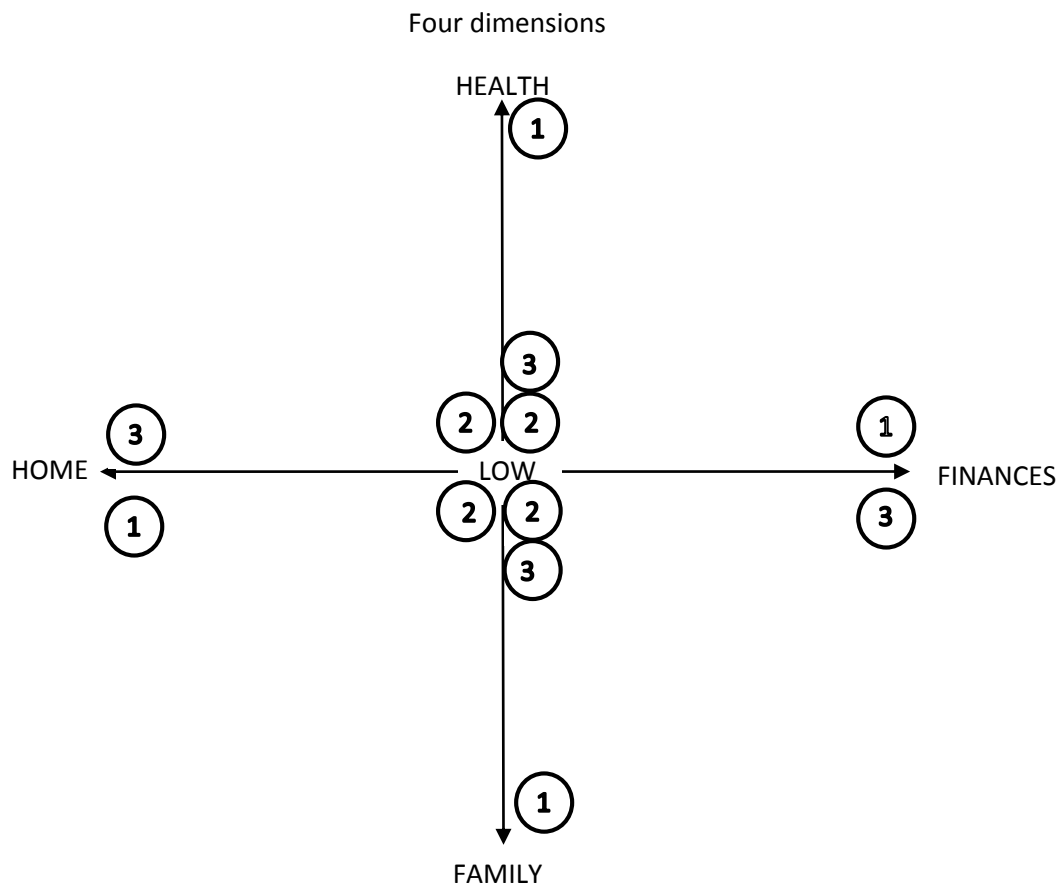
- The good aspects of getting older
- The role of family in caring for seniors
- Matters of health and wellbeing
- Financial aspects

- Living arrangements
- State of mind about getting older
- Acceptance and control of life
- Proximity to tourist resorts

Each of these topics will be addressed for each community and comparisons among the communities will be identified. We will construct a summary chart as a schematic typology to capture the basic dimensions of opinions for the communities that offer a visual impression of the overall situation of aging in the study communities. This typology is shown on Fig 2 as a hypothetical set of responses of 4 individuals. The typology comprises four dimensions namely, financial, health, accommodation and family. For each dimension we will use a qualitative representative scale to indicate if the opinions are positive or negative. The positive opinions suggest the interviewee is optimistic and accepting of the current situation and the prospects for the future, whereas the negative opinions suggest the interviewee is distressed and concerned and somewhat fearful about the current situation and the prospects for the future. If an individual has perception that is negative the location on the typology is at the centre, whereas a positive response is recorded toward the edges of the chart on each axis. The attention here is to try to capture notions of acceptance of situation. For example, an individual may say their health is not so good but this does not concern them too much, on the other hand another individual may also say their health is not so good and this causes them considerable concern and distress and they would like better health care facilities nearby. The quality of life of an individual is to a large degree a question of the acceptance and attitude toward the actual conditions the individual experiences.

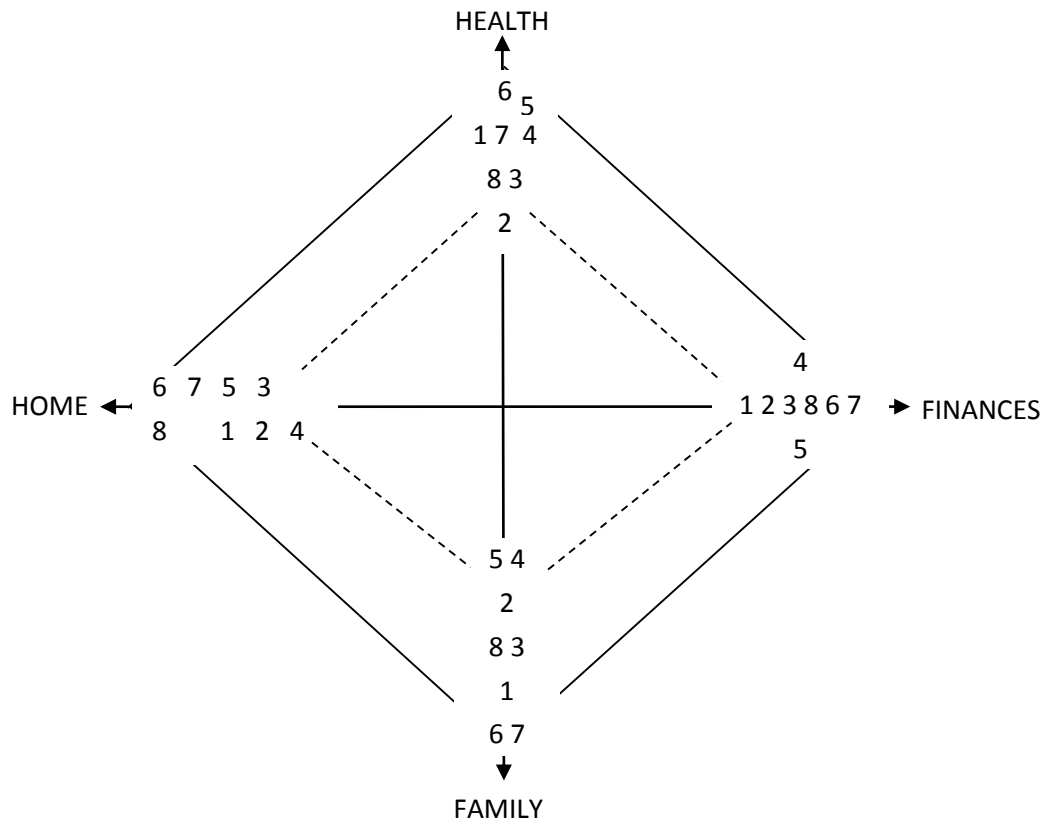
The summary chart is shown on Fig 3 and it can be used to compare and contrast responses for the 8 communities. The solid line indices the upper limit of responses while the dotted line indices the lower limit. The gap represents the difference for each axis. Overall the responses are tending toward the positive level but there are some responses and some communities with lower levels of satisfaction.

Figure 2 Hypothetical Typology of Seniors:



- | | |
|----------|--|
| Person 1 | High acceptance / satisfaction on each dimension |
| Person 2 | Low acceptance / dissatisfaction on each dimension |
| Person 3 | High ... regarding "finance" and "home" dimensions |
| | Low... regarding "family" and "health" dimensions |

Figure 3 Summary of 8 communities using 4 dimensions



High acceptance / satisfaction

Low acceptance / dissatisfaction

1. El Tuito
2. Higuera Blanca
3. Ixtapa
4. Las Palmas
5. Pitallal
6. Puerto Vallarta
7. Quimixto
8. Tomatlán

Each dimension has a separate focus:

- financial
- health
- accommodation
- family

Brief comments for each dimension are offered below.

Financial ...who pays for current care ... who should/could pay for future care ... is the lack of finances a serious concern in day to day life

Health ... is state of health a matter of concern and is this related to living arrangements ... alone or with family ...type of accommodation ... location

Accommodation ... what kind of house/home ...alone or with family, in an institution, is it accessible to services/friends/family

Family ...how important is family in day to day life, social, economic, services, caring ...how reliable are family ...are there examples from your own life experiences as your parents aged ...is the future secure in terms of family support.

Dimensions of aging

- The good aspects of getting older

Nearly all respondents recognized and acknowledged that life as a senior has some benefits especially if involvements with close family continues ... no need to go to work too much to secure a

living ...acceptance of current conditions of health, accommodation, family help is the normal pattern in many cases

- The role of family in caring for seniors

This aspect of life is very important in a variety of practical ways ... day to day socialising, eating together, passing time, caring, financial, seeing children and grandchildren ...ensuring emotional security and sense of belonging and being useful and respected. Of the 80 individuals interviewed only 2 (Las Palmas) did not have children. Many children play important roles in caring for seniors. With respect to ways the parents of the seniors interviewed were cared for as they aged there were variety of responses. While many parents looked after themselves (70% in Q and 60% in Puerto Vallarta and Tomatlán, it is also noted that in a number of cases family members played significant role (80% in Puerto Vallarta and 70% in Higuera Blanca) while only 10% looked after themselves in Ixtapa.

- Matters of health and wellbeing

For some this is pressing issue ...most accept that aging does involve declining health and this is part of life ...a degree of acceptance is evident without excessive frustration or expression of frustration at lack of health services ...wellbeing is related to sense of belonging and family and friends rather than illness or declining health

- Financial aspects

When asked about the difficulties they face as a result of getting older seniors frequently mentioned issues related to money, work and the economy. In most locations 40% expressed 'worry' about

money or the economy. In Higuera Blanca 30% expressed a more specific concern about not getting a job. At the same time, many seniors explained that they receive economic support from their children: 70% in Puerto Vallarta and Quimixto, 60% in Tomatlán, 40% in El Tuito, Higuera Blanca, Las Palmas, and 30% in Ixtapa. Interestingly, no respondents mentioned receiving economic support from their children in Pitillal. With respect to paying for living arrangements, very few seniors felt it was their responsibility: (places at 0% Puerto Vallarta, Ixtapa, El Tuito, and places that are at 10% Tomatlán, Quimixto, Pitillal, Las Palmas, 30% Higuera Blanca). Instead most felt the burden should fall on their children or, to a lesser extent, the state.

- Living arrangements

Current living arrangements as well as preferences for the future vary across the locations. Whereas in Pitillal 90% of the seniors live independently, either alone or with their spouse, in Ixtapa 80% live with family members. Interestingly in Quimixto 60% live with family but 90% stated that they would prefer to live in their own house as they get older. The preference for independent living, in their own house, is quite strong across the sample with Puerto Vallarta at 100%, El Tuito 70%, Higuera Blanca 60%, Las Palmas, 50%, Pitillal 80, Tomatlán 70.

- State of mind about getting older

Despite specific concerns about health, money and future living arrangements the majority of seniors exhibited a positive or realistic state of mind about getting older. Few reported feeling fearful, troubled or pessimistic whereas between 70% (Puerto

Vallarta) and 100% (Pitillal) in all locations reported feeling optimistic or accepting of the situation.

- Proximity to tourist resorts

Few specific comments in favour or against living close to a tourist resort were mentioned; acceptance of what exists is in evidence without too much frustration about the actual arrangements with respect to location, though many preferred to be in small rural communities or on the edge of a city, rather than in the heart of tourist resort. Seniors in Pitillal suggest that life in small rural community could be considerably more preferable than in a city. However, those in Higuera Blanca are unanimous in preferring to be away from tourist resort and a clear majority in Ixtapa share this view, though some would like to be on the edge of city-namely their present location. All in Las Palmas prefer to live in a small rural community-not too dissimilar to their present location. Almost 60% of those in Puerto Vallarta prefer city life while almost 40% would opt to live in small rural community. No explicit mention is made of preferring a city which is tourist resort though which is their current situation. Everyone in Quimixto prefers life in a small rural community-not a radical change to their current situation. Only 10% of those in Tomatlán prefer to live close to a tourist resort, the majority prefer life in a small rural community. This is the only community where anyone (10%) suggested they preferred to live close to tourist resort. The small rural community is the preferred location for seniors now residing in El Tuito-such a place in fact as they current live in.

Lived Experiences of Seniors

The concept of *lived experiences* is discussed in detail in a recent book by Massam et al. (2012). In this section we offer a few remarks about the concept and present data collected in 8 communities.

An alternate approach suggested by Kahneman (2011) to the numerical one using questionnaires about ‘how good your life is?’ is to ask an individual to identify types of activities remembered in the near past, for example, the last 2–3 weeks, and to list the activities and experiences that were enjoyed and wished to be continued, these could be referred to as Type 1 activities; those activities that they found unsatisfying (Type 2) but perhaps necessary to some degree in the daily life, and those experiences when boredom set in and no clear feelings and emotions as to satisfaction or annoyance were evident (Type 3).

While some individuals, perhaps most of us in fact, live and experience life without deliberate conscious consideration or reflection on existence and meaning, there are others who contemplate life and seek to define and understand what it is to live well and meaningfully. Do individuals actually think about the matter of living a good life or living well?

As an individual moves from birth to death through a variety of stages and circumstances – childhood, teenage years, marriage, old age, for example, experiencing losses, absences and deprivations, and the emotions of sadness, grief and mourning, joys, happiness, expectations and desires, the lived experiences can change

significantly. Even over a short period of time – a day, week, and month – the experiences can fluctuate enormously.

Three basic questions were used to prompt each respondent and the informal focus group discussions with respondents to yield a long list of lived experiences and activities.

- Q1. Which activities have you enjoyed in the last 2—3 weeks and which activities would you like to continue in the coming weeks
- Q2. Which activities have you undertaken in the last 2—3 weeks which you did not enjoy, but felt some responsibility, obligation or duty to undertake
- Q3. Which activities filled some of your time in the last 2—3 weeks which do not clearly fit into the first two categories

From the long list of responses we derived four basic clusters of activities which we portray as

MIND (intellectual/thinking and reflection):

BODY (state of being, health):

WORK (activities that require effort and some degree of commitment to be busy):

PEOPLE (interactions with others).

The long list is summarized below.

MIND worrying, anxiety, sadness, distress, joy, pleasure, eroticism, happiness, prayer, meditation, reflection, contemplation, reading, spirituality, belief, moral and ethical considerations, aesthetics, fear, hope, acceptance, wellbeing

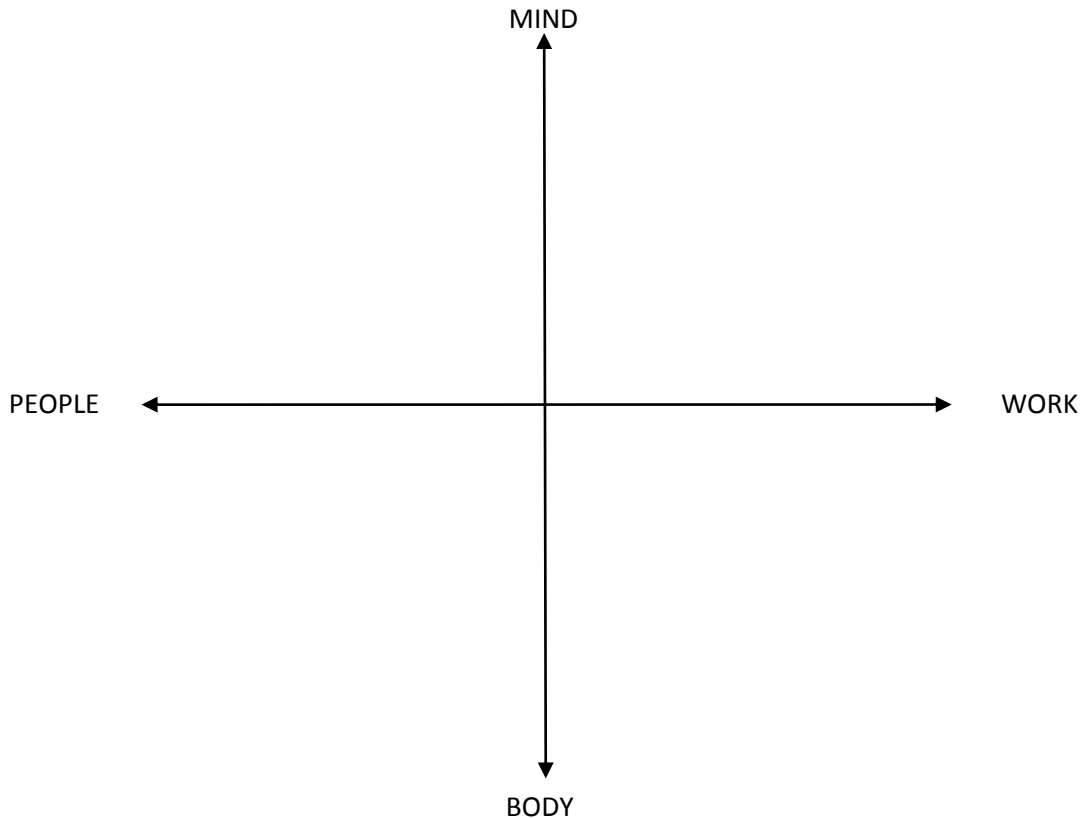
BODY health, exercise, looks, clothes, aging, medical condition, pain, chronic distress, diet, weight, body shape, afflictions

WORK paid employment, unpaid employment, studying, volunteering, caring, hobbies, responsibility for others, household chores – cooking, cleaning, shopping, cooking

PEOPLE family, friends, virtual friends e.g. Facebook friends, colleagues, neighbours, strangers, community, clubs.

Each dimension embraces a range of activities which reflect the possibilities and choices an individual may make depending for example, on their age, gender, marital status, location, as well as their obligations, responsibilities and duties, and commitments and values, as well of course as their habitual patterns of behaviour that occur without premeditation and reflection. The socio-economic and cultural tradition in the milieu of the respondents also plays a significant part in defining activities. The four dimensions of lived experiences are presented schematically on Figure 4 as a template that is used for data collection.

Figure 4 Template to display data on experienced life



The protocol for collecting data from each respondent is presented below with three figures (Fig. 5, Fig. 6 and Fig. 7) that clarify some of the elements of the diagrams for those who are interviewed.

During the data collection exercise the interviewer avoided using words and phrases like QOL, wellbeing and happiness. Toward the end of the exercise these terms are introduced in the general discussion with the respondents. At the outset it is stressed that there are no right or wrong answers or responses, and no judgments are made about the quality or nature of the responses.

The protocol involves 8 steps as outlined below:

- 1 Present a brief preamble on the concepts of lived experiences and activities (type 1, 2 and 3) and an overview of the variety of responses derived from the long list.
- 2 Distribute the list for each cluster and discuss: ask each respondent to identify some relevant activities that apply to their unique lived experiences, and add others in order to identify the sets of activities for the individual for each cluster that suit the opinions of the individual.
- 3 Explain Fig 4 and the 4 clusters/dimensions of lived experiences/activities.
- 4 Explain that for each axis the respondent is asked to reflect and think about and try to remember the activities that fit into each cluster for a specific time period namely the last 2-3 weeks. Distribute Fig 4 and discuss the implications of placing the (*) at the centre or the edge of each axis.
- 5 For each axis, after careful reflection, the respondent is asked to suggest a level of engagement (marked with a 0) with the set of activities in each cluster: ranging from low (centre) to high (edge): this point is marked on each axis.
- 6 This step involves the respondent to make a judgment about the level they selected in step 5 in terms of satisfaction: is the level to their liking or not? Is it too low or high? By how much is it too high or low? Do not rush this step: stress again that there are no right or wrong answers.
- 7 Each individual is now asked to look at the gaps between the actual levels of activities and the desired levels: are they

significant? Should the gap be closed? Should the responsibility for closing the gap rest with the individual? Should someone else help to close the gap for the individual? Would different public policies help close the gap? Which specific changes to public policies might help? Can the respondent suggest some reasons why the desired level is not actively sought?

8 What is the overall assessment of the exercise? Do the 4 clusters make sense and are they comprehensive? Does the notion of lived experience have significance to the respondent? Is the procedure useful to help the respondent think about their life and the role of individual responsibility and possible ways that others, including governments, may help to close gaps?

Somewhat simplistically and naively we might suggest that an ideal lived life would generate a pattern of the sort shown on Figure 5 in which for an individual they select high levels of participation on each of the four dimensions. Low level of participation is portrayed by placing the cross [*] close to the centre of the figure.

If we then ask each individual to assign an actual level of their perceived level of participation on each axis a pattern of the sort shown on Figure 6 might be generated.

Figure 5 Hypothetical display for ideal experienced life

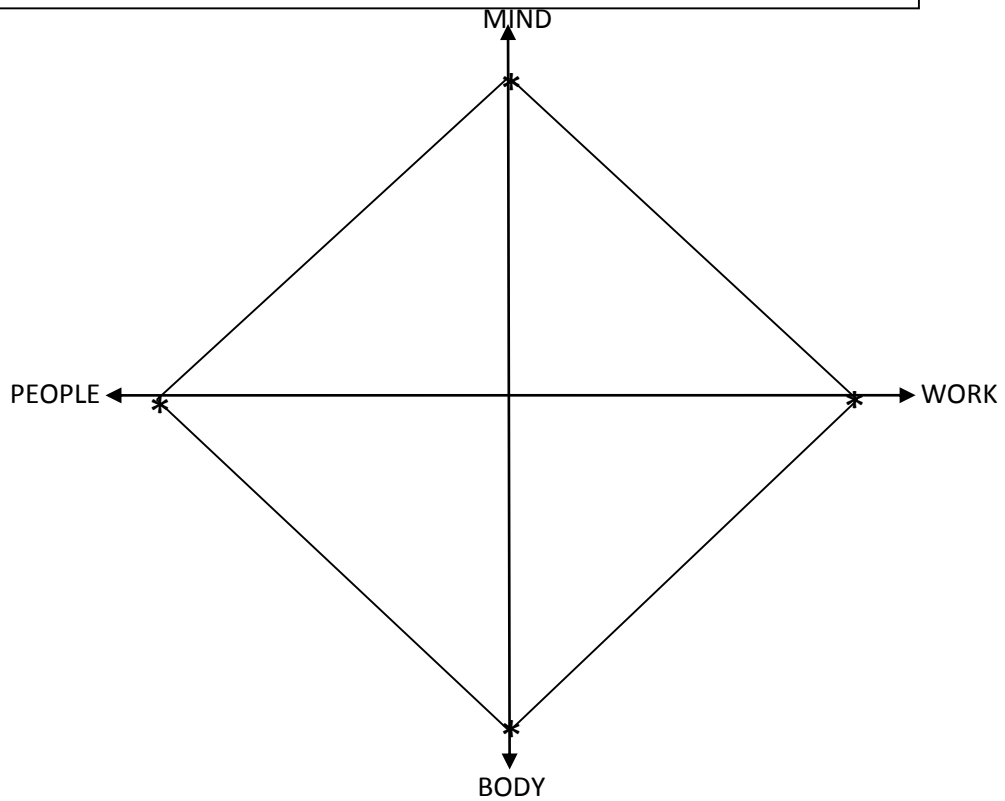
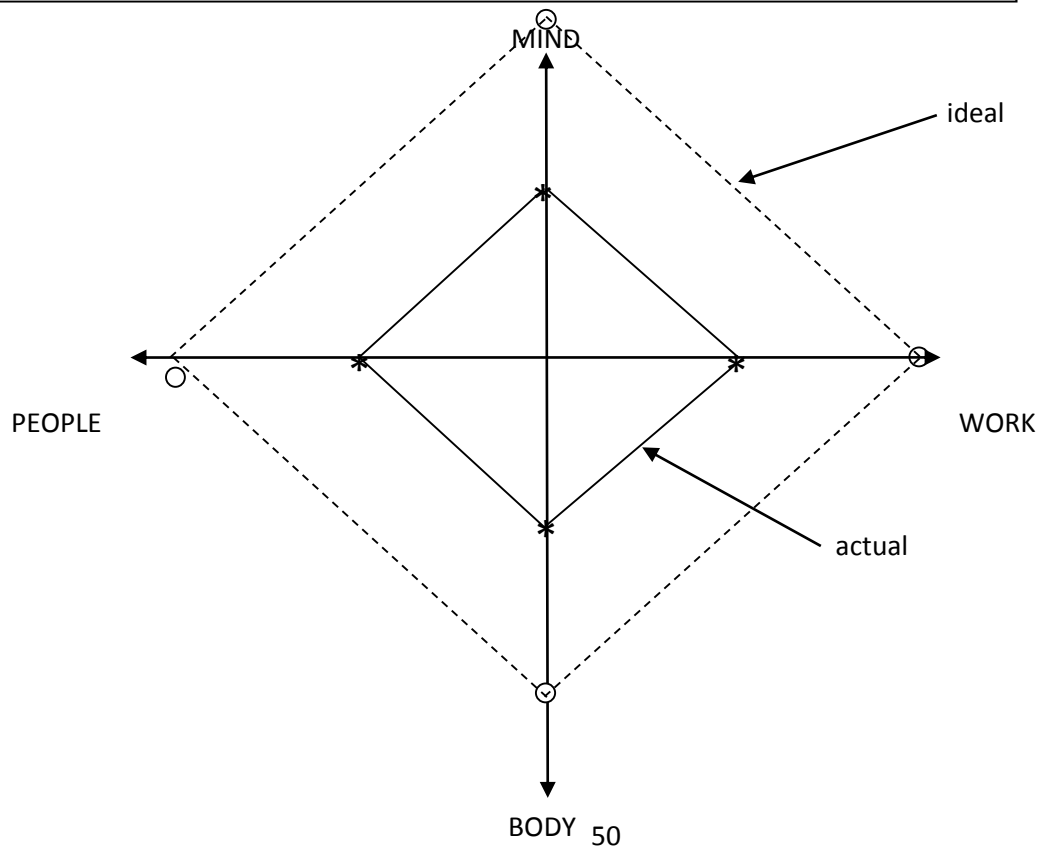


Figure 6 Hypothetical patterns for ideal and actual experienced life



If we assume that the ideal pattern is defined by the broken lines and this is a prescriptive pattern, then the actual pattern of lived experiences shown as solid lines appears to fall short of the ideal. To draw this conclusion from the two patterns shown on Figure 6 is misguided as there is no definitive prescribed pattern that applies to all individuals.

Consider Figure 7. It is clear that a high level of participation might be the result of a positive and desirable level of lived experience; on the other hand a high level may indicate negative and undesirable lived experiences. Let us now consider the patterns of two hypothetical subjects named Pedro and Maria as shown on Figure 8.

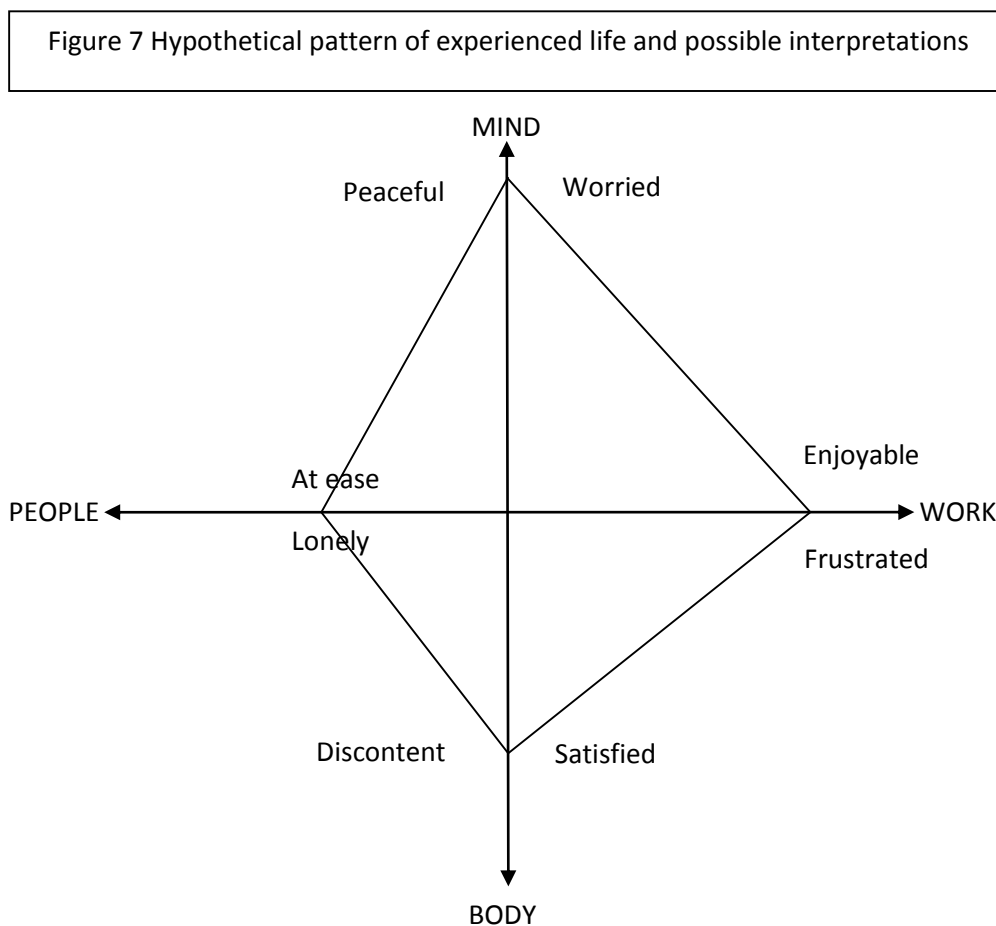
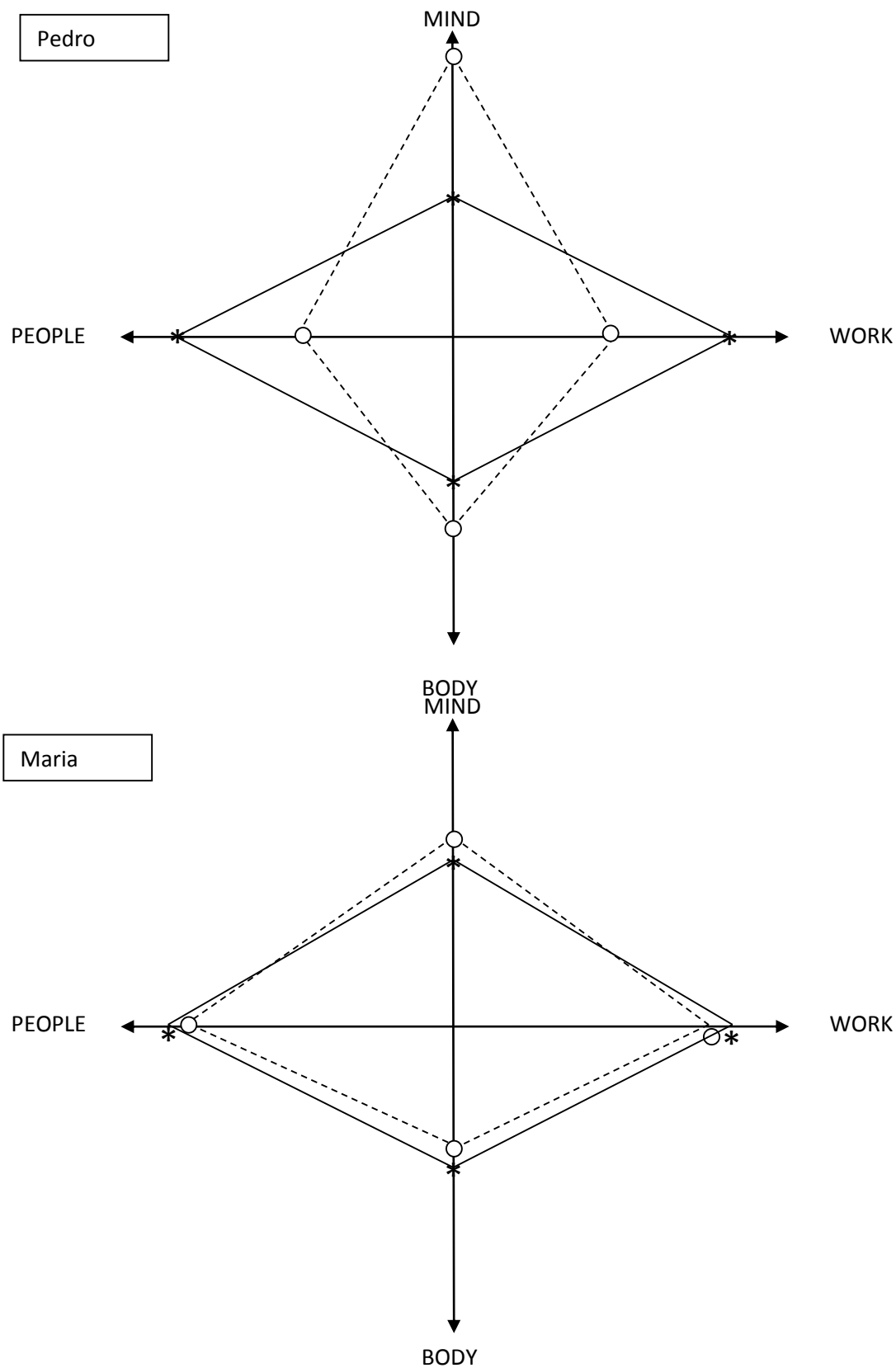


Figure 8 Comparisons of actual and ideal patterns of experienced life for two subjects



Each individual provides their estimates of their actual lived experience on each axis, and also their desired level for each dimension. Both subjects appear to have the same actual levels of perceived lived experiences as shown by the solid lines. However, whereas Maria's desired levels of lived experiences for each dimension matches closely her actual levels, in the case of Pedro there is considerable mismatch for each. On the basis of these patterns we might infer that the overall QOL for Maria is high and that for Pedro is lower. However, to confirm this general conclusion we need comments from each subject about the magnitude and significance of the gaps between actual and desired levels for each dimension. Comments on these aspects of the charts will be given later. On Table 3 we provide a summary of the words used by all the seniors to reflect the various dimensions of their lived experiences.

Words used by seniors in 8 communities: 4 dimensions

Table 3

MIND	(ET)	(HB)	(I)	(LP)	(P)	(PV)	(Q)	(T)
1. Sit and think	10	10	9	10	10	10	10	10
2. Pray	3	6	5	5	5	4	8	3
3. Meditate	3	7	1	5	0	1	6	5
4. Read	2	0	0	1	3	3	0	1
5. Write	1	0	0	0	0	0	0	0
6. Watch TV	8	10	10	10	10	10	0	6
7. Listen to radio	10	9	9	10	10	10	10	10
8. Do puzzles-crosswords	1	0	0	0	0	0	0	1
9. Play musical instrument	0	0	0	0	0	0	0	1
10. Use internet and computer	0	0	0	0	0	0	0	0
Body								

1. Health issues, medical tests	2	8	10	5	10	10	10	3
2. Exercise-walk	8	10	10	8	9	10	9	9
3. Yoga, stretching	0	0	0	0	0	0	0	0
4. Wash, shower	9	8	9	8	10	10	10	7
5. Dance	3	3	1	2	4	6	2	3
6. Hairdresser	0	0	0	0	0	0	0	0
7. Take medication	0	1	2	2	1	0	0	3
8. Health issues, medical tests							1	
9. Exercise-walk							1	
People								
1. Family	10	10	10	9	9	10	10	10
2. Friends	9	10	1	10	4	10	10	9
3. Neighbours	10	9	10	10	10	10	10	9
4. Spouse	6	6	1	5	3	3	2	5
5. Strangers	0	0	1	0	0	1	0	1
6. Eat with others	2	1	2	2	3	4	1	1
7. Talk to others	10	8	10	10	7	10	10	6
8. Bar/ coffee shop for talk and drink	0	0	0	0	0	0	0	0
9. Internet skype, etc.	0	0	0	0	0	0	0	0
10. Talk to othes					3			
11. Government					1			
Work								
1. Cook	0	5		6	10	10	9	2
2. Clean home	10	10	9	10	10	10	10	10
3. Shopping for food, etc	10	9	10	9	10	10	8	6
4. Gardening	8	10	5	9	5	10	6	7
5. Paid work	1	1	7	4	6	5	5	4
6. Volunteer work	2		3	1	0	2	0	1
7. Butchery			1		0			

Although the 'Mind' dimension of lived experience can include a broad range of activities, from thinking to playing a musical

instrument, some appear to be more prevalent across the sample than others. For example, whereas sitting and thinking was mentioned 9 or 10 times in each location no seniors talked about using computers or the Internet. Similarly, while watching TV was mentioned 8 or 10 times in each location except Quimixto (0) and listening to the radio was mentioned 9 or 10 in each location, reading was mentioned 0-3 times in each location and writing was mentioned only once overall.

With respect to the 'Body' walking/exercise (8-10 times) and washing/showering (7-10 times) were frequently mentioned across the sample but hairdressing and Yoga was not mentioned at all. Moreover some activities seem to be more prevalent in certain locations. For example, in (list the 10s) health tests and medical issues were mentioned 10 times but in (El Tuito and Tomatlán) they were only mentioned 2 and 3 times.

Perhaps not surprisingly under the dimension of 'People' words like family, friends and neighbours were mentioned frequently (9-10 times each in all locations except for friends in Ixtapa (1) Pitillal (4). Yet using the internet or skype to communicate with others or visiting coffee shops to socialize was not mentioned at all.

With respect to 'Work' as we might expect for seniors, paid work was not a strong focus whereas as activities such as gardening, cleaning, cooking and shopping for food featured prominently. In fact, cleaning was mentioned between 9-10 times in each location and shopping for food was mentioned between 8 and 10 times in each location, except in Tomatlán (6).

Comparing the experience of seniors and young people

As we have collected data on the lived experiences of young people in Mexico using the same technique in the past (see Massam et al. 2012) we can make some comparisons between the groups. For 'Mind' we see that young people focus on forms of thought and emotions such as worrying, happiness and pleasure seniors tended to be more concerned with specific actions like praying or watching TV. For 'Body' both groups are concerned with diet and exercise but whereas seniors see them in relation to their health and survival young people are more focussed on their impact on weight, looks and body shape. For 'Work' there is overlap with both groups mentioning activities such as cooking, cleaning and shopping but as we might expect young people direct more focus to studying and paid employment than seniors. Finally for 'People' we see that although both groups mention the same types of people (family, friends, neighbours) young people also talk about colleagues connecting with people in virtual spaces. Thus, there are clearly certain issues and activities that remain important throughout the lifecycle but their relative importance and meaning can change over time. Moreover, some issues and activities may be centrally important at specific stages, studying for example, and then drop out in favour of things later in life such as gardening.

One important aspect of the charts on Lived Experiences concerns a comparison of the gaps shown on the charts and the attitudes of the individuals as identified in the QOL survey. Specifically if we consider individuals who claim in their self-assessments to be *realists* (see Table 1 and Table 2) and examine their Lived

Experiences charts as shown in Appendix 2 then we notice that for individuals TUE, PVb there are no gaps on the 4 dimensions. However for individuals HBd, Ic and LPg there are large gaps on the dimensions yet no change in attitude toward concerns or pessimism with their lived experiences. On Appendix 3 we also notice interesting comparisons for optimists and pessimists regarding the gaps that are displayed. A stark piece of evidence is given for individuals TUF and TUD: both have Lived Experience charts that show no gaps yet in term of the attitudes of the individuals TUF is pessimistic/fearful about aging while TUD is optimistic. Other contrasts are in evidence in this appendix. This raises the question regarding the necessity to use both types of analysis to consider aspects of lived experiences and QOL to provide in depth understanding of the unique situations for each individual as they grow older. There are no single dimension policy solutions to ease the burden of aging that some experience.

Another area of contrast between seniors and young people relates to the gaps between their ideal position along the 4 dimensions and reality (see appendix 3). When we asked young people in Mexico about these gaps (Massam et al. 2012) the respondents identified them and indicated that they were significant. When we asked young people who was responsible for closing the gaps one said the state should create more jobs but everyone else firmly said that it was their individual responsibility for improving things. Moreover, there was a general sense of optimism that positive change was possible. For seniors, 67 out of the 80 respondents (see Table 2) reported being accepting of any gaps and did not exhibit strong views on closing them or whether it is up to themselves, the state or others including family. Interestingly, for some seniors we

noticed a general sense of fear, anxiety and pessimism about conditions as they got older irrespective of whether there were specific gaps between the ideal and real lived experience. In other words, even some respondents who reported being in good health, being happy with their living situation, being financial stable and receiving support from their family also reported feeling fearful about their situation. This may suggest that how seniors rationalize and cope with the aging process is highly individualized and more contingent on personal attitudes than material conditions (including health or accommodation). It also suggests that even when gaps can be closed, for example by the state providing better health care or families providing more support, some seniors may not be willing or able to change their outlook.

Conclusions and recommendations

Each Mexican we interviewed is, like all humans, a sentient being with feelings and emotions unique to them that change over time and with circumstances. Also each person is a social creature who responds to and is part of a larger community of citizens. Both these contexts-sentient being and social creature-accommodate the natural process of aging and death. The results of the interviews provide rich data on the quality of life as perceived and expressed by Mexicans, and also on their expressed lived experiences. In earlier sections we describe the data collection procedure and the analysis as well as detailed results: these will not be repeated in this final section. The introductory part of the book provides a broad overview of the phenomenon of aging and aspects of the topic relating to ways individuals cope, and the challenges and some suggested points of interest and concern for individuals and policy

makers. The cultural, social and political context of Mexico which impinges on aging is summarised in a number of reports and documents which we refer to. In essence Mexico is a developing country with serious challenges to cater to the needs of its aging population, and as the society evolves with increasing individualism the tradition role of families as the essential milieu in which a person ages is being modified. Individuals living close to tourist resorts may experience in the coming years significant changes to lived experiences as young people move away from home to work in the tourist resorts. The reliance on family support may shift and increased pressure be placed on public institutions to cater to the needs of seniors.

In Appendix 4 we provide a summary of the ideal and actual lived experiences for each of the 8 communities. Using the average figures it is evident that while for each community there are some gaps between the ideal and actual levels on the four dimensions discussed earlier in the report, the size of the gaps is not especially large. This again reflects the impression that most seniors we interviewed are largely accepting of their material and emotional conditions in which they live as they grow older.

From our survey we might suggest that Mexicans as they age do not have unrealistically high levels of expectations regarding conditions influencing QOL, rather what they have they are satisfied with. This is in sharp contrast to many rich western countries with rising expectations and increasing gaps between what old people actually have and what they desire. It could be noted in passing that in the Province of Ontario in Canada - an affluent part of the world with long-term care facilities and private

institutions for senior citizens it is suggested that the levels of minor and major aggression and frustration among residents is very high; in fact in some cases approaching almost 50%. This point is mentioned in the report cited below on YU-CARE (W19). This phenomenon is most disturbing and serves to underline the fact that while it may be necessary to provide places and spaces for senior citizens as they age in institutional settings this is not a sufficient condition to guarantee a quality of life that allows decency and respect to flourish. This is complex topic and cannot be lightly glossed over by numerical data or statistical analysis. A caring humanistic approach is called for that embraces belief systems, values and spiritual matters as well as bread and butter matters of food, heat and warmth and security.

The global phenomenon of aging is summarized in a recent publication of York University and the work of the research centre YU-CARE (W19). 'In 2006 almost 500 million people worldwide were 65 and older. By 2030, the total is projected to skyrocket to one billion-that's one in every eight people. In 2050, the number 65 and older is expected to top out at about 1.5 billion. That will represent 16% of the world population. The world will soon have more old people than children. ... aging will have dramatic effects on social entitlement programs, labour supply, trade and savings around the globe....The most developed countries have the oldest population profiles, less developed countries have the most rapidly aging populations. ...Experts predict that on a global level, the number of people aged 85 and over will increase by 351% in the next 35 years'. (W19)

The Economist Intelligence Unit has recently undertaken a "quality of death" survey (W20) assessing end-of-life care offered in 80 countries around the world, China came in the bottom 10, due to its lack of hospice facilities, unaffordable hospital care and lack of community support. In the same survey, Mexico ranked 40th. Ham-Chande (1995) has clearly identified the challenges facing Mexico as a middle-income country trying to come to terms with its growing elderly population. (W 21)

The facts and predictions outlined above clearly indicate the relevance of studying this group of citizens we call in this book a **significant minority**. In Mexico policy makers, politicians, bureaucrats, public and private institutions, as well as families and individuals are all legitimately and increasingly concerned to examine the topic of aging. We hope that this research project as well as the methodologies we offer to describe quality of life and lived experiences, and the substantive conclusions we offer, albeit tentative given the small scale of our data set, will help foster interest and further research on the topic of aging.

An excellent overview of the term ageism is offered by Emma Howes (2015) in her BA thesis Ageism during the longevity revolution: a case study of Southampton.

"The term ageism was first coined by the social gerontologist Butler (1969) who suggested that it acts as another form of bigotry, referring to the prejudicial attitudes held towards older people and the ageing process. Stolberg (1992) defines it as the discrimination against the elderly and it is often referred to as the 'Third-ism' after racism and sexism with a comparative dearth in literature (Barrow and Smith, 1979). In the

astutely titled 'The Strange Case of Prejudice Against the Older You' Nelson (2011) suggests that ageism has become institutionalized, society does not condemn people who openly express their stereotypical views towards the older generation, as many believe such views are in fact truisms. Such institutionalization is one of the main reasons that ageism lacks the antipathy that is felt towards racism and sexism (Nelson, 2004a). Bytheway and Johnson (1990 cited in Bytheway, 1995 p.14) made further advancements in defining ageism suggesting that it 'Generates and reinforces a fear and denigration of the ageing process, and stereotyping presumptions regarding competence and the need for protection'. Ageism therefore subtly undermines the value, status and social role of older people leading to the denial of equal opportunities (Greengross et al 1990). Greengross et al (1990) emphasise the importance of future research through pointing out that the older generation is not an exclusive group, as the majority of the younger generation will grow old. Falkingham (1997) describes how the impending retirement of the 'Baby Boomers' will cause the older population to mushroom even further. Although ageism has gained prominence within the social sciences research field, Nelson (2011) offers a critique of the ideology suggesting that it diverts attention from the extent of inequality within age groups and homogeneity across an age group is assumed. Furthermore, there is still resistance that argues that ageism has no place in postmodern thought (Wilson, 1997) and a number of policy analysts and social gerontologists deny its existence."

Perhaps future work can develop a statistical framework for analysing data on aging. For example, we could structure the data for a set of individuals in a matrix with variables to include location, education, social setting, family structure etc as well as attitudes, values and feelings, expectations and aspirations etc

using a variety of data measure scales-ratio/interval, ordinal or categorical. Types of analysis could include Factor/cluster/principle component analysis, discriminant analysis, non-parametric contingency tables analysis, and correlation analysis while noting the important differences between correlation and causation, and taking into account the lagged effects of time. Such framework might provide the basis of long term cross section studies to examine trends over time and the impacts of policies implemented by government agencies and private institutions. Much remains to be done now that we have taken some first tentative steps to identify what we believe is a useful and socially meaningful and economically important, as well as politically significant field of research in Mexico.

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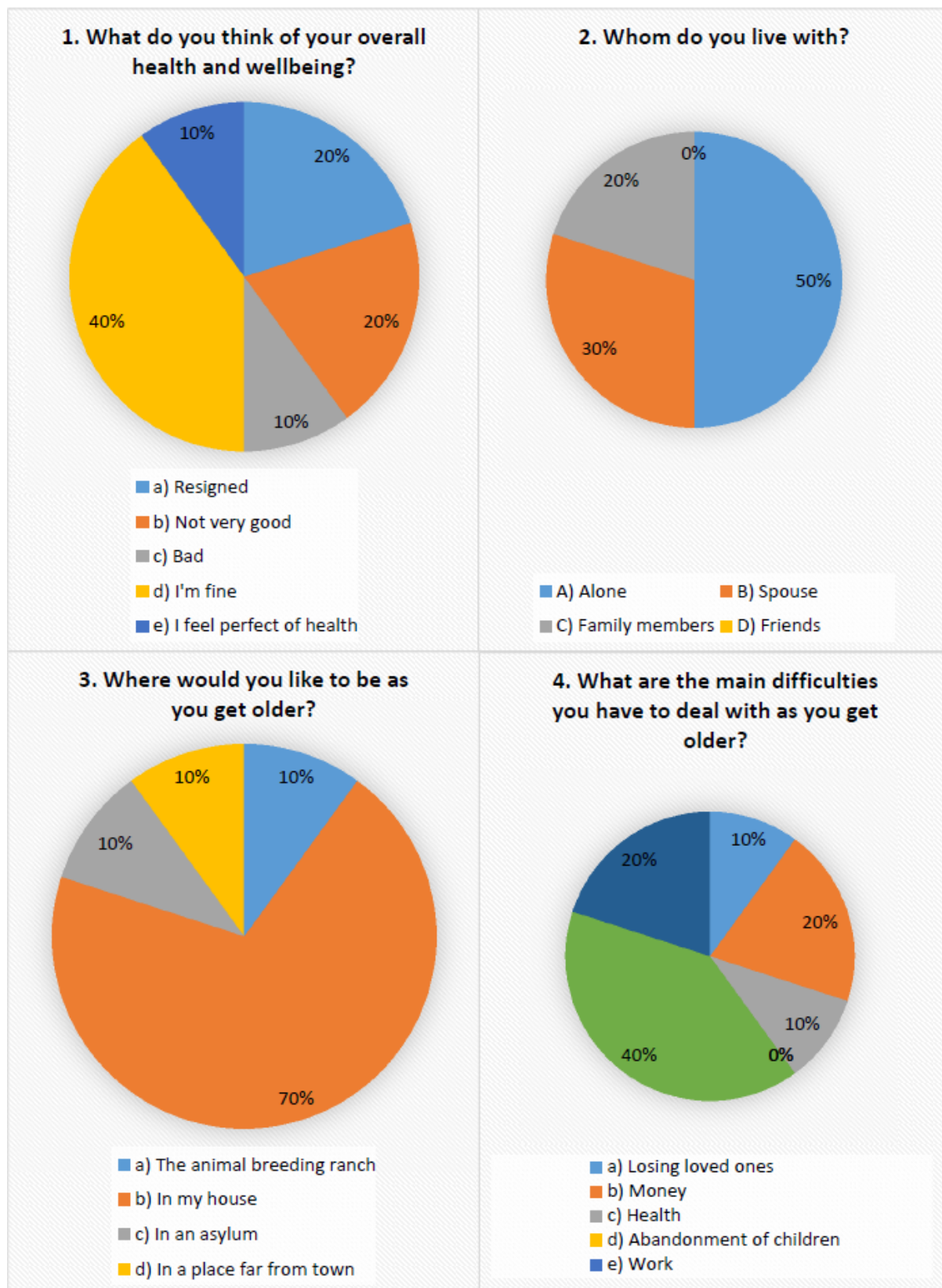
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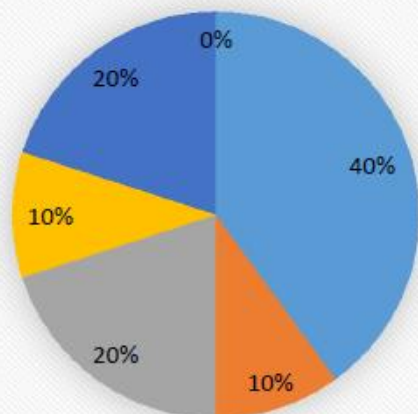
Appendix 1 Summary charts of QOL data

EL TUITO



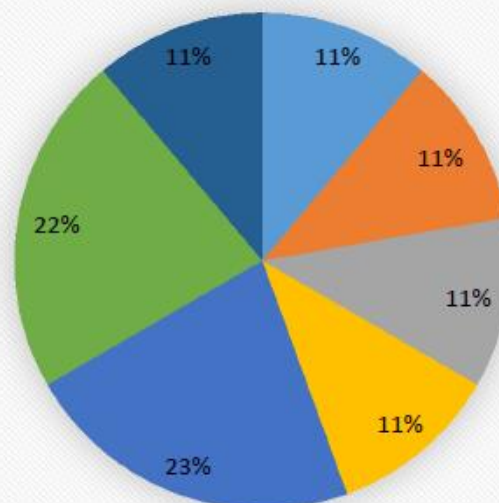
EL TUITO

5. What are the good aspects about getting older?



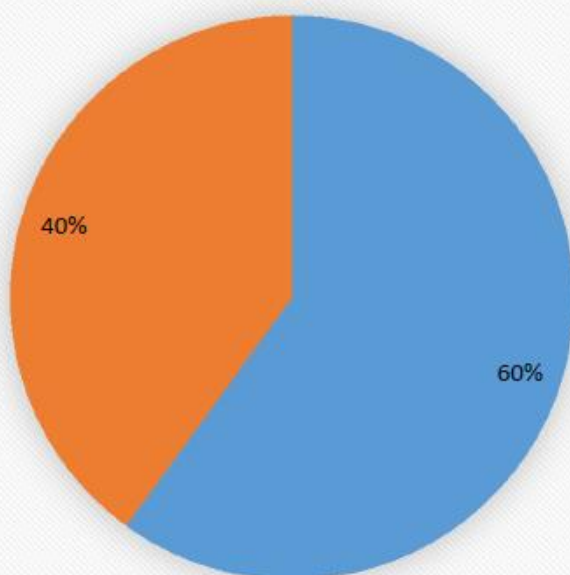
- a) None
- b) health and work
- c) Much experience
- d) see my grandchildren grow
- e) Power to meet my grandchildren
- f) See the children performed

6 how many children?



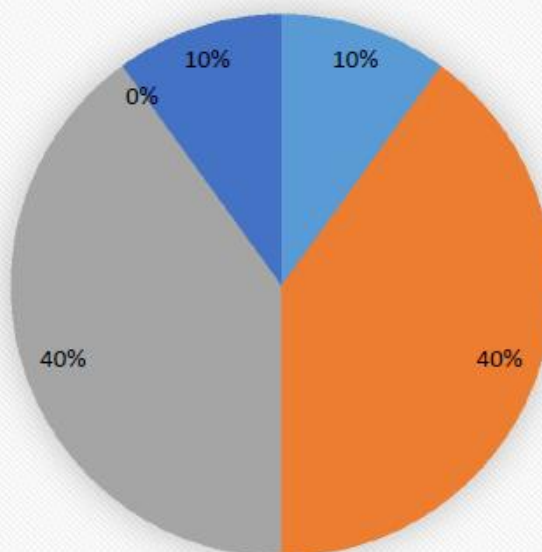
- A son
- Three children
- five children
- eight children
- Nine
- ten children
- twelve children

7. Are they helping you as you getting older?



- a) Yes
- b) No

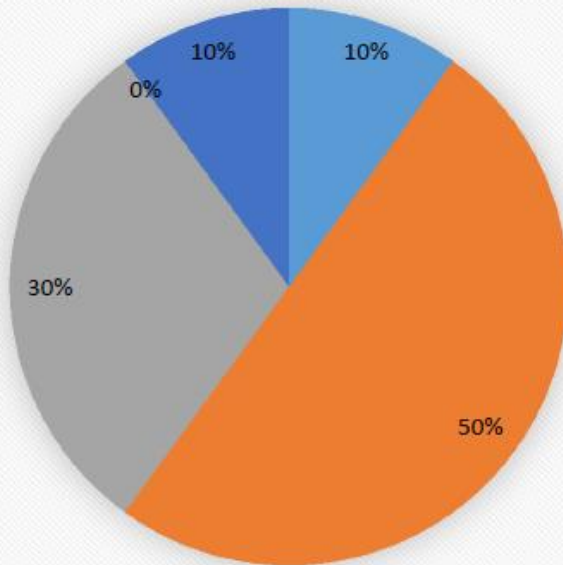
8. In what ways do they help?



- a) Moral support
- b) None
- c) Economically
- d) Everything
- e) Food and money

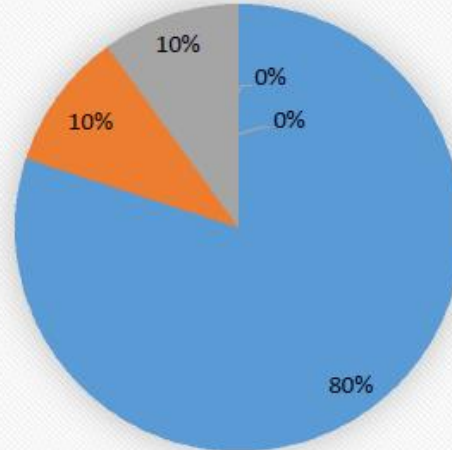
EL TUITO

9. What are your general comments about getting older: are you?



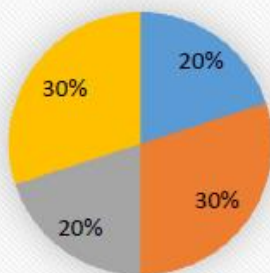
■ A) Pessimist ■ B) Optimist ■ C) Accepting
■ D) Fearful ■ E) Troubled

10. Where do you think it's better to grow old?



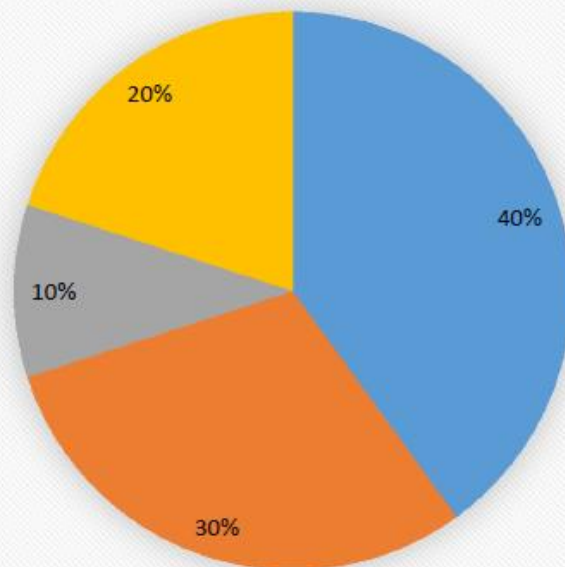
■ A) In a small rural community
■ B) In a city
■ C) On the edge of a city
■ D) Near a tourist resort
■ E) Away from a tourist resort

11. Would you like to live in a community for?



■ a) A) Old people
■ B) In a home or residence for retirees with food provided and medical care and social activities
■ c) At home
■ d) only (a)

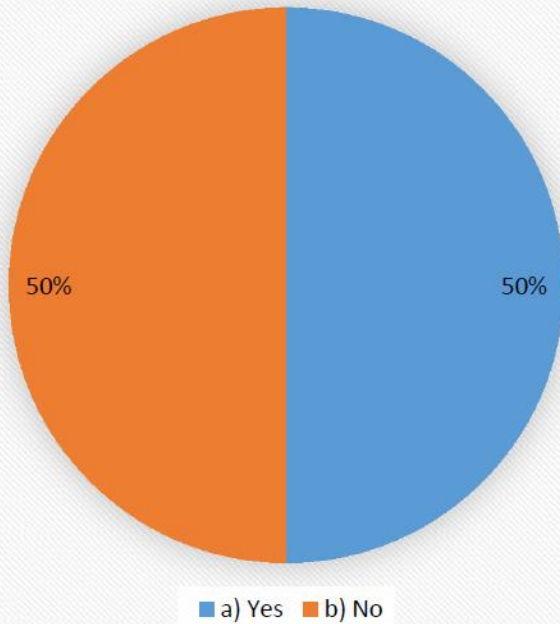
12. Who would pay for this?



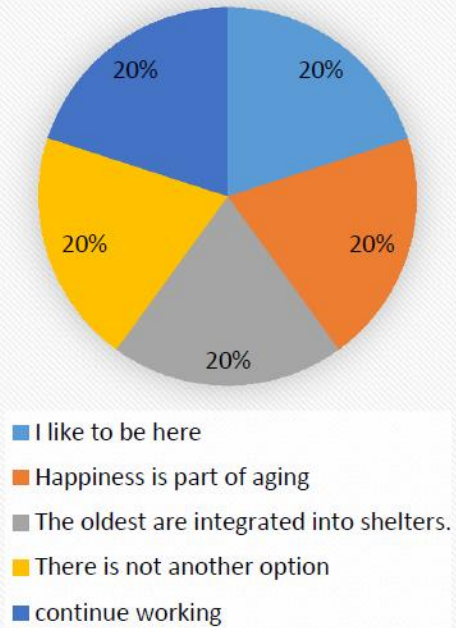
■ a) Not applicable ■ b) Anyone
■ c) Government ■ d) my children

EI TUITO

13. Any other general or specific comments that you would like to make about getting older in your community?

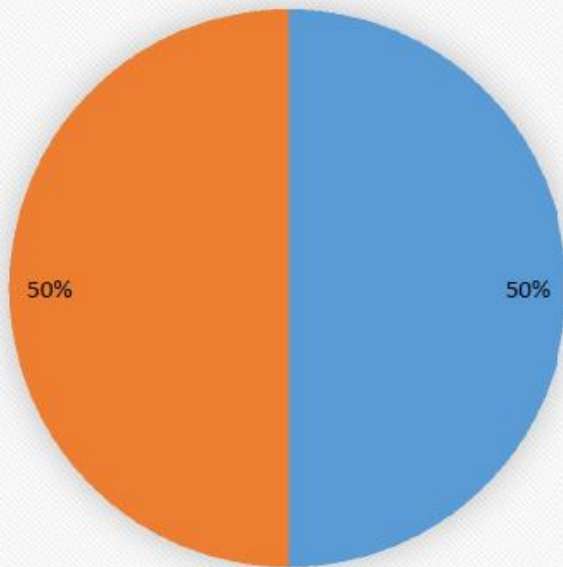


14. Any other general or specific comments that you would like to make about getting older in your community?



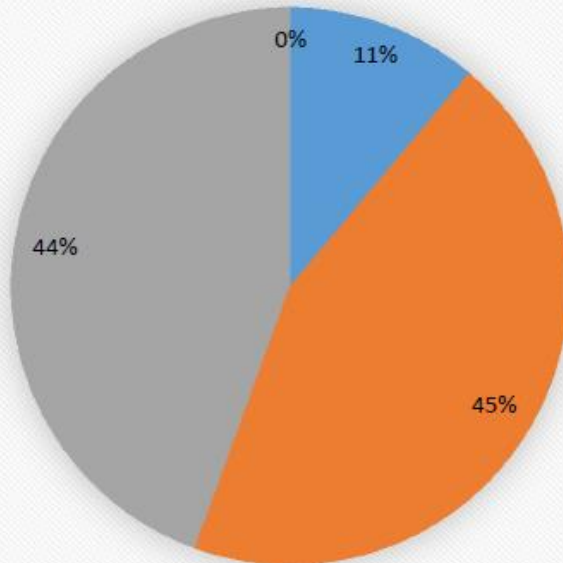
HIGUERA BLANCA

1. What do you think of your overall health and wellbeing?



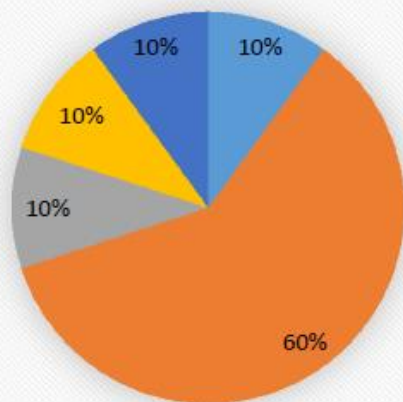
b) Noy very good c) I'm fine

2. Whom do you live with?



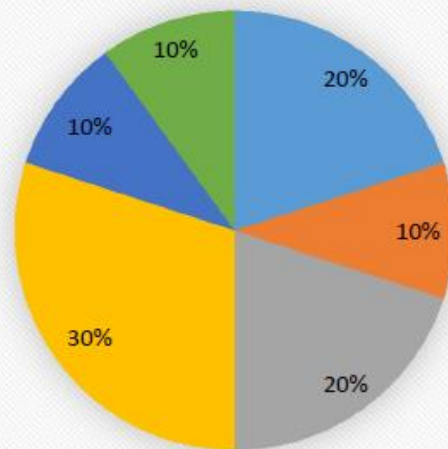
a) Alone b) Spouse
c) Family members d) Friends

3. Where would you like to be as you get older?



a) In my state of Chiapas
b) In my house
c) In my town Talpa Jalisco

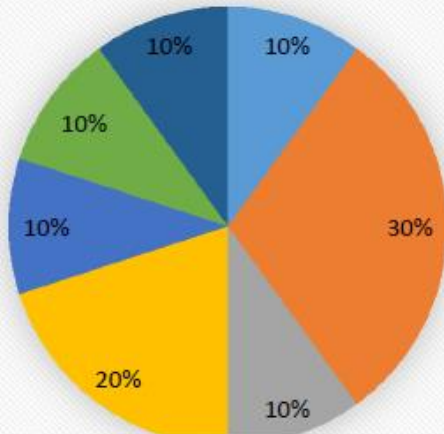
4. What are the main difficulties you have to deal with as you get older?



a) The family
b) The money
c) Health

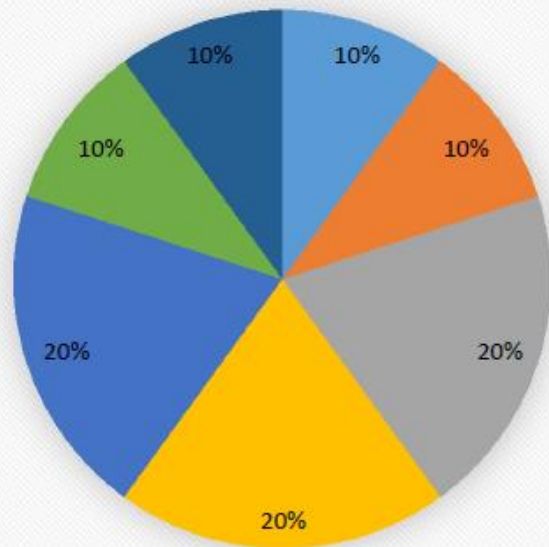
HIGUERA BLANCA

5. What are the good aspects about getting older?



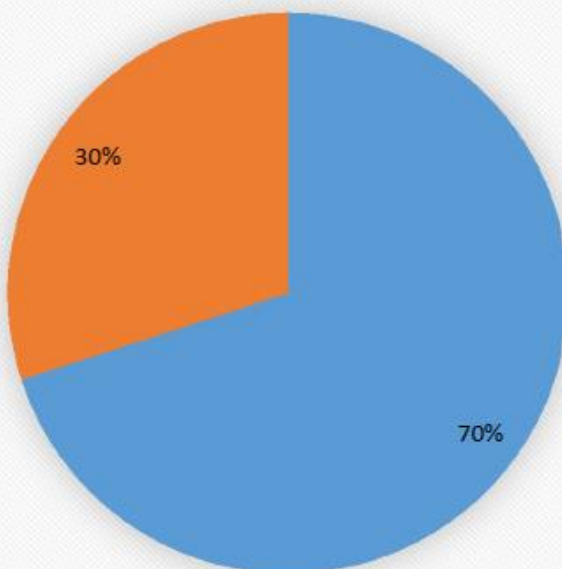
- a) A well while sick not me
- b) Living with family
- c) much joy
- d) see my grandchildren grow and the family
- e) Better alone than in bad company

6 How many children?



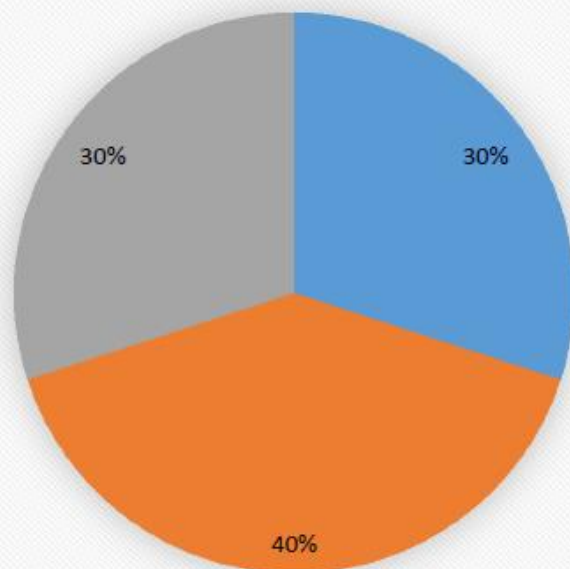
- A son
- Two children
- Three children
- four children
- five children
- six children
- ten children

7. Are they helping you as you getting older?



- a) Yes
- b) No

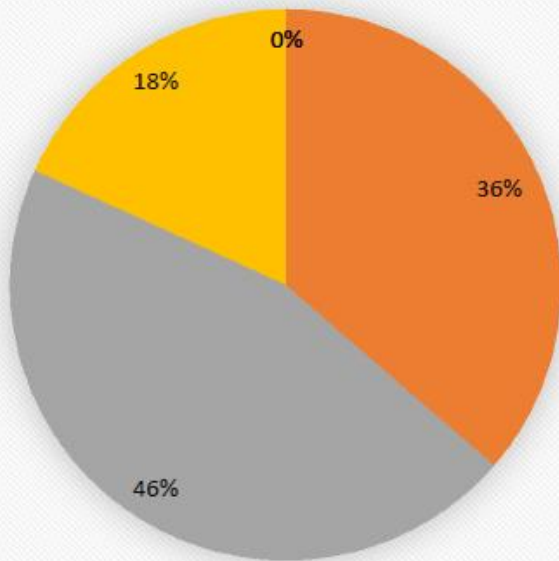
8. In what ways do they help?



- a) None
- b) Economically
- c) Everything

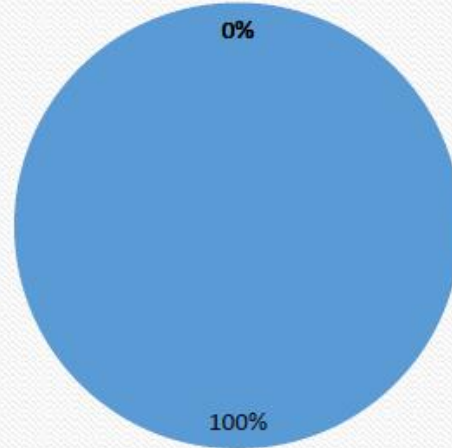
HIGUERA BLANCA

9. What are your general comments about getting older: are you?



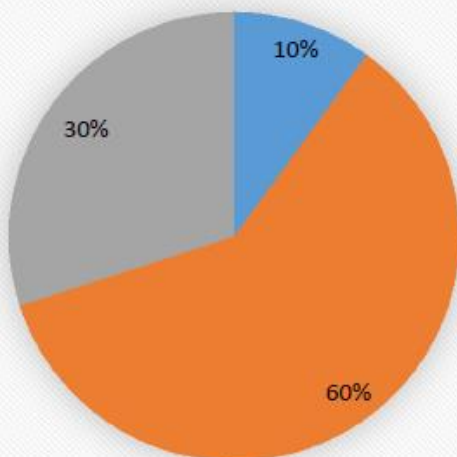
a) Pessimist b) Optimist c) Accepting
d) Fearful e) Troubled

14. Where do you think it's better to grow old?



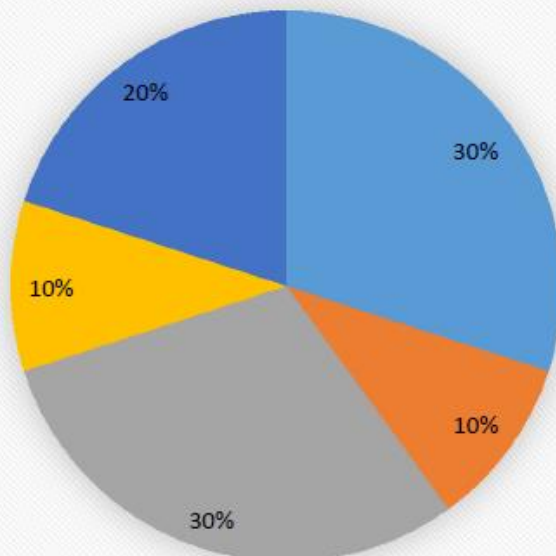
A) In a small rural community
B) In a city
C) On the edge of a city
D) Near a tourist resort
E) Away from a tourist resort

11. Would you like to live in a community for?



a) Old people
b) In a home or residence for retirees with food provided and medical care and social activities
c) At home

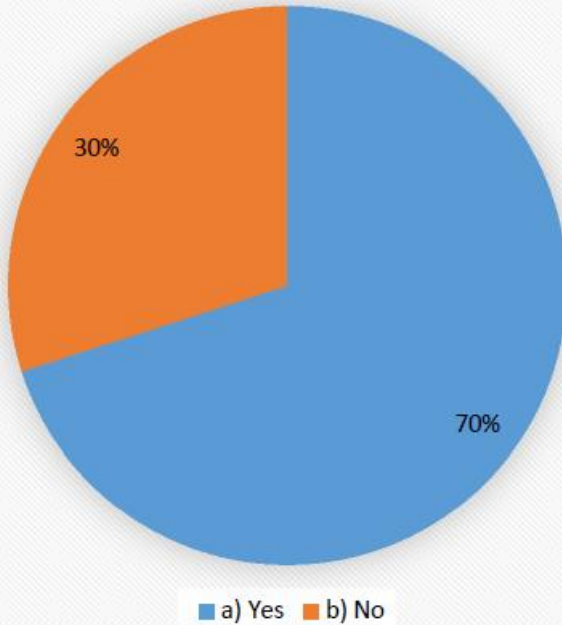
12. Who would pay for this?



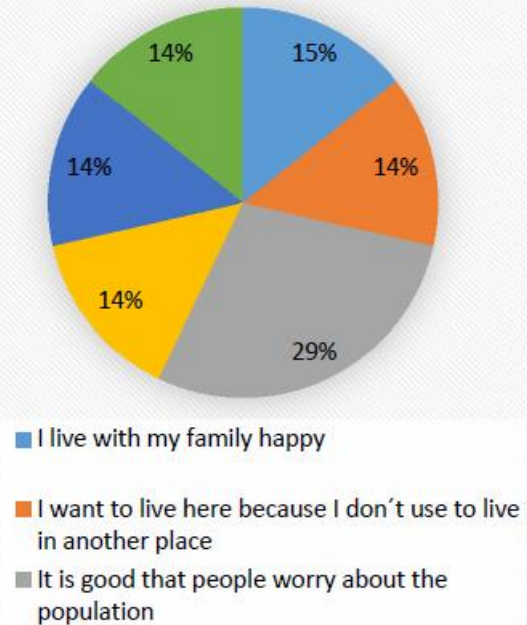
a) Not applicable b) Anyone
c) Myself d) The government
e) My children

HIGUERA BLANCA

13. Any other general or specific comments that you would like to make about getting older in your community?

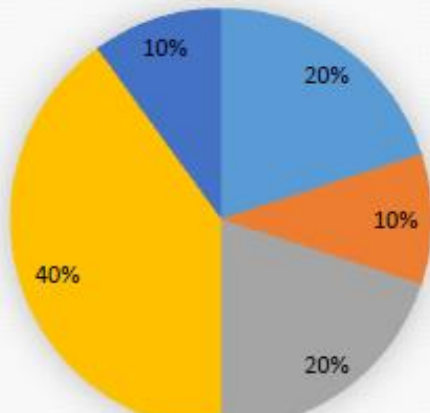


14. Any other general or specific comments that you would like to make about getting older in your community?



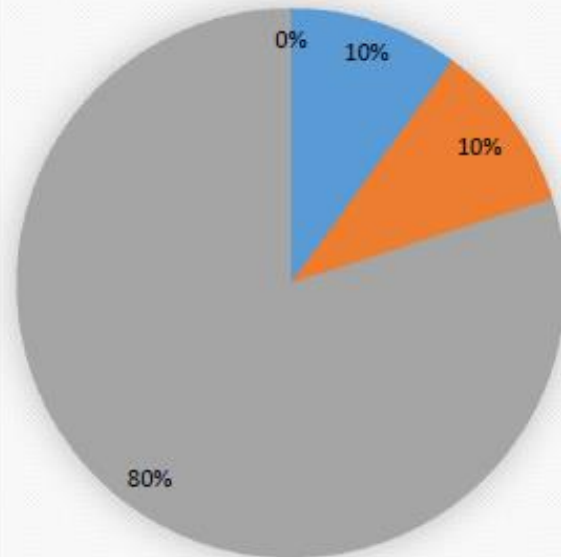
IXTAPA

1. What do you think of your overall health and wellbeing?



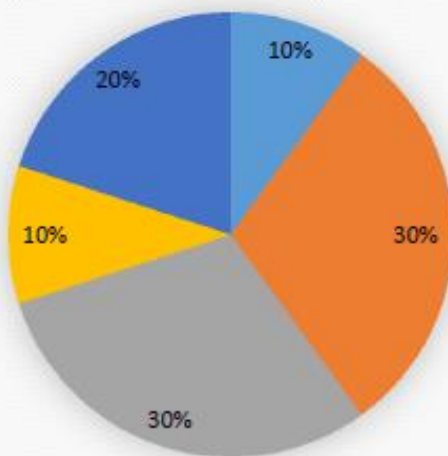
- a) I feel good after all
- b) That is more or less because I have diabetes
- c) Bad
- d) I'm fine
- e) I feel in perfect health

2. Whom do you live with?



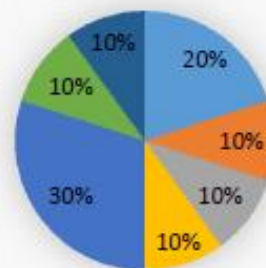
- a) Alone
- b) Spouse
- c) Family members
- d) Friends

3. Where would you like to be as you get older?



- a) The animal breeding ranch
- b) In my house
- c) With my children
- d) Guzman city
- e) With my family

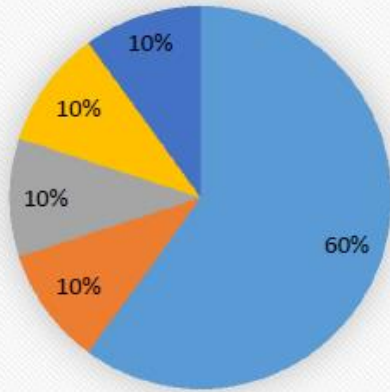
4. What are the main difficulties you have to deal with as you get older?



- a) more expensive things
- b) Life
- c) Spending more
- d) The economy
- e) Illnesses
- f) Conesguir livelihoods
- g) Everything becomes difficult

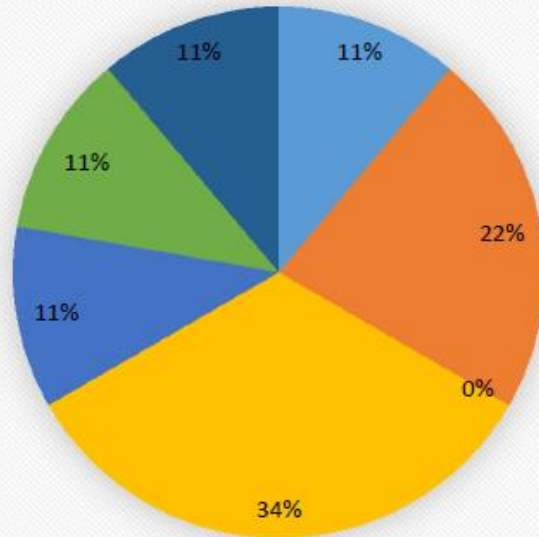
IXTAPA

5. What are the good aspects about getting older?



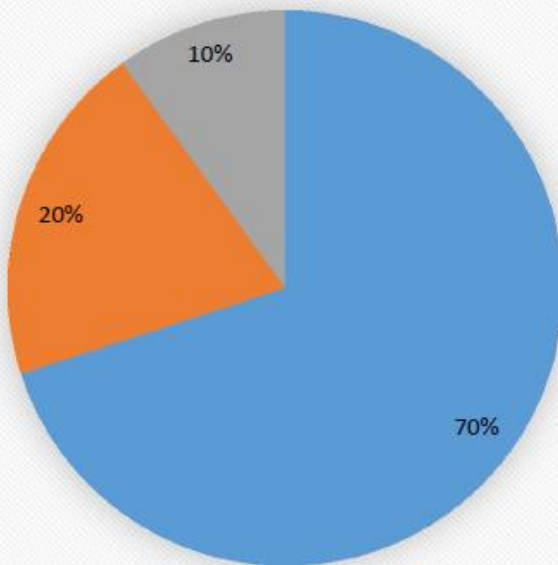
- a) None
- b) Check that there are more facilities
- c) I can eat more and enjoy my time

6. How many children?



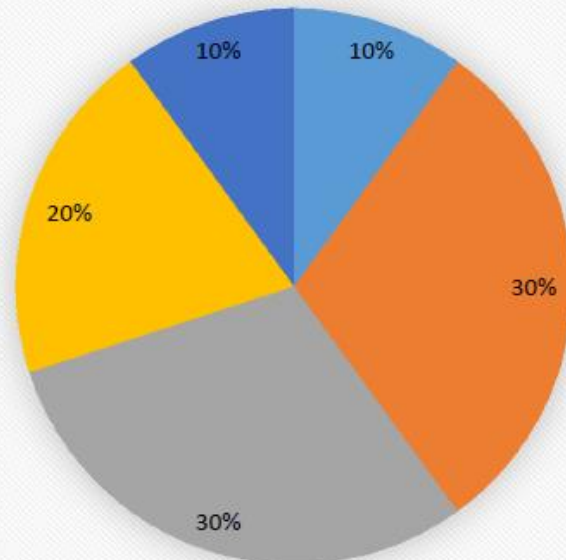
- A son
- Two children
- no child
- Three children
- five children
- six children
- eight children

7. Are they helping you as you getting older?



- a) Yes
- b) No
- c) Sometimes

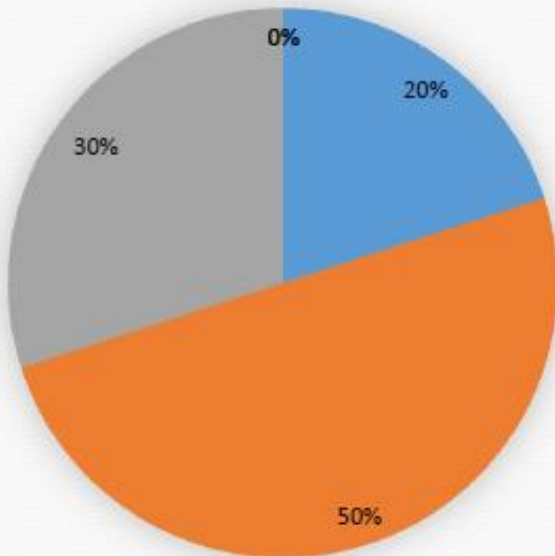
8. In what ways do they help?



- a) Food
- b) None
- c) Economically
- d) Everything
- e) Food and money

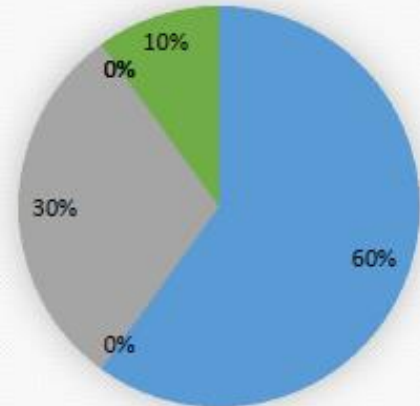
IXTAPA

9. What are your general comments about getting older: are you?



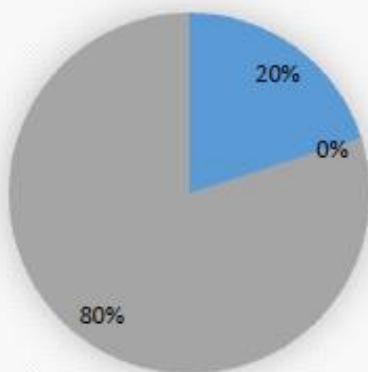
a) Pessimist b) Optimist c) Accepting
d) Fearful e) Troubled

10. Where do you think it's better to grow old?



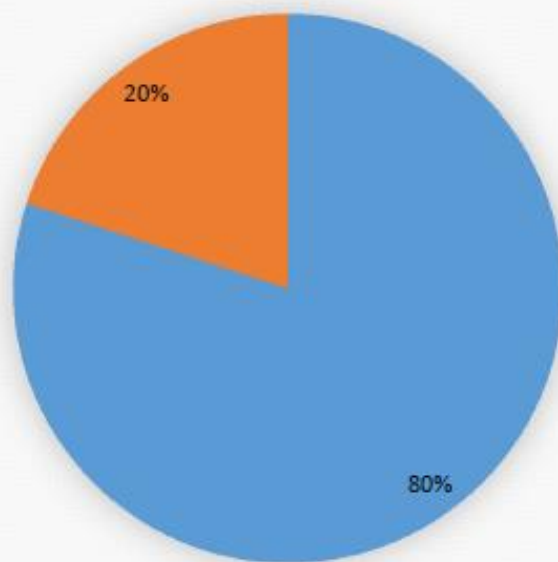
A) In a small rural community
b) In a city
c) On the edge of a city
D) Near a tourist resort
E) Away from a tourist resort
f) None

11. Would you like to live in a community for?



A) Old people
B) In a home or residence for retirees with food provided and medical care and social activities
c) Where I Live

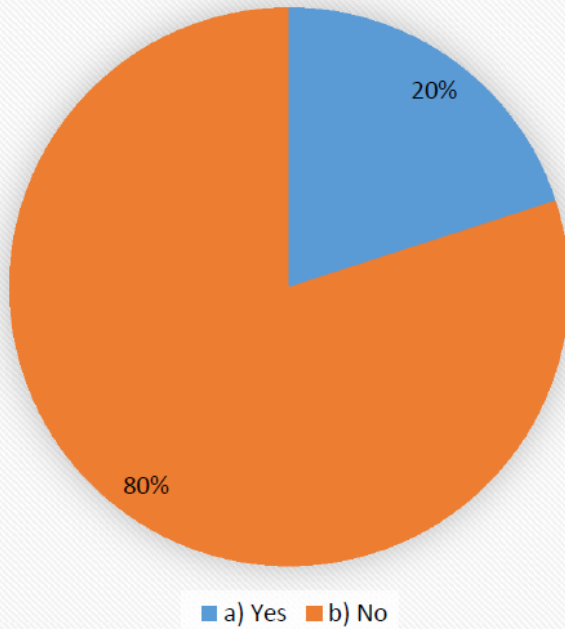
12. Who would pay for this?



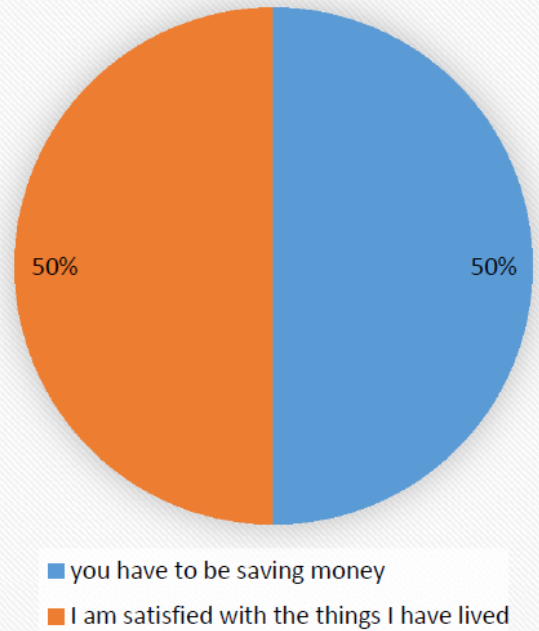
a) Not applicable b) No

IXTAPA

13. Any other general or specific comments that you would like to make about getting older in your community?

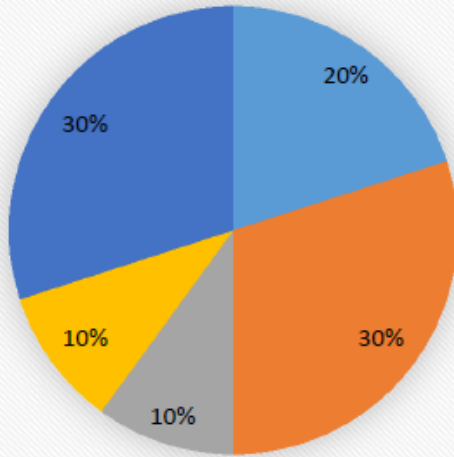


14. Any other general or specific comments that you would like to make about getting older in your community?



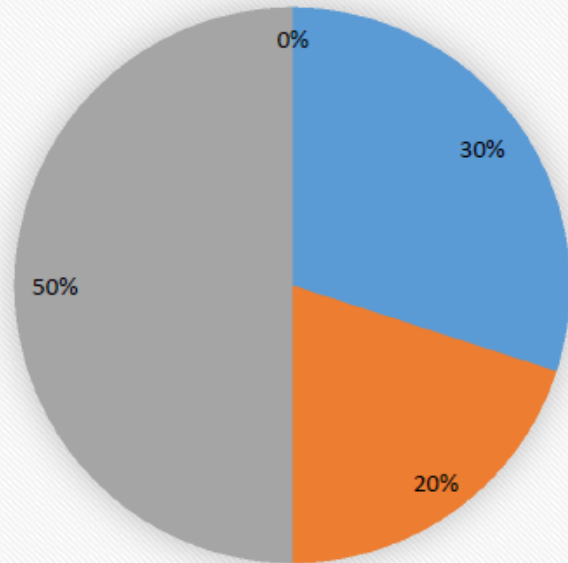
LAS PALMAS

1. What do you think of your overall health and wellbeing?



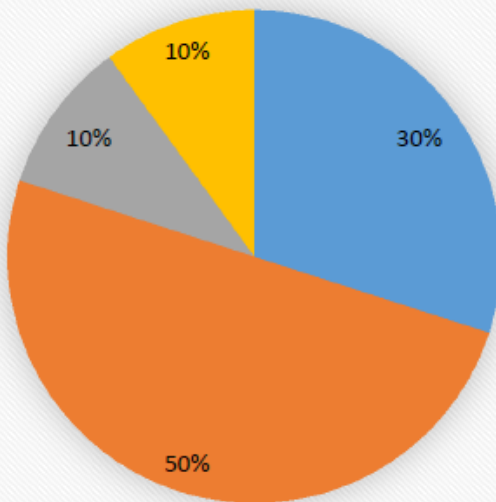
- a) I feel good
- b) more or less
- c) Bad
- d) Good
- e) I feel perfect health

2. Whom do you live with?



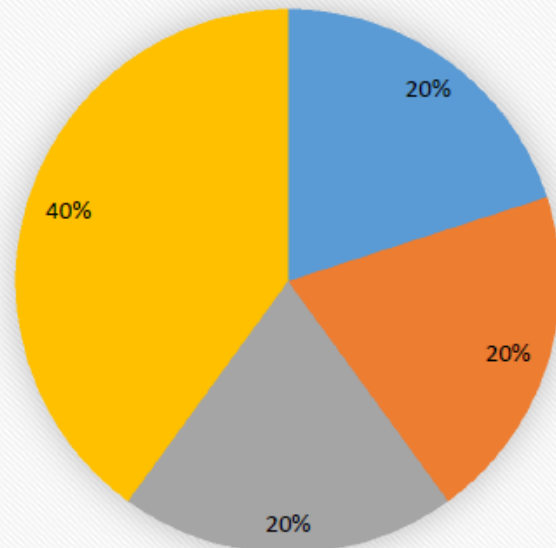
- a) Alone
- b) Spouse
- c) Family members
- d) Friends

3. Where would you like to be as you get older?



- a) The animal breeding ranch
- b) In my house
- c) With my children
- d) With my family

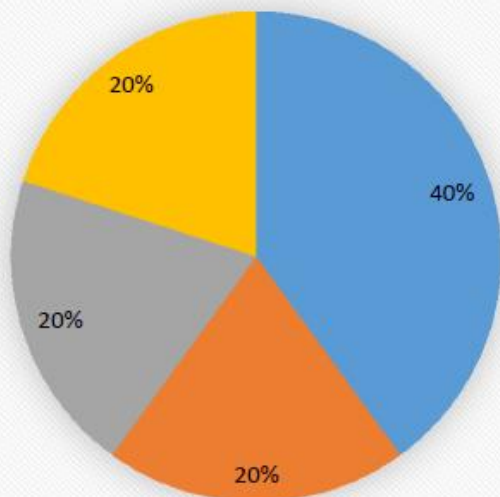
4. What are the main difficulties you have to deal with as you get older?



- a) health
- b) The economy
- c) Education
- d) Diseases

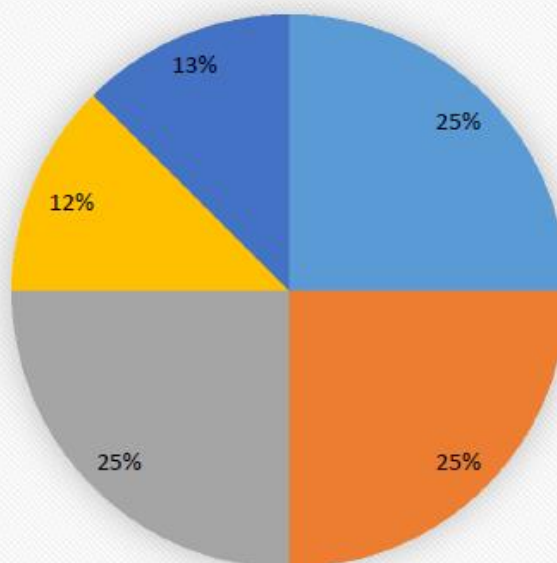
LAS PALMAS

5. What are the good aspects about getting older?



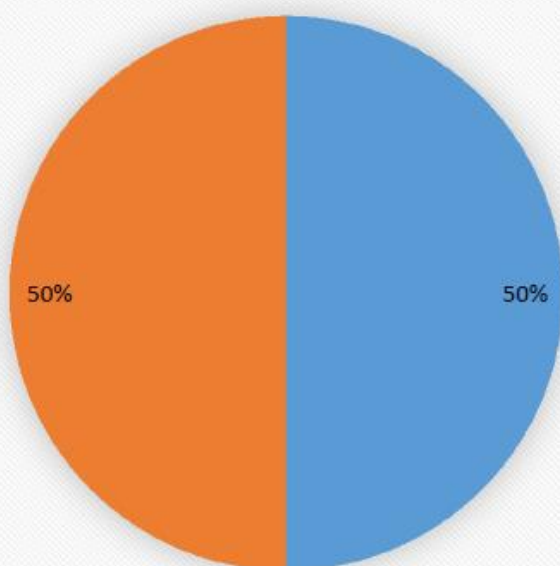
- a) Seeing the growing children
- b) I can eat more and enjoy my time
- c) My work
- d) Living with my family

6. How many children?



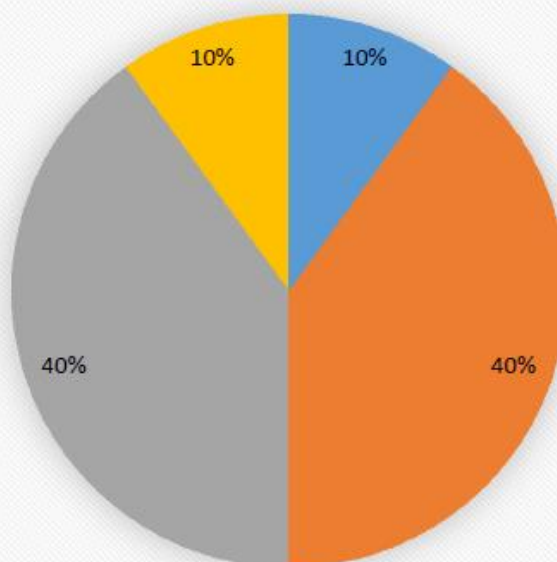
- seven son
- children
- Three children
- Four children
- eight children

7. Are they helping you as you getting older?



- a) Yes
- b) No

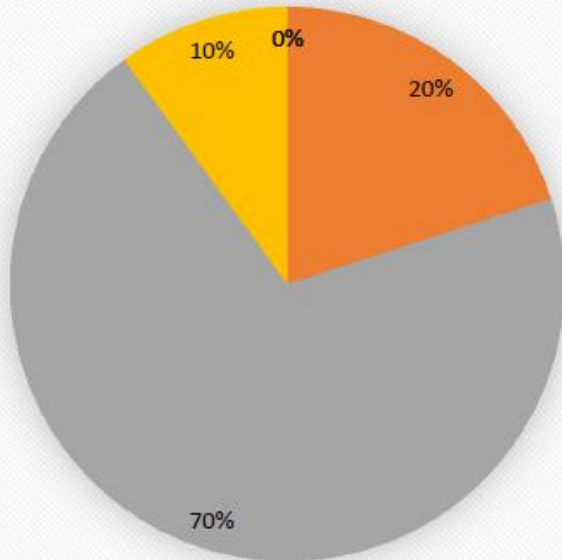
8. In what ways do they help?



- a) Food
- b) None
- c) Economically
- d) Everything

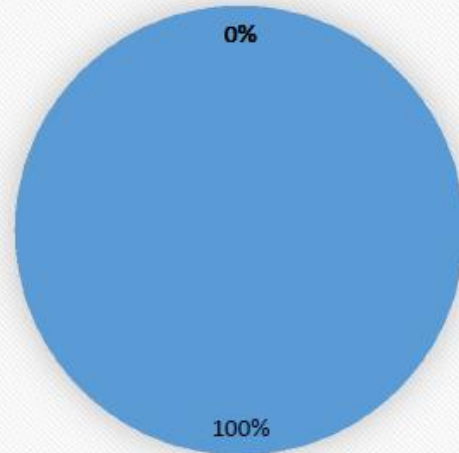
LAS PALMAS

9. What are your general comments about getting older: are you?



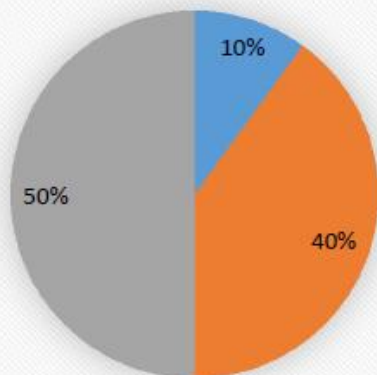
a) Pessimist b) Optimist c) Accepting
d) Fearful e) Troubled

10. Where do you think it's better to grow old?



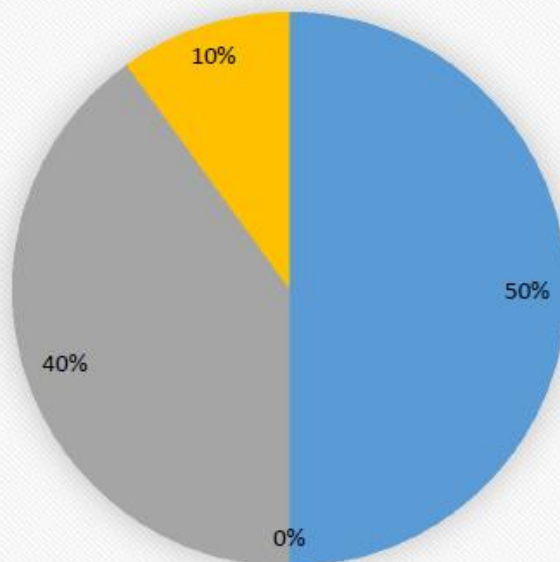
A) In a small rural community
b) In a city
c) On the edge of a city
D) Near a tourist resort
E) Away from a tourist resort

11. Would you like to live in a community for?



A) Old people
B) In a home or residence for retirees with food provided and medical care and social activities
c) Where I Live

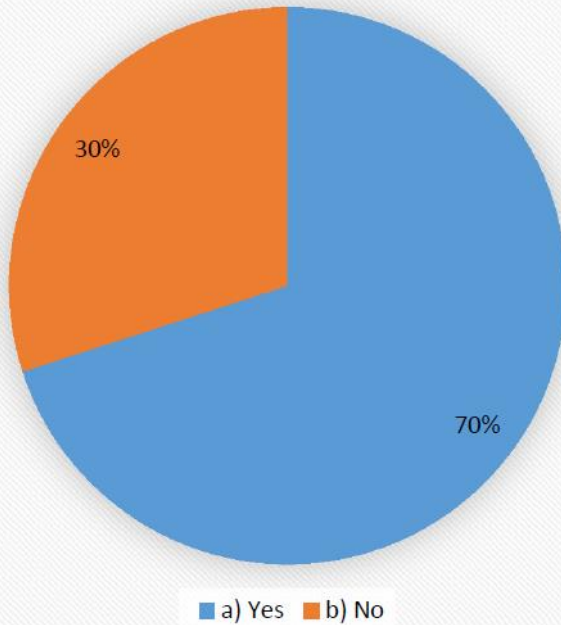
12. Who would pay for this?



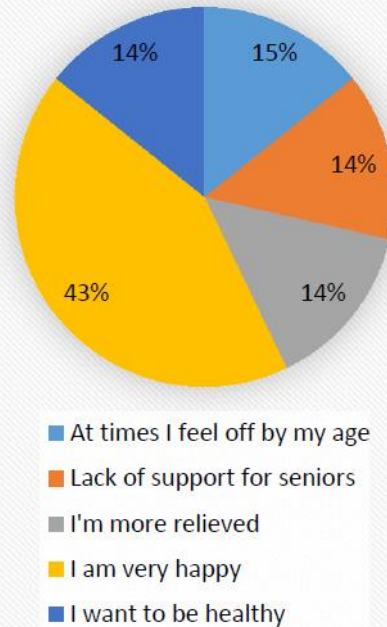
a) Not applicable b) anyone
c) my children d) myself

LAS PALMAS

13. Any other general or specific comments that you would like to make about getting older in your community?

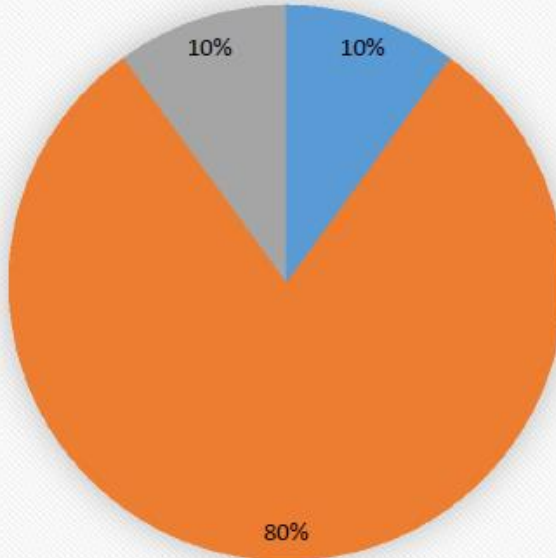


14. Any other general or specific comments that you would like to make about getting older in your community?



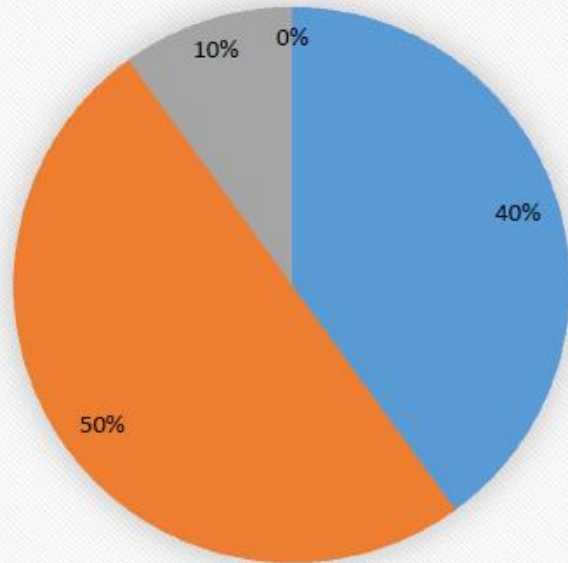
PITALLAL

1. What do you think of your overall health and wellbeing?



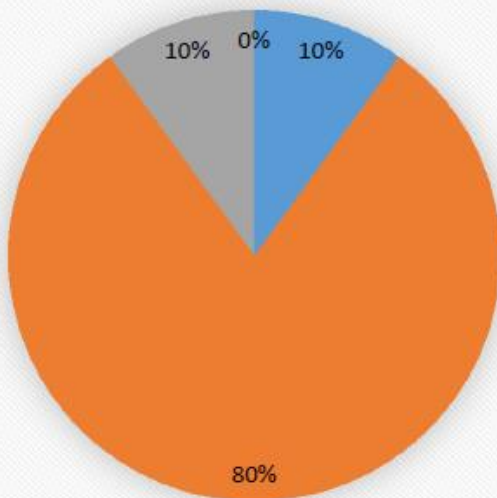
■ a) I feel a little tired ■ b) I'm fine
■ c) I feel perfect health

2. Whom do you live with?



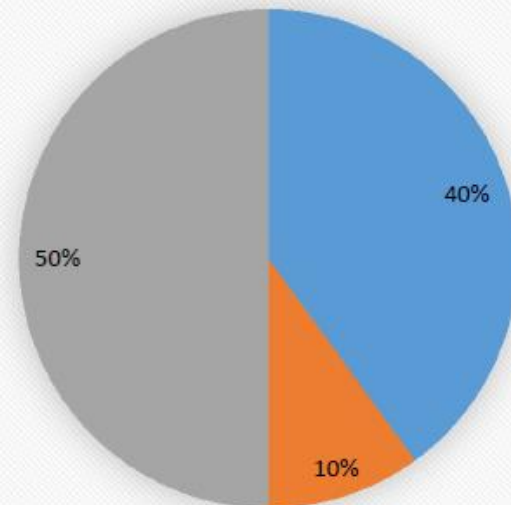
■ a) Alone ■ b) Spouse
■ c) Family members ■ d) Friends

3. Where would you like to be as you get older?



■ a) The ranch
■ b) In my house
■ c) In a rural community
■ d) With my family

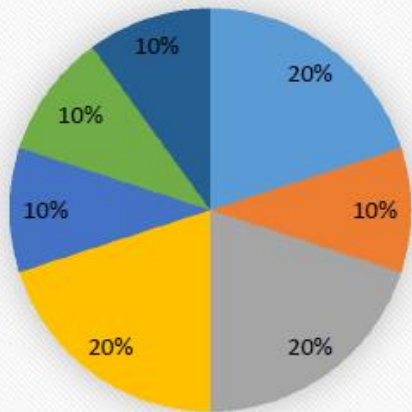
4. What are the main difficulties you have to deal with as you get older?



■ a) The economy and health
■ b) Illnesses
■ c) Health

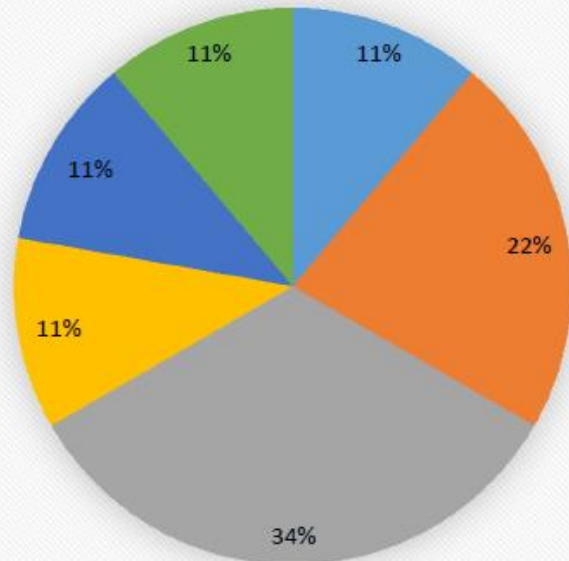
PITILLAL

5. What are the good aspects about getting older?



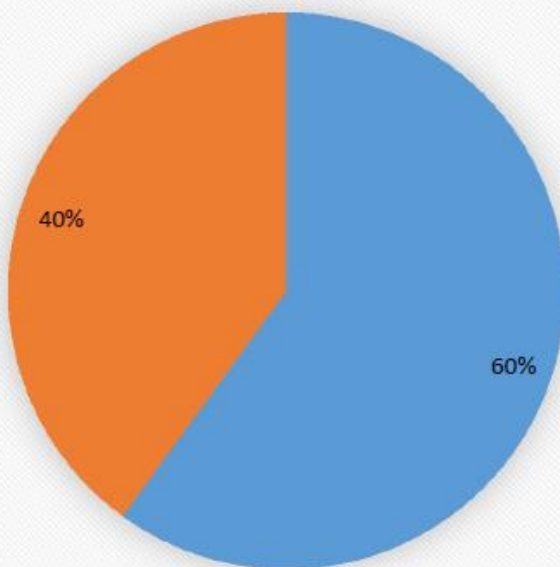
- a) None
- b) Going for a walk
- c) sit and read
- d) time for my family
- e) be able to enjoy my grandchildren
- f) live less concerned
- g) more time for myself

6. How many children?



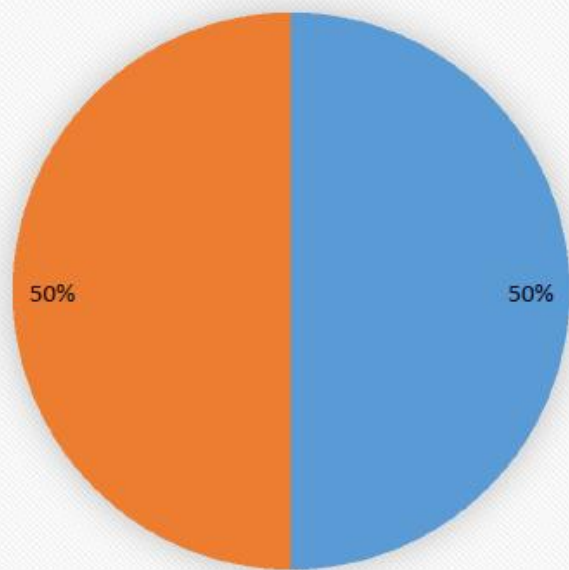
- A son
- Two children
- Three children
- five children
- six children
- eight children

7. Are they helping you as you getting older?



- a) Yes
- b) No

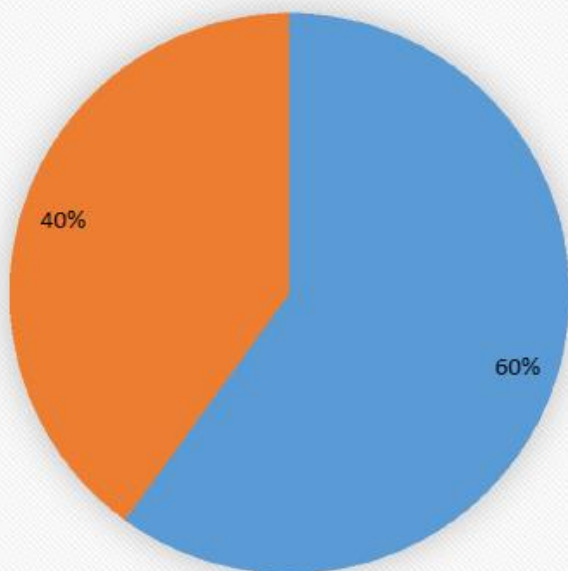
8. In what ways do they help?



- a) Food
- b) None

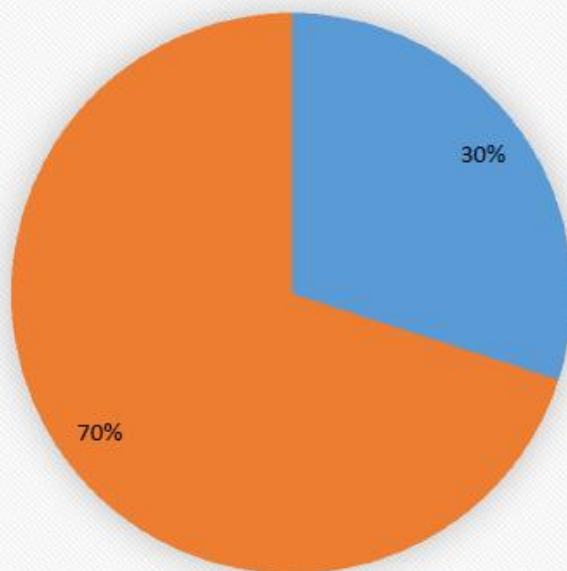
PITILLAL

9. What are your general comments about getting older: are you?



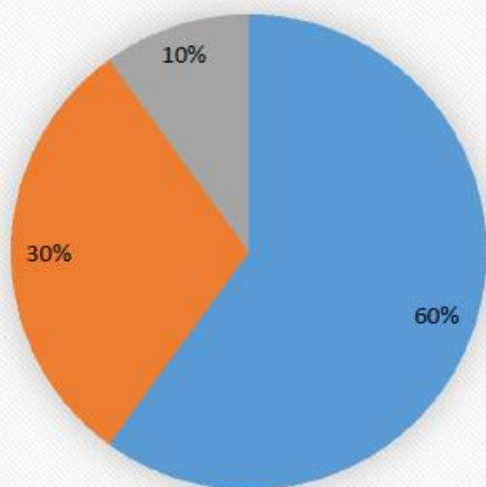
■ a) Optimist ■ b) Accepting

10. Where do you think it's better to grow old?



■ A) In a small rural community ■ b) In a city

11. Would you like to live in a community for?

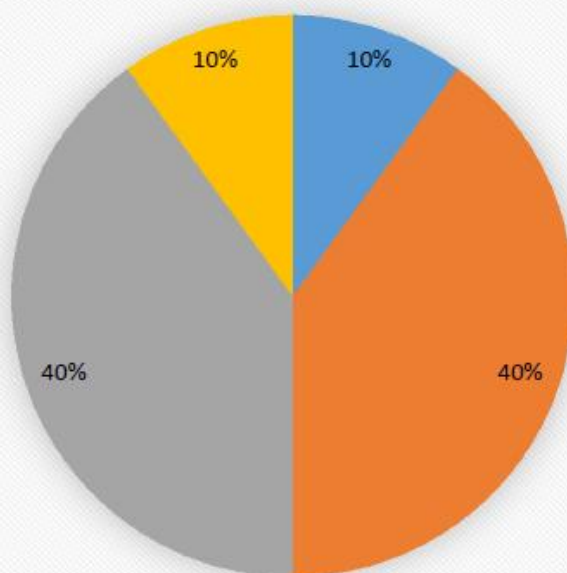


■ a) Old people

■ B) In a home or residence for retirees with food provided and medical care and social activities

■ c) Where I Live

12. Who would pay for this?

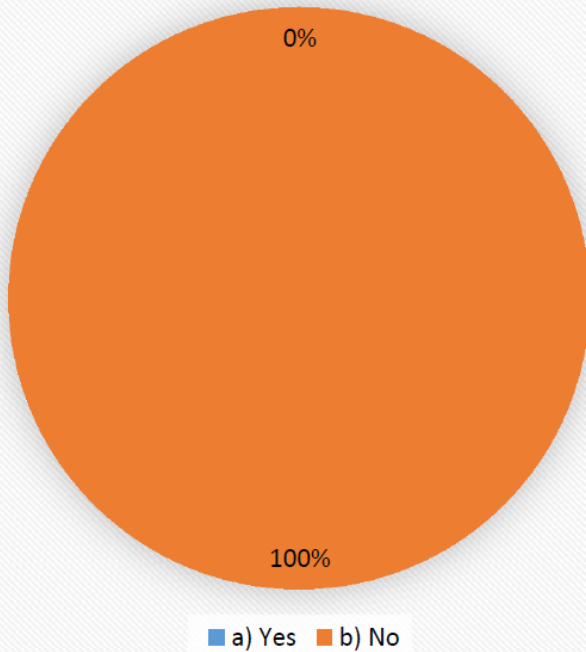


■ a) Not applicable ■ b) anyone

■ c) My Childrens ■ d) Me

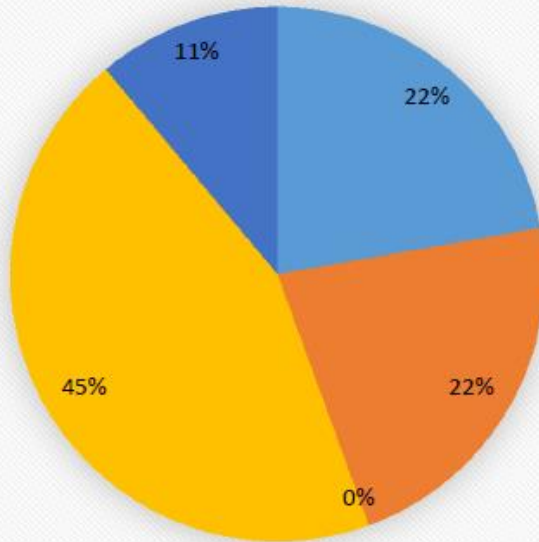
PITALLAL

13. Any other general or specific comments that you would like to make about getting older in your community?



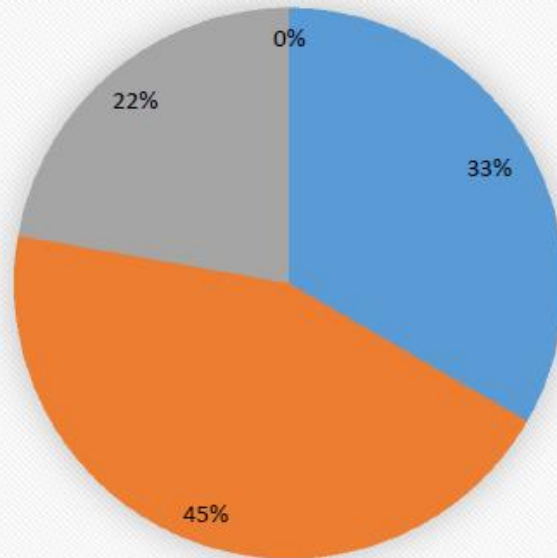
PUERTO VALLARTA

1. What do you think of your overall health and wellbeing?



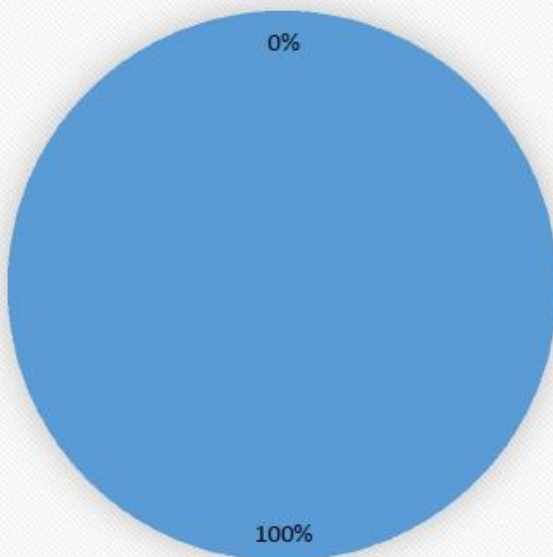
a) I feel good b) More or less
 c) Bad d) Good
 e) I feel perfect health

2. Whom do you live with?



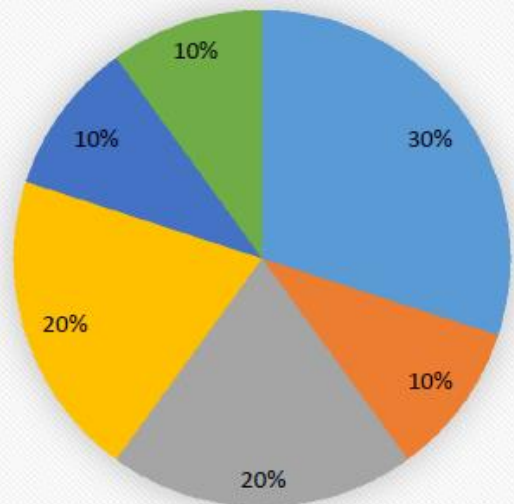
a) Alone b) Spouse
 c) Family members d) Friends

3. Where would you like to be as you get older?



a) In my home b) With my children

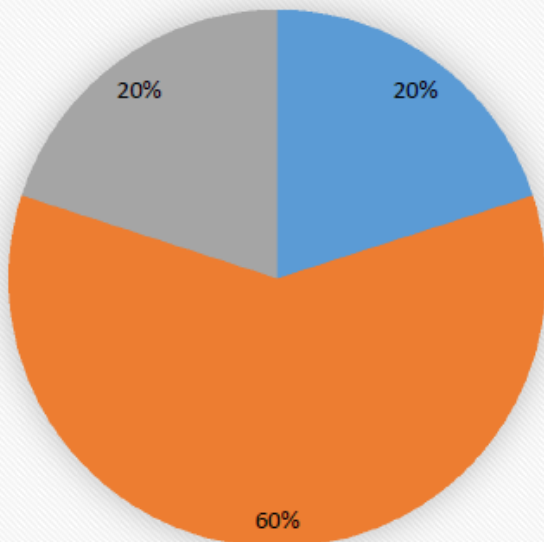
4. What are the main difficulties you have to deal with as you get older?



a) Health b) Product underpaid
 c) The economy d) Health and Money
 e) No good sales f) Diseases

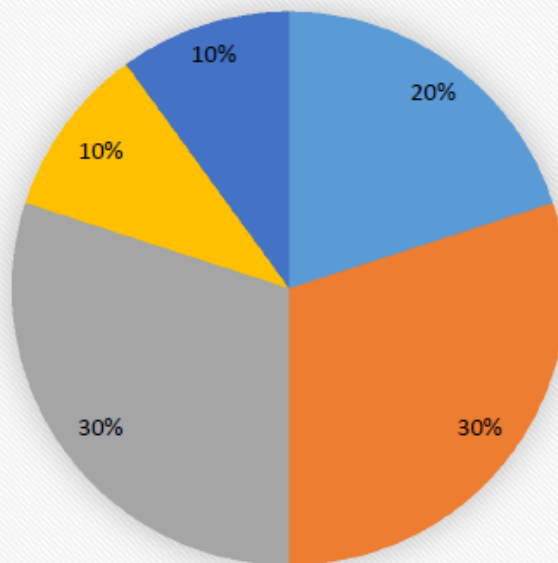
PUERTO VALLARTA

5. What are the good aspects about getting older?



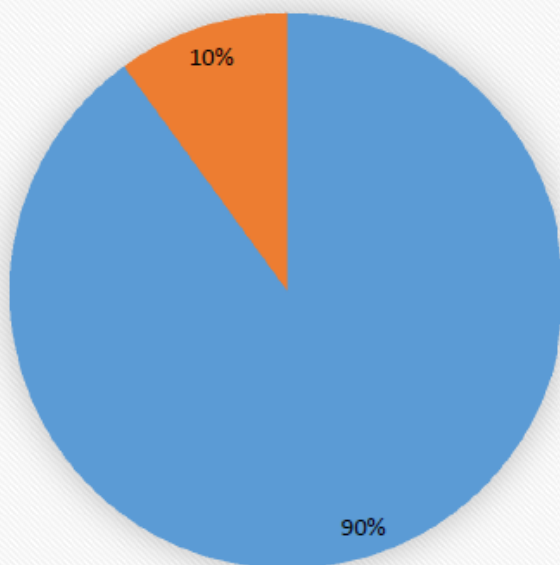
- a) None
- b) Living with my family
- c) able to know my grandchildren

6. How many children?



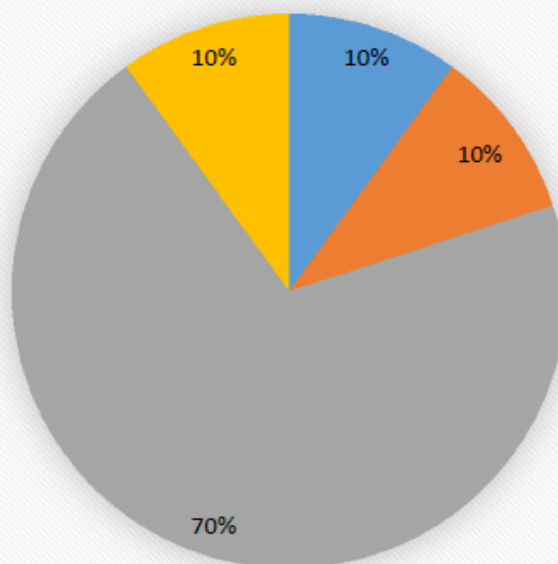
- A son
- Two children
- Three children
- Four children
- six children

7. Are they helping you as you getting older?



- a) Yes
- b) No

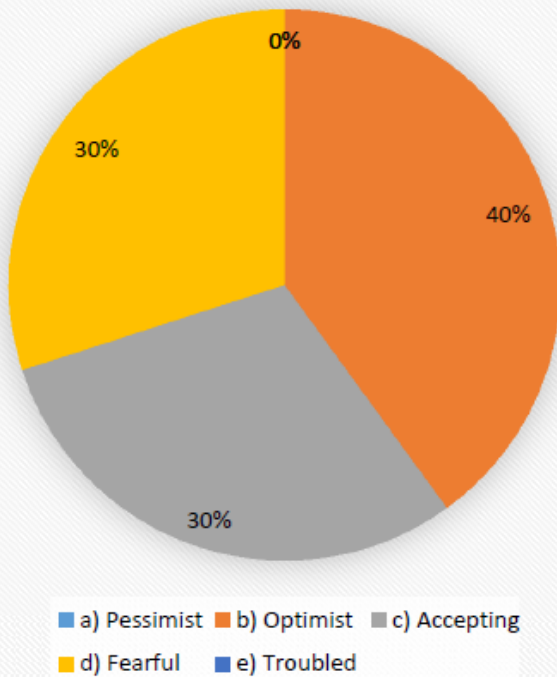
8. In what ways do they help?



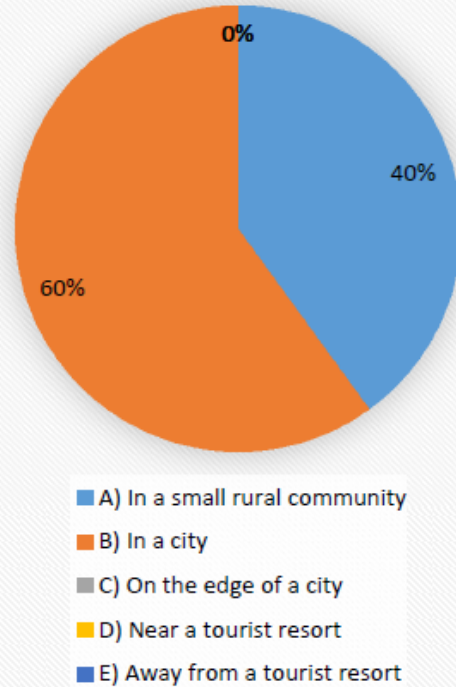
- a) Food
- b) None
- c) Economically
- d) Food and money

PUERTO VALLARTA

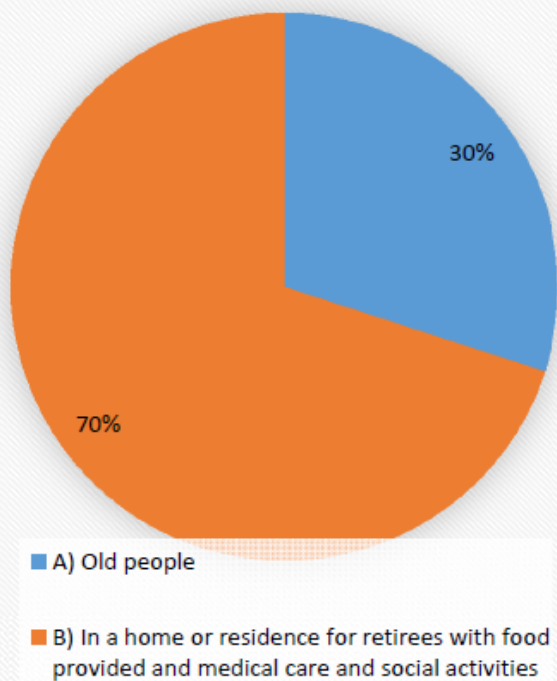
9. What are your general comments about getting older: are you?



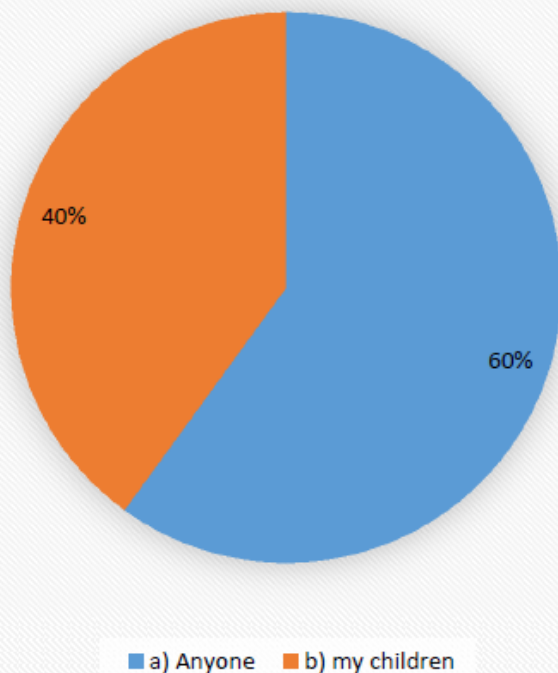
10. Where do you think it's better to grow old?



11. Would you like to live in a community for?

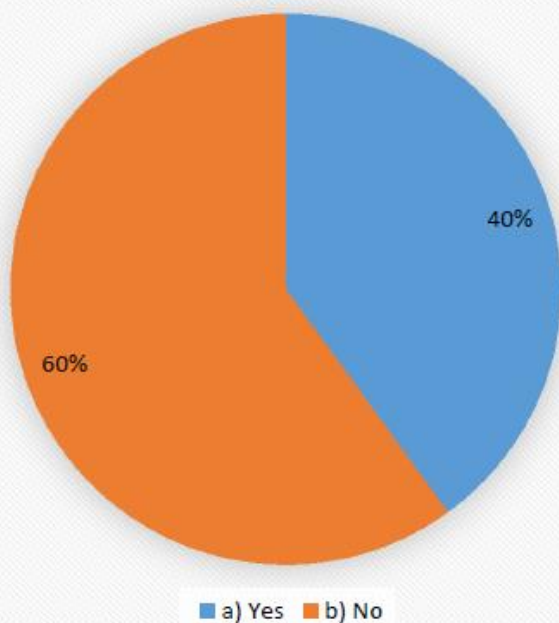


12. Who would pay for this?

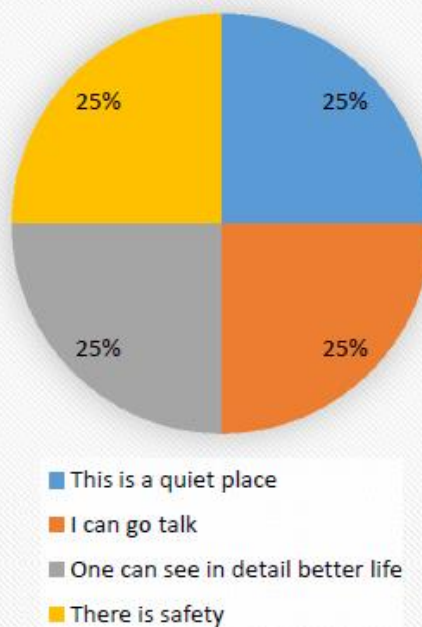


PUERTO VALLARTA

13. Any other general or specific comments that you would like to make about getting older in your community?

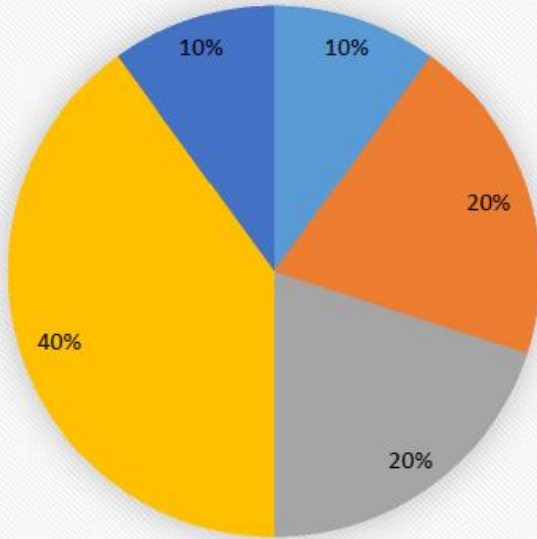


14. Any other general or specific comments that you would like to make about getting older in your community?



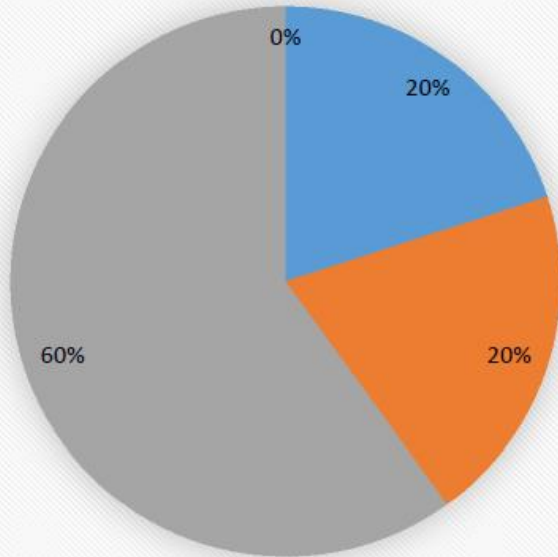
QUIMIXTO

1. What do you think of your overall health and wellbeing?



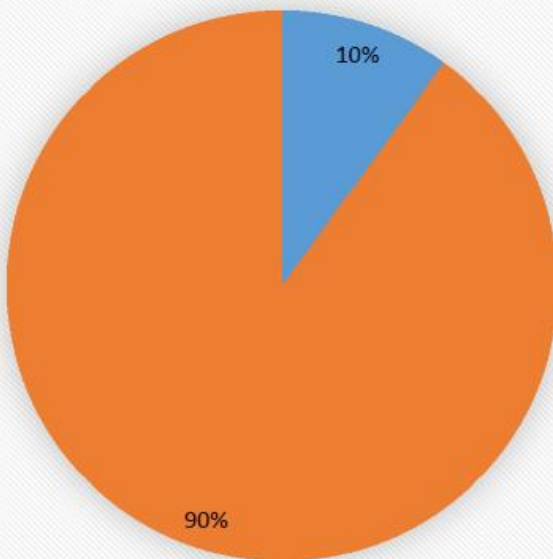
a) I feel fine b) More or less
 c) Bad d) Good
 e) Very quiet

2. Whom do you live with?



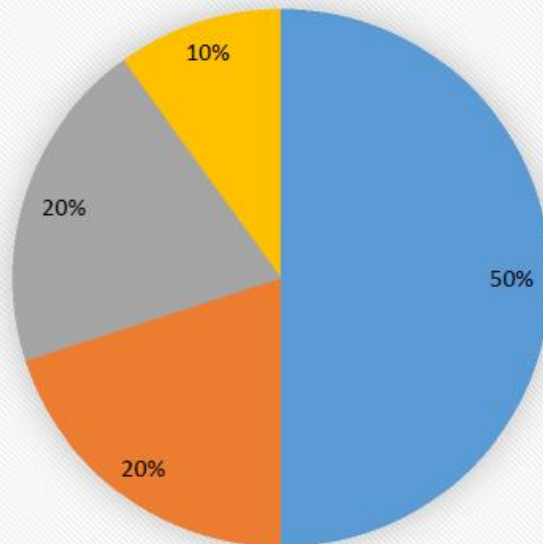
a) Alone b) Spouse
 c) Family members d) Friends

3. Where would you like to be as you get older?



a) In place of origin b) In my house

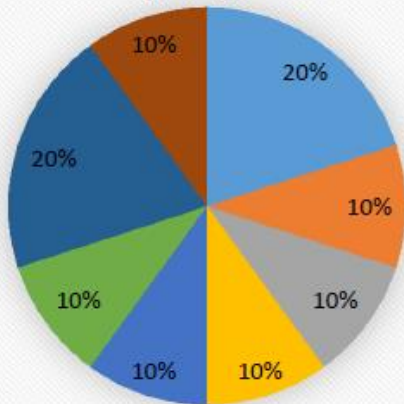
4. What are the main difficulties you have to deal with as you get older?



a) Health b) The economy
 c) Health and Money d) Diseases

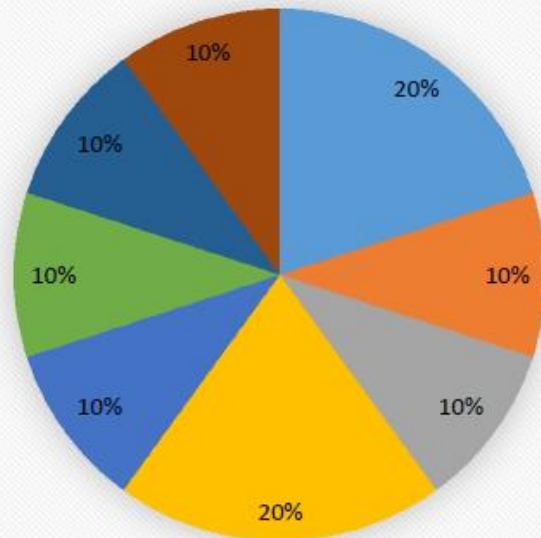
QUIMIXTO

5. What are the good aspects about getting older?



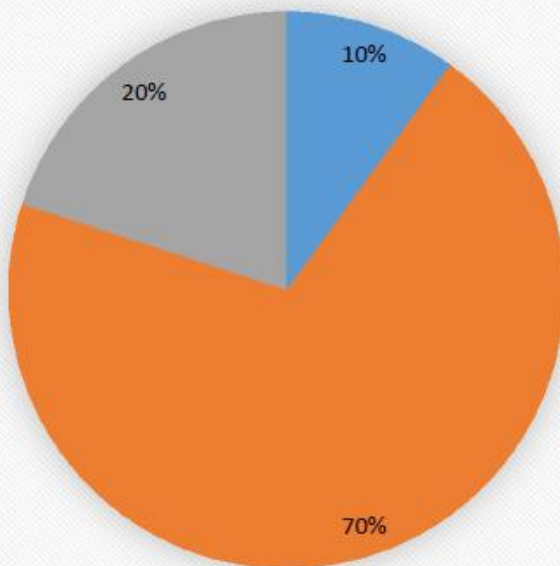
- a) bathing beach and fishing
- b) Be able to go for a walk
- c) I enjoy my time
- d) Living life
- e) Living with my family

6. How many children?



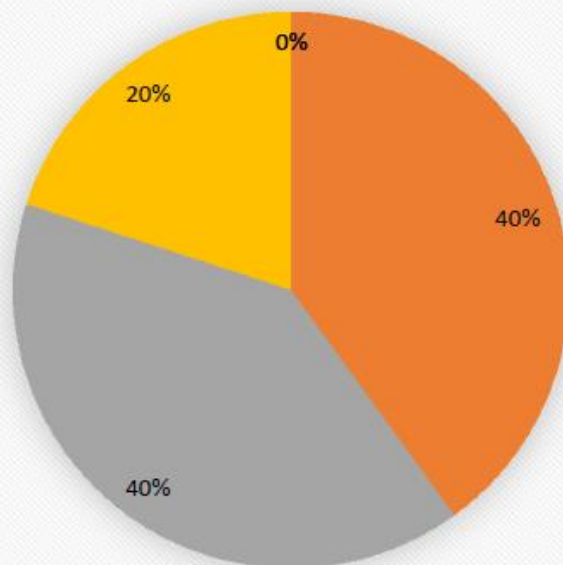
- A son
- Two children
- ten children
- Three children
- five children
- eight children
- seven children
- Four children

7. In what ways do they help?



- a) Support for diseases
- b) Economically
- c) In everything

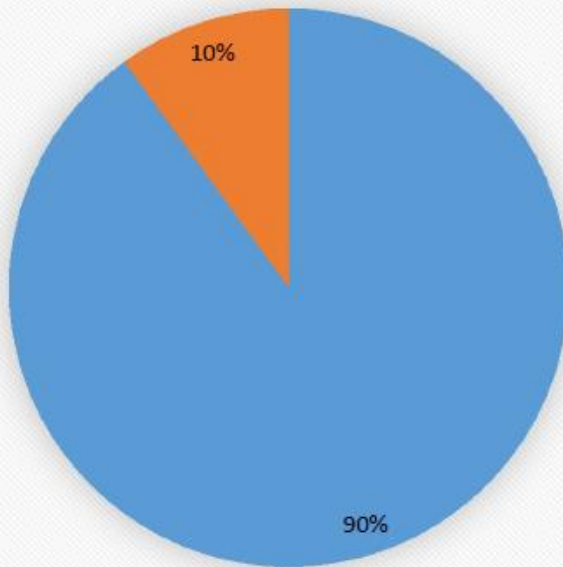
8. What are your general comments about getting older: are you?



- a) Pessimist
- b) Optimist
- c) Accepting
- d) Fearful
- e) Troubled

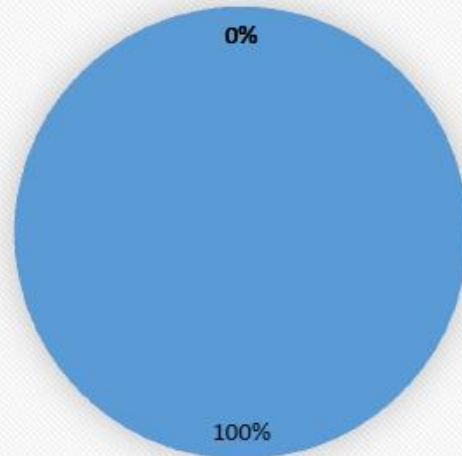
QUIMIXTO

9. Are they helping you as you getting older?



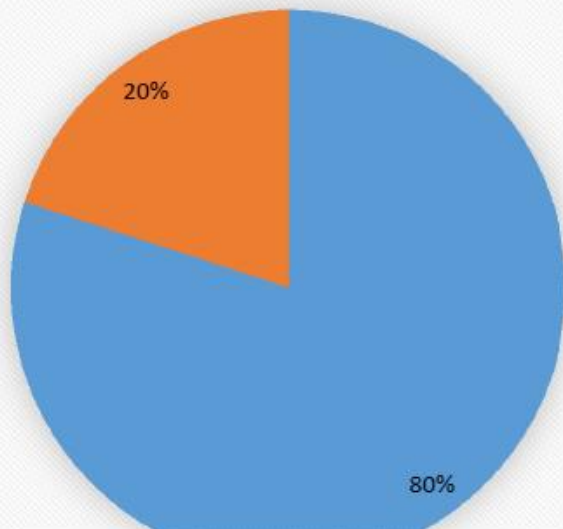
■ a) Yes ■ b) No

10. Where do you think it's better to grow old?



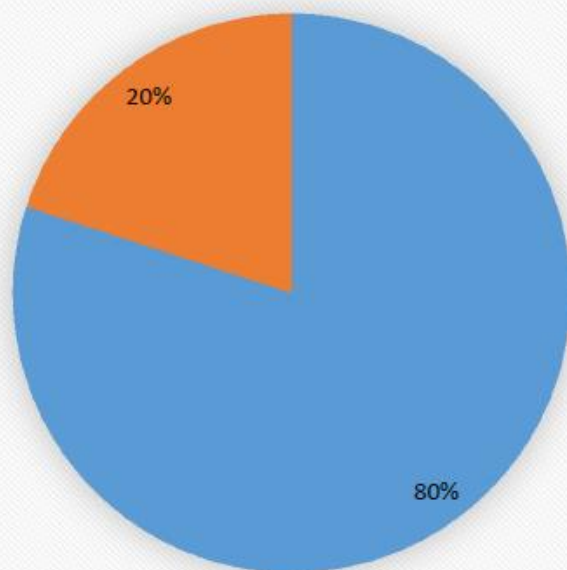
■ A) In a small rural community
 ■ B) In a city
 ■ C) On the edge of a city
 ■ D) Near a tourist resort
 ■ E) Away from a tourist resort

11. Would you like to live in a community for?



■ A) Old people
 ■ B) In a home or residence for retirees with food provided and medical care and social activities

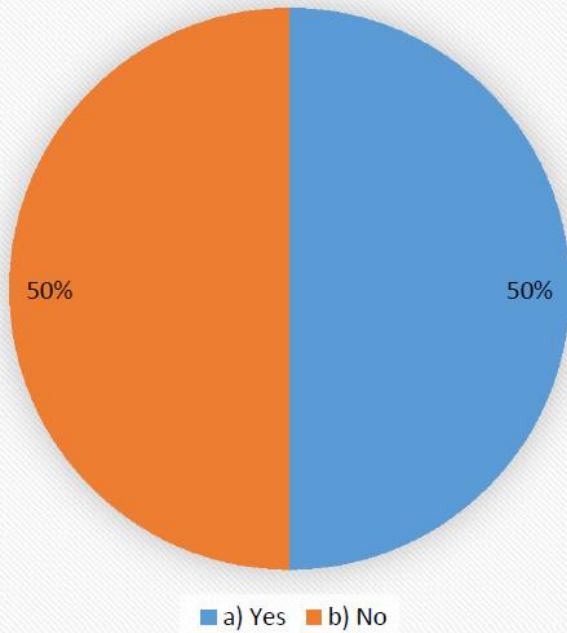
12. Who would pay for this?



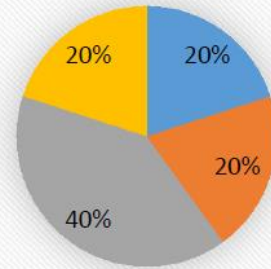
■ a) Anyone ■ b) My children

QUIMIXTO

13. Any other general or specific comments that you would like to make about getting older in your community?



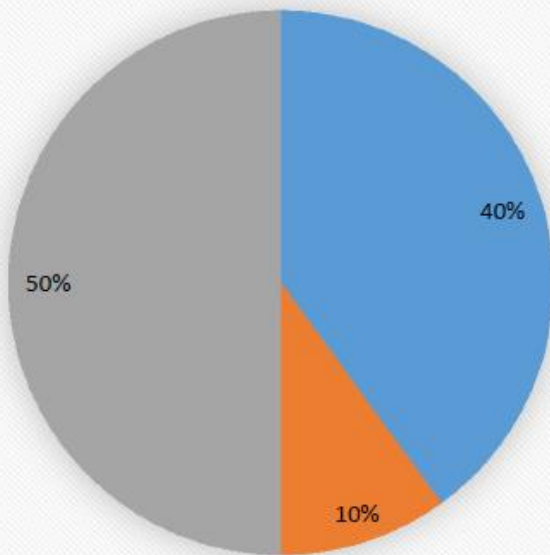
14. Any other general or specific comments that you would like to make about getting older in your community?



- Life is nice knowing it how to live
- Here it is quiet
- I sit here in my community satisfied

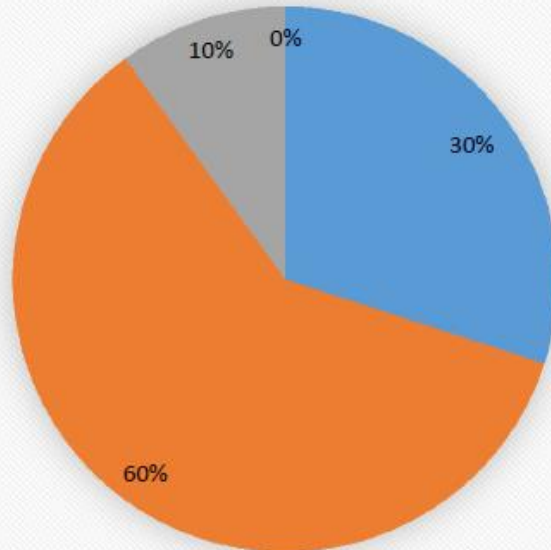
TOMATLÁN

1. What do you think of your overall health and wellbeing?



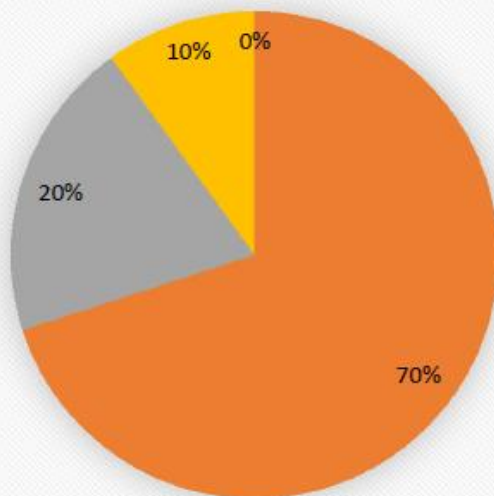
a) Not very good b) Bad c) I'm fine

2. Whom do you live with?



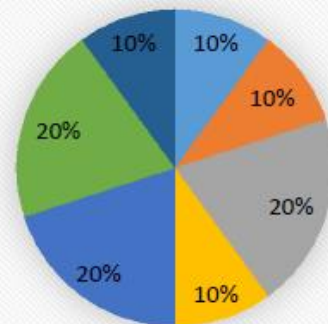
a) Alone b) Spouse
c) Family members d) Friends

3. Where would you like to be as you get older?



a) The animal breeding ranch
b) In my house
c) In an asylum
d) In a place far from town

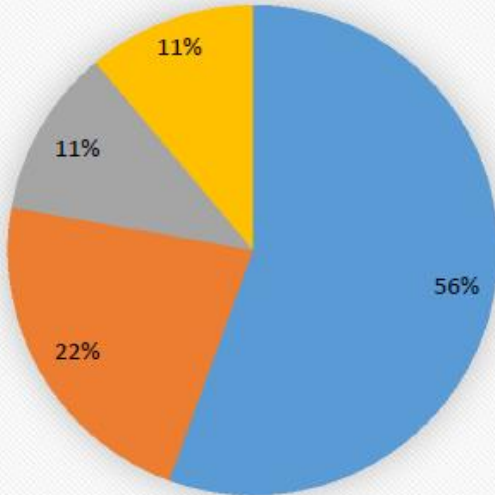
4. What are the main difficulties you have to deal with as you get older?



a) Losing loved ones
b) Fatigue
c) Health
e) Abandonment of children
f) Work
g) None
h) Diseases

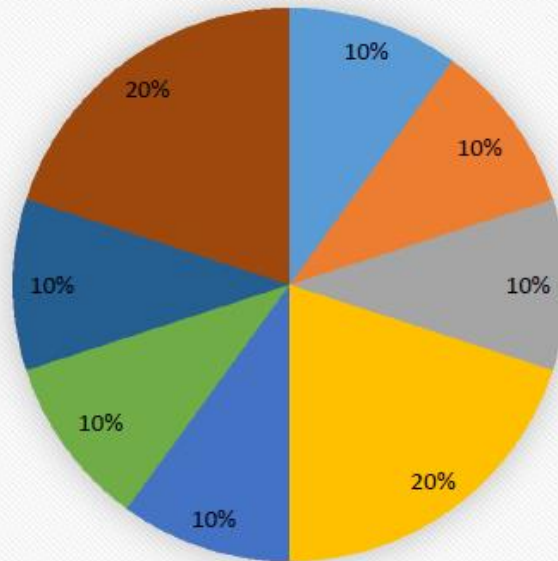
TOMATLÁN

5. What are the good aspects about getting older?



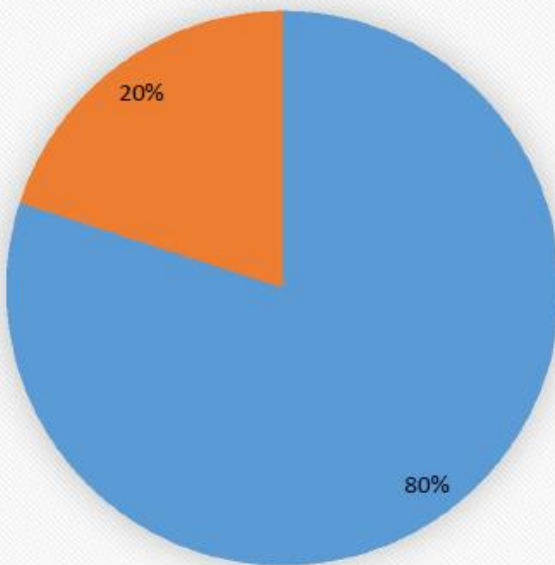
- a) None
- b) Stay Alive
- c) pension
- d) that the children visit

6. How many children?



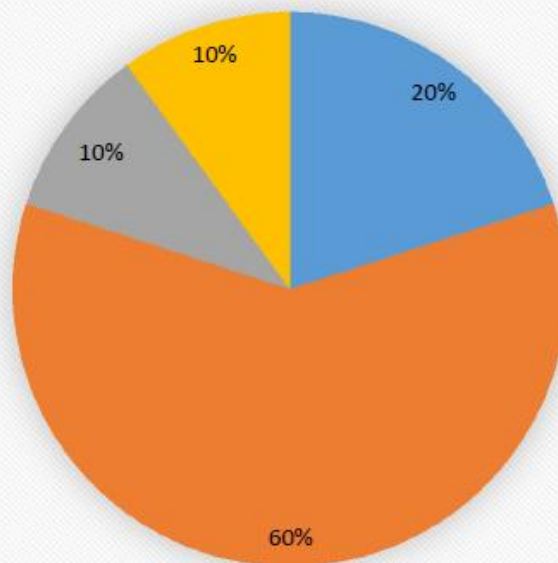
- Un hijo
- Dos hijos
- Doce hijos
- Tres hijos
- Cinco hijos
- Seis hijos
- Ocho hijos
- Cuatro hijos

7. Are they helping you as you getting older?



- a) Yes
- b) No

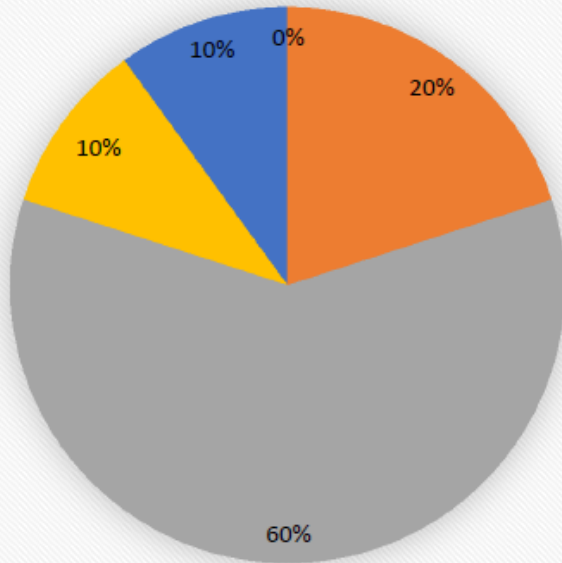
8. In what ways do they help?



- a) Anyone
- b) Economically
- c) throughout
- d) Food and money

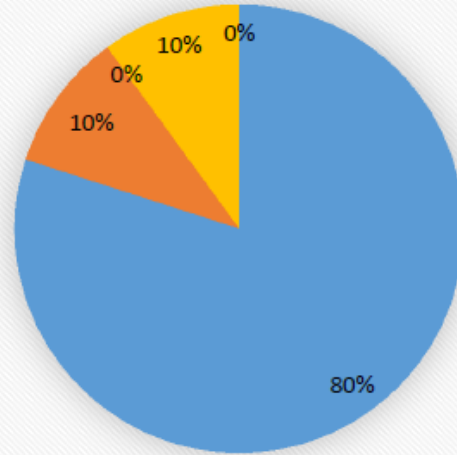
TOMATLÁN

9. What are your general comments about getting older: are you?



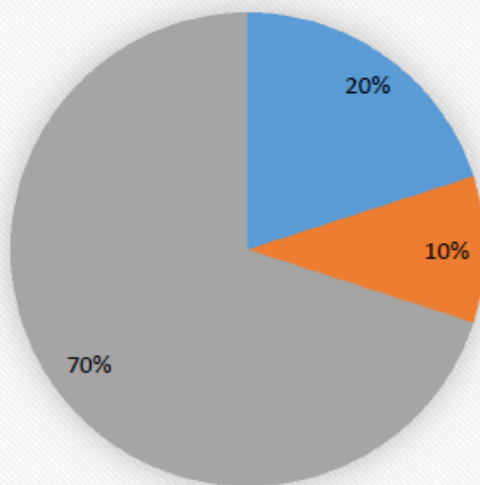
■ a) Pessimist ■ b) Optimist ■ c) Accepting
■ d) Fearful ■ e) Troubled

10. Where do you think it's better to grow old?



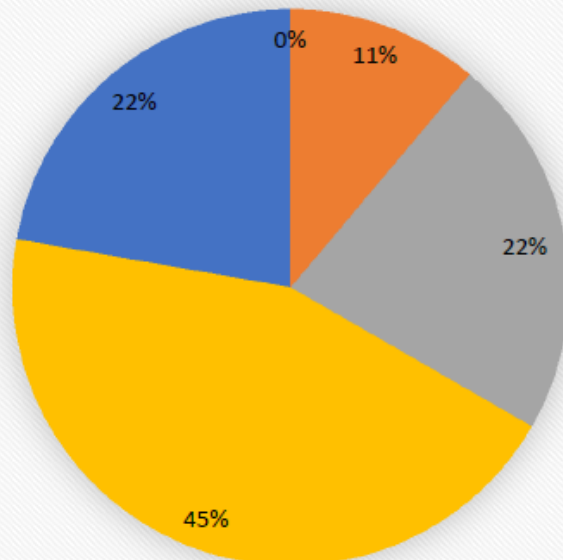
■ A) In a small rural community
■ B) In a city
■ C) On the edge of a city
■ D) Near a tourist resort
■ E) Away from a tourist resort

11. Would you like to live in a community for?



■ A) Old people
■ B) In a home or residence for retirees with food provided and medical care and social activities
■ C) In my house

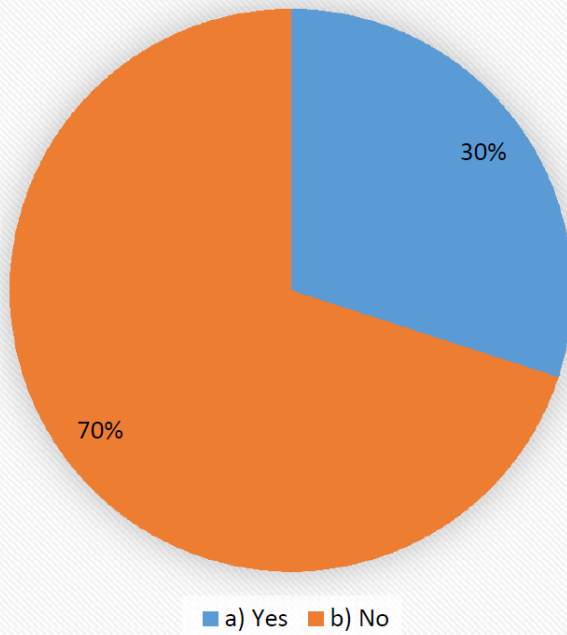
12. Who would pay for this?



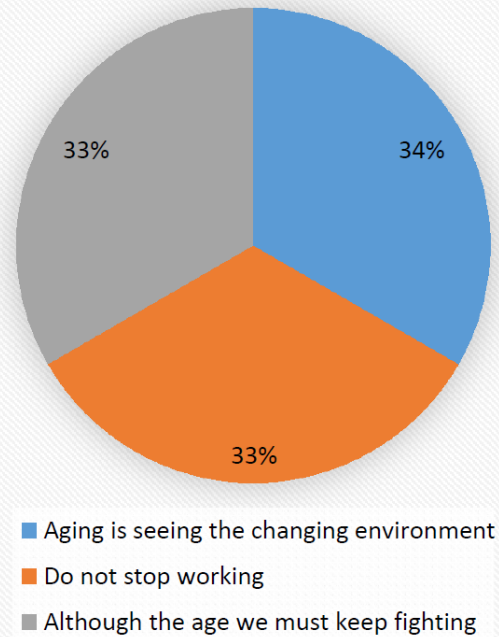
■ a) Anyone ■ b) My work
■ c) Myself ■ d) the government
■ e) My childrens

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13. Any other general or specific comments that you would like to make about getting older in your community?

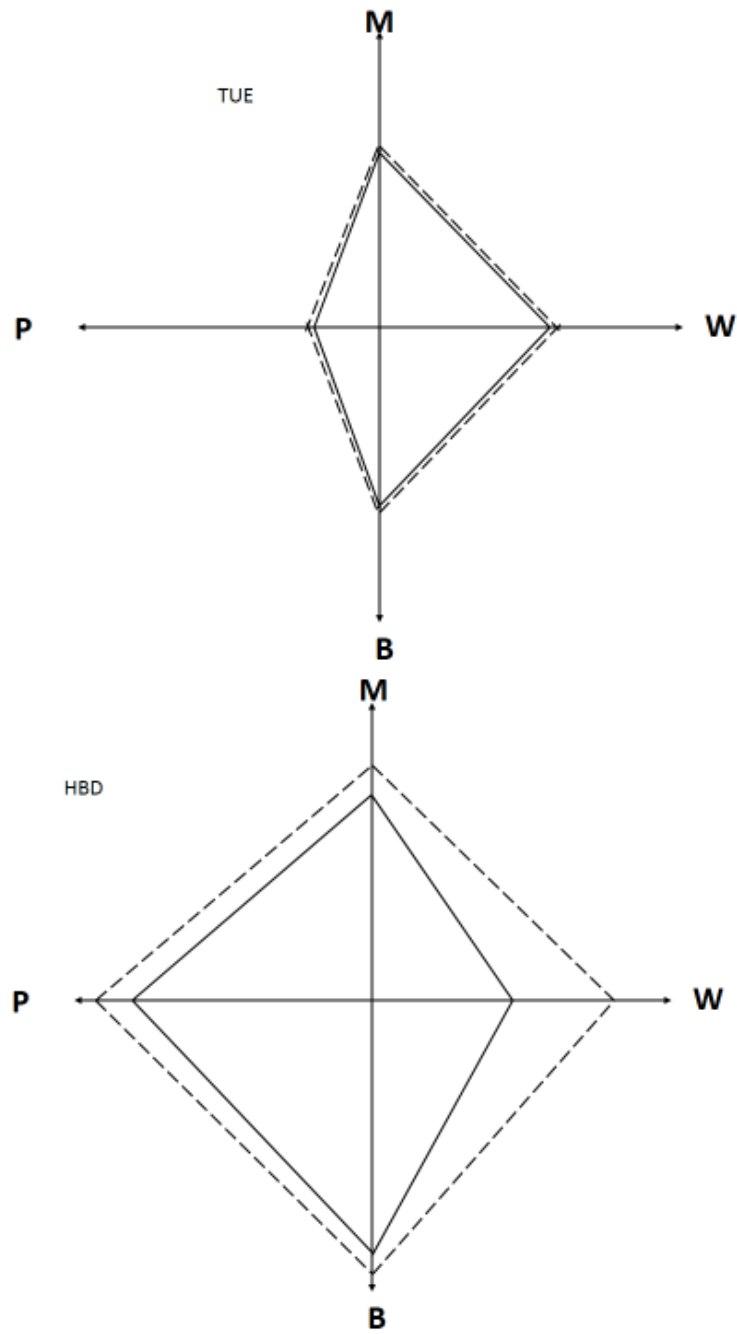


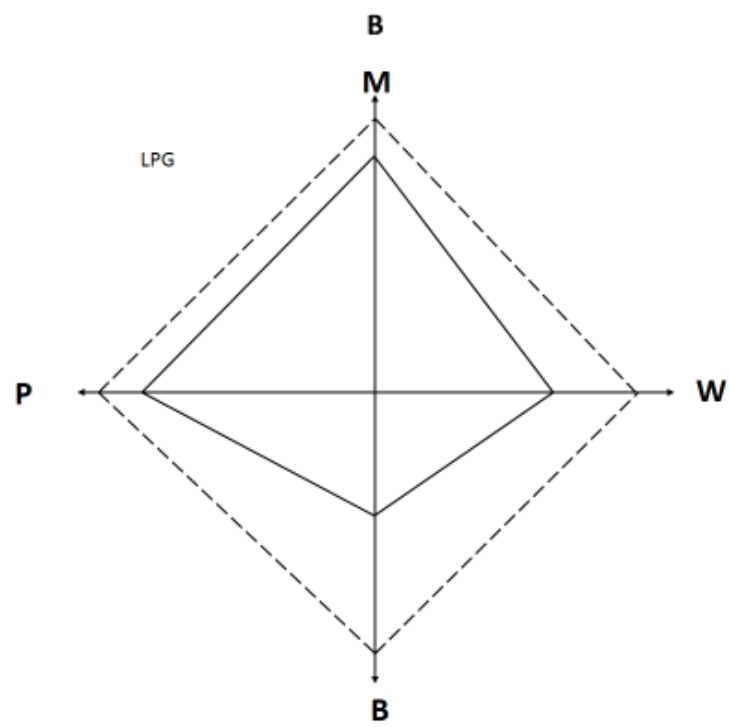
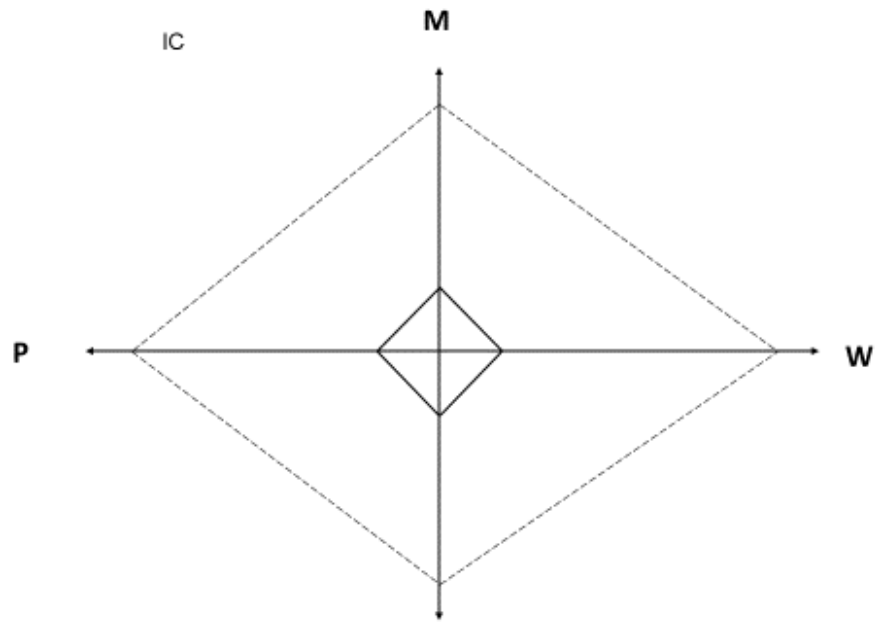
14. Any other general or specific comments that you would like to make about getting older in your community?

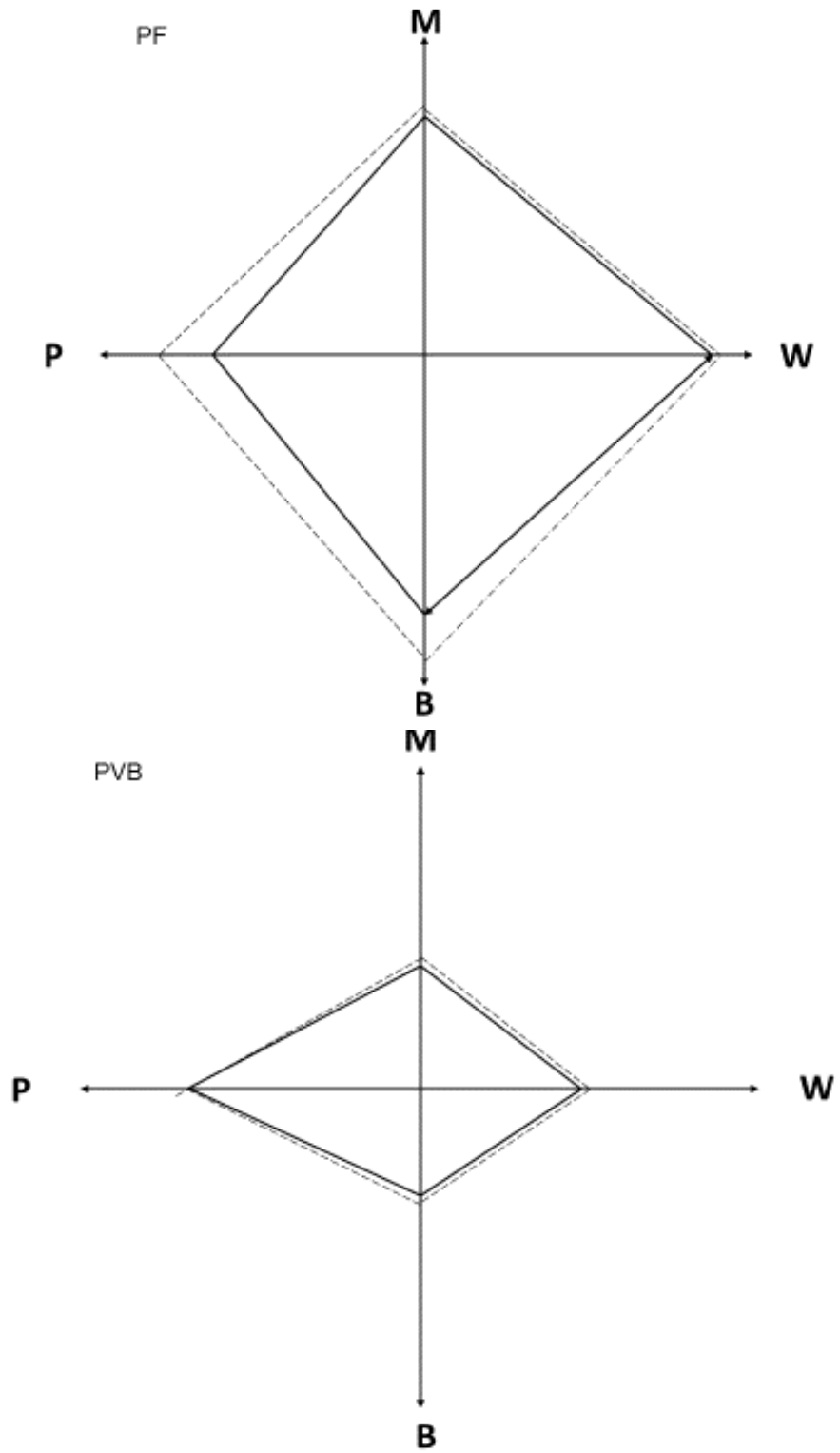


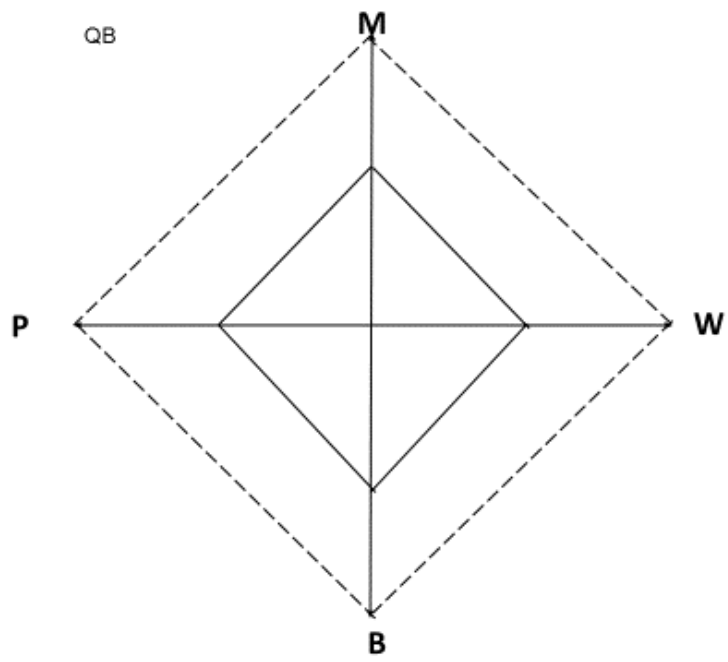
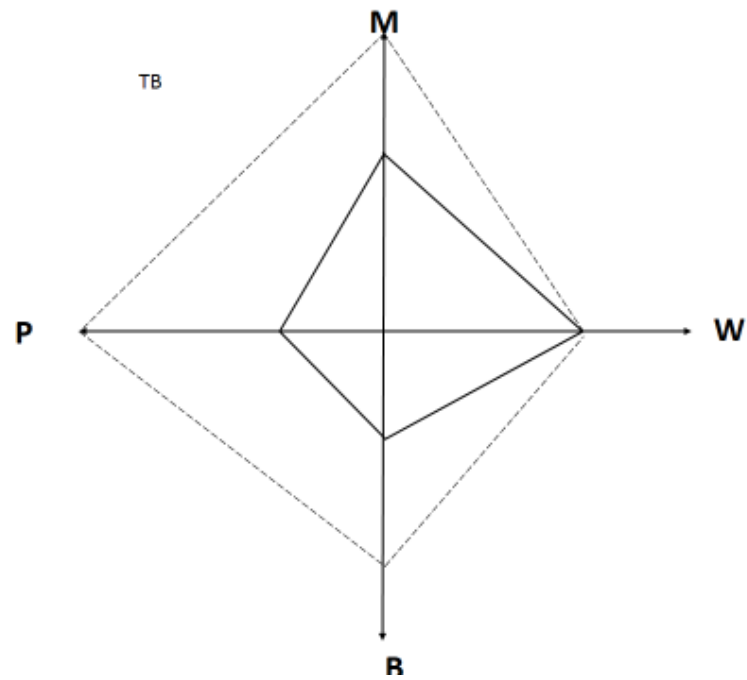
Appendix 2

Selection of Lived Experiences: realists



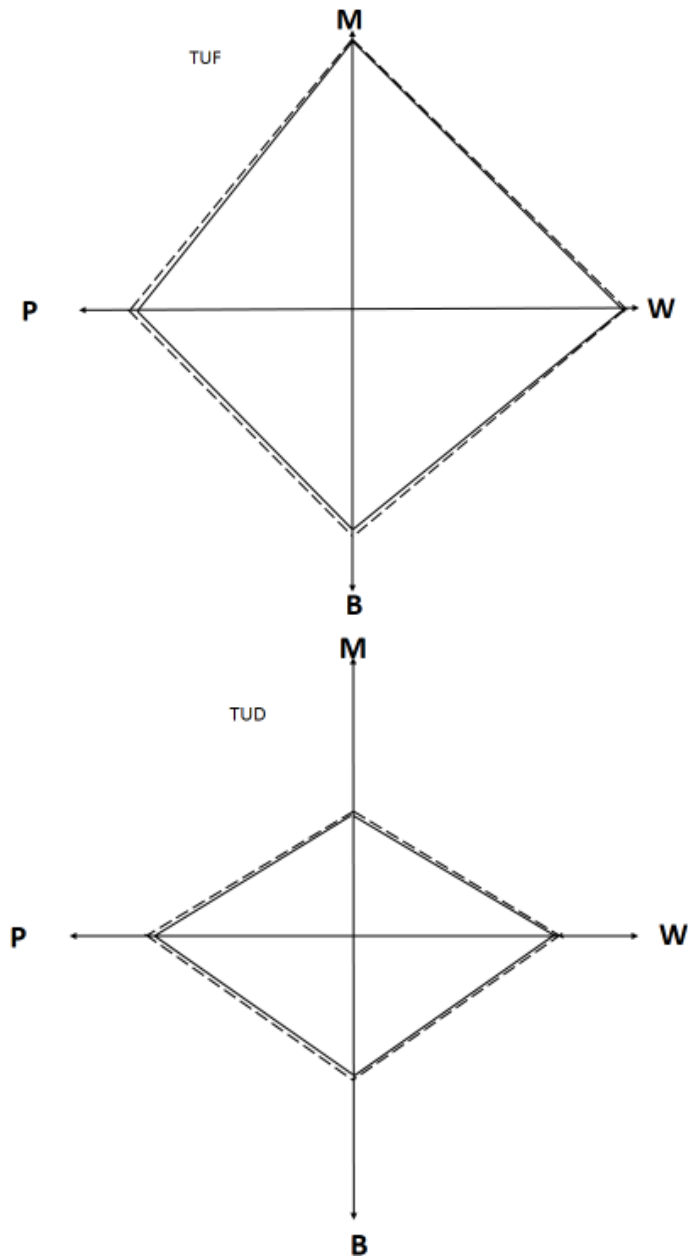


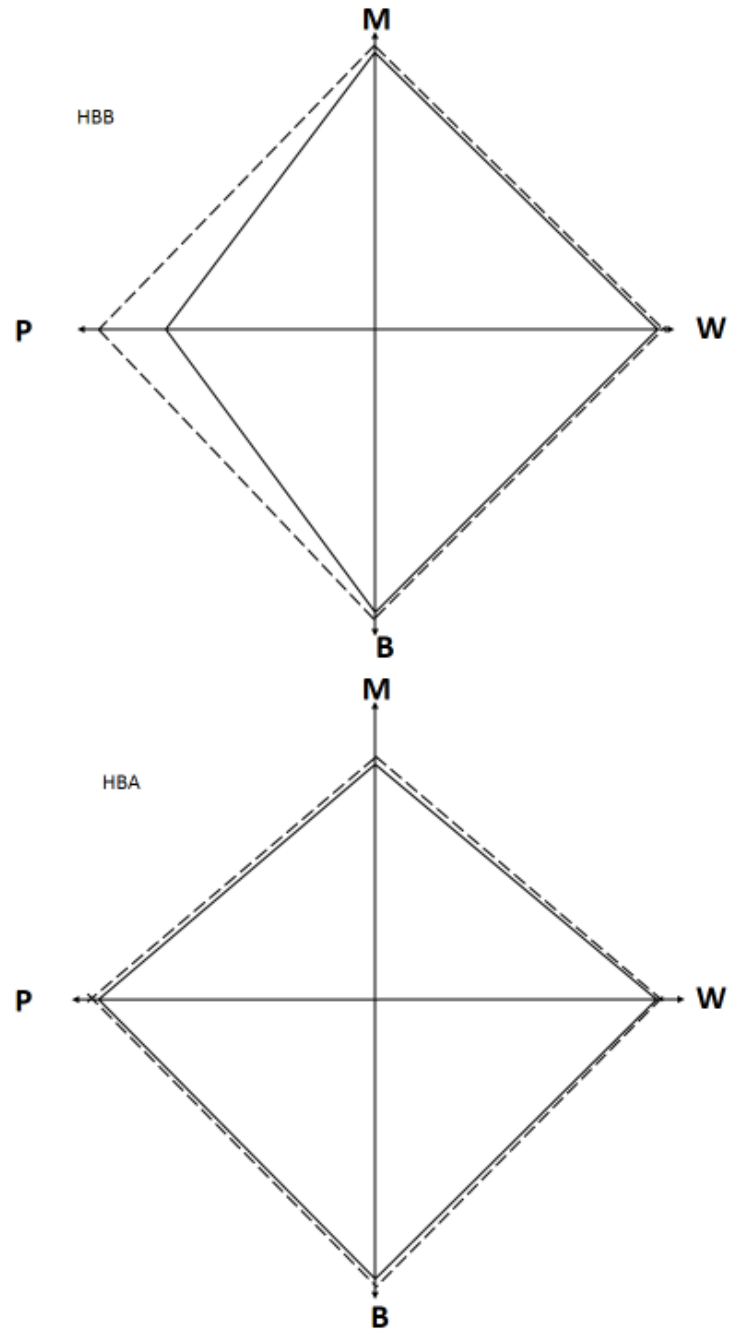


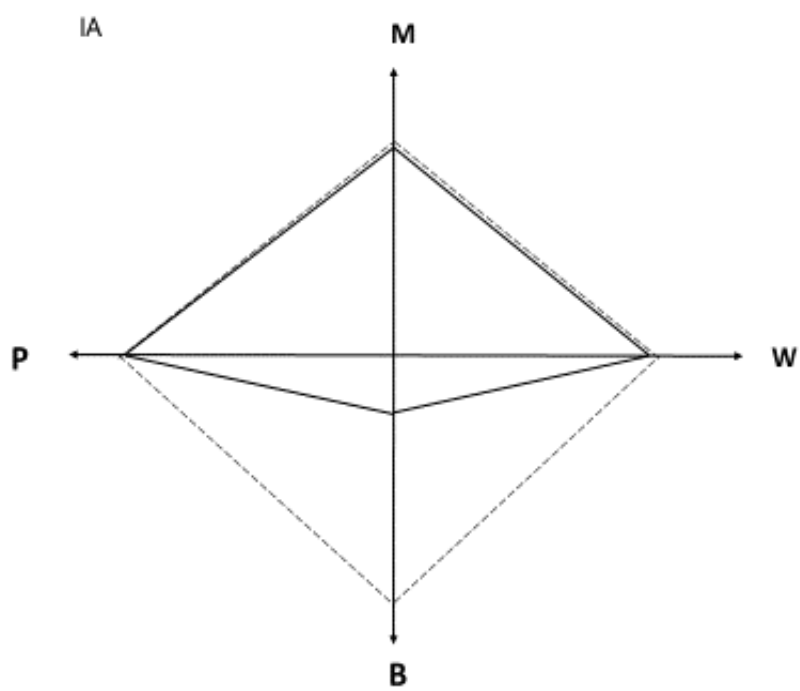
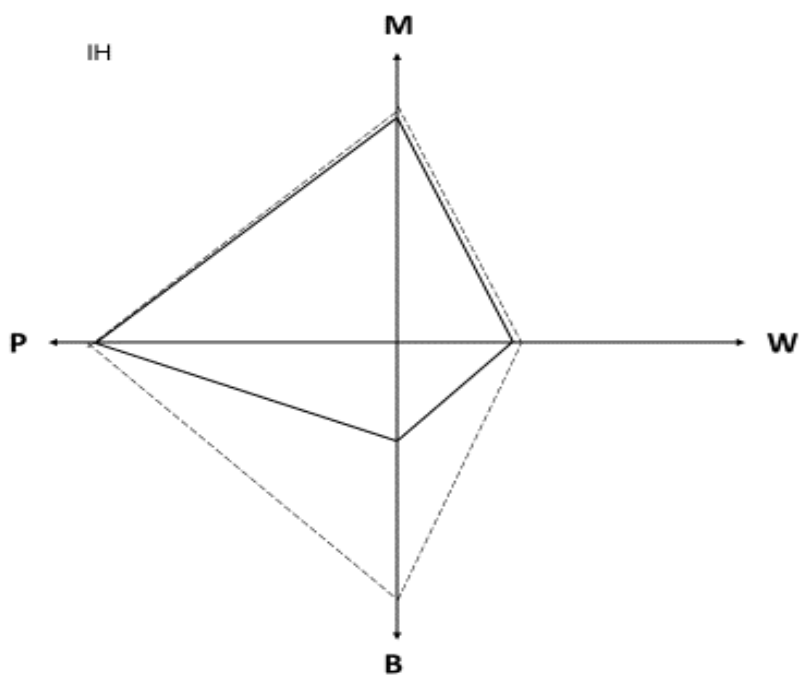


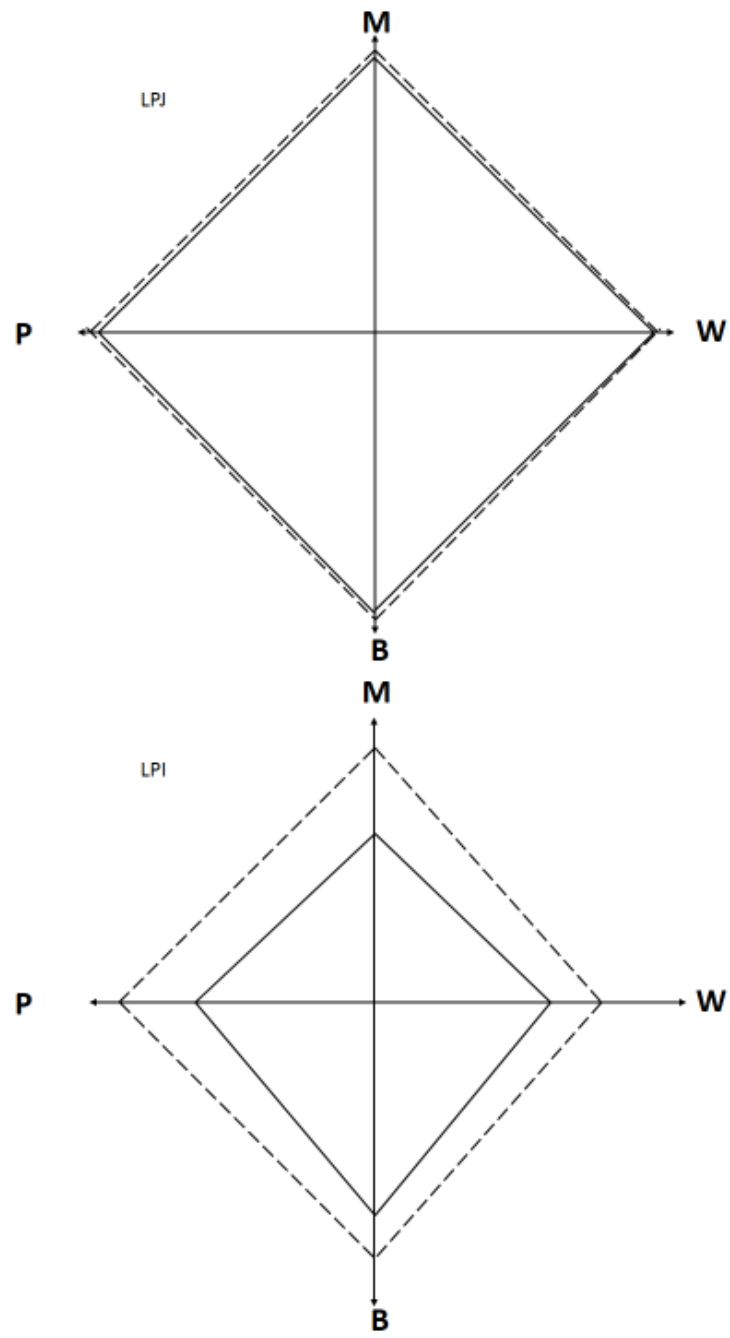
Appendix 3 Selection of Lived Experiences:

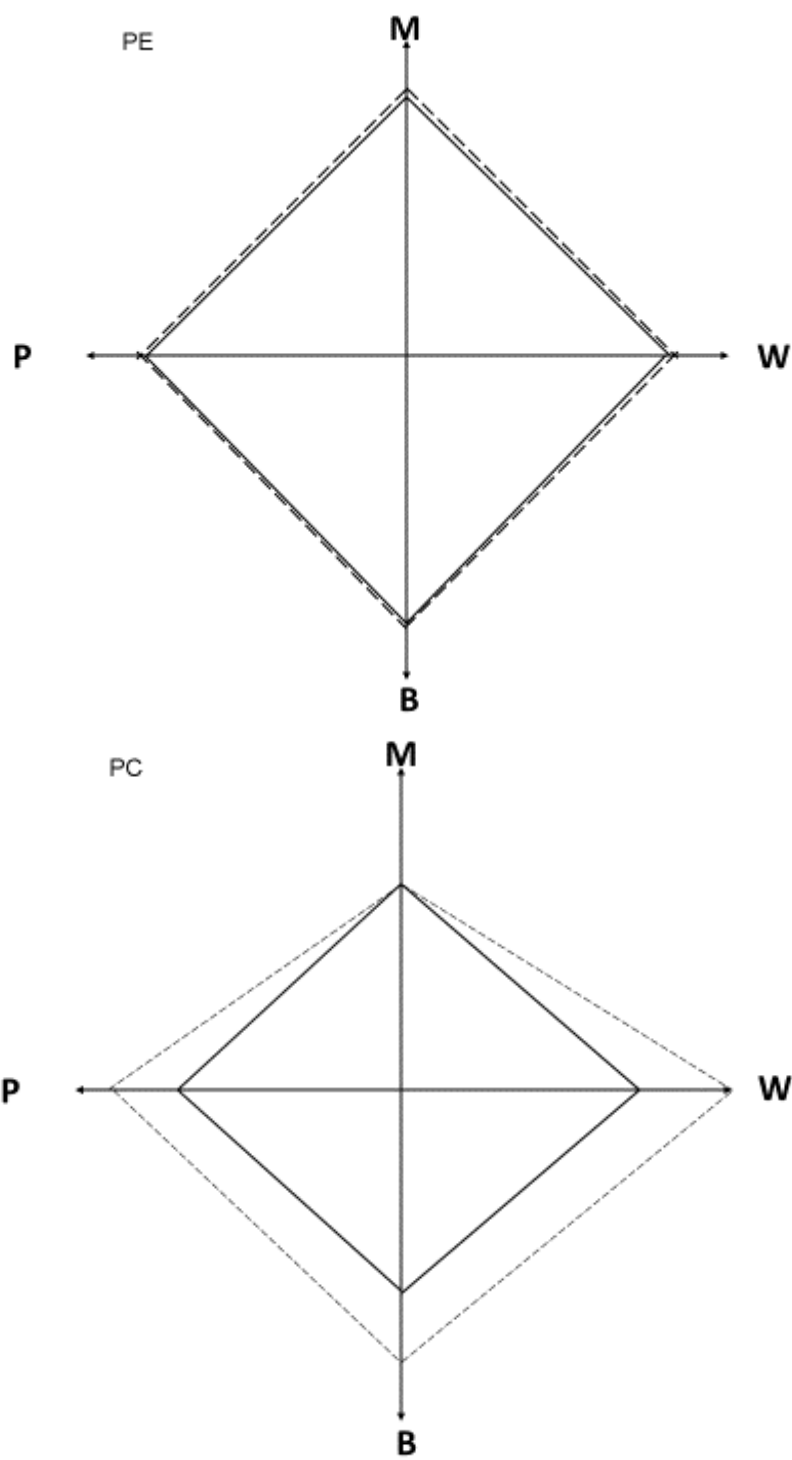
TOP pessimist/fearful LOWER optimist

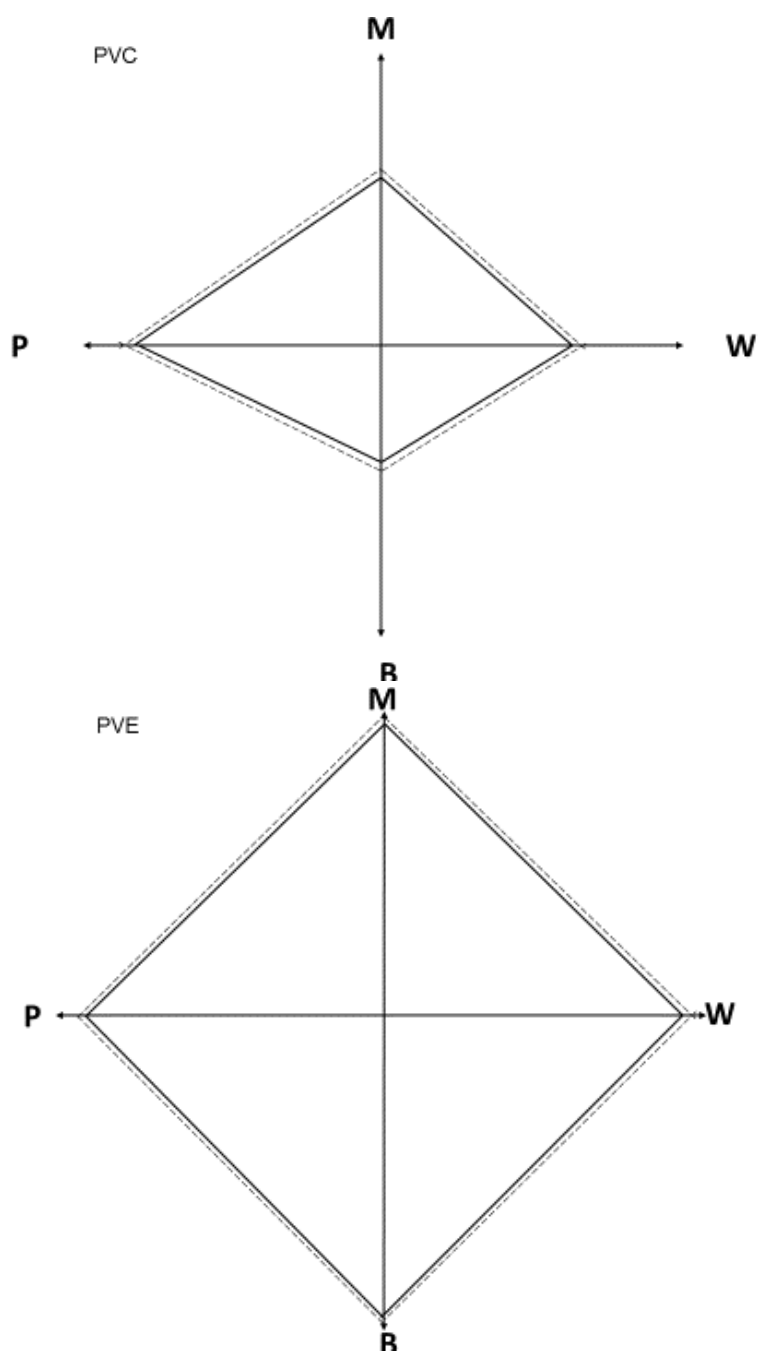


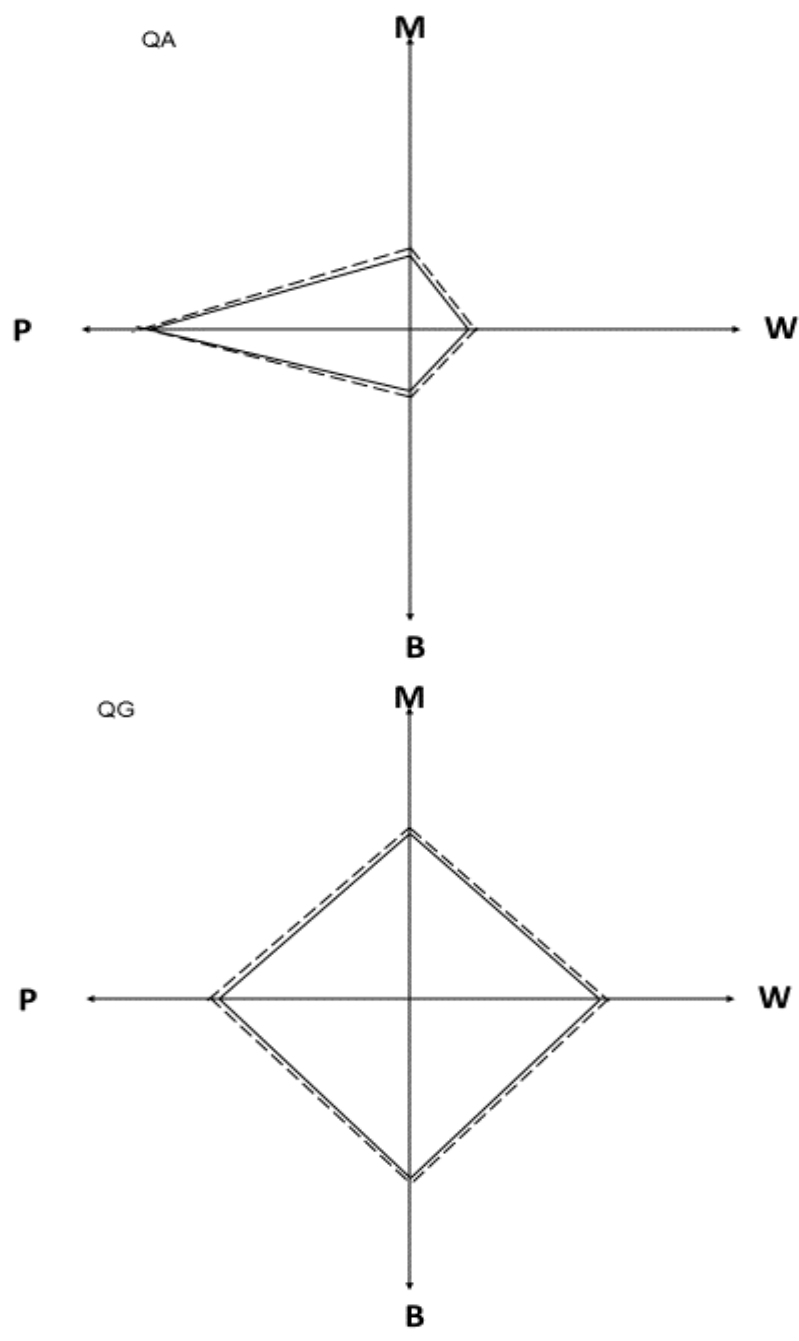


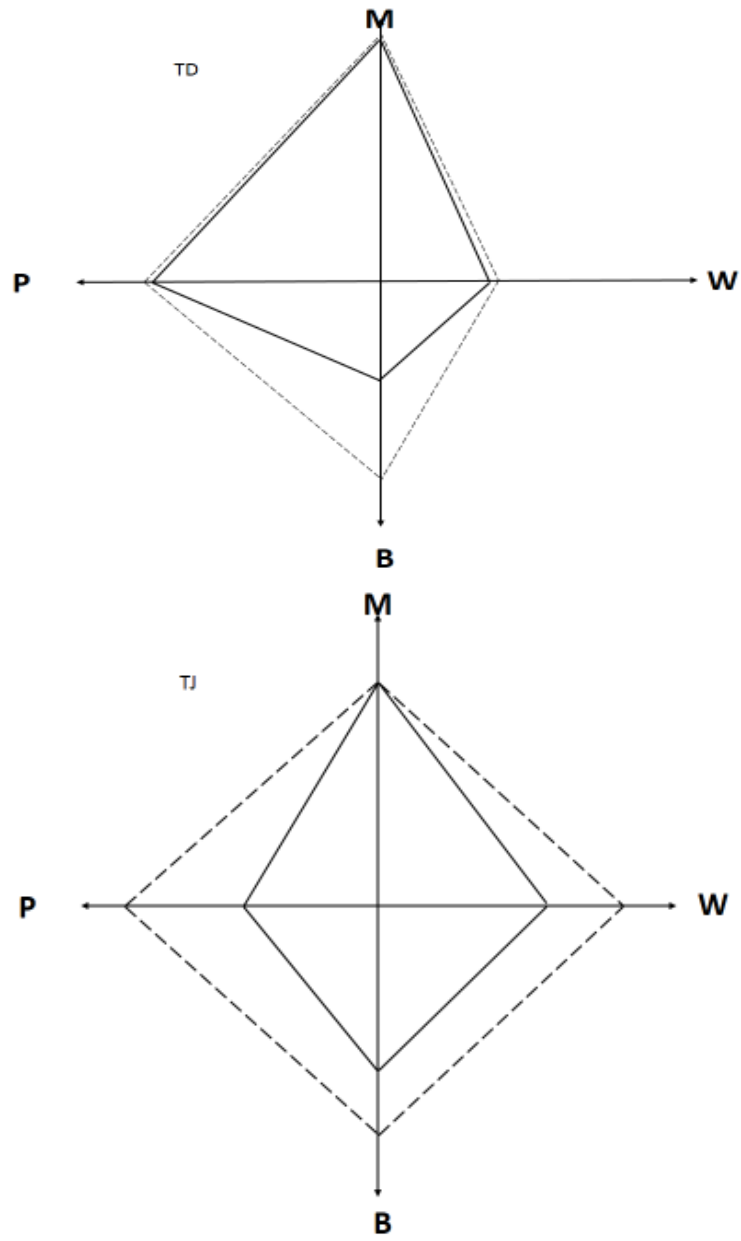






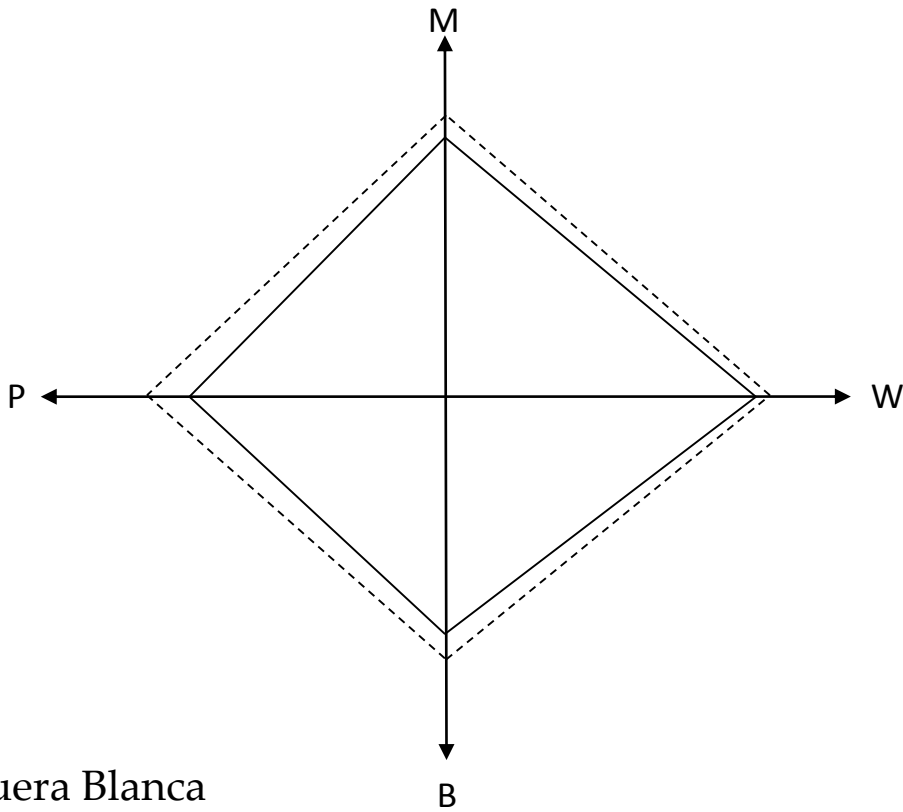




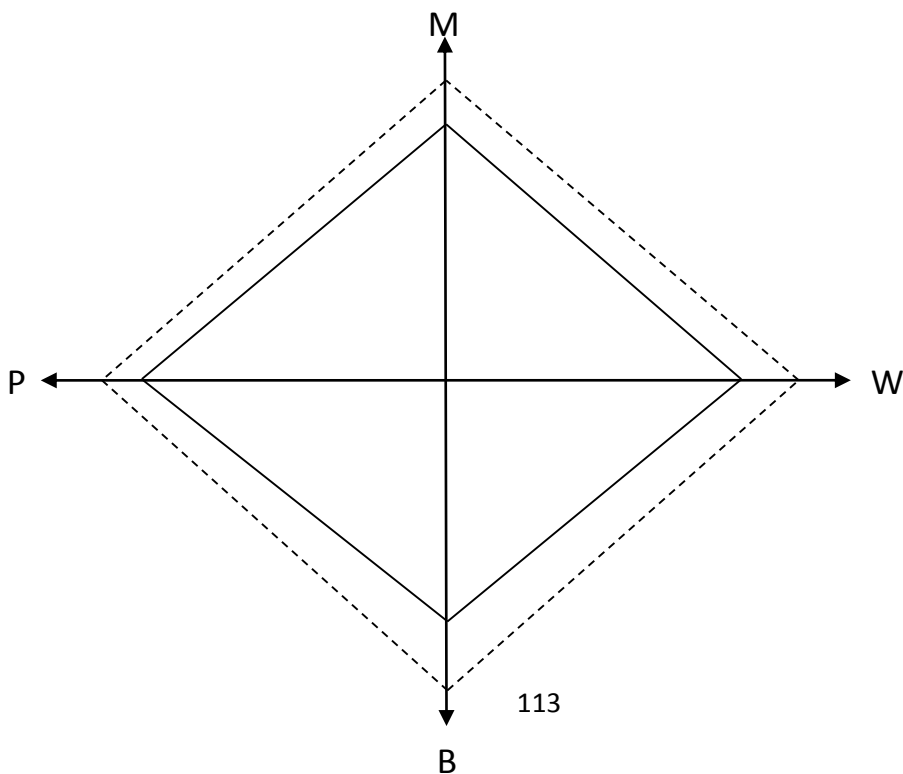


APPENDIX 4 Lived Experiences: average values- 8 communities

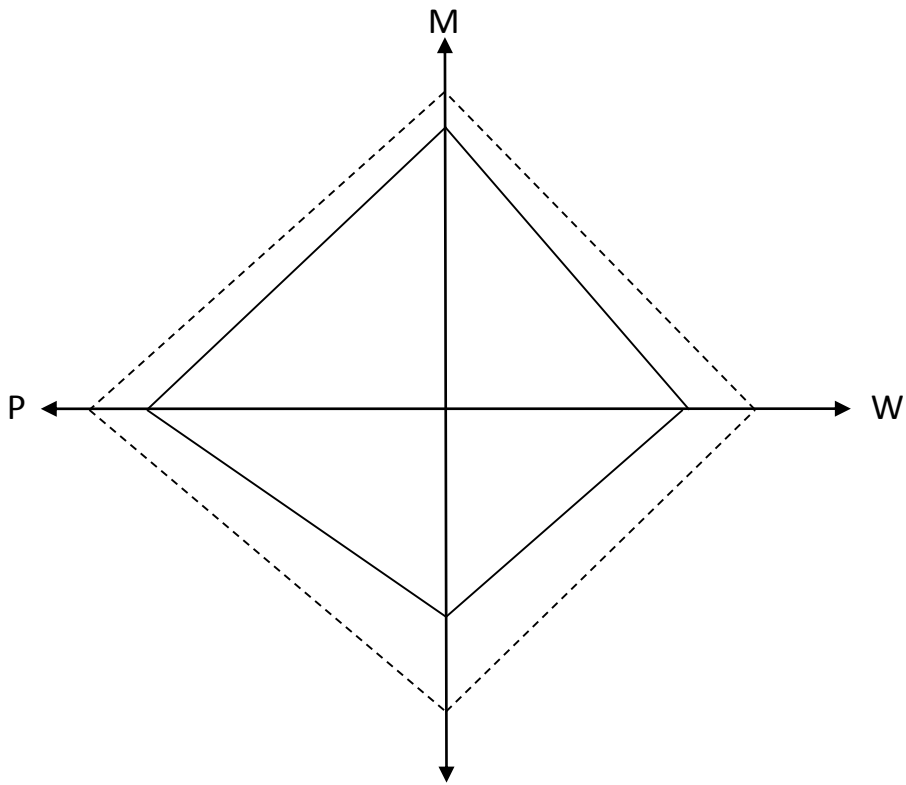
El Tuito



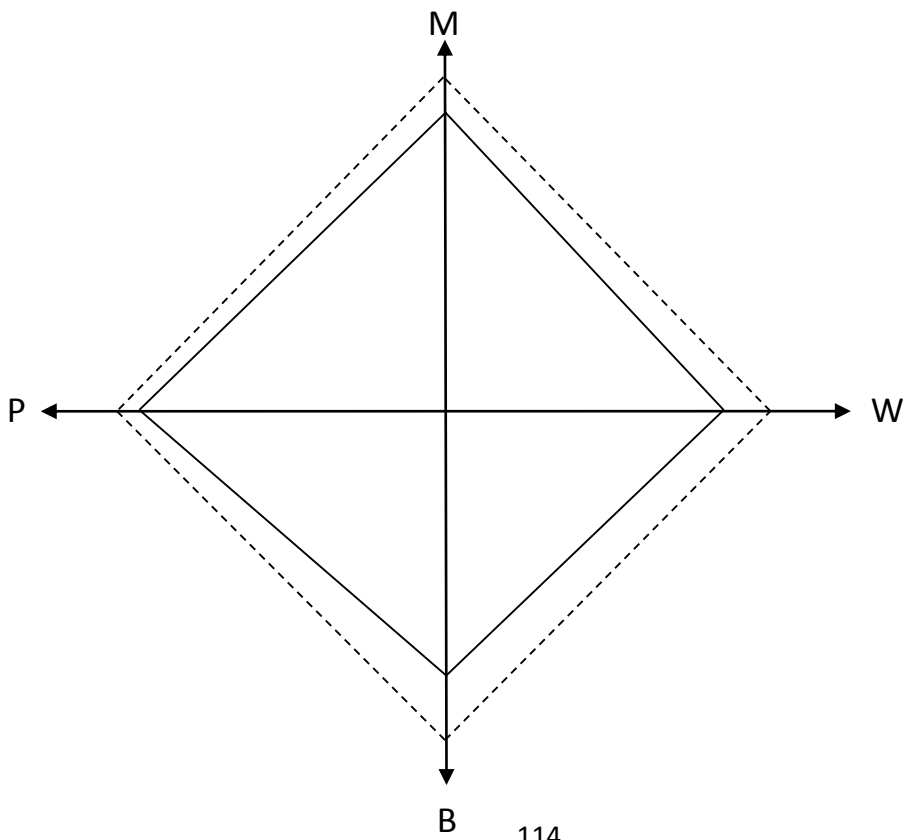
Higuera Blanca



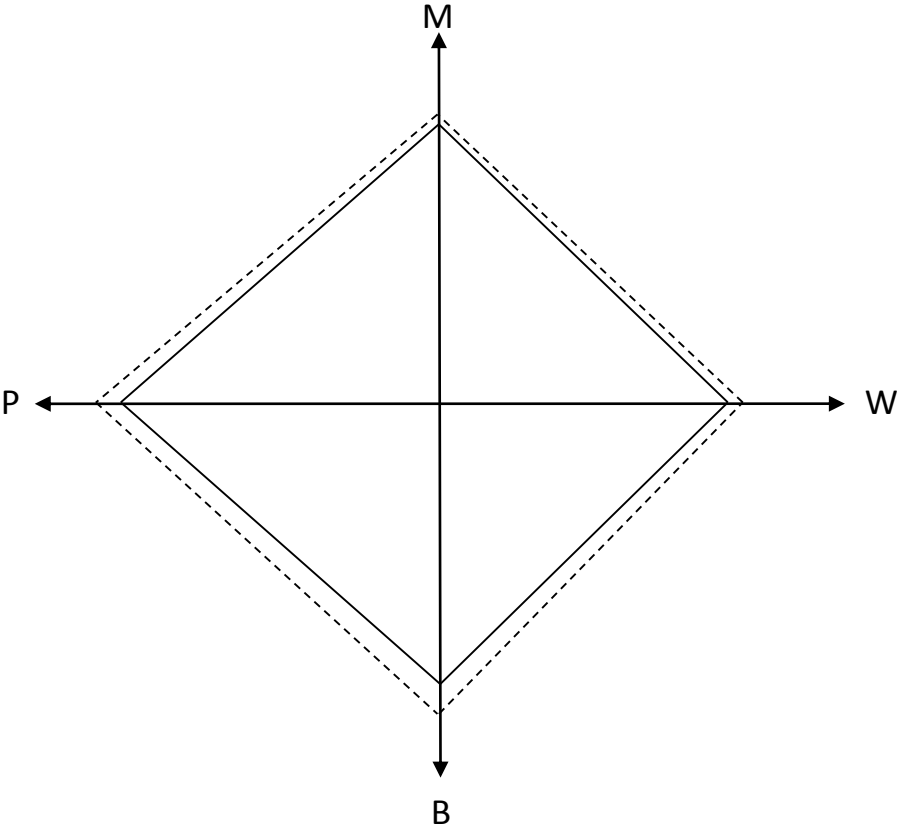
Ixtapa



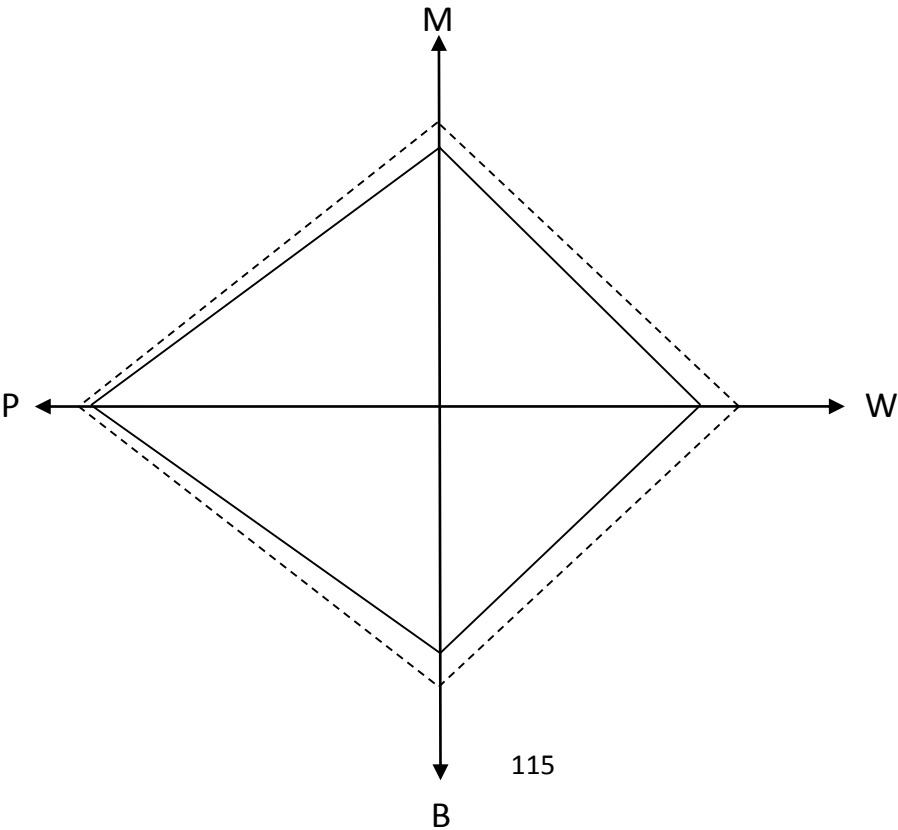
Las Palmas



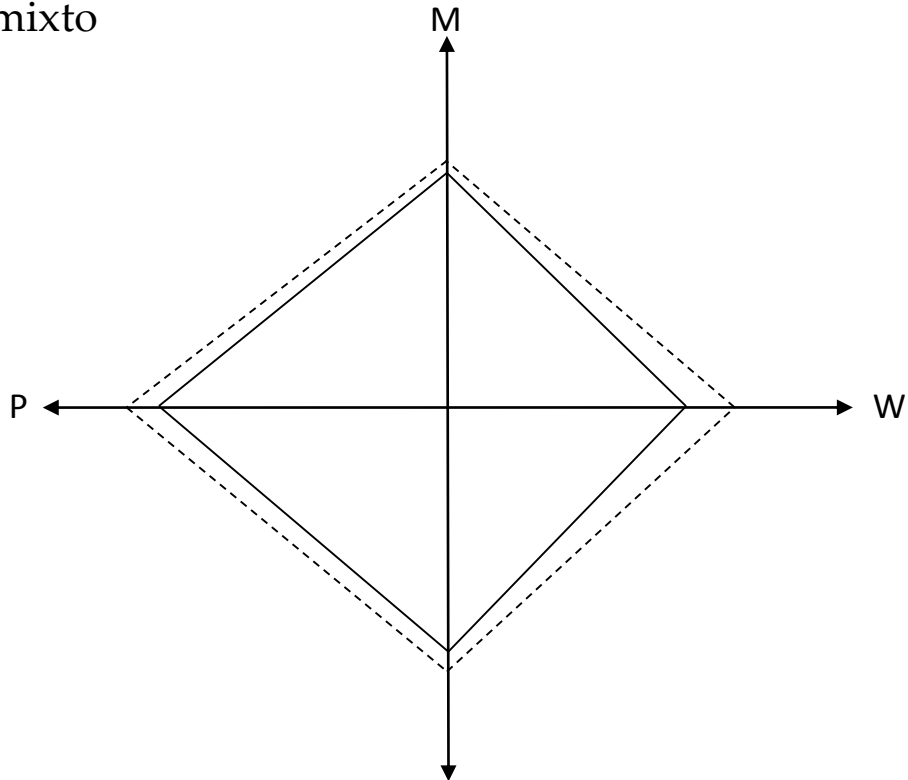
Pitillal



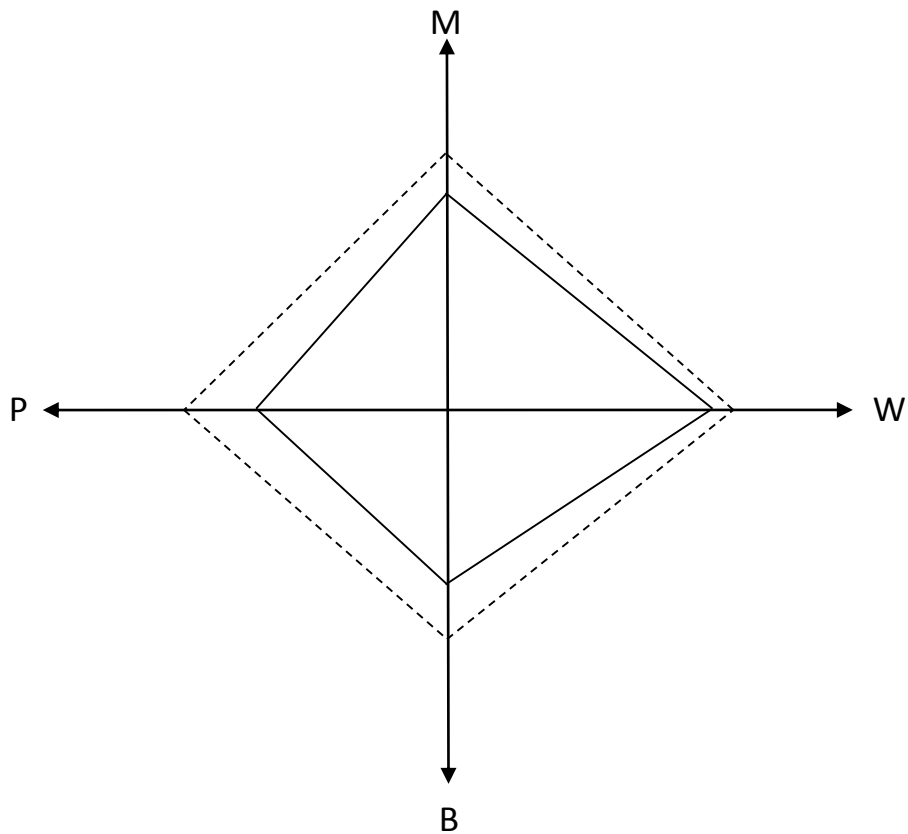
PuertoVallarta



Quimixto



Tomatlán



Biographies



Bryan H. Massam is a University Professor Emeritus and Senior Scholar at York University, Toronto, Canada. He is the author of a number of academic books, scholarly articles and reports on planning, environmental assessment, quality of life, the public good, economic/social/cultural rights, multi-criteria decision analysis, civil society and policy making. He also writes and publishes fiction.

As a consultant and lecturer he has worked in many parts of the world. From 1969 until 1977 Dr Massam was a Professor at McGill University in Montreal where he taught in the School of Urban Planning. He has been a visiting professor at several universities including the London School of Economics, the Singapore National University, the University of Hong Kong, Simon Fraser University-British Columbia, the University of Calgary-Alberta, Bar Ilan University Jerusalem, and the Hebrew University Jerusalem, the University of Umea in Sweden and the Universidad de Guadalajara, Centro Universitario de la Costa, Campus Puerto Vallarta, Mexico. In 1995 he was elected as a *Fellow of the Royal Society of Canada* (FRSC) and he served as President of the *Canadian Association of Geographers* for the period 1996-8. He was the Dean of Research at York University, Toronto, Canada from 1980-86. Mountains and beaches attract him; swimming, Taoist Tai Chi, meditation in the Buddhist tradition, hiking, writing fiction and painting fill some of his time. (bmassam@yorku.ca)



Brian J. Hracs is a lecturer at the School of Geography and Environment at the University of Southampton, UK. He is originally from Canada and received his PhD in Geography from the University of Toronto. He has held research fellowships at the Martin Prosperity Institute in Toronto and the Department of Social and Economic Geography at Uppsala University in Sweden. Brian is interested in how digital technologies and global competition are reshaping the marketplace for cultural products and the working lives and spatial dynamics of entrepreneurs and intermediaries in the creative economy. He has published articles about the contemporary music industry, aesthetic labour, the linkages between music and fashion and the factors that motivate 'talent' to move within and between cities. In earlier research, Brian has also examined culturally driven strategies for economic development in rural communities, gentrification in artistic quarters and the role public spaces play in fostering civic conversations. (B.J.Hracs@soton.ac.uk)



Rodrigo Espinoza S

He was born in Michoacan State, and grew up on the coast of Jalisco State. He studied at primary school in his native state and he completed secondary and high school in Jalisco. After finishing high school he went to Colima City to study at the university in Business Administration. He completed a master degree at the University of Guadalajara, in the Centro Universitario de la Costa. In October

2010 he was awarded a PhD in Education from the University of Tijuana.

Rodrigo has undertaken research on the Quality of Life in the Puerto Vallarta region of Jalisco in collaboration with colleagues from Brandon and York Universities in Canada. Also he has undertaken collaborative research on sustainable development with colleagues from the University of Oviedo, Spain. He has published various books, chapters in books, papers, and reports as a result of his research projects and as a member of research teams. He is a member of the consolidated academic group of Analysis Regional and Tourism (ART) with clue: UDG-CA-443, where he works on research about: A) Quality of Life and Well Being, b) Rural Tourism and Sustainable Development, C) Communities and Practices in Tourism. He belongs as a member of some research networks concerning Tourism and Development: a) National Net of Academic Groups (RECADyT), b) Intra-University Net about Patrimonial Goods and Development (REPADER), c) Latin American Research Net on Tourism and Development (RELIDESTUR), d) Ibero -American Research Net Global-Local. He is a member of the Mexican Academy of Research in Tourism (AMIT) and the Countryside Mexican Academy (ACAMPA). Also he is a member of the editorial committee of TURyDES scientific magazine in the University of Malaga, Spain. He is affiliated to the Administrative and Accounting Department in the Centro Universitario de la Costa. His e-mail: [rickylizbe@yahoo.com.mx](mailto:rickylicbe@yahoo.com.mx); and rodrigo@cuc.udg.mx.



Connie Ko is the GIS / Remote Sensing Technician for the Department of Geography, York University, Canada. Connie received her Ph.D in Department of Earth and Space and Engineering from York University in 2014 and during her doctoral research programme, she developed an interdisciplinary research project that incorporates geoinformatics, remote sensing, machine learning and spatial analysis as the key aspect of geographical work. Her research involves the development of 3D geometric attributes derived from LiDAR (Light Detection and Ranging) point clouds for the classification of tree genera. She improved the classification accuracy results by designing an ensemble classification scheme using meta-trend within the field of machine learning. The application of this technology allows for better vegetation management along hydro-electricity corridor rights of way such that power outages due to fallen trees on lines can be proactively eliminated. Connie has also participated in a variety of geographical projects on social planning, quality of life and planning. She has participated in a project studying the integrative multiplicity through suburban realities, particularly in exploring the diversity through public spaces in Scarborough, Toronto, Canada. Currently she is involved in a project comparing the experience of displaced migrants in three cities, Toronto, Kolkata and Havana. (cko@yorku.ca)

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