Bulletin of the *Transilvania* University of Braşov
Series VII: Social Sciences • Law • Vol. 7 (56) No. 1 - 2014

SOCIALITY AND MEDICALIZATION OF AGEING

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Abstract: *Our everyday health is a key element for analysing individual life courses, well-being and malaise, social rights and the system of social and gender inequalities. The race for improving performances, on coming of the of old age, sometimes turns well-being and malaise into the two faces of the same medal first in a diachronic and then in a synchronic perspective. The aim of our research is to pinpoint, through a quantitative and qualitative methodology, when, where and why people request invasive or/ and non-invasive medical help in order to improve their relationships. Such a perception springs from a structured and consolidated awareness of own sensibilities. The body contributes to the emergence of these dynamics. We may then assert that one of the motivations pushing individuals to take excessive care of their own bodies that a body language shared [by the other] legitimates the role of one's own look to the point of considering it as the matrix of a "status or non-status" of health. The body appears so to be a classifier of personalities and people, and it is often permeated by conflicting feelings, which get the body loses its subjectivity and becomes "ruled" by a power whose achievement contributed, and still contributes, to legitimate.*

Key words: *Life course; cultures of ageing; body; successful ageing.*

1. Introduction

The increase of longevity represents not only an achievement of modern western societies, but, at the same time, a source of "new problems", wishes, needs of ageing society, not always resolved from social and institutional organizations.

Through the life course approach, as the dimensions of time, process and context are crucial for the study of ageing, investigating when, how, where and why individuals begin to perceive the ageing process. This is a perception and self perception by persons who value their corporality, precisely their body, in the relational dimension, or may purchase, acquire or lose the sense and meaning in relationships, often with the outcome of their exclusion. This perception springs from a structured and consolidated awareness of a me/ self, and from the way in which a person feels to be perceived by "significant" others (Mead, 1934).

The body contributes to the emergence of these dynamics. We may then assert that one of the motivations pushing individuals to take excessive care of their own body is that a body language shared [by the other] legitimates the role of one's own look to the point of considering it as the matrix of a "status or non status" of health. This has been called a "body idiom", a conventional reasoning that

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plays a symbolical and normative role (Williams, Bendelow, 1989). The body idiom, a performer without a voice, conveys a non-verbal communication that allows spectators to capture an important image of the individual's outer balance, through his capacity to send images while concealing any state of anxiety, depression or other. The body is a part of a process of socialization linked to the rules of behavior as to the forms of affective event and those of control.

The body appears to be a classifier of personalities and people, and it is often inhabited by opposite feelings, so far removed from each other that the body looses its subjectivity until it is "ruled" by a power that it contributed and still contributes to legitimate. That is why it becomes important to understand precisely what happens, how and why.

The aim of this paper is to identify the perceptions of subjective and objective time, and in this, as it changes the social construction of the elderly. In the past a sign of old age was the loneliness, the loss of relationships, than it is to find as the preservation of one's body healthy, either, and it may be, for the elderly a necessary and important for their social relationships, communication and more generally to processes for their own safety and social inclusion.

The paper wants to understand how the person feels and how, along ageing, continues to feel young: how this happen, through what, in which moments and roles, compared to what, also highlighting the gender differences. It also aims to analyze how exercise and a good care of yourself at a wellness center can improve the quality of life of the elderly. These structures and initiatives have an aspect of social gathering, open to processes of comparison and forms of relationship are, in other words, opponents of that solitude often a companion of the elderly and privileged way for the emergence of depression and its consequences terms of acceleration of certain diseases.

It's necessary to find ways and forms of embodiment in specific phases of relational problems, to suggest how to establish the possible forms and measures of social-public health to prevent the occurrence of abuse of vulnerable groups and finally to determine whether an education to and an health promotion, expressed through the objective of the maintenance of a healthy body, can be an interpretive key for a perspective which will include social and health costs as typical diseases of the elder age.

2. The main challenge will be to promote healthy ageing in Europe

The population structure in European countries has significantly changed over the past decade. In particular, the percentage of elderly people has increased, changing the profile of the population. In Europe, in the 27 EU countries, there are today 18.2 million people aged over 80 years, representing the 4% of the total population. According to estimates compiled by EUROSTAT, in 2025 people with over 60 years will constitute about one third of the population, with a particularly rapid increase of those aged over 80 years (Healthy Ageing 2009). Even the "ageing index" (ISTAT 2008), defined as the percentage ratio of the population aged 64 years and those with less than 15 years confirms this trend. In 2005, Italy was the oldest country in Europe (139.9), followed by Germany (136.2), while the European average between the two groups is around (105.1).

One can say therefore that there are countries where the demographic changes will implement an increase in demand for assistance. In these cases, improvements

in lifestyle, nutrition, disease prevention, as well as standards of living and care activities are very important.

The thermal treatments, together with these elements of health promotion, became a place of socialization for the elderly and meeting, with obvious beneficial effects on the socio-relational. On the other hand, the italian law 323/2000 has approved the contents of the health wellness centers or health maintenance hotels, considering them the locus here implement prescriptions, and also a form of tourism for the elderly and others (Santuari A., 2010) Companies that offer services the person, as in the case of health SPA (sanitas per aquam – watering place) , and wellness centers for the elderly, have as mission "the increase in well-being of users" (M. Molteni, 1997). Furthermore, we should highlight that individuals have heterogeneous needs, therefore service companies must respond to persons separately and customized.

Which results in substantial new requirements for the 21 century, first of all meet increased demand for health care, adapting health systems to the needs of an ageing population and guaranteeing security in a society in which extends the working time of each and decreases quantitatively the workforce (Health, 2009). The increase in social costs for the support of an ageing population, and that still has its own internal diseases of this phase of life is unsustainable without proactive measures to create individual and environmental changes that protect the ageing process.

The main challenge will be to promote healthy ageing and active citizens for a longer period in good health means a better quality of life, more independence, and the ability to remain active. An ageing population in good health also means less pressure on health systems and the decline of those forced to leave work for health reasons, which can have a positive impact on economic growth of the Europa.

Several sociological studies indicate that the elderly patient often becomes long-lived object of discrimination, while the healthy elderly can continue to be actively present in ordinary social life, limiting the action of processes of discrimination (Roscigno, Mong, Byron, Tester 2007; Laslett 1989).

The problem of ageing can be scientifically studied according to the life course perspective (Elder and Johnson 2003); this is a relatively new field of interdisciplinary study, which has been developing in the last few decades mainly thanks to the interdisciplinary contributions of sociology, developmental psychology, demography, economics and social gerontology (Levy and the Pavie team 2005).

In this more general point it enters a body linked to the role of the social construction of self (Elias, 1992), a reference to the same premise as a social representation. The body is in fact part of a process of socialization attention to the rules of conduct and forms of expression and emotional control. The time of each determines a transformation in physical and emotional expressiveness, so the body comes from a modern civilized side separated from the natural and social environments, the other subject to an continuous process of rationalization and control of their emotional actions.

This can eventually result in phenomena troubling for the subject. Just in the progressive "social body" which talks about Elias (cited above), when the natural functions begin to be considered on the basis not only biological but also social and organizational, and the body is an expression of the unspoken, taboo, takes the form and intensifies the emotional, psychological and social, to

which the modern individual is subjected, and which often escapes, or isolation, or using drugs and medicaments invasive. There are ways to react very different, aimed at removing the anxiety and protect the emotions of everyday life.

Therefore hear, watch, take care of your body through a continuous process of socialization, rationalization and individualization is the basis of representation and construction of the well-being. Just think that socialization means that the body be removed from its natural base to become a symbol of a code of conduct for coercion of biological functions, socially redefined and reorganized.

The rationalization assumes the character of a brake restraining the instincts, impulses and actions, results in the internalization of the conflict in the social reality in the external and internal subjective dimension, with a widening of the process of self-government. If it is determined not increase the risk of alienation, dissatisfaction and stress, to the emergence of problems in the socio-relational, in other words exclusion.

If not countered the set of signs of ageing become more and more a "trouble" because in today's society is seeing an increasing medicalization, not just the disease, but also the "improved".

In health communication media becomes a fad, a commodity, a look. The ageing process tends to become such a new market, with new fuel, time and goals to regain the body young. They spread wellness centers and spas, and practices that promote physical fitness and mind "good conformation" and capable of good performance, we make use of new substances, which should answer questions of efficiency, visibility or compensation faced with fears of inadequacy and isolation (Cersosimo, 2007; Maturo, 2012).

It's notes the importance of the appropriate lifestyle for the ageing, with attitudes that prevent the frustration of serenity in the face of difficulties, but it is also necessary to achieve the health goals, through a difficult task with respect approaches to issues far removed from the surface on appropriate lifestyle choices promoted by a successful ageing, essentially commercial setting.

A specific aspect, but not marginal, at this time of economic crisis, but also difficult social program that involves the role of services, necessary to "age long", in a process in which ageing means maintaining one's self.

A widespread subculture about the problems of the elderly said that in old age is difficult any preventive action. Fortunately, recently it was realized that prevention has a rationality in his old age, with the express purpose of slowing the development of chronic diseases and avoid, therefore, that this condition the onset of physical disability and cognitive (Langman, 2003; AA VV, 2011).

3. Body's importance in the ageing

It seems to rise a correlation between the process of social construction of ageing and a reaction to a life course in which the individual feels his exclusion from social and collective roots, deprived, in most cases, of his historical peculiarities, and transferred in that, individualized and removed from a specific historical context, of "old".

Therefore, when addressing the topic of ageing, attention must also focus properly ethical dignity, protection of human rights and the spiritual dimension. They are divided according to status and role, history, relationships and memory of those who, by not stepping on technology, pharmacology, medicalization and the market is brought out in the course of life.

The spread, on an unprecedented scale, supplements and other drug substances, as well as the more insidious techniques ambulatory, do not correspond in large part to a rise of prevention, but rather the creation of an application determined by the uncertainty of individuals who in and feel betrayed by your body.

This reveals also a need for reassurance about health and condition of one's own body, needs to which citizens believe they can get answer through a technical instrument able to somehow reassure them and ensure the maintenance of their relations. Zygmunt Bauman points out the complex mechanisms internal to the construction of the uncertainty and insecurity: our society tends to reassure the public dimension of the subjects but attacks them in all their private sphere where can explode a "striking" the crisis of the subject, the erosion of the safety of his body and his life (Bauman, 2000).

On this basis, from the central body that can assume for the individuals, may be implemented to reduce the problems of ageing-related, as already mentioned, the loneliness and its consequences.

Measures to reduce the risk of disease and promote a balanced state of health can help reduce pressure - including financial and economic - on the social system and public health. This includes prevention policies that are concerned with the prevention and treatment of diseases related to old age, with the consequent increase in healthcare costs and reducing the contribution of the active population. Among the methods that contain and prevent a number of modifications and alterations of their seniors, as well as to treat some diseases that characterize this stage of life, is without doubt the medical spa, suitable both as a form of treatment and rehabilitation, both as prevention tool, as evidenced by a medical practice on time (Fraioli A., Serio A., Mennuni G., Messina B., 1993).

Planning for a coordinated program of actions should take into account a number of variables in the life course may occur. If a key principle of public health is to take action based on best available evidence, of course you need to review the many different types of that evidence, selecting the best, such as participation in physical activity, proper nutrition, a period of Wellness spa in institutions, in a word re-evaluate the idea of prevention in old age.

We want to make a historical reconstruction of the way in which the path of age coincided with the emergence of the old age. This involves an analysis of the socialization to the ageing process and the resulting anxiety and tension resulting from them, with their possible occurrence in different forms. In the phase closest to us is a clear attempt to maintain a self-image "juvenile", a run on healthy lifestyles and the presence of a body aesthetically pleasing and acceptable to all costs, with the consequent demand for interventions aesthetic and or drugs. We want to deepen the ageing process, using case studies (one thinks in particular of wellness centers and spas), necessary to detect whether the ageing corresponds to the construction of new consumption or maintenance of a potential well in the age groups moments through the most advanced information and health promotion.

Of course, the life course provides an analytical framework for understanding the interaction between human lives and changing social structures, and therefore allows to capture the interdependence between ageing later in life as a social process and companies and groups in their stratification by age, sex and social class. In this body, as the life course, is an object of interdisciplinary analysis, as

well as a central node and a metaphor for understanding and exploration of the socio-cultural changes. Analyze the body means first of all be aware that it is changing, however incomplete and human: "the feeling of stability is alarming led to numerous attempts to control the development of the physical body by promoting certain features at the expense of others: the significance of post-modern body is the realization of costs and weaknesses of such utopian projects (Mirzoeff, 1995:2).

The aspect of the ageing of the body and its containment strategies detects objective perceptions of corporeality. But if so, probably a society which proclaims herself more and more long-lived will be also the one which insistently requires (and/or speeds), objectively and subjectively, an attractive and healthy body.

It is fair to say that the ageing process causes a reduction or at least a progressive loss of relations between persons of different generations? Medicine, in his speech, responding to a suffering person whose origin can be detected in a discomfort produced by social and environmental causes, offers or may offer an interpretation of care that goes beyond the biological dimension, also intervening in the cultural aspects? If you do not take into account these premises, the medical and scientific progress, in the only relationship with the services offered, likely to lead to the reification of the body, the abolition of its link with the social context in which it is produced and actor interaction, with a drastic elimination of subjectivity.

4. Healthy ageing or medicalization ageing?

Because of the mocking paradox of mass society, in which the relational dimension of "being there" rather than "being" haunts the present time of everybody and the process of "staying with" seems more important than "staying", solitude, exorcised in a thousand ways, materializes itself again as a companion escorting individuals on their social pathway .

We are trying to ponder over whether there can be a correlation between the process of social construction of ageing, the reaction against a behaviour that requires to isolate the subject in order to treat him adequately, as he carries a specific stigma/ difference (Goffman, 1970; Ciacci-Gualandi, 1977) and social construction of the disease (of the patient). Along this pathway of social isolation the individual, searching for attention to the 'specificity' of his case, puts himself de facto in the hands of the 'specialist'. In this case the social construction of ageing is replaced by a "social construction of medicalization of ageing: here the centrality of "treatment" lies within that medicalization that takes the individual away from his social and collective dimension, depriving him, in most cases, of his own historical peculiarities to bestow upon him the individualized and de-historicized peculiarities of the patient.

The body's modern expression is aimed at gaining the power to conquer, contain, manage, control its behaviour. That subject was compelled to aspire to a (historically) normal body, recognized as such first of all by experts and then by other individuals. Once again felt the need to ratify the process: the path it chose was that of the individualization dynamic, by which the subject's condition feels different from others, anonymous and clamorous mass in which one can recognize himself and his behaviour.

So normality, in contemporary society, seems to take a violent and de-structuring

semantic twist: from an expression aimed at recognizing a status of "good health", of "being like" to a concept of hedonistic perfectibility and implementation. Shall we be too bold if we argue that today one of the steps in this process takes place within the universe of medicine?

The medical and scientific community, pervaded by the mechanistic conception, acknowledges progressive experiments and the rational analysis of observable phenomena as the only procedures able to yield and validate sound knowledge.

The attempt to objectify man has been indeed a necessary step in western medicine: in order to be examined scientifically, man has been objectified and repressed as a subject, along a pathway that marks the shift from medicine as an art to medicine as a science.

Thus the reversal imposed by objectivity enacts an antinomy of reality: it turns an inexistent universal, disease, into a subject, while a dramatically present particular, man needing care, is turned into an object. By his diagnosis the physician superimposes the form of the clinical case to the individual showing a symptomatology that often is not the objectivity but rather the subjectivity of a malaise.

Unless we take into consideration even the factor representing the exquisitely ethical aspect of dignity, of the protection of rights and of the spiritual human condition, of the respect for the status and role, history, relations and memory of subjects who "stumble" into technology, we will introduce into the analysis of instrumental reason what biostatisticians call a systematic error. Owing to the boundless availability of biotechnology, the need to "make" largely prevails upon the need to "act".

In this reflection we ask ourselves whether the force itself of bio-pharmaceuticals and biotechnologies determines (and/or accelerates) the medicalization of the ageing and of all the ages inside the whole society.

In order to expound our hypothesis of a progressive medicalization of the ageing and inside the whole society, even in everyday life, we will give few examples. A growing number of commercials (on which companies invested no little sum of money) trusts to convey an effective message by declaring that the advertised product has been "clinically tested"; it has no scientific relevance in relation to the product, but suggests that "scientific" procedures have somehow been employed, thus contaminating it in a positive way and offering a guarantee to the consumer. The unprecedented resort made by the population to diagnostic exams performed by means of more or less sophisticated technological equipment is not induced by prevention, but rather by uncertainty. Perhaps these exams prove that there is a need to be reassured about one's own health, the status of one's own body, a need that citizens believe to satisfy by a technical tool which can somehow give them, together with the doctor, reassuring answers.

The doctor-patient relationship is now predominantly established with the general practitioner. That doctor, in order to be effective to our eyes, must translate the shorter time he dedicates to his patients, the increasingly fleeting relation with the history of a body, of many bodies, of many lives, into a number of drugs that the one after the other (Szasz, 2006) reproduce the mechanism of reassurance (and protection) historically entrusted to a social relation. It seems a long time since Giovanni Berlinguer mad a distinction between "therapeutical" acts performed by the doctor and "health care" acts, that somehow went beyond the

individual case by addressing the problem of acting also on the overall reality of disease (Berlinguer, 1973).

To pose again our question, can we safely state that the medicalization processes and the reduction to medical terms of phenomena do not necessarily belong to medicine? Medicine, by its medicalization process, by responding to the patient's suffering, that can be traced back to a malaise determined by social and environmental causes, offers or imposes a one-way interpretation of his disorder. In this sense, it incorporates growing sectors of malaise that it tends, out of its own nature, to medicalize. The primary factor of such medicalization process is the translation into medical terms of problems that should be dealt with by social measures.

In the case of medical intervention scientific progress risks to determine the body's reification, the elimination of any connection to the social context it originates from and interacts with as an actor, in one word, the drastic elimination of subjectivity.

Medicine must cope with any malaise expressed by man by physical or psychic suffering: as soon as health becomes an abstract, necessary, possible and feasible value, man is not willing anymore to accept the slightest discomfort without a remedy.

So the power of medicine and of its branches extends itself to each and every moment in life, from childhood to old age: indeed the incorporation of ever growing areas of ancient human responsibilities would not have been possible without a citizen's ceaseless and unconditional delegation of power to the power of medicine itself.

In fact according to Jennings (1986) about 50% of patients who referred to general practitioners did so for personal emotional reasons, not because they are ill: they want their malaise to be taken care of , instead they are treated with drugs for inexistent diseases. In scientific medicine it is generally accepted that the concept of disease applies only with reference to alterations of natural processes and that values are generated only by medical practice and social life, let's say in the area of non-scientific medicine.

So it's necessary and urgent to understand why we are transforming all differences inside human beings as they grow older and became diseased, thus undergoing medical examinations, diets, cosmetic treatments and drug therapies. And it's also necessary to identify the dichotomies of body ethics and law with specific reference to the subject-body's autonomy and object-body's heteronomy. This assumption opens questions about: anomia of the "normal" body or anomia of the "artificial" body that changes the 'natural' body into "bio-artificial" entity; defining the artificialization processes that turn the body into a bio-product; understanding whether and how conceptual and practical mixing up disease and well-being, well-being and malaise favours medicalization of the patient's personal behaviour; understanding the crisis of the body's meaning as it is increasingly subjected to control and discipline, looses its boundaries and meaning, remaining subjected to itself and to others; assessing consequences for the individual; identity, relations of the individual, gender difference; legitimation of the medical role/delegation of power in the relation between the social actors of the communication.

Medicalization of ageing gives rise to a process by which non medical problems become defined and treated as medical problems, usually in terms of illness and disordes [Conrad, 2007]. In other words,

medicalization can be described as the extension of medical categories in everyday life. The Lancet (369/2007) has dedicated an issue on medicalization. Here, McLellan puts the question in a straight way: "Once upon a time, plenty of children were unruly, some adults were shy, and bald men wore hats. Now all of these descriptions might be attributed to diseases - entities with names, diagnostic criteria, and an increasing array of therapeutic options." [2007: 627].

Yet, this trend should not be considered as a synonym of medical dominance.

5. Conclusions

Finally in question of the ageing we reaffirm the different contemporary health cultures. Health, indeed, may be not only "absence of pathology", but also "strengthening of the body ". An enlarged "health literacy" [Kickbush & Maag 2007] pushes the patients to become consumers who look after their wellness [Ingrosso 2007]. Within this context in modern society particular attention is paid to the medicalization of life course, a process by which medical knowledge and technologies are applied to aspects of daily life historically unrelated to medical interest.

While some believe it proves the progress made by medical and human science, many others worry about an excessive enlargement of the field of medicine.

So the power of medicine and its branches extends more and more to every moment of life: but it's necessary to remember that an incorporation of increasingly wide areas of ancient human responsibilities would not have been possible without the ceaseless and unconditional delegation of power to medicine by the citizen.

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