The Aging at the Philosophical Interface of Michel Foucault and Simone de Beauvoir: Governmentality, Biopolitics And Biopower

O Envelhecimento na Interface Filosófica de Michel Foucault e Simone de Beauvoir: Governamentalidade, Biopolítica e Biopoder
El Envejecimiento en la Interfaz Filosófica de Michel Foucault y Simone de Beauvoir: Gubernamentalidad, Biopolítica y Biopoder

RESUMO
Objetivo: Analisar o envelhecimento a partir da interface filosófica entre Michel Foucault e Simone de Beauvoir, problematizando a produção discursiva da velhice nos campos da saúde, educação e sociedade. **Método:** Ensaio teórico-reflexivo fundamentado na análise crítica de referenciais foucaultianos e beauvoirianos, articulados a literatura contemporânea sobre biopolítica, cuidado e formação em saúde. **Resultados:** Evidenciou-se que o envelhecimento é socialmente construído como objeto de governamentalidade e biopolítica, frequentemente associado ao declínio, à improdutividade e ao custo social. Observou-se predominância do enfoque biomédico na formação em saúde e no ensino de ciências, o que tende a invisibilizar subjetividades, experiências e potências existenciais dos idosos. Identificaram-se, contudo, possibilidades de resistência por meio de práticas de cuidado ético, escuta sensível e reconhecimento da autonomia. **Conclusão:** O envelhecimento constitui fenômeno complexo, atravessado por dimensões biológicas, sociais e existenciais, exigindo abordagens formativas e práticas de cuidado que valorizem dignidade, autonomia e inclusão social.
DESCRITORES: Biopoder; Biopolítica; Envelhecimento; Governamentalidade; Subjetividade.

ABSTRACT
Objective: To analyze aging from the philosophical interface between Michel Foucault and Simone de Beauvoir, problematizing the discursive production of old age within the fields of health, education, and society. **Method:** A theoretical-reflective essay grounded in the critical analysis of Foucauldian and Beauvoirian frameworks, articulated with contemporary literature on biopolitics, care, and health education. Results: Aging was shown to be socially constructed as an object of governmentality and biopolitics, often associated with decline, unproductivity, and social cost. A predominance of the biomedical approach in health education and science teaching was observed, which tends to obscure subjectivities, experiences, and existential potentials of older adults. Nevertheless, possibilities of resistance were identified through ethical care practices, attentive listening, and recognition of autonomy. **Conclusion:** Aging constitutes a complex phenomenon shaped by biological, social, and existential dimensions, requiring educational approaches and care practices that promote dignity, autonomy, and social inclusion.
DESCRIPTORS: Biopower; Biopolitics; Aging; Governmentality; Subjectivity.

RESUMEN
Objetivo: Analizar el envejecimiento desde la interfaz filosófica entre Michel Foucault y Simone de Beauvoir, problematizando la producción discursiva de la vejez en los campos de la salud, la educación y la sociedad. **Método:** Ensayo teórico-reflexivo fundamentado en el análisis crítico de referentes foucaultianos y beauvoirianos, articulados con literatura contemporánea sobre biopolítica, cuidado y formación en salud. **Resultados:** Se evidenció que el envejecimiento se construye socialmente como objeto de gubernamentalidad y biopolítica, frecuentemente asociado al declive, la improductividad y el costo social. Se observó predominio del enfoque biomédico en la formación en salud y en la enseñanza de las ciencias, lo que tiende a invisibilizar subjetividades, experiencias y potencialidades existenciales de las personas mayores. No obstante, se identificaron posibilidades de resistencia mediante prácticas de cuidado ético, escucha sensible y reconocimiento de la autonomía. **Conclusión:** El envejecimiento constituye un fenómeno complejo, atravesado por dimensiones biológicas, sociales y existenciales, que exige enfoques formativos y prácticas de cuidado orientadas a la dignidad, la autonomía y la inclusión social.
DESCRIPTORES: Biopoder; Biopolítica; Envejecimiento; Gubernamentalidad; Subjetividad.

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INTRODUCTION

Aging, more than a biological phenomenon, is a social, historical, and political construct. Old age is not a natural given, but a category shaped by knowledge, practices, and discourses that traverse bodies and shape subjectivities. Ancestral ways of life, based on the tradition of wisdom established in collective memory, in which the knowledge and experiences of elders were transmitted as a social and cultural reference, formed the basis of family and community relations from Antiquity to the Middle Ages. In modernity—and, in particular, in postmodernity—discourses that capture old age and death as an inescapable drama of prolonging life are combined with biomedical perspectives, notably medicalization, to weaken the value (material and symbolic) of the experience of life to the detriment of an insurmountable view of the body that is exhausted.

This essay, therefore, proposes to analyze the process of aging as discourse, intertwining philosophical reflections by Michel Foucault and Simone de Beauvoir and mobilizing the concepts of governmentality, biopolitics, and biopower, as a contribution to the repercussions of the theme in science education at the interface of health. It is a matter of understanding how old age is constituted not only as a phase of life, but as a problem of population management, of government of bodies, in a dynamic that sometimes cares for, sometimes controls, and sometimes marginalizes those who age[1-3] .

In *The Second Age*, Simone de Beauvoir shows that aging is one of the most denied and hidden experiences in Western culture[1]. The philosopher argues that old age is often perceived as something that affects others, never oneself, constituting a form of radical otherness. The "old" are those who are separated from the world of the productive, desirable living. Beauvoir denounces that capitalist society is organized by the logic of productivity, efficiency, and the cult of youth. In this scenario, old people are displaced into the invisibility of the marginal spaces of social existence. Aging is treated as a kind of exile within life itself, in which the old—because they are less economically active—become disposable others[1].

Therefore, aging is a construct that reflects tensions between individual experience and the social structures that organize the productive world. It is more than a biological event; it is, in fact, a political condition. Michel Foucault, especially in his courses Security, Territory, Population[2] and The Birth of Biopolitics[3], introduces the concepts of governmentality and biopolitics to think about how modern states come to manage not only territories, but lives. Governmentality refers to the set of institutions, knowledge, and practices that allow for the conduct of behavior, regulation of populations, and organization of social life. Biopolitics, in turn, is the technology of power that affects biological life, operating in the management of bodies, diseases, longevity, reproduction, old age, and death[2,3].

Aging thus becomes the object of government policies, managed through medical, economic, and social discourses, with evident repercussions on science education at the interface of health[4] . Aging is not only a biological destiny, but also a management problem: maximizing the autonomy of the elderly, reducing the costs of dependency, promoting health, and prolonging productive life[3](p.108).

Campaigns for active and healthy aging, as advocated by the World Health Organization, are expressions of this biopolitics applied to old age. They are not neutral; on the contrary, they carry an imperative of performativity, of standardization of old bodies, shifting collective care to individual responsibility[5].

In this scenario, the notion of active aging proposed by the World Health Organization represents an important milestone in global discussions about aging. According to this approach, active aging means expanding opportunities for health, participation, and security throughout life, allowing people to maintain their autonomy and continue participating in social life. This perspective contributes to shifting old age from an image historically associated only with frailty or dependence. At the same time, by valuing independence and functionality, it also produces new social parameters about desirable aging, establishing references for how bodies and trajectories in old age should present themselves [3,5].

The demographic changes observed in recent decades reinforce the relevance of these discussions. Increased life expectancy and declining birth rates have led to rapid growth in the elderly population in different regions of the world. According to projections by the World Health Organization, in the coming decades there will be a significant increase in the number of people aged 60 and over, a phenomenon often described as a longevity revolution. This process does not represent a statistical change in the age composition of populations; it implies profound transformations in health systems, social policies, and forms of care organization, requiring responses that consider the multiple dimensions of the human aging process[5].

A critical reading allows us to understand that these proposals also participate in the production of discourses that guide institutional practices, public policies, and modes of subjectivation in old age, configuring what Michel Foucault describes as regimes of truth that traverse modes of gov-

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erning and caring for life. This analytical approach has allowed us to understand aging as a social, historical, and political phenomenon, traversed by regimes of knowledge-power that produce meanings about old age and guide institutional, educational, and care practices regarding these aging bodies[3].

Given this panorama, the present theoretical-reflective study seeks to understand aging beyond its biological dimension, recognizing it as a social, historical, and political phenomenon. It starts from the understanding that ways of thinking, teaching, and caring for old age are permeated by regimes of knowledge-power that produce meanings about aging and guide educational and care practices in the field of health. By problematizing these discourses, we aim to broaden the possibilities for a critical understanding of old age, contributing to reflections that strengthen training and care practices that are more sensitive to the complexity of the aging process in contemporary societies[1,2,3,4] .

METHOD

This is a theoretical-reflective essay, qualitative and interpretative in nature, based on a critical analysis of the philosophical references of Michel Foucault and Simone de Beauvoir, articulated with contemporary literature in the areas of health, education, and gerontology. The bibliographic survey that supports this reflection was conducted throughout the year 2025. The theoretical essay is characterized by conceptual problematization and argumentative construction based on the dialogue between different theoretical references, without claiming systematic exhaustiveness, but guided by analytical density and epistemological coherence[6].

The analysis was conducted through a critical reading of central works related to the concepts of governmentality, biopolitics, and biopower, as well as contemporary scientific productions that discuss aging, health training, care, and subjectivity. The interpretive approach focused on identifying conceptual convergences, discursive tensions, and implications for the field of care, science education, and health practices, based on the theoretical contributions of Foucault [3,7]and Beauvoir[1].

RESULTS AND DISCUSSIONS

The discourse on aging in the philosophical interface of Michel Foucault and Simone de Beauvoir: governmentality, biopolitics, and biopower - contributions to thinking about science education

Biopower expresses the transformation of the exercise of modern power, which is no longer organized by the sovereign logic of "making die" and now operates by the logic of "making live"[8]. However, this making live is not universal, but selective, hierarchical, and normative. In the context of aging, it not only disciplines bodies, but also produces subjectivities. Medical, gerontological, and public health discourses construct regimes of truth that define what it means to age correctly, healthily, actively, and productively. Old bodies that do not conform (i.e., that become ill, depend on care, or refuse the performativity of active aging) become deviant and, consequently, objects of control and intervention.

By taking discourse as a practice that produces realities, biomedical discourse about old age plays a central role, organizing itself around the pathologization of the old body. In the discursive formations of institutions (supposedly) promoting health that circulate in the media, education forums, and public policies, old age appears predominantly as a health problem: frailty, comorbidities, functional decline, and dependence. The subjectivity of the elderly—their desires, affections, and experiences—is constantly silenced, erased, and subordinated to clinical discourse[10].

Universities, especially in health education, reinforce this logic. Older adults appear in courses in this field as sick bodies, a collection of geriatric syndromes, risks, and dysfunctions. Little or nothing is said about their existential dimension, their projects, their resistance, and their potential. This construction is neither innocent nor neutral; rather, it translates and reinforces mechanisms of governmentality, insofar as it allows for the organization, classification, and intervention of aging populations so that they become less burdensome, more autonomous, and more governable [11]. This state of affairs ultimately leads to stigmatized notions about aging and, consequently, influences curricula, teaching materials, and the pedagogical mediation of teachers—particularly those teaching science, subjects in which the topic is usually addressed in basic schooling [4,12].

Neoliberalism, as described by Foucault, is not restricted to economic policy, but functions as a rationality that structures all spheres of life [2,3,14]. In its logic, aging becomes a field of management, investment, and market production. The elderly must be entrepreneurs of themselves, take care of their health, invest in their bodies, and consume products, services, and technologies that prolong their autonomy—such as gyms for the elderly, anti-aging cosmetics, health plans, life insurance, dietary supplements, and *anti-aging* therapies. These are not just options, but silent demands of a biopower that disguises itself as freedom [15].

Old age, therefore, is commodified, transformed into a market opportunity and, simultaneously, into a risk

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to be managed by the subjects themselves and by the State. Immersed in this architecture of power, the elderly who do not respond to the demands of active aging (that is, those who become ill, who depend on others, and who do not consume) come to be seen as a social burden. This interpretation is produced by medical, economic, and political knowledge that transforms aging into a problem of social security, welfare, and health costs. Bodies that do not work, do not produce, and require care become uncomfortable statistics, the subject of discourses that associate them with the crisis in health, social security, and welfare systems [16,17] .

Contemporary biopolitics manages not only life, but also longevity, producing regimes of truth that organize which lives should be optimized and which should simply be managed at the limit of survival – so-called palliative care [18,14] . From a Foucauldian perspective, the medicalization of old age is not a neutral or spontaneous phenomenon; it is a direct effect of the technologies of power that emerge in modernity. Since the 18th century, as evidenced *by The Birth of* the *Clinic*, medical knowledge has been structured around the transformation of the body into an object of observation, classification, and intervention. The clinical gaze fragments the body into organs, functions, and dysfunctions, reducing the subject to an anatomical space in which disease prevails[19].

In old age, this device acquires even greater power, since aging, *per se*, is socially and historically coded as a body in decline, sick, and disposable. The medicalization of life transforms phenomena of existence—such as being born, growing up, getting sick, aging, and dying—into objects of knowledge and control, structuring not only medical practices, but also a complete and insidious political economy of bodies[3].

"Biopower introduces a series of interventions on the biological phenomena of the population: birth rates, mortality, longevity, diseases, old age […]" [3] (p.108). Old age, therefore, is subject to biopower techniques and is captured by the medical device as a pathological entity in itself. The elderly are no longer just people living a phase of existence; they themselves become the materialization of a series of biological risks: risk of falls, dementia, frailty, functional loss, and imminent death [20].

The old body is thus discursively molded as a *problem body*. This discursive production permeates not only doctors' offices and hospitals, but also the very structures of health training [21]. The elderly appear in the curricula of medical sciences, nursing, physical therapy, and other areas of health almost exclusively as carriers of chronic diseases, comorbidities, geriatric syndromes, and functional limitations. Subjectivities (life narratives, desires, sexualities, affections, and projects, for example) are systematically nullified, reduced to noise that escapes technical knowledge[22, 23, 24].

The invisible (subjectivities, stories, and affections) is of no interest to the clinical gaze, as it does not produce data or graphs, nor does it support diagnoses. Therefore, the biopower that affects old bodies is not only one that disciplines and controls, but also silences. By transforming the elderly into a biomedical entity, power erases their resistance, inventions, and micropolitics of living [2,8] .

In *The Second Age*, Simone de Beauvoir denounces this same erasure from an existential ontology[1]. She reveals that society, by neglecting the elderly to the condition of objects—of care, pity, or oblivion—deprives them of their very condition as subjects.

If it was not easy to think about old age five decades ago, it is even more difficult in these times of consumerism, utilitarianism, and narcissism, exacerbated by the reductive language of social media that denies pain, sadness, and helplessness, establishing parameters for prolonging youth that are incompatible with human life[1]. The philosopher points out that this process is not only biological, but deeply symbolic and political. The elderly, when perceived only in terms of their physical decline, are stripped of their biography, their desires, their accumulated knowledge, and their unique history. The author emphasizes that this logic is perverse because it dehumanizes old bodies in two ways: biologically (by treating them as decaying bodies) and socially (by viewing them as waste, remnants, surplus, and a social burden)[1].

Based on the intersection of Foucault and Beauvoir's readings, it can be said that the erasure of the subjectivity of the elderly is the product of a regime of truth that operates both in material structures (clinics, schools, and hospitals) and in symbolic structures (discourse, media, and public policies). This regime produces old age as a biopolitics of disability, in which the old body is simultaneously the object of care and the target of control. It must be kept alive (as long as it does not burden social systems), but at the same time, in a state of symbolic marginality[3].

Working with the subjectivity of the elderly (that is, recognizing them as subjects of knowledge, desire, and power) is, in this sense, a counter-hegemonic practice. It means breaking with the biomedical device, which sees the elderly only as a risk, deficit, or dysfunction, and inaugurating other modes of care that include listening, memory, corporeality, and affections. These also include compatible training of professionals and adaptation of institutional structures[1,3].

Foucault invites us to remember that where there is power, there is re-

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sistance. The refusal of the elderly to allow themselves to be entirely captured by discourses of decline is, in itself, a form of resistance. Creating spaces in which the elderly can narrate their own stories and participate in decisions about their health, their bodies, and their lives is a radically political gesture[8].

Beauvoir, in turn, calls on us to think of aging not as a biological tragedy, but as a legitimate stage of existence, fraught with challenges, but also with possibilities for reinvention, creation, and affirmation of one's own uniqueness[1]. However, she also warns that this marginalization is not inherent to old age, but a social, historical, and political construct based on economic, productive, and symbolic structures that value only youth, productivity, and performance. Aging, in this sense, is an ontological dimension of existence, an event that does not deny being, but calls for it to be redefined.

Thus, aging can and should be an act of resistance against narratives that associate old age with decay, failure, and obsolescence. In this sense: if society dehumanizes the elderly, it is up to the elderly themselves—and the community—to claim their place in the world, not as residue, but as a living, thinking, and active presence[1].

Beauvoir dismantles the illusion of eternal youth, revealing that we all carry old age as an immanent possibility from birth. Therefore, the elderly are not the other: they are a becoming of us all[1]. To assume this awareness is also to assume the responsibility of transforming the structures that produce the elderly as disposable subjects. Aging, from this perspective, is not just about surviving; it is about creating, narrating, desiring, loving, and resisting. Above all, it is making one's own existence an unfinished work, whose beauty lies precisely in the marks of time, in accumulated knowledge, in lived experiences, and in the stories that can still be written. Given this, we are called upon to break with the mechanisms that silence and marginalize old age in order to problematize and produce multiplicities of subjectivation.

In science education, we can briefly analyze the incursion of the theme of aging through two prisms: the first, from the main Brazilian curriculum document; the second, in terms of its implementation in the context of Basic Education.

In the National Common Core Curriculum (BNCC), there are competencies and skills that relate directly or transversally to the age structure of the population and its aging, to combating ageism, and to valuing older persons (EF07GE04)[25]. More broadly, when addressing responsibility, citizenship, ethics, human rights, inclusion, plurality, and diversity (e.g., EF05HI04), the curriculum guideline also subsumes the recognition and appreciation of the elderly and the fight against discrimination. This openness to ecosystemic perspectives on the conception and treatment of aging, if properly addressed at the level of science education in its interface with health, can promote critical reflections and actions aimed at the recognition, respect, appreciation, and full citizenship of this population segment. Unfortunately, the main Brazilian curriculum document has limited effects—if not limited aspirations—that endorse the invisibility or prevalence of biomedical discourses. Curricularly, the (necessary) appreciation of difference, in the neoliberal model, moves from the center to the margins.

In addition to the modest presence of the theme of aging in the BNCC, its effective implementation in science teaching in basic education is quite limited. Whatever dimensions are analyzed—curriculum documents, curricula, teaching materials, teacher training, or pedagogical practices—the critical literature agrees on a perfunctory, diffuse, inconsistent, and fragile treatment of an interdisciplinary approach. More than that, it reproduces and accentuates ageist views that subject aging to the perspective of (economic) unproductivity, idleness, social isolation, and medicalization as a condition of possibility. This state of affairs is aggravated by the absence of public educational policies addressing this issue, weaknesses in the training (initial and continuing) of science teachers, curricular barriers, and cultural resistance[26]. As a cross-cutting theme, interdisciplinary didactic approaches to old age call for the integration of epistemologies, theories, and methodologies from various fields of science and health in order to provide epistemological and didactic understandings and articulations of the theme in line with a multiplicative, ethical, and aesthetic vision.

Throughout this theoretical essay, we observe that the elderly are viewed through different discourses that reduce them to risk, cost, and decline, invalidating their subjectivities. However, the same logic that controls can be challenged: where there is biopower, there are also cracks of resistance [4,12]. Placing the subject in the process of aging back at the center—not as a statistic or object of policies, but as a living, desiring, and active presence—is an act of resistance and a search for other ways; fundamentally, it is a political, ethical, and ontological gesture.

Aging, care, and nursing: between biopower and the ethics of existence

Aging, when viewed through the Foucauldian and Beauvoirian lens, is not limited to a biological or chronological process, as mentioned above: it is a political territory for the production of truths and subjectivities. Since

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the historical constitution of health knowledge, nursing has emerged as a disciplinary and moral practice, responsible for the surveillance, normalization, and docilization of bodies[27]. The modern hospital, as Foucault recalls in *Discipline and Punish*, is a space of diffuse power, where different discourses are articulated, such as those of nursing care itself: guidelines on hygiene, morality, productivity, and self-care[28]. Nursing, in this context, has become the subject that regulates behavior, monitors bodies, and manages life, becoming a central figure in the machinery of biopower—even if unknown, naturalized, routine, and perhaps banal—but it is in this central figure that its practices and discourses construct and sustain its very existence.

In elderly care, this dimension is intensified, as the aging body is the privileged territory of control technologies, such as monitoring, prescriptions, protocols, checklists, dependency scales, and electronic records. Each piece of data produced during nursing practice is a fragment of knowledge that reinforces the objectification of the subject (even if routine and natural), transforming their biography into a spreadsheet, their pain into indices, and their existence into statistics [19]. The individual in the process of aging, that is, the elderly, comes to be seen less as someone who lives and more as someone who needs to be managed, thus a life that must be administered within the limits of functionality and cost-benefit. The role played by medical/nursing knowledge in the construction and control of the body gains, by extension, the status of theories of needs, and with that, the power to regulate them, based on discourses and practices, serving as a parameter for their forms of social existence. Within the hospital setting, it becomes the subject of medical records and the target of certain assignments that others (doctors/nurses/physical therapists/ nutritionists) establish, such as when to be quiet and when to speak, when to sleep and when to eat, even going without food, entering and leaving, duties regarding cleaning and organization in a given sector, limiting visitors, activities - they lose their privacy, family and social relationships, cease to be the author of their own history/ autonomy, and become the subject of medical/hospital records [29].

This logic, however, is not imposed uniformly. There are loopholes, cracks, and resistance. In every gesture of listening, in every touch that recognizes and does not just examine, nursing can disobey the technical rationality that sustains it. Care, when understood as an ethical encounter, reverses the direction of power: it is no longer a matter of governing the body of the other, but of recognizing the other as a body that governs itself, even when fragile or silent.

It is therefore necessary for nursing professionals not to allow themselves to become routine, not to allow their thinking to be curtailed, because only through it will a new way of doing things be possible [30].

Nursing, as a field of care, is also a territory of intersection, where diverse knowledge meets. Inspired by Foucault, all knowledge is a form of power, but it is also at the intersection of knowledge that new ways of thinking and acting arise. Thus, interdisciplinary care for the elderly must break down the disciplinary boundaries that isolate and fragment the subject [7]. Instead of reducing aging to a diagnosis, nursing can promote it as an integral experience, articulating biology and biography, body and language, technique and affection. Care then becomes a space for translation between technical knowledge and the uniqueness of existence. In this articulation, nursing professionals are invited to recognize that every body is also a story and that there is no possible auscultation without listening. To care is to tune in, to listen to their rhythm and affirm oneself with it. Analytical-instrumental reason gives way to cordial reason, the spirit of delicacy, and deep feeling. The centrality is not occupied by reason, but by feeling. We all feel connected and reconnected with each other. In the practice of care, resistance and perplexities arise, but they are overcome by persevering patience and loving coexistence. We find affectionate companionship, side by side and together with the other. Care is not limited to the technical process, as it requires sensitivity, otherness, respect, empathy, and compassion between the caregiver and the person being cared for [31].

However, the elderly are not only carriers of chronic diseases, but also of memories, affections, projects, and loves. Recognizing these dimensions implies decolonizing care, that is, freeing it from the shackles of biomedical rationality and making room for a sensitive and ethical epistemology. This movement requires critical professional training, capable of understanding aging as a complex phenomenon and as a dimension of life. Nursing that listens to the silence of an elderly person, that interprets a tired look, that holds a trembling hand, participates in an ethical and aesthetic movement: that of keeping dignity alive. In these small gestures, often invisible to statistics, lies the politics of care. It is the micro-politics of everyday life, which challenges the logic of efficiency and affirms humanity [7,32].

We are invited to reflect with Beauvoir on the indication that old age separates the subject from their projects of transcendence, that is, the elderly person comes to be seen as already "done," closed, an object of the past and no longer a subject of

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action[1]. And here, it is worth reflecting on nursing care: professionals cannot simply assume that the elderly "no longer have projects," but need to listen to what meanings still emerge, what desires reside, what existences are alive. The transition to old age, from a Beauvoirian perspective, alters the relationship with time, and nursing that ignores this reproduces the medical-industrial discourse of "inevitable decline," instead of assuming finitude and lived time as a human condition. Even in the midst of fragility, care takes on an existential character when it recognizes that this "old" being continues to make the world.

In *The Coming of Old Age*, Simone de Beauvoir unveils aging beyond the biological domain, situating it as a cultural and historical fact: "defining what is progress or regression for man presupposes that a certain end is taken as a reference; but none is given *a priori*, in the absolute. Each society creates its own values: it is in the social context that the word 'decline' can acquire a precise meaning (...). Old age cannot be understood except in its entirety; it is not only a biological fact, but also a cultural fact"[1](p.23). With this, Beauvoir breaks with the idea of a naturalized old age and invites us to perceive it as a social construct, an interface of discourses that define what it means to "age well" and what would be "decay." For nursing, this understanding is fundamental: caring for the elderly is also caring for the symbolic marks that society imprints on the aging body. Care is not limited to the biological; it is also a cultural, ethical, and political gesture.

From this perspective, aging is permeated by different values, fears, and norms. Since ancient times, each culture has produced specific ways of narrating old age: sometimes as wisdom and maturity, sometimes as loss and exclusion. With Foucault, we can understand that the body is a territory of power, and that social practices define what should be "normal" or "deviant." Thus, the elderly body becomes the target of biomedical discourses that classify, measure, project into indices, and control it. In the field of nursing, this disciplinary view needs to be balanced with sensitive listening and emancipatory care, through which we can give back to the elderly the right to narrate, to exist beyond diagnostic definitions. As Waldow states, caring is recognizing the humanity of the other and sustaining ethical presence, even in spaces of vulnerability and control [32].

Understanding old age as a cultural fact allows us to shift the focus from the biomedical model to experience. We can reflect, with Beauvoir, that the elderly are often deprived of projects and a future, reduced to memories of what once was[1]. It is in this note that nursing care takes on an existential dimension, giving the elderly back the power to act and decide for themselves. According to Backes, Erdmann, and Buscher, nurses, when caring, not only perform techniques but also participate in the construction of the identity of the person being cared for[33]. Care then becomes resistance to dehumanization, promoting a practice that restores meaning, recognition, and autonomy. The possibility of understanding the individual not as a sick being, but as a multidimensional being, with the potential for autonomy and author of their own history, makes nursing an eminently social profession that must invest in proactive attitudes capable of promoting social development and expanding the real opportunities of human beings in their real and concrete contexts.

Beauvoir states that loneliness is the symbolic punishment imposed on the subject in the process of aging, that is, the elderly, the "old," in a society that idolizes the "new." This isolation, both emotional and social, intensifies psychological suffering and makes the subject vulnerable[1]. In nursing, coping with this loneliness must be observed and seen as an opportunity for a dimension of care that creates bonds, restores belonging, and enables encounters. Empathetic acceptance and therapeutic communication are strategies capable of reducing the moral and psychological suffering of the elderly, making care an act of social reintegration. This care promotes adherence to treatment, reinforces the assertive mechanisms of the subject, and promotes the process of individual growth, empowering them emotionally [34].

Despite the symbolic burdens of decline, Beauvoir observes in old age a possibility of paradoxical freedom, that is, by recognizing oneself at the limit (in a body that no longer responds to the models of youth and productivity), the subject can free themselves from the tyranny of the gaze of others and the social norms that define them. This freedom is the incidence of confrontation with finitude, when man, realizing the proximity of the "end," begins to measure the value of life no longer by utility, but by the intensity and authenticity of his experience. The "old" being then frees himself from the synonym of "loss" and becomes a space for creation[1]. It is precisely when everything seems to be declining that the possibility of reinventing existence arises, not as conformism, but as a gesture of ontological affirmation. Therefore, nursing professionals who understand old age not as mere degeneration, but as a field of experience and freedom, transform the act of caring into resistance, silent to the logic of exclusion, medicalization, and guardianship that still permeate health institutions [33].

In this way, both Beauvoir[1] and Foucault[2],[3] help us to reflect on nursing as a field traversed by biopolitics, but also by possibilities for creation.

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If biopower regulates and normalizes bodies, ethical care can subvert this logic, transforming aging into spaces for the affirmation of life. However, the freedom that Beauvoir brings is not a rejection of physical dependence, but the recreation of oneself within limits. In this sense, care can be understood as a technology of freedom, a space for the reinvention of subjectivities. The nursing professional becomes a mediator of autonomy processes, expanding the field of choices, respecting rhythms, memories, and unique ways of aging. The simple act of asking the individual what they want (and not just what is prescribed in protocols) is in itself an emancipatory practice. It is maintaining the dignity of the other as the axis of action, restoring meaning to them. In this gesture, the nurse becomes a witness to life and, therefore, more human [31-32].

CONCLUSION

Thinking about old age implies shifting the discourses that imprison it in representations of decline, disease, and unproductivity, inviting us to reflect and recognize that aging is also about narrating one's own story, resisting, and reinventing oneself, thus assuming aging as a legitimate dimension of existence. To be "old" is to carry with us all the "selves" we have been, all the voices that inhabit us, all the stories that run through us. It is not ruin, but overlap. Old age is not a place of exile, but of power: spaces of memories, creations, resilience, love, and affirmations of life. It is from this multiplying, ethical, and aesthetic perspective that we presume teaching that addresses aging and old age at the interface of science and health.

Thus, rethinking old age also means rethinking nursing education. Education committed to the dignity of life must include aging as a cross-cutting dimension of humanity, not as a peripheral topic. Training professionals to care for the elderly means training individuals capable of looking at finitude without fear, of understanding the aging body not as failure, but as an expression of existence. It means educating for sensitivity, listening, and ethics. It means recognizing that aging is learning to continue, and also taking the lead in caring for and accompanying others in this continuous learning process.

Thus, old age, when reflected upon in the light of Beauvoir and Foucault, ceases to be synonymous with loss, health-illness, decline, and exclusion and becomes a field of power, freedom, and invention. Nursing, in this context, becomes the guardian of memory and human dignity. It is a silent witness to lives that are remade, even at the edge of the limit. And it is precisely at this limit that care becomes the protagonist in the purest and most human aesthetic: when it is no longer possible to cure, it is still possible to care, listen, and recognize. Old age, in short, is not the end of life, but one of its most profound forms of presence.

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