

## AGELESS: AN EMERGENT EXPERIENCE OF (ANTI)AGING

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### Introduction

In the last United Nations [UN] global demographic survey, published in 2015, the average life expectancy of human beings already exceeded 82 years in countries such as Hong Kong, Japan, Italy and Switzerland (World Population Prospects, 2015). The same survey also projects that life expectancy in those countries will reach 87 years in the next three decades. In addition to a high life expectancy, we can currently observe a significant increase in the number of people over 100 years old spread all over the world (Baccarelli et al., 2016). Studies that seek to unveil the characteristics of the DNA and mRNA of centenarians and, perhaps, discover the secret of eternal life, are growing (Baccarelli et al., 2016; He et al., 2016). In this juncture, people, the State and the market are increasingly preparing for a long-lived experience.

However, some individuals intend to go through the years without necessarily aging. Instead of opening up new opportunities for old age, the increasing life expectancy has revitalized some very old human longings, such as tricking, reversing, hiding and transcending aging. For example, rejuvenation myths and legends have been quite common in the history of many cultures for many centuries or millennia. "The fate of Cartaphilus" in Iceland, the 'formula of renewal of life' of the Hindu god Indra, the 'ambrosia' of the Greek gods, the 'water of life' in medieval Europe and the 'fountain of youth' present in eastern and western cultures, these are stories that address a deep human desire to seek youth, as pointed out by Hopkins (1905).

The French researcher and writer Simone de Beauvoir (1970-1990), in her classic essay *The Coming of Age*, recalls the importance assumed by the myth of the 'fountain of youth' in the arts and culture in the Renaissance period. The image of the aging body is no longer just 'unpleasant' and is now considered 'disgusting'. From poems by Erasmus of Rotterdam to paintings by Quentin Matsys, the aging body was attacked, humiliated and devalued, with special emphasis on women's bodies, considered by the misogynist culture of that period as simple objects for satisfying men's desires.

The historically constructed negative images of aging were only revised from the 1970s onwards, with the invention of what we currently know as 'third age'. Public policies, mainly in Europe, started to focus on retirees and pensioners, seeking to insert them in educational, cultural and sports activities, moving them away from domestic isolation and monotonous routine (Doll, 2014). With the theoretical and political support of Gerontology and Geriatrics, old age would materialize as a pattern of global aging, based mainly on an active, healthy and, mainly, consumer lifestyle (Dalmoro & Vittorazzi, 2016).

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According to Haddad (1986), old age is more an ideology that engenders efforts by geriatrics, gerontology, the market and the State, than a simple lifestyle adopted, spontaneously, by older people. The aforementioned author considers the third age as an invention, created by political-economic interests, alien to the will of the aging subject. For decades, this lifestyle was decorated as the 'model of success', surpassing other classic old age styles represented by resistant, dependent, isolated, inactive elderly people, with unhealthy habits and full of vices such as smoking and not practicing physical activities.

For the so-called third age, longevity achieved through attention to health and healthy habits is a priority (Veras, 2002). Joviality also interests them as an internal experience, or 'spiritual', as expressed in the jargon 'young spirit', widely used by the specialized literature and by common sense to qualify the third age (Silva, 2009).

More recently, post-modernity would witness the appearance of a new character in the history of human aging, called '*ageless*'. It is the insurgence of an (anti) aging experience that consists of interventions on the body, in search of youth (Featherstone & Hepwoth, 1991). At the same time, it represents the denial of old age in its aesthetic, chronological, affective, symbolic and behavioral aspects. The present study sought to briefly analyze the characteristics, history, practices and knowledge that engender this new ideology.

### **The ageless insurgency**

The emergence of the '*ageless*' lifestyle, or age mask, was initially observed by scholars who sought answers about 'ageism', or age discrimination against the elderly (Featherstone & Hepwoth, 1991). At the time, ageism was a worrying phenomenon in North America and Western Europe. Woodward (1988) noted in the late 1980s that there was a large increase in the number of elderly people in the United States. The new American demography would have raised the idealization of youth and the proliferation of discipline and intervention techniques on the body, such as the adoption of diets, 'anti-age' cosmetic products and surgeries. It was the emergence of a generation of elderly people who refused to be labeled as 'old' or even as 'third age' and sought youth through various 'anti-aging' procedures.

In the first works on the ageless, people were found who retained a 'young spirit' and who did not identify with their old appearance, that is, who did not produce notable effects of youthfulness on the body, being called *ageless self* (Kaufman, 1994). Later on, the *ageless body* emerged, those people who overcame the conflict between the aged body and the young spirit, managing to produce visible effects of youthfulness on the surface of the body, relying on technical support from science and the market (Kass, 2003). More recently, a survey carried out in the city of Rio de Janeiro (considered the capital of aesthetics and fashions in Brazil) found that, in addition to the youthful appearance and spirit, the ageless demand goes through a cycle of affective-sexual relationships with young people, as well as by internalizing their values and attitudes (Pereira & Penalva, 2014).

In ageless ideology, the focus is on exteriority and aesthetics. The priority is youthfulness at any cost (Gergen & Gergen, 2000). The concern with health is secondary, as there is a preexisting belief that longevity, or even eternity, is part of the natural cycle of life. Between the experience of old age and that of the ageless, it is possible to observe a shift from interiority to superficiality. From a psychoanalytic perspective, it is possible to see that the displacement that the ageless makes towards the surface does not bring them closer to the objects of the external world: this movement would be, dialectically, a narcissistic return, a disinvestment in the objects of the external world and a radical interiorization (Rosa, 2015).

A characteristic of the contemporary world, or, as pointed out by Bauman (2007-2008), post-modern world - and assimilated by the ageless - is the transformation of the body into an object of consumption. There is an incessant need to spend (or make investments) with one's own body, adding to it the values of a salable commodity, like any other. Given the reality described, it is understood that the ageless style is the product of classic post-modern trends such as superficiality, immediacy, hedonism, fusion and vaporization (Bauman, 2000-2001).

Like the third age, ageless style has taken global proportions, reaching countries with more traditional cultures, such as China and South Korea. Through a strong symbolic appeal exerted by the media - driven by the large fashion and cosmetics industry - , the idea that exposing the signs of aging is a great sign of failure and/or vulnerability is sold (Santos, 2015). The complex language involving semiotic symbols, neologisms and famous artists of advanced age, but with young appearance, lead to the false idea that any common person can control time and aging, only through 'correct consumption' (Teixeira, 2015).

### **Anti-aging medical procedures and discourses**

The medical discourse, interested in expanding its consumer market, drives the spread of this new style of (anti)aging. The notorious ability of modern medicine to produce discourses and practices with real effects – whose broad social acceptance exerts a strong influence on the recipient of the messages – becomes a great ally in the dissemination of the ageless ideology. According to Foucault (1976-2010), medical knowledge places the human species in a field of probabilities and risks, whose magnitude cannot be precisely measured, but which certainly produces true effects that are accepted without further questioning. Another point highlighted by Foucault is that the human body went from being an object of medical experiment, until the 19th century, to an economic object of medical intervention in the 20th century. Paradoxically, even with the increase in the consumption of medical services, there was no increase in the population health levels. Based on a historical analysis, the author states that:

The level of medical consumption and the level of health are not directly related, which reveals an economic paradox: that of an increase in consumption not accompanied by any positive phenomenon in terms of health, morbidity and mortality (Foucault, 1976-2010, p. 189).

Medical consumption became part of the aging process at the beginning of the 20th century, when geriatrics was created (Groisman, 2002). As explained by Groisman (2002), it is a medical specialty distinct from any other, insofar as it spread the possibilities of intervention on the human race, beyond the health-disease binomial. For geriatrics, healthy aging depends on the care taken throughout the course of life. Ageless management strategies, however, are not regulated by the knowledge of geriatrics, or even gerontology, as is the case with the management of the third age and other non-labelled aging styles. On the contrary: geriatrics and gerontology lose space and compete for knowledge and practices with the new scientific aspects of aging management, such as 'anti-aging medicine'. Currently, the aforementioned medical knowledge comprises specialties such as nutrology, orthomolecular medicine, dermatology and endocrinology, as well as biotechnology.

The alliance between antiaging medicine and advanced studies in biology gains strength as research unlocks the secrets of DNA and mitochondrial metabolism. This is because, one of the most accepted thesis by science, is that human aging results from the weakening of mitochondria, which, in turn, would lead to the decline of the organism as a

whole and the main entry point for chronic diseases related to old age (Bratic & Larsson, 2013).

In pursuit of the maintenance (or rescue) of cellular functions and youth, there is a great encouragement for the adoption of a lifestyle that includes a routine of physical exercises and diets supplemented with vitamins, minerals, amino acids and antioxidants, a true 'elixir of life' that gathers more and more followers.

However, the simple exercise routine and complex diet is not capable of reversing, or paralyzing, the aging processes. Another very common point in antiaging medicine is that, over the years, hormone levels decrease in the human body. Thus, a second route of intervention based on hormonal therapies was created, such as 'replacement' (using synthetic hormones) and 'modulation' (using 'bioidentical' hormones). Both procedures produce quick and visible rejuvenating effects. Even so, they cause divergent opinions among physicians, researchers and specialists in the field.

The American physician Jeffry Life, internationally known for being a defender and supporter of the antiaging hormone replacement therapy with Growth Hormone (GH) and testosterone, is a media and performative personality in the area. In his appearances he proudly displays his brawny muscles and youthful appearance, even in his mid-seventy-nine years. The youth and vigor recipe consisting of exercise, diet and hormone injections was published by Life in 2011 and quickly became a best seller in the United States - where antiaging medicine is legalized in some states and therefore has many enthusiasts and adherents. According to Jeffry Life (2011), in addition to apparent changes in the body, the anti-aging procedures he uses could also prevent illnesses ranging from stress to various types of cancer.

In Brazil, antiaging medicine and hormone replacement and modulation practices (for this purpose) are expressly prohibited by the Federal Council of Medicine (Conselho Federal de Medicina [CFM], 2012), through Resolution 1999/2012. Even so, contrary to CFM guidelines, there is the Brazilian Association of Anti-Aging Medicine that periodically offers a *latu sensu* graduate program for graduate physicians, encouraging and proliferating the practice in the country.

The CFM's main argument for the illegality of antiaging medicine is that studies in the area, which prove its effectiveness, are scarce. Also, even the few publications in the area resulted from research with small samples, published in journals with little (or no) scientific impact. The CFM is still based on studies that condemn antiaging methods as being more robust and reliable. For example, a nine-year study, carried out with three thousand six hundred and thirty-five elderly people, in Australia, revealed that the increase in the levels of free testosterone in the blood of the elderly leads to a higher incidence of prostate and lung cancer (Hyde et al., 2012).

Aesthetic medicine, a strong ally of antiaging medicine, is another medical specialty condemned by the CFM, however, the performance of various antiaging aesthetic procedures, including surgeries, are authorized for other medical specialties.

Non-therapeutic procedures that seek exclusively rejuvenation are not only regulated by the CRM, but also generate disputes between physicians and other categories and professional advice for space in the market, given the huge demand in recent years. The dispute for the right to perform invasive aesthetic procedures such as the application of Botox and facial filling with hyaluronic acid - fought with dentists and biomedical doctors - would have been won by medicine in 2013, with the enactment of the Federal Law known as the "Medical Act" (Lei nº 12.842, 2013), which restricted the performance of such procedures only to physicians. However, on October 28, 2016, the decision of the Federal

Regional Court of the 1<sup>st</sup> Region decided to comply with Resolution 241 of May 29, 2014 of the Federal Council of Biomedicine and authorize the performance of said aesthetic procedures (Conselho Federal de Biomedicina [CFBM], 2014.). In the same sense, Resolution 176 of September 6, 2016, of the Federal Council of Dentistry came into force, allowing the same procedures to be performed by dentists (Conselho Federal de Odontologia [CFO], 2016).

There are also other procedures, usually performed by dermatologists and plastic surgeons, such as CO<sub>2</sub> laser, peeling, facial support thread and various facial surgeries, such as facelift, are becoming more and more common among the elderly, but especially among adults concerned about antiaging.

Therefore, there is a great contradiction between the CFM (2012) discourse that prohibits practices related to antiaging medicine, as they adopt drug interventions against a process considered natural, and the medical practices endorsed by the CFM and the federal government, which involve facial surgery with anesthesia general and other procedures with the use of chemical products whose sole and exclusive purpose is the search for rejuvenation.

## Final Considerations

Even with the rising wave of ageless (or anti-aging ideology) the view of the third age is still, by far, the current and prevailing model of aging with the largest number of adherents in Brazil. Nevertheless, some emerging issues suggest that this model is about to decline in the country, which could even lead to its extinction. Not so much for the advancement of ageless style and ideology, which is still new in the country and would not be accessible to the entire population, due to its economic requirements of 'high cost consumption'. The threat to the next generations of elderly people is, above all, supported by the liberal reforms currently underway in Brazil and other countries, which threaten public policies and essential rights for the continuity of the elderly lifestyle (such as free time, retirement, leisure and public investments in elderly policies), mainly in areas of psychosocial care and health (Bastos, Biancareli, & Deos, 2016).

On the other hand, liberal ideology and its jargons such as 'do it yourself' and 'you are responsible for your future' encourage individualisms typical of the ageless culture, which can attract a greater number of adherents and practitioners, even with the high costs required for such. Zhavoronkov (2013) once said that antiaging sciences will not only transform ageless people into younger and younger people, but will also bring about a major change in the economy, enabling even centenarians to regain physical conditions to continue working and, thus, it will be the end of costly pension systems. That seems to be a not-too-distant promise.

Despite some disagreements and internal disputes, medicine is very interested in the ageless clientele. On the one hand, the medical discourse takes a critical stance in relation to antiaging medicine. On the other hand, it encourages and makes profits with this lifestyle, through aesthetic practices and procedures officially approved by the CFM and the government.

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Received: May 10, 2017

Approved: July 12, 2017