

Towards a Medical Anthropology of Ageing

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By

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When I say that I am working on a study of old age people generally exclaim,
'What an extraordinary notion!... But you aren't old... What a dismal subject.'
—Simone de Beauvoir, *The Coming of Age*

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PREFACE

The style of this book is essayistic rather than purely academic, purposely eschewing technical or rigorous disciplinary language, in an effort to reach readers primarily concerned with human ageing in its personal, social and medical dimensions; as well as addressing all of those unsettled and affected by the rapid ageing of human societies. In fact, ageing concerns us all, for we age from the moment we are born, living within the boundaries of social institutions and policies that also age and become obsolete. Critically reflecting on this state of affairs becomes all the more urgent as we dwell in senescence for many more years than ever before.

A non-specialized propositional text is well-advised to steer clear of technical language; as such jargon is too often inappropriate when dealing with the everyday experience of ageing.

A deeper problem [of anthropology], common to many other social sciences as well, has been the growing tendency for professionals to write only for one another, frequently employing jargon-soaked theory. Debates within the field often appear abstruse or irrelevant, even when they focus on issues that are of wide interest and importance. (Barfield 2001, vii)

Presented here is a tentative exploration that crosses and trespasses within the fields of anthropology and medical anthropology, spurred by the fact that human ageing is a burgeoning area of research embraced by natural and social disciplines that ask more than they answer, impervious to the realization that ageing continues to be a stage of life that threatens individual wellbeing and anticipates major social problems. An unfathomable maze of data, information and theorizing are to be questioned as to their cognitive value, and explored with an eye to their practical applicability in helping us better face the difficulties of an accelerated and prolonged process of social ageing.

An uncharted voyage into an unknown labyrinth, with innumerable ramifications, must be entered and tackled, carrying no more than a compass and a faltering light to read by. A degree of meandering is hardly to be avoided; such an enterprise must come to grips with unrelenting

obstacles in an era of deconstruction, liquid modernity, and post-truth, where well-entrenched concepts become unstable and, at times, meaningless.

Discourse ethics and the pre-eminence of narrative in human relations have stressed the importance of listening to the voiceless forces and modern social processes that silence the aged, making it impossible for them to mobilize social efforts aimed at furthering their commonality of interests. Narrative literature offers some highly enlightening testimonials written by ageing authors, excerpts and comments of which are included here to help structure a phenomenological perspective of growing old, acknowledging how ageing is an individual process that is poorly dealt with by social policies and programs neglectful of personal needs and idiosyncrasies.

The main concern of this book is to identify basic anthropological characteristics that in ageing humans might pale and be subject to modifications. Both geriatrics –medicinal care of the ageing– and gerontology –social care of the elderly– fail to consider how these changes may well be a reason why growing old is increasingly dreaded by individuals and societies.

Although deeply embedded in human life, especially as it ebbs, the ageing and the aged are more preoccupied with the way they live than vexed by the inexorable fact of approaching death. Existential concerns are more present than metaphysical beliefs about life and death, which may explain why philosophers have found endless inspiration in death, whereas the ageing and the old are more concerned with their actual existence than with longevity.

The inaugural meeting of the Society for Medical Anthropology in 2009 highlighted work in twelve areas: global public health, mental health, medical history, feminism and technoscience, science and technology studies, genetics/genomics, bioethics, public policy, occupational science, disability studies, gender/sexuality studies, international and area studies. (Singer and Ericson 2011) Clearly, ageing is not at the forefront of academic concern for medical anthropology. A similar neglect is detectable in bioethics, as the discipline that, broadly speaking, is expected to keep vigil over the values involved in the human intervention into natural processes. This raises the question as to whether ageing is the normal decline of the living: to be supported and cared for, but not interfered with. Alternatively, cutting edge research is exploring ways to reach a state of “healthy ageing” and increased longevity, while neglecting

the enormous challenges that an already growing proportion of older people will present.

The book has two parts: Part 1 deals with images of the human, and explores some anthropological and medical processes further addressed in Part 2, which follows these issues as they pertain to the ageing and the old. A fairly extensive bibliographic list could not be avoided, in view of the recent explosion of publications that, directly or by approximation, purport to deal with ageing as a social problem and a medical challenge; while, nevertheless, being dismissive of the anthropology of being old in modern culture. Understandably, sources have been selected to support the lines of thought followed in this book, as well as to illustrate the critical views presented. The merit, if any, of the text is to present an as yet insufficiently explored view on ageing, that might help explain why this stage of life is becoming a problem in a society less disposed to deal with decline than it is to glorify growth and expansion.

PART I:
ANTHROPOLOGY AND MEDICINE

CHAPTER ONE

INTRODUCTORY CONSIDERATIONS

Rocks age, and so do refrigerators, as well as all living beings. It is hardly redundant to speak of the ageing of the aged, for being aged is a condition, whereas ageing is a process. Humans age throughout their life, but the present concern refers to the life-stage where adulthood begins to wane, and is socially declared as becoming increasingly affected by complex processes of biological, psychological and, principally, social decline; that is to say, the life-stage when people become or are labelled as aged, elderly, senescent or, with a derogatory undertone, senile. Scholars claim to have detected a shift in the research language of ageing, noting that terms such as “old people,” “old age,” and “elderly” are being replaced by a preferred vocabulary like “older” people and “later” in life. Euphemisms are to language what cosmetic interventions are to the ageing. The manifold issues of ageing are to be discussed from the vantage point of, what Michel Foucault termed, “problematization:”

For a domain of action, a behaviour, to enter the field of thought, it is necessary for a certain number of factors to have made it uncertain, to have made it lose its familiarity, or to have provoked a certain number of difficulties around it...And when thought intervenes, it doesn't assume a unique form that is the direct result of the necessary expression of these difficulties; it is the original or specific response –often taking many forms. (Foucault 1984, as cited by Katz 2000, 137)

Where, how and by whom are aspects of human being rendered problematic, according to what systems of judgement and in relation to what concern? ... What means have been invented to govern the human being, to shape or fashion conduct in desired directions, and how have programs sought to embody these in certain technical forms? (Rose 1998, 25-26)

The social response to ageing is contextual, varying throughout history, within a wide diversity of socio-political orders. Both the process itself, and its study, are time and space situated, recalling the idea that

views cannot appear from nowhere: “The natural place to begin with is our own position in the world.” (Nagel 1985, 13) Positivist inquiries tend to forget that their findings and conclusions do not trump other cognitive approaches. The study of humans is extremely diversified, ranging from philosophy and theology, to anthropology and the life sciences, with biology expanding into the fields of molecular studies and biotechnology. Engaged participation in this kaleidoscopic scene requires a brief update of four fundamental disciplinary pillars that, in themselves, are subject to critical thought: science, sociology, philosophy and ethics.

1.1. Notes on science

Francis Bacon believed that the scientific study of natural processes would lead to the ultimate control of them for the benefit of humanity. Science should be inductive, observing the constancy of phenomena and formulating explanatory laws that underlie such regularities. Galileo relied on experimental setups in order to correlate causes and effects, and express the results in mathematical formulae, laying the foundations for quantitative scientific positivism: only that which can be observed, documented and measured can be known. Realities are discovered, unveiled by observations and experiments, allowing the rational representation of nature’s order in the form of theories, laws and models.

Wilhelm Dilthey (1833-1911) posited that scientific method was more appropriate for positivistic inquiry in the natural sciences, reserving the interpretative approach for what he called the “experiential disciplines of spiritual phenomena.” The natural sciences study facts that are perceived as disperse connections and interactions, explained by way of provisional hypotheses that are falsifiable, correctible, and replaceable. Disciplines of the spirit regard human consciousness as being responsible for the presentation of primary realities, which are then subject to interpretation and understanding; spiritual life originates in personal experience and fills the realm of the vaguely defined humanities. More recently, C. P. Snow’s famous description of two cultures –science and humanities– was increased (and enriched) to become a triad of basic cultures through the addition of the social disciplines, and, with them, the modern proclamation that all of reality will eventually be known, explained, and controlled.

Modern thought relies on the undisputed validity of reason and science, thus disenchanting reality by supposing that all recondite nooks and crannies, housing the charming mysteries of the world, can ultimately

be rationally explained away. The “iron cage” of secular rationality, according to Max Weber, leads to the disenchantment of the world, giving pre-eminence to instrumental rationality over value rationality. This distinction was taken up by Jürgen Habermas, who refers to instrumental rationality colonizing the space of communicative reason by a pragmatism that invades the realms of politics, ethics, social conviviality and the quest for meanings.

The hegemony of positivism, as the fount of certain and innovative knowledge, leads to self-defining progress, where science and technology become global, creative and sophisticated; while remaining unconcerned with the social problems of inequity, negative ecological effects and political regimes that dismantle social state protection with deleterious effects on the disadvantaged and marginalized: the poor, the non-citizens, the elderly. New sciences such as genetics, neuroscience and nanotechnology are rekindling the 19th century Luddite movements, which had rejected the mechanization of manual labour and the consequent rise of unemployment, social insecurity and the involution of guilds and worker associations. In its present form, Neoluddism is dismayed by expansive technoscience with its high ecological costs and an increasing robotization that threatens human labour, causing widespread unemployment.

It is possible to dream of a development that will decrease the authority of facts and its demanding definitions of what relevance means. If relevance –the commitment to foster situations that give scientists the power of doing what makes a crucial difference in regard to the value of these situations–, had been the common trait of the sciences, the name of the game would have been adventure, not conquest. (Stengers 2013, 127)

While scientists demand more funding for science, society pleads for better solutions to its own pressing problems, demanding a scientific attitude that is more reflective, and that pauses to enquire where knowledge is most needed and can be most effective in untying knots, alleviating tensions, resolving needs. Needless to say, such reflection would require science and scientists to break our from under the yoke of vested corporative interests. The unrelenting positivistic trend of biomedicine and the social sciences has an enormous impact on the mismanagement of policies regarding the elderly. The major influence of anti-ageing science on an ageist culture will be discussed throughout this text.

1.2. Notes on sociology

Although extremely productive since the early 1960s, the sociology of ageing will be dealt with only briefly, mainly because the disciplinary borders between different social approaches are persistently trespassed and thereby increasingly eroded. Separating anthropology and sociology is an artificial and fruitless endeavour, one that becomes especially frustrating when reflecting on the issue of ageing individuals being disengaged from their habitual social environment. We can expect little of value from sociological approaches that dissolve the individual into the aggregation of a more or less ordered community, of which they are merely members. Demographic evolution and cultural changes further problematize efforts to classify and group human beings according to chronological age, typified in objective evaluations that fail to identify pressing problems or help us reflect upon them.

Human beings are social selves, and little, if anything, can describe their anthropological attributes without reference to their gregariousness. Concepts such as autonomy, self, existence, person, dignity are meaningless if not referred to individual humans immersed in a social environment. The ebb and flow of life is socially embedded, as are all events that occur during its course, including such personal matters as claudication and disease.

Talcot Parsons' (1958) systemic-functional theory developed the "role of the patient" even before the initial post-ethnographic deployment of medical sociology: the patient is temporarily excused from social obligations and responsibilities, provided therapeutic assistance is promptly sought and adhered to with the aim of rapid social reinsertion. Though out-dated, the role of being sick reveals a substantial difference between illness and ageing. The social situation of the elderly is not so much the result of fulfilling a role but, rather, it reflects the loss of roles previously occupied and the difficulty of post-retirement social reinsertion. Existing therapeutic efforts might retard, but they can never reverse the socially declining trajectory of the aged.

Modern society labours under the heavy burden of the five giant evils: misery, ignorance, need, unemployment, and disease. (Bauman 2017) Most disciplines are aware of the enormous influence of social determinants on health, disease and ageing and, although evidence continues to accumulate on resulting inequalities, little research is done to study appropriate problem-solving interventions. As occurs in other areas,

medicalization is overshadowing the sociological aspects of ageing: “The marginalization of older people in society demonstrates how closely physical and social “weakness” are related.” (Van der Geest 2007, 172)

1.3. Notes on philosophical thought

During his tenure as an analytic philosopher at Yale, Richard Rorty (1931-2007) wrote his famous book “Philosophy and the Mirror of Nature,” positing the inconsistency of defining truth as the correspondence between thought and reality, since epistemology has no way of determining cognitive certainty. Knowledge of reality is based on beliefs, not rational or scientific demonstration, and there is no way to privilege any one belief over another.

Initially convinced that philosophy was the *via regia* to reach the absolute certainties and eternal veracities of Platonism –Truth, Goodness, Beauty–, Rorty finally turned to a position based on John Dewey’s pragmatism, developing a form of neopragmatism aimed at rational agreements that might lead to humanity’s welfare in an atmosphere of tolerance and pluralism. (Rorty 1999) Rejecting dogma and rigid principles, liberal irony accepts provisional and fallible knowledge in the hope of mitigating the suffering and humiliation inflicted by humans upon their fellowmen.

In his writings Rorty rejects relativism as irresponsible; nor does he accept post-modernism, which he considers frivolous and lacking in substance, though he does share the view that modernity’s grand narratives and their unflinching reliance on rationality are losing their authority. He helps tear down theories of knowledge developed by epistemology, denouncing the irrelevance of rigorous philosophical thought in identifying and broaching contemporary social problems, and stresses the importance of the humanities to inspire and lighten the atmosphere of universities, where researchers of all kinds are formed and employed.

Social sciences, such as sociology and anthropology, are also in need of humanist approaches to counter their tendency towards positivistic quantification. As a sociologist with strong philosophical inclinations, Zygmund Bauman (1925-2017) confirms the demise of grand narratives:

The modern strategy consists in slicing the great issues that transcend human power into smaller tasks that humans can handle (for instance, the replacement of the hopeless fight against inevitable death, with the effective treatment of many avoidable and curable diseases). The ‘big

issues' are not resolved but suspended, pushed aside, removed from the agenda; not so much forgotten as seldom recalled. Worry about the 'now' leaves no room for the eternal and no time to reflect on it. In fluid and constantly changing environment the idea of eternity, perpetual duration or lasting value immune to the flow of time has no grounding in human experience. (Bauman, 2004, 73)

Human ageing hardly has a place in the realm of rigid philosophy or strict scientific positivism. Neither thought nor experiment will explain the experience of ageing and the social response to it.

1.4. Notes on ethics

After the collapse of traditional stabilizing structures such as family, nation, fatherland, religion and morality; as well as the decline of values such as honour, loyalty or heroism, ethical thought became stale and morose. As Bauman expresses it in his posthumous book *Retrotopias*, (2017) having lost all hope of a better future, the unsatisfied present holds on to a nostalgic view of the past. In his influential work *After Virtue*, Alistair MacIntyre writes: "The hypothesis I wish to advance is that in the actual world which we inhabit the language of morality is...in grave disorder." (1984, 2) A nostalgic view lingers and squeezes the last hermeneutic drops from the writings of Aristotle and his ethics of virtues, Kant's deontology, Smith and Hume's moral sympathy, and the utilitarianism of Mill.

An ethics based on tradition, doctrine and principles is on its way out, the complexities of post-industrial societies not being amenable to cognitive moral certainty and universal values; rather, the diversity of cultures requires a plurality unduly criticized as relativism, assisting ethics in achieving a balance between individuality and the common weal. Oblivious to Adam Smith's call for the State's moral surveillance of the market, current neoliberalism strongly stresses individualism, neglecting the need for a stable and fair social milieu where the common good sustains and protects personal development. Rigid socialists, on the other hand, present themselves as guardians of the common weal, often perilously inclined to restrict individual freedom in favour of an assumed advancement towards collective welfare. Ethical proposals need to fine-tune the interaction between these two basic coordinates: the empowered person and the fair and protective community. Ethics, as Paul Ricoeur has repeatedly written, is "the desire to live well with and for others

under the shelter of just institutions.”

The draught of moral philosophy kindles the birth of applied ethics, called upon to solve practical moral problems presented in a diversity of social systems and professions. Well-reasoned decisions have to be made and, consequential choices are urgently needed, as science produces immense amounts of information that technology converts into efficient and potent instruments and processes, which recursively help scientific exploration to proceed with more accuracy and creativity. Bioethics, arguably the queen of applied ethics, is constantly taxed to reflect upon the expansive biotechnoscience that intervenes and modifies vital processes, notably the beginning and maturation of human life, as well as decline and death.

There has been an important revival of virtue ethics in both contemporary moral thought and in bioethics. Virtue is expected to help us lead a life of relationships based on the mutual respect of needs and interests, where cooperation hopefully trumps competitiveness and solidarity over lucrative strategies. Alas, virtue ceases to be a social asset when it becomes an instrument of self-production, protective isolation, and aggressive one-upmanship.

Even this very brief incursion into ethics suggests that a distinct and differentiated treatment of ethics pertaining to the aged must be developed from naught, rehearsing the fragile balance between individual lives and the common weal they are embedded in and dependent upon.

The four basic cultural disciplines briefly summarized –science, sociology, philosophy, and ethics– have in common the systemic deconstruction they have suffered: science is no longer a fount of truths and certitudes, now becoming an entanglement of probabilistic knowledge subject to confirmation and refutation, steeped in submissiveness to vested interests and structures of power, and distancing itself from social problems that require attention and investigation. The social sciences must confront the fact that their search for generalities too often obscures the singularity of human beings. Sociology has dismantled its systemic and functional general theories, preferring to engage in the accumulation of data used to sketch disturbing views of risk societies, liquid cultures, the rise of biopower, the social and political effects of globalization and its resulting inequalities. Many social trends affecting the elderly, such as injustice, discrimination and marginalization, mirror features that are ubiquitous in modern society, and therefore will not be remedied unless the general

social fabric is modified. Philosophy has been unable to maintain its intellectual hegemony, taking refuge in an academicism devoid of any impact on everyday life, neglecting to face the social wounds of inequities, conflicts and violence. Formed by the media and distorted by social networks –fake news–, a vociferous common-sense drowns-out creativity. Ethics remains destabilized by a pluralism that navigates aimlessly in a sea of differing and discrepant values.

CHAPTER TWO

IMAGES AND CONCEPTS OF THE HUMAN

Disciplines dealing with the human being must employ such basic concepts as body, person and individual identity, dignity, human rights, alongside many other issues subject to much wear and tear, ambiguities of meaning, diversity of rhetorical use and deconstructive dissection. Human affairs cannot be encased in universal definitions and classifications, just as ethics is unable to account for the variety of human actions. Those endeavours that attempt to understand some aspect of humanity need to choose or propose the way that they will employ the elements of their discourse.

2.1. The human body

The one and only feature all members of the human species share is embodiment. This apparently trivial observation gains in force once the belief in a disembodied afterlife has lost much of its appeal. Every human being lives as a body, perceives its surroundings through the body; all acts occurring in the world are corporeal.

The human body has become a favourite field of study for philosophers (Marzano), social scientists (Le Breton) and historians (Vigarello). For our present purposes, it is relevant to mark the birth of a phenomenology of the body (see Chapter 2.2.), following Michael Polanyi's invitation:

Each separate level of existence is of course interesting in itself and can be studied in itself. Phenomenology has taught this by showing how to save higher, less tangible levels of experience by not trying to interpret them in terms of the more tangible things in which their experience is rooted. (Polanyi 1976, 139)

The primary experience of being a body is subject to the belief that we are not only body: "That which is born of the flesh is flesh; and that which is born of the Spirit is spirit." (John 3:6) René Descartes rationally

formulated this essential belief of myths and religions, arriving at a dualistic concept of the human: animals and humans have a material, mechanically organized body, a substantial reality he called *res extensa*; human beings have the inherent ability to reason by means of another substance: *res cogitans*. This duality of substances continues to baffle philosophy and biology.

Philosophically, the mind/body problem is insoluble, based as it is on beliefs that cannot provide adequate foundations for a logical or cognitive construction. Curiously, the body remains at the center of controversy, as beliefs circle around it: going to heaven is a promise of spiritual bliss, condemnation to hell means eternal bodily suffering. In earthly matters, the body is the preferred object of punishment and torture, and even nowadays, imprisonment is supplemented by different forms of corporeal chastisement, as Foucault abundantly illustrates in his book "Discipline and Punish."

Philosophy represents one valiant and plausible effort at a non-reductive approach, showing that science tends to fragment its objects of study and, in doing so, creates elementary particles –atoms, genes, molecules– that "give no information at all concerning...the overall system." (Robert Rosen, as quoted by M. Grene 1971) Michael Polanyi has also contributed to the idea that biology is not reducible to a physicochemical level, by presenting his theory of dual control: machines are conceived and built to perform according to physical patterns – boundaries– set by forces extraneous to them. These physicochemical boundaries are not fully determined, leaving open the evolution of living entities controlled by a complex network of organs defined by their life-preserving function. Thus, living beings are subject to a basic physicochemical control level, and to a higher level aimed at their preservation. (Polanyi 1976) This opens the door, albeit only slightly, to giving meaning to bodily existence.

The ways of biology are more tortuous. If contemporary self-proclaimed "cutting edge" biology continues to molecularize its knowledge and understanding of living beings, ageing will be seen as a monotonous degradation of molecular functions which, in the very near future, might be either biotechnically revitalized or simply replaced. Senescence of the cells and apoptosis –cellular death– have created a biological model that moves "from a more general discourse on old age into a technical term in bio-gerontology with very specific meaning quite distant from its origin. But in the journey it necessarily takes with it into science a negative cultural load not least that hidden in the terms

‘deleterious’ and ‘decline.’” (Vincent 2008, 337)

Biomedicine has championed the dualist view of the human body, but leaves spirituality on one side. Becoming constantly more proficient in dealing with disease, modern humans prefer a better and longer mundane life, than living in awe of extramundane transcendence after death. The body becomes the centre of attention, cared for, decorated, protected, pampered, and rejuvenated, living in fear of ageing. Conscious that death is inevitable, we live as if it will not find us, at least not for now. Unhappy ageing is worse than dying.

Body parts are becoming disposable and replaceable, the whole body will, in the not too distant future, be restructured. Human beings will no longer age. Will they still be human? Apocalyptic views are not taken seriously enough to modify human action. The natural environment is tortured to exhaustion, but technoscience and productivity continue to thrive and expand as if nothing terribly deleterious will occur.

Does reason grasp reality, or are humans explaining existence in accordance with German philosopher Hans Vaihinger’s (1852-1933) “as if philosophy,” expounding plausible and as yet not falsified theories? We know of the vulnerabilities of our body, but we live “as if” biomedicine will protect us and repair any morbid damage that might occur. We are not, will not be, molecular aggregates subject to the vagaries of epigenetics, but organisms –bodies– that are born, mature, age and die. We know of death, and yet we live as if it will not reach us. Our images and concepts of the human develop “as if” bolstered by certainties that confirm our word-views; and world-views determine social practices.

Contemporary individualism centres attention on the body, its ageing processes, and the promises of anti-ageing scientific research. Not only do individuals resist their bodily ageing, they also disguise it as much as possible, to fend off any social negative reaction of ageism. Rejuvenating the body is becoming a major part of geriatric care.

2.2. Phenomenology of the human body

Phenomenology is concerned with the study of phenomena, that is to say, things as we perceive them: not denying, as Kant had done, that the *noumena* or real objects’ existence can be known. In fact, the intentionality of perception means that it is always directed at something external to it. Phenomena are perceptions, not mere notions, as idealism would have it. In a general sense, phenomenology is the description of

what appears to consciousness and how it is perceived by means of the body. Phenomenology is a branch of philosophy that, from its very beginnings, has been related to the human body and to medicine, making a distinction between the world and the lived experience of the life-world.

Maurice Merleau-Ponty (1908-1961) elaborated the basics of a philosophical mode of thinking that connects phenomenology with medicine, based on his observations of the phantom limb experience of soldiers who suffered the amputation of an extremity but continued to feel pain and discomfort in the missing limb. The discrepancy between an amputated limb and the sensations imputed to it has been puzzling observers for many centuries. The sensations experienced immediately after the loss of a limb are as real as the observation of the missing body part. The living body's objectivity is imaged and experienced differently by the lived body.

The German physician Herbert Plügge, making use of the nuances of his native tongue, referred to the living, objective and observable body as *Körper*, and the lived, experienced body as *Leib*. English speaking phenomenologists have vividly conceptualized health, illness, disease, the patient-doctor relationship, engaging in criticism of depersonalized – dehumanized– medical practice, by referring to the human body as experienced –the lived body–, and as an observable, organic reality: the living body. In taking it upon itself to negate the long-held Cartesian dualism between mind and matter, phenomenology confronts contemporary medicine and its persistence in subscribing to the profound duality of psyche and soma.

At the beginning of the present century, numerous publications enriched the existing perspectives of phenomenology in medicine, focusing their discourses on the decayed relationship between patients seeking help and empathy, and the impersonal technology of biomedicine. The scientific medical approach focuses on the complex mechanism of the human body that can be disassembled into tissues, organs and processes to be repaired or replaced. In this sense, phenomenology has been fundamental to the development of a medical anthropology and its reflections upon health, disease and medical practice, advancing hand in hand with ethics and bioethics that are centred on the person.

The diseased person with a marked disability reorganizes her spatial and temporal understanding of reality. Impaired mobility extends distances that need to be mastered: "In the experience of illness the character of lived spatiality changes...in the sense that the range of possible actions become severely circumscribed." Lapsed time spent in suffering or passive

waiting are lived as slow-moving and discrepant with the outside world's temporal rhythm: "With regard to the lived experience of illness, it is important to recall the distinction between lived (or subjective) and objective time. (Toombs 1992 5, 67)

2.3. Person

The concept of person stems from the theatre, referring to masks employed in Ancient Greece to hide the actor's face, probably because the same performer had to act in different and varied roles. The term human person is distinguished from a divine person or the artificial legal personality of corporations. The instability of concepts referring to human beings and to persons has resulted in a large number of definitions throughout time. Boethius believed the person to be a singular and rational being. Aquinas emphasized the rational element, whereas Locke required the person to maintain self-identity throughout time. Kant defined the person as a rational and moral being. Notably, all these definitions include the element of rationality as constitutive of the person, raising the fundamental question as to whether humanity and personhood are synonyms that remain unchanged throughout corporeal existence.

The philosophical reflection on personhood has gained momentum, probably becoming the most hotly-debated issue in bioethics, particularly in the wake of social and political controversies on the extremes of human life and the technical capability to interfere with these processes: artificial reproduction, contraceptives, and drug-induced voluntary abortion, fuel unending contentions supporting different views on the beginning of life. At the other extreme, life-prolonging treatments of critically diseased individuals and those who, having lost consciousness, are kept in a "persistent vegetative state," (subsequent to decisions pertaining to brain death and the availability of organs for transplantation), are all issues equally steeped in uncertainties, sophisticated argumentation and dogmatic conclusions concerning the understanding of personhood.

Perspectives on the idea of a human person have been summarized and grouped into eight basic tenets, briefly presented here because of the influence they have on the way aged persons are considered (Lizza 2009):

- Spiritualism or dualism identifies the person with an immaterial spirit or soul.
- Hylomorphism treats persons as "ensouled bodies."

- Animalism identifies the person with the human body or organism.
- Functionalism sees the person as endowed with psychological abilities and qualities.
- Person is a primitive substance that has psychological and corporeal characteristics.
- In the “constitutive view” persons are psychological beings constituted by bodies.
- The relational view treats persons as essentially social and cultural beings.
- Persons have the capacity for “higher order” or self-conscious psychological functions.

Expressing due respect for their elders, societies often take a paternalistic slant that considers the aged as no longer enjoying the full personhood they carried throughout life, now hampered by declining intellectual powers, frailties of the body, lack of motivation and a tendency to relapse into passivity, thus receiving a generic stamp of semi-persons. Agile and productive older people are hailed as an exception among a majority of individuals whose advancing age makes them less attractive, more dependent, and finally dispensable. (Troll and Skaff 1997)

There is a relevant comment by the Italian scholar Roberto Esposito. (2011, 77)

I speak about authors like Peter Singer and Hugo Engelhardt who define themselves as liberals. Looking back on Roman law and particularly on Gayo’s formulation, they support the distinction between two categories of humans: the first enjoy the full rights of a person, whereas the second are rather defined as members of the species «homo sapiens» (P. Singer, 2004, p. 149). Between these extremes, as occurs in the *jus personarum*, gradual differences are recognized as having quantifiable personhood –increasing or decreasing according to the observer’s vantage point-, going from a healthy adult who is the one and only meritorious of the true and proper title of person, to the infant considered a potential person; **the elderly definitively invalid and therefore reduced to a semi-person**, the terminal patient who is assigned to the status of non-person, and the lunatic who fits the role of the anti-person (emphasis added).

2.4. Person and medicine

Biomedicine tends to reify and depersonalize the human body entrusted to its care. In the Roman definition, a person can possess but

cannot be possessed, whereas things are possessed but cannot possess. Things possessed are fungible, and modern consumerism is based on the accelerated combustion or obsolescence of all that is acquired and possessed. As personhood is neglected in contemporary medicine, and the elders are driven to dependency and the status of semi-persons, they are possessed and managed by care systems.

Blood transfusions are lifesaving therapeutic procedures, safely and routinely employed since the 1930s. Donation and storage procedures treat blood as a valuable commodity that has acquired market value. Blood may be donated or sold, necessarily subject to extensive manipulation that transforms it into a commodity managed through blood banks, and paving the way for burgeoning bio-banks of body parts. An expanding and commercialized transplant medicine is plagued by overt high costs and covert illegalities that are reifying human organs into commodities. Inversely, sophisticated technoscientific developments allow for the manufacture of objects that become indispensable and literally invaluable: dialysis machines, pacemakers, etc.

Neuroscience is enthusiastically debunking personhood:

The weight of evidence, from a sizable literature only sampled here, clearly supports the conclusion that the human brain represents the appearance, actions, and thoughts of people in a distinct set of regions, different from those used to represent the appearance, movements and properties of other entities. These regions together form a network that is sometimes referred to as “social brain” (e.g. Brothers 1990; Adolphs 2003; Skuse et al. 2003) but could equally well be termed a network for person representation... If our analysis is correct, it suggests that **personhood is a kind of illusion**. (Farah and Heberlein 2007, p. 42 and p. 45, emphasis added)

Unconcerned about the shaky credibility of such premature interpretations of cerebral imagery, this article presents a sweeping statement: “In sum, we come into the world with a brain system genetically pre-programmed to represent persons as distinct from other kinds of objects in the world.” (Ibid., p. 44)

2.5. Dignity

The horrors of two world wars, concentrations camps, genocides and atomic warfare have undermined sacrosanct proclamations of the dignity intrinsic to every human being. Conveniently undefined, human dignity is

anchored at the roots of every existence, from where it cannot be dislodged even by the most undignified and barbaric mistreatment. Writing in 1798, Kant had confirmed the ideas of the Stoics in the sense that dignity is a value to be attained by all human beings inasmuch as they are rational and autonomous, resisting the animal nature to passively surrender to leisure and wellbeing, and actively fighting all obstacles that “the crudeness of his nature puts before him, in order to gain the dignity of humanity.”

As will be mentioned again below, Pico della Mirandola (1463-1494) had written that dignity is not inherent in the human, but something that must be attained by following the path of good deeds. The tribulations of the concept of dignity have reached the extreme of being declared a “useless idea,” (Macklin) and that it may well be a mere camouflage for the theological tradition’s insistence on the divine origin of natural order. (Birnbacher) Daily parlance often refers to the dignity of the poor, or the dignified comportment of the diseased and disabled, praising their integrity and ability to bear suffering, and pursue their existence in spite of the hardships they face. In relating the idea of human life’s inherent vulnerability, encountered with integrity and resilience, dignity may well be understood as the attribute of human beings facing adversities and overcoming obstacles, instead of surrendering to impotent lamentations. Such a view is captured in the European bioethical principles of vulnerability, dignity, integrity, and autonomy. Ken Loach’s film *I, Daniel Blake* (2016) is a vivid story, depicting the dignified battle of an English citizen struggling with bureaucracy for the recognition of his labour and retirement rights. Examples of the inflationary and often contradictory use of the concept, show such a diversity that a suspicion is raised that one might be dealing with a case of the emperor’s new clothes.

The dignity of merit depends on social rank and formal positions in life. There are many species of this kind of dignity and it is very unevenly distributed among human beings. 1) The dignity of merit exists in degrees and it can come and go. 2) The dignity of moral stature is the result of the moral deeds of the subject; likewise it can be reduced or lost through his or her immoral deeds. This kind of dignity is tied to the idea of a dignified character and of dignity as a virtue. The dignity of moral stature is a dignity of degree and it is also unevenly distributed among humans. 3) The dignity of identity is tied to the integrity of the subject’s body and mind, and in many instances, although not always, dependent on the subject’s self-image. This dignity can come and go as a result of the deeds of fellow human beings and also as a result of changes in the subject’s body and

mind. 4) Menschenwürde is the universal dignity that pertains to all human beings to the same extent and cannot be lost as long as the person exists. (Nordenfelt and Edgar 2005, 17)

The first three characterizations refer to dignity as a variable depending on the social appreciation of individual deeds and virtues. Only the fourth one speaks of inherent, untouchable universality, but it contains a confusing tautology, for *Menschenwürde* is the German word for human dignity, a term defining itself and claiming a universality that is incompatible with the situational and contextual “coming and going” of dignity. Where dignity is proclaimed as inherent in all human beings, it remains disappointingly ill-defined and abstruse.

Philosophers grapple endlessly with the idea of human dignity, unable to resolve even the most basic question as to whether dignity is inherent in humanity, equally present in every member of the human species, inviolable and indestructible; or is dignity bestowed in recognition of merit or capabilities such as reason, self-consciousness, and autonomy? “Is there anything special about the dignity of the elder?” asks Swedish philosopher Lennart Nordenfelt, and concludes that “paying a particular reverence to the elder,” given that “it is a *typical* virtue of the elderly to be wise,” where “wisdom is knowledge whose object is life, more specifically human life.” Furthermore, “we normally owe a lot of gratitude to the elderly acknowledging their *“dignity of achievement and effort”* and, thirdly, for “a reason connected to their special *vulnerability*.” (Nordenfelt, 2003, 107-110) Rather than arguments, these are intuitive statements that flow inconspicuously into the hot debate on dignity.

2.6. Human rights

The very first sentence of The Universal Declaration of Human Rights establishes an essentialist link between dignity and human rights: “Whereas recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world.” Accordingly, dignity and human rights are primary concepts that cannot be defined by other terms and therefore must be accepted as intelligible without definition. If that were so, human dignity and rights would count as conceptual realities beyond dispute, but such is not the case, for there is very little consensus on the issue of the purported innateness of human rights based on an equality of inherent dignity. In fact, for those who argue against the theological