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The birth of cultural materialism?

A debate between Marvin Harris and António Rita-Ferreira

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Abstract

This article addresses a specific phase in the career of Marvin Harris, the founder of cultural materialism: his fieldwork in Mozambique. In particular, it examines the debate on the migration of the “indígenas” of Mozambique to the mines of South Africa, in which he engaged with António Rita-Ferreira, a colonial civil servant and amateur anthropologist (or “self-made scholar”, as he liked to represent himself). The article analyses that debate from two related perspectives: a disciplinary or anthropological perspective, and an historical-political one, marked by the movement of decolonisation in the second half of the 1950s.

Keywords: cultural materialism, Marvin Harris, Mozambique, António Rita-Ferreira, Portuguese colonialism

O nascimento do materialismo cultural?

Um debate entre Marvin Harris e António Rita-Ferreira

Resumo

O artigo aborda uma fase da trajetória de Marvin Harris, fundador do materialismo cultural: seu trabalho de campo em Moçambique. Examina, sobretudo, o debate acerca da migração dos “indígenas” moçambicanos às minas da África do Sul, travado com António Rita-Ferreira, funcionário colonial e “antropólogo amador” (ou self-made-scholar, como ele gostava de se auto-apresentar). Para tanto, o artigo situa as coordenadas daquela controvérsia em um duplo registro: de um lado, disciplinar ou antropológico e, de outro, histórico-político que foi marcado pelo movimento de descolonização na segunda metade da década de 1950.

Palavras-chave: materialismo cultural, Marvin Harris, Moçambique, António Rita-Ferreira, colonialismo português

The birth of cultural materialism?

A debate between Marvin Harris and António Rita-Ferreira

Lorenzo Macagno

Introduction

This article examines a specific fragment in the long career of the anthropologist Marvin Harris, namely his fieldwork in Mozambique from June 1956 to March 1957, when he was expelled from Mozambique due to the increasing discomfort that his investigations into the exploitation of the *indígenas*' workforce was causing to the colonial authorities. . An important legacy of his brief stay in Mozambique was the debate on the causes of migration of the *indígenas* of Mozambique to the mines of South Africa in which he engaged with the colonial anthropologist António Rita-Ferreira.

Having mapped the political and personal coordinates of this debate/controversy, I discuss the wider political context, in order to better understand the Harris "affaire". For this purpose, I situate this enquiry in a double register: on one hand, a disciplinary or anthropological register and on the other, a historical-political register, marked by the movement of decolonization in the second half of the 1950s. North American Anthropology could be characterized at that time by the hegemony of the post-Boasians, which reached its peak with cultural materialism). This took place in the context of the Cold War and the growing international criticism against the Portuguese presence in Africa. The protagonism of Harris touches precisely on these two coordinates.



António Rita-Ferreira during a conversation with the author (March 14, 2012). This photograph was taken by Maria, a Portuguese secretary who worked once a week with Rita-Ferreira at his home in Bicesse.

Born in Brooklyn, New York, Marvin Harris (1927-2001) began his studies at Erasmus Hall High School, before progressing to the College of Columbia, where Charles Wagley taught a course in anthropology. Later, he entered the Columbia University, where the imprints left by Franz Boas and his disciples were slowly being erased by the new streams of neoevolutionism. In 1953, he completed his doctorate degree and began to teach anthropology at the Columbia University (Margolis & Kottak, 2003). After a short time, he traveled to Brazil as part of the "Columbia University/State of Bahia" project, conceived under the auspices of Anísio Teixeira, and which had Thales de Azevedo (Bahia) and Charles Wagley (Columbia) as its principal mentors. By the time he arrived in Mozambique in 1956, the young Marvin Harris was already an experienced field researcher.

¹ The term *indígena* was used by the Portuguese to refer to those autochthonous Africans who had not been admitted to the status of *assimilados*.

From the start of his time in Mozambique, Harris relied on two dissimilar figures to help him enter the field: the anthropologist and colonial officer António Rita-Ferreira (1922-2014) and the opponent of the regime, António de Figueiredo (1929-2006). Initially, he established a cordial relationship with the first, subsequently disagreeing with him on the analysis of labour migration from the south of Mozambique to the South African mines. This debate between them was published in *Africa*, journal of the International African Institute in London. With António de Figueiredo, Harris maintained a lasting friendship based largely on their great political affinity.

This article reconstructs the background to this dispute and investigates the political environment that led, thanks to the protagonism of Harris, to the elaboration of the first organized critique of Portugal's colonial policies on African labor and the *Regime de Indigenato*². With these objectives in mind, I had a number of long conversations with Rita-Ferreira at his home in Bicesse, a suburb of Lisbon, between February and March 2012. During these conversations, the Portuguese administrator and ethnologist mentioned Marvin Harris's trip to Mozambique several times, and reported some of his impressions on the relationship between the two. After his death in April 2014, I was fortunate in gaining access to the unpublished exchange of letters between António Rita-Ferreira and Marvin Harris.

António Rita-Ferreira was born in the interior of Portugal in 1929. In 1942, at the age of 19 he joined the colonial government working as a temporary worker in the district of Mongicual in the present day province of Nampula³. Over time, he became one of the most prominent Portuguese "anthropologists" of his day, or rather, a "self made scholar", as he preferred to refer to himself. In effect, with the exception of a course on *Bantu Studies* that he took in the former Union of South Africa (present-day South Africa), Rita-Ferreira never undertook any formal studies in anthropology; however, he knew Mozambique in more depth than anybody else. From the nineteen sixties and seventies, he maintained an intense intellectual exchange with the great Africanists, among them, the South African anthropologist David Webster, later assassinated by the apartheid police, the historian Edward Alpers, and Henri-Philippe Junod, son of the famous swiss ethnographer and Missionary Henri-Alexandre Junod. Rita-Ferreira was also friendly with the most important Portuguese anthropologist of the time: Jorge Dias. Rita-Ferreira exercised, among other positions, the function of Inspector of Emigration in Ressano Garcia, on the border between Mozambique and the Union of South Africa. He was also inspector in the Western Transvaal of the "Indigenous Portuguese" migrant control in South Africa. In other words, through his administrative functions, he had an in-depth knowledge of the migrant labor of the *indígenas* of Mozambique in the South African mines. He would later publish a pioneering work on the subject, under the auspices of Jorge Dias and Adriano Moreira⁴.

2 The laws on the "indígenas" have been the target of several reforms since 1926. During Marvin Harris's time in Mozambique, the "Estatuto dos Indígenas Portugueses das Províncias da Guiné, Angola e Moçambique" (Decree Law no. 39,666, of May 20, 1954) was in force. The Statute of Indigenous People (Estatuto do Indigenato) – which distinguishes juridically between "indígenas" and "assimilados" – reaches its zenith in the Political, Civil and Criminal Statute on Indigenous Peoples (Estatuto Político, Civil e Criminal dos Indígenas) of October 23, 1926. The distinction between indigenous and assimilated Africans was abolished in 1961, when Adriano Moreira was Foreign Minister. With this measure, in principle at least all the inhabitants of Mozambique, Angola and Guiné-Bissau became Portuguese citizens.

3 For more details about his career as an administrator, see also the interview granted by António Rita-Ferreira to Maciel Santos (2010) of the University of Porto, Center of African Studies.

4 Adriano Moreira represents the most emblematic profile of late-Portuguese colonial policy. Born in 1922 in the province of Trás-os-Montes, he trained as a lawyer and became an expert in international law. He was professor of overseas administration and, between 1961 and 1963, Minister for Overseas Territories. He was director of the *Centro de Estudos Políticos e Sociais* (CEPS) of the *Junta de Investigações Científicas do Ultramar* when Marvin Harris arrived in Mozambique in 1956.

The beginning of the dialog

The first epistolary contact between António Rita-Ferreira and Marvin Harris took place on October 2, 1955, while Rita-Ferreira occupied the post of secretary of the administration in the district of Homóine, in the province of Inhambane. Harris was planning his disembarkation in Lourenço Marques (present-day Maputo) for the next year. Prior to Harris's fieldwork Rita-Ferreira had taken the initiative of writing to him, saying that had become aware of his future visit to Mozambique from an "official circular". In this letter, Rita-Ferreira presents himself as a specialist in matters of history and ethnology of Mozambique, informing Harris of his first ethnographic monographs. Among them, he mentions a work on the Azimba (or Zimba), a group of Chewa origin that lived in what is now Angónia (province of Tete)⁵. It was around this time that Rita-Ferreira was writing his work "Bibliografia antropológica sobre Moçambique" which attracted Harris' great interest. We know that Harris not only became interested in the ethnographic work of Rita-Ferreira, but also made some harsh comments about the weakness of his anthropological interpretations. Months later, on learning about the monograph on the Azimba, Harris did not hesitate to offer him his critical comments⁶.

From the beginning, António Rita-Ferreira made himself available to help Marvin Harris: "I'm interested in contacting with you after your arrival here, and I think I can give you very useful information about the local natives"⁷. The response arrived a few weeks later. On December 1, 1955, Harris, while still in New York, wrote to Rita-Ferreira to thank him for his kind offer to assist him in his forthcoming visit to Mozambique. In the same letter, Harris stated that he did not yet have any concrete plans on where he would conduct his research, but was open to suggestions and advice "from authorities such as yourself"...⁸ At the same time, Harris took the opportunity to announce that during his fieldwork in Mozambique, he would be accompanied by his wife, Madeline and young daughter, Susan. These domestic circumstances made Harris a little apprehensive ["...I shall be accompanied by my wife and an infant child whom I should not feel free to take into all parts of the interior..."⁹]. On that occasion, it seems, Harris was more interested in conducting fieldwork among "unaccultured" groups. But, if those groups were very isolated, or were located in "dangerous" areas, from the point of the child's health, then he would have to forgo that opportunity. Ultimately, Harris would consider the possibility of leaving his wife and daughter in Lourenço Marques to move to the interior. He then put to Rita-Ferreira the following question: "...It is still my hope that some profitable ethnography can be carried out in the South, perhaps among the Thonga,

5 Rita-Ferreira lived in this region, more specifically, in the Macanga District, at the end of the 1940s, where he served as "Secretary of Administration". The ethnography to which he refers was published in 1954, in the *Boletim da Sociedade de Estudos de Moçambique* (vol. 24, paragraph 84), under the title "The 'Azimba' (Ethnographic Monograph)".

6 "In reading your essay on the Azimba, I have found myself lamenting the lack of library facilities here which prevented you from really coming to grips with the peculiarities of Azimba social structure. The issue of matriarchy vs. patriarchy is a completely spurious one. Matrilineality (i.e.; the existence of matrilinear descent groups) has never been associated with matriarchal political control...You give no indication that the Azimba practice sororal polygamy. If this is not the case, I believe that the Azimba are unique in the world in having non-sororal polygyny coupled with matrilocality. Something must be wrong here and I am anxious to discuss these problems with you..." Marvin Harris to Rita-Ferreira, Lourenço Marques, August 5, 1956, Personal Archive of António Rita-Ferreira (henceforth I shall use the abbreviation PARF to refer to this archive). Rita-Ferreira's response, extremely cordial, arrived quickly, on August 27, 1956.

7 António Rita-Ferreira to Marvin Harris, October 2, 1955, PARF.

8 Marvin Harris to António Rita-Ferreira, December 1, 1955, PARF.

9 Idem.

but I understand that little of the native culture is still preserved in that area. Is this correct?”¹⁰. Apparently in strategic terms, Harris shows himself to António Rita-Ferreira as an anthropologist interested in unacculturated peoples. We cannot affirm whether Harris, before setting foot in Mozambique, was feigning a lack of interest in issues that were problematic or sensitive in the local political situation, such as forced labor and migratory labor. At the end of this letter, Harris asks for Rita-Ferreira’s opinion once again, on the possibilities of conducting research close to the Inhambane “...from the point of view of degree of preservation of native cultures and living conditions for my wife and child...”¹¹.

On January 7, 1956, Rita-Ferreira sent a long letter to Harris, giving guidance on the various possibilities of ethnographic research in Mozambique. On the occasion, Rita-Ferreira mentioned the *Vandau*, in the center of the country [“However this group has been fairly well studied by Boas, Dora Earchy, Herskovits, Junod (son), Schebesta, Spannus, etc.”¹²]. In fact, Boas’ Works on the Vandau had been written in collaboration with Kamba Simango, a young man from central Mozambique who had studied at the Columbia University in 1914, assisted by the congregationalist missionaries of the American Board of Commissioners for Foreign Missions. This letter highlights Rita-Ferreira’s vast knowledge of the ethnology of Mozambique. He goes on to mention the *Shona*, the *Macua*, and the *Maconde*, as other possible groups for study. In relation to the possibilities for research in the south of the country, he states that the region does not have great anthropological importance because of the widespread “disintegration” of the Thonga caused by the emigration to the mines of the Union of South Africa. Ironically or not, that was precisely one of the subjects that Marvin Harris would become interested in, and write about, and it was also the issue that sparked the polemic debate with Rita-Ferreira.

In June 1956, Marvin Harris arrived in Mozambique, settling into a house in Lourenço Marques with his small family, at no. 23 Avenida 31 de Janeiro, the present-day Avenida Agostinho Neto. On the 24th of that month, he wrote to Rita-Ferreira, announcing his arrival and informing him of the preparations for his fieldwork. From the outset, Harris was quite cautious, as he knew it would be necessary to obtain the required permits from the Portuguese authorities in order to conduct his research. And so Harris waited – on the advice of the American consul in Mozambique – for an interview with Afonso Ivens-Ferraz de Freitas, administrator of Lourenço Marques. In this letter, Harris confesses: “I am very anxious that the government authorities understand the nature of my work and approve of it so that other ethnologists from the States will be welcome here after I leave. Thus I intend doing nothing until properly authorized”¹³

It is possible that Harris was aware of the possibility that his letter would be intercepted by the colonial authorities, which would explain why he showed respect for the rules that the political period demanded. Harris also disclosed to Rita-Ferreira some of his research goals, which were apparently related to more or less inoffensive or uncontroversial subjects in regard to the colonial situation. One of the topics that interested him was the study of the kinship system: “...What I want to do is to take up residence in a Ronga village for ten or eleven months and investigate the present-day condition of the kinship organization especially as this relates to the survival of extended families and clans...”¹⁴. We recall that many years later, in the chapter on British social anthropology (ch. 19) of his most well-known book (*The Rise of*

¹⁰ Idem.

¹¹ Idem.

¹² António Rita-Ferreira a Marvin Harris, January 7, 1956, PARF.

¹³ Marvin Harris to António Rita-Ferreira, Lourenço Marques June 24, 1956 PARF.

¹⁴ Idem.

Anthropological Theory), Harris would address issues of kinship among the Ronga¹⁵ based, above all, the avunculate (the role of the maternal uncle) elaborated by Henri-Alexandre Junod and Radcliffe-Brown. Next, Harris mentions a subject that would prove uncomfortable for the authorities: the economy. Once again, Harris expresses his desire to include this problem only if the context were appropriate: "...If the situation is appropriate, I should also like to study the economic aspects of the kinship system. Although one might object that Junod's work among the Tsonga is quite definitive on most ethnographic subjects, I think that precisely because such a fine start has been made in the South additional investigation will prove most rewarding..."¹⁶. In these attempts, we see the first indications of Harris' materialistic anxieties, as the primacy of infrastructures and the economy would become, as we know, one of the fundamental explanatory devices of his cultural materialism.

That first contact between the two is of a reciprocal cordiality. The tone of the exchange of letters is marked by codes of camaraderie between two colleagues who share similar interests. This spirit of reciprocal collaboration would continue – albeit with some minor tensions – until the end of Harris' stay. Disagreements between them did not emerge until much later, when Rita-Ferreira began to become aware of the articles denouncing Portuguese colonialism that Marvin Harris –now back in the United States – was publishing in international journals.

The fieldwork and the political situation

In the next letter from António Rita-Ferreira to Marvin Harris, a certain tension over the political situation was starting to become apparent, but it still did not affect the relationship between the two. We recall that Portugal's political police (PIDE - Polícia Internacional e de Defesa do Estado) had already been set up in Mozambique. Back in the mother country, the political environment was also one of agitation, and the Salazar dictatorship was keeping a watchful eye on possible opponents. The local members of this political police had been authorized, with the promulgation of Decree 39,749 of August 9, 1954, to act in Mozambique. In a letter dated July 13, 1956, Rita-Ferreira recommended that Harris contact three local figures. One of them, Doctor Vitor Hugo Velez Grilo, who was a medical officer with the local government interested in conducting research on physical and biological anthropology among the Africans in the region. However, this letter represents a shift from the unconcerned tone of the previous correspondence; in it, Rita-Ferreira gives two very clear political warnings to Harris:

- 1) "...In any case you must not mention my name, when speaking with administrator Freitas and other officials. I will explain some day to you the position..."
- 2) "Another important recommendation: you must avoid talking about the way the natives are treated in Mozambique..."¹⁷

The second warning given by Rita-Ferreira to Harris is particularly delicate. Under no circumstances was Harris to refer, in his fieldwork, to the working conditions of the *indígenas* of Mozambique. Rita-Ferreira then warns about the presence, in the territory of Mozambique, of a strong distrust of the presence

¹⁵ It is important to emphasize that the Ronga or Ba-Ronga (the prefix "ba", in the languages of Bantu origin indicates the plural) were a sub-division of the "tribe" that Henri-Alexandre Junod called the Thonga (or Tsonga). The Ronga or Ba-Ronga inhabited the area around Lourenço Marques and the Delagoa Bay region.

¹⁶ Idem.

¹⁷ António Rita-Ferreira to Marvin Harris, July 13, 1956, PARE.

of Americans: “Some Americans (notably John Gunther¹⁸) made recently very bad references to our system of native policy, and all Americans are under suspicion when they show too much interest on the natives”¹⁹. Once again, Rita-Ferreira insists: “For this reason, avoid CONTACT WITH OFFICIALS LIKE ADM. FREITAS...”²⁰ (sic).

The final sentence of this letter demonstrates the political environment of denunciation and suspicion that characterised Mozambique at this time. Rita-Ferreira’s recommendation is emphatic: Harris should burn the letter as soon as he had read it, as its content could cause problems for Rita-Ferreira. It is possible that the PIDE had been watching Marvin Harris’s movements since his arrival.

That warning, as we shall see, made Harris uncomfortable. Yet, Harris continued to share his research plans with Rita-Ferreira. He was considering conducting a study with Dr. Grilo, on the Djonga economy²¹ [“... in which we intend to measure work out-put and in-put in terms of calories ...”²²]. In his next letter to Rita-Ferreira, we can already see glimpses of the influence of the neoevolutionists, such as Leslie-White and above all, Julian Stewart, as well as the incipient cultural materialism that Harris would later develop in several of his books. He explained more about his theoretical preferences: “My own theoretical orientation is such that I do not consider it possible to understand the pre-literate world without constant reference to relationship between technology, ecology, and social organization”²³. This concern would also lead to a criticism of one of the most important ethnographies on the south of Mozambique: that conducted by Henri-Alexandre Junod on the Thonga. For Marvin Harris, this ethnography was too closely linked to an idealistic paradigm, and was therefore ignorant of material and ecological conditionings.

We recall, briefly, that the first version of Junod’s ethnography was published in 1898 under the title of *Les Ba-Ronga: étude ethnographique sur les indigènes de la Baie of Delagoa Bay*²⁴. Later, in 1912, a revised version in English included the “northern tribes” of the area of Transvaal. It was published in Neuchâtel under the title of *The Life of a South African Tribe*. In 1926-27, after gathering new material, a second revised and expanded edition was published, this time in London. Later, in 1936, came a new French edition, *Moeurs et Coutumes des Bantou* and, finally, in 1946, the first edition in Portuguese: *Usos e costumes dos Bantos. A vida duma tribo Sul Africana*, published by the Imprensa Nacional de Moçambique [Mozambique National Press] in Lourenço Marques. Although Junod (Henri-Alexandre) was also a missionary, his work was well received by the international anthropological community. His son and biographer Henri-Philippe Junod reports how his father’s work was celebrated by the “founder” of British social anthropology himself, Bronislaw Malinowski: “...without wishing to flatter,” said Malinowski “...this monumental work is the only work I have ever seen to cover all the manifestations of the life of a tribe...” (Junod, 1934: 70-71) Harris, without doubt, was aware that criticizing the work of Henri-Alexandre Junod also involved questioning the epistemological foundations of much of Africanist anthropology in the 1920s and 1930s.

18 In 1955, the journalist John Gunther published his book *Inside Africa*, the result of a trip to Africa. In some paragraphs, he criticizes the system of forced recruitment of African labor as a result of the 1928 labor code.

19 António Rita-Ferreira to Marvin Harris, idem.

20 The “Freitas” to which Rita-Ferreira refers is Afonso Ivens-Ferraz de Freitas, administrator of Lourenço Marques, who later directed the Service for the Centralization and Coordination of Information; Idem.

21 Djonga is one of six sub-groups that Henri-Alexandre Junod classified as being part of the Thonga “tribe” (the six sub-groups are Ronga, N’ualungo, Chêngua Lhangano, Bilhah, and Djonga). The latter three, in turn, comprise a set of clans, which Junod generally called the “Northern Clans”.

22 Marvin Harris to António Rita-Ferreira, August 5, 1956, PARE.

23 Idem.

24 This first version was published by the *Bulletin de la société neuchâteloise de géographie*, 1898, X.

Returning to the dialog between the two protagonists, Harris reveals, in the last two lines of his letter, a certain irritation with the warnings of his interlocutor over the “secrecy” that should be maintained over how the *indígenas* of Mozambique were treated: “I do not understand your great anxiety about the government’s attitude toward my research. Everybody goes out of his way to tell me how the natives are treated in Mozambique, so I can’t very well avoid the subject...”²⁵. This response, dated the beginning of August 1956, indicates an important change of direction on the part of Harris, who went on to explain his interest in conducting research on the living conditions of the African workers. This interest in the question of the situation of the *indígenas* coincides with the contact Harris had with another António: António de Figueiredo, a young man who had been involved in clandestine activities against the colonial regime and the Salazar dictatorship. The political affinity between the two was immediate, and, as I have already pointed out, Figueiredo and Harris would become firm friends.

Years later, in a newspaper article, António de Figueiredo himself would recall his encounter with Marvin Harris at Lourenço Marques:

My encounter with Marvin Harris represented a unique opportunity to mobilize the voices of protest overseas. One of the most intelligent men I have had the privilege to meet, the young professor Marvin Harris quickly became aware of the situation and the value of my appeal not to waste his time in a work of mere academic erudition (Figueiredo, 1978).

Contradicting his promises to the colonial authorities, and with the complicity of António de Figueiredo, who clandestinely exercised a fervent opposition to the regime, Marvin Harris became interested in the conditions of exploitation of the Africans governed by the *Estatuto dos Indígenas*. During his time in Mozambique, one of the actions that angered the authorities was when the American anthropologist moved to the premises of a sugar company in the Limpopo valley, and began to question the workers, to ascertain whether their labor contracts were “voluntary” or “forced”.

We recall that later on, Figueiredo, as the local representative of the anti-Salazarist movement led by General Humberto Delgado (in 1958, there were elections advocating his candidacy, which represented a great hope for the “democratic movement” in the overseas territories), would have had access to the famous report of Henrique Galvão on forced labor. The PIDE accused him of being the (co)author of Marvin Harris’s monograph *Portugal’s African Wards*, published by the *American Committee on Africa* in 1959. This was a pioneering text in terms of criticism against the *Indigenato* regime. Figueiredo was arrested in January 1959 and remained in solitary confinement for three months. He would also be accused of being a representative of Humberto Delgado in Mozambique, and of propagating the condemnations - initiated by Henrique Galvão in 1947 - of forced labor. Galvão would end up being sentenced to three years’ imprisonment in 1952; later, he took the path of exile (Thomaz, 2002).

However, at the end of 1956, António Rita-Ferreira was appointed head of the “Curatorship of Indigenous Affairs” maintained by the Portuguese government in South Africa to oversee the migration of Mozambican workers to that country (*Inspecção do Transvaal Oriental/ Curadoria dos indígenas portugueses na África do Sul*). He therefore moved to the Eastern Transvaal, to the small town of Sabie (in the present-day province of Mpumalanga). Taking advantage of the move required by his new post, he enrolled in the University of Pretoria to take a course in “Bantu Studies”. It was during this period that Rita-Ferreira received Harris’ visit, at his home in Sabie. But the situation became tense, as Harris brought with him undesired company: the “clandestine” activist António de Figueiredo.

²⁵ Idem.

The fact that Marvin Harris had been involved with António de Figueiredo was considered, by Rita-Ferreira, as a personal and political betrayal. From that moment on, the relationship between the two was strained. The visit of António de Figueiredo and Marvin Harris to Rita-Ferreira's house in Sabie marked a watershed in their relationship. After that meeting, Rita-Ferreira composed a letter to Marvin Harris, this time written in Portuguese²⁶. In it, there are still vestiges of cordiality between the two, as Rita-Ferreira lists a series of bibliographies and documents that would be useful for Harris' research. However, on referring to the visit of Harris together with António de Figueiredo, Rita-Ferreira spares no words in expressing his unease: "Unfortunately I believe the presence of Sr. Figueiredo ruined our last discussion. It was entirely impossible to converse like two intelligent beings, due to the irritating and pretentious presence of this gentleman. I ask you not to bring him with you any more, as I am not interested in talking to him. He annoys me"²⁷.

The figure of the anti-colonialist António de Figueiredo would again be the object of a subsequent exchanges of letters between Harris and Rita-Ferreira, in which Harris would defend his friend Figueiredo²⁸ and Rita-Ferreira would again attack him, this time with a certain degree of irony²⁹.

Marvin Harris stayed in Mozambique until March 1957. By the end of his time there, his relationship with the colonial authorities was beginning to become complicated. Due to his investigations into the working conditions of Africans, Harris received a warning from the Governor of the Province. Translated in the language of the time, the warning was nothing more than an "invitation" for Harris to leave the country. The unease over his presence in Lourenço Marques had grown to the extent that the Portuguese authorities were complaining to the American consulate; finally, Harris' research grant was suspended³⁰. Faced with these difficulties, Harris and his family abandoned Mozambique. The governor of the province of Mozambique at that time was Gabriel Mauricio Teixeira. Later, in a note on one of his essays on the colonial situation in Mozambique, Harris explained how and why he left Mozambique: "In March 1956 [sic], the then Governor-General Teixeira called me to his office and informed me that I had violated the hospitality that his government extended to me. He informed me that I had been asking questions which were none of my business and that if I persisted I would be asked to leave the country" (Harris, 1966, 157, Note 1). There is an obvious "error" in the date that appears in this note. This rebuke from the colonial authorities must have occurred in March 1957 and not March 1956 as stated, since Harris arrived in Mozambique in June 1956. In fact, the last letter addressed to him from Rita-Ferreira is dated March 19, 1957, Harris' last month in the country. Rita-Ferreira was still in Sabie, and possibly unaware that Harris would be returning to the

26 All translations from Portuguese to English are my own.

27 António Rita-Ferreira to Marvin Harris, 22 October 1956, PARF.

28 "...I was very surprised to learn that you were not pleased by Mr. Figueiredo. The pretentiousness which Antonio exhibits in conversation with those of superior education and experience is a defense which he employs to compensate for his own lack of formal education..." (Marvin Harris to António Rita-Ferreira, November 5, 1956, PARF).

29 "...As for Figueiredo, I know myself well enough to know that it is impossible for me (even making a considerable effort) to maintain social or intellectual relations with him. This is not an *avis rare*: I have known in Mozambique dozens of individuals like him, and my attitude is always one of repulsion. Perhaps [it is the] effects of the famous 'tropical deterioration' that makes me lose all patience..." The underlining in the letter is by Rita-Ferreira himself. António Rita-Ferreira to Marvin Harris, November 9, 1956, PARF.

30 In an article on the career of Eduardo Mondlane, Livio Sansone mentions, in a footnote, a testimony about Harris given by the administrator Afonso Ivens-Ferraz de Freitas: "...as [Harris] was inciting certain indigenous peoples not to assimilate, it was thought of inviting him to abandon the Province, but the American consul general anticipated this and stopped paying his monthly salary, which led him to leave..." (op. cit. Sansone, 2012: note 12, 111).

United States. In any case, we do not know whether this last letter, in fact, arrived in Harris' hands, since the epistolary "feedback" ends precisely on March 19. It could also be speculated that this letter was only a draft, which ended up remaining in the personal archive of António Rita-Ferreira. The last paragraph of this "draft" (or letter) demonstrates the continuity of Rita-Ferreira's cordial tone towards Marvin Harris: "I hope your research is progressing satisfactorily, and that the final book will be as good as the one you wrote about the Brazil. The book that you are going to publish I would like to have written myself. I have great confidence in and admiration for you..."³¹.

We should remember that the book "about Brazil" to which Rita-Ferreira refers in its letters was published by Harris in 1956, under the title *Town and Country in Brazil*. As regards Mozambique, António Rita-Ferreira did not suspect that the writings of Harris would take the direction of a fierce criticism of the *Indigenato* system. Whether knowingly or not, this would be the prelude to a fierce dispute that began in 1959. "Trust" and "admiration" were, then, overshadowed by an open and merciless intellectual debate.

The debate

Back in the United States, one year after his retreat from Mozambique, Harris published, in 1958, one of the most condemning essays against the Portuguese colonial regime of his time: "Portugal's African 'Wards'. A First-Hand Report on Labor and Education in Mozambique". The first version of this critique was published in the journal *Africa Today* published by the *American Committee on Africa*. Two years later, *Africa Today* published the essay in the form of a reprint. But Marvin Harris's onslaught was not limited to this work. At the beginning of 1959, he published in "Africa", *Journal of the International African Institute* (London), a critical analysis of the migration of Mozambican workers to the present-day South Africa, entitled: *Labor Emigration Among the Mozambique Thonga: Cultural and Political Factors*. Visiting Lisbon, Rita-Ferreira, by this time in charge of Administration in the District of Beira in central Mozambique, became aware of the article and was furious over its contents. On the eve of his return from Lisbon to Mozambique, he sent a letter to one of his superiors, requesting permission to stay one month in Lourenço Marques, as this would give him the tranquility to write a critical response to Marvin Harris's essay. It was, he claimed, an urgent matter, as Harris's article was jeopardizing "national prestige":

If you find my idea interesting and profitable, could you please communicate my intention to the General Governor in order for him to authorize me to spend a month in Lourenço Marques, in order to elaborate my criticism of Marvin Harris. To make matters worse, I am located in Beira, where I will probably have to follow the busy routine of that city, and I fear I will not have the time or tranquility to write, and above all, the resources I need... This issue is extremely important, because as far as I know, this is the first time in the history of Mozambique that a social scientist (not a mere journalist, such as John Gunther) has referred, in an international journal, to facts that greatly harm our national prestige, using official sources, partially gathered in the "Negócios Indigenas" [Indigenous Affairs] and other government offices. It seems to me that it would be disastrous not to respond ³².

³¹ António Rita-Ferreira to Marvin Harris, March 19, 1957, PARF. Another topic discussed in the letter, concerns an application for a job in the colonial administration that Rita-Ferreira had just carried out. His performance was evaluated very negatively. Rita-Ferreira attributed this result to the "official anger" against him: "As you must already know, I was very badly placed in the examination for administrator: no. 22! The official anger appears to have focused on me: not only did I get service information of "good" instead of "very good" as I hoped, but they also gave me a 12 (60%) for indigenous policies, and 14 (70%) for ethnography (the qualification was granted to me by an unfamiliar inspector Leite Pinheiro!). I have already made two complaints, but I have little hope that they will be answered...as you see, my dear Marvin, you have in Mozambique at least 21 lads who are worth more than me!..." (Idem.)

³² António Rita-Ferreira ao Insp. L. M. Pinto da Fonseca, Director of the Indigenous Affairs Services in Lourenço Marques, April 29, 1959, PARF.

In the article that sparked Rita-Ferreira's ire, Harris argued that due to the impositions of colonial policy, the Thonga of southern Mozambique had no option: or they were obliged to sell their labor, becoming salaried workers in the South African mines, or to sell it under precarious conditions, as salaried domestic workers in Mozambique. As a consequence of the oppression caused by this "double bind", the development of subsistence farming was completely undermined. In his reply, Rita-Ferreira criticized Harris' lack of ethnographic sensitivity, for having placed the Thonga and the Chopes under the same cultural identification. He also questioned why Harris had ignored the fundamental contributions of Henri-Alexandre Junod, especially as regards the importance of the obligations of kinship among the Bantu (what we might today call "reciprocity"). Among these obligations, the most important institution is the *lobolo*.

We should remember that the institution of *lobolo* is widely disseminated throughout southern Africa. Sometimes wrongly referred to as "bride price", it denotes property in cash or kind, which a future husband or head of his family undertakes to give to the head of a future wife's family on the occasion of his marriage. Historically, this property was in the form of cattle, but over time – as Rita-Ferreira argues – it became mostly cash. As Hilda Kuper states, although *lobolo* is generally translated as "bride price" "...it is clear that a woman is not regarded as a commodity by the people involved. On the contrary, she is a valued member of the community, and her past status and future security are symbolized in the transaction. By giving *lobolo*, her children are made legitimate and become entitled to the benefits of the father's lineage..." (Kuper, 1963: 23).

Thus, while in Harris' argument "no third choice existed" (1959: 60) for the populations of the South of Mozambique, for Rita-Ferreira, on the contrary, they strategically "chose" the better salaries that the work in the mines supposedly offered. Thus, Rita-Ferreira concluded that migrant work enabled a desirable integration into the modern economy and, in the long term, a higher standard of living (1960:147). But, above all, migratory work enabled family reproduction, through the payment in pounds sterling of the *lobolo* (formerly paid in cattle and hoes).

Rita-Ferreira's comments would be followed by a reply from Harris, in which he accuses Rita-Ferreira of not deciphering the main enigma: why did the 1899 labor code need to legislate on "forced labor" or "compulsory labor"? According to Harris, the supply of voluntary labor within Mozambique ended up being diverted to the South African mines ["My answer was, briefly, that the voluntary supply was being drained off by the mines"]. Faced with this shortage of internal labor, the Portuguese administration had to resort to "forced labor" (known as *xibalo*, or *chibalo*). In his article, Harris once again criticizes the work of Henri-Alexandre Junod, alleging that Junod was under an illusion, in attributing the preeminence of agricultural work to the Thonga women. Harris argues, in contraposition to Junod, that the "option" taken by these women for agricultural work was mainly due to the absence of male labor, which was being systematically drained to the mines of the Transvaal (Harris, 1960: 244)³³.

Harris' admonition related, therefore, to the imposition of the 1899 labor code. Rita-Ferreira would contest it in no uncertain terms:

There is no secret about the main reason for the passing of the 1899 labour code. Portugal was faced with a serious economic and financial crisis, lacking funds to develop its overseas dominions and confronted by international ambitions. On 30 August 1898 Germany and Great Britain signed a secret pact regarding the

33 To understand the consequences of the impact of the migrant work on the Thonga women - and also on the children of southern Mozambique – it is essential to consult the recent book by Jeanne Penvenne (2015). This relational and less "androcentric" aspect of the problem – albeit outside of the scope of this article – is, without doubt, fundamental for extending the interpretative horizons of the debate in the future.

division of the Portuguese colonies. António Enes, the main author of the code, summarized the situation thus: “Portugal needs, desperately needs, to develop immediately her African inheritance and its prosperity rests on its productivity”. But the native had for long been used to the much higher wages obtained in the Transvaal and Natal and when he decided to get a job to obtain money, he naturally preferred to go where he was better paid (Rita-Ferreira, 1961: 75).

At that time, there was an almost inevitable corollary: while, for Harris, the 1899 labor code was “disciplinary”, for Rita-Ferreira it was “civilizing”. However, in his subsequent and final work on the subject – *O movimento migratório de trabalhadores entre Moçambique e a África do Sul* (1963) – António Rita-Ferreira finally recognizes that the 1899 labor code “led to some abuses” (1963:155). The *xibalo* regulated by this law, whereby the settler requiring African workers could obtain them from the authorities for a period of six months, was vehemently resisted by the *indígenas*, who preferred to leave Mozambique to take up migratory work in the South African mines. The *xibalo* would later be prohibited by Decree 917 of December 7, 1906. However, it would continue in “dormant form”, as Rita-Ferreira states, for many years. On this point, Rita-Ferreira remains ambiguous: he prefers to minimize the consequences of the *xibalo* regulation in its first years of its application³⁴. But he also avoids focusing attention on the contradictions of the 1928 labor code and its supposed reform, with the new *Estatuto Indígena das Províncias de Guiné, Angola e Moçambique* of May 1954.

In the 1950s, when Marvin Harris arrived in Mozambique, forced labor was widespread, despite the good intentions of the laws. One of Harris’ pivotal criticisms relates to the fact that subsistence farming was seen as idleness. i.e. small-scale farm work was seen as a symptom of delay or backwardness, or as non-productive work. This “civilizing” view would have huge consequences for the lives of the Africans:

....approximately 400,000 Mozambique Africans were left with no choice but to seek employment as contract laborers in the mines and farms of the neighboring English-speaking territories. Approximately 100,000 *indígenas* from Southern Mozambique were caught by their administrators and puppet chieftains and were turned over to European enterprises to become *shibalos* (the African’s word for forced laborer). In the north, over 1,000,000 *indígenas* were subjected to the compulsory cotton-planting campaign, whereby African farmers were obliged to substitute cotton for subsistence crops for the benefit of monopolistic concessionaires who lost nothing if the cotton failed to grow, while the Africans starved by the thousands (Harris, 1966: 159)

During this period, the *xibalo*, besides being used in rural areas, began, directly or indirectly, to feed an incipient state capitalism in the urban areas, especially Lourenço Marques. Jeanne Penvenne, in her extensive investigation of oral history, gathered narratives on the *xibalo* in the 1950s. Often, it was synonymous with punishment or reprisals against any attempt at protest or strike. The insurgents were sent to the *xibalo*. Another feared punishment was the *palmatoria*: “... a flat paddle which had five or six holes in it that sucked in flesh so that each blow caused swelling and bleeding. The *palmatória* was used to terrorize, humiliate, and discipline Africans into self-surveillance (Penvenne, 1994:108). Sometimes the *palmatória* was more feared than the *xibalo*, because the humiliation and pain lasted longer.

Harris’ efforts led to the inauguration of a series of other works that, in the 1960s, were extremely critical towards the situation in Mozambique at that time, in particular the work of James Duffy (1963)

34 Besides the “opening of some roads” and the “construction of small buildings”, Rita-Ferreira does not identify a “mass” search for labor through this system. He also attributes this weak demand to the fact that agriculture was “embryonic” and industry, “nonexistent”.

and, especially, the pioneering work of Perry Anderson. “The most notorious aspect of the Portuguese colonization in Africa”, announced Anderson at the beginning of his book published in 1966, “is the systematic use of forced labor” (Anderson, 1966:41). It was precisely this systematic characteristic of exploitation of labor that led Perry Anderson to coin the term *ultracolonialism* to describe and explain Portuguese colonialism. This means that it is the “...modality that is simultaneously the most extreme and the most primitive of colonialism” (1966:55). Anderson classifies the work in the Portuguese colonies in four categories, all of which are variants of forced labor: 1) correctional labor; 2) compulsory labor; 3) contract work; 4) voluntary labor. It is worth emphasizing that the 1928 Labor Code only considered compulsory labor as forced labor, i.e. work done for public purposes. Article 293 states: “compulsory, forced or compelled labor is understood as everything that an *indígena* is coerced into providing, by the threat or violence of those who impose it on them, or by simple demand from the public authorities”. Harris differs from the two authors referred to above - James Duffy and Perry Anderson - in his pioneerism. In an era when anthropologists and anthropology were accused of complicity with the colonial regimes in Africa, Harris’ work was an *in situ* criticism of the *Indigenato* Regime.

In 1928, faced with growing international criticism, Portugal established a new Labor Code for the *indígenas* that supposedly did away with forced labor, except for the purposes of penal correction and necessary public works. However, in addition to the laws and regulations, the *xibalo* was perpetuated through private labor recruiters. According to Jeanne Penvenne, one of the last public buildings to be built in Lourenço Marques using forced labor and work done by prisoners (“correctional labor”) was the Cathedral, inaugurated in 1944. In her 1977 enquiry, Penvenne identified a strong resentment towards the Portuguese, among the former workers who had participated in the construction of this building: “The construction of the Sé cathedral evoked particularly bitter memories. Nearly thirty years after the Sé’s construction, the lines on men’s faces hardened and anger flashed in their eyes when they recalled the brutal and humiliating conditions experienced by the men and women who built the cathedral” (Penvenne, 1994: 137).

The words of Penvenne only serve to reinforce those of Harris. The migratory “option” was, as we have seen, a way of escaping the *xibalo*. Meanwhile, to the north of the Zambezi River, the work was organized through forced cotton growing. In this “modern” slavery, says Harris, the role of the medieval lord was exercised by twelve private Portuguese companies, which received monopolistic concessions on the cotton production in vast areas of Mozambique (Harris, 1958:30).

Back in the United States, Marvin Harris continued to criticize the Portuguese regime in Africa. At the beginning of 1960, the “other” António - the anti-colonial activist António de Figueiredo - was living in exile in London. From there, he maintained an intense exchange of letters with anti-colonialist intellectuals all over the world, among them Marvin Harris himself. In November 1965, Harris sent him a letter advising greater proximity and solidarity with the cause of FRELIMO (Mozambique Liberation Front) and with its president, Eduardo Mondlane, who was to visit London to enlist support for the cause of independence³⁵. António de Figueiredo had received no academic training in the social sciences. However, his occasional activities as a journalist, and his writings on the situation of the Portuguese colonies, attracted the attention of important historians and political analysts of the African situation, including the above-mentioned James Duffy, and Basil Davidson. At the beginning of 1966, Figueiredo received a proposal

35 Letter from Marvin Harris to António de Figueiredo, New York, November 17, 1965, “António de Figueiredo” Papers, Centro de Documentação 25 de Abril, University of Coimbra.

from Amnesty International to create a Centre for Luso-Brazilian Studies in London. To collaborate with the Centre, Figueiredo invited the historians and political scientist Ronald H. Chilcote, James Duffy, and Marvin Harris. “There is not, in the whole of Britain,” wrote Figueiredo to his friend, “any scholar with anything like your knowledge of Portuguese colonialism”³⁶.

Finally, and in addition to the criticisms of Marvin Harris, we cannot underestimate the pioneering work of Henri-Alexandre Junod in contributing to an understanding of the experience of the Mozambican workers in the South African mines. In his important work on the migration of workers from Mozambique to South Africa, the historian Patrick Harries does not hesitate in describing Henri-Alexandre Junod as “The writer who probably knew more than any other about the lives of Mozambican migrant workers” (1994: XI). However, in his historiographic contextualization, Harries places the work of Marvin Harris next to that of James Duffy, which he classifies as belonging to the literature of the “antislavery” genre. Patrick Harries recognizes, however, that this literature, despite all its critical efforts, depicts the “Africans” almost as anonymous figures that are “acted upon” “...innocent victims of employers and colonial officials”. Here we see a necessary paradigm shift to which Patrick Harries invites us:

“In this way, the literary heritage passed on to a new generation of writers and readers reinforced an old picture, as African workers remained passive and depersonalized objects of history rather than subjects capable of assuming command of their destiny. This image was to maintain a tenacious grip on the history of labour in Southern Africa” (1994: XIII).

The debate between Marvin Harris and António Rita-Ferreira is, without doubt, a dated one. However, it is a controversy that reveals a series of local, regional and global tensions that produced substantial reforms in the colonial territory. In September 1961, the *Estatuto dos Indígenas* was abolished. And with it, at least on paper, all the inhabitants of Mozambique, Angola and Guinea were considered Portuguese citizens. But in reality, little had changed. The “new” citizens were obliged to carry identity cards that stated their former condition as *indígenas*, and forced labor, although deprived of its legal justification, would continue in “indistinct” forms at least until 1965 (Cahen, 2016). However, the Indigenous Labor Code would finally give way to the Rural Labor Code, promulgated in April 1962.

Was cultural materialism born in Mozambique?

In the history of anthropological thought, Marvin Harris is part of a more or less consecrated ancestral pantheon. While Claude Lévi-Strauss appears in the manuals of the discipline as the founder of structuralism, or Clifford Geertz, of interpretativism, Marvin Harris is credited as the founder of cultural materialism. In various passages of his works, Harris gives some definitions of cultural materialism. These definitions do not always assume the same nuances. In the preface to his book *Cultural Materialism: The struggle for a science of Culture*, Harris defines cultural materialism as an effective strategy that he found “...to understand the causes of differences and similarities among societies and cultures. It is based on the simple premise that human social life is the response to the practical problems of earthly existence” (1979:IX).

³⁶ Letter from António de Figueiredo to Marvin Harris, London, May 17, 1966, “António de Figueiredo” Papers, Centro de Documentação 25 de Abril, University of Coimbra.

Throughout his work, Harris looked for support in the writings of the linguist Kenneth Pike, in order to distinguish the “emic” and “etic” modes (derived from the distinction between “phonemic”/“phonetics”) of human behavior. It is not our place here to understand the different heuristic uses of this distinction. But for the time being - and risking over-simplification - we could say that one of these distinctions corresponds to the mental dimensions (emic) of behavior, while the other corresponds to the objective dimensions (etic). Another way of understanding the opposition is to identify one of the poles (emic) with the approaches that emphasize the perspective of the “native”, while the other pole (etic) is situated from the perspective of the “observer” or analyst.

In one of his most recent books, Marvin Harris states that “... the materialism of cultural materialism is concerned with the locus of causality in sociocultural systems and not with the ontological question of whether the essence of being is idea (spirit) or matter” (Harris, 1999: 141). Although the latter years of Harris’ life showed a little more flexibility to assign the same importance to both the “etic” and “emic” dimensions of social life, his critics claim that he was merely a vulgar materialist, a determinist Marxist, and at worst, an empiricist and neoevolucionist. It is not within the scope of this article to reproduce these interminable debates, but rather, to investigate the possible connections of meaning between the ideals of cultural materialism as an explanatory strategy, and the political and anthropological concerns that Harris expressed in Mozambique. Was Mozambique the empirical laboratory of cultural materialism?

We must accept that Marvin Harris was interested, from the outset, in the “etic” aspects of production and reproduction, “as constituted by a conjunction of demographic economic, technological and environmental variables...” (1999: 141). We remember that in one of his letters to Rita-Ferreira, dated 1956, Harris explained his theoretical choice based on concerns related to “technology”, “ecology”, and “social organization”. In that letter, criticizing the “idealistic” (emic) bias of Junod’s work, Harris explained his intention to return to the evolutionist legacy in “multilinear”, “functional”, and “ecological” terms: “Junod’s pre-occupation with the ideological, and ‘ideal’ patterns leaves much to be desired from the point of view of those who have been influenced by contemporary attempts to revive 19th Century evolutionary theory along multilinear, functional, and ecological lines”³⁷. These theoretical and empirical options were consistent with the great admiration that Harris showed, in particular, for the work of Julian Steward. We recall that Steward was a professor of anthropology at the Columbia University, where Harris had studied from 1946 to 1952.

Obviously, when Harris set foot in Mozambique in 1956, his theoretical ideas had not yet matured. Nevertheless, we can affirm that his cultural materialism is due to his Mozambican field experience. The “indications” shown in the exchange of letters with António Rita-Ferreira permit us to believe that this connection makes sense. In fact, in a journalistic text, with an almost hagiographical tone - his great friend and interlocutor, António de Figueiredo, left this intuition open when, in a tribute to Harris, he gave to his article published in the magazine *New African*, in October 2003, the title of “Cultural materialism, born in Africa”. Besides the phrases of effect and laudatory biographies, the connection between cultural materialism and his fieldwork in Mozambique deserves to be taken seriously. As Verena Stolcke (apud. Montserrat, 2008) states, “*En toda teoría hay algo de biografía*” [Every theory contains a measure of biography]. In the case of Marvin Harris, this maxim is fully applicable. Thus, his theoretical preoccupation derive from his ethnographical and political experience.

When Harris returned to Columbia after his fieldwork in Mozambique, he turned his attention to writing a voluminous history of anthropological theory. As one of his first students, Mario Bick, reminds us, Harris’

37 Marvin Harris to António Rita-Ferreira, August 5, 1956, PARE.

seminars on anthropological theory would result in the book *The Rise of Anthropological Theory. A History of Theories of Culture*, first published in 1968³⁸.

A student who was even closer to Marvin Harris, David Price, was the organizer of Harris' files at the *Smithsonian Institution* in Washington. When, in October 2014, I informed Price of my interest in the anthropological and political consequences of the debate between Marvin Harris and António Rita-Ferreira, I received from him this encouraging response:

I'm so glad to learn that you are working on Marvin's relationship with António Rita-Ferreira [...] I was very close to Marvin from the mid-1980s (when I moved to Florida to work with Marvin on my dissertation research) until his death. I was his research assistant for four years and learned a lot about the writing process and honed theoretical skills working with him, and he became a close friend; I helped Marvin and Madeline Harris' daughter Susan work with the Smithsonian to establish a good home for his papers [...] I wish I had more direct information on António Rita-Ferreira, but I only have pretty limited knowledge about him, though I know he and Marvin were friends; I do know bits and pieces about the deep impact of Marvin's time in Mozambique in forming many of Marvin's political and even theoretical views that shaped his anthropology and activism later in life³⁹.

These words of David Price invite us to relocate the period in which Marvin Harris was in Mozambique within a broader context of the intellectual and political history of anthropology of the time. Harris even commented to his student on the importance of the research in Mozambique for the formulation of one of the main heuristic devices of cultural materialism: the emic/etic distinction. To a large extent, the fieldwork experiences in Mozambique would have acted as a kind of empirical incubator of cultural materialism. Or, as a Price reminds us: "Marvin Harris once told me that his 1956-57 fieldwork experiences in Mozambique were instrumental in developing his interest in the theoretical distinctions between what were later referred to as emic and etic components of cultural life..." (Price, 2002: 16).

The fieldwork in Mozambique was also important for his elaboration of a criticism of the preferred ideology of the regime: lusotropicalism. Elaborated by Gilberto Freyre, lusotropicalism became, from the 1950s on, the omnipresent language in the discourses of the proponents of the Portuguese overseas territories. For these spokespersons, it was necessary to show that "the world that Portugal created" was different: Portugal, they claimed, was a miscegenating, assimilating country and a promoter of "racial" and cultural hybridisms. Consequently, according to this vision, its colonies would be simply Overseas Provinces, something like "spiritual" extensions of the mother country. The much vaunted assimilation of the *indígenas* implied not only an operation of legal change but, above all, a long process of spiritual incorporation of the *indígenas* into Portuguese values. Two models of colonization were, therefore, at stake: the British through *Indirect Rule*, which promoted the so-called "separate development", and the Portuguese through the tutelage exercised by the *Indigenato* regime, but which glimpsed, on far horizon – a very far-off horizon, certainly – "assimilation" (Fry, 2000).

The debate between Harris and Rita-Ferreira condensed a series of significant anthropological and political tensions. In his last book, Harris would return to the Mozambican experience, this time to argue that "[W]hat we choose to study or not in the name of anthropology is a political-moral decision" (1999:59). This is a difficult option, Harris admits. Against accusations of contaminating scientific objectivity with the subjectivism of

³⁸ Personal Communication, Mario Bick, August 2015.

³⁹ Email from David Price, October 2, 2014.

political choices, he defends himself thus: "...my findings about the colonial system (the *Indigenato*) were objective and hence scientific" (1999:60). To put it in the terms of cultural materialism: contradicting the "emic" belief in the lusotropicalist Paradise, Harris reveals the "etic" fact of exploitation of forced labor and the *Indigenato*.

When, in March 1957, Marvin Harris, with his wife and his daughter were forced to leave Mozambique at short notice, they did not have time to take with him the material that he had gathered over eight months. The Ford Foundation offered to act as intermediary with the American consulate, so that the boxes of documents could be shipped to New York. When, months later, his field notes and documents arrived in the United States. Harris was astonished to discover that his material had been inspected and, in some cases, destroyed (Price, 2002:16). It is possible that the hand of the PIDE was behind this loss.

Harris' time in Mozambique left marks of suspicion and mistrust. We must remember, however, that his arrival in the field occurred at a time when relations between the United States and Portugal were still cordial. This relationship would change soon afterwards with the decolonization policies promoted during the Kennedy/Johnson period. The break mainly occurred with the attempted coup of General Botelho Moniz⁴⁰, in April 1961, supported by the CIA. It seems that from that date on, the PIDE kept its eye on all American agents, and forwarded practically no information to the CIA⁴¹. The pressure of the Council of the United Nations on Portugal to promote the decolonisation would increase. This was the time of the famous phrase of Salazar; "proudly alone", which would cover, in fact, the increasing fragility and political isolation of Portugal. However, a year before that break, another anthropologist from the Columbia University visited Mozambique: Charles Wagley⁴².

Wagley's journey to the Overseas Provinces of Portugal is a sub-chapter of the effects caused by the 'Marvin Harris *affaire*'. The colonial administration believed it was necessary to calm the situation. The storm caused by Harris mobilized, respectively, the concerns of important figures in Portuguese anthropology and overseas policy: Jorge Dias and Adriano Moreira. Attempting to reverse the negative criticism that Harris had left in the international community, anthropologist Jorge Dias invited Charles Wagley, in 1960, to make a trip throughout the "Overseas Provinces" (the journey started in Mozambique and ended in Guinea Bissau). Following the trails of the lusotropicalist ideology, Jorge Dias hope that after this trip, Charles Wagley would take a favorable attitude in regard to the Portuguese presence in Africa and, from that moment, would support the creation of higher studies in "Portuguese Africa". The journey was supported by the Minister of the Portuguese Overseas Territories, Adriano Moreira, and was an attempt to promote academic exchange between the Instituto Superior de Estudos Ultramarinos (ISEU) of Lisbon and the Columbia University. Adriano Moreira's goal in supporting the journey of Charles Wagley and Jorge Dias also had the aim of raising funds though the Ford Foundation to underwrite university studies in Angola and Mozambique. From the point of view of the Portuguese, the journey was a failure both in political and academic terms. Wagley was not deceived by his host, Jorge Dias, and far less by the mentor of the trip, Adriano Moreira. Ironically, in 1963, the Ford Foundation would eventually end up supporting the Instituto Moçambicano the training institution set up in of Dar es Salam, in Tanzania by the Mozambique Liberation Front (Frente de Libertação de Moçambique - FRELIMO)⁴³.

40 The General Botelho Moniz was the Minister of National Defense. However, along with other conspirators, he undertook an attempted coup against Salazar. The coup - which was supported by President John F. Kennedy - ended in failure.

41 I thank Michel Cahen for bringing my attention to these political circumstances.

42 Let us remember that Charles Wagley and Marvin Harris were friends. They had met at the Columbia University and the friendship between them lasted until Wagley's death. Harris' last book, *Theories of Culture in Postmodern Times*, was dedicated to Charles and Cecilia Wagley. Cecilia was Brazilian.

43 The negotiations between the Kennedy administration and Eduardo Mondlane, which preceded the support of Ford Foundation to FRELIMO are described, with detail, in the book by José Manuel Duarte de Jesus (2010).

Final Words

At least during the ten years that followed his field research in Mozambique, Harris continued to sympathize with the Mozambicans separatists in exile. As shown in a recent paper by Livio Sansone (2012), his friendship with Eduardo Mondlane would continue until 1969, when in February of that year the President of the FRELIMO was killed by a letter bomb at his office in Tanzania.

In 1975, Mozambique gained independence from Portugal. At that time, Marvin Harris, still at the Columbia University, would reach the height of his intellectual life. In the following year, he acted as protagonist in a key debate in the history of anthropology. This time, the target of his criticism would be Claude Lévi-Strauss: the war between the “materialists” and the “mentalists” had been declared⁴⁴.

But what would happen to António Rita-Ferreira, Harris’ “friend”, when colonialism became history? Curiously, with the independence of Mozambique, the members of the FRELIMO responsible for university studies made an agreement with Rita-Ferreira. Fernando Ganhão, principal of the Universidade Eduardo Mondlane, awarded him a contract until 1977 to teach about the history and ethnology of the “peoples” of Mozambique. Among his young students were Blacks, “Mistos” and Whites (the latter, the descendants of the former settlers, willing to “remain” Mozambican and unswervingly follow the FRELIMO cause). However, an incident prevented Rita-Ferreira from continuing to honor his contract: a group of students rebelled against the content of what they saw as “immobilizing” and “reactionary” anthropology. Irritated by the young insurgents, Rita-Ferreira abandoned his post, and a short time later, moved definitively to Portugal⁴⁵. We should remember that in 1977, at its III Congress, FRELIMO ceased to be merely a “Liberation Front” and became a “Marxist-leninist” party. These changes also had an impact on the newly created Center for African Studies of the Universidade Eduardo Mondlane. In those days research focused on the study of regional economy, African peasants, miners and the “Worker-Peasant Alliance” rather than “cultural” or “linguistic” issues (Geffray, 1988). To end, a final corollary is given by way of warning. If the debate between Marvin Harris and Rita-Ferreira has remained insignificant, a modest footnote of the history of anthropological thought⁴⁶, one might ask why I chose it as the subject of this paper. The effort to abolish this invisibility has a synchronic counterpart that goes beyond mere voyeuristic curiosity for the past, this “exotic country”, in the words of Stocking Jr. (2001). I would argue, however, that this is not merely an exercise of delayed exhumation. The point of our undertaking is rooted in another *locus*: where

44 In 1972 Claude Lévi-Strauss gave a conference in English in Barnard College of the Columbia University, entitled “Structuralism and ecology” (published later in French, in Chapter 7 of *Le Regard Éloigné*, 1983). Marvin Harris did not attend the conference of his colleague, but took note of its content and responded with a virulent criticism, published in the important journal *L’Homme*, in 1976, under the title “Lévi-Strauss et la palourde. Réponse à la Conférence Gildersleeve 1972 (*L’Homme*, vol. 16, no. 2-3, pp. 5-22). Lévi-Strauss in turn, responded with an article entitled “Structuralism and empiricism,” also published in chapter 8 of *Le Regard Éloigné*

45 In the long conversation which I had with António Rita-Ferreira in 2012, this incident was reported with some details. Rita-Ferreira commented me that, having decided to leave his post, he talked with Fernando Ganhão, who was very sympathetic. Despite the uncompromising decision of Rita-Ferreira, Fernando Ganhão continued to pay what was stipulated in the contract. It is also worth emphasizing that Rita-Ferreira had a good relationship with Aquino de Bragança, an important intellectual figure of FRELIMO. In 1977, Aquino de Bragança created, with the collaboration of Ruth First, the center of African Studies of the Eduardo Mondlane University.

46 Curiously, in the volume organized by Lawrence A. Kuznar and Stephen K. Sanderson (2007) in a tribute to Marvin Harris and his legacy, his field research in Mozambique is mentioned only in the appendix. More specifically, this mention appears in two paragraphs of the obituary written by Maxine L. Margolis and Conrad Phillip Kottak, which was originally published in the *American Anthropologist* in 2003, and was republished in an appendix to the same work in 2007.

the study of these minimal histories of anthropology lend our ethnographic inquiries new perspectives and approaches. This time, through the Marvin Harris/Rita-Ferreira debate, the search assumes a form that is more extended in time than in space, demanding for a “thick” political description of the places where we still conduct fieldwork.

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Bibliography

NOTE: During February and March 2012, I had lengthy conversations with António Rita-Ferreira at his home in Bicesse, a suburb of Lisbon. At the end of my stay in Portugal, Rita-Ferreira generously allowed me to photocopy some of his personal letters. He died on April 20, 2014, at the age of 92. In 2016, at the time of publication of this article, all Rita-Ferreira’s personal documents and papers are being organized by his son Felipe Rita-Ferreira. These documents are gradually being digitized at the “Arquivo & Biblioteca da Fundação Mário Soares” in Portugal. We hope that in the near future, all of Rita-Ferreiras’ papers will be available to researchers.

Manuscript Sources

Letter, António Rita-Ferreira to Marvin Harris, Homoíne (Inhambane), October 2, 1955. Personal Archive of António Rita-Ferreira: PARF (henceforth I shall use this abbreviation to refer this Personal Archive).

Letter, Marvin Harris to António Rita-Ferreira, New York, December 1^o, 1955, PARF.

Letter, António Rita-Ferreira to Marvin Harris, Homoíne (Inhambane), January 7, 1956, PARF.

Letter, Marvin Harris to António Rita-Ferreira, Lourenço Marques, June 24, 1956, PARF.

Letter, António Rita-Ferreira to Marvin Harris, Sabie (Union of South Africa), July 13, 1956, PARF.

Letter, Marvin Harris to António Rita-Ferreira, Lourenço Marques, August 5, 1956, PARF.

Letter, António Rita-Ferreira to Marvin Harris, Sabie (East Transvaal), August 27, 1956, PARF.

Letter, António Rita-Ferreira to Marvin Harris, Sabie (East Transvaal), October 22, 1956, PARF.

Letter, Marvin Harris to António Rita-Ferreira, Lourenço Marques, November 5, 1956, PARF.

Letter, António Rita-Ferreira to Marvin Harris, Sabie (East Transvaal), November 9, 1956, PARF.

Letter, António Rita-Ferreira to Marvin Harris, Sabie (East Transvaal), March 19, 1957, PARF.

Letter, António Rita-Ferreira to Inspector. L. M. Pinto da Fonseca, Director of the Indigenous Affairs Services in Lourenço Marques [Director dos Serviços dos Negócios Indígenas em Lourenço Marques], Lisbon, April 29, 1959, PARF.

Letter, Marvin Harris to António de Figueiredo, New York, November 17, 1965. Papers “António de Figueiredo”, Centro de Documentação 25 de abril, Universidade de Coimbra.

Letter, António de Figueiredo to Marvin Harris, London, May 17, 1966. Papers “António de Figueiredo”, Centro de Documentação 25 de abril, Universidade de Coimbra.

Published Works

- ANDERSON, Perry. 1966. *Portugal e o fim do ultracolonialismo*. Rio de Janeiro: Editora Civilização Brasileira.
- CAHEN, Michel. 2016. "Seis teses sobre o trabalho forçado no Império português continental em África", *Revista África*, forthcoming.
- DUARTE DE JESUS, José Manuel. 2010. *Eduardo Mondlane. Um homem a abater*. Lisboa: Almedina.
- DUFFY, James. 1963. *Portugal in Africa*. Maryland: Penguin Books.
- FIGUEIREDO, António de. 1978. "Marvin Harris, 'ex-inimigo' de Portugal". *Diario de Noticias*. Portugal, 2 de agosto.
- . 2003. "Cultural materialism, born in Africa". *New African*, 422: 24.
- FRY, Peter. 2000. "Cultures of difference. The aftermath of Portuguese and British colonial policies in southern Africa". *Social Anthropology*, 8(2): 117-143.
- GEFFRAY, Christian. 1988. "Fragments d'un discours du pouvoir (1975-1985): du bon usage d'une méconnaissance scientifique". *Politique Africaine*, 29 : 71-85.
- HARRIES, Patrick. 1994. *Work, culture, and identity. Migrant laborers in Mozambique and South Africa, c. 1860-1910*. London: James Currey/Johannesburg: Witwatersrand University Press.
- HARRIS, Marvin. 1956. *Town and country in Brazil*. New York: Columbia University Press.
- . 1958. "Portugal's African 'wards'. A first-hand report on labor and education in Moçambique". *África Today*, V(5): 3-36.
- . 1959. "Labour emigration among the Moçambique Thonga: cultural and political factors". *Africa. Journal of the International African Institute*, XXIX(1): 50-66.
- . 1960. "Labour emigration among the Moçambique Thonga: a reply to Sr. Rita-Ferreira". *Africa. Journal of the International African Institute*, XXX(3): 243-245.
- . 1964. *Patterns of race in the Americas*. New York: Walker and Company.
- . 1966. "Raça, conflito e reforma em Moçambique". *Política Externa Independente*, 3: 8-39.
- . 1968. *The rise of anthropological theory. A history of theories of culture*. New York: Crowell.
- . 1972. "Portugal's contribution to the underdevelopment of Africa and Brazil". In: Ronald H. Chilcote (org.), *Protest and resistance in Angola and Brazil*. Berkeley: University of California Press. pp. 209-223.
- . 1979. *Cultural materialism: the struggle for a science of culture*. New York: Random House.
- . 1999. *Theories of cultures in postmodern times*. Walnut Creek/London/ New Delhi: Altamira Press.
- JUNOD, Henri-Philippe. 1934. *Henri A. Junod. Missionnaire et savant*. Lausanne: Mission Suisse dans L'Afrique du Sud.
- KUPER, Hilda. 1963. *The Swazi. A South African kingdom*. New York: Holt, Rinehart and Winston.
- KUZNAR, Lawrence A. & SANDERSON, Stephen K. (orgs.). 2007. *Studying societies and cultures. Marvin Harris's cultural materialism and its legacy*. Boulder and London: Paradigm Publishers.
- MARGOLIS, Maxine L. & KOTTAK, Conrad Phillip. 2003. "Marvin Harris (1927-2001)". *American Anthropologist*, 5(3): 685-688.
- MONTERRAT, Clua et ali. 2008. "En toda teoría hay algo de biografía'. Entrevista a Verena Stolcke". *Periferia. Revista de Recerca i Investigació en Antropologia*, 9: 1-29.
- PENVENNE, Jeanne. 1994. *African workers and colonial racism. Mozambican strategies and struggles in Lourenço Marques, 1877-1962*. Johannesburg: Witwatersrand University Press/ London: James Currey. p. 229.
- . 2015. *Women, migration and the cashew economy of Southern Mozambique, 1945-1974*. Oxford: James Currey.

- PRICE, David. 2002. "Interlopers and invited guest. On anthropology's witting and unwitting links to intelligences agencies". *Anthropology Today*, 18(6): 16-21.
- RITA-FERREIRA, Antonio. 1960. "Labour emigration among the Moçambique Thonga. Comments on a study by Marvin Harris". *Africa. Journal of the International African Institute*, XXX(2): 141-151.
- . 1961. "Labour emigration among the Moçambique Thonga. Comments on Marvin Harris's reply". *Africa. Journal of the International African Institute*, XXXI(1): 75-77.
- . 1963. *O movimento migratório de trabalhadores entre Moçambique e a África do Sul*. Lisboa: Junta de Investigações do Ultramar, Centro de Estudos Políticos e Sociais.
- SANSONE, Livio. 2012. "Eduardo Mondlane e as ciências sociais". In: Wilson Trajano Filho (org.), *Travessias antropológicas. Estudos em contextos africanos*. Brasília: ABA Publicações. pp. 93-125.
- SANTOS, Maciel. 2010. "António Rita-Ferreira: 'Salazar sempre quis fazer uma colonização barata'", entrevista. *Africana Studia*, 15: 11-131.
- STOCKING, George W. Jr. 2001. "Books unwritten, turning point unmarked. Notes for an anti-history of anthropology". *Delimiting anthropology. Occasional inquires and reflections*. Madison: The University of Wisconsin Press. pp. 330-351.
- THOMAZ, Omar Ribeiro. 2002. *Ecos do Atlântico Sul. Representações sobre o terceiro império português*. Rio de Janeiro: Editora UFRJ.

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Science, stigmatisation and afro-pessimism in the South African debate on AIDS¹

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Summary

This paper examines how certain assumptions concerning sexual behaviour, race and nationality emerge at the core of explanations regarding the origin of HIV. In particular, it returns to discussions of the so-called “AIDS debate” in South Africa in the 2000s. On the one hand, it focuses on how these assumptions reinforce the understanding of AIDS as stigma and “social problem”, to the extent that they emphasise the existence of geographical areas and “risk groups”. On the other, these same assumptions are examined in the light of processes of identification and belonging, given that in the majority of reports, both academic and popular, “Africans” and “Africa” are inexorably understood in pessimistic terms. The purpose is to show how certain aspects of the South African debate refer to the way the global history of AIDS has been constructed over the past three decades. An exhaustive historiographical reconstruction is not attempted here, rather by returning to some works on the genesis of the epidemic, the paper highlights the individual and collective stigmatisation related to the public health discourse on AIDS, particularly such notions as “risk”, “exposure” and “vulnerability”. The proposal is such notions are strongly informed by a moral sense that traverses the dominant cognitive model in the approaches to the global epidemic and the AIDS debate in South Africa. The last part of the article focuses on the tensions that emerge between the explanations of experts from the field of public health and the contributions of social scientists, particularly anthropologists, frequently questioned for their alleged cultural relativism.

Keywords: HIV/AIDS in South Africa, Scientific controversies, HIV/AIDS and anthropology

¹ The first part of the article is based on the communication *Questões preliminares para uma etnografia da controvérsia científica sobre a origem da AIDS* [Preliminary questions for an ethnography of the scientific controversy concerning the origin of AIDS], presented by Working Group 44: Ethnographic translations: Anthropology and Science, at the VIII Mercosur Anthropology Meeting (2009). The work corresponds to a modified version of the third chapter of my doctoral thesis, entitled *Ciência, justiça e cultura na controvérsia sul-africana sobre as causas e tratamentos da AIDS* [Science, justice and culture in the South African controversy on the causes and treatments of AIDS] (PPGAS/Museu Nacional/UFRJ, 2013). I am grateful to the editor Peter Fry and two anonymous reviewers for their valuable suggestions.

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Resumo

Este trabalho examina como certos pressupostos sobre comportamento sexual, raça e nacionalidade surgem no âmbito das explicações e contra-explicações acerca da origem do HIV. Ele retoma, em particular, algumas discussões e dados etnográficos do que ficou conhecido como o “debate da AIDS”, ocorrido na África do Sul na década de 2000. O artigo enfoca, por um lado, o modo como esses pressupostos produzem e reforçam a compreensão da AIDS como estigma, desvio e problema social, uma vez que enfatizam a existência de áreas geográficas e grupos de risco. Por outro, esses mesmos pressupostos são examinados à luz de processos de identificação, pertencimento e formas de espacialização, à medida que na maior parte dos relatos, tanto acadêmicos como populares, “africanos” e “África” são compreendidos implacavelmente em termos pessimistas.

O objetivo é mostrar como alguns traços do debate sul-africano remetem ao modo como a história global da AIDS foi construída nas últimas três décadas. Não é feita aqui uma reconstrução historiográfica exaustiva, mas, ao retomar algumas pesquisas sobre a gênese da epidemia, chama-se a atenção para a estigmatização individual e coletiva atreladas à produção do discurso da saúde pública sobre a AIDS, especialmente a partir de noções como “risco”, “exposição” e “vulnerabilidade”. Propõe-se que tais noções se acham fortemente embasadas num senso moral que atravessa o modelo cognitivo dominante nas abordagens da epidemia global e do debate da AIDS na África do Sul. A última parte do trabalho foca nas tensões que surgem entre as explicações de especialistas do campo da epidemiologia e da saúde pública e as preocupações dos cientistas sociais, especialmente os antropólogos, amiúde questionados pelo seu alegado relativismo cultural.

Palavras-chave: HIV/AIDS na África do Sul, Controvérsias científicas, HIV/AIDS e antropologia

Science, stigmatisation and afro-pessimism in the South African debate on AIDS

Guillermo Vega Sanabria

The weight of a (red) cross

In late 2002, while walking in a shopping centre in Cali, Colombia, I came across Red Cross staff who were distributing pamphlets in the middle of a blood donation campaign. The pamphlets contained information for potential donors on when people are “at risk of contracting and transmitting the AIDS virus”³. This is because individuals “at risk” were prevented from donating blood. The situations of “risk” mentioned were:

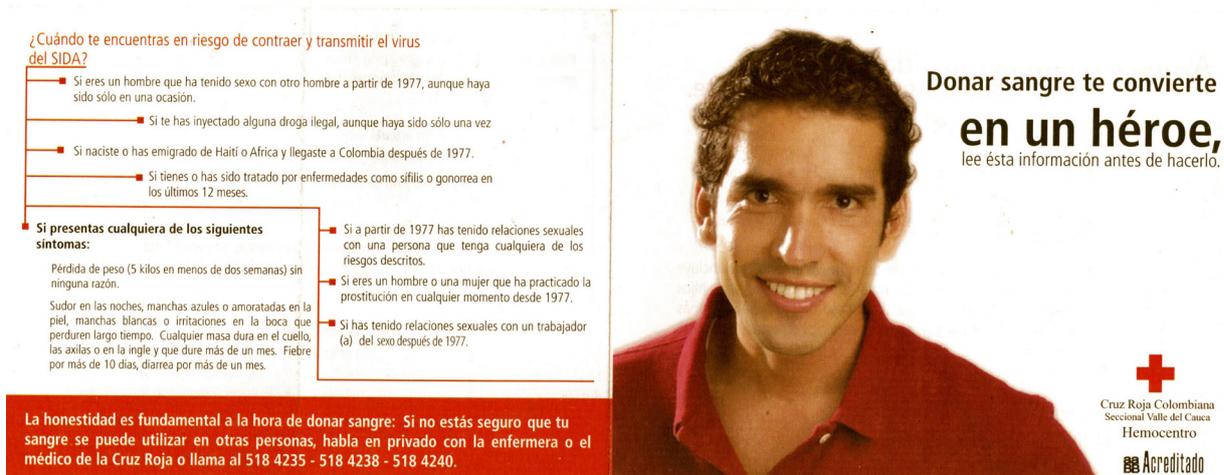
- 1) Being a “man who had sex with another man from 1977 onwards, even if it was only once”.
- 2) Having “injected an illegal drug, even if it was only once”.
- 3) Having been “born or emigrated from Haiti or Africa and arrived in Colombia after 1977”.
- 4) Having had or been treated for “diseases like syphilis or gonorrhoea in the last twelve months”.
- 5) Having “had sex with a person who has any of the risks mentioned above, from 1977 onwards”.
- 6) Being “a man or woman who has practiced prostitution at any time from 1977 onwards”.
- 7) Having “had sex with someone who practices prostitution after 1977”.

Caught by surprise by the list, I decided to talk to a doctor on the Red Cross staff on site to try to understand the reasons for some of these exclusions, for example, those based on national origin. Seeing my reluctance in the face of her explanations on “incidence” and “prevalence” and listening to my questions about the openly discriminatory character of the information provided in the pamphlets, annoyed, she ended the conversation by saying: “sir, I’m a doctor!”

Returning to the city in 2007, I encountered other blood collection campaigns, with the same pamphlets being distributed. I decided to telephone the local Red Cross haematology centre, insisting on my concerns regarding these materials. Another doctor, this time with a more laid back attitude, offered me several arguments to justify the information contained in the pamphlets, all based on the idea of “risk groups”, the “contagion risk” of HIV and the consequences of “sexual promiscuity”. Realising the discomfort that her reasoning produced in me, she bluntly asked, “tell me something, do you have sex with other men? Do you have a stable sex life?”. Finally, given the futility of my previous contacts, I wrote a letter to the director of the haematology centre. Since I received no response, I forwarded another letter to the regional director of the Red Cross asking for a pronouncement on the matter.

³ According to the UNAIDS Terminology Guidelines (2015, p. 5), “AIDS is a clinical syndrome. Thus, it is incorrect to refer to an AIDS virus”.

Figure 1: Pamphlet distributed during a blood donation campaign by the Red Cross in Cali, Colombia, on 9th of March, 2007



Two months after my first letter, I finally received a reply. In it, the medical director of the haematology centre claimed it was not the Red Cross that had “invented” the requirements for donating blood, but the Colombian Ministry of Health. According to him, they were “universal standards accepted by all health agencies in all nations because the disease is the same and the modes of transmission are the same all over the world”. The medical director also stated that all blood banks had an “enormous responsibility” to provide “*safe blood*” to their patients (bold and italics as per the original) and it was necessary to “heighten all possible controls” for this purpose. In his words, “only the strict selection of donors can help prevent the transmission of an infectious disease”⁴. As for my request to modify the contents of the pamphlets, the doctor suggested that I forward this to the Ministry of Health, the entity that regulates compliance with the rules of blood banks in Colombia.

The last time I encountered a Red Cross pamphlet, in March 2008, the warnings about who “should not donate blood” had changed slightly. This time, there was no allusion to AIDS anywhere on the pamphlet; the front page had a photo of a black man smiling and no mention was made of the potential donor’s place of residence or national origin. Although I never found out the official reason for this, I interpreted this change as a way of avoiding the explicit exclusion of “Haitians” and “Africans” as blood donors.

⁴ The UNAIDS Terminology Guidelines (2015, p. 4) advises that, “No one is infected with AIDS; AIDS is not an infectious agent. AIDS describes a syndrome of opportunistic infections and diseases that can develop as immunosuppression deepens along the continuum of HIV infection (from acute infection to death)”.

Figure 2: Pamphlet distributed during a Red Cross blood donation campaign in Cali, Colombia, on March 28th, 2008



Incited by situations like this, I began to think more systematically on how well-intentioned messages—often brokered by prestigious incontestable institutions like the Red Cross—and widely accepted norms, like those established by a Ministry of Health, as well as news reports and inclusive academic discourses, reinforce the association made between diseases and certain human collectives.

In this article, I examine how arguments posed in discussions on the origin and transmission of HIV can be understood, in reference to Feldman’s expression (2002, p. 235), by virtue of a “pathologisation” imposed on certain human collectives. This is because, although the idea that “HIV recognizes no social, political or geographic boundaries” seems to be a consensus⁵, the main issues related to the aetiology and natural history of AIDS (sex, intravenous drug use, blood and pregnancy) concern culturally sensitive categories. The controversy that occurred in South Africa in the 2000s regarding the causes and treatment of AIDS seems to concentrate attention on these categories, introducing problems relating to the “specific manifestation of AIDS in the West” and the “specifically African incidence of HIV-AIDS”, as stated in a letter from then President Thabo Mbeki to “world leaders” in 2000.

⁵ The Durban Declaration. 2000. *Nature*, 406: 15-16. Available at: <<http://www.nature.com/nature/journal/v406/n6791/pdf/406015a0.pdf>>. Accessed on: 28th of June, 2007.

Derived from a series of scientific and journalistic publications, I describe how assumptions regarding sexual behaviour, race and nation, themes central to the South African debate, are at the heart of the explanations and counter-explanations concerning the origin of AIDS. In this context, I draw attention to the way these discourses produce and reinforce the understanding of AIDS as stigma (Stephenson, 1991) and as social problem (Sayad, 1991), to the extent that they emphasise the existence of geographical areas and “risk groups”, “vulnerable groups” or, more recently, “key populations”—notions narrowly associated with the epidemiological concepts of “incidence” and “prevalence”.

I examine these issues in light of a more general phenomenon related to processes of identification, belonging and inclusive forms of spatialisation of nation states (Ferguson, 2006; Mbembe, 2000), since in the majority of reports, both academic and popular, “Africans” and “Africa” are understood in inexorably (afro-) pessimistic terms (Mbembe 2000). As Ferguson points out (2006, p. 8):

Africa is inevitably characterized by reference to a series of lacks, failures, problems, and crises. Its states are “weak,” “poorly consolidated,” “failed,” and “dysfunctional”; its economies, “underdeveloped,” “collapsing,” and increasingly “marginal” to the world. Its people appear as victims many times over: victims of poverty, of war, and above all of AIDS—all the modern plagues that seem to have a kind of perverse affinity for the African continent. Such accounts can be rightly faulted for seeing Africa only in negative relation to normative standards (“proper states,” “good economies,” etc.) that are external to it.

AIDS, as Feldman also suggests (2002, p. 235), operates here as a “pathogenic stigma” which simply confirms the “geopolitical pathogenic character” of these emerging political zones.

The dangerous other

Upon completion of the first decade of the HIV epidemic, Clatts et al. (1991, p. 38) indicated that the discourse concerning risk groups for AIDS implicitly reflected a particular social construction of the idea of risk. For example, according to the initial conjecture, the morbidity and mortality of gay men in which the new epidemic had been identified was due to two of their behavioural characteristics: the (large) number of sexual partners and the use of poppers, both proposed as cofactors. The appearance of the disease in non-homosexuals should have meant that this vision lost any justification. However, in the mid-1980s, the epidemic was popularly known as “the five-H disease”, that of homosexuals, haemophiliacs, Haitians, heroin users and hookers.

Interestingly, the reactions to the first manifestations of AIDS appeared to simply modernise the original meaning of some terms related to it. Used by Hippocrates to classify diseases that affected a large proportion of the population, the word epidemic simultaneously referred to a social category. “*Epidemos* was the word used by the Greeks for people who lived outside the cities, but spent time in them and then left again. Those living in the cities were called *Endemos*. Thus, Hippocrates called epidemics those diseases that appeared suddenly and affected a large part of the population, were not typical of the area and that left after a while” (EPIDEMIAS, 2009, p. 13). Etymologically related to the word *dēmos*, endemic refers to the idea of autochthonous, originating in a place; epidemic, however, refers to that which comes from outside, the stranger. From a modern point of view, a disease that is continually found in one area and affects a relatively small number of people is endemic. A *pandemic*, in contrast, is a widespread epidemic, which can affect entire continents or even the whole world⁶.

6 UNAIDS (2015, p. 10) recommends avoiding using the term “pandemic” because, depending on the circumstances, it could be inaccurate. According to the agency, it is always preferable to specify the size of the epidemic in question: local, national, regional or global.

Based on these observations, I propose that expressions such as endemic disease and epidemic can be primarily considered as a social allegory of relationships with others. AIDS also reminds this alterity, however, related to the “*autre dangereux*” to use the expression of Clatts and Mutchler (apud Clatts, Deren & Tortu, 1991, p. 50; see also Schoepf, 2001, p. 340). The other is dangerous because she/he is a “carrier” of the disease and, therefore, inconvenient, as Clatts et al. (1991, p. 38) designated in the early years of AIDS.

Much of the discourse that emerged concerning members of “high risk groups” associated with the social and political process is implied, at least tacitly, in the development of metaphors of alterity (Clatts & Mutchler, 1989). These are often made in idiomatic expressions that refer not only to individual failure, to evil and to inadequacy, but also to the collective irrationality, whose illicit sexual behaviour and drug use are often given as proof. Thus, being associated with AIDS has come to mean much more than just being affected by HIV; it also means being unclean, being unwanted, being unwelcome among others, being guilty and causing scandal and fear. And perhaps above all, having AIDS means deserving your illness...⁷

Considered in this manner, the construction of the “risk group” was settled from the outset and has reproduced existing stereotypes ever since. Such stereotypes not only operate as a “discursive weapon of power”, insidious or ironic, but also through exaggerated performances in relation to others thus stereotyped (Herzfeld, 2004, p. 202). According to Herzfeld, in a particular kind of practical consciousness, the use of these forms of differentiation is directly related to the strength they possess, that is, to their power to affect and produce concrete consequences in people’s lives.

Stigmatisation is, according to Stephenson in a pioneering work on AIDS, “[...] a process by which public opinion seizes an idea in a rapid and unbridled manner, such that critical thinking and the use of logical arguments for opposing this idea seem futile. Indeed, a little like the case of witchcraft, once a simple premise is accepted, the system becomes perfectly logical in itself”⁸ (1991, p. 92). According to the author, the processes of stigmatisation ensure that the people stigmatised embody both the responsibility for the ideological and social collapse that the stigma signifies, as well as the moral or divine punishment for such collapse. This dual role is the emblem of stigmatisation. It is metonymy and not metaphor, a trope through which individuals become symbols of their illness.

In view of this moral dimension of the disease and its stigmas, this goes beyond the restricted domain of a clinico-epidemiological problem and becomes a “social problem”. I propose to address this aspect of stigmatisation following the reasoning of Abdelmalek Sayad (1991) regarding how the uniqueness of certain situations is socially recreated under the pretext of being merely recognised, named and even researched. The strangeness noted by Sayad in the presence of the eternal temporariness of the immigrant is useful for contemplating the creation of entities like “risk groups”, “HIV-positive individuals”, HIV “carriers”—and even

7 Original in French: « Une bonne partie du discours qui a émergé à propos de membres des “groupes à haut risque” associés au tant que processus social et politique, se trouvent, du moins tacitement, impliquées dans l’élaboration de métaphores de l’altérité (Clatts & Mutchler, 1989). Ces dernières sont souvent formulées dans des expressions idiomatiques qui renvoient non seulement à l’échec individuel, au mal et à l’inadaptation, mais aussi à l’irrationalité collective, dont les comportements sexuels illicites et l’usage de drogue sont souvent donnés pour preuve. Ainsi, le fait d’être associé au sida en est venu à signifier beaucoup plus que d’être simplement affecté par le HIV; cela signifie aussi ne pas être propre, ne pas être désiré, ne pas être bienvenu parmi les autres, être coupable et susciter le scandale et la peur. Et peut-être par-dessus tout, avoir le sida signifie mériter sa maladie... » Clatts et al. (1991, p. 38)

8 Original in French: « [...] un processus par lequel l’opinion publique s’empare d’une idée de façon rapide et débridée, de telle sorte que la pensée critique et le recours à une argumentation logique pour s’opposer à cette idée semblent futiles. En effet, un peu comme dans le cas de la sorcellerie, une fois qu’une simple prémisse est acceptée, le système devient parfaitement logique en lui-même » (Stephenson, 1991, p. 92)

more vague categories, in which the “risk”, “exposure” or “seropositivity” are aggregated as ethnic/ethnicised/national marks representative of, for example, “African”, “Haitian”, etc. What interests me here, above all, is to explore the normative framework—epistemological, moral, existential—within which these categories are produced, focusing on what might be the presupposition of an economic theory of the notion of risk.

When referring to the fallacy of the equation “immigration = unemployment”, Sayad’s analysis of Algerian immigration in France addresses the issue of risk and reveals the precarity of these associations: they are intellectually questionable, socially inaccurate, morally unjust and politically petty, because alone they suffice to produce and impose discredit (1991, p. 45-46).

Immigration, under the influence of several factors, had become established as a “social problem” before becoming the object of sociology. [...] More than any other social object, the discourse a propos the immigrant and immigration is an *imposed* discourse; moreover, the entire social science problematic of immigration is an imposed problematic [...] This pairing between a social group and a series of social problems constitutes the most evident indication that the research problematic, how it is commissioned and how it is conducted, is in conformity and in direct continuity with the social perception that exists of immigration and the immigrant...⁹ (1991, p. 62-63, emphasis in original).

However, the stigmatising discourse that creates the “risk groups” for AIDS is, in this context, paradoxically, the instrument that also allows the moral restitution of these dangerous classes. Rather than a contradiction, in the ambiguity of this discourse all the positivising strength of social relationships are perceived. While based on stereotypes, these categories are, as Herzfeld suggests (2004), a particular expression of certain “practical consciousness” in the flow of relationships, a mobilising attribute of social life. They are actuated as instruments of differentiation or reaffirmation of alterity, in that they exercise their power as a form of social control, for example, by their ability to morally restore those who had initially stigmatised. Thus, within a kind of dialectic of marginality, invoking risk enables the legitimisation of the vindications, practices, values and identity of the people affected by stigma. In the earliest moments of HIV, for example, Pollak and Schiltz (1987; 1991) described the adjustments experienced by French homosexuals in the wake of the new epidemic. Sívori (2007, p. 27) also described how the militant action of the Argentinian “homosexual movement”, and experts linked to it, made use of the notion of “vulnerability” to support their demands for representation, emphasising the consequences of marginalisation and clandestine sex.

When faced with the novelty of AIDS, the apparently new medical and epidemiological discourse coincided with old ideological matrices and forms of social classification. In its most consummate version, categories like “risk group”, “HIV-positive” and “endemic” are overlaid with an objectifying technical language that subordinates or denies their social origin and are framed as the logical and natural order of things. However, as Bibeau and Murbach have suggested, AIDS would simultaneously act as a *révéléateur*, forcing the public revealing of that which usually tends to be hidden, and as inquiry by a large number of subjects, operating as science, which is constructed on our prejudices and fears, via the questioning of our sexual ethics (1991, p. 6-7).

9 Original in French: « L’immigration a fini, sous l’influence de différents facteurs, par être constituée en «problème social» avant de devenir l’objet de la sociologie. [...] Plus que tout autre objet social, il n’est de discours à propos de l’immigré et de l’immigration qu’un discours *imposé*; plus que cela, c’est même toute la problématique de la science sociale de l’immigration qui est une problématique imposée [...] Cet appariement entre un groupe social et une série de problèmes sociaux constitue l’indice le plus manifeste que la problématique de la recherche, telle qu’elle est commanditée et menée, est en conformité et en continuité directe avec la perception sociale qu’on a de l’immigration et de l’immigré. » (Sayad, 1991, p. 62-63)

Thus “an epidemic of signification” (Treichler, apud Schoepf, 2001, p. 338), the idea that the representations and practices of HIV/AIDS are framed in the social structures and modes of pre-existing thought, is not only true for lay people affected by the epidemic, but also for the communities of scientists that research it. The power to define the epidemic lies above all in the international biomedical community, but such definitions converge with representations and long-lasting practices regarding what a disease is, the notions of contagion and of a “disorderly” sexuality in the most affected populations, as shown in the discourse on the origin and propagation of HIV (Schoepf, 2001, p. 338).

The AIDS Belt or Haiti-first

Since the initial cases of what would later be called AIDS were registered in the United States in the 1980s, doctors and scientists have sought to understand how, when and where the mysterious virus, as currently established, causes the collapse of the immune system. Revealingly, the review that Pepin (2011) wrote of the explanations released since then, begins by affirming: “It is now thirty years since the discovery of AIDS but its origins continue to puzzle doctors and scientists”. Some explanations were offered early on, including some that were frankly surprising, such as one that claimed it was of extraterrestrial origin (proposed by Sir Fred Hoyle and colleagues). It was also suggested that HIV was deliberately created as a bioweapon by the Doctors of Death of the US Army Medical Command at Fort Detrick or accidentally, by molecular biologists in a laboratory in the former USSR or in Eastern Europe.

A similar hypothesis linked HIV to an African strain of swine flu that had killed Cuban pigs following the importation of contaminated sounders or their deliberate contamination by the CIA. Others suggested that what Columbus brought from the Dominican Republic to Europe was HIV and not syphilis. A “Euro-American” origin was also “outlined” based on the similarity between HIV and other retroviruses (*visna-maedi*), identified in sheep in northern Europe, and its transmission through sexual contact between men and animals (see Shannon, 1991, p. 8, for all references). Another widely disseminated initial explanation proposed that the new disease had been “carried” from Canada to the United States by Gaetano Dugas, a “promiscuous” flight attendant who was known for a long time as “patient zero” (see Stein, 2007 p. A10) or from Haiti by “homosexuals on holiday” (see Camargo, 1994, p. 67, and Farmer, 2006, for references).

In the early 1990s, the causal link between HIV and AIDS had generally been accepted by the international scientific community and by state and multilateral agencies (although authors like Shannon did not fail to register the “dissident” position of Peter Duesberg, which was already notorious when the work was published). According to the account presented by Shannon (1991, p. 9), three hypotheses concerning the genesis of HIV had gained prominence at the time. They focused on the geographical origin of the virus and the history of its diffusion based on the idea that “understanding the origins of HIV and the mechanisms of its transfer may eventually contribute to its control”. Such assumptions, based on the dominant patterns of the epidemic, pointed to Haiti, Euro-America and central Africa as possible places of origin of HIV, as illustrated in the following figures.

Figure 3: The theory of the Haitian origin of HIV



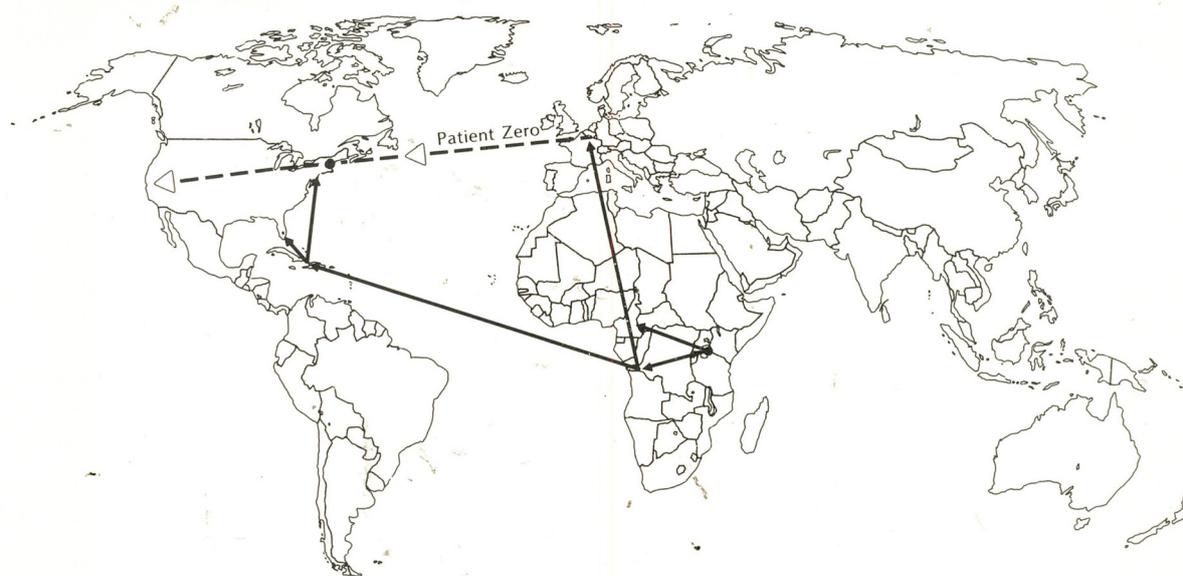
Taken from Shannon, 1991, p. 14.

Figure 4: The theory of the Euro-American origin of HIV



Taken from Shannon, 1991, p. 19.

Figure 5: The theory of the African origin of HIV



Taken from Shannon, 1991, p. 22.

Back in 1984, only three years after the first AIDS cases were reported in the United States, the suspicion was that its recently discovered aetiological agent had originated in central Africa. This suspicion arose mainly because, as Pepin observed (2011, p. 6), the first studies in Africa conducted in the Democratic Republic of Congo and Rwanda showed that AIDS was common in cities like Kinshasa and Kigali, especially among sex workers. Viewed in retrospect, the idea of central Africa as the origin of HIV, even if ultimately correct, was “naïve”, as Pepin pointed out (2011, p. 6-7). The researchers assumed that, since the region had the highest prevalence among representative groups of the total adult population at the time, the virus must have originated there. Pepin highlights at least two problems with this assumption.

First, there was an “obvious bias” because at the time, there was little information on the prevalence of HIV in other parts of the continent, notably eastern and southern Africa. Belgian researchers, in particular Peter Piot, who would become the first executive director of UNAIDS, had begun research in the former colonies of their country, where they maintained networks and contacts from previous decades. The Democratic Republic of Congo and Rwanda were open to research on AIDS from the beginning, unlike, for example, Burundi and some English-speaking countries in eastern Africa, where there was a tendency to cover up the issue.

Second, again according to Pepin, there is no direct relationship between HIV prevalence and the time when an outbreak of the epidemic occurs in a particular area. Everything depends on the annual incidence, i.e. the proportion of previously seronegative people who acquire HIV during this period. The incidence among the adult population of Kinshasa, the capital of the Democratic Republic of Congo, was probably no more than 1% annually. However, in some southern African countries, the annual incidence reached levels of 5% in the 1990s (one in every 20 adults was HIV-positive).

The virus genetically closest to HIV is simian immunodeficiency virus (SIV). According to the most widely accepted explanation, HIV originally appeared in a species of chimpanzee, *Pan troglodytes troglodytes*, whose natural habitat is the forests of central Africa, in the territories of the countries now called the Republic of Congo, the Democratic Republic of Congo, Cameroon, Gabon, the Central African Republic and

Equatorial Guinea¹⁰. SIV likely emerged as a recombination of various classes of viruses present in small simians that form part of the diet of *P. t. troglodytes*. In an attempt to trace the route of virus propagation, Brandon et al. (2006) proposed that it was initially transmitted to humans in southern Cameroon, on the border with Congo, and then continued southwards along the Sangha River, until it reached the Congo River, and finally Kinshasa.

Based on molecular clocks of the genetic variation of the virus, Pepin (2011, p. 42) affirmed that the common ancestor of HIV-1 has been identified in humans since the 1920s. At a time of extensive European colonial expansionism in Africa and broad circulation of firearms, hunting these chimpanzees with rifles, instead of arrows and native darts, became much more common. Pepin proposes (see Chapter 4) that the HIV epidemic most likely initiated as an “occupational infection”, i.e. through casual handling of bushmeat and contact with the blood of hunted chimpanzees, especially among hunters and cooks. Such incidental cases of interspecies transmission must have occurred for hundreds of years, since humans and chimpanzees of the species *P. t. troglodytes* have coexisted in the forests of central Africa for generations.

Even though his main objective was to show how “history confirms molecular clocks”, the microbiologist Pepin devotes a considerable part of his book (Chapters 5 and 6) to describing the “background” in which, in his words, “the rest of the story took place”. This work refers to the socio-historical conditions, from the 1920s onwards, that enabled cases of SIV transmission to humans, which had long existed, and that disseminated in such a way as to give rise to the HIV epidemic. These conditions refer mainly to the history of European colonialism in central Africa and its impact on commercial circuits (including prostitution), the displacement of populations and demographic change, urbanisation, sanitary systems and disease control policies.

For example, the mining heyday of the Congo in the first half of the twentieth century caused the displacement of much of the population and an increase in prostitution. In addition, opening up roads and railways increased the movement between locations and the population in transit. Later, in 1960, following the independence of the former Belgian Congo and French Congo, the region experienced a period of political and social turmoil that led to an increase in the existing poverty, in prostitution and in the displacements, further facilitating sexual transmission of the virus. Regarding the relationship between colonialism and prevalence of HIV in Africa, Pepin warns:

Africans understandably resent and reject as arrogant, or at least Eurocentric, historical accounts of their continent which consider the European penetration as the starting point and describe this process as discovery rather than what it really was: a military conquest for the purpose of economic exploitation. [...] the events relevant to the emergence of HIV-1 occurred during the colonial occupation of central Africa, and were facilitated by the profound social and economic changes brought about by colonisation, especially around the pool on the Congo River [...] (2011, p. 59).

After it affected humans, during recent decades, HIV has desolated sub-Saharan Africa on an extraordinary scale, to the point where two thirds of the world population affected by the virus live in this region and half of the cases in the world occur in the “AIDS Belt”—so named during the initial phase of the epidemic—, a group of countries in eastern and southern Africa, in which only 11% of the global population resides. According to Goliber (2002), although the precise definition of the AIDS Belt may vary, it includes approximately 16 countries: from Djibouti and Ethiopia in the northeast, traversing the entire eastern

¹⁰ This specifically concerns HIV-1 group M, the prevailing type in the global epidemic. Other types (HIV-2 and HIV-1 groups O, N and P) are less common forms of the virus. HIV-2 originated in a different species of chimpanzee whose natural habitat is West Africa.

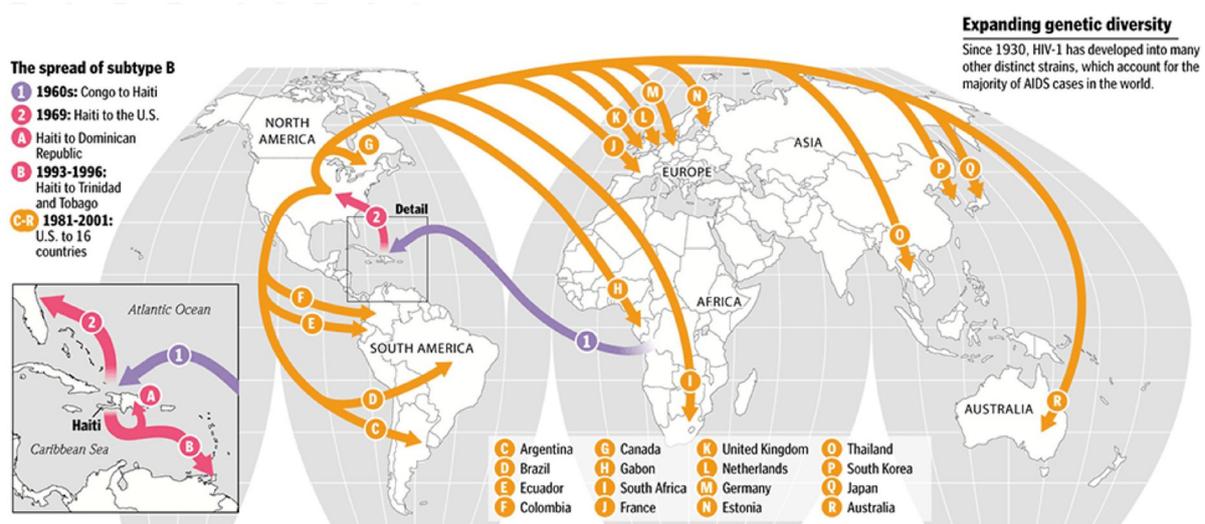
continent, Ugandan, Kenya, Tanzania, Rwanda, Burundi, Mozambique, Malawi and Zambia, and ending in South Africa and the small countries located within its territory (Swaziland and Lesotho). The countries most affected by the epidemic are contiguous, are situated in the southern part of the continent, and include South Africa, Lesotho, Swaziland, Botswana, Namibia and Zimbabwe (Caldwell & Caldwell, 2003; Goliber, 2002; Timberg, 2006). According to a global report of the epidemic, to date, sub-Saharan Africa remains the most affected region, with approximately 25 million of the nearly 35 million people living with HIV worldwide. Even though the number of new cases of HIV among adults has decreased 34% since 2011, it is also true that 70% of new cases registered in 2012 were located in this region (UNAIDS, 2013).

Attempts to reconstruct the genetic evolution of HIV and trace the “true path” of its expansion have indicated that “the insidious pathogen used Haiti as a stepping-stone from Africa to the United States and arrived much earlier than had been thought. It then simmered silently here for more than a decade before it was detected, beginning its global spread along the way” (Stein, 2007, p. A10). Gilbert et al. (2007) proposed a geographical and chronological sequence of the emergence of the AIDS epidemic beyond sub-Saharan Africa, based on the route of HIV-1 (group M subtype B), the HIV variant most common in other regions of the world (see figure below). According to the authors, HIV-1 “moved” from Africa to Haiti in (or around) 1969 (between 1962 and 1970), developed gradually in this area for some years and from there, dispersed to other places (which is why they called their model Haiti-first). This would explain, again according to the authors, why the first HIV epidemic outside Africa was registered in the country and the high prevalence of HIV-1 among Haitians in the early 1980s. Due to its 40-year history in the country, the HIV-1 epidemic in Haiti exhibits a broad genetic diversity, more than all the subtype B variations combined in the rest of the world, as occurred with the entire group M in the epidemic in the Democratic Republic of Congo.

Figure 6: Emergence and dissemination of HIV-1 (group M subtype B) according to the study by Gilbert et al. (2007)

Tracing One Branch of a Pandemic

Scientists follow genetic markers to identify the origins of a widespread strain of the AIDS virus, HIV-1 subtype B.



Taken from The Washington Post, 5th of November, 2007.

There have been numerous attempts to explain the emergence of HIV in Haiti (for a critique of these explanations and an alternative hypothesis, see Farmer, 2006). For Pepin (2011), the most likely explanation has to do with the arrival of Haitian teachers and officials (francophones like the Congolese) in the Congo, who were part of UN humanitarian missions following the independence of the African country. Some of

these Haitian teachers and officials acquired the virus through sexual intercourse with people in the Congo and took it back home with them. From Haiti, the virus continued its route to the United States. Between 1955 and 1975, for example, the US government was plunged into a fierce war against Vietnam and blood banks could not cope with the demand for plasma and other blood products for their combatants in Southeast Asia. Thus paid donation centres were established in Latin America and the Caribbean; in Haiti, where poverty was widespread, the sale of blood was extensive. According to Pepin, other routes and modes of transmission are possible (e.g. transmission of the virus in Europe by people from Africa and sex tourism in the Caribbean), but a centre called Hemo-Caribbean, owned by a leader of the Tonton Macoute, the paramilitary militia of the Duvalier dictatorship, played a special role in the exportation of plasma from Haiti. This centre sent between five and six thousand litres of blood to New York, one of the future core areas of expansion of the epidemic.

Problems of definition

In North America and Europe and in so-called developed countries, in general, HIV transmission through homosexual relations and the use of unsterilised syringes among intravenous drug users has been a recurring theme in explanations concerning the spread of the virus. In contrast, the focus of virus epidemiology in sub-Saharan Africa has been heterosexual relationships and similar distribution among men and women. Since 1982, many different definitions have been used for national and international epidemiological surveillance. In concrete terms, “epidemiological surveillance” means statistically registering AIDS cases based on a list of medical conditions and diseases associated with it. According to a general use, confirming a diagnosis of AIDS in Europe and the United States requires, confirming a diagnosis of AIDS in Europe and the United States requires: 1) a reactive test (positive) for HIV; 2) a CD4 (T lymphocyte) cell count below 200; and 3) the presence of one of the AIDS-defining illnesses. The diagnosis of AIDS includes a number of unrelated illnesses, ranging from several forms of mycosis and candidiasis to pulmonary tuberculosis, recurrent pneumonia or invasive cervical cancer. An HIV-negative person can also develop these diseases, but that does not mean they have AIDS; in any case, a diagnosis based on laboratory tests is required.

However, by the mid-1980s, the difficulties of using this definition in “developing” countries had been posited, especially in regions like sub-Saharan Africa, due to the lack of equipment and laboratories for sophisticated tests. In 1985, the WHO *provisionally* adopted the so-called Bangui Definition. This definition was based on a “clinical diagnosis”, i.e. “symptoms” (complaints reported by the sick) and “signs” (changes perceived by a health professional), without requiring laboratory confirmation. However, use of this definition continued and, with major or minor modifications, was adopted permanently (Gilks, 1991). It included four main criteria (chronic asthenia, significant weight loss, chronic diarrhoea and fever) and six secondary criteria (chronic cough, persistent lymphadenopathy, herpes zoster, recurrent herpes infections, rashes and oropharyngeal candidiasis). Kaposi’s sarcoma and cryptococcal meningitis were sufficient by themselves for a diagnosis of AIDS. In children, the definition of AIDS consisted of three main criteria: weight loss and slow growth; chronic diarrhoea, for a month; and chronic fever, for a month; and six secondary clinical criteria: generalised lymphadenopathy; oropharyngeal candidiasis; recurrent common infections, such as otitis and sore throat; persistent cough; generalised itching; and confirmed maternal HIV infection (Keou et al., 1992). From 1985 onwards, all of these diseases were reclassified as “opportunistic infections related to AIDS” and since then, appeals have been made for Africans to change their sexual practices through abstinence, monogamy and condom use. These same pleas were extended, generally, throughout the rest of the world after a while¹¹.

¹¹ Regarding problems with the classification of clinical cases and, therefore, with the definition of AIDS, see also Camargo (1994, p. 70).

Paradoxically, according to Marques (2005, p. 577-578), attempts gradually to adjust HIV to the model of “global epidemic” and AIDS to that of “chronic illness”, with individual preventive actions and a “healthy lifestyle”, appear to have barely responded to its comprehensive social dimension. According to the author, the illness belongs to the other, and as a “chronic disease”, continues to highlight the chronic social inequalities, which are tolerated to the extent that it is only the other who dies. Such inequalities, however, are not restricted to economic differences between “rich” and “poor”, between “First World” and “Third World”, but are also framed in terms of ethnicity and nationality, given that, as a “global epidemic”, it also challenges the ways borders are managed, particularly when it comes to controlling immigration and tourism, as Hyde shows (2008). For Hyde (2008, p. 204), “the *notion of barbarians and barbarian diseases* is revealed not only in historical accounts of northerners’ conceptions of southerners’ diseases but also in the everyday speech of northern tourists”.

Problems arise with the differences that AIDS reinforces precisely when alterity is viewed as pathological, including from the point of view of experts, because, as Becker warns (2008, p. 22), when research aims to discover the aetiology of the disease it seeks mainly to unveil the causes of undesirable behaviour. At the height of the objectification of this alterity, the “dangerous other” and the “sickly” also becomes an enemy. In Eco’s words (2012, p. 3), “enemies are *different* from us and observe customs that are not our own. The epitome of difference is the foreigner” (emphasis in original). Thus, it is not random that the very search for the origin of HIV, particularly at the onset of the epidemic, suffered resistance from some national governments who denied the existence of HIV or AIDS in their countries and prohibited the entry of people identified as HIV-positive into their territories (see, for example, Hyde, 2008; Pepin, 2011, p. 7)¹².

Thus, we are faced with the account of a virus emerging and gradually moving across Africa that later explodes worldwide; an infectious disease resulting from promiscuous and unprotected sex and, at the heart of explanations, certain assumptions that allude to the relationships between race/ethnicity/nationality, disease and health. It is as if certain characteristics of certain individuals and groups, owned or assigned, are the determining factor; as if, in the case of Africa or Haiti, birth or nationality *per se* are enough to explain the phenomenon of HIV and justify the exclusion of these people (as occurred with the Red Cross pamphlet). This despite the controversies and the arguments that speak in favour of other forms of explanation.

Paul Farmer (2006, p. xii), for example, in direct opposition to the “Haiti-first theory”, has characterised the HIV epidemic in the country as a “sub-epidemic” derived directly from the epidemic in the United States, which in turn, is not related to the epidemic in Africa. According to Farmer, the technologies developed from 1992 onwards have allowed us to characterise the genetic subtypes (or strains) of HIV and corroborate the thesis that he proposed: the HIV epidemic in Haiti was caused by subtype B, the prevalent strain in the United States. Again according to Farmer (2006, p. xii), “AIDS did not come to Haiti from

¹² To date, according to UNAIDS, 35 countries, territories and areas officially impose some form of restriction on the entry, stay and residence of people living with HIV based on their HIV status. Five countries completely prohibit the entry or stay of HIV-positive people in their territory, regardless of the reason and duration of the trip (tourism, business, political asylum, refuge, etc.), namely, Brunei, Oman, Sudan, United Arab Emirates States and Yemen. Seventeen countries deport individuals once their HIV-positive status is discovered: Brunei, Bahrain, Malaysia, Syria, Qatar, North Korea, United Arab Emirates, Egypt, Russia, Iraq, Saudi Arabia, Jordan, Singapore, Kuwait, Oman, Yemen and Sudan. Thirteen countries, including the United States, China, Ukraine, Armenia, Namibia and Fiji, recently removed all barriers that prevented the entry of HIV-positive people. In 2010, President Barack Obama withdrew these barriers to the United States, thus allowing the country to host the International AIDS Conference again, in 2012, after 20 years. For a complete list of these restrictions by country, see http://www.unaids.org/en/resources/infographics/20120514_travel. Accessed on: 4th of Sept., 2015.

Africa, where other clades are prevalent; it came south with North American tourists”, notwithstanding, the “myth” that AIDS arrived in the United States from Haiti persists and reinforces the *North American folk model* that has historically made Haiti an “exotic”, “strange”, “hopelessly diseased” country, in short, “a little Africa”.

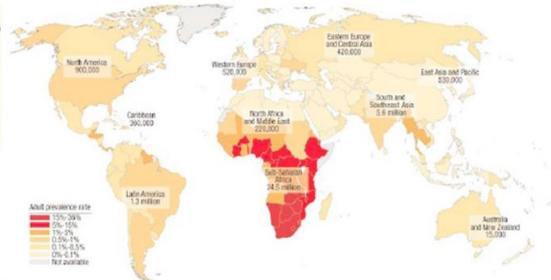
In the figure below, together with the text of the Durban Declaration, which is probably well intentioned when it states that “HIV recognizes no social, political or geographic boundaries”, note the inclusion of a photograph with black children (African?) and a global map highlighting in red the concentration of HIV/AIDS in African countries (mostly in the previously mentioned “AIDS Belt”).

Figure 7: Durban Declaration

commentary

The declaration on these two pages was stimulated by the current controversy in South Africa about whether HIV is the cause of AIDS (see, for example, *Nature* 404, 911 & 405, 105, 2000). This has caused massive consternation among all scientists, doctors and many others in the international community who treat AIDS patients or who work on AIDS in other ways. There is widespread anxiety that denying or doubting the cause of AIDS will cost countless lives if blood screening, use of condoms, and methods to prevent mother-to-child transmission of the virus are not implemented or, worse, even abandoned.

The Durban Declaration has an organizing committee of over 250 members from over 50 countries. The list of signatories up to 29 June can be found on *Nature's* website as Supplementary Information (<http://www.nature.com>), and an up-to-date list can be found at <http://www.durbandeclaration.org>.



The Durban Declaration

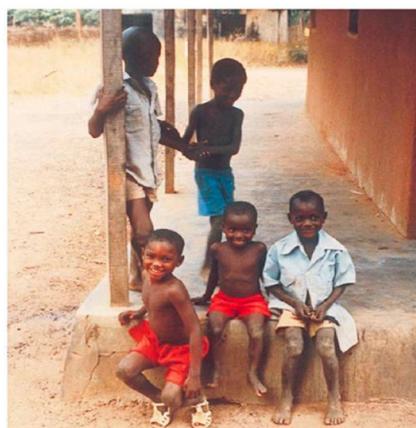
HIV causes AIDS. Curbing the spread of this virus must remain the first step towards eliminating this devastating disease.

Seventeen years after the discovery of the human immunodeficiency virus (HIV), thousands of individuals from around the world are gathering in Durban, South Africa, to attend the XIII International AIDS Conference, which starts next week (9 July). At the turn of the millennium, figures released last week reveal that an estimated 34.3 million people worldwide are living with HIV or AIDS, 24.5 million of them in sub-Saharan Africa¹. Last year alone, 2.8 million people died of AIDS, the highest rate since the start of the epidemic. If current trends continue, southern and Southeast Asia, South America and regions of the former Soviet Union will also bear a heavy burden in the next two decades.

AIDS spreads by infection, like many other diseases, such as tuberculosis and malaria, that cause illness and death particularly in underprivileged and impoverished communities. HIV-1, which is responsible for the AIDS pandemic, is a retrovirus closely related to a simian immunodeficiency virus (SIV) that infects chimpanzees. HIV-2, which is prevalent in West Africa and has spread to Europe and India, is almost indistinguishable from an SIV that infects sooty mangabeys. Although HIV-1 and HIV-2 first arose as zoonoses² — infections transmitted from animal to humans — both now spread among humans through sexual contact; from mother to infant, and via contaminated blood.

An animal source for an infection is not unique to HIV. The plague came from rodents and influenza from birds. The new Nipah virus in Southeast Asia reached humans via pigs. Variant Creutzfeldt-Jakob disease in the United Kingdom is identical to ‘mad cow’ disease. Once HIV became established in humans, it soon followed human habits and movements. Like many other

viruses, HIV recognizes no social, political or geographic boundaries. The evidence that HIV-1 or HIV-2 is clear-cut, exhaustive and unambiguous, meeting the highest standards of science^{3,4}. The data fulfil exactly the



Future orphans? The death toll from AIDS in Africa will be enormous unless action is taken now.

same criteria as for other viral diseases, such as polio, measles and smallpox:

● Patients with acquired immune deficiency syndrome, regardless of where they live, an infection shows signs of AIDS within 5–10 years⁵.

● HIV infection is identified in blood by detecting antibodies, gene sequences or viral isolation. These tests are as reliable as any used for detecting other virus infections.

● As with any other chronic infection, various factors have a role in determining the risk of disease. People who are malnourished, who already suffer other infections or who are older, tend to be more susceptible to the rapid development of AIDS following HIV infection. However, none of these factors weakens the scientific evidence that HIV is the sole cause of the AIDS epidemic.

● In this global emergency, prevention of HIV infection must be our greatest worldwide public-health priority. The knowledge and tools to prevent infection are available. The sexual spread of HIV can be stopped by mutual monogamy, abstinence or by using condoms. Blood transmission can be prevented by screening blood products and by not reusing needles. Mother-to-child transmission can be reduced by half or more by short courses of antiretroviral drugs^{6,7}.

● Limited resources and the crushing burden of poverty in many parts of the world constitute formidable challenges to the control of HIV infection. People already infected can be helped by treatment with life-saving drugs, but the high cost of these drugs puts these treatments out of reach for most of the world. It is crucial to develop new antiviral drugs that are easier to take, have fewer side effects and are much less expensive, so that millions more can benefit from them.

● There are many ways of communicating the vital information on HIV/AIDS, and what works best in one country may not be appropriate in another. But to tackle the disease, everyone must first understand that HIV is the enemy. Research, not myths, will lead to the development of more effective

Further compelling data are available⁸. HIV causes AIDS⁹. It is unfortunate that a few vocal people continue to deny the evidence. This position will cost countless lives.

In different regions of the world, HIV/AIDS can show altered patterns of spread and symptoms. In Africa, for example, people infected with HIV are 11 times more likely to die within five years¹⁰, and

more than 100 times more likely than uninfected people to develop Kaposi's sarcoma, a cancer linked to yet another virus¹¹.

As with any other chronic infection, various factors have a role in determining the risk of disease. People who are malnourished, who already suffer other infections or who are older, tend to be more susceptible to the rapid development of AIDS following HIV infection. However, none of these factors weakens the scientific evidence that HIV is the sole cause of the AIDS epidemic.

In this global emergency, prevention of HIV infection must be our greatest worldwide public-health priority. The knowledge and tools to prevent infection are available. The sexual spread of HIV can be stopped by mutual monogamy, abstinence or by using condoms. Blood transmission can be prevented by screening blood products and by not reusing needles. Mother-to-child transmission can be reduced by half or more by short courses of antiretroviral drugs^{6,7}.

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There are many ways of communicating the vital information on HIV/AIDS, and what works best in one country may not be appropriate in another. But to tackle the disease, everyone must first understand that HIV is the enemy. Research, not myths, will lead to the development of more effective

and cheaper treatments, and it is hoped, a vaccine. But for now, emphasis must be placed on preventing sexual transmission.

There is no end in sight to the AIDS pandemic. But, by working together, we have the power to reverse its tide. Science will one day triumph over AIDS, just as it did over smallpox. Curbing the spread of HIV will be the first step. Urgent then, reason, solidarity, political will and courage must be our partners.

1. Joint United Nations Programme on HIV/AIDS (UNAIDS). *Report on the Global HIV/AIDS Epidemic*, June 2000 (UNAIDS, Geneva, 2000). <http://www.unaids.org/mediatoolbox/DocumentList>
2. Hahn, B. H., Shaw, G. M., Du Rocher, M. A., Chang, S. H. AIDS is a zoonotic disease and public health implications. *Nature* 247, 385–386 (1980).
3. Nair, A. A., Jolly, M., Dandekar, R. V. & Nair, A. A. *Nature* 346, 438–440 (1990).
4. *UNAIDS 2000: The Case of AIDS* (<http://www.unaids.org/spotlights/2000/>)
5. O'Brien, S. J. & Goedert, R. HIV causes AIDS: Rethinking persistent medical case. *Open Access* 1, 1–11 (1996).
6. Denny, L. C. et al. Maternal zidovudine and zalcitabine reduce the risk of perinatal HIV-1 transmission. *Journal of Infectious Diseases* 169, 77–82 (1995).
7. Nair, A. A. et al. Maternal zidovudine and zalcitabine reduce the risk of perinatal HIV-1 transmission. *Journal of Infectious Diseases* 169, 77–82 (1995).
8. *UNAIDS 2000: The Case of AIDS* (<http://www.unaids.org/spotlights/2000/>)
9. Centers for Disease Control and Prevention (CDC). HIV/AIDS Surveillance Report 1999, 1–10 (1999).
10. Laha, V. et al. Vertical and horizontal transmission of HIV-1 in a community of generalists in a developing country. *AIDS* 13, 1445–1451 (1999).
11. Saito, T. et al. Antibodies against human herpesvirus 8 in black South African patients with Kaposi's sarcoma. *Journal of Infectious Diseases* 169, 1471–1475 (1999).
12. Smith, N. et al. Short-term efficacy of the perinatal HIV-1 transmission in Bangkok Thailand: a randomized controlled trial. *Lancet* 353, 775–780 (1999).
13. Gao, X. et al. Infection and natural history of HIV-1 in children born to HIV-1-infected mothers: the prevention of mother-to-child transmission (PMTCT) in KwaZulu Natal. *HIVNET 11 Conference Abstract*, 1045–1046 (1999).

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Just like the initial assumptions about the genesis and distribution of diseases like tuberculosis and syphilis, in the case of AIDS, the existence of particular characteristics of Africa and Africans has been invoked to explain their high vulnerability to the disease. Historically situating the stigmatisation regarding AIDS, Stephenson (1991, p. 97) brought to the fore the controversy over the origin of the syphilis epidemic that afflicted Europe in the fifteenth and sixteenth centuries:

... even today, in paleopathology, the debate between the proponents of the New World as the place of origin of the epidemic and those of the Old World, is simply a new echo of this attitude. We again speak as if the disease was caused by classes of people (Europeans or Native Americans) and not by a microorganism. The English of course nicknamed syphilis “the French pox” and the French “the English pox”; for Christians, it was a “plague of Egypt” and for the Turks, who perhaps remembered the voracious appetite of the Crusaders for their wives and children, it was the “disease of Christians”.¹³

Paraphrasing Ferguson and Mbembe (see Ferguson, 2006, p. 5-6 for all quotes), notions like “AIDS Belt”, “Haitian stepping-stone” and “endemic areas” are less an empirical phenomenon, a geographical accident, than entities through which a world is structured. It is an imposed fact, imperative, of categories within and according to which people live. In the case of Africa, they acquire a force such that, as Mbembe has provocatively stated, “there is no description of Africa that does not involve destructive and mendacious functions”, sometimes even when it is done by Africans themselves. In his introduction to *Global Shadows* (2006), for example, Ferguson cites “the case of two impoverished Guinean boys who write a letter seeking help from ‘members and officials of Europe’ on behalf of ‘we the children and the youth of Africa’ and who use the word ‘Africa’ or ‘African’ no fewer than eleven times in their brief, one-page letter”. He then speaks of “a group of highly educated young Zambian nationalists [who] move from an optimistic discussion of a new national Zambian culture to an anguished debate on whether ‘Africans’ suffer from generic cultural inferiority”. Situations like these, Ferguson discloses, “serve to remind us that it is not only scholars who give credence to a constructed African “geo-body” [...] dubiously artificial and powerfully real”. The summation ends with a quote from Mbembe: “when it comes to the category of ‘Africa’, the ‘oscillation between the real and the imaginary, the imaginary realized and the real imagined, does not take place solely in writing. This interweaving also takes place in life”.

In the clash of divergent explanations of its origin, spokespersons and experts have participated in the production of such notions as the “AIDS Belt” or “Haitian stepping-stone” and, more generally, in the stigmatisation of HIV and AIDS. I maintain that it is possible to link the analysis of these divergences to a reflection on social relationships, particularly in reference to configuration processes of alterity, identification and belonging, either within the sphere of producing an individual or collective self (e.g. “HIV-negative” versus “HIV-positive”, AIDS “orthodox” versus AIDS “denialists”, as in the case of the South African debate), or in the sphere of the construction of a geopolitical category like the nation-state. Therefore, as a working hypothesis, I propose that the aetiology, natural history and epidemiology of AIDS is **also** related to native theories of causality, in the wake of what could be called an enlightened common sense of specialists and spokespeople of the disease. Here, as in the topics of denunciation analysed by Boltanski (1984; 1993, p. 101), the enunciates of the distinct postures adopted are often inscribed in a structure of controversy, which is specifically expressed in the opposition—as in the South African debate—that the participants establish between “orthodoxy” and “dissidence”, “denialism” or “alternative theories” or, more broadly, between “AIDS science” and “pseudoscience”, in whose production scientists play a privileged, though not exclusive, role.

¹³ Original in French: « ...même aujourd’hui, en paléopathologie, le débat qui oppose les partisans du Nouveau Monde comme lieu d’origine de l’épidémie à ceux du Vieux Monde est simplement un nouvel écho de cette attitude. Nous nous exprimons encore comme si la maladie était causée par des classes de gens (Européens ou autochtones d’Amérique) et non par un micro-organisme. Les Anglais surnommaient évidemment la syphilis «la vérole française» et les Français «la vérole anglaise»; pour les chrétiens, c’était une «plaie d’Égypte» et pour les Turcs, qui se rappelaient peut-être l’appétit vorace des Croisés pour leurs femmes et leurs fils, c’était la «maladie des chrétiens». » Stephenson (1991, p. 97)

The AIDS debate in South Africa

According to UNAIDS, South Africa is in the midst of an HIV epidemic, with more than five million HIV-positive individuals¹⁴. In 2000, with almost 80,000 HIV-positive newborns per year in the country, the use of an antiretroviral called nevirapine offered the possibility of reducing virus transmission to 30,000 to 40,000 children per year. The manufacturer offered the product free to the South African government for five years. But the government refused, announcing the introduction of a comprehensive program to prevent HIV transmission from mother to child. The program included two pilot projects in each of the nine South African provinces, where individuals would be offered nevirapine, counselling and infant formulas as an alternative to breast milk, for two years; upon completion of this period, an assessment would be made. In addition to evaluating the efficacy and safety of nevirapine, the reason given by the government for this limited access to medicine was the need “to determine whether or not the exercise would be feasible, taking into account all the operational issues. Should the pilot sites be successful, the next step would be phased implementation; should this not be possible the exercise would be terminated” (Heywood, 2003, p. 286).

In April of the same year, the president of South Africa, Thabo Mbeki, sent a letter to world leaders expressing his doubts that HIV was the sole cause of AIDS. In the letter, he emphasised the “socioeconomic causes” of the disease and invited scientists who shared this point of view to form an international panel, together with scientists from the “orthodox” current—those who claim that HIV is the cause of AIDS—, that would advise his government in response to the epidemic in South Africa. In the text, President Mbeki remembered the order given the previous year to his Health Minister, Manto Shabalala-Msimang, “to look into various controversies taking place among scientists on HIV/AIDS”, in order to “put together an international panel of scientists to discuss all these issues in as transparent a setting as possible”¹⁵.

In July of the same year, during the opening speech at the XIII International AIDS Conference in Durban, Mbeki avoided any reference to HIV and, instead, focused again on poverty as a powerful AIDS cofactor. In his speech, the president also defended certain groups that disputed HIV as the cause of AIDS. In response, more than five thousand scientists signed the so-called Durban Declaration (2000), which asserted categorically that HIV is the cause of AIDS and to affirm the contrary would cause many deaths. From that point on, the president was subjected to heavy criticism and his government was accused of offering an inadequate response to the epidemic.

After numerous attempts to convince the Minister of Health of the urgency of expanding the programme to prevent HIV transmission from mother to child, the Treatment Action Campaign (TAC), which would become the most prestigious AIDS NGO in the country, challenged the constitutionality of the measures taken by the government, claimed violation of the right to health care of the mothers who did not have access to the pilot projects and filed a lawsuit in the Pretoria High Court requiring the distribution of the drug throughout the country. In December 2001, Judge Chris Botha ruled in favour of the TAC, ordering the government to: 1) provide nevirapine to HIV-positive mothers who gave birth in public health institutions; 2) submit to the court a plan to expand provision of the medication in the public health sector throughout the country. The government appealed this decision in the Constitutional Court and Judge Botha granted an injunction to the TAC while the appeal was under review. The Court agreed to decide in this case, acknowledging that the dispute involved a matter of a constitutional nature, but rejected

14 Available at: <http://www.unaids.org/en/regionscountries/countries/southafrica/>. Acceso em: 04 set. 2015. Accessed on: 4th of Sept., 2015.

15 South African President Thabo Mbeki's letter to world leaders on AIDS in Africa. Available at: <http://www.pbs.org/wgbh/pages/frontline/aids/docs/mbeki.html>. Accessed on: 5th of Sept., 2012.

the government's appeal. Since the government did not present any convincing argument regarding the reasons why it could not comply with the Pretoria High Court order, the Constitutional Court ordered the expansion of the provision of nevirapine, the provision of HIV counsellors and that reasonable steps be taken to increase the number of counselling and testing locations throughout the public health sector.

Litigation to prevent HIV transmission from mother to child was the inaugural moment of what became known as the "AIDS debate" in South Africa. In the debate, which lasted over a decade, advocates of the scientific consensus that HIV causes AIDS and that antiretroviral drugs are the best treatment available, clashed with those who defended the explanations of "dissidents" and "denialists"—notably those who assert socioeconomic factors or recreational drug intoxication or even the use of antiretroviral drugs as causes, together with certain lifestyles, for example, that of homosexuals.

According to Heywood (2003: 281-282), while Nkosazana Dlamini-Zuma was Minister of Health, during the presidency of Nelson Mandela (1994 to 1999), it seems cooperation existed between the TAC and the South African Department of Health. At the time, the TAC had avoided pressuring the government to provide antiretroviral drugs, given that the costs made them inaccessible. When the South African Parliament reformed the Medicines Act, in 1997, to allow local production of generic versions, 39 pharmaceutical companies filed a lawsuit against the government for infringing patent law. The TAC joined the then government and helped to exert pressure that led the pharmaceutical companies to drop the lawsuit. The organisation also proved successful in lobbying and publically campaigning to reduce drug prices.

Disagreements between the TAC and the government only began to appear at the end of 1999. According to Heywood (2003), when the TAC initiated the procedures in 2001, under President Mbeki's rule and with Manto Shabalala-Msimang as Minister of Health, none of the government's declarations alluded to the arguments of "dissidents" or "denialists" on antiretroviral drugs, nor was HIV questioned as the cause of AIDS, in order to justify its failure to implement a prenatal program to prevent HIV transmission. However, though more or less hidden, President Mbeki's relationship with AIDS "denialists" seemed to be the main reason for government delays and interference, as several authors have repeatedly pointed out (Berger & Kapczynski 2009; Cameron 2005a; Fassin 2007; Geffen 2010; Gevisser 2009; Herwitz 2006; Heywood 2004; Myburgh 2007; Natrass 2007; Sitze 2004).

Since Mbeki, the discrepancies between AIDS "orthodox" and AIDS "dissidents" or "denialists" in South Africa came to be described as a "struggle between activists, scientists and health workers, on the one hand, and a strange alliance of dissidents, quacks and political leaders, on the other" (Geffen 2010: cover). In this vein, the debate has been the subject of a growing number of analyses, which favours the political economy of the epidemic in the country and the humanitarian drama caused by the Mbeki government's support of AIDS "denialists". In an environment where the language of accusation and denunciation has reigned, appeals to the "scientific governance of medicine", "evidence-based medicine", taking a stand and "combating denialism" made by advocates of "AIDS science" raise issues regarding the modes of production of sensitivities and moral regulation that enhance the understanding of AIDS as a social problem.

Since its emergence, AIDS has been the terrain of multiple controversies in the sphere of science, but it is not this that seems to have been definitively brought into play in the South African case. For activists and scientists, there simply was no debate about AIDS, rather there was "scientific consensus". From the perspective of the TAC, access to a prenatal program to prevent HIV transmission was, above all, an issue of public health policy. According to Heywood (2003, p. 299), the situation could have been treated like similar issues, for the purposes of which jurisprudence already existed. However, the influence of "dissidents" and "denialists" would have made the Mbeki government insist on stating that there was a scientific debate surrounding the causes of AIDS and the safety and efficacy of antiretroviral treatments. That is to say, for

the “orthodoxs” there was no dissent, at least not in the terms posited by “dissidents” and “denialists”, but clear agreement regarding the cause, transmission, prognosis and treatment of the disease. Paradoxically, this position also echoed the opinion of “dissidents” like Roberto Giraldo, for whom the nature of the debate was not “technical” but “political”¹⁶. Even for Mbeki, there seems to have been a shift in the initial interest in the discussion on the scientific aspects of AIDS to that of an eminently political issue:

Over the course of two years, what had begun as a quest for scientific truth, arising out of a genuine concern for the welfare of his people, had morphed, via a polemic against orthodoxy and a call to open inquiry, into an impassioned cry for self-determination and for the rights of the South, of Black people, to make their own decisions and to resist a new wave of slavery—‘we are not available to be bought, whatever the price’—from the North. (Gevisser, 2009, p. 287).

Judging by the judicial decisions that systematically favoured the demands of the TAC, starting with the nevirapine dispute in 2002, the Mbeki government, and with it the “dissidents” and “denialists”, failed at least twice to promote the debate on AIDS in South Africa. First, from the viewpoint of the law, the government failed to convince the courts of the reasonableness of its AIDS policy, or adjust to the principles governing litigation in these cases, particularly with regard to the strength of their “evidence” in the light of scientific knowledge, which the judges of the court were provided. They also failed from the point of view of scientific truth, because without peer-reviewed publications, with their titles and academic credentials contested, with their personalities suspected of abnormality and, above all, without “evidence” that conformed to normal science, the position of AIDS “dissidents” has been marginal or, in Boltanski and Thévenot’s terms (1991), “*insuffisante*”. In contrast to the successful “judicial activism” of the TAC and its partners (Heywood, 2003; 2004; Robins, 2004), the government failed twice when dealing with the truths of science and the principles of law. I propose that the common element in this situation, whether in opposition or in overlapping domains is, in any case, the normative basis of science and law. The *sui generis* element raised by the South African case is that due to Mbeki’s unusual involvement with “dissidents” and “denialists”, this failure also led to the crisis in AIDS public policy in South Africa, exacerbating the social contradictions historically linked to the epidemic.

Explaining Mbeki

Almost two decades after the onset of the epidemic, Mann and Tarantola (1998) had already verified how the global response to AIDS illustrates the fact that the manner in which a problem is defined determines what we believe can be done and what in fact is done to face it. In the late 1990s, the authors proposed four phases to characterise the global response to HIV/AIDS: from being considered a “danger” that it was essential to be aware of, it became an individual behavioural problem; then, a question of behaviour, but “societally contextualised”; and finally, it was defined as an issue fundamentally linked to human rights. For these authors, “the HIV/AIDS response recapitulates the history of public health, and how it has faced, and the need to address, the challenges of human behavior”.

Bastos (2002, p. 36), in turn, points out that the dominant perspective of AIDS defined the epidemic based on a number of relevant variables for “developed countries” and on other variables for “developing

¹⁶ Taking advantage of his move from the US to Brazil, between 2010 and 2012, I conducted seven interviews with Roberto Giraldo, one of the more visible AIDS “dissidents” engaged in the South African controversy. Giraldo would become a key informant, because, despite many attempts and contacts made by me in South Africa, he was the only “dissident” willing to talk and to whom I had direct access.

countries”. Regarding the former, the existence of “risk” in certain groups was emphasised as a function of individual behaviours, such as homosexuality and injecting drug use. Regarding the latter, the explanation of the disease included social variables, such as poverty, deprivation, labour migration and explosive urbanisation. However, again according to Bastos, data from the “developing world” were not taken into account in the theoretical and methodological formulations of AIDS epidemiology on a global scale. Thus, epidemiological variations in Africa “were ‘domesticated’ by the definition of a secondary ‘African’ pattern, idiosyncratic and primarily heterosexual” (see also Shannon, 1991). Thus, two representations of the epidemic were drawn and polarisation persisted. According to Bastos (2002, p 87-88.):

For years African AIDS was reified as heterosexual, just as American AIDS had been reified as homosexual, notwithstanding their internal diversities. That the American “homosexual” characterisation of AIDS constructed the African “heterosexual” characterisation, providing a model of dual choice for the rest of the world, is a clear example of how epidemiology resorts to local categories, not always of universal use, and how the global characterisation process of the epidemic was asymmetrical, accepting as universal a particular local knowledge, that of the United States in the 1980s [...] AIDS may not have begun in America, but it was there that it had its “cognitive birth”, a fact that simultaneously saved time and lives and forever marked our understanding of the epidemic [...] The definition of the epidemic in “retrospect”, from north to south, globalised and apparently unified the world around a common problem: everyone shared the new epidemic. However, this unification was only partial. Despite being one, this epidemic was defined as if it were two: it was a two-headed AIDS, with a primary pattern and a secondary pattern, distinct and non-overlapping. Assuming individual behaviour as a relevant variable to define the epidemiology and epidemiological patterns, a dual model was perpetuated that merely reproduced the opposition between developed and developing nations, between first and third worlds. The reference for defining the epidemic pattern of AIDS in any country [...] has become an “American” epidemic or an “African” epidemic, thereby duplicating the opposition between development and underdevelopment.

Bastos’ observation on how the HIV epidemic has been intellectually domesticated by scientists in North America and Europe is fitting, because it also indicates a kind of historical approach that does not appeal *a priori* to external conditions, such as the history of Africa, colonialism or apartheid (in South Africa), but to the history of the epidemic on its own terms, to use the author’s expression. Such an approach contributes to a characterisation of the intellectual field of AIDS in which the description of the “thought collectives” or “thought-styles” that have predominated in the same acquire a central position (Fleck, 1979). This description does not neglect the political circumstances of production in this field, but reclaims them in the light of themes that include the forms of historicisation of an intellectual field, and for the purposes of the South African debate, of litigations, crisis situations, “social dramas”, “critical events”, etc.

While analysing the notion of *homo sacer* introduced by Giorgio Agamben, Das and Poole (2004, p. 11-12) drew attention to how in states of exception, notably war, the fundamental issue is not only that the quality of membership of the political community is denied, but that “individuals are reconstituted through special laws as populations on whom new forms of regulation may be exercised”. For example, the Jews in concentration camps under the Nazi regime, Japanese descendants in the United States during the “internments” of World War II, “terrorists” in national and international security legislations after September 11th, 2001, and, I would argue, “risk groups” in connection with the outbreak of the HIV epidemic.

Moreover, while revisiting Foucauldian notions of biopower, the biopolitics of bodies and the biopolitical state, Das and Poole (2004, p. 10:27) point out that in the anthropological study of how power spreads its tentacles into the branches of social life, one of the privileged places of this process has been the

growing role of medicine in defining normality. The continuous production of pathologies is an important technique of power (of the sovereignty of the State) and of disciplinary power. They also observed, quoting Peter Baldwin, how the particular control strategies developed by states in Europe in the late nineteenth century and early twentieth century were closely linked to the management of contagion. Concerns about regulating the health of populations immediately leads to the relationships between metropolitan centres and colonies, wherein the control of epidemics was a necessary condition to overcome the barriers that the European exploitation of colonised territories encountered. Thus, concerns about the health of the colonies and disease control techniques have become part of the repertoire of state actions through, for example, vaccination campaigns, legislation and the administration of access to health services.

Following the diffusion of Foucault's work, and other authors in his wake, reflections like these became part of our contemporary understanding of governmentality and power in the production of academic disciplinary knowledges, to the point where they can be seen as part of what I named above as an enlightened common sense, a sort of folk knowledge, of social scientists and analysts. However, they also represent a form of reasoning often criticised by some AIDS specialists that I came across during my fieldwork in South Africa¹⁷, since, in their view, such reflections do nothing more than rationalise the "denialist" discourse of Thabo Mbeki.

On the other hand, authors like Myburgh (2007, p. 296-297) explain Mbeki's aversion to "Western science of HIV/AIDS" and his adoption of the "denialist paradigm" on the basis that it was seen by the then president as simply an expression of a "repulsive and terrifying stereotype of the African barbarian". The disease had originated in Africa, was transmitted mainly through heterosexual relations of black Africans and had grown unabated and more extensively in Africa than in the West (see also Mbali, 2004; Cloete, 2007). As reported by Myburgh, Mbeki, complained in a letter to Tony Leon, then leader of the opposition to the African National Congress (ANC),¹⁸ about how "the hysterical estimates of the incidence of HIV in our country and sub-Saharan Africa made by some international organisations, coupled with the earlier wild and insulting claims about the African and Haitian origins of HIV, powerfully reinforce these dangerous and firmly entrenched prejudices" (emphasis in original). In contrast, according to Myburgh, the "dissident viewpoint" had an "obvious attraction". In the words of the author:

It offered an escape from the sense of racial humiliation by questioning whether the disease was sexually transmitted. The idea that immune deficiency was caused mainly by poverty fitted into the old anticolonial paradigm of the liberation movement, since poverty was a 'legacy of apartheid and colonialism'. AIDS 'dissidence' allowed the ANC leadership to evade its political responsibility for the initial failure to counter the spread of the epidemic, as well as moral absolution for the blocking of antiretroviral treatment when this first became available.

In Herwitz's description (2006, p 49), the relationship between the thinking of Mbeki and his supporters and the reflections of the social sciences in the configuration of what the author calls a *politique de l'indigénéité* about AIDS is stated openly:

¹⁷ I stayed in South Africa as a visiting student, assigned to the AIDS and Society Research Unit at the University of Cape Town, from December 2010 to December 2011, returning for two weeks in September 2012. In 2010, while still in Brazil, I accompanied the activities of a group of people living with HIV in Rio de Janeiro who defended "alternative" approaches of AIDS and I conducted a series of interviews in São Paulo with Roberto Giraldo, one of the more visible AIDS "dissidents". My work lasted from 2012 to 2013, through dialogue with interlocutors in South Africa and daily follow-up information and discussion lists in the country.

¹⁸ The freedom movement that, having officially ended apartheid, rules in South Africa today.

... they were generally influenced by Marxist rhetoric and the postcolonial outcome of the humanities and social sciences and unversed in the language of real life. Mbeki has adopted a posture of orator, intellectual, he is positioned as the spokesperson of a large slice of history in which he occupied the top, demiurgically. That it is he who became president at a time when South African health and social realities should have taken precedence over any high-flying discourses has exacerbated the turmoil. Finally, that Mbeki, in the wee hours of the night, surfing the web, could trust the pale light of animated websites by dissidents who question the consensus of biomedical sciences on AIDS, has had disastrous consequences.¹⁹

For Myburgh (2007, p. 215), Mbeki's desire for equality manifested itself in a unique way in the idea of an "African Renaissance", which became the hallmark of his foreign policy, and in the search for "African solutions" to the problems of Africa, it had one of its corollaries. Although presented as innovative and visionary, it was, of itself, an old idea, since "African nationalism has tended to include within itself an image of rebirth" (Mazrui apud Myburgh, 2007, p. 217). Mbeki's arguments, however, had become "trapped within the 'eschatological fantasy' of African nationalism", according to the author. Again according to Myburgh, Mbeki's remarks showed, "concern, obsession even, with the Western perceptions of Africa", especially with the "crude and archaic European myths of African inferiority". In these comments, affirms Myburgh, a sense of democracy is valued not for itself, but as a means of counterbalancing Western perceptions of a supposed African incapacity. In words quoted by Myburgh, Mbeki believed "*we must bring to an end the practices as a result of which many throughout the world have the view that as Africans, we are incapable of establishing and maintaining systems of good governance*" (emphasis in original). Thus, Mbeki's concern with the widespread poverty in Africa seemed to proceed, not so much from a sense of "compassion", but from feeling "shameful". For Myburgh, the AIDS controversy brought about by Mbeki in South Africa was emblematic of the reaction of the then President when confronted with an "Afro-pessimist" view (2007, p. 218-219).

In his comments in the biography *Thabo Mbeki: The Dream Deferred* (Gevisser, 2009), McGreal (2007)²⁰ also suggests that the then President's views on AIDS were shaped by an "obsession" with race, the legacy of colonialism and "sexual shame". Gevisser (2009, p. 341), in turn, observed in the book:

There are [...] many reasons why Thabo Mbeki decided to question the scientific orthodoxies of this epidemic, but at the root of it was his conviction that AIDS was being used as yet another weapon in the arsenal of spreading the virus because they could not control their sexuality. By questioning the etiology of AIDS in this way he confused the science of AIDS with the politics of self-determination. The result was a mixed message from government that undoubtedly compromised its own safer-sex programing, that promoted unproved holistic and alternative treatments at the expense of antiretroviral treatments, and, most catastrophically, that delayed the rollout of a drug program.

19 Original in French: « ... ils étaient en général influencés par la rhétorique marxiste et postcoloniale issue des sciences humaines et sociales et peu versés dans le langage de la vraie vie. Mbeki a adopté une posture d'orateur, d'intellectuel, il s'est placé comme le porteparole d'un vaste pan d'histoire dont il occupait le sommet, d'une façon demiurgique. Que ce soit lui qui soit devenu Président à un moment où les réalités sanitaires et sociales sud-africaines auraient dû prendre le pas sur tout discours de haute volée a encore aggravé la tourmente. Enfin, que Mbeki, aux petites heures de la nuit, ait navigué sur la Toile, qu'il ait pu faire confiance à la pâle lumière de sites animés par des dissidents qui remettent en cause le consensus des sciences biomédicales sur le sida, a eu des conséquences désastreuses. » Herwitz (2006, p 49)

20 McGreal's comments were made for the South African edition of Gevisser's book, published in 2007. The quotes from the same book used here corresponds to the updated international edition, published in 2009.

However, for Schneider and Fassin (2002), Mbeki's views on AIDS articulated to other broader issues of African politics and his suspicion of science and orthodoxy seemed to be a phenomenon restricted to himself, his former Minister of Health and his aides. In South Africa, many people suspect that it is black Africans who carry most of the weight of AIDS and that the medications to treat it are expensive and sold mainly by Western pharmaceutical companies. The history of malicious and manipulative health policies brokered by colonial rule and apartheid, seem permanently to encourage the opinion that the scientific discourse on AIDS may be an instrument of European and American policy or part of their cultural and economic agendas.

In contrast to this position, authors like Cameron (2005b, p. 97) refer to the stigmatisation and stereotyping of African sexuality as a fact that serves as an argument to those who fear the "conventional approach" concerning the existence of patterns of the HIV epidemic. This is, according to him, a distinctive feature of the "African form of AIDS denialism", which sees in this the consolidation of Western prejudices about Africa. Cameron associates these positions with a "belief in conspiracy", especially when the "conspiracy is racially inspired". Thus, the racialisation of AIDS in Africa is subsumed in the category "conspiracy" and, in this way, is seen with suspicion and disqualified because it is cloaked with the mantle of irrationality (see also Geffen, 2010; Kalichman, 2009; Nattrass, 2012). However, despite Cameron's statement to the effect that "it is wrong to moralise scientific explanation" (p. 99), what the AIDS debate has evinced all the time is precisely the need to consider the moral foundations of science and its moralising effect. This seems even more pertinent when dealing with a deeply moral phenomenon like the HIV epidemic and with a field like "AIDS science".

AIDS and anthropology

Several of my interlocutors in South Africa coincided in saying that one of the adverse effects of Thabo Mbeki's position on AIDS is that it had provoked, among his critics, particularly in the academic world and among social activists in the country, a refractory attitude toward any position that was not viewed by them as "pro-science", that is, clearly aligned with the biomedical model of the epidemic. The refusal of Mbeki's government and his allies to provide antiretroviral drugs within the public health system in the name of an "African solution" for AIDS ended up stifling the possibilities of recognising "traditional" healing systems. According to these interlocutors, this explained the current "medicalisation" of AIDS in the country, which includes the "uncritical" use of antiretroviral drugs as one of its most recent manifestations, now also used as a resource to prevent virus transmission—the so-called pre-exposure therapy. The extended use of these drugs, again according to my interlocutors, ends contradictions like the favouring of higher profits for the pharmaceutical industry, as well as the possible relaxation in sexual practices and the consequent increase in new infections due to the sense of security afforded by the existence of a preventive treatment.

Another consequence of Mbeki's position was a significant reduction in the space for contributions from the social sciences, as affirmed by Fassin (2007), Green (2012) and Robins (2011). This situation is, at the very least, paradoxical, because as one of my interlocutors, a nurse and teacher in a major South African hospital, pointed out, Mbeki did not say anything new with regard to AIDS, at least "nothing that health workers or social scientists did not know or had not pointed out well before him". This observation, moreover, could explain why, for the most hardened critics of any position that does not strictly conform to "AIDS science", the discourses of certain social scientists and others engaged in discussions concerning the epidemic sound so much like Mbeki.

The explosive nature of the denouncements of stigmatisation and discrimination posed by Thabo Mbeki certainly did not reside in their scientific consistency, but in their political reach. By adhering to the so-called “denialism” and insisting on these denunciations, Mbeki not only caused the failure of official AIDS policy in South Africa—especially regarding the vital issue of access to antiretroviral treatments—, but also evinced the difficulty of the international scientific community in incorporating into the hegemonic model of the epidemic, critical issues of particular interest to “Africa” and “Africans”. In other words, Mbeki’s position highlighted the historical difficulty of the scientific community to incorporate specificities, concerns and contributions of the geographical and political Third World into theoretical and methodological formulations of AIDS epidemiology (Bastos, 2002, p. 36). According to Fassin and Schneider (2003, p. 495): “Had a coherent social epidemiology of HIV been more prominent in the scientific arena, rather than the dominant biomedical and behavioural approach, Mbeki might have found interesting alternatives to the explanations of the epidemic given on the dissidents’ websites”.

As Schoepf also observed (2001, p. 340), the focus of epidemiologists on individual behaviour, their claims of total objectivity, devoid of values, and their trust in surveys as the sole method of science have been their entire responsibility. This has led to an excessive belief in the ability of individuals to make rational choices about their sexual behaviour based on information; it has given new impetus to the idea that there are people in “high risk” and “low risk” groups (or, in more recent parlance, more or less “vulnerable” or more or less “exposed” groups), neglecting the variations in conduct within these groups and reinforcing the stigma and prejudice to which they are subject. Moreover, assumptions like these are often unaware of the specific meaning that notions like “sex” acquire in different cultural contexts. Finally, research based solely on surveys encounters the limitation imposed by the fact that, as a rule, what people say they do differs from what they actually do. To some extent, surveys may shed light on behaviours and attitudes, but they can hardly tease out meanings. This seems to be work that is more appropriate for ethnography.

Schoepf (2001, p. 340) is resolute in her assertions regarding the prevailing epidemiological perspective: “[t]he choice of epistemology was political rather than disciplinary”. As she also observed, there are critical traditions within epidemiology itself and within public health that have used more social approaches, beginning with Virchow, who in 1848, had already recognised that in order to preserve health, medicine should intervene in social affairs and politics. Some health planners, including doctors and epidemiologists, offered other views of AIDS, often working in close collaboration with social scientists, which included contributions to the social production of the epidemic in Africa. For Schoepf, “[s]truggles over meaning were international and interdisciplinary, as African and western researchers contested the narrow paradigm and its implications. They were ignored” (see also Ramin, 2007, p. 127). Reflecting on the South African case, Fassin (2007, p. 17) states bluntly: “if there had been more active opposition to the resolutely behaviorist and strictly medical approaches to the disease so dominant in international public health circles during the first two decades of AIDS, this might have opened a space for critical thinking of the sort Mbeki expressed without engaging him in a dialogue in which his only interlocutors were dissidents”.

A recurring idea in my own reflection on these tensions has been the need to think more decisively concerning the place that social sciences can occupy and how anthropologists produce their own evidence in contexts like these. The issue of “evidence” is particularly sensitive in discussions on the scientificity of AIDS studies and appeared to be a key issue for the interlocutors most aligned with the scientific “orthodoxy” in South Africa. It refers to the broader question of how we know and how we construct our objects of knowledge. Engelke (2009) has suggested that reflection by anthropologists on the concept

of evidence could provide them with a language through which to engage with colleagues from other humanities and natural sciences, as well as actors and groups of interest. However, it seems to me that some of the difficulties encountered by anthropology in this case, recalling the words of Elias (1956: 251), "...are due to insufficiencies not so much in the knowledge of facts, as in the basic ideas, categories and attitudes used in making observations of, and in handling, facts". Disagreements within a discipline or within a field of knowledge often depend on what counts as evidence and the criteria for judging the same.

Moreover, despite the strength of the calls for "evidence-based medicine", so present in the discussions on AIDS in South Africa (see Geffen 2010; Natrass 2007; 2012), it is worth remembering the position of UNAIDS itself (2015, p. 7) concerning such notions as "evidence" and "evidence-based".

In the context of research, treatment and prevention, evidence usually refers to qualitative and/or quantitative results that have been published in a peer-reviewed journal. The preference for evidence-informed is in recognition of the fact that several elements may play a role in decision-making, only one of which may be scientific evidence. Other elements may include cultural appropriateness, concerns about equity and human rights, feasibility, opportunity costs and so on.

It is plausible that the discomfort manifest by some of Mbeki's critics and advocates of "AIDS science" when faced with anthropological reflections has much less to do with how these reflections resemble the arguments of the then president than with the structural tension of relations in the intellectual field of AIDS. From a more general point of view, such criticisms of anthropology could be understood in the light of the hegemony that the "naturalistic worldview" imposes on polemics that, like the discussion on AIDS, are situated "on the boundary of modern naturalism" as proposed by Duarte (2004). According to the author, such polemics bring to light "contemporary naturalistic reductionisms" as reiteration of the Enlightenment ideal of science. The AIDS debate in South Africa is an exemplary expression of the "founding tension" between the Enlightenment and Romanticism in the formation of modern Western thought and points to a discussion of the epistemological configuration of the "native cosmology of the West".

In an environment where the "politicisation of science" has been denounced repeatedly and its autonomy vindicated, the entreaty of doctors, scientists and activists for "evidence-based HIV programs" raises questions concerning the "scientific governance of medicine". Likewise, the opposition that is created, based on this entreaty, between "biomedicine" and "alternative therapies" and between "science" and "pseudoscience" or "quackery" challenges anthropological reflections on systems of knowledge and cultural diversity. If, in the context of South African discussions on AIDS, anthropology becomes the object of suspicion and even rejection because it supposedly supports "denialism", rationalizing it, justifying it, instead of "combating it", perhaps this fact does nothing more than update the habitual difficulty of ethnographic research and the conflicting relationships that historically an important part of anthropology conducted in South Africa has waged with official knowledge (see e.g. Waal & Ward, 2007). However, this situation raises a new challenge: how can anthropological knowledge contribute to a greater understanding of the dissensions and the possibilities of consensuses, especially when from the "native" perspective, the disputes seem insurmountable?

What its critics in South Africa seem to question is, after all, the commitment of anthropologists to this part of the country's recent history and the relevance of anthropological knowledge to the HIV epidemic. However, not even their most bitter critics can say that anthropologists in South Africa deny that HIV causes AIDS or question the use of antiretroviral therapies as the best treatment currently available. On the other hand, the denunciation of the alleged relativistic approach of anthropologists and their

detrimental effects at a time when the rallying cry is “saving lives” seems to neglect that discussions on “relativism”, “essentialism”, “diversity”, etc., are as old as the discipline of anthropology itself and form part of a centuries-old tension in the South African case. Perhaps a more accurate means for anthropological intervention in environments so refractory to its contributions is, in the wake of the successful *treatment literacy* programme sponsored by the TAC, to provide critics of the discipline with a sort of *anthropological literacy*.

Translated by Philip S P Badiz

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References

- BASTOS, Cristiana. 2002. *Ciência, poder, ação: as respostas à SIDA*. Lisboa: Imprensa de Ciências Sociais, Instituto de Ciências Sórias da Universidade de Lisboa.
- BECKER, Howard. 2008. *Outsiders: studies in the sociology of deviance*. New York: Free Press.
- BERGER, Jonathan M. & KAPCZYNSKI, Amy. 2009. “The story of the TAC Case: the potential and limits of socio-economic rights litigation in South Africa”. In: Deena R. Hurwitz & Margaret L. Satterthwaite (eds.), *Human rights advocacy stories*. New York: Thomson Reuters/Foundation Press. pp. 43-79.
- BIBEAU, Gilles & MURBACH, Ruth. 1991. “Présentation. Déconstruire l’univers du sida”. *Anthropologie et Sociétés*, 15(2-3) : 5-11.
- BOLTANSKI, Luc. 1984. “La dénonciation”. *Actes de la Recherche en Sciences Sociales*, 51(1):3-40.
- _____. 1993. “La topique de la dénonciation”. In: *La souffrance à distance: morale humanitaire, médias et politique*. Paris: Métailie. pp. 91-116.
- _____. & THEVENOT, Laurent. 1991. *De la justification: les économies de la grandeur*. Paris: Gallimard.
- BRANDON F.; KEELE et al. 2006. “Chimpanzee reservoirs of pandemic and nonpandemic HIV-1”. *Science*, 313(5786):523-526.
- CALDWELL, John C. & CALDWELL, Pat. 2003. “The African AIDS epidemic. HIV: 20 years of research.” *Scientific American Exclusive online issue*. <http://cbc.arizona.edu/classes/bioc461/HIV-AIDS-References/The%20African%20AIDS%20Epidemic.pdf> Accessed on: 30 May, 2016.
- CAMARGO, Kenneth Rochel de. 1994. *As ciências da AIDS e a AIDS das ciências. O discurso médico e a construção da AIDS*. Rio de Janeiro: ABIA/IMS-UERJ/Relume Dumará.
- CAMERON, Edwin. 2005a. *Witness to AIDS*. New York: I.B. Tauris.
- _____. 2005b. Legal and human rights responses to the HIV/AIDS epidemic. Special Lecture at Faculty of Law, Stellenbosch University. Mimeo.
- CLATTS, R. Michael; DEREN, Sherry & TORTU, Stephanie. 1991. “What’s in a name? La construction sociale du risque du sida chez les consommateurs de drogue à Harlem”. *Anthropologie et Sociétés*, 15(2-3):37-52.
- CLOETE, Michael. 2007. “The colour of AIDS”. *South African Journal of Philosophy*, 26(4):388-402.
- DAS, Veena & POOLE, Deborah (editors). 2004. *Anthropology in the margins of the State: comparative ethnographies*. Santa Fe: James Currey/School of American Research Press.

- DUARTE, Luis Fernando Dias. 2004. "A pulsão romântica e as ciências humanas no Ocidente". *Revista Brasileira de Ciências Sociais*, 19(55):5-19.
- ECO, Umberto. 2012. *Inventing the enemy and other occasional writings*. Boston, New York: Houghton Mifflin Harcourt.
- ELIAS, Norbert. 1956. "Problems of involvement and detachment". *The British Journal of Sociology*, 7(3):226-252.
- ENGELKE, Matthew E. (editor). 2009. *The objects of evidence. Anthropological approaches to the production of knowledge*. Malden, MA, USA; Oxford and West Sussex, UK: Wiley-Blackwell & RAI.
- FARMER, Paul. 2006. *AIDS & accusation. Haiti and the geography of blame*. Updated with a new preface. Berkeley, Los Angeles (CA) & London: University of California Press.
- FASSIN, Didier. 2007. *When bodies remember: experiences and politics of AIDS in South Africa*. Berkeley: University of California Press.
- _____. & SCHNEIDER, Helen. 2003. "The politics of AIDS in South Africa: beyond the controversies". *British Medical Journal*, 326:495-497.
- FELDMAN, Allen. 2002. "Strange fruit: the South-African Truth Commission and the demonic economies of violence". In: Bruce Kapferer (editor), *Beyond rationalism: rethinking magic, witchcraft and sorcery*. NY/Oxford: Berghahn Books. pp. 234-265.
- FERGUSON, James. 2006. "Introduction: global shadows; and globalizing Africa? Observations from an inconvenient continent". In: *Global shadows. Africa in the neoliberal world order*. Durham & London: Duke University Press. pp. 1-49.
- FLECK, Ludwik. 1979. *Genesis and development of a scientific fact*. Chicago/London: The University of Chicago Press.
- GEFFEN, Nathan. 2010. *Debunking delusions: the inside story of the treatment action campaign*. Auckland Park: Jacana Media.
- GEVISSER, Mark. 2009. *Thabo Mbeki: the dream deferred* (Updated International Edition). Johannesburg & Cape Town: Jonathan Ball.
- GILBERT, M. Thomas P et al. 2007. The emergence of HIV/AIDS in the Americas and Beyond. *Proceedings of the National Academy of Sciences*. <http://www.pnas.org/content/104/47/18566.full.pdf+html>. Accessed on: 12th May, 2009.
- GILKS, Charles F. 1991. "What use is a clinical case definition for AIDS in Africa?". *British Medical Journal*, 303:1189-1190.
- GOLIBER, Thomas. 2002. *The status of the HIV/AIDS epidemic in Sub-Saharan Africa*. Population Reference Bureau. <http://www.prb.org/Articles/2002/TheStatusoftheHIVAIDSEpidemicinSubSaharanAfrica.aspx>. Accessed on: 12th April, 2009.
- GREEN, Lesley JF. 2012. "Beyond South Africa's 'indigenous knowledge – science' wars". *South African Journal of Science*, 108(7/8), Art. # 631, 10 p.
- HERWITZ, Daniel. 2006. "Sida, savoir et réinvention de la société civile en Afrique du Sud". *Politique Africaine*, 3(103): 46-60.
- HERZFELD, Michel. 2004. "The practice of stereotypes". In: *Cultural intimacy: social poetics in the Nation-State*. London: Routledge. pp. 201-210.
- HEYWOOD, Mark. 2003. "Preventing mother-to-child HIV transmission in South Africa: background, strategies and out-comes of the treatment action campaign case against The Minister of Health". *South African Journal of Human Rights*, 19: 278-315.

- _____. 2004. "The price of denial". *Interfund Development Update*, 5(3): 93-122.
- HYDE, Sandra Teresa. 2008. "Everyday AIDS practices. Contestations of borders and infectious disease in Southwest China". In: Mary-Jo Del Vecchio Good; Sandra T. Hyde; Sarah Pinto & Byron J. Good (eds.), *Postcolonial disorders*. Berkeley, Los Angeles, London: University of California Press. pp. 189-217.
- KALICHMAN, Seth C. 2009. *Denying AIDS. Conspiracy theories, pseudoscience, and human tragedy*. New York: Springer.
- KEOU, F. X. et al.. 1992. "World Health Organization clinical case definition for AIDS in Africa: an analysis of evaluations". *East African Medical Journal*, 69(10): 550-553.
- MANN, Jonathan & TARANTOLA, Daniel. 1998. "Responding to HIV/AIDS: a historical perspective". *Health and Human Rights*, 2(4):5-8.
- MARQUES, Maria Cristina da Costa. 2005. "Contradições e assimetrias na construção do conhecimento em AIDS/HIV". *História, Ciências, Saúde – Manguinhos*, 12(2): 575-579.
- MBALI, Mandisa. 2004. "AIDS discourses and the South African State: government denialism and post-apartheid AIDS policy-making". *Transformation: Critical Perspectives on Southern Africa*, 54: 104-122.
- MBEMBE, Achille. 2000. "At the edge of the world: boundaries, territoriality, and sovereignty in Africa". *Public Culture*, 12(1): 259-284.
- MCGREAL, Chris. 2007. "Mbeki admits he is still AIDS dissident six years on". *The Guardian*, 06 November.
- MYBURGH, James. 2007. *The African National Congress under the presidency of Thabo Mbeki (1997/2002)*. St. Antony's College (University of Oxford), Thesis (D. Phil., Politics and International Relations).
- NATTRASS, Nicoli. 2007. *Mortal combat. AIDS denialism and the struggle for antiretrovirals in South Africa*. Scottsville: University of KwaZulu-Natal Press.
- _____. 2012. *The AIDS conspiracy: science fights back*. Johannesburg: Wits University Press.
- PEPIN, Jacques. 2011. *The origins of AIDS*. New York: Cambridge University Press.
- POLLAK, Michael & SCHILTZ, Marie-Ange. 1987. "Identité sociale et gestion d'un risqué de santé. Les homosexuelles face au sida". *Actes de la Recherche en Sciences Sociales*, 68:77-102.
- _____. 1991. "Les homosexuels français face au sida. Modifications des pratiques sexuelles et émergence de nouvelles valeurs". *Anthropologie et Sociétés*, 15(2-3) : 53-62.
- RAMIN, Brodie. 2007. "Anthropology speaks to medicine: the case HIV/AIDS in Africa". *McGill Journal of Medicine*, 10(2): 127-132.
- ROBINS, Steven. 2004. "Long live Zackie, long live': AIDS activism, science and citizenship after Apartheid". *Journal of Southern African Studies*, 30(3): 651-672.
- _____. 2011. "TAC film opens space for debate". *Cape Times*, 18th October, p. 11.
- SAYAD, Abdelmalek. 1991. *L'immigration ou les paradoxes de l'altérité*. Bruxelles: De Boeck Université; Paris: Universitaires.
- SCHNEIDER, Helen & FASSIN, Didier. 2002. "Denial and defiance: a socio-political analysis of AIDS in South Africa". *AIDS*, 16(suppl 4): S45-S51.
- SCHOEPF, Brooke G. 2001. "International AIDS research in anthropology: taking a critical perspective on the crisis". *Annual Review of Anthropology*, 30: 335-361.
- SHANNON, Gary W. 1991. "A search for origins". In: Richard Ulack & William F. Skinner (ed.), *AIDS and the social sciences. Common threads*. Lexington, KY: The University Press of Kentucky. pp. 8-29.
- SITZE, Adam. 2004. "Denialism". *The South Atlantic Quarterly*, 103(4): 769-811.
- SÍVORI, Horacio Federico. 2007. *Ativistas e peritos no movimento GLTTB-AIDS argentino: ciência e política da identidade sexual*. Tese de doutorado, Rio de Janeiro, Programa de Pós-Graduação em Antropologia Social, Universidade Federal do Rio de Janeiro.

- STEIN, Rob. 2007. "Scientists track time and place of HIV's arrival". *The Washington Post*, Monday, November 5, p. A10.
- STEPHENSON, Peter H. 1991. "Le sida, la syphilis et la stigmatisation. La genèse des politiques et des préjugés". *Anthropologie et Sociétés*, 15(2-3): 91-104.
- TIMBERG, Craig. 2006. "How AIDS in Africa was overstated". *The Washington Post*, 06 April 2006.
- UNAIDS. 2013. *Global report: UNAIDS report on the global AIDS epidemic 2013*. Geneva: Joint United Nations Programme on HIV/AIDS (UNAIDS).
- UNAIDS. 2015. *UNAIDS terminology guidelines*. Geneva: Joint United Nations Programme on HIV/AIDS (UNAIDS).
- EPIDEMIAS. 2009. *Epidemias: a humanidade em perigo. Doenças que quase exterminaram o homem em diferentes momentos da história*. São Paulo: Escala.
- WAAL, Kees (C. S.) van der & WARD, Vivienne. 2007. "Introduction to anthropology Southern Africa, special edition on 'Debating Southern African Anthropology'". *Anthropology Southern Africa*, 30(3 & 4): 67-74.

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Presentation

Dossier

AGEING AND ANTHROPOLOGY

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Brazilian anthropology has embraced the topic of old age since the 1970s. The first publications focused mainly on family relations, the transmission of knowledge, emotions, inheritance and the world of work. These were followed by a proliferation of inquiries into urban sociability, the body, and violence against elderly people. Today the field of studies on sexuality is attracting new research. Looking back over this span of more than forty years we can observe that some aspects like gender relations and the inequalities between social classes have always been present and that there has been a predominance of research undertaken in the urban environment, with few studies on old age in rural spaces and fewer still on indigenous societies. One of the distinctive features of the anthropological literature on old age is its exploration of the diverse meanings and kinds of aging.

The study of old age raises questions that traverse the entire field of anthropological thought: from the classic – and today controversial – debate on the binaries of nature/culture and individual/society, to reflections on the status of experience in contemporary societies. Anthropological inquiries into old age have also contributed to ethnographic practice: participant observation, the use of biographies, individual trajectories and audio-visual narratives form part of the legacy of research produced in the anthropological literature on old age.

The dossier entitled ‘Anthropology and aging,’ presents readers with a set of recent inquiries into old age and the aging process that underscore the continuing relevance of the theme, while indicating paths for future investigations. But what exactly are we discussing here, old age or aging?

According to data from the Ministry of Education’s data base on Dissertations and Theses (<http://bancodeteses.capes.gov.br/banco-teses/#/>), the term ‘aging’ is widely used in areas of knowledge like gerontology and nursing. The category ‘old age,’ for its part, is more commonly employed in anthropological studies, although this area of knowledge is not the most productive on the theme. Education, psychology and gerontology itself show a higher number of dissertations and theses on the topic of ‘old age.’

Generally speaking, anthropology conceives of old age as a product of social classification that is therefore under constant dispute, while the term ‘aging’ tends to emphasize the notion of social process, something historically produced and never stable. In this dossier we deliberately adopt the term ‘aging’ in the title in order to emphasize this processual approach, avoiding any suggestion of replacing one term by the other. Old age or aging are both categories that ground the anthropological reflection on ways of living during this moment of the life course.

The article by Alda Britto da Motta, **Families of Centenarians**, presents data from research on aging carried out in the Brazilian state of Bahia, with a special focus on elderly people over a hundred years old. Her study shows how longevity has led to a new family experience – the presence in the same family of more than one generation of elderly people with different life experiences. With their own modest income, centenarians are depicted in the media as guardians of a secret formulae allowing them to live so long. The author shows life trajectories shaped by work and by different forms of family organisation. Caring for children and elderly people, cohabitation among more than two generations, and financial support from older people to younger generations all form a vital part of this research setting with centenarians in Bahia, the Brazilian state with the highest number of people aged over a hundred.

In their article **Too much Love: institutional care for old age**, Natália Alves Barbieri and Cynthia Sarti discuss the meanings and practices involved in caring for elderly people through an ethnographic study in a charitable care home in the municipality of São Paulo. The authors show that the recent introduction of a biomedical perspective in a hundred-year old care home led to the development of a double frame of reference in the professional practices of doctors and nurses, influenced on one hand by technical knowledge and on the other by the idea of donation and charity. The authors show how professional practices are related to representations of old age, including the idea of abandonment of the institutionalized elderly person. They also reveal how the institutional relations established between professionals and care home residents are marked by power differentials in which the person who is helped and receives care becomes subject to the donor’s intentions.

The article by Guita Grin Debert, **Les migrations et le marché de soins aux personnes âgées**, is based on fieldwork conducted in Bologna, Italy, with female immigrants from Latin America and Eastern Europe, and who work as carers for the elderly. The author shows how the labour market in care work for the elderly is expanding, driven by a substantial increase in the number of older people, by diverse social changes, and by migrations of women. The reorganisation of family relations and gender relations, the reformulation of social rights in European countries and the longer life spans of the population are fundamental elements in comprehending home care for the elderly. Who are these female carers, how do they define work with the elderly, how do they construct a field of competition between themselves, and what are they perspectives for the future? These are some of the points developed by the author in analysing the new profile of care workers for the elderly in Italy.

In **Negociaciones posibles: visibilidad, vejez y parentesco entre mujeres que mantienen relaciones sexo-afectivas con otras mujeres**, Andrea Lacombe explores a universe still little studied: sexual and emotional relations between older women. Based on the observation of spaces of sociability in the cities of São Paulo and Buenos Aires, the author assembles narratives from women about their homo-affective experiences and examines the potential variations existing between them, especially in light of the political and social changes that have been won over recent years with the advent of the civil rights agenda for the LGBT population.

Two articles, **Heterotopias of (un)desirable bodies: homoeroticism, old age and other dissidences**, by Mara Coelho de Souza Lago and Daniel Kerry dos Santos, and **Is old age always already heterosexual (and cisgender)? The LGBT gerontology and the formation of the LGBT elders**, by Carlos Eduardo Henning, study male homosexuality in old age. In the former article, the authors examine a space of homoerotic sociability in the city of Florianópolis, Santa Catarina state, and provide the reader with an analysis that combines territoriality, body, age-generation, gender and sexuality. Mara Lago and Daniel Kerry stimulate us to think about the old body and homoeroticism beyond the interpretative framework of exclusion, inviting us to conceive them as agents of desires and dissidences. In Carlos Eduardo Henning's article, attention is turned to the production of so-called 'LGBT gerontology'. Still incipient in Brazil, LGBT gerontology has become a fertile area of study in North American countries, especially the United States. The author analytically classifies this literature and points to its impacts. We can observe the emergence of a view that a 'successful' old age is possible for lesbian, gay, bisexual and transgender people.

Ana Amélia Camarano's article – **Living longer: are we getting old or young for more time?** – discusses how life phases are being redrawn with the transformations in contemporary societies, social policies and new technologies. It examines the two dominant views of old age: the old age of losses and marginalization, and active aging, understood as a prolongation of adult life in a new ordering of the phases of life and their meanings. The author begins the article presenting the factors that have contributed to the world population over the age of 60 becoming increasingly more significant, depicting the current moment as a 'democratization' of longevity. However, the author signals that this same 'democratization' is accompanied by an intensification of social inequalities, particularly those related to gender.

Our dossier concludes with the article by Clarice Peixoto, which analyses the institutionalization of old age through a photographic narrative. In **Images et récits sur l'entrée en institution**, the author presents photographs and accounts of four residents of a public care home in Rio de Janeiro, showing how the institutionalization of old age is more closely linked to social and family isolation, rather than being a personal and voluntary decision.

The articles gathered here provide a panorama of the contemporary Brazilian anthropological literature on old age. A number of themes emerge strongly, including family, care, sexuality, the body and gender. In addition, the dossier brings together researchers who adopt a diverse range of research strategies: direct observation, life histories and trajectories, statistical data, and photography. In our view this dossier simultaneously presents what has become consecrated today in anthropological analyses of old age in Brazil and what is emerging as a new and fruitful contribution to this field.

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Families of Centenarians

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Abstract

Multigenerational families, shaped by fundamental phenomena of today's world like human longevity and the restructuring of production, unite generational actors in new socio-affective relationships. Firstly, and contrary to the somewhat stereotyped contemporary image, uncommon figures such as the centenarians are generally lucid and in good or reasonable bodily health. Whatever the state of their physical health, though, they need affection like anyone else, as well as practical day-to-day support. Their children may come together to enable this care, but generally the support is provided by a daughter, fulfilling the classic female social role of caregiver. These daughters, whether elderly themselves or mature, represent the pivotal or intermediary generation, the second great player in these multigenerational families, who also provide support to the younger generations, including children and grandchildren. Such support extends to financial assistance, required by those mainly younger family members who are unemployed or only precariously employed, as well as by those who experience new family situations, such as separations and returning to home, generally the maternal home. This is the panorama that I propose to analyze, based on research data.

Keywords: Centenarians, Multigenerational families, Gender, Care.

Resumo

Famílias multigeracionais, moldadas por fenômenos básicos da contemporaneidade, a longevidade e a reestruturação produtiva, abrigam personagens geracionais que são novos enquanto relações afetivo-sociais. Em primeiro lugar, os centenários, figuras incomuns – diferentemente da imagem meio preconceituosa vigente, são em maioria lúcidos e em boa ou razoável condição corporal. Entretanto, por maior que seja a sua vitalidade, demandam apoios - afetivos, como todos - mas também materiais, cotidianos. Os filhos enfeixam essa possibilidade de cuidado, porém geralmente esse lugar de apoio é preenchido por uma filha, cumprindo o papel social clássico, feminino, de cuidadora. É a representante da geração pivô, ou intermediária - segunda grande personagem geracional nessa família; idosa ou madura, é apoio também das gerações mais jovens, filhos e netos. Apoio que se estende ao âmbito financeiro, demandado pelos que estão desempregados ou precariamente empregados. Abrangendo ainda os que vivem novos padrões de família, com as separações e retornos à casa, geralmente materna. Aí já se encontram principalmente os jovens. É o panorama que proponho analisar, com base em dados de pesquisa.

Palavras - Chave: Centenários, Famílias multigeracionais, Gênero, Cuidado.

Families of Centenarians

Alda Britto da Motta

Introduction

In a society whose population is increasingly long-lived, the number of living generations is inevitably expanding. This multiplication of generations also exists within the elderly population in the form of various age groups, designated in research studies as ‘young’ aged, the older elderly, and centenarians. One outcome of this simultaneity are multigenerational families, a group of new or transformed relationships, and new generational actors. At the same time, this shift has led to an overlapping of roles within the family and of the kinship situations for each individual.

This is a world in movement and change where the characteristics traditionally associated with ‘aging,’ including ‘natural’ health problems, are now delayed until later and later in life (Fernandes 2001). At the same time, the less elderly are becoming increasingly ‘youthful’ (Britto da Motta 2012).

These changes also vary in accordance with the bio-social conditions of each elderly person, depending in particular on their gender, class and race. Indeed these different phases of old age may reflect diverse social and corporal conditions and lifestyles (not forgetting individual differences, of course). As well as being born at distinct social moments and, consequently, so that their class, gender and generation *habitus* were formed in different social and temporal conditions (Bourdieu 1990, Britto da Motta 1999), each individual possesses varying amounts of accumulated life experience and corporal and affective/emotional practices and expenditures that combine to influence the present. Consequently they live a highly relativized actuality, just as Mannheim (1928: 124) observed: the ‘same time’ is not the same for all: “everyone coexists with people of the same and different ages [...] but for each person the ‘same time’ is a different time...”

Moreover, as recent studies have just begun to show, the time period when contemporary elderly generations were being formed was and is becoming more and more diversified. So too their life experiences and the length of the time already lived. But it is equally important to accentuate the unequal power relations involved between the generations in each individual’s social and everyday trajectory, beginning with family relations. The family, always the primary space for shaping gender and generational relations (Britto da Motta 2003), today exhibits the peculiarity of various simultaneous generations and in a more long-lasting way than any other epoch in history – to such an extent that we now encounter families with up to four or five coexistent generations, and domestic units where three or more generations cohabit. And very often two of these generations are elderly.

So how are these different generations experiencing, through their everyday relations, events happening in the wider social context? And who precisely are these elderly people?

Leading the way are *the young elderly*. This demographic group corresponds to what became known in the 1960s, first in Europe but soon globally, as the ‘third age’ (Lenoir 1979). The period in question saw an increasing participation of the middle class in the labor market, a rise in their corresponding level of income from pensions, and, of course, more time and resources available for leisure. At the same time, this emerging social context became targeted by promoters of diverse activities, providers of consumer goods and services, and the media. All of which, as Ariès (1983) would point out with due acerbity, involved activities and organizations that effectively corralled the elderly into virtual ghettos, designed merely as

means to put old people's money back into circulation. In this way, the elderly became the recipients of an endless array of socializing programs, such as clubs, groups, and 'universities' for the 'third age,' and various enticements to consumerism, like group 'fun' tours, soon followed by 'special anti-aging' cosmetics, and 'suitably adapted' residences, not to mention the diverse healthcare packages.

These younger elderlies have also proven to be one of the most attractive and accessible subjects for scientific research, though even more so for the media, whose frequent and widely divulged reports have been directly responsible for a (now not so new) social image of the elderly citizen as dynamic, happy and healthy, transforming the image of the 'poor old people,' retired from almost all aspects of active life, that belonged to a not so distant and still sometimes persistent past. They also represent the historical uniqueness, particularly in Brazil, of the longer time spent in the labor market and, in particular, the growing return to work, albeit mostly in an informal capacity (Britto da Motta 2001, Peixoto 2004, Souza 2009). At the same time, along with the older elderly segment, they are beneficiaries of social security payments, such as retirement plans and pensions. Though in most cases meager, this regular income provides elderly people with financial stability. Importantly this in turn allows them the chance to renew relations with their families and contribute to them, especially young people affected by the precarious employment and structural unemployment of the present.

The older elderly. This group is sometimes tentatively referred to as the 'fourth age.' I say tentatively since there is clearly some difficulty in approaching and thus denominating those with a supposedly less attractive, more 'spent' appearance, who are more 'removed' and apparently less sociable. They tend to be less present at parties, clubs and festivals, and in public spaces more generally, as I have already had the opportunity to analyze (Britto da Motta 2004). Consequently they cultivate a more restricted and traditional sociability, visiting and celebrating with old friends and family members, as well as maintaining their religious practices.

Yet despite those of a more advanced age typically being left out of an enticing social calendar connected to 'young' lifestyles (Lins de Barros 2006) and events, they – just like those of the 'third age' – are being targeted by an increasingly advanced preventative medicine, informed (themselves or their families) by an ever-expanding system of communication. As a result, octogenarians and nonagenarians are enjoying increased health and sociability, as already well-established among the 'third age' sector. They are also gradually frequenting social centers and joining assistance and cultural groups very similar to those adopted by the younger elderly.

The same phenomenon is starting to occur among centenarians. Some of those interviewed during the most recent phase of my research participated regularly in groups. In addition to reflecting better health, this change illustrates the aforementioned phenomenon of patterns of physical and existential practices being temporally dislocated into the future. This shift is already registered in everyday speech through expressions like "eighty years old today is like being sixty or seventy in the past." The phenomenon is especially true in relation to women.

However the market's hold over the elderly is still much less intense than over 'young' people, reflected too in their lower visibility in the media and social networks. And without the same stimulation from news reports and other information sources, scientific research has likewise tended to overlook or neglect this group, almost to the same degree as the State.

It is important to remember, though, that much of this 'fourth' age sector constitutes an intermediary or pivotal generation, hierarchically located between the centenarians and the younger family generations, and made more important by the support that they provide – both in terms of care and financially – to other generations (Britto da Motta 2012, Attias-Donfut 1995).

The centenarians. This is the smallest demographic contingent, representing less than 1% of the Brazilian population, though also expanding as people generally live longer. The group arouses a certain curiosity due to their advanced age and how they managed to reach it. Even so, public interest and to some extent market interest in this age group remains limited except in the healthcare sector.

Centenarians

According to Brazil's census statistics for 1991, there were 13,865 centenarians in the country, made up of 9,208 women (66.4%) and 4,657 men (33.6%). In the 2010 census, this figure had almost doubled to 24,236, while the number of women quadrupled in relation to men: 19,989 women (82.48%) compared to 4,247 men (17.52%).

In Bahia, the Brazilian state with the largest contingent of centenarians, there were 3,578 according to the 2010 Census, with 2,442 women (68.25%) and 1,136 men (31.75%), 70% living in urban areas. Overall they share a number of characteristics already well-observed among other elderly sectors of the population, such as the very clear predominance of women with the female contingent increasing as the population ages. This in turn defined many of the fundamental characteristics of the demographic: predominantly widows, a large number of single women (around 16%) and low levels of schooling (reflecting the many restrictions on women's formal education for much of the twentieth century).

The literature on this elderly sector, very limited, is generally concentrated in the healthcare area. Material in the social sciences is even more scarce. Looking further back in time, we can cite the short but pioneering chapter by Simone de Beauvoir in *La Vieillesse* (1970). It is especially interesting since it quotes findings from studies conducted in France and the United States that already revealed the exceptional state of health and energy of this demographic sector – identical to characteristics that I have been encountering today in my own research.

At present, studies and research are being undertaken on 'advanced aging' and 'hyper-centenarians' (people aged over 110 years) by a number of teams at some European and US universities, in the main, accompanied by periodic meetings of the International Centenarian Consortium, generally preceding international congresses in the areas of Gerontology and Geriatrics, which set much of the tone of the works presented. There is now a widespread competitive interest in determining the identity and location of the oldest person in the world.

In Brazil, studies are also confined almost exclusively to the healthcare area, and frequently limit their findings to demographic and statistical data. The equally important social context, ways of life and the subjective everyday experiences are still not sufficiently covered, however. In the field of the social sciences, there is just the brief introduction by Ana Amélia Camarano (1999) to the book *Muito Além dos 60* [Far Beyond the Sixties] and prospective studies by Britto da Motta (2006). The latter research was developed in two phases: starting out with general research data¹ on the elderly and their family relations, in which the very old already stood out, followed by specific research on the ways of life of centenarians and the

¹ Projects: "The older elderly"; "Relations between generations: parents and elderly children" and "Gender and generational relations: parents, children and grandchildren." Financed by CNPQ (PQ Scholarships), PIBIC and PIBIC/FAPESB (IC Scholarships). Students who participated in various phases: Patrícia Schramm Andrade, Carla Pellegrino, Ulisses Oliveira Amorim, Zilmar Alverita de Silva, Fabiana de Santana Medeiros, Hugo Lessa Gama, Carolina Santana de Souza and Jeane Rangel.

generations supporting them, analyzed in various articles (Britto da Motta 2010, 2012).² The remaining literature consists of diverse news items or reports in magazines and newspapers on the demographic growth of the centenarian sector, or on the birthdays of “surprisingly” lucid and often healthy individuals belonging to this age group.

There has also been a recent trend of attempting to determine the exact age and geographic location of very elderly people in order to claim not just social distinctiveness, but a place in the Guinness Book of Records. Examples have been reported frequently in newspapers and on the internet, including the case of the Bahian woman, Dona Maria Isídia, 124 years old, whose inclusion in the Guinness Book of Records occurred as a direct result of a claim made by her family (www.gl.globo.com).

In any case, the public acknowledgment of an elderly person’s exceptional age is clearly complimentary to the family. Also in Bahia, our team is currently accompanying Dona Eurides, 120 years old, who has featured in a news report (*i.bahia*, 26/3/2015) precisely as another potential candidate for the world’s oldest person. However, lacking any close living relatives and residing in a charity-run home, she appears unconcerned with providing additional proof for her claim, though she remains extremely lucid and content: she loves being photographed.

In most of the material available on centenarians, ranging from Simone de Beauvoir’s work to news reports, we can detect two perennial themes. First the affirmation of their good physical and mental health, frequently better than that of their own elderly children. And second, an ever-present curiosity, mixed with perplexity, concerning the ‘achievement’ of reaching 100 years of age, or the ‘secret’ of such extraordinary longevity. Medical scientists are encouraged to research the possible origin of this unexpected health and resilience, while in the social area every centenarian observed or interviewed is probed to reveal ‘their’ secret – always in this sense of a mystery to be revealed. Today more numerous and visible in the media, they are asked about the ‘secret’ of their group. One example is the extensive cover story by the Brazilian magazine *Época* (2006). The magazine managed the feat of listing different ‘secrets’ for each of the four groups of centenarians living in the Brazilian cities identified by the United Nations Development Program (UNDP) as having the highest life expectancy and proportion of elderly people in the local population.

The different secrets ‘revealed’ or presumed to exist were: continuing to work; practicing sports; maintaining an active social life; and, having a healthy diet and ‘habits.’ These more or less match the recommendations of gerontologists published in all the recognized or disguised self-help manuals containing advice on reaching old age with ‘quality of life’ or ‘successful aging...’ But not all elderly people are so ‘well-behaved.’ It is not uncommon for an interviewee to declare that they do not engage in any physical activity or follow an ‘adequate’ diet, but who are doing just fine at one hundred years old (Britto da Motta 2006). This is the case of Dona Julieta, 106, a Northeastern woman from the State of Paraíba, who very candidly declared: “I eat everything. Beans, prawns, lobster, pork; whatever’s put before me, I eat.” She also revealed that she never engages in physical activity aside from domestic chores. And she added: “I’m not a total party animal, but I’ve always liked a party.”

Overlooking this frequent ‘bad behavior’ of the ‘senior citizens,’ however, they continue to be asked about their ‘secrets’ in the belief that they can provide us with solutions: extending the course of life by leaning from their example while, contradictorily, distancing ourselves from anything deemed not to be ‘youthful.’ We want to live for a long time, but without becoming ‘old.’

2 Project “Generational roles in the contemporary family: centenarians and pivots”; also supported by PQ and PIBIC/FAPESB scholarships and the participation of students: Clarissa Paranhos Guedes, Elaine de Carvalho Lima, Liv Lobo and Iracema Sousa de Medeiros Costa.

In the still relatively exceptional case of living to more than one hundred years old, especially while remaining healthy and with a lust for life, curiosity filled with desire and a fearful fascination (the vague dread that we always have of the elderly, “closer to death”) elicits this contradictory but persistent question about the ‘secret’. Whose revelation – never satisfactory – can lead at times to unexpected reactions: in the end, it is not what we want.

The research

Over the course of three research projects with elderly people in Bahia, spanning from 2000 to 2007 and involving a total of 104 interviewees, I identified twenty centenarians: fifteen women and five men. Attractive personalities with unfamiliar characteristics, I began to concentrate on them. All were interviewed and recorded, the circumstances of the encounter documented in a field diary and sometimes with photographs. The majority were accompanied for a long time (some until their death) in parallel with the development of new projects exploring the relations between family generations. Most of the families studied were precisely those with these centenarians among their members.

Consequently the centenarians became the main focus of the later projects, though these have also always included the intermediary (pivotal) generations and other family members. Over time I identified a number of common characteristics among them:

Analyzing levels of education, work and income, we can determine that their ‘selection’ is not linked to class privilege: the majority are of modest means. However, the influence of sex/gender on a long life seems consistent: the majority are women. All of the interviewees possessed their own income, though the level varied considerably and in most cases was low. Frequently their income would be supplemented by some kind of support from their children, especially daughters.

The physical condition of the elderly individuals varied, but even those with health problems, when they felt emotionally content, very often declared that their health was good and that they felt well. Their outlook was generally upbeat most of the time. Complaints existed, but also a sense of tranquility and good humor. They clearly liked living.

Even Dona Etelvina, 124 years of age, the oldest and the most affected by disabilities among our interviewees, was no exception. Able to see very little and moving about only with difficulty, she too chatted, smiled, and told stories, and was described by her 61-year old granddaughter with whom she lived as the “joy of the house.”

Afro-Brazilian, her white hair tied back, she was always in good spirits and talkative, despite requiring some effort to be understood owing to a lack of teeth. Her hearing was good, though. She spoke about her difficulties moving around, pointing out the distance from her bedroom to the front room: “Halfway I stop and have a little rest.” Despite these difficulties, her granddaughter told us that she insists on showering unassisted.

She tells of the premature loss, at 42 years old, of her only daughter (among the five children who she managed to raise) and the longing that she felt for her other granddaughter, aged 70, who had been raised by her and was now sick: she wanted to be living in her home. She spoke in detail about the long years of agricultural work: “Hoeing, clearing sugar cane, driving mules, there was no work I didn’t do in the fields. I worked so hard that I still feel tired today. But the government doesn’t send me anything.” She complains about her physical limitations in the present: “I can’t even sweep the house I live in!” “I don’t do anything, I just sit around daydreaming. When the food arrives, I eat and remain sat there quietly. I go to bed early...I spend the whole day sat down.”

She recalls: “I never missed a Church mass, I loved going... It was in Santo Amaro” (the rural area where she was born and lived for many years). “I never missed a Christmas party either, no way!” She returned to bemoaning the present: “I don’t do anything. (Stretching...) I want to do things and I can’t. When I was a girl, I did whatever I wanted. Now, I want to do things, but I can’t.” When her granddaughter needs to go out, she describes what happens: “I stay alone with my hand resting on my chin.” This matches the photo taken on her last birthday and published in a newspaper report (Oliveira 2002). When speaking about her aging process, she always referred to the constant work: “My body became weaker and weaker. The administrator said: why don’t you go home, Dona Etelvina?” She did finally leave work – at the age of 84.

A lifetime’s arduous work on the plantation left her with just a meagre minimum wage. “I receive a pittance; no one helps me.” Dona Etelvina has 5 grandchildren, 26 great-grandchildren, 39 great-great-grandchildren, and 4 great-great-great-grandchildren: “Ah! If all of them were working to put food on my table!” In an interview with the newspaper during the same period, she compared the labor situation when she was young with the chances available today: “In those days we worked to eat. Today even those who do work can’t earn enough to eat” (*A Tarde*, July 2002). She described her work: “Hoeing, cutting sugar cane and loading wagons. When the time came to cut the cane, the work would continue non-stop until it was done. It was a large sugar mill.” The work was demanding: “When I became a widow I stayed at home crying, until the day I had to go out to work. *When I worked, I forgot*; but now I no longer remember, I’m old.”

She complained about the difficulties: “I no longer have my good health. Everywhere aches (...) I can’t do anything. What do I matter today?!” Even so, she said that she had a love of life and wished to live longer: “I just don’t want to be a burden to others.”

Over the course of our research, some of the centenarians passed away, almost invariably without any lengthy period of illness. This was the case of Dona Etelvina, who we visited just once and who died soon after from a stroke. The same occurred with the deaths of other centenarians involved in our research, four of whom comprised the longest accompanied, much admired and cherished by us, and who died in recent years.

The oldest of this group was Seu Anísio. 108 years old at the time of the first interview, a gem of vitality and charm. I accompanied his life trajectory until he was almost 117 years old, when he died in 2010. The son of farmers, he worked as a mason and became a well-known site foreman in Riachão do Jacuípe in rural Bahia. He played in the city’s philharmonic and was very popular. Calm and good natured, he enchanted those he met. At the party for his 115th birthday, one of the most lively that I went to, he was especially talkative. At one point he went into the house to look for a photo of the philharmonic group to show to a friend. The photo was passed around among those nearby while he told stories about some of those companions, all of them already dead. He smiled contagiously at the thought of some of them and enchanted a young female guest who, sat by his side, listened to him smiling without missing a single word. She was so enchanted that when called to leave, she hesitated to go.

Seu Anísio was Afro-Brazilian, tall, calm and attentive, with a naturally elegant bearing and always neatly dressed. His health only deteriorated well after he had reached one hundred when he became slightly deaf, but still managing to communicate well. His legs lost some of their strength and in the street he used a walking stick. He was twice widowed and had 15 children, some of the older ones having already passed away. He once remarked about one of them: “People say that he is older than me.” Talking about age and marriage, he said: “I’d like to be eighty still and marry again.” He also liked to joke about the possibility of still “meeting a pretty young woman” one day...

He possessed an excellent memory, reflected in the impressive precision with which he recalled facts, including dates. As he told me in our first interview: “I arrived from Riachão on the 8th of August, 1961.

I arrived here in Salvador. I came to this house, in 64.” From there he went on to describe how he was owner of a house, located in the Saúde district, where he lived with a housekeeper responsible for domestic chores. He was responsible for the household expenses and explained how he liked to live alone. The children helped, but not regularly: “Every now and then, one gave me something, another something else.”

Two daughters lived in the neighborhood, one of whom was his main caregiver. “Anísia takes me everywhere I wish.” At home he hated staying still: “I do everything I can (...) I fix one thing, I fix another.” He never stayed at home alone since when the housekeeper was out, he would go to his daughter’s house. Regarding his relatives, he remarked “I get along well with all of them.” He kept in touch by telephone.

He had few close friends since most of his companions had already died: “That’s the price of growing old: we lose the people from our youth.” He admitted: “I get the urge to visit other people’s homes to chat, but the families go to work, the husbands are out, the wives are out. On Sundays they head to the beach. Where would I go? So I stay at home.” Sometimes he received visits and was featured in various newspaper and television reports.

Seu Anísio’s birthday commemorations were neighborhood events, mobilizing a small crowd of children, grandchildren and other relatives (even young infants would go, always to be photographed with him at some point), as well as friends and admirers from Salvador, and others who came from inland Bahia. A mass was always held in the neighborhood church, followed by dinner at his home. One of the constant attendees, year in and year out, was a friend whose birth certificate he had witnessed in the ‘interior.’ He proudly proclaimed this fact. The last time I saw him, he was much ‘older’ and less steady on his legs than Seu Anísio.

Despite his perennial good humor, he did not think it was good to be old, “because the children are the ones in charge, I’m not in charge of anything anymore. If I try to do something, they say: ‘Don’t do that, do this.’ That’s why I think it’s bad, but life goes on.”

In the case of Dona Januária, the desire to meet her was inspired by seeing her portrait in a newspaper report, which showed her smiling broadly, hugging a guitar. In April 2002, at 108 years of age, the first interview took place, where she marvelously declared: “I feel very well and sing in verse and prose.” She really did play the guitar at the time. She had made a recording, and was starting to write a book of memoirs, which was released in May 2004 at a party celebrating her 110th birthday. At her 112th birthday celebration, the last that I intended, as always marked by a festive mass, she was merrily chatting and engaging with the guests.

In an earlier and somewhat contradictory interview she had complained about old age, because despite her good memory (and being a teller of stories) her body limited her activities: she used a wheelchair, her voice was hoarse, she had no appetite, and she found it difficult to read (“the letters get mixed up”) or write (“the letters don’t stay in a straight line” she complained). Her fingers also hurt when she played the guitar.

Pale-skinned, charming and always smiling, in contrast to the complaints. Already a widow for many years, she had never worked outside the home, but, as she emphasized, “I worked at home, a lot of work, because of the nine children!” She received a pension worth the minimum wage, supplemented by her daughters. Her three male children had already passed away. She lived with a younger daughter who took great care of her. “She’s responsible for everything about my life here. I was a mother, now I’m a daughter.” (Laughing). “She’s the head of the household, she’s in charge, she sorts things out.”

During her husband’s illness and after his death she received the invaluable support of her older son, who she spoke of fondly and whose death she lamented to the point of declaring: “For me the world died, I no longer feel joy for anything.” Despite her daughter’s constant care and the phone calls and weekend visits of the other daughters (aged between 72 and 84 years old) she said that she felt alone. Though she also

received care and attention from the housekeeper, she complained whenever her daughter went out: “Then I feel alone, you know? I feel it, because she needs to go out and the girl spends all her time working inside the house and she’s very quiet. She doesn’t even sing!” Dona Januária said that to pass the time “I always have to invent something.” “I’m only happy when there are people around, my children, my friends.”

Despite the complaints, she said that she had many good friendships: “When it’s my birthday, everyone comes.” Her children and friends arrange the party and she receives many guests.

She commented on the relationship with her family: “It’s good, great even.” Not only her children but her grandchildren too would always come to visit her, and when their children were born, they would take them to meet their grandmother: “Some of them take a photo of me with the children”. She rarely left the house: “I’m hard work because you have to take the wheelchair out and put it in the car, it’s a real bother.” As a result she would often decline to go out.

At home, she mainly stayed in her bedroom. She said that she wanted to work, not to make money, but just to do “anything that the others could do but that I can’t.” Resigned, she recognized her health problems were related to ‘old age,’ as she put it, and concluded: “This is what I’m like and there’s nothing I can do about it.”

Accompanying and observing the ways of life of the centenarians was highly revealing in terms of the family relationships of elderly people. This was the case of Dona Januária, for example, especially through the declarations of her 70-year old daughter who was her caregiver. As such the latter represented a clear example of the ‘pivotal generation’ (Delbes & Gaymu 1993, Attias-Donfut 1995). She supported and took care of her centenarian mother, financially supported her unmarried 32-year old son, (“he got married before he was really able to”) and paid the child support for her 5-year old grandson. After establishing a cordial relationship with the interviewer, she confided that she had some complaints about her mother, who was “very stubborn.” There were the day-to-day frictions; Dona Januária’s poor hearing created difficulties: “You say things once, she doesn’t hear. You say them a second time, she still doesn’t hear. You say them a third time and your voice already comes out a little different, right? When we speak more loudly, we speak in a strong voice, but then she says: ‘That’s just rude, you don’t have to shout.’ Then I say: ‘But I’m not shouting, I’m just speaking louder.’”

She explained the care routine provided to her mother: “She needs me to give her a bath, I wash her, take her to the toilet, apply her makeup, wash her hands, and take her to the shower.” But she also recognizes the effort made by her mother herself: “She also helps a lot, she has a lot of will power.”

She thought that she did her best for her mother, though this was not always recognized: “I know that I do what I can, and sometimes even what I can’t, but, I don’t know, my sisters aren’t always satisfied (...) a lot of advice, but help? There is none.”

One time jealousy surfaced when she recounted that when her sister who lives in rural Bahia came to Salvador to stay in her house, the other sisters would complain. The sister would reply: “I came to stay with mum.” “She stays here and plays guitar with her, because (Dona Januária) becomes animated and she is very lively too.” She was also jealous of her son’s relationship to his grandmother, another case of the classic understanding between alternate generations: “She likes him very much, he also likes her a lot; he seems to like her more than he likes me, it’s ‘granny’ this, ‘granny’ that...”

Her son, Gustavo (32 years old) is a musician. He too spoke about Dona Januária: “My grandmother is great, an elderly persons but still strong, upright and everything.” He explains that his interest in music came from her: “I would watch my grandmother with her guitar, playing those old songs, and I would sit there enchanted.” He considered his grandmother “a young person. I think what keeps her young is the will to carry on living.”

The first reports that I received of Seu Bráulio referred to him as a poet and someone of very advanced age in equal measure. One of my interviewees (old but not a centenarian) insisted that I had to seek him out, speaking of him with admiration. However I only entered into contact after reading about him in a literary supplement in 2003. He was then 100 years old and in the process of publishing a book, *Pentágono: Cinco Coroas de Sonetos*. The launch at the João Fernandes da Cunha Foundation in Salvador was a festive occasion, accompanied by music and recitation of his poems. He was very happy and elegant attired in his suit.

Over the following years, I continued to accompany his family relations and literary career. As he began to publish less, a certain silence enveloped him in the press, indirectly broken a few times such as when they reported the death of the penultimate member of the literary group to which Seu Bráulio had belonged in his youth, the Poets of Baixinha. This report included the laconic reference: "...of which there now remains only Bráulio de Abreu, who is 103 years old" (Machado 2006). Direct contact was also maintained, including interviews with family members and periodic visits, which continued until a few months prior to his death.

In our first interview, Seu Bráulio made a point of observing that he had no health problems: "Not cholesterol, not my back, not diabetes. My blood pressure is 120/80." He fed himself and slept well, and added that "I feel good, I don't have any pains."

He was a widower and had five children (just one son). He lived with Eliana, his youngest daughter, also a widow, and her adolescent son. He missed his wife who had passed away ten years earlier and with whom he had enjoyed "a very calm life, we never had a row." He also told how he got along 'perfectly' with his daughter. She "takes care of the house and takes care of me, which isn't easy, taking care of a one hundred-year old elderly man." They split the house expenses. Seu Bráulio, a former civil servant, received a pension worth a minimum wage. He was also assisted by his son who lived in another state. He talked about his financial difficulties, adding: "All I have is my poetry." Poetry was also his companion: "My pastime amounts to this, I spend my life here because my books are my life, it's what I read." He seldom went out, only when his children took him with them. "They don't want me to go out alone."

The daughter took great care of him: a regular diet and fixed meal times, he was not allowed to bathe alone in case he fell. He did everything that she ordered: "I obey her like an obedient boy." Smiling, Seu Bráulio assured us that he intended to live until he was 120: "I want to give my daughter lots of work taking care of me."

He received visits from relatives, friends and neighbors. The research team was not an exceptional case, therefore. He greeted everyone with courtesy. He was always in the bedroom, with his books and papers: "I write my poetry, because without it I can't live."

In an interview, the daughter with whom he lived said about him: "Though my father is an elderly person, he has kept up with the times. My father was never stuck in the past." She added, though, that he no longer took much part in the everyday family life: "His life is this, sat down all day, writing his poems..." But when get-togethers were held in the house where he lived, one of the other daughters described how "he would sit at the head of the table, he lunched with everyone (...) the party would end in poetry." Though Seu Bráulio described himself as the "dependent boss," as far as his young grandson, Eliana's son, was concerned, his grandfather was the head of the family: "Because he's the reason why the children are united. He's their point of reference (...) the one who manages to unite the family."

He described his loving relationship with his grandfather: "He likes me a lot, and I adore him. He demonstrates this affection in his own way, I show it in mine, but we always know how much we like each other." He compared his relationships with his grandfather and his mother: "[The latter] is a much more bossy relationship, while with my grandfather it's more about conversation. I disobey my mother but I don't disobey my grandfather."

Our first contact with Dona Guiomar was in 2002 when she was 98 years old. Throughout the project we went back to her numerous times, and also interviewed most of her family. Despite various health problems – she used a pacemaker, walked with some difficulty due to a past accident, used a hearing aid, and was blind in one eye – she transmitted a remarkable energy and was very lively. She had an excellent memory and had a natural authority over the family.

A widow, she told us during the first interview that she had 7 children, 26 grandchildren and 42 great-grandchildren. She had led an active professional life as secretary of an important educational institution, which she only left when she had to take compulsory retirement. She recounted how one employee from the institution had remarked: “But you’re going to retire?!” “Still alive, like this? When your work is so perfect!” She replied: “I won’t work for free for the government!” At the same time, she admitted: “How I miss it!”

All her dedication earned her just a small pension equivalent to the minimum wage. She lived in her own house, where she had been for more than 50 years, located in a poor district. She felt comfortable there and was visibly well-loved by her neighbors. A widowed daughter lived with her and maintained the house. A granddaughter, the daughter of this daughter, lived on the floor above with her husband and son.

Dona Guiomar told how up until a few years ago she had done everything around the home. She gradually stopped, “but I still work (...) I wash my own clothes.” She liked to go for walks and visit restaurants with her children and grandchildren. She considered the relationship with her family “the best possible,” which was indeed plain to see.

Concerning old age, she once remarked that “there are some elderly people who are abusive and others who are happy. I belong to the latter group, the happy old people, because I’m never in a bad mood...” She liked to listen to music and sing, and had played violin in the past. She told how every now and then she would sing in the backyard and was applauded by her neighbors.

She celebrated her centenary in 2004. The commemoration was held at a venue for big events with many generations present. The birthday girl, happy and smiling, sang while dancing with one of her sons, Aristóteles. As the only male child, he was an exception: he provided assistance to his mother constantly and visited her every day. She also danced with her doctor, who kissed her affectionately on the forehead. At the end of the party, she spoke using a microphone, thanking everyone, children, grandchildren, relatives and friends, for coming.

Talking about what she most wanted, she declared that: “I ask God that the days pass and he doesn’t leave me bed-ridden, that he lets me stay on my feet until my time comes.” A widespread concern of active older people everywhere, her wish was granted: she was able to move around and remained lucid until the end.

During our first interview, Dona Guiomar commented that perhaps the happiest period of her life had been this one, “because the children are already grown.” Two years later her life became more difficult due to the serious health problems faced by two of her children. When she reached 102, in January 2006, she did not want a big celebration, which continued to be the case thereafter. Her oldest son, at the age of 78, was hospitalized following a stroke, while the condition of her oldest daughter, who had Alzheimer’s disease, became worse. In conversation, she confessed that: “I don’t accept it, my dear. I just don’t accept it. He is hospitalized at 78 years old. And myself, at this age, I am as good as new. In fact when I was 94 I used to say that I was 49.” She also spoke about her ill daughter: “I keep imagining when I make ‘my journey,’ what will happen to Mercês? I still don’t accept her situation. My oldest daughter... I always thought that she’d be taking care of me.”

Even in this situation, people visited her frequently and she received numerous telephone calls on her birthday. In subsequent visits by the research team, she again stated that she was very unhappy due to her children's health problems. "I'm afraid of 'going' and leaving Mercês all alone in this situation. She doesn't remember anything and sometimes only listens to me."

Soon after the aforementioned birthday, her son passed away. She oscillated between refusing to accept his death and feeling relieved, confiding that at least he was no longer suffering. It was the second son she had lost. "I'm 102 and I'm here, healthy! I'm only afraid of leaving my sick daughter behind, poor thing."

Dona Guiomar was in fact someone with a great presence, strong-minded and congenial. She was well-known and liked throughout the neighborhood. Despite her withdrawal from celebrations, she commemorated her 104th birthday the following year in obligatorily happy style with a festive breakfast organized precisely by her neighbors.

Indeed this is one more fact reinforcing my observation of how the centenarians who I encountered have generally proven to be the object of considerable admiration and affection, even among those not involved in their immediate day-to-day life, like their neighbors. This affection and admiration is also strongly expressed in particular by the generation of grandchildren. This clearly occurred in the case of Dona Guiomar, as we also saw with Dona Januária and Seu Bráulio. In an interview, Cristina, 40 years old and granddaughter of Dona Guiomar, was speaking about being young when she curiously referred to her grandmother: "Being young is being open to things in the world, to people. I consider my grandmother to be someone with a young mind, she isn't shocked by anything, she welcomes everything new, she is a point of reference for young people. In terms of her mind, she is much younger than me, because I am very set in my ways."

Speaking later about the elderly, she returns, naturally enough, to her grandmother: "An elderly person like my grandmother is a great boon. Every time I go to see her, I come back refreshed because she tells me so many surprising things. She unites the family around her."

Dona Guiomar reached the age of 107 in January 2011 and once again was unable to evade the festive celebration. However, for the first time she spoke about death as a 'solution' for her and her daughter who was just resisting and surviving, though she did not fail to mention happy moments, like the beautiful party for her 100th birthday: "It was some event!"

She began to complain about aches and started to avoid walking. She also began to have small episodes of forgetfulness – common enough to people of various ages, albeit not for her – like the time she invited one of the students from the research team for Sunday lunch the following month, but was surprised on the day to see her arrive. Nonetheless, she lucidly 'sorted out' the issue, telling her: "In my mind, I knew that I was forgetting something. I forget without forgetting." Afterwards, smiling, she repeated something that she always liked to do: she sang a song for the student that featured her name.

They ate the 'famous' bean stew that Miss Guiomar had already mentioned on various occasions as one of her favorite dishes. In typical Bahian fashion, this was accompanied by hot pepper sauce. She ate well and then went for a rest, not without singing again first, though. This time it was *Mulheres, de Martinho da Vila*, a samba that she particularly liked. She sang a few choruses and reaffirmed how much she enjoyed singing. It was the last time we would see her. The following month she died, 'still standing' and lucid, just as she had wanted and deserved.

Recognizing the vicissitudes

The research continues alongside other projects. New centenarians have been discovered and the processes of being acquainted and developing relationships renewed. These four special personalities, however, remain strongly imprinted in our affective memory and admiration.

At the moment, I am working with centenarians who have spent less overall time with the project. I select some of them here, though, as they provide the opportunity to present a wider social context of life experiences, including two cases of families atypical in relation to earlier research findings. The title of the current project, *Longevity and Generational Time, Ages and Vicissitudes*,³ recognizes that new configurations are emerging in the lives of more elderly citizens and the centenarians are no exception. Though the family, in most cases, treats them well, providing care and affection, and are generally their main source of support, there is also some evidence that it is also within the family that elderly people often suffer more violence, both in day-to-day life and in their final days (Debert 2001, Faleiros 2007).

Given that the family comprises this variable terrain of affects, sometimes firm, at other moments shifting (Britto da Motta 2013), it is important to emphasize just how insecure life can become for the more elderly when they discover that there is no place of respite for them. Indeed it is in the public sphere that the greatest vicissitudes are manifested: the disqualifying competition when they are still in the labor market, but especially – and right until the end – the institutional neglect, various kinds of financial fraud, and the extra suffering caused by the absence of effective state policies (Britto da Motta 2013). And then there is the final devastating blow of abandonment, triggered by health issues and taking place mainly in hospitals, where elderly people often go to die (Souza, Meira & Menezes 2012).

These are problems that only seem to be worsening today. Not just as a result of population growth, but especially because of the decline in solidarity and the increasing anomic ways of contemporary society. On one hand, further examples could be added to the felicitous stories of the centenarians analyzed above, like the current life experience of Dona Joana, aged 101. Robust and healthy, she enjoyed a lavish and joyous birthday party organized by her family, while her everyday life of regular domestic chores is assuaged both by the family's attempts to slow down her 'excess' of activities, as by the happy recitation of her numerous poems, which she also presents to her elderly group. Or the upbeat liveliness of Dona Benzinha, 95, who lives alone, but maintains strong connections with her family who live nearby and meet up with her every Monday. She is also a member of three different groups, paints tea-towels to sell and classifies herself as follows: "I'm at a rebellious age. I do whatever I want and think."

On the other hand, though, there are those who are 'family-less,' such as the previously mentioned Dona Eurides, 120. Widowed and childless, she was poorly looked after by the family member in whose house she had been staying, despite having her own financial resources. She became ill. After successful treatment, she was accepted as a resident in a healthcare institution, some 15 years ago. There she is very well treated and has developed close ties with her caregivers, or 'granddaughters' as she likes to call them.

The bitterest case is that of Dona Ana, a widow with four children, who received little attention or care and died one month ago. She was accompanied by our research team for almost two years, enough to discover that two birthdays went by with nobody from her family remembering the date. One of the students, attentive and already feeling affection for Dona Ana – who emphasized more than once that nobody had ever given her so much attention, not even her grandchildren or daughter, who was very silent – tried to organize a small celebration for her. Last year she took her a cake, but the daughter and son-in-law

³ Project "Longevity and Generational Time, Ages and Vicissitudes." Support CNPq (PQ Scholarship) PIBIC/FAPESB (IC Scholarship). Participation of students: Irani Santos Silva, Maiane Lima Santiago, Elideise Damasceno and Danielle Carla Correa de Pinho.

with whom she lived went out to the supermarket... This year her birthday was again remembered by the student, but the daughter only remarked that she was embarrassed to having forgotten. Curiously, Dona Ana had remembered on both occasions – had she thought it pointless to mention her birthday to her family?

From time to time, Dona Ana complained of feeling unwell and tired, as well as pains, during the period that the research team accompanied her. There was no indication that she received medical care during this time. Once her condition worsened, she was hospitalized. However she did not seem to have received much professional attention, one family member complained. A few days later, she died.

Conclusion

Analyzing *centenarians* as a specific analytic category prompts a series of reflections, including:

On the social revolution that increasing longevity is creating, and the types of changes in social relations triggered by the simultaneous presence of multiple generations, both within the family and in the broader social context.

On the double nature of the category *elderly*: as a bundle of identities of a more general relational nature (of gender, class, race) and as an expanding generational/age sector, which the longer it extends, the more it is capable of giving rise to distinct temporal experiences that can become multiplied in ‘generations.’

On the special ‘something’ that centenarians really possess (not necessarily ‘secret’ or ‘mysterious’) and that often distinguishes them even from their own ‘third’ and ‘fourth’ age children. Comparisons like those made by Dona Guiomar (“he is 78, hospitalized; when I was the same age, I felt as good as new”) and Seu Anísio (“the people said that he (the son) was older than me”) aptly illustrate this point.

On the need to abandon any simplistic search for *the* cause (in the singular) along with the customary biological emphases common to geriatrics and gerontology, so as to be able to reflect instead on a confluence of different causes.

All of our subjects have presented, to a greater or lesser degree, the same beneficial socio-psychological characteristics, demonstrating the clear genetic advantage that they possess. As well as being essentially healthy, they are calm, sociable, happy, and interested in life. This is what makes them, even when they have some disability or medical problem, look beyond their complaints and declare that they have good health and wish to live longer.

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References

- ARIÈS, Philippe. 1983. “Une histoire de la vieillesse”? *Communications*, 37(1): 47-54.
- ATTIAS-DONFUT, Claudine. 1995. « Le double circuit des transmissions ». In: _____. (org.), *Les solidarités entre générations*. Paris: Nathan. pp. 41-81.
- BEAUVOIR, Simone de. 1970. *La vieillesse*. Paris: Editions Gallimard.
- BOURDIEU, Pierre. 1990. *Coisas ditas*. São Paulo: Brasiliense.
- BRITTO DA MOTTA, Alda. 1998. “Reinventando fases: a família do idoso”. In: _____. (ed.), Dossiê: Gênero e família. *Caderno CRH*, 29: 69-88.
- _____. 1999. “As dimensões de gênero e classe social na análise do envelhecimento”. *Cadernos Pagu*, 13:191-221.
- _____. 2001. “Idosos na sociedade brasileira no limiar do século XXI”. In: Vânia Gico; Antônio Spinelli; Pedro Vicente. (eds.). *As Ciências Sociais - Desafios do Milênio*. Natal: EDUFRN-PPGCS. pp.620-633.
- _____. 2003. “Espaço doméstico e gerações: disputas veladas e renúncias ambíguas”. Anais do XI Encontro de Ciências Sociais do Norte e Nordeste. Aracaju, Universidade Federal de Sergipe, August 2003. Mimeo.
- _____. 2004. “Sociabilidades possíveis: idosos e tempo geracional”. In: Clarice Ehlers Peixoto (org.), *Família e envelhecimento*. Rio de Janeiro: Fundação Getúlio Vargas. pp. 109-144.
- _____. 2006. “Ter cem anos no Brasil”. Trabalho apresentado no 52º Congresso Internacional de Americanistas, Sevilla. Mimeo.
- _____. 2010. “A família multigeracional e seus personagens”. In: Kimi Tomizaki (ed.), Dossiê De uma Geração a Outra. *Educação e Sociedade*, 31(111): 435-458.
- _____. 2012a. “Mulheres entre o cuidado dos velhos/as e a reprodução dos jovens em famílias no Brasil”. *Ex Aequo. Revista da Associação Portuguesa de Estudos sobre as Mulheres*, 26: 87-101.
- _____. 2012b. “A juvenilização atual das idades”. *Caderno Espaço Feminino* (Universidade Federal de Uberlândia), 25: 36-42.
- _____. 2013. “Violências específicas aos idosos”. *Sinais Sociais*, 8(22): 63-85.
- CAMARANO, Ana Amélia. 1999. *Muito além dos 60*. Rio de Janeiro: IPEA.
- COMO passar dos 100. *Revista Época*, São Paulo, ed. 408, seção sociedade, 9 March 2006. Source: <<http://g1.globo.com/bahia/noticia/2011/05/familia-de-idosa-baiana-reivindica-titulo-de-mulher-mais-velha-do-mundo.html>>. Consulted: 6 May 2011.
- DELBES, Christiane; GAYMU, Joelle. 1993. “Les familles à quatre générations”. *Informations Sociales*, 32 : 8-12.
- DEBERT, Guita Grin. 2001. “A família e as novas políticas sociais no contexto brasileiro”. *Interseções – Revista de Estudos Interdisciplinares*, 3(2): 71-92.
- FERNANDES, Ana Alexandre. 2001. “Velhice, solidariedades familiares e política social: itinerário de pesquisa em torno do aumento da esperança de vida”. *Sociologia*, 36: 39-52.
- FALEIROS, Vicente de Paula. 2007. *Violência contra a pessoa idosa — ocorrências, vítimas e agressores*. Brasília: Universa.
- Ibahia-Com cento e vinte anos. *Soteropolitana, pode ser a mulher mais velha do mundo*. Source: www.ibahia.com. Consulted: 7 April 2015.
- LENOIR, Remi. 1979. “L’invention du troisième âge: constitution du champ des agents de gestion de la vieillesse”. *Actes de la Recherche en Sciences Sociales*, 26: 57-84.
- LINS DE BARROS, Myriam. 2006. “Gênero, cidade e geração: perspectivas femininas”. In: _____. (ed.), *Família e gerações*. Rio de Janeiro: Fundação Getúlio Vargas. pp. 19-37.
- MACHADO, Luiza. 2006. “Saudades da Baixinha”. *A Tarde*, Salvador, Suplemento Cultural, 29 April 2006.

- MANNHEIM, Karl. 1928. "O problema das gerações". In: *Sociologia do conhecimento*. Porto, PT: Res Editora. pp.115-176.
- OLIVEIRA, Flávio. 2002. "Baiana pode ser mulher mais velha do mundo". *A Tarde*, Salvador, 5 June 2002.
- PEIXOTO, Clarice Ehlers. 2004. "Aposentadoria: retorno ao trabalho e solidariedade familiar". In: _____ (ed.), *Família e envelhecimento*. Rio de Janeiro: Fundação Getúlio Vargas. pp. 57-84.
- SOUZA, Carolina Marback Barbosa. 2009. *O trabalho dos aposentados em Salvador-Bahia: interfaces entre mercado, previdência e família*. Tese de Doutorado em Ciências Sociais – Faculdade de Filosofia e Ciências Humanas, Universidade Federal da Bahia, Salvador.
- SOUZA, Andréa dos Santos; MEIRA, Edméia Campos; MENEZES, Maria do Rosário de. 2012. "Violência contra pessoas idosas promovida em instituição de saúde". *Mediações*, 17(2): 57-72.

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Too much love: institutional care for old age

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Abstract

This paper, which is an exercise in articulating anthropology and psychoanalysis to the study of care for elderly people, is based on an ethnographic case study of an institution caring for the elderly in the city of São Paulo. It seeks to understand the representations of old age, aging and care, and what motivates professionals who provide assistance to the aged. Love, care and attention, understood by professionals and staff as requirements for a good job performance, are designated as donation (gift), regardless of technical knowledge. Recurrent references to both charity (gift) and biomedicine (technique) models, have implications for caring for the aged. For different reasons, both management models converge in a practice in which the elderly appear submitted to the intentions of another. The idea of gift as a supposedly unintentional action reveals care as a power relationship.

Keywords: Care, Old Age, Institutionalization, Biomedicine and Gift, Ethnography, Psychoanalysis.

Amor demais: o cuidado institucional à velhice

Resumo

Este texto, um exercício de articulação entre antropologia e psicanálise para pensar o cuidado a pessoas idosas, baseia-se em um estudo de caso etnográfico numa instituição asilar no Município de São Paulo. Busca-se compreender as representações de velhice, envelhecimento, cuidado e o que move a assistência à velhice. Amor, carinho e atenção, entendidos pelos profissionais e funcionários como requisitos para o bom exercício da tarefa, são concebidos como doação (dom) e independem do saber técnico. Recorrentes referências aos modelos de gestão do trabalho com a velhice baseados tanto na noção de caridade (dom) quanto na biomedicina (técnica) têm implicações para o cuidado; por motivos diferentes, ambos convergem para uma prática em que o velho aparece submetido às intenções de um outro. A ideia do dom como uma suposta ação desinteressada evidencia o cuidado como uma relação de poder.

Palavras-chave: Cuidado, Velhice, Institucionalização, Biomedicina e Dom, Etnografia, Psicanálise.

Too much love: institutional care for old age

Natália Alves Barbieri

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Introduction

Furor curandis was the expression used by Sigmund Freud (1915, 1937) to designate the desire of the analyst to cure. An excess of care – with good intentions – can be abusive, interfering and impeding analytical work, by supposing an overvaluation of the person who offers help. Upon addressing this issue, Freud pointed to a human difficulty in dealing with the questions raised by the presence of the other, which can be manifest in this form of love. The research presented in this paper shows that this type of care – too much love – appears in work with elderly, without it being understood as a problem. To the contrary, this demonstration of love is taken for granted, and is socially accepted and valued.

This issue points to the need to address care as a fundamentally relational human phenomenon, an encounter in which one side is predisposed towards the other. Care thus relates to that which takes place in the relationship between two protagonists – the care provider and the person cared for – each occupying a distinct place. This relationship is marked by an asymmetry, such as that which occurs in the transference relation between an analyst and the person undergoing psychoanalytic treatment. The asymmetry concerns a difference of positions and needs, in which, in principle, the other is recognized as someone similar. Thus, it does not presuppose any hierarchy of power. The excess of *love, affection and attention*, however, appears, as will be seen throughout this paper, as a form of exalting only one of the sides of this relationship, which will have implications for the care itself and for the elderly that are subjected to it.

Contact with the aging of the other leads to contact with one's own aging. The experience of time marked by finitude permeates daily institutional life (Setllage 1997; Goldfarb 1998). Aging, like death and the fear of dependence, are aspects that are constantly denied in a social context that stimulates the idea of a narcissistic time of youth as a superior value that is associated to the dream of consumption (Messy 1993; Birman 1995; Debert 1999). Aging tends to be considered as a process that always occurs with the other, never with oneself, and professionals who work with the elderly are also part of this culture, which avoids, at all costs, the experience of the passage of time.

To address the specificities of care for the elderly in nursing homes, an ethnographic case study was conducted in an institution in the municipality of São Paulo, Brazil, as an exercise in articulating anthropological and psychoanalytical approaches to the study of care for elderly people. Using anthropological tools for conducting the field study in articulation with theoretical references from both disciplines, we sought to grasp the notion of care found in the way that professionals and employees think of and experience their work. That is, we sought to address care as it is represented in the universe studied, as a “native category”.¹

¹ About the possibilities for theoretical and methodological articulation between anthropology and psychoanalysis, see the previous article (Barbieri & Sarti 2011).

This article was written “with four hands”, based on the master’s dissertation of Natália Alves Barbieri (Barbieri 2008), a psychoanalyst, whose initial research problem emerged from her own experience in therapeutic care for the elderly. The work, which was based on an ethnographic method, was undertaken under the supervision of anthropologist Cynthia Sarti, from the graduate program in Collective Health at the Federal University at São Paulo (Unifesp). We sought to discuss the work with the elderly based on the symbolic references implied in the relationship between those who provide care and those who are cared for.

Institutional Care

Care for children, the elderly and family dependents, designated as a predominantly feminine task, came to be a problem when women entered the formal labor market, given that this change was not accompanied by a reformulation in the division of domestic tasks. In these circumstances, families often feel unable to care properly for their elderly relatives at home.

The increase of human longevity, observed since the end of the 20th century, is another factor in this situation. Despite various stimuli for the maintenance of a healthy, active and pleasurable life for the elderly, the advance of age usually involves an expansion of fragility and the advent of chronic diseases, which can compromise the independence of a person in daily life. The rise of new concepts of residence for the elderly has come to respond precisely to the need for intensive and integral care for people who have serious health impairments, given the financial and emotional difficulties families have in taking on this function.

The growing number of private or philanthropic institutions for care for the elderly (Chaimowicz & Greco 1999; Berzins 2006; Camarano 2010) includes both small and clandestine “backyard” facilities, as well as those considered “high standard.” Only 6,6% of the institutions in the country are public or mixed public and private, as indicated by an extensive study conducted by the Institute for Applied Economic Research (IPEA) (Camarano 2010), reaffirming the need for this type of service.

Although institutionalization can be considered an innovative care option – in part because it can allow a broader social life – the search for new collective decisions for housing the fragile elderly who are unable to care for themselves tends to stigmatize the idea of institutionalization, which is accompanied by the “ghost of abandonment” (Sarti 2001a: 94). In Brazil, the term commonly used for this collective housing for the elderly has traditionally been “*asilo*” [*asylum* in English], or *instituição asilar*, a *sheltering institution*, which originally referred to a refuge for various categories of people such as political exiles during the military dictatorship (political asylum). But in Brazil today, the use of the term *asylum* seems to be restricted to housing for old people, and is still associated with abandonment, poverty and charity.

Not even the new and often euphemistic terminology used in Brazil – rest house, residence, geriatric clinic, long-term care for the elderly or flats – have been able to break with this symbolic association. While these various new terms reflect diverse formats and ideologies, they are often only designated as *asilos*. Or, as Groisman (1999: 01) indicated, all these types of services coexist and compose a “complex and contradictory network of institutionalization of the elderly.” What they all have in common is that *care* is their central focus and *raison d’être*.

To address the specificities of care for the elderly placed in these services, this study was conducted in an institution in the municipality of São Paulo (Barbieri 2008) to investigate *in loco* questions inherent to the foundation of this institutional practice. Without an *a priori* selection of what would be observed, the method chosen allowed addressing professional care for the elderly in the daily life of the institution.

To study the phenomenon of care in loco requires the researcher to address important questions, mainly those that refer to the observer-observed relationship, which is a central problematic of both ethnography and psychoanalysis. The questionings proposed by the ethnography guided the presence of the researcher in the field, based on participant observation. The psychoanalytical concept of transference was used as a reference for considering the relations found at the institution. This allowed establishing a parallel among the relationships: researcher-researched, psychoanalyst-analysand and between the professionals of the institution and the elderly residents of the institution.

The methodological choices, therefore, are intrinsically associated to the problem of the study. The dialog between the two disciplines occurred on a methodological level, when conceiving the relationships in the ethnographic fieldwork based on the concept of transference; and on the analytical level, this dialog was always present, given that both disciplines understand reality to be mediated by language (Barbieri & Sarti 2011).

One of the criticisms made of research in psychoanalysis is that knowledge only exists in the experience based on transference, which only takes place in the traditional analytical *setting*: the analyst's consulting room. The concept of transference, however, addresses in a relational manner individuals who speak and interact with each other, no matter where their encounter occurs. (Psycho)analysis is based on the word that interpellates a listening of another. The psychoanalytical experience is established based on this listening to the speech of one (or various people), with this being the field of transference, where the empirical psychoanalytical field of therapy and research come together. It does not involve, therefore, an "applied psychoanalysis" where psychoanalytical concepts would be used as a resource to understand what is seen in the field, but the fieldwork itself is analytical by focusing on transference because this is, beyond the setting, specific to human communication (Althusser 1973).

The study

The questions that motivate this study are based on the complaints presented by families of the elderly who live in nursing homes. Such complaints generally refer to the excessive turn-over of the employees who provide basic care and who spend most of the time in contact with the elderly. The recurring rearrangement is understood to affect the quality of the services provided, even in locations considered to be references in this type of care.

In research on healthcare, the professional is usually not identified as an object of study, with only one of the sides of the care relationship prevailing: the patient, the user of the service or simply the person who is attended (Laplantine 2004).² Nevertheless, studies in the human and social sciences (Sarti 2010) show that it is not possible to address institutional care without presupposing its relational dimension, in the encounter between (at least) two protagonists: the one who cares and the one cared for. Following this trend, the population considered in this study includes all professionals and employees who work in the institution, seeking to consider all of the professional and technical categories existing there, encompassing the diversity in the care, as well as the observation of the users of the service. This choice became particularly relevant, because care is normally associated, particularly in medical sectors, to knowledge and action exclusive to the field of nursing, as if doctors cured while nurses provided care (Ayres

² The model of the Free and Informed Consent Agreement (TCLE) offered by the Research Ethics Committee (CEP) at Unifesp is an example of this trend. Neither the professionals or even the students and teachers are included as "subjects of the research" only "patients" or "users," the population attended by the healthcare services.

2002). In this study, however, care was considered in a broader manner, to understand that it permeates all the institutional levels, and is not restricted to nursing.

The ethnographic work took place over eight months, in an institution indicated as a reference in care by professionals in the field of aging. It is a not-for-profit charitable institution, with capacity to serve an average of 170 elderly people, some of whom pay and others who do not. It was first conceived by a group of church women who decided to create an entity to offer *housing, love and care, as well as support and hospital assistance for needy elderly people*³. This initiative, which is nearly 100 years old, was born within a community of immigrants who arrived in São Paulo in the late 19th century⁴. Although it is administered by a board composed only by members of this *community*, the assistance is open to the elderly public in general and not restricted to descendants of the members of the founding community.

The board members work voluntarily, as defined by the by-laws of this philanthropic organization. Daily activities are coordinated by an administrator who is responsible for the administrative sector and by a social worker who is responsible for receiving the elderly, and for the contact and contract with the families. The hired professionals (who have university degrees) also include a geriatrician, responsible for the conduct of health, four nurses, an occupational therapist and a nutritionist. Other employees are people with a lower level of formal education: nursing assistants, caregivers, clothes washers, cooks, kitchen assistants, in charge of cleaning, porters, maintenance staff, the library intern and all administrative staff. According to the institutional records, it is estimated that there are ninety working people in all, as well as a large number of interns and volunteers, with an average of sixty workers frequenting the institution daily, in a not necessarily systematic manner. The nursing assistants and the caregivers (a denomination given to employees without technical training to perform basic care for the elderly, such as monitoring bathing and the taking of meals), as will be seen later in this work, are the ones that are in regular contact with the elderly in institutional routine, and represent the majority of the team.

In relation to the elderly, 70% pay from 4 – 9 minimum wages for individual or shared rooms, an estimate that does not include the costs of medications, diapers and any extra fees that vary according to each person's dependence and need for specific care, for extra caregivers, physiotherapy, speech therapy, and other goods or services. The 30% of the remaining spaces are supposedly free of charge, even though their pensions are retained by the institution and a portion of the funds are used to pay for their expenses, as determined by the Statute of the Elderly (2003)⁵.

The first contact was made with the administration of the institution, when the research project was presented. A commitment was made to maintain the names and specific data about the institution confidential, to protect the members of the administration, the elderly, employees and the professionals who granted interviews. The management, in turn, consulted with the directors to see if the field work could be conducted, and the directors agreed. The nursing coordinator was designated as the person responsible for receiving the researcher, because he was also conducting a master's degree and was thus

3 Information found on the institution's Internet page. The address will not be revealed, as well as any information that could identify their origin, because we agreed to guarantee confidentiality.

4 Several communities that settled at that time in São Paulo city built asylums to meet their own elders, such as the Germans, the Japanese, the Syrian-Lebanese and the Jews. We maintain the anonymity of this community due to the established confidentiality agreement with the institution.

5 Law nº 10.741, of Oct. 1, 2003, known as the Statute of the Elderly, and other measures. (Cap. VIII, art. 35): "§ 1º In the case of philanthropic entities, or nursing home charging for the participation of the elderly in the cost of the entity is permitted. § 2º The Municipal Council for the Elderly, or the Municipal Council for Social Assistance, will establish the form of participation called for in § 1º, which may not exceed 70% of any social security benefit or social assistance received by the elderly."

considered *the most competent*⁶ to both evaluate the research project and to accompany the investigative process. This professional was quite receptive and said that he understood the project to be *an important proposal that could help improve the services at the institution*. The fact that the study had the official seal of a university in the field of healthcare, more specifically a school of medicine, proved to facilitate the entire fieldwork process.

The delicate process of negotiation, the sensitivity needed to enter the field and the awareness of the exchanges implied in the research procedures made it possible to build relations of trust with the people associated to the institution – the elderly, their families, the professionals and the employees – during the entire observation period. The presence at the institution was planned with the goal of understanding the work routine. For this reason, at first the visits took place at least twice a week and on the weekend, in the morning, afternoon and at night. The employees' work schedules varied according to their function (and contract) and understanding all these logistics required an intensification of the presence in the field during the study, which helped the researcher to become recognized at the location.

The elderly who circulated in the space were those who proposed a more effective approximation asking: *Who are you? What do you do? Where do you live?* (a question that is directly related to the institutional situation). Meanwhile, the employees and professionals did their work and asked little about the stranger circulating and observing their daily activities, as if they were accustomed to it. Occasionally one or another of the staff would approach the researcher, as in this excerpt from the field work diary:

The nursing aides go from one side to the other. At this moment I feel like a stunned cockroach, not knowing where to go, what to do, how to behave. [...] I was helped by a nursing aide who I met the last time that I came to the institution, when the [nurse] introduced me. This aide, a young man, approached very calmly asking if I was a volunteer or an intern. I said I was doing a study on caring and he, taking advantage of the situation, asked me to help him take one of the old women who was in the TV room to the cafeteria: So now you begin to provide care. He also seemed to be saying provocatively: 'Come see what it is to care for these people here.' This woman, I realized, was one of those who 'was difficult' – she smelled like urine, she spat on people, walked with great difficulty and spoke an undecipherable language – I felt I was in a rite of passage. This assistance-provocation gave me greater security on this first day alone in the institution and an initial contact with the employees.

Despite having been well received, the researcher found that, some professionals were disturbed with her freedom to circulate in the institution. This was revealed in small exclamations when it was her time to leave: *Are you going already? Why don't you stay here like us?* (which one nurse repeated a few times). Or: *Are you leaving because you are going to spend the weekend at the beach? I'm going to stay here on duty*. These somewhat provocative questions were aimed at a supposed place occupied by the researcher – equivalent to a place of "supposed knowledge" – in contrast to those who had to work. At these moments, the asymmetry in the relationship between the researcher (privileged) and worker (underprivileged) was made more than clear.

The second moment of the study involved choosing professionals and employees for the interviews. Emphasis was given to those who had greater and more frequent contact with the elderly, or even those

6 The terms and words used by the interlocutors of the study will be placed in *italics* to distinguish the "native speech".

who had decisive participation in the care practices.⁷ In the case of the nursing aides and the caregivers, there was also a need to establish criteria to decide who would be interviewed, given that frequent rotation was observed in these functions. Priority was therefore given to interviewing those who had been working for more time. Altogether 12 staff members were interviewed: the administrator aged 43 and with a degree in administration; the social worker aged 43; the doctor aged 30; the nursing coordinator aged 33; the nutritionist aged 30; the occupational therapist aged 27; a nursing technician aged 28; three nursing aides, two women and one man, aged 25, 36 and 44 respectively; a cleaner aged 42 and one of the workers called “caregiver” aged 28.

Women predominated among those interviewed (9), as they do in the institution as a whole (besides one nursing assistant, the doctor and the nursing coordinator are the only men). The social difference between the professionals, who have an university degree, and the employees, who have a lower level of formal education, appeared in the considerations over institutional relationships, but predominantly in socioeconomic and cultural differences. Elderly residents are considered by some employees (in general the caregivers and nursing aides) as “privileged” people because they receive *everything* in the institution – unlike what they find in their own lives, which are characterized by difficulties and emotional and financial restrictions.

In relation to schooling, the distinction created between a university or a technical education in the prestigious field of health, with its specific language, was an important factor, appearing as a form of making the contact with the elderly more professional and distant from personal issues. Terms such as *biopsychosocial*, *interdisciplinary*, *stimulating self-care*, *obit* and others are repeated with a certain frequency as a means of professional distinction, even by the employees with a lower level of education. This indicates how the biomedical model of healthcare predominates the institutional discourse.

With the exception of the doctor and one nursing aide, no one else interviewed said that they had chosen in advance to work with the elderly or even in the field of aging. They came to the institution through the mediation of former professionals and work colleagues or by ads placed by professional councils. Most had been unemployed before beginning work at the institution and for many it was their first job after college or a technical course. The institution is one of the destinations for those who are beginning a career, and is easier to enter because it is of low prestige in the medical world. (Singer 2002).

After joining the institution, however, many become concerned with the issue of care for the elderly, perceiving the importance of their role. The fact that they are seen as essential motivates them to remain in the field. Work at the institution thus comes to be considered more than just a job opportunity: by leaving the undesired situation of unemployment they begin to feel appreciated and attribute their “choice” to work with the elderly a result of divine destiny (and not to chance), considering themselves “predestined” to work specifically with this public. This aspect appears in the statement of one nursing aide: *We think that we control our lives, but it is God who controls our life. And he knows our needs and I am sure it was he who placed me here (...)*.

The doctor, in addition to his socially valued professional qualifications, is different from the others because he chose to work in the field while still in school, where he had contact with elderly patients: *The hospital where I worked had many elderly people and I had lots of contact at the end of the sixth year. I did an optional internship in geriatrics, which I liked a lot, and that was when I decided to work with the elderly.*

⁷ During the various phases of field work there was constant contact with the following employees, in addition to the technical professional: doormen, laundry-room personnel, cooks, cafeteria workers, maintenance workers, personnel from the dept. of human resources, administrative personnel, physical therapists (who are sub-contracted), interns (in nursing, aides, physical therapy) and volunteers (professional and recreational).

The supposed growth of a labor market in the field of aging – a promising field still with few professionals – was also indicated as one of the reasons to remain in this area. For some, the first contact with the elderly inspired a search for additional courses and specializations. This point reaffirmed a characteristic of the field of aging: interest tends to be based on practice and not on previous knowledge of a theoretical nature (Barbieri 2014).

Even professionals and employees with specialized technical training tended to base their consideration of aging on their personal experiences rather than on academic theories. Because of this, the meanings of old age, aging and care that guide and influence the care of the elderly transcend geriatric knowledge and gerontology as formalized in educational institutions, reproducing instead socially disseminated representations about these issues.

The hospital model

Originating as a charity run by volunteers, many of them amateurs, the institution began to hire technicians from the field of healthcare in the 1990s to implement more professional procedures. The introduction of a hospital model, characterised by the presence of specialists and by the standardization defined by the regulations in this field of services, is presented as an advance in relation to previous forms of care. They would supposedly guarantee a *better quality of life* for the elderly.

The medicalization of aging came to nursing homes in an effort to improve them, not only by providing better health care, but by creating a structure for care through biomedical protocols, which dominate the entire daily activity. The importance of taking medication and having meals at the correct times is not something to be questioned, due to the high degree of organic limitations of the people attended. But when the entire routine is based on this sole reference, the institution becomes a clinical-medical service and less a pleasant place to live in. This has implications: the care comes to require a technical specificity and the person who provides care must have qualifications to know how to respond to a series of protocols. Those cared for must cooperate and adapt to the protocol of the routines for their *own good*. Thus, an institutional discipline is created that is common to all.

One aspect that can be seen as negative in turning a nursing home into a hospital facility is that not all of the residents require this type of care, and they suffer because some activities that they could continue to conduct on their own are restricted, given that they also come to be considered as *in need of care*. This implies, by definition, that they have limited autonomy. The fact that most of the professionals and employees refer to the elderly as *patients* and not as *residents* reveals this intention of *care*.

The heterogeneity of the people served in this type of service is one of the problems faced: there are those who have no suitable options for residence at this stage of life and who are still *lucid*, seek a form of remaining independent. Others, who are taken to the nursing home by their own family in a state of health requiring intensive and integral care, are necessarily dependent. They all live together, at times in the same room, and are treated in the same way regardless of the state of their health.

The deterioration of lucidity observed is related to this lack of distinction. Despite the best intentions of the care providers, the restriction of autonomy in the carrying out of the daily activities, and the uniformity of the routine in function of the care for the elderly with greater health problems result in restricting the idealization or maintenance of life projects. The impossibility of visualizing future projects (Birman 1995) can lead to the onset of dementia (Goldfarb 2004). This process is exacerbated by putting *patients* in a position of passivity, which is a characteristic of hospital institutions, where biomedical technical knowledge overrides the knowledge of the careproviders (Caponi 2004). Given these institutional

circumstances, it is not possible to ignore that there is much more at stake in the rise of the incidence of dementia than purely organic causality.

In this process, some of the former employees seek training as nursing aides to be able to continue to work; others are substituted and some remain in the function of caregivers, which does not require specific training. The lack of, or the precariousness of a technical repertoire creates insecurity for employees, who believe that they do not know what they should know. The recurring use of technical terms serves as an attempt by caregivers and nursing aides to decrease this insecurity. This was also noticed in relation to the non-medical professionals, as if the use of biomedical terminology would guarantee a command of the task and an inclusion in the symbolic universe of a valued knowledge – the biomedical.

Nursing takes on the central position in this discourse, since the institutional routine is based on the hospital service, which is supposedly exempt from the problems of an *amateur* service based on charity. Among the difficulties faced in this process is the constant rotation of the nursing aides, who regularly resign because they cannot bear the work or because they can earn more elsewhere. During the period of the fieldwork, two salary increases were offered to try to keep people in the institution. But this did not keep some from leaving a week into their contract. In addition to the financial issue, other issues were identified to explain why employees did not stay. The lack of challenges in the daily routine was one of them. The service becomes discouraging in a short time because there is little perspective for professional growth; tasks are *basic* and at the same time *heavy*: giving baths, changing diapers, applying bandages, giving medicine and feeding. In the words of one nurse: *It's cleaning up urine and faeces most of the time.*

The elderly experience the high turnover of these employees as a lack of care. The elderly and their family members complained both of the consecutive absences as well as the internal changes, through which employees are reallocated (from sectors and periods) after creating ties with the elderly. The most lucid say they are disturbed by these changes, because they do not feel well cared for and because they have to explain various times how they like to be cared for. One elderly person commented after not being able to remember the name of an aide: *But there are so many people who come here, people who come and go away that I am not able to remember their names. Whenever they change, I think I should not get attached to them, because I suffer a lot when they go away.*

Between charity and biomedicine

This administrative proposal, based on the concept of hospitalization, came into being as a substitute for a model of care for the elderly, based on a discourse of charity within the Christian tradition in which *giving* is the central element, in detriment to technique (Caponi 2004). Nevertheless, it cannot be said that the substitution was complete. At times we observed peaceful coexistence between them, and at others a dissonant coexistence between references to biomedicine and charity. The coexistence and the impasse between the two models reveals a central question: despite being based on different foundations, the two models of assistance share the notion that the person who provides the care has the knowledge and power over the person who is cared for, because this person is understood as someone who does not know or is not able to decide what is best for him or herself.

This aspect became evident at the institution's anniversary party, which was held at the institution, but to which the elderly, their families and the staff were not invited. The attention, even of the local media, was entirely on the group of women on the board of directors and the 800 outside guests, who received praise for the *charitable actions of taking in the incapacitated elderly*. Because the elderly inmates were not part of the event, it was as if they did not exist; it could be said, at this moment of exclusion, that the elderly and the

workers experience the true “loneliness of the moribund” described by Elias (2001), by being maintained segregated from the normal world.

This action of care is considered benevolent within the symbolic references of charity, in which the charitable person is valued as one who gives without asking for anything in return. Nevertheless, in caring relations, the value of the person who cares (gives) as an uninterested act darkens the dimension of the gift implied in these relations. As Mauss (2003) has shown, the gift implies reciprocity. For this author, there is no uninterested exchange. There is always, somehow, the expectation of something in return, according to the conception of the other with whom one exchanges. The supposed uninterested act, in the case at stake, is related to the idea that the elderly is not in a condition of being able to give; instead, he/she is only able to receive.

So, in the institution, where the work undertaken is considered as an uninterested gift, the possibility of seeing the elderly as being capable of establishing exchanges and participating in decisions about their own situations is excluded: the workers are in the institution for the exercise of the “good action” addressed to the other. These others are conceived as incapable of exchanging, given their limits (of age, social condition, etc.). The discourse of unconditional charity persists, even considering the fact that the residents pay a large amount for the services provided.

The payment establishes a relationship of exchange, but it is not seen as such, because the elderly are placed in the position of being dependent on the generosity of the institution, which offers them shelter. In these conditions, anything that is offered to them is valued by the professionals or employees, who often have difficulty in identifying the reason for some of the residents’ complaints, as if they should only be thankful for the care received. In Mauss’s terms, the care is seen as the gift given by professionals and employees in exchange for the elderly’s gratitude, disregarding other possibilities of exchange in which the latter could be also valued.

Incapacity thus appears as an identifying characteristic of the elderly who seek out or who are taken to the institution, regardless of the condition of their health or financial situation. This representation relates to the rise of institutionalization in Brazil in the nineteenth century, when elderly beggars were taken off the streets to be looked after in this type of institution. Although nowadays such institutions take in fee paying residents and are always full, the old image of the institution as a place destined for the poor and incapacitated elderly remains, as indicated in Groisman’s (1999) study.

Doctors, nurses and other employees consider that the elderly enter the institution either because they have succumbed to aging by not fitting the model of an active and successful old age, or because they have been abandoned by their families. These representations thus reaffirm a concept found in the Brazilian law known as the Statute of the Elderly (2003) in which an institutional shelter is seen as the last option for the destination of the elderly. According to the law, shelters are conceived primarily for people who are abandoned, and have no family or financial resources:

Priority in care for the elderly by their own family, with precedence over institutionalized care, except when they cannot or do not have the conditions to look after themselves (art. 3º, § único, inciso V).

The Statute establishes that the elderly have a right to decent housing with their own family or with a substitute, and when unaccompanied by their family members, in a public or private institution:

Complete assistance in the modality of a long-term stay entity will be provided when it is found that there is no family group, house-home, abandonment or a lack of their own financial resources or of the family (art. 37, §1º).

The Statute thus follows a format that seeks to shift the responsibility for aging and the elderly from the state, placing it preferentially on the families (Neri 2005). It can thus be perceived that incapacity does not only refer to a situation of fragile health of the elderly or to a family that is incapable of providing basic care, but is presented as a condition that is inherent to the elderly, who will live in the institution regardless of the reasons that led them there.

Technical care x Humanized care

The benevolence in the face of this predetermined mark of incapacity is also present in the discourse of the employees and professionals. The donation as “gift” is manifest as an essential characteristic of working with the elderly, taking precedence over merely technical knowledge⁸. This aspect has been addressed in the healthcare field due to the development of biotechnologies, which are leading to a crisis of assistance, because emphasis on techno-scientific progress takes precedence over humanized attendance (Ayres 2002). This is not the case of the institution under consideration, where, on the contrary, the care provided, is considered for the most part, *simple and basic*, even though *heavy*.

Many employees at this facility complain of the daily goals established by the new procedures and refer mainly to the number of baths that they must give, as if the institution had become a business where what is important is the mass production of daily tasks. In the management of philanthropic action a clear concern is present for the “efficiency of the company” and the “effectiveness of the assistance” (Sarti 1998: 7), which is revealed in these statements as a criticism of the biomedical model implemented, as if this model was responsible for a bureaucratization of the practice of institutional care.

The statements below reveal an attempt to distinguish that which is considered merely *technical care* from that which is conducted with *love and attention*:

To care is to provide affection. (...) Because caring for the elderly is not just cleaning the elderly. There are people who think that to care is just to clean, change diapers, wipe them and that's it. To care is to give them attention. An elderly person is not an object, you can't just show up and give them a bath, put on their clothes and leave. This is not care. There must be something more. (nursing aide)

To care is to treat well, provide attention, affection... provide what the person needs. (...) I always care with attention, affection, with responsibility in the treatment that I give them. (doctor)

There are people who say that this is caring, but this is being technical: 'I have to take the man from the bed'; 'Change him and that's it, on to the next one'; I think that to care is for you to go in, talk, you are able to meet the person's real needs, then, yes you are caring. (...) And instead of you having just another patient, just another client, what do you have? Another friendship, another friend. This is the difference. (nursing aide).

These statements highlight the definition of care as a *non-technical term* that should be provided with *love, dedication and affection*:

With dedication, affection, respect... (nursing aide)

With love, dedication, with affection. (...) It's about care, right? But I think that when you do it with love, with affection and dedication I think that you care better. (social worker)

⁸ About this see Molinier (2014) and Debert (2014).

It is striking that these sentiments, considered to be essential, do not refer to characteristics related to the healthcare professional, whose formal role is to provide the care technically in a mechanical way. Yet a nutritionist distinguished clearly between “personal” and “professional” aspects: *to care is to love, care is respect. It's very easy to be here, to be a nutritionist, to have a number, produce paper. (...) To not just present my professional (side) but to present my person [all side].*

These statements express the notion that professional care excludes consideration of the subjectivity of the person who is cared for; this can only be accessed (and valued) through a *personal* characteristic – that is one that is affectionate, respectful and concerned – of the person who provides care. It is up to the *professional* to know how to deal with the necessary discipline to organize work with the large number of people who must be served. For this to occur there cannot be space for individual desires. This reveals a concept of care that assumes a gap between the realization only of the *technical* (bureaucratic) and the *humanized* (personal). As indicated by Bonet (2004: 11), in education in the field of healthcare, the cognitive dimension tends to remain separated from the emotional dimension. Nevertheless, this separation is not found in practice and reveals the tension found in the education and practice of biomedicine between “the search for knowledge and the feelings triggered in this process.”

Sacrificial Task

Working with the institutionalized elderly, most of whom are in a situation of *dependence* or *semi-dependence*, is fraught with difficulty. In addition to repetitive and *heavy* work, relationships with the elderly are not easy. Some residents oscillate between expressing feelings of submission and impotence (*I cannot do anything here inside...*) and making imperative requests (*Call my family! Do this because I pay your salary!*). This proximity tends to provoke reactions either of proximity to or distance from the elderly which might recall experiences with one's own family:

There was an old man who reminded me a lot of my grandfather, so I began to think of my grandfather. You have to be careful: 'No, he's not my grandfather.' Some things you want to do, but do not agree with what the family does, but you are not the son...these are our limits and you have to deal with this and its quite hard. (occupational therapist)

One nursing aide said: *Working here is a lesson in life and in humility.* She described a scene that was constantly repeated in her relationship with one of the old women: this woman was not able to get out of bed alone and usually called her every day to ask for a glass of water. When the aide entered the room with what she asked for, the woman said that she did not ask for anything. The next moment, the same woman *complained* to other people (employees, the elderly and family members) that this aide never does what she asks for and that she is very *badly treated*, because they ignore her requests. The aide said she did not know how to respond in these circumstances, because the woman in question does not present a condition of dementia and thus believes she is a *bad* person: *I ask myself what she did to be here, because she is well cared for and even so creates these situations where we don't know what to do. I speak humbly: what should I do in this case with her?*

Physical aggressions committed by the elderly are constant; this aspect, present in some relations, however, is considered as something foreseen in the work with people with dementia, and therefore a difficulty inherent to the care:

I've been hit a lot. Now not so much, but I have been hit a lot. What can you do? (...) I chose this profession, we know that they don't do this on purpose, right? It depends on their dementia. (...) I've been hit with a cane in the throat, I have a mark until today from a patient who scratched me, I take it in my stride, you have to maintain a line, hold the pose... maintain your class as well, your posture. (nursing aide).

In the situations described above, to put up with physical aggression or *provocation* is understood both as a sacrifice, as well as a condition of the work. *To maintain class* aims to sustain the experience of these events without getting personally harmed, because they are part of one's professional duties.

The specificity of care for the elderly

When asked about the existence of the specificity of care for the elderly, professionals and employees offer different responses. In general, they mention the relational dimension of dealing with the elderly, whether because some do not accept any form of care, or because of behaviors that require considerable attention. In this sense, a statement by the doctor is illustrative, because it indicates the difference in treatment between older and younger people:

The majority of the elderly, mainly those who go to a doctor's office or those who live here in the institution, have an emotional need much greater than the average younger person. So, they need much more affection, care and attention than a younger person would need.

To have *patience* and to *give lots of attention* to the elderly were also aspects raised by other members of the staff. While some believe that attention and care must be the same for people of any age and who present different pathologies, others argue for specificity. Others compare elderly people with children, either noting similarities or differences. The latter can be summarized in this statement of a social worker:

To care for a baby is the most wonderful thing in the world, it's very different. An elderly person is someone who got old, who has limits, you see yourself tomorrow. The baby is the future. Right? (...) I think it's ridiculous when people compare the elderly to a child, I'm sorry, I think this is a lack of respect for the elderly (...) When you clean a baby's behind you want to bite the baby's behind, and with the elderly you don't do this. But there are retarded people, who do this, who sniff. I think it's a lack of shame, a lack of respect for the elderly.

Other professionals also contrast the smell of urine of a child and the strong smell of urine of the old, due to the quantity of medications, as well as the difference between the *soft skin* of a *baby* and the *thin dry skin* of an old person.

In addition to these issues, which deal directly with physical contact, there was a reference to the relational dimension, in which aspects experienced during life can interfere in the practice of care, like the difficulty some family members have in caring for their parents if they were often poorly treated by them. In these cases, they indicate the institution as a care option. On the other hand, some employees say that the care for the elderly is similar to that for a child because of the fragility present in the two cases. The difference mentioned is that the child is developing and the aged are not, as one caregiver stated: *They have already lived, it's as if he is a developing child, but in the case of the elderly the tendency is to get worse.* When the caregiver refers to the elderly as someone who has *already lived*, she indicates a conception in which the present and the future are not part of the institutional experience, an aspect observed in another statement:

In reality, they live in the past (...) they think they are here because they are very sick and that they will go back to their home. But in reality this is their home, they will stay here with us. So it is sad. (...) We are their family. (nursing aide)

Considering the elderly person as someone *who lives in the past* removes their possibility of believing in the existence not only of a possible future, but of a present, even within the limits imposed by fragility. There is no perspective of a future project: he *already* lived; therefore, there is no present either. The past, in turn, also brings the mark of the stigma in two representations presented often during the fieldwork: either the elderly must have done something bad during their lives to live their old age far from the family, alone in a nursing home; or going to the institution is the consequence of family abandonment due to conflicting relations among members of the family:

At times it passes my mind, we comment, we all comment: (...) either she wasn't good to her family or the family is not important to her, one or the other. (caregiver)

Family abandonment is the most common representation of the presence of the elderly in the institution. This became evident when those interviewed said that they could not imagine someone in their own family living in an institution. This would be a sign of abandonment:

If one day my mother and my father, if they reach old age, I think that I would not stuff them in a nursing home, I will care for them. (nurse technician)

No, I wouldn't place anyone from my family. (...) Because here they are not abandoned because they have us to look after them and if they didn't? (caregiver)

I can't imagine this as an option, this option is the last of the last for placement (occupational therapist).

Nevertheless, when talking about their own old age, many professionals and employees say that they have imagined the institution as an option for themselves later in life, either because they do not want to give work to their relatives, or because some see the services and care offered as something that they never had before. The institutionalization is thus not something that they see as bad for themselves, and is a possibility, even if they recognize the difficulty in accepting care from someone unknown.

To address how the professionals and employees justify the presence of the elderly in the institution is particularly important for indicating how they understand the subjects with whom they are relating, and therefore, how they see their own roles. To blame the family for a supposed abandonment is not only in keeping with a known social representation – which is even found in the Statute of the Elderly – but can also be understood as a way to preserve a relationship of complicity with the elderly, by attributing to a third party the negative factor (the abandonment). By blaming the families, they value what they do. The professionals, specifically, report that the institution would never be the same as the family environment, but that this does not release them from the effort of creating the best conditions of care. This aspect was also indicated by Debert (1999: 107):

“entrance in the nursing home is first represented by the residents as an option that is capable of allowing their independence and the revival of a multiplicity of social roles, of an intense social life that would be threatened or in a clear decline outside the institution. And it is the impossibility for this revival that makes the experience in the institution a deception and gives it a particular dynamic. This is also one of the factors that complicate the work of the technical personnel, who tend to think of the ideal nursing home as that capable of offering the closest possible substitute to family life”.

Some, in this attempt to make the institutional environment more familiar, come to establish a link outside the situation of work with the elderly. They may do this by satisfying small desires of the residents,

like making special meals for those with whom they are closer and taking treats from the street like cookies and candy, given that the elderly rarely go out of the building. These small kindnesses can be understood as an attempt to erase the impersonality found in the daily life of the institution.

Professionals and employees, in general, evaluate their relationship with the elderly as being good, and report a lack of complaints about the work they do. They complain that the time with the elderly is limited by the onus of administrative or bureaucratic functions.

In some cases workers refer to the institution as their own family, in the sense that they take responsibility for caring for the residents as if they were young relatives:

I am here and it is as if they, the elderly, were my children. (...) Given that I am not a mother, at least I have one side complete, that I take care of them with lots of care, as if they really need me.

[about a resident] *He is a big baby, he is not an old man. He is a big baby and it doesn't disturb me at all to take care of him. They are all very beautiful (nursing aide).*

The affection and concern for the residents is clear; however, it is perceived that this concept of care includes the personal involvement of the employee, who tries not only to fulfill the needs of the elderly, but their own needs as well. When the need to care prevails in the person who cares, there must be someone in the place of the needy: one has a lot to give and the other is missing something. It should be emphasized that the valuation of the gift (mainly as a personal donation) in the practice of care, is not accompanied by an explicit negative intention of the employee who provides care; to the contrary, care as a donation is understood as a *good*, an action realized for the other, and care *with love* as a practice that is valued in society. The criticism that is made in this work does not refer to the presence of affection (*love*) in the relations, but to how, under its justification, relationships are established in such a way that the person cared for comes to occupy a place of subjection precisely for being (or remaining) cared for.

Final considerations

The representation of *abandonment*, as a characteristic associated with the institutionalized elderly, reinforces the sense of donation of the professionals and employees, who described care as an *act of love, caring and attention*, something that is not part of *technical* knowledge. In this concept of care a split was revealed in the institution between what was considered to be *technical* work, usually seen as both a bureaucratic obligation and comforting service. In other words, the affection and respect for the particularities of the elderly are not included in technical knowledge.

The separation between the technical and the comforting has been defined as a crisis in assistance in the healthcare field (Ayres 2002). Nevertheless, the etymology of the word technical (from the Greek word *techné* and the Latin *ars-artis*) refers to knowledge about a certain process or method combined with a reflection about this action, that is, the intention of the action is accompanied by a relationship of commitment to the other. The technique is not limited to doing something efficiently, but includes the commitment to this doing, its consequences and its social valuation, and is thus related to the field of ethics (Barbieri 1990).

In this sense, the two management models – the charitable and the biomedical – which permeate the representations of the professionals and employees, raise implications for the practice of care, given that a trend was observed for the professionals to assume for themselves, personally, the responsibility for all the actions that concern the elderly, without their participation in the decisions about their daily activity.

Therefore, the supposition that guides the charitable thinking in which the caregiver does that which he or she considers best for the other, by following the precepts of Christian charity of help for the needy, is also presented in professional practice, when they separate the *donation* from the *technical*.

The hospital mode of operation reproduces the question present in relations based on charity. As in a hospital, where it is impossible to have the participation of the patient in determining the therapy prescribed by the doctor, the professional has the prerogative about the conduct of treatment, while the elderly resident in the institution must adapt to the daily life guided by the procedures and regiments of nursing, whether they are sick or not. In the discourse of charity, the elderly are considered to be incapable and to need complete support: in the biomedical discourse, they are considered as those who should respond to the procedures prescribed for them. For different reasons, these procedures end up converging on a single type of practice that denies the agency of the “patients.”

This is not the result of a deliberate intention on the part of professionals, employees and top management to place the elderly in a situation of subjection. To the contrary, the actions are “well-intentioned”. Nevertheless, it was found that they end up extinguishing, even if inadvertently, the other’s condition as an active participant or, without considering the need that moves the benefactor to do good, regardless of the implications for his acts on those involved in the relationship.

Moreover, both models are far from the concept of solidarity, which can be understood as a tie between people who see themselves as equals, in which the action of helping does not stimulate dependence of one in relation to the other, but foresees the existence of dialog as a mediator of the relationship (Caponi 2004).

The issues faced by the workers are therefore difficult to address because they constantly refer to the relational aspect found in care, by relating to the very experience of the process of aging and the references of the family and the person cared for. The way that the work is conceived and conducted does not leave space for these workers to describe and elaborate on the idiosyncrasies experienced with the elderly and the various feelings that they generate. The limited participation in the daily decisions made by the administration at the institution and the predominant role of the doctors also influence the work that often ends up restricted to the carrying out of bureaucratic procedures. It is important to note that the interviews raised questions and reflections for those interviewed, indicating the need for spaces for reflexive exchanges about institutional work with the elderly.

The criticisms made of the institution focused on in this study reflect aspects that are common to other institutions, as indicated by Moraes (1977) and Debert (1999). In the same way, many of the representations belong to the broader social field, and assume specific proportions in the practice of institutional care. In this sense, it is reasonable to suppose that these discourses are present in other similar institutions, whether public or private, and among those who conduct home care. This latter type of assistance, although it is defended by the professionals as the best care option, is also subject to relationships in which the concept of care based on charity in detriment to solidarity prevails.

These questions point to the search for models of management and care that allow the elderly, family members and employees to participate in the dialog about daily decisions. They suggest that a relational approach can contribute to improving relations of care for the elderly, opening space for working with the human difficulty of dealing with issues raised by fragility.

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Bibliography

- ALTHUSSER, Louis. 1973. "Sur le transfert et le contre-transfert". In: *Écrits sur la psychanalyse*. Paris: Éditions Stock/Imec. pp.173-189.
- AYRES, José Ricardo C. M. 2002. "Tão longe, tão perto: o cuidado como desafio para o pensar e o fazer nas práticas de saúde". In: T. Saeki, M.C. B. M. Souza (org.), *Cuidar: tão longe... tão perto...* Ribeirão Preto: FIERP/ Escola de Enfermagem/ USPRP/ CNPq. pp.13-26.
- BARBIERI, José Carlos. 1990. *Produção e transferência de tecnologia*. São Paulo: Ática.
- BARBIERI, Natália Alves. 2008. *O dom e a técnica: o cuidado a velhos asilados*. Dissertação de mestrado, Programa de Pós-Graduação em Saúde Coletiva, Universidade Federal de São Paulo/Escola Paulista de Medicina - São Paulo.
- _____. 2014. *Doença, envelhecimento ativo e fragilidade: discursos e práticas em torno da velhice*. Tese de doutorado, Programa de Pós-Graduação em Saúde Coletiva, Universidade Federal de São Paulo/ Escola Paulista de Medicina - São Paulo.
- _____.; SARTI, Cynthia Andersen. 2011. "Psicanálise e antropologia: diálogos possíveis". *Revista Latinoamericana de Psicopatologia fundamental* [online], 14(1): 57-69.
- BERZINS, Marília Anselmo Viana da Silva. 2006. "Instituição de longa permanência para idosos. Envelhecer com dignidade: um direito humano!". *Portal do envelhecimento*. Disponível em: www.portaldoenvelhecimento.net/acervo/pforum/ilpis. Acesso em 31 de janeiro de 2015.
- BIRMAN, Joel. 1991. "Apresentação: interpretação e representação na saúde coletiva". *Physis: Revista de Saúde Coletiva*, 1(2): 7-22.
- _____. 1995. "Futuro de todos nós: temporalidade, memória e terceira idade na psicanálise". In: R. Veras (org.), *Terceira idade: um envelhecimento digno para o cidadão do futuro*. Rio de Janeiro: Relume Dumará. pp. 65-78.
- BONET, Octavio. 2004. *Saber e sentir: uma aprendizagem da biomedicina*. Rio de Janeiro: Fiocruz.
- BRASIL. Lei nº 10.741, de 1º de Outubro de 2003. Dispõe sobre o Estatuto do Idoso e dá outras providências.
- CAMARANO, Ana Amélia (org.). 2010. *Cuidados de longa duração para a população idosa: um novo risco social a ser assumido?* Rio de Janeiro: IPEA.
- CAPONI, Sandra. 2004. *Da compaixão à solidariedade: uma genealogia da assistência médica*. Rio de Janeiro: Fiocruz.
- CHAIMOWICZ, Flavio; GRECO, Dirceu B. 1999. "Dinâmica da institucionalização de idosos em Belo Horizonte, Brasil". *Revista de Saúde Pública*, 33(5): 454-60.
- DEBERT, Guíta Grin. 1999. *A reinvenção da velhice*. São Paulo: Edusp.
- _____. 2014. "Arenas de conflito em torno do cuidado". *Tempo Social*, 26(1): 35-45.
- ELIAS, Norbert. 2001. *A solidão dos moribundos, seguido de, envelhecer e morrer*. Rio de Janeiro: Jorge Zahar.
- FREUD, Sigmund. 1915. "Observações sobre o amor transferencial (novas recomendações sobre a técnica da psicanálise III)". In: *Obras completas*. Rio de Janeiro: Imago. vol. XII. pp. 207-21.
- _____. 1937. "Análise terminável e interminável". In: *Obras completas*. Rio de Janeiro: Imago. Vol. XXIII. pp. 239-87.
- GOLDFARB, Delia Catullo. 1998. *Corpo, tempo e envelhecimento*. São Paulo: Casa do Psicólogo.
- _____. 2004. *Demências*. São Paulo: Casa do Psicólogo.
- GROISMAN, Daniel. 1999. *A infância do asilo: a institucionalização da velhice no Rio de Janeiro da virada do século*. Dissertação de mestrado, Universidade do Estado do Rio de Janeiro - Rio de Janeiro.
- LAPLANTINE, François. 2004. *Antropologia da doença*. São Paulo: Martins Fontes.

- MAUSS, Marcel. 2003. “Ensaio sobre a dádiva: forma e razão da troca nas sociedades arcaicas”. In: *Sociologia e antropologia*. São Paulo: Cosac Naify. pp.185-314.
- MESSY, Jack. 1993. *A pessoa idosa não existe*. São Paulo: ALEPH.
- MOLINIER, Pascale. 2014. “Cuidado, interseccionalidade e feminismo”. *Tempo Social*, 26(1): 17-33.
- MORAES, Maria Lucia de Gusmão. 1977. *A sala de espera: um estudo da ideologia do velho asilado*. Dissertação de Mestrado, Universidade de Brasília – Brasília.
- NERI, Anita Libermanesso. 2005. “As políticas de atendimento aos direitos da pessoa idosa expressas no Estatuto do Idoso”. *Revista A terceira Idade (SESC)*, 16(34): 7-24.
- SARTI, Cynthia A. 1998. “A assimetria no atendimento à saúde: quem é o “necessitado?”” *Anais do XXII Encontro Anual da ANPOCS*. pp. 27-31. Mimeo.
- _____. 2001a. “A velhice na família atual”. *Acta Paulista de Enfermagem*, 14(2): 91-6.
- _____. 2001b. “A dor, o indivíduo e a cultura”. *Saúde e Sociedade*, 10(1): 3-13.
- _____. 2010. “Corpo e doença no trânsito de saberes”. *Revista Brasileira de Ciências Sociais*, 25(74): 77-90.
- SETLLAGE, C. F. 1997. “Transcendendo a velhice: criatividade, desenvolvimento e psicanálise na vida de uma centenária”. *Boletim Pulsional*, X(101): 56-74.
- SINGER, Diana. 2002. “Psicoanálisis y gerontología”. *Revista Kairós Gerontologia*, 2: 12-35.

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Les migrations et le marché de soins aux personnes âgées

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Abstract

This article focuses on the migration of women from Latin America and Eastern Europe to work with home care of the elderly in Italy. Through an ethnographic approach and based on field research conducted in Bologna with caregivers and their employers the aim of this paper is to discuss: (1) the configuration of this new growing market that responds to the rapid aging of the world's population; (2) how gender, age and nationality produce categories of differentiation and inequality; (3) how the visibility gained by the duo combining two unwanted populations - the elderly and immigrants - redefines forms of dependence, gives new meaning to family relationships, to obligations of the state and to domestic life.

Keywords: home care, elderly, immigration, family relationships, Bologna, Italy.

Résumé

Cet article aborde l'immigration de femmes d'Amérique latine et d'Europe de l'Est allant travailler dans les soins à domicile de personnes âgées en Italie. Fondé sur une recherche de terrain menée à Bologne auprès de soignants et de leurs employeurs, il discute: (1) les configurations de ce nouveau marché en expansion qui répond au vieillissement rapide de la population mondiale; (2) la façon dont genre, âge et nationalité produisent des catégories de différenciation et d'inégalité; (3) la manière dont la visibilité acquise par ces deux populations indésirables, personnes âgées et immigrants, redéfinit les formes de dépendance et donne de nouveaux sens aux relations familiales, aux droits et obligations de l'État et à la vie domestique.

Mots-clés: soins à domicile, personnes âgées, migration, relations familiales, Bologne, Italie.

Resumo

O artigo focaliza a imigração de mulheres da América Latina e da Europa do leste para trabalhar com o cuidado à domicílio de idosos na Itália. Tendo como base uma etnografia realizada na cidade de Bolonha com cuidadoras e seus empregadores, o objetivo do artigo é discutir: (1) as configurações deste novo mercado em expansão que responde ao envelhecimento acelerado da população mundial; (2) o modo pelo qual gênero, idade e nacionalidade produzem categorias de diferenciação e de desigualdade; (3) o modo como a visibilidade deste duo envolvendo grupos discriminados – imigrantes e idosos – redefine formas de dependência e dá novos significados às relações familiares, aos direitos e obrigações do estado e à vida doméstica.

Palavras-chave: cuidado domiciliar, idosos, migração, relações familiares, Bolonha, Itália.

Les migrations et le marché de soins aux personnes âgées

Guita Grin Debert

Le paysage des centres urbains, en particulier dans les quartiers les plus riches, est de plus en plus marqué par la présence d'hommes et de femmes âgés accompagnés par des femmes immigrées, venues d'autres pays ou de régions plus pauvres du même pays, chargées de leurs soins. Cet article, qui prend pour référence l'insertion des femmes d'Amérique latine et d'Europe de l'Est sur le marché italien de soins aux personnes âgées et se fonde sur une recherche de terrain menée à Bologne auprès de soignants et de leurs employeurs, discute: (1) les configurations de ce nouveau marché¹ en expansion qui répond à l'augmentation de la durée de vie et donne de nouvelles significations aux migrations; (2) la façon dont genre, âge et nationalité produisent des catégories de différenciation et d'inégalité à partir des nouvelles relations contractuelles de travail et d'affection ainsi constituées; (3) la façon dont la visibilité acquise par ces deux populations indésirables, personnes âgées et immigrés, redéfinit les formes prises par la dépendance et donne un contenu et des sens nouveaux aux relations familiales, aux droits et obligations de l'État, à la vie domestique et à la présence de ces nouveaux acteurs dans les espaces publics.

Le rapport entre immigration et vieillissement de la population est un sujet encore peu étudié. La longévité accrue et la baisse des taux de fécondité posent la question: quelle main-d'œuvre prendra soin des personnes âgées ou, comme le disait un étudiant en gérontologie: "Qui, dans l'avenir, poussera les fauteuils roulants des personnes âgées?" Dans quelle mesure l'immigration aura-t-elle un poids dans la réponse à cette question majeure?

L'immigration fait croître la quantité de jeunes travailleurs au sein d'une population nationale de plus en plus vieillie. Les immigrés seront-ils l'avant-garde des soins pour les personnes âgées? Comment peut-on expliquer les politiques menées pour freiner l'immigration qui mobilise un contingent croissant de partisans?

Nous savons que les pays d'Amérique latine, qui, jusqu'à récemment, étaient des pays d'accueil d'immigrés, sont touchés par des vagues croissantes d'émigration de leur population vers l'Amérique du Nord et l'Europe. Les femmes d'Amérique latine font partie de cette vague d'étrangers parmi lesquels la population européenne et nord-américaine choisit ses aides-soignantes.

Pour discuter l'incidence des formes contemporaines de gestion de la dépendance sur les nouvelles configurations de l'immigration et du travail du soin, je commencerai par présenter des approches sociologiques de type structurel pour comprendre la connexion entre mondialisation et vieillissement. Je reprendrai ensuite les récits des aides-soignantes sur leurs expériences de travail en Italie. Enfin, je me concentrerai sur la façon dont les constructions de genre et de nationalité interviennent

¹ Par marché de soins aux personnes âgées, on désigne un marché du travail théorique où se rencontrent l'offre et la demande de travail de soins pour les personnes âgées. L'offre de travail de soins provient de salariés et de personnes à la recherche d'emploi et la demande de travail des besoins d'entreprises ou de personnes physiques. Dans cet article, le marché abordé est composé de femmes immigrées qui, en échange d'un salaire, cherchent un travail de soins chez des personnes âgées dépendantes et sont employées par leurs enfants, leur famille ou des connaissances afin d'habiter avec elles et de les accompagner dans leurs activités de la vie quotidienne, comme par exemple se changer, faire sa toilette, s'alimenter et prendre ses médicaments.

dans les interactions entre employeurs et immigrées, et entre immigrées de différentes régions et nationalités.²

Nous rappelons que Bologne est une ville italienne d'environ 386 000 habitants, située dans le nord-est du pays. Il s'agit de l'une des sept plus grandes villes d'Italie et sa population étrangère résidente était de 48 466 personnes lors du dernier recensement (2010).

Les données présentées ci-dessous se basent sur une recherche qualitative comprenant des entretiens et une observation des comportements d'aides-soignantes de personnes âgées ayant émigré d'Amérique latine et d'Europe de l'Est vers l'Italie, ainsi que de leurs employeurs italiens. L'enquête sur les aides-soignantes péruviennes et équatoriennes a été menée à partir d'entretiens réalisés lors de la messe du dimanche, à l'église de San Donato à Bologne, où j'avais observé la présence de ces immigrées. Les entretiens avec des femmes d'Europe de l'Est ont commencé dans un parc public de Bologne où j'ai pu entrer en contact avec un réseau d'aides-soignantes venues de cette région, en particulier de Moldavie. La recherche concernant les employeurs a été réalisée auprès de connaissances personnelles, principalement des professeurs et fonctionnaires de l'Université de Bologne, en Italie, où j'ai donné le cours Genre et Vieillesse, en 2010.³

Vieillesse, Biopolitique et Mondialisation

As the rich economies become richer they become more desirable and as they raise their walls to keep immigrants and refugees out, they feed the illegal trade in people. Yet even as the rich countries try harder and harder to keep would-be immigrants and refugees out, they face a growing demographic deficit and rapidly aging populations. According to a major study by the Austrian at the end of the current century, population size in Western Europe will have shrunk by 75 million (under current fertility and immigration patterns) and almost 50 percent will be over 60 years old—a first in its history. Where will they get the new young workers they need to support the growing elderly population and to do the unattractive jobs whose numbers are growing, some of which will involve home and institutional care for old people? Export of older people and of economic activities is one option being considered now. But there is a limit to how many old people and low wage jobs you can export. It looks like immigration will be part of the solution. But the way the countries in the global north are proceeding is not preparing them to handle this. They are building walls to keep would-be immigrants out, thereby feeding illegal trafficking. (Saskia Sassen, 2001 cité par Brett Neilson, 2003)

J'emprunte ce sous-titre d'un article de Brett Neilson (2003) qui, en prenant pour référence les commentaires de Foucault sur le biopouvoir et ceux d'Agamben sur l'*homo sacer*, discute l'imbrication de la mondialisation et du vieillissement.

Les flux de personnes, de biens, d'argent et de technologies traversent les frontières nationales avec une relative facilité et défient la souveraineté des États. Les politiques d'immigration, la biotechnologie, la déréglementation des marchés financiers et les nouveaux modes d'organisation du monde du travail ont des implications importantes sur la vieillesse et le vieillissement de la population menace les États nationaux pour ce qui est de la relation entre les travailleurs payant des impôts et les retraités.

La dynamique des marchés financiers est dépendante du capital accumulé par les caisses de retraite et, comme le montre Saskia Sassen, les jeunes chômeurs et les immigrés originaires de pays pauvres tentent de

2 La recherche ici présentée a été financée par la Fondation de soutien à la recherche de l'état de Sao Paulo (FAPESP: 2011/10537-6) ainsi que par le Conseil national de développement scientifique et technologique (CNPq 303756/2013).

3 Le cours fait partie du Programme Gemma-Erasmus Mundus Master's Degree in Women's and Gender Studies in Europe

franchir les barrières posées par les pays riches, qui ont des populations à fort taux de vieillissement et ils finissent par occuper une position importante dans l'offre de travail de soins aux personnes âgées.

Par le terme "biopouvoir", Foucault cherche à souligner, dans le premier volume de *l'Histoire de la Sexualité*, les discontinuités de l'exercice du pouvoir. Jusqu'au XVIII^e siècle, l'auteur montre que le souverain avait pouvoir de vie et de mort sur ses sujets. S'il se sentait menacé par ses ennemis, il avait le droit d'appeler ses sujets à la guerre. Selon Paul Rabinow et Nikolas Rose (2006), ce modèle de souveraineté est resté pratiquement inchangé dans la philosophie politique. Pour Foucault (1976), cette puissance est néanmoins remplacée par le biopouvoir ou la biopolitique, dont la tâche est d'assurer et de gérer la vie des citoyens. Pour garantir le bien-être de la population, un ensemble de dispositifs a été créé afin de classer la population et de gérer la vie de tous et chacun. Les statistiques, le plan urbain et la gestion de la santé publique sont des expressions de cette discontinuité dans l'exercice du pouvoir souverain ; tout comme la constitution d'un segment particulier de la population et la formation de spécialistes chargés d'analyser les besoins de la vieillesse et de proposer les moyens de les résoudre sont des expressions du biopouvoir qui légitiment les États modernes.

Agamben (2002) tente de développer ces paramètres en utilisant la figure de l'*homo sacer* pour répondre à la manière dont la vie humaine doit être incluse dans le calcul de la puissance souveraine. L'*homo sacer* est une figure du droit romain archaïque désignant quelqu'un ayant été jugé et reconnu coupable d'un crime. Or, comme cette personne ne peut pas être sacrifiée, qui la tue ne commet pas un crime en soi. Par cette image, Agamben suggère que le biopouvoir dans la modernité marque la manière dont la vie biologique, la "vie nue", la vie qui peut être effacée, entre dans la politique. Les pratiques d'hygiène et les camps de concentration nazi sont paradigmatiques des nouvelles formes de domination visant à éliminer tout ce qui est étranger et peut contaminer la santé de la population. La souveraineté des États dépend de la capacité de suspendre la loi, de la création d'états d'exception, au nom de la défense de la citoyenneté et de la sécurité nationale. Les États modernes sont, par conséquent, des états d'exception. Le souverain est à la fois à l'intérieur et à l'extérieur du système juridique, une zone de différenciation qui permet d'être au sein et en dehors de la loi. La logique disciplinaire d'aujourd'hui se serait répandue au point de faire d'un citoyen un *homo sacer*.

Paul Rabinow et Nikolas Rose (2006) mettent en évidence la difficulté d'utiliser un seul schéma, comme celui d'Agamben, pour analyser diverses situations marquant le monde contemporain, des tueries au Rwanda à l'épidémie de sida en Afrique.

Ils considèrent à juste titre que l'essence de la pensée critique est la capacité de faire des distinctions permettant d'évaluer précisément la particularité des situations et ils suggèrent que, contrairement à une vision monolithique du pouvoir et de la domination, un empirisme modeste, attentif aux spécificités locales, aux petites différences, aux moments de changement dans la relation entre pouvoir et savoir, peut faire la différence en révélant des paramètres pas nécessairement appropriés à des modèles absolus et homogènes.

L'analyse de Neilson est séduisante parce qu'elle se confronte à la situation des immigrés et des réfugiés, laquelle, comme le montre l'auteur, a pour effet d'augmenter la répartition des richesses et du travail dans le monde mondialisé, ce qui pousse un nombre croissant des personnes à tenter de franchir les barrières posées par les pays développés.

Ce mouvement, du fait des systèmes de détention et de déportation existant, finit par créer des systèmes de travail proches des pratiques esclavagistes. Loin d'être des formes archaïques, ces modalités de travail sont constitutives du développement capitaliste qui vise à limiter la mobilité des travailleurs par le remplacement continu des personnes prêtes à accepter un travail faiblement rémunéré, comme c'est le cas du soin aux personnes âgées. Dans ce processus, de nouveaux groupes d'immigrants remodelent le paysage des villes en

offrant un flux régulier de jeunes vers les pays du Nord.⁴ Les travailleurs migrants vivent dans une situation d'incertitude complète parce qu'ils sont toujours vus comme des illégaux, des criminels, voire des terroristes potentiels.⁵

En ce sens, ils sont une sorte d'"*homo sacer*" selon la définition d'Agamben.

Dans un texte intitulé "L'amour et l'or", Arlie Hochschild (2003) évoque de façon succincte les changements dans les relations entre pays développés et pays dits "en développement". Si, dans le passé, l'entreprise coloniale visait à exploiter les biens et matières premières, l'amour et l'affection ressentis aujourd'hui pour les enfants et les personnes âgées donnent de nouveaux paramètres à la circulation des personnes dans le monde.

Comment ces changements sont-ils vécus et interprétés par les employés et employeurs impliqués dans ce flux mondial qui remodèle l'opinion publique mondiale et les domaines les plus profonds de la vie?

Le pays des "*badanti*"

Barbara Da Roit et Carla Facchini (2010) montrent que, depuis la fin des années 1990, une nouvelle figure d'aide-soignante s'est imposée et a transformé radicalement l'organisation du travail de soins aux personnes âgées dépendantes en Italie. *Badante* est la "femme immigrée employée comme domestique qui a pour tâche de prêter assistance aux personnes âgées avec lesquelles elle vit, en général, et de les soigner." (p.11).⁶ Si le nombre de *badanti* en Italie n'est pas connu, car la plupart sont en situation illégale, certaines estimations considèrent qu'elles sont entre 700 000 et un million, un chiffre beaucoup plus important que celui des aides-soignantes de l'économie formelle.

Parler de *badanti* indique une rupture significative de l'image traditionnelle de la famille en tant qu'aide-soignante de personnes âgées. Da Roit et Facchini montrent qu'en Italie, contrairement à ce qui se passe dans d'autres pays d'Europe occidentale, le réseau familial étendu et le travail non-rémunéré des femmes ont été traditionnellement la source la plus importante de soins aux personnes âgées dépendantes. Si, comme le suggèrent Lewis (2001) et Knijn et Smit (2009), le soin informel familial est un aspect clé dans tous les modèles d'État-providence, ces chercheuses italiennes révèlent que ce type de soin est beaucoup plus présent en Italie, pays où le taux d'emploi des femmes est le plus faible d'Europe.⁷ Toutefois, la disponibilité de la famille pour ces soins est menacée non seulement par l'augmentation du niveau d'emploi des femmes et par la réduction du nombre d'enfants, qui caractérise aujourd'hui la structure familiale italienne, mais aussi par l'augmentation de l'espérance de vie, ce qui conduit à une augmentation du nombre de personnes âgées devenant ainsi plus dépendantes. Ces processus se sont produits dans plusieurs pays européens, mais, en Italie, le retard pris par les politiques publiques liées à la vieillesse est l'une des plus fortes raisons invoquées pour expliquer l'émergence et l'importance des *badanti*. Le développement

4 Le processus inverse existe également, qui vise à promouvoir le départ de personnes âgées des pays riches vers les pays pauvres, afin qu'ils puissent survivre avec une somme d'argent inférieure à celle de leur pension dans leur pays d'origine.

5 Ces stéréotypes ne sont pas seulement perpétués par les forces politiques et nationalistes de droite, mais aussi par des organisations conservatrices de gauche qui combinent la défense des mécanismes disciplinaires de l'État-nation (en particulier le système de protection sociale et de retraite centralisé) et les programmes anti-immigration.

6 "*Badante*" est donc le nom donné en italien à l'immigrée qui prête assistance aux personnes âgées et "*badanti*" est son pluriel.

7 À ce sujet, voir Scrinzi (2004) ; Sarti (2004) ; Russo (2008) ; Da Roit & Facchini (2010) ; Castegnaro (2002) ; Ambrosini & Cominelli (2005).

de l'activité des soins à domicile, dans cette zone grise du travail illégal, représente la possibilité d'assurer l'accès à ce type de service à une plus grande partie de la population et de transformer l'Italie en un pays de *badanti*.

Le marché des soins aux personnes âgées en Italie a subi un changement. Les recherches montrent que depuis les années 1990 les immigrées venant d'Amérique latine (notamment de Bolivie, d'Équateur et du Pérou) et d'Asie (en particulier des Philippines et du Sri Lanka) ont été remplacées par des immigrées d'Europe de l'Est. Comme me l'a dit une Italienne ayant embauché des femmes immigrées pour s'occuper de ses parents âgés:

On veut plutôt les immigrantes d'Europe de l'Est que celles d'Amérique latine ou des Philippines parce qu'elles ont un niveau d'éducation beaucoup plus élevé, davantage d'expérience dans le traitement des personnes âgées et, surtout, elles ont déjà un certain âge. Elles n'ont pas besoin de s'occuper de leurs enfants, elles ne cherchent pas de petits amis et elles ne font pas la fête. Bref, elles se consacrent au travail.

Les raisons évoquées pour expliquer l'immigration d'Europe de l'Est sont liées à la désintégration du système socio-économique de ces pays, qui appartenaient autrefois à l'Union soviétique, et aux difficultés de la transition d'une économie planifiée à une économie de marché.

Quand Barbara Da Roit et Carla Facchini (2010) cherchent à retracer le profil des aides-soignantes, elles montrent que 70% des interviewées proviennent d'Europe de l'Est, en particulier d'Ukraine, de Moldavie et de Roumanie,⁸ et qu'elles sont plus âgées que celles venant d'Amérique, d'Afrique et d'Asie: un tiers d'entre elles ont plus de 50 ans. Elles sont mariées et ont des enfants. Leur niveau d'éducation est plus élevé: près de la moitié des personnes interviewées ont une licence (30,2%) ou un master 1 (22,7%). Elles veulent rester une courte période en Italie et n'obtiennent pas facilement leurs papiers. Elles veulent gagner beaucoup d'argent en un laps de temps très court. Ces traits les différencient nettement des immigrées venant d'autres régions, qui sont jeunes, célibataires et ont un projet d'immigration à long terme, pour s'installer en Italie et y faire venir leur famille.

Parler de l'Europe de l'Est ne veut pas dire méconnaître la différence entre les immigrants des différents pays composant cette région. Castagnone (2007) souligne avec beaucoup de sensibilité les différences entre les aides-soignantes venues de Roumanie et d'Ukraine

Deux autres raisons sont souvent invoquées pour expliquer le taux élevé d'émigration de femmes d'Europe de l'Est: le chômage ou les bas salaires et le rôle qu'elles occupaient dans le cycle de la vie familiale: mariées ou veuves, avec des enfants adultes, et grands-mères, dans la plupart des cas.

Plusieurs études ont montré que les femmes immigrées ne proviennent pas de couches sociales basses, dans leur pays d'origine.⁹ Il leur faut un minimum de capital culturel pour réaliser leur projet d'immigration, notamment si elles ne possèdent pas un réseau de relations pouvant les accueillir à l'étranger. Il est tout de même frappant de constater le haut niveau d'éducation des aides-soignantes venant des différents pays d'Europe de l'Est.

Danya, ma principale interlocutrice, a 52 ans. Elle était professeure d'histoire en République de Moldavie et gagnait 40 euros par mois. À Bologne, en tant qu'aide-soignante d'un homme de 82 ans depuis 18 mois, elle touche un salaire mensuel de mille euros et peut en envoyer environ 800 par mois à sa famille. Comme elle me l'a dit, elle a peu de frais en Italie, car elle est logée et nourrie dans la maison où elle travaille. Pendant ses heures de repos hebdomadaire du dimanche, elle fait du lèche-vitrine et se promène

8 Enquête menée en Lombardie, comportant des entretiens avec 650 aides-soignantes membres du Syndicat Pensionati Italiano.

9 Voir, par exemple, Sassen (2003).

avec ses amies. Elle est divorcée et envoie de l'argent en Moldavie pour financer les études de ses deux fils, qui sont déjà mariés, pères de famille et dont l'un aura un enfant le mois prochain. Elle économise encore de l'argent pour pouvoir passer deux semaines de vacances en Moldavie chez ce fils et connaître son petit-enfant. Pendant cette période, il a été convenu que sa cousine viendra la remplacer en Italie.

Les études sur les *badanti* en Italie montrent que le temps libre de ces travailleuses est aussi limité que leurs chances de se développer et de participer à une vie sociale active. Elles constatent également que les *badanti* ont des relations intenses avec leur famille, surtout avec leurs enfants qui sont restés dans leur pays d'origine et, en général, elles concluent qu'il s'agit d'un travail solitaire effectué pour offrir une vie meilleure à leur famille.

L'amour des leurs et la réitération constante, de la part de toutes les femmes que j'ai interviewées, de ce que la décision de travailler en Italie est une façon de répondre aux besoins économiques de leurs enfants et petits-enfants sautent aux yeux, surtout quand ceux-ci sont adultes. Un peu comme si aider leur famille était la seule façon de justifier le projet de migration et la déqualification professionnelle qu'elles subissent en Italie.

Par ailleurs, l'étude menée par Francesco Vietti (2010) auprès d'aides-soignantes de Moldavie travaillant en Italie révèle des stéréotypes négatifs concernant la femme décidant d'émigrer. Les déplacements sont perçus comme le résultat d'un mélange à la fois d'égoïsme et de désir de s'enrichir, menant à l'abandon des obligations et des principes éthiques qui devraient régir les relations familiales. Cela explique peut-être pourquoi l'aide à la famille restée au pays est constamment invoquée.

Après plusieurs conversations, il est devenu clair qu'elles ont d'autres projets comme, par exemple, construire une maison dans leur pays ou aider leur père ou leur mari à ouvrir un petit commerce.

Les femmes péruviennes que j'ai interviewées sont plus jeunes et ont laissé de jeunes enfants au Pérou. Elles disent que ces derniers sont petits et que leur mère s'en occupe. De plus, elles entendent bien les faire venir en Italie le plus vite possible. Beaucoup disent qu'elles construisent ou veulent construire des maisons en Amérique pour y habiter pendant leur vieillesse ou pour les louer afin d'avoir un revenu pour leur retraite. Elles ajoutent qu'elles savent qu'après leur expérience en Italie, il leur sera très difficile de s'acclimater de nouveau au Pérou. Comme l'a dit l'une de mes interlocutrices: "Là-bas [au Pérou], il y a des hommes très machos et des femmes arriérées et rétrogrades." En quête de plus d'intégration, elles ne veulent plus vivre chez les personnes soignées et cherchent à être payées à l'heure pour faire des ménages ou s'occuper d'enfants ou de personnes âgées.

Le soin aux personnes âgées est composé de tâches variées, selon le degré d'autonomie fonctionnelle de la personne soignée. Seule l'une des femmes que j'ai interviewées s'occupait d'une personne âgée en situation de dépendance totale, car ses fonctions motrices et cognitives étaient fortement compromises. Les autres s'occupaient d'hommes et de femmes vivant seuls et ayant un certain degré d'autonomie fonctionnelle, ce qui leur permettait de se déplacer en ville, de se promener dans les parcs ou de rendre visite à des amis et à des membres de leur famille, car ils étaient accompagnés de l'aide-soignante.

Dans tous les cas, le travail de la *badante* implique de longues journées de travail, car les personnes âgées ne peuvent pas rester toutes seules et il faut une entente avec d'autres aides-soignantes ou avec les membres de la famille pour garantir les congés payés ou les heures de repos.

Les situations économique et professionnelle ainsi que le niveau éducationnel des personnes âgées varient, mais dans les cas que j'ai suivis, ce sont leurs filles qui embauchent et suivent le travail des *badanti*.

Les aides-soignantes que j'ai interviewées étaient très satisfaites de la relation établie avec les personnes âgées et leur famille, mais toutes avaient des histoires à raconter sur les enfants qui arrivent toujours en

retard chez leurs parents le dimanche, faisant ainsi attendre les aides-soignantes qui ne peuvent pas laisser seules les personnes âgées. Elles ne savent donc jamais quand commence ou termine leur congé. Elles racontent les cas de filles qui apportent du linge sale chez leurs parents pour que la *badante* le lave et le repasse, ou des cas de réduction ou de retard du paiement convenu.

Lors de mes entretiens et conversations à ce sujet, j'avais toujours en tête que l'embauche d'une femme de ménage ou d'une *badante* est le privilège de personnes aisées. Or, la recherche de Monica Russo (2008) exige de reconsidérer cette hypothèse. Un extrait d'une interview qu'elle cite montre combien, en Italie, la *badante* est beaucoup plus populaire que l'on ne pourrait le croire:

Regardez, je suis ouvrière, nous économisons 900 euros par mois... Je dépense presque tout pour payer le salaire de la badante, mais j'ai pas le choix. Ma mère ne peut rien faire toute seule. Franchement, si elle vit encore deux ou trois ans... Qu'est-ce que je peux faire faire? Quitter mon travail pour m'occuper d'elle? Et puis, quand ma mère ne sera plus avec nous, est-ce que vous pensez que je pourrai trouver du travail à mon âge? J'ai pas le choix. Vivre avec le salaire de mon mari et payer la badante. C'est difficile, vous savez? Béni soit Dieu ! J'espère que la mère de mon mari ne va jamais tomber malade.

Le travail domestique en Italie semble avoir radicalement changé au cours de la dernière décennie. Comme le montre Francesca Scrinzi (2004), la quantité de foyers ayant une femme de ménage a largement augmenté grâce à la baisse des charges sociales. Au début des années 1980, avoir une femme de ménage fixe était un signe de distinction réservée aux familles de classes moyennes et supérieures. De nos jours, cela est répandu parmi les couches sociales à bas revenu.

Bien évidemment, une grande partie de la population italienne ne serait pas en mesure de payer ce genre de service si ce marché du travail était réglementé.

Le développement intense de ce marché est apparemment une stratégie gagnante pour les acteurs impliqués: les personnes âgées et leurs familles, les travailleurs immigrés et les *policymakers*. Pour les personnes âgées et leurs familles, il s'agit d'un avantage économique et affectif par rapport aux maisons de retraite ou d'autres types d'institutions de ce genre ; interner une personne âgée dans une maison de retraite est éthiquement intolérable et exige que les enfants prouvent qu'il n'y a aucune autre option possible. Pour le travailleur migrant, cela signifie la possibilité d'obtenir un salaire mensuel beaucoup plus élevé que dans son pays d'origine. La cohabitation permet non seulement d'économiser de l'argent, mais encore de se protéger contre les effets de l'illégalité. En ce qui concerne les politiques publiques, cela représente une réduction considérable des demandes auprès des services sociaux ciblant les personnes âgées dépendantes.

La littérature internationale sur le genre et l'immigration et la presse ont à maintes reprises dénoncé des abus: violence physique et sexuelle, journées de travail interminables, humiliations et restrictions de sortie de la maison de l'employeur. Comme le montre Parreñas (2001), les aides-soignantes, même celles qui ont leurs papiers, n'ont pas de droits. La presse dénonce régulièrement des cas de retrait des papiers des employées et de menaces de prison ou de reconduite aux frontières. L'idée du "retour de la servitude domestique", de l'"esclavage moderne" ou de l'*homo sacer* semble se concrétiser.

Toutefois, parler avec les *badanti* nous pousse à reconsidérer ces situations: elles racontent avec joie leurs achats de cadeaux et d'électroménagers quand elles se préparent à rentrer dans leur pays d'origine. Heureuses, elles échangent des recettes et commentent combien il est facile d'accomplir les tâches ménagères en Italie. Elles appellent la personne âgée *papi* ou *mamie* et se souviennent sans regret des difficultés vécues avant de se décider à aller travailler en Italie.

Monica Russo (2008) a montré avec beaucoup de sensibilité que les situations vécues par les *badanti* sont beaucoup plus ambiguës qu'on ne l'imagine. Elle attire l'attention sur le processus de négociation entre les parties: la *badante* avec la personne âgée, mais aussi avec la famille de cette dernière, qui l'emploie.

Dans ces relations, différemment de celles réglementées par des contrats de travail formels, des facteurs psychologiques et émotionnels sont toujours présents. Les parties doivent avoir une interactivité dynamique et contextuelle parce que c'est dans l'exercice des tâches quotidiennes que les droits et les devoirs des différents acteurs sont définis.

Comme le montrent Da Roit et Facchini (2010), ce nouveau modèle de soins, basé sur le travail de femmes immigrées, présente des tensions et des contradictions. La gestion des soins est négociée de manière privée entre la famille de la personne âgée et les immigrées. Cette négociation exige de la confiance de part et d'autre, un partage d'intérêts et des arrangements délicats impliquant de l'argent et du temps investi dans le travail. Souvent, la relation de travail est contestée par l'une ou l'autre partie du fait du manque ou de l'abus de confiance et, par conséquent, il en résulte une situation d'instabilité et d'insécurité pour les deux parties.

Bref, la disponibilité limitée des services sociaux et de main-d'œuvre à bas coût et une mauvaise réglementation des flux migratoires créent un marché d'aides-soignantes immigrées. Cette transformation comporte une transition d'un modèle de soins familiaux vers un modèle basé sur le travail d'immigrés au sein de la famille où les enfants de la personne âgée cherchent des aides-soignantes. Le travail de soin organisé comme travail domestique informel est une réponse à la nécessité économique de soins. Le salaire moyen sur le marché informel tourne entre 800 et 1 000 euros par mois pour un service exercé pratiquement 24 heures sur 24 pendant au moins six jours par semaine. Ironiquement, Ambrosini et Cominelli (2005) surnomment le rapport entre immigration et État-providence *Welfareleggero* (état-providence allégé), dans ces cas.

L'ethnicité des rapports sociaux de genre

Le sexe, la race et la culture sont des composantes essentielles pour comprendre le processus de déplacement des frontières qui donne une nouvelle configuration aux soins des personnes âgées de ce que l'on appelle les pays du Nord.

À partir d'une étude sur les agences de travail et de formation des femmes de ménage à Gênes, Scrinzi (2004) décrit les modes d'interaction entre ces agences, les immigrées cherchant un travail domestique et leurs employeurs potentiels. Les employées des agences inscrivent sur des fiches le type de service requis (babysitting, tâches ménagères, nettoyage) et le salaire proposé. Ces fiches répertorient aussi les caractéristiques physiques et de personnalité des personnes recherchées: la nationalité, l'âge, la couleur de peau et d'autres caractéristiques comme: "une personne de confiance", "honnête", "sérieuse", "très patiente", "douce", "polie", "fiable", de préférence "italienne" plutôt "que d'Amérique du Sud", "jeune fille de l'Est", "pas de femme de couleur", ou alors "une femme de couleur", des "jeunes d'environ 25 ans", femmes de "plus de 30 ans, entre trente et quarante ans", "pas de femme jeune", "une femme mûre".

D'après l'auteur, les critères énoncés en détail par les employeurs pour décrire le travailleur domestique ou l'aide-soignant montrent à quel point cette relation d'emploi est considérée comme une relation personnelle, dans laquelle une des deux personnes impliquées se sent habilitée à choisir, à juger et à veiller sur l'autre. Lors des conversations téléphoniques, ils utilisent des mots décrivant les travailleuses, qui sont souvent au chômage et attendent un appel proposant du travail, comme des marchandises. Ils montrent le corps ou des parties du corps de ces femmes et l'immigrée en attente d'emploi sont décrites comme "bosseuse", "une personne en bonne santé", "costaude, un caractère fort et honnête". Dans cette rhétorique, typique du discours raciste, les individus sont rabaissés à la fonction qui leur a été imputée. Leurs qualités personnelles, morales, intellectuelles et sociales sont réduites à une identité physique ou biologique. Dans d'autres cas, certaines qualités sont renforcées "féminine", "aimable", "gentille", "très patiente", "c'est une belle fille, propre, elle a bonne mine", "elle a un bon caractère".

À partir de ces interactions, les agences montrent une certaine ambivalence, à l'instar de leur positionnement sur l'interface entre l'offre et la demande de travail. Elles aident à alimenter et légitimer la discrimination, à transcrire les désirs des employeurs et à les prendre comme critères pour naviguer à l'intersection entre offre et demande. La compétence pour les soins n'est pas simplement un fait de la féminité, mais un rôle culturel naturalisé chez les femmes immigrées, ce qui se manifeste dans les conversations transcrites: "parfait pour le nettoyage, comme tous les Marocains" ; "les Sénégalais sont vraiment super avec les enfants", "les Sud-Américains ont beaucoup d'humanité, ils savent comment communiquer avec les personnes âgées".

La culture est perçue comme une identité statique et essentielle, extraite de l'historicité des relations sociales. Scrinzi suggère également que la naturalisation de la différence est constitutive de l'idée de féminité "respectable". Il convient de rappeler que la féminité de la femme blanche occidentale a historiquement été constituée non seulement en opposition à l'idée de virilité, mais aussi en opposition à la sexualité et à la féminité de la femme "noire" des colonies. De même, conclut-elle, les conceptions sur les aides-soignantes immigrées créent une frontière entre les "Européennes" et celles auxquelles cette double condition, de femme et d'Européenne, est refusée. Ce sont ces limites et l'établissement de nouvelles règles sur "être femme" en opposition aux immigrées des pays du Sud qui permettent aux femmes européennes d'occuper des positions de pouvoir.¹⁰

D'autres stéréotypes (comme le résultat de l'imbrication des différences nationales et culturelles concernant le sexe) délimitent les catégories accusatrices caractérisant les conflits sur le marché du travail entre les immigrés eux-mêmes. Parmi la hiérarchie des éléments caractérisant une bonne aide-soignante se trouvent le niveau d'éducation et le fait d'être originaire d'Europe de l'Est. Pourtant, les jeunes filles d'Amérique latine que j'ai interviewées me disent que les femmes d'Europe de l'Est sont froides, calculatrices, prêtes à travailler sans salaire parce qu'elles souhaitent épouser la personne âgée pour obtenir leurs papiers et mener une vie tranquille. De même, elles ne comprennent jamais la vie des femmes asiatiques qui, selon elles, seraient toujours souriantes sans raison claire, et pensent que les Africaines viennent d'une société où il n'y a ni propreté, ni éducation. Comme me l'a dit une Péruvienne: "Nous savons ce qu'est l'amour et le respect du traitement des personnes âgées: nous apprenons comment prendre soin des personnes âgées et nous les considérons comme un membre de notre famille". De cette façon, elles cherchent à redéfinir et à créer d'autres conventions relatives à l'ethnicité, à la nationalité et au genre.

Considérations Finales

Du point de vue structurel, le flux de travailleurs de pays pauvres vers des pays plus riches pour exercer des métiers de soins aux personnes âgées est un effet de la croissante division des richesses et du travail dans un monde mondialisé. C'est ce mouvement qui rend l'immigration illégale susceptible de prison et de déportation. Il établit les relations de travail recréant des pratiques esclavagistes au cœur des riches démocraties des pays du Nord. En ce sens, les immigrées aides-soignantes de personnes âgées sont une expression de l'*homo sacer*, en accord avec la façon dont Brett Neilson reprend les positions d'Agamben et de Foucault pour établir une relation entre vieillesse, biopolitique et mondialisation.

¹⁰ D'après Scrinzi, il en va de même sur le marché transnational du sexe. La description de prostituées des pays de l'Est les transforme en victimes passives de proxénètes internationaux. Cela vise à prouver l'appauvrissement des femmes de l'Est tout en créant une frontière entre les "femmes européennes" et celles qui sont refoulées. Sur ce thème, voir Piscitelli (2007) et le dossier "Gênero no Tráfico de Pessoas" (Le Genre dans la traite de personnes) paru aux "Cadernos do Pagu", n. 31, 2008.

L'ethnographie réalisée propose des éléments pour la complexification de ces analyses portant une marque structurelle. Nous avons voulu montrer que les immigrées illégales, employées comme aides-soignantes de personnes âgées, redéfinissent les formes prises par la dépendance et donnent un contenu et des sens nouveaux aux relations familiales, aux droits et obligations de l'État et à la vie urbaine. Les aides-soignantes offrent non seulement de nouvelles significations à la présence de personnes âgées dans les espaces publics, mais elles transforment aussi les domaines privés en une sorte de "microcosme exotique en Europe", expression suggérée par Scrinzi (2004) pour caractériser ce nouveau contexte.

Les débats sur l'immigration et le travail domestique imposent à la politique et à la théorie féministe une réouverture de la discussion sur la division sexuelle du travail au moment où les faiblesses de l'État-providence incitent les femmes des pays du Nord à explorer les nouvelles frontières du travail domestique.

Selon Barbara Ehrenreich et Arlie Hochschild (2003), ce flux migratoire signifie une révolution des sexes dans le monde entier, quoiqu'une révolution contradictoire et ambivalente. Basée sur une redistribution du travail reproductif, elle modifie les rapports de pouvoir, mais pas la division du travail homme-femme, car l'homme n'accomplit pas toutes les tâches ménagères, ni tous les soins. En tant qu'aides-soignantes, les femmes immigrées arrivent à avoir un certain poids économique et de décision économique au sein de leur famille: en effectuant les tâches ménagères, elles participent au marché du travail. Cependant, les formes d'exploitation ont atteint une dimension terrifiante et les familles, bien comme les employées immigrées illégales qu'elles emploient, se retrouvent dans une situation d'illégalité.

Or, sans nier le caractère dramatique de l'immigration illégale, parler de pratiques esclavagistes est doublement compliqué. D'une part, cela dissout la complexité des situations concernées et, de l'autre, cela destitue les aides-soignantes de leur capacité de négociation, comme c'est le cas pour le marché transnational de la prostitution. Comme le montre Scrinzi (2004), la description de prostituées venues de pays pauvres uniquement comme des victimes passives de trafiquants de même nationalité a pour fonction d'exalter la centralité du modèle européen de renforcement du pouvoir de la femme, créant ainsi une frontière entre les "femmes européennes" et celles auxquelles on refuse cette condition. Cela masque le fait que pour beaucoup de femmes, les réseaux de prostitution sont les seules structures disponibles pour migrer vers l'Union européenne. L'auteur suggère que faire la morale du système de prostitution en ne voyant en lui que ses pratiques violentes, signifie oublier que ces personnes sont les pôles "méprisables" contenant l'idée de féminité "respectable" et gravitant autour d'elle.

De même, l'on peut dire que limiter l'attention portée au phénomène des immigrées aides-soignantes de personnes âgées aux seuls cas sensationnels "d'esclavage moderne" revient à ignorer que l'aide-soignant domestique est un élément actif dans la production de la "famille respectable", celle qui permet aux personnes âgées de rester chez elles en recrutant, payant ou organisant le travail d'aides-soignantes de personnes âgées, immigrées, pauvres et privées de leurs droits. Ces dernières, qu'elles vivent dans l'illégalité ou non, sont des pôles méprisables car elles ont abandonné leur famille, leurs jeunes enfants ou leurs parents âgés en quête de meilleures conditions de vie dans d'autres pays.

C'est aussi cacher le fait que l'entrée sur le marché du travail des soins de personnes âgées est l'une des seules formes d'immigration dans l'Union européenne pour les femmes plus âgées à la recherche de meilleures conditions de vie que celles qu'elles connaissent dans leur pays.

L'Italie a connu des changements dans ses espaces publics où l'on remarque de plus en plus la présence de ces deux populations indésirables, personnes âgées et immigrés, présence qui, comme nous l'avons montré, redéfinit les espaces publics, la vie domestique et les relations entre générations dans la famille. Est-ce un changement transitoire? L'immigration sera-t-elle freinée? Y aura-t-il un changement dans la législation sur les aides-soignantes? Il est très difficile de le savoir. Tout au moins, nous sommes sûrs que les recherches que nous menons et les textes que nous produisons, où nous proposons des réponses aux difficultés identifiées, joueront un rôle central dans le destin des personnes âgées et de leurs aides-soignantes.

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Bibliographie

- AGAMBEN, Giorgio. 2002. *Homo sacer – o poder soberano e a vida nua*. Belo Horizonte: Editora UFMG.
- AMBROSINI, Maurizio; COMINELLI, Claudia. (orgs). 2005. *Un'assistenza senza confini. Welfare 'leggero', famiglie in affanno, aiutanti domiciliari immigrate. Rapporto 2004*. Milano: Fondazione Ismu. Regione Lombardia. Osservatorio Regionale per l'integrazione e la multietnicità.
- CASTAGNONE, Eleonora et al. 2007. "Madri migranti – Le migrazioni di cura dalla Romania e dall'Ucraina in Italia: percorsi e impatto sui paesi di origine". Roma: CeSPI – Centro Studi di Politica Internazionale FIERI – Forum Internazionale ed Europeu di Ricerche sull'Immigrazione. Working Papers 34. Mimeo.
- CASTEGNARO, A. 2002. "La rivoluzione occulta nell'assistenza agli anziani: le aiutanti domiciliari". *Studi Zancan-Politiche e Servizi Alle Persone*, 2: 11-34.
- DA ROIT, Barbara; FACCHINI, Carla. 2010. *Anziani e Badanti – Le differenti condizioni de chi è accudito e di chi accudisce*. Milano: Franco Angeli.
- DEBERT, Guita Grin. 1999. *A reinvenção da velhice: socialização e processos de reprivatização do envelhecimento*. São Paulo: EDUSP Editora da Universidade de São Paulo.
- EHRENREICH, Barbara; HOCHSCHILD, Arlie Russel. 2003. "Introduction". In: _____. (orgs.), *Global women – nannies, maids, and sex workers in the new economy*. New York: Henry Holt and Company. pp.1-13
- FOUCAULT, Michel. 1976. *Histoire de la sexualité, t. I, La volonté de savoir*. Paris: Gallimard.
- HOCHSCHILD, Arlie Russel. 2003. "Love and gold". In: Barbara Ehrenreich; Arlie Russel Hochschild (orgs.), *Global women – nannies, maids, and sex workers in the new economy*. New York: Henry Holt and Company. pp.15-30.
- KNIJN, Trudie; SMIT, Arnoud. 2009. "Investing, facilitating, or individualizing the reconciliation of work and family life: three paradigms and ambivalent policies". *Social Politics*, 16(4): 484-518.
- LEWIS, Jane. 2001. "The dDecline of the male breadwinner model: implications for work and care". *Social Politics*, 8(2): 152-169.
- NEILSON, Brett. 2003. "Globalization and the biopolitics of aging". *The New Continental Review*, 3(2): 161-186.
- PARREÑAS, Rhacel. 2001. "Transgressing the national state: partial citizenship and 'imagined (global) community' of migrant Filipina domestic workers". *Signs: Journal of Women in Culture and Society*, 26(4): 1119-1154.

- PISCITELLI, Adriana. 2007. "Corporalidades em confronto: brasileiras na indústria do sexo na Espanha". *Revista Brasileira de Ciências Sociais*, 22(64): 17-32.
- RABINOW, Paul; ROSE, Nikolas. 2006. "Thoughts on the concept of biopower today", *BioSocieties*, 1(2): 195-217.
- RUSSO, Monica. 2008. *Donne migranti a Modena: il lavoro di "badante" tra vincolo e risorsa*. Thèse de Doctorat, Cooperazione Internazionale e Politiche per lo Sviluppo Sostenibile. Ciclo XIX. Alma Mater Studiorum, Università di Bologna, Bologna.
- SARTI, Raffaella. 2004. "Noi abbiamo visto tante città, abbiamo un'altra cultura". Servizio domestico, migrazioni e identità di genere in Italia: uno sguardo di lungo periodo". *Polis*, 1: 17-46.
- SCRINZI, Francesca. 2004. "Professioniste della tradizione. Le donne migranti nel mercato del lavoro domestico". *Polis*, 1: 107-136.
- SPINELLI, Elena. 2003. "Badanti: donne come noi". *La Rivista di Servizio Sociale*, 2: 39- 66.
- SASSEN, Saskia. 2001. "Entrapments rich countries cannot escape: governance hotspots". Disponibile sur: <http://www.theglobalsite.ac.uk/times/109Sassen.ttm>
- _____. 2003. "Géo-économie des flux migratoires". *Esprit*, 300: 102-113.
- VIETTI, Francesco. 2010. *Il paese delle badanti*. Roma: Meltemi Editore.

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Negociaciones posibles: visibilidad, vejez y parentesco entre mujeres que mantienen relaciones sexo-afectivas con otras mujeres¹

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Resumen

En las últimas décadas se han sucedido cambios significativos en lo que respecta a las sociabilidades de las comunidades LGBT. En países de América Latina, el desarrollo de legislaciones referentes a la unión entre personas del mismo sexo, el reconocimiento legal de las identidades *trans* y las políticas contra la discriminación y la violencia motivadas por la orientación sexual o por la identidad de género evidencian importantes transformaciones jurídicas y sociales. Estas políticas generan, al mismo tiempo, cambios profundos en las subjetividades y modos de socialización, marcando diferencias importantes que pueden colaborar en una mayor aceptación social de la comunidad LGBT. A partir de la investigación de campo realizada en las ciudades de Buenos Aires y São Paulo en el año 2013 y parte de 2014, el objetivo de este trabajo es entender la especificidad de las formas contemporáneas de sociabilidad de mujeres que mantienen relaciones homo-afectivas, con una edad de entre 40 y 70 años de edad, y los efectos que los últimos cambios legales pueden, o no, ejercer en los modos de vivenciar su sexualidad. ¿Utilizan las prerrogativas de la ley de matrimonio o del fallo del STF? ¿Quiénes lo hacen?

Palabras clave: lesbianismo, generación, estudios de género y sexualidad, antropología urbana, América Latina.

1 Parte de este texto fue presentado en la 29ª Reunión de la Asociación de Antropología Brasileña, GT 76: Sexualidade, gênero e parentesco: permanências e transformações contemporâneas. Coordinadores: Flávio Luiz Tarnowski y Anna Paula Vencato.

2 Este artículo está basado en el trabajo de campo posdoctoral realizado actualmente en el Núcleo de Género Pagu/Unicamp sobre regímenes de visibilidad, cambio social e convenciones sobre sexualidad y envejecimiento entre mujeres que mantiene relaciones homosexuales en São Paulo y Buenos Aires. Agradezco a la Fundação de Amparo à Pesquisa do Estado de São Paulo, Fapesp, por el financiamiento que permite la realización de esta investigación.

Resumo

Nas últimas décadas têm acontecido mudanças significativas nas sociabilidades e visibilidades das comunidades LGBT. Em Latino-américa o desenvolvimento de legislações relativas à união entre pessoas do mesmo sexo, o reconhecimento legal das identidades *trans* e as políticas em contra à discriminação e a violência motivadas pela orientação sexual ou a identidade de gênero evidenciam importantes transformações jurídicas e sociais. Estas políticas geram, ao mesmo tempo, mudanças profundas nas subjetividades e modos de socialização, marcando diferenças importantes que possam colaborar na melhor aceitação social da comunidade LGBT. A partir da pesquisa de campo realizada nas cidades de Buenos Aires e São Paulo no ano 2013 e parte do ano 2014, o objetivo desta apresentação é entender a especificidade das formas contemporâneas de sociabilidade de mulheres, dentre 40 e 70 anos de idade, que mantêm relações homo-afetivas e os efeitos que as últimas mudanças legislativas podem ou não exercer nos modos de vivenciar sua sexualidade. São utilizadas as prerrogativas da lei de matrimonio ou a sentença do STF? Por quem?

Palavras-chave: lesbianismo, geração, estudos de gênero e sexualidade, antropologia urbana, Latino-américa.

Negociaciones posibles: visibilidad, vejez y parentesco entre mujeres que mantienen relaciones sexo-afectivas con otras mujeres³

Andrea Lacombe

En las últimas décadas se han sucedido cambios significativos en lo que respecta a las sociabilidades de las comunidades⁴ Lésbicas, Gays, Bisexuales y Trans (LGBT). En países de América Latina, el desarrollo de legislaciones referentes a la unión entre personas del mismo sexo, el reconocimiento legal de las identidades *trans* y las políticas contra la discriminación y la violencia motivadas por la orientación sexual o por la identidad de género evidencian importantes transformaciones jurídicas y sociales. Vale la pena destacar que, en la región, estas agendas comenzaron a desarrollarse durante los años 1970 en un contexto socio-histórico marcado por las más cruentas dictaduras militares, momento en el que emergieron movimientos políticos y culturales en la lucha contra las opresiones de dichos gobiernos. A su vez, el impacto de la epidemia del HIV/sida, en los años 1980, complejizó más aún el campo político de los derechos civiles de las comunidades LGBT, llevando en un primer momento la discusión al terreno de la salud pública y, posteriormente, hacia la de los derechos civiles. Este proceso posibilitó el fortalecimiento de los movimientos LGBT visibilizados en las marchas del orgullo, lugar de exposición pública de sus reclamos legales, hoy incluidas en las agendas culturales de muchas ciudades del mundo. Estas políticas generaron, al mismo tiempo, cambios profundos en las subjetividades y modos de socialización, marcando diferencias importantes en las últimas dos décadas que culminaron en la posibilidad de mayor aceptación social de las comunidades LGBT.

Estos logros responden al agenciamiento político de las organizaciones feministas y LGBT cuyas agendas de visibilidad consiguieron posicionar a la ciudadanía plena de dichas comunidades como tema fundamental del debate público y político. En Argentina, particularmente, los últimos años han sido incuestionablemente históricos en el camino por la reivindicación de los derechos sexuales. La modificación, en 2010, del Código Civil para permitir el casamiento entre personas del mismo sexo –y paralelamente la adopción– y la aprobación de una ley de identidad de género, pionera en el mundo por el hecho de no medicalizar ni judicializar las identidades auto-percibidas, coloca al país en la vanguardia legislativa mundial. En Brasil, a su vez, el casamiento entre personas del mismo sexo fue posibilitado por la vía judicial, a través de una decisión del Supremo Tribunal Federal que, en el año 2011, homologó las uniones civiles con el matrimonio.

3 Parte de este texto fue presentado en la 29ª Reunión de la Asociación de Antropología Brasileña, GT 76: Sexualidade, gênero e parentesco: permanências e transformações contemporâneas. Coordinadores: Flávio Luiz Tarnowski y Anna Paula Vencato.

4 Uso este concepto pensando en la noción de “comunidades imaginarias” de Benedict Anderson (1991) y en el uso que Facchini (2008) hace para pensar las “comunidades lésbicas” o las “comunidades LGBT” formadas por redes de mujeres que comparten sus propias *escenas*, *medios* o *comunidades* y sus propios “lugares”, estructuradas más allá del circuito de sociabilidad y entretenimiento.

A partir de la investigación de campo realizada en las ciudades de Buenos Aires y São Paulo en el año 2013 y parte de 2014, el objetivo de este trabajo es entender la especificidad de las formas contemporáneas de sociabilidad de mujeres que mantienen relaciones homo-afectivas, con una edad de entre 40 y 70 años de edad, y los efectos que los últimos cambios legales pueden, o no, ejercer en los modos de vivenciar su sexualidad. ¿Utilizan las prerrogativas de la ley de matrimonio o del fallo del STF? ¿Quiénes lo hacen? Más allá de las idiosincrasias propias de cada país, existen similitudes entre Brasil y Argentina, atribuidas, principalmente a la aparición de los movimientos homosexuales. En el año 1969 fue fundado, en Buenos Aires, el grupo Nuestro Mundo– que posteriormente, en 1971, dio lugar al mítico Frente por la Liberación Homosexual (FLH). En São Paulo, a su vez, el grupo Somos se fundó a finales de la década de 1970, nombre inspirado en la revista homónima que publicara el FLH. Ese contexto histórico de las décadas de 1970 e inicios de 1980 es un marco de referencia importante que funciona a modo de “bisagra” en los cambios de las subjetividades y moralidades, configurándose como uno de los motivos de la elección de la franja etaria del universo analizado en una tentativa de hilvanar narrativas de personas cuya sociabilidad puede incluir este período histórico, con políticas de representación y reconocimiento de derechos en la región.

Según pasan los años. Curso de vida y envejecimiento

De acuerdo al “paradigma del curso de vida”, los cambios históricos y culturales alteran los patrones de desarrollo y transición en la vida adulta de diferentes grupos, generaciones y cohortes. Si partimos de este paradigma, explica Julio Simões (2004), cualquier punto de la trayectoria de vida precisa ser analizado desde una perspectiva dinámica, como consecuencia de experiencias pasadas y expectativas futuras, y de una integración entre los motivos personales y los límites del contexto social y cultural correspondiente: en este caso en particular, dos ciudades sudamericanas como São Paulo y Buenos Aires, polos socioculturales de la región. Guita Debert (1998) explica, a su vez, que las formas por las cuales la vida es periodizada, las categorías de edad presentes en una sociedad y el carácter de los grupos etarios que en ella se constituyen, son material privilegiado para pensar la producción y la reproducción de la vida social. Las categorías de edad son constitutivas de realidades específicas “siendo que operan recortes en el todo social, estableciendo derechos y deberes diferenciales en una población, definiendo relaciones entre generaciones y distribuyendo poder y privilegios” (Debert, 1998: 53). En su investigación sobre homosexualidad masculina y envejecimiento, Murilo Mota (2009) resalta la necesidad de considerar las representaciones estereotipadas, construidas y alimentadas por cierta homonormatividad que caracteriza a la vejez con demérito e impone cierto ideal de *ser gay* validado en un patrón corporal de juventud, consumo y masculinidad (2009:31). Según Pocahy (2008), la homonormatividad es otra forma de exclusión y de manutención de las regulaciones en torno a los binarismos de género y a la sexualidad vista como *normal*, en la intersección entre edad, raza/etnia y clase social. Sin embargo, Julio Simões remarca los cambios que se han sucedido en la sociabilidad de hombres homosexuales maduros, llamando la atención a un proceso de “luchas en torno de las narrativas legítimas con respecto a la relación entre cuerpo, envejecimiento y el sentido de sí mismo (...) en lo que respecta a la posibilidad de convertir la etapa más avanzada de la vida en una meseta indefinidamente extensa de consumo activo y agradable (2004: 420). En este sentido, Andrea Moraes (2009) plantea la inscripción

generacional configurada como “un campo de posibilidades” (Velho, 1994) para la construcción de formas de ser homosexual siendo que, en el caso particular de la homosexualidad femenina, una mirada generacional permite recuperar el lugar que la sexualidad ocupa en la construcción de las trayectorias de vida. La vejez es vista por Moraes como una oportunidad abierta para recordar y construir la madeja de la historia. La vejez es, simultáneamente, el tiempo en que esa historia se mantiene y se conecta con proyectos futuros, constituyéndose, por lo tanto, en un momento de creación (Lins de Barros, 1998). En este contexto me pregunto si, entre mujeres, también es posible pensar en un sistema donde, tanto la exaltación de la juventud, como de la experiencia adquirida a través de los años otorgan agenciamientos particulares a las diferentes franjas etarias.

La vejez de mujeres que mantienen relaciones homoafectivas adquiere, en esta perspectiva, particularidades en relación al contexto sociocultural y político en donde el reconocimiento social que implica la posibilidad de formalizar legalmente la unión entre personas del mismo sexo puede significar, también un reblandecimiento de los estigmas sociales con respecto a las vivencias erótico-afectivas entre mujeres. ¿Esa apertura, sin embargo, influye en las convenciones sociales de estas mujeres sobre la vejez?

Cuando lo posible no siempre es lo deseable

Mañana de lunes de julio en Buenos Aires. El viento sur que parece traer el mismísimo hielo de la Antártida se arremolina entre las personas que esperan, en la vereda del Registro Civil de Parque Centenario, la orden de la jueza para poder entrar en la sala de casamientos y acompañar a Miriam y Ester en la celebración de su unión. Miriam y Ester se conocieron un año antes en los “encuentros de los martes”, como son conocidas las reuniones del grupo de reflexión para mujeres lesbianas organizadas por la ONG *Puerta Abierta*. “Decidimos casarnos porque ahora tenemos un gobierno que, por suerte, nos reconoce frente a la ley. Ahora podemos protegernos, compartir la obra social y si algo le pasa a alguna de las dos la otra puede acompañarla y decidir legalmente qué medidas tomar”, me explica Ester y continúa relatándome historias de amigas que no pudieron entrar en el hospital a visitar a sus compañeras porque la familia de las otras no se los permitía. “Por suerte nuestras familias saben [que ellas dos están juntas] y lo aceptan”, cuenta con una sonrisa en la cara.

Miriam tiene algo más de 50 años y Ester se acerca a los 70. Miriam afirma que la diferencia de edad fue más chocante para su madre y sus hijas que el hecho de empezar a salir con una mujer. “Su madre”, agrega Ester riendo, “me dice ‘esa señora’”. En la sala hay muchas integrantes del grupo de reflexión, las más antiguas frecuentadoras que son amigas de Ester desde hace varios años, entre ellas, dos matrimonios que también se conocieron en el grupo coordinado por Graciela y Silvina, su pareja, testigo de casamiento de Ester.

Puerta Abierta comenzó sus actividades en 1999 como un espacio de psicólogos especializados en asuntos sobre sexualidades diversas. En el año 2009 fundó el primer centro de jubiladas y jubilados LGBT de América Latina. Mi aproximación fue justamente por ese motivo, sin embargo, al conversar con una de las coordinadoras del lugar supe que el centro ya no funcionaba como tal por requerimiento de las propias participantes “deseosas de socializar con mujeres más jóvenes”, según palabras de Graciela, la directora del lugar, para aumentar la posibilidad de encuentros amorosos. En el tiempo en que frecuenté el lugar (entre marzo y julio de 2013) la dinámica consistía en un grupo de reflexión que funcionaba todos los martes a las 19 hs con un costo mensual de \$ 300 (R\$ 100, en ese momento) reunión que generalmente se extendía

cenando en un restaurante a dos cuadras del lugar. Ese grupo funcionaba como un espacio de pertenencia y contención frente a la falta de comunicación que muchas de las integrantes tienen con sus familias de origen. Salir del closet es uno de los objetivos explícitos de las coordinadoras, el cual no es compartido por todas las participantes del grupo de reflexión.

El trabajo de campo en São Paulo me condujo hasta el bar *Vermont*. Emplazado en la planta baja de un edificio localizado en el ItaimBibi, un barrio de clase media y media alta, el *Vermont* tiene un público de edad variada, dependiendo del día en que se lo visita. Los domingos, día en que centré mi trabajo etnográfico, es frecuentado mayormente por mujeres de una franja etaria amplia, entre 30 y 60 años.

En esa convivencia dominical conocí un grupo de alrededor de 10 mujeres cuya media de edad era de 50 años, algunas comerciantes o con cargos gerenciales en empresas y otras jubiladas de diferentes bancos, con quienes conversé sobre relaciones sexo-afectivas, preferencias a la hora de pensar pareja, engaños y desengaños amorosos. Algo que llamó mi atención en las conversaciones que tenía con ellas, pero también con otras frecuentadoras del lugar de la misma franja etaria, fue el desinterés que mostraban por la conyugalidad como un deseo para sí, a diferencia de las más jóvenes (entre 30 y 35 años de edad). Cuando salía el tema (o yo lo iniciaba) las de mayor edad inclusive aconsejaban a las más jóvenes que fueran con cuidado, “con pie de plomo” a la hora de pensar en casarse y en “saltar de una casa a la otra” [de una relación con convivencia a la otra] y que aprendieran a “vivir la vida”.

La posibilidad de acceder al casamiento supone, para algunas, una responsabilidad que “las jovencitas no tienen” ya que “se casan y separan muy rápido sin darle ninguna importancia ni significado al papel”, explica Fabi quien tiene algo más de 55 años, es bancaria jubilada y frecuentadora asidua del *Vermont*: “yo sólo me casaría si estuviera viviendo con alguien desde hace por lo menos 10 años y tuviésemos bienes para heredar la una a la otra. No sé por qué quieren casarse con papeles si vivir juntas también es un modo de casamiento. No tienen nada que heredar, ni una relación de años para cuidar”. Fabi dice que ella no es la “típica del ambiente que se casa rápido. Yo nunca me casé, nunca quise convivir con mis parejas. Creo que está buena la posibilidad de formalizar una unión, de protegerse y proteger los bienes, pero casarse por casarse... esa juventud está extrapolando un poco las cosas, me parece”. Para Fabi, la conyugalidad no aparece como un valor, sin embargo reconoce el agenciamiento de contar con la posibilidad del matrimonio para aquellas que mantienen una relación estable. Para ella, la agencia está justamente en saber que las relaciones sin convivencia son una opción tan válida como el casamiento o la conyugalidad.

Conversaciones similares aparecieron con algunas de las frecuentadoras de más edad de *Marlene*, fundado en 1990 como centro cultural y establecimiento de diversión nocturna. Localizado en el barrio de Boedo, en Buenos Aires y muy cerca de *Puerta Abierta*, siempre funcionó como un espacio de encuentro y sociabilidad para lesbianas. Con diversas modificaciones a lo largo de estos años (con cambio de dueñas, inclusive), continúa siendo un lugar exclusivo para mujeres (la política de no dejar entrar hombres fue mantenida por la nueva administración), con una clientela de clase media baja y trabajadora, actualmente con edades entre 25 y 60 años. Las clientas con las que conversé desestimaban la convivencia con sus parejas aún estando en relaciones “serias”. Prefieren, al igual que Fabi, mantener casas separadas porque ese es un modo de “conservar la libertad”.

Bastante diferente era la situación en el grupo de reflexión de *Puerta Abierta* donde las relaciones sexo-afectivas con morada conjunta aparecían en el universo de expectativas, incluso como un anhelo de gran parte de las concurrentes, y el casamiento siendo la reafirmación de ese vínculo. En los 4 meses de trabajo de campo presencié un casamiento, supe de otro que estaba gestándose y de dos más que habían sido en 2012 y comienzos de 2013. ¿Por qué se establecen esas diferencias? ¿Cuál es la carga simbólica atribuida a la institución del casamiento, tanto a la formalización de la unión frente al Estado como a la convivencia sin necesidad de ese acto performático y legal?

Los matices de la [in]visibilidad

Silvia, también frecuentadora de *Puerta Abierta* y vieja amiga de Ester, convivió durante 25 años con Laura, su pareja, hasta que esta murió de cáncer, hace 4 años.

Tuve algunas relaciones largas, pero no eran *completas* porque no compartíamos todo ya que no convivíamos. La convivencia hace que una pareja esté completa; nosotras [con Laura] teníamos un grupo de amigas con el que hacíamos de todo: ir al cine, a cenar, a bailar, salir de vacaciones. Cuando salió la ley de matrimonio me puse feliz con las personas que podrían usarla. Con Laura tuvimos que arreglárnosla como pudimos con el tema de la herencia, hicimos acuerdos privados sin que su familia supiera, testamentos, pero casarnos no estaba en nuestros planes, ni siquiera pensábamos en eso, estaba fuera de nuestro universo... o nosotras fuera de él, en realidad, ¿no?

¡La ley de matrimonio igualitario me parece maravillosa!, exclama Isabel⁵ una psicoanalista de 70 y pocos años que vive en Buenos Aires “desde siempre”.

Es una especie de sello, ¿viste esos sellos de goma?, que legaliza y de alguna manera obliga culturalmente a la sociedad a aceptar lo que es un hecho medio clandestino. Es posible que con Marga [actual pareja] nos casemos. Más que nada porque sería más barata la cuestión de las prepagas; ahora cada una tiene la suya y es muy caro. También por la cuestión de la herencia, porque este departamento está a nombre mío por hechos que no importan, y yo tengo una hermana que no es heredera forzosa pero tengo que desheredarla porque si no hereda ella y es absurdo porque tiene 10 veces más dinero que yo y no necesita heredar nada de mí. Entonces hice un testamento que tiene validez legal. Podría tenerla todavía más si hago certificar mi firma por un escribano, pero el testamento hológrafo, o sea manuscrito, donde además conste la palabra “esto es un testamento” para que no haya que deducir ni demostrar que es un testamento. Entonces la nombro a Marga única heredera. Ella no tiene demasiadas ganas porque su hermana tampoco sabe [que es lesbiana]. O sea ¡lo recontra sabe! pero entre ellas, que se quieren mucho y son muy cercanas, no como yo con la mía, es algo no hablado. Entonces un casamiento oculto, clandestino, o sea a espaldas es feo. No es problemático, es feo, para ella es feo. La otra es deschavarse. Salir del armario, del placar o no sé bien de dónde uno se supone que sale, y decirle: ¡Soy gay!, como en las películas [risas]. ¿No es cierto? Y es difícil, pero... sí, es posible que lo hagamos...

Los testimonios exhibidos hasta el momento dan cuenta de diferentes estrategias desarrolladas en el momento de pensar, por un lado las relaciones sexo-afectivas y, por el otro, el envejecimiento frente a esa producción continua de la diferencia con respecto a las prácticas identitarias normativas. Parte de estas estrategias están relacionadas con ciertos regímenes de visibilidad e invisibilidad que dan cuenta de éticas sobre la intimidad y la expresión del afecto y del deseo. ¿Qué significa, en los contextos investigados, exhibir para otros los modos de vivenciar la sexualidad? ¿Cuáles son las implicancias de ese acto? ¿Ante quién hacerlo?

En su libro “Los últimos homosexuales”, el sociólogo argentino Ernesto Meccia (2010) desarrolla dos tipos ideales posibles para comprender los cambios históricos sobre la socialización de hombres que mantienen relaciones sexo-afectivas con otros hombres en las últimas décadas de ese país: el paradigma homosexual y el paradigma gay. El primero,

⁵ Isabel forma parte de una red de amigas y conocidas de una amiga porteña que me facilitó el contacto y, con ello, el acceso a esa red.

explica Meccia, “se caracterizó por la participación casi ineludible de una misma colectividad de destino” (2010: 104), comprendiendo una experiencia pre-reflexiva al respecto de la homosexualidad, cuando los sujetos “no tenían un capital cognitivo alternativo al dominante del discurso heterosexual” (ibídem).

De este modo, la pertenencia a la colectividad no guardaba relación con los atributos socioeconómicos o políticos, era una “comunidad de destino”. “Aún cargando sentimientos sombríos sobre su propio desarrollo social, ese modo de vida dual (conocido y clandestino) tuvo la particularidad de promover un sentimiento de pertenencia o alguna cosa parecida con una raza maldita a cuyo destino general no podían resistirse los destinos individuales (Meccia, 2010: 105). En la fase intermedia entre ambas lógicas, que comprende la segunda mitad de los años 1980 y la primera de los años 1990, la colectividad comienza a reconocerse en tanto *discriminada*. Aparece en escena la política de la visibilidad que aporta recursos lingüísticos para enunciar esa discriminación. Finalmente, la lógica gay se caracteriza por la mercantilización de las mediaciones de gestión de la identidad social y personal pasando de una sociabilidad anodina vehiculada en territorios clandestinos a otra cuya clave es la multiplicidad de ofertas que segmentan el colectivo sociocultural, económica y generacionalmente. El cambio de lógicas trae aparejada, para Meccia, la *gaycidad* acompañada del orgullo, el reconocimiento y la visibilidad social fruto de la consecución de los derechos civiles por parte del movimiento LGBT.

Sin embargo, si pensamos las sociabilidades investigadas en este trabajo de campo a partir de este modelo socio-histórico de explicación, las lógicas referentes a los criterios sobre visibilidad e invisibilidad, tanto como las auto-referencialidades –como veremos más adelante en este texto– parecen discordar un poco de los diferentes paradigmas que dan cuenta de interrelaciones entre hombres más que entre mujeres, manteniendo relaciones homoafectivas.

Podemos pensar, entonces, en la convivencia de dos lógicas de sociabilidad que constituyen una trama de inteligibilidad social e intergeneracional que se ajuste más a las particularidades de las relaciones analizadas, tanto en el contexto paulista como en el porteño. La primera está asociada a la intimidad y podríamos llamarla *lógica del recato*, o lo que Paiva (2007) denomina como ética de la reserva y de la invisibilidad, “una recusa de evidencias plenas mediante la rarefacción de los regímenes de visibilidad de la relación y el uso de estrategias de restricción de la expresividad que garantizan un ‘margen’ de reserva/distancia psicológica, que protegen las relaciones de una visibilidad ostensiva y que imponen un régimen de enunciabilidad bastante variable, conforme las situaciones y los agentes interesados” (Paiva, 2007: 24 n1). A la hora de analizar, en su tesis de doctorado, las sociabilidades de mujeres con relaciones homoafectivas en São Paulo, Regina Facchini también describe una “compleja negociación del ‘secreto’, envolviendo una postura ‘discreta’ en relación a la homosexualidad donde la categoría ‘discreción’ desempeña un papel fundamental a la hora de negociar relaciones familiares y profesionales mediante un juego de enunciados y silenciamientos” (2008: 243-244), tal y como podemos observar en la disquisición de Isabel con respecto al casamiento como una opción para ella y su pareja. La segunda lógica está asociada a la visibilidad y se aproxima más a la caracterización del *paradigma gay* de Ernesto Meccia, caracterizada anteriormente dentro de la cual podemos enmarcar, por ejemplo, el casamiento de Miriam y Ester y la modalidad que las coordinadoras quieren imprimirle a las reuniones del grupo de reflexión lésbica de *Puerta Abierta*, pero también en la opción de Fabi que elige no convivir con sus parejas.

¿Qué tipo de negociaciones son posibles, entonces, a la hora de hilvanar deseo, cuidado de la intimidad y herencia? ¿La visibilidad aparece en el horizonte como un mandato político y social o como una gestión de los sujetos frente a la necesidad de resguardarse a sí mismos y a sus parejas? En este sentido, y así como las estrategias utilizadas para dar cuenta de relaciones de difícil denominación desafían representaciones y prácticas que escapan a las estructuras tradicionales de familia, el acceso al matrimonio para personas del mismo sexo pone en tela de juicio las estrategias adoptadas para mantener los bienes de la pareja sin tener que explicitar la orientación sexual o formalizar la unión, pero también se vislumbra como una posibilidad de dar cabida a otro tipo de nociones de familia, pensadas horizontalmente, donde la amistad sustituye las conexiones biogenéticas o las relaciones culturales en tanto relaciones de parentesco.

Gabriela y Laura viven juntas hace más de 6 años. Ya fueron pareja 10 años atrás y ahora, siendo amigas son herederas la una de la otra. “Nuestro vínculo es más familiar que otra cosa. Somos el soporte la una de la otra y cuando alguna falte queremos que sea la otra quien se quede con los bienes y no nuestros hermanos o sobrinos que no logran entender nuestro vínculo porque nosotras tampoco les explicamos bien nunca. Es a ella que le dejaré estas cuatro paredes que están a mi nombre y si es necesario nos casaremos para que no haya problemas, aunque ya no estemos juntas como pareja”, me explica Gabriela. Ambas tienen un poco más de 50 años, viven en el cono-urbano bonaerense y suelen frecuentar *Marlene*. El parentesco puede ser rediseñado en función de otro tipo de lazos igualmente duraderos como las amistades, eje de análisis tanto de Kate Weston (2003), como de Judith Butler (2006). En este sentido, Fonseca al hablar sobre homoparentalidad argumenta que, aún sin ser muy diferente de otro tipo de relaciones familiares, “ayuda a resaltar ciertos elementos, temas que exigen debate, y cuyas repercusiones se extienden más allá de la familia gay o lésbica. Al final, ayuda a revelar las actuales formas familiares como ‘co-producciones’ que envuelven, además de valores culturales, leyes, tecnología y dinero. El parentesco se torna, así, una cuestión política y cultural, obligándonos a repensar “qué familias elegimos (o si de hecho queremos elegir alguna)” (Fonseca, 2008: 781).

Siguiendo esta línea de razonamiento, en el contexto de esta investigación la posibilidad del matrimonio entre personas del mismo sexo aparece como un ejemplo paradigmático de la convivencia entre ambas lógicas. Casarse significa hacer visible una unión y ese no es necesariamente el deseo de algunas de las mujeres con las que conversé, que prefieren continuar con arreglos previos y mantener el sigilo y la discreción sobre sus relaciones sexo-afectivas con otra mujer. Sin embargo, también puede ser una salida para darle forma a relaciones que son pensadas como “de familia”, como la de Gabriela y Laura. La división visibilidad vs. invisibilidad no puede ser pensada monolíticamente, sino como una gestión singular y específica de los individuos entre la exposición y el ocultamiento.

Situacionalmente, la invisibilidad diseña, en diferentes escenarios, diferentes capas de sentido para las personas que la vivencian y para aquellas con las que conviven, pero también para las que optan por hacer pública su orientación sexual. En esta misma dirección, la elección por la visibilidad está matizada en diferentes niveles relacionados a los grados de intimidad que existen entre los sujetos. Para Isabel y Marga, los lucros económicos y burocráticos que el casamiento puede traerles son cuidadosamente evaluados con respecto al hecho de tener

que dar cuenta de más de 20 años de relación frente a sus familias. El closet gay, argumenta KosofskySedgwick, “no es sólo una característica más de la vida de las personas gays. Para muchas de ellas es también una característica fundamental de la vida social” (2007: 22). El closet, de todos modos, no se constituye como una estructura monolítica y binaria sino, muy por el contrario, como niveles en los cuales las personas entran y sale ya que las “geografías personales y políticas son, antes que nada, imponderables y convulsivas del secreto abierto (ibid, 39). Vivir en el closet y, en un cierto momento, salir de él nunca son cuestiones puramente herméticas, explica Sedgwick. El juego de visibilidades e invisibilidades se esboza como una trama de capas superpuestas en las que siempre existe la opacidad y la transparencia, simultáneamente; ese closet de vidrio de lo no dicho, pero vivenciado, que confronta las nociones de privacidad y publicidad del fuero íntimo de los sujetos y sus relaciones.

Yo siempre estuve a favor del matrimonio, relata Sandra, trabajadora del área de la salud y frecuentadora de *Marlene*. “Luchaba, me peleaba y discutía que si un hombre puede casarse con una mujer, por qué no pueden hacerlo dos hombres o dos mujeres, por qué no tienen ese permiso, sabiendo que cuando una falta [muere] la otra persona tiene derecho a los mismos beneficios por haber estado juntos. En mi caso yo no tengo a nadie, pero si tuviera una compañera pensaría en el asunto, pero me da un poco de arrepentimiento también... haría un casamiento en casa y que nadie se enterara, ¿entendés? No sé por qué soy tan paranoica, yo nunca quise hablar de esto ni con un psicólogo, me mandaría traer un cura, o lo que sea que me fuera a casar, a mi casa y que nadie sepa, sólo los amigos, claro.”

En la vida cotidiana la salida del closet no necesariamente aparece como un valor. En muchos casos la invisibilidad supone una estrategia consciente y optativa (contrariamente a la obligatoria), un modo de agencia en la que los niveles de constitución identitaria se relacionan con nociones de moral específicas en consonancia con la ética de la reserva expuesta anteriormente a partir de Paiva. Sin embargo, y como pone de relieve Heilborn, este modo de pensar el closet “ha suscitado una viva discusión por parte de los actores comprometidos con el movimiento de afirmación homosexual. La afirmativa de que la declaración explícita de la orientación homoerótica no es considerada necesaria y, sobre todo, es entendida como limitadora de las potencialidades de los individuos, despierta sospechas frecuentemente atribuidas al miedo del estigma, a la cobardía frente a las convenciones sociales, a una estrategia calculista del anonimato, o incluso a la falta de solidaridad entre ‘iguales’” (1996: 4). De acuerdo con esta perspectiva, la visibilidad puede ser considerada –contrariamente a los atributos que los “actores comprometidos” le otorgan– como una publicitación de actos del dominio de lo íntimo y, por lo tanto, de la esfera de lo privado, dependiendo de las trayectorias familiares y de la edad en donde nociones como *discreción*, *recato* o *intimidad* adquieren ribetes diferenciados, sinónimos de cuidado y contención.

El *discreto* encanto de entender

Discreción, por ejemplo, es una categoría accionada por alguna de las entrevistadas a la hora de explicar los términos que usan para auto-referenciarse. Silvia me cuenta que “antes teníamos todo un código para que los otros [personas heterosexuales] no entendieran y no nos molestaran. *Better* era una palabra usada para hablar de gente del ambiente y *Paqui* para referirnos a los otros, los héteros. *Paqui* por paquidermo, ¡porque eran unos pesados! y *better* porque éramos mejores que ellos”. Actualmente ella prefiere la palabra *gay* para auto-denominarse y referirse a otras mujeres que mantienen relaciones homoafectivas. Fabi, a su

vez, prefiere la palabra *entendida* que usa desde que llegó a São Paulo a los 17 años y comenzó a frecuentar establecimientos nocturnos orientados al público LGBT. *Entendida*, para ella, significa conocer algunas cosas que otras personas no conocen y, por lo tanto pertenecer a un círculo diferente. Creo necesario dejar claro que ambas hablaron con sus familias, hace mucho tiempo, sobre sus preferencias por mujeres y en algunos trabajos en los que estuvieron. Sin embargo, a la hora de pensar en las palabras con las que denominan esa preferencia, “lesbiana” está fuera de su universo de referencias por ser “muy fuerte” y tener relación con un “discurso médico” o político.

En entrevistas, una realizada en Buenos Aires y otra en São Paulo, con dos mujeres que tuvieron participación en grupos de activismo feministas o LGBT en sus trayectorias de vida, la palabra lesbiana aparece con un fuerte contenido político. Alicia, periodista porteña de 48 años, explica que reivindica para sí la palabra lesbiana como una identidad política. Ella fue la creadora del suplemento LGBT de uno de los principales periódicos de tirada nacional de Argentina. Gaby, paulista de 50 y pocos años, con un pasado en grupos feministas del PT, a la hora de ser interrogada sobre la palabra que usa para definir su orientación sexual, responde rápidamente *lesbiana*, pero luego establece la diferencia entre “una auto-denominación pensada como identidad política y de pertenencia” [lesbiana] y otra utilizada en el grupo de amigas [sapa].

Esos son algunos ejemplos con los que me encuentro en el campo; términos que tienen sentido en detrimento de otros. *Que entiende, chongo, torta, femme, del ambiente, gay o minita* ganan fuerza de referencialidad y auto-identificación, desmantelando la carga semántica de *lesbiana*. Luis Aquino ya llamaba la atención sobre la recusa por el término entre las integrantes de su campo de investigación en Porto Alegre por su connotación peyorativa y acusatoria (1995: 82). Aquino destaca, sin embargo, que la categoría es accionada por las “homosexuales feministas que, al reconocerse así, tratan de enfatizar el aspecto político de la opción homosexual: la recusa, en la práctica, de la relación de poder establecida por la heterosexualidad, donde el hombre domina a la mujer” (ibid: 83).

Facchini también llama la atención a la modificación del uso del término *entendida* que pierde uso en el grupo donde fue acuñado y gana centralidad en la clase baja. No obstante, si esa división es pensada en relación con la franja etaria, la categoría recobra su carga semántica, incluso entre los sectores de clase media, como es el caso del *Vermont*. Si pensamos esa situación como un prisma, los términos émicos son los que aparecen del lado donde la luz, como un arcoíris, se descompone en diversos espectros; el término *lesbiana* en tanto categoría política y científica es, a su vez, el haz blanco que recompone en uno solo los demás, en un mecanismo óptico de representación. Lo que sigue preocupándome con respecto a los usos de la categoría de lesbiana es evitar caer en usos instrumentales del término que cristalizan determinados parámetros y los convierten en lo que Butler designa como “imperativos de la regulación” (2000: 91).

¿Por qué *lesbiana* debería tener mayor estatuto epistemológico que *torta* o *gay*, siendo que la primera pierde significado en el campo cuando no estamos delante de sujetos relacionados con el activismo feminista o LGBT? ¿Cuál es su fuerza y sentido? Esa preocupación se aplica tanto a la política como a la academia. En mayo del año 2013 tuvo lugar en la ciudad de Rosario, Argentina, la Celebración de las amantes, segundo “Encuentro de orgullo y disidencia lesbiana”. En esa ocasión, Virginia Cano, filósofa lesbiana y feminista, como ella se auto-denomina, presentó el trabajo “Una exploración en torno a la lengua tortillera”, en una tentativa de pensar una cartografía que contemplase los modos de nombrar-nos como producciones de subjetividad

Aprendí, dice Virginia, lo eficaz que pueden ser las palabras y los modos de nombrar(nos). De llamar y clasificar nuestros modos de ser-con y de habitar este mundo. Las palabras, y las economías taxonómicas que las sostienen, son verdaderas tecnologías de producción subjetiva. Nos hacen ser quienes (no) somos y condicionan lo que hacemos, sentimos, pensamos, conocemos y deseamos.

El texto de Cano trae a colación la necesidad de comenzar a pensar en el sentido político de la categoría *lesbiana* en relación a esos otros términos de auto-denominación que constituyen corporalidades y espacios de sociabilidad dentro del propio activismo y, de ese modo, darles otro significado político.

Analizar la relación entre las diferentes categorías de auto-referencialidad movilizadas en el campo y el tipo de sociabilidad que esos sujetos desarrollan permite observar una trama de sentidos que tiene al régimen de visibilidad/invisibilidad como punto nodal. Las narrativas que traigo en este texto indagan las convenciones sociales y estilos de vida desarrolladas en contextos urbanos por sujetos que transitan por mundos velados y muchas veces estigmatizados, cuyas trayectorias ayudan a comprender la organización de redes de sociabilidad en relación con otros fragmentos de lo social o -usando las palabras de Peter Fry en el prólogo de *O negócio do Michê* (Perlongher 1987)- para “cuestionar los lugares comunes del ‘centro’ de la sociedad”. Estas trayectorias resaltan estrategias de negociación permanente entre las posibilidades de equidad civil que los cambios legislativos y judiciales traen aparejados y modos de vida en donde nociones como *discreción*, *recato* o *intimidación* adquieren ribetes diferenciados, sinónimos de cuidado y contención. Donde lo privado, no necesariamente quiere ser político. Para entender estas estrategias es necesario traer a consideración los modos como edad y generación operan en la conformación de las moralidades y las redes de sociabilidad. La relación entre las familias de origen, muchas veces atravesadas por el anonimato de las relaciones de conyugalidad homosexual o truncadas por la explicitación de una orientación sexual disidente, debe ser enmarcada en un contexto histórico donde la represión política y moral de las décadas de 1970 y parte de 1980 y el lugar de la mujer en tanto reproductora y ama de casa forman un entramado social en el que las amistades se transforman en comunidades de destino que cumplen el rol de relaciones de solidaridad, contención y familiaridad. Al mismo tiempo, el ejercicio político que algunas de las entrevistadas tiene y la publicitación de las agendas feministas y de los movimientos LGBT muestra una reflexión sobre los mandatos sociales de feminidad, recato y discreción, complejizando las tramas discursivas y poniendo en cuestión los modos de reproducción social de esos grupos de sociabilidad. Ese entramado social que he descripto, guarda características similares en los contextos investigados en ambas ciudades, distanciándose de los análisis realizados en las comunidades de hombres que mantienen relaciones homoafectivas en lo que respecta a la constitución de redes de amistad, afecto y sexo.

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Bibliografía

- ANDERSON, Benedict. 1991(1983). *Imagined communities: reflections on the origin and spread of nationalism*. Londres: Verso.
- AQUINO, R. Luis O. 1995. “Discurso lésbico e construções de gênero”. *Horizontes Antropológicos*, 1(1):79-94.
- BUTLER, Judith. 2006 (2004). *Deshacer el género*. Buenos Aires: Paidós.
- _____. 2000. “Imitación e insubordinación de género” In: *Graffías de Eros. Historia, género e identidades sexuales*. Bs. As.. Edelp. pp. 87-113.

- CANO, Virginia. 2013. “Una exploración en torno a la lengua tortillera”. Texto apresentada na “2da Celebración de las Amantes. Jornadas de orgullo y disidencia lésbiana”. Rosario, Argentina. Mimeo.
- DEBERT, Guita. 2007 (1998). “A antropologia e o estudo dos grupos e das categorias de idade”. In *Velhice ou terceira idade?* Myriam Lins de Barros (org.). Rio de Janeiro. FGV Editora. pp. 49-68.
- FACCHINI, Regina. 2008. *Entre umas e outras. Mulheres (homo)sexualidades e diferenças na cidade de São Paulo*. Tese de doutorado em Ciências Sociais. Instituto de Filosofia e Ciências Humanas. UNICAMP. Campinas.
- FONSECA, Claudia 2008. “Homoparentalidade: novas luzes sobre o parentesco”. *Estudos Feministas*, 16(3): 769-783.
- FRY, Peter. 1987. “Prefácio”. In: Néstor Perlongher, *O negócio do michê: a prostituição viril*. São Paulo: Brasiliense. pp.11-16.
- HEILBORN, Maria Luiza. 1996. “Ser ou estar homossexual: dilemas de construção da identidade social”. In: Richard Parker; Regina Barbosa (eds.), *Sexualidades brasileiras*. Rio de Janeiro: RelumeDumará. pp 136-145.
- LINS DE BARROS, Myriam. 2007 (1998). “Testemunho de vida: um estudo antropológico de mulheres na velhice”. In: ___ (org.), *Velhice ou terceira idade?* Rio de Janeiro: FGV Editora. pp 113-168.
- MECCIA, Ernesto. 2010. *Los últimos homosexuales*. Editorial: Gran Aldea, Buenos Aires.
- MORAES, Andrea. 2009. “Fronteiras da relação. Gênero, geração e a construção de relações afetivas e sexuais”. *Sexualidad, Salud y Sociedad*, 3: 10-32.
- MOTA, Murilo. 2009. “Homossexualidade e envelhecimento: algumas reflexões no campo da experiência”. *Sinais- Revista Eletrônica – Ciências Sociais*, 06(1): 26-51.
- POCAHY, Fernando. 2008. *Marcas do poder: o corpo (do) velho-homossexual nas tramas da hetero e homonormatividade*. Texto apresentado no “Fazendo Gênero 8 - Corpo, Violência e Poder”. Florianópolis: mimeo.
- PAIVA, Antônio Crístian S. 2007. “Reserva e invisibilidade: a construção da homoconjugalidade numa perspectiva micropolítica”. In: Miriam Grossi, Anna Paula Uziel e Luiz Mello (orgs.), *Conjugalidades, parentalidades e identidades lésbicas, gays e travestis*. Rio de Janeiro: Editora Garamond. pp. 23-46.
- SEDGWICK, Eve Kosofsky. 2007 (1993). “A epistemologia do armário”. *Cadernos Pagu*, 28: 19-55.
- SIMÕES, Julio. 2004. “Homossexualidade masculina e curso de vida: pensando idades e identidades sexuais”. In: A. Piscitelli; M. F. Gregori; S. Carrara (orgs.), *Sexualidades e saberes: convenções e fronteiras*. Rio de Janeiro: Garamond. pp. 415-447.
- VELHO, Gilberto. 1981. “Projeto, Emoção e Orientação em Sociedades Complexas”. In: *Individualismo e Cultura: notas para uma antropologia da sociedade contemporânea*. Zahar, Rio de Janeiro. pp. 13-37.
- WESTON, Kate, 2003. *Las familias que elegimos. Lesbianas, gays y parentesco*. Barcelona: Editorial Bellaterra.

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Heterotopias of (un)desirable bodies: homoeroticism, old age and other dissidences

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Abstract

This paper problematizes some possible stylizations of bodies that are socially perceived as “old” and that are engaged in (homo)erotic activities. We present some “scenes” that were mapped during participant observations conducted in a territory of sociability attended mainly by older gay men. Ways in which the materiality of the bodies in these encounters may acquire other “contours” and new “porosities” are discussed. This rematerialization enables some individuals to resist some models that normalize subjectivities and bodies. At least at the moment of the parties in this territory (in that queer time and space), the old gay man is no longer a “*bicha velha démodé*”, but rather a subject of desire and a desiring subject. Our cartography tends to denounce the fragility and the fictional aspects of homo/hetero/age-normativities.

Key-words: old age, body, gender, (homo)sexuality, (homo)eroticism

Resumo

Este artigo problematiza algumas estilizações possíveis de corpos ditos “velhos” e em experimentações (homo)eróticas. São apresentadas algumas cenas cartografadas a partir de observações participantes realizadas em um território de sociabilidade frequentado principalmente por homens mais velhos. Discutimos alguns modos pelos quais a materialidade dos corpos nesses encontros passa a ganhar outros contornos, de modo que algumas vidas, a partir do incômodo de um fantasma de abjeção, possam resistir a certos modelos que normatizam subjetividades e corpos. Pelo menos nos instantes das festas que ocorrem em tal território (naquele tempo e espaço *queer*), o gay velho não é mais a “*bicha velha démodé*”, torna-se um sujeito do desejo e desejante. As cartografias insinuam uma denúncia sobre a fragilidade e o caráter ficcional das *homo/heterofidade-normas*.

Palavras-chave: velhice, corpo, gênero, (homo)sexualidade, (homo)erotismo

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Preamble

The *Jardim dos Ursos* (Garden of the Bears)¹ is charged with peculiarities. With an aesthetic that purposely varies between kitsch and tacky and with the “rustic” air of a shack, it composes a territory that is rich in details and curiosities. The ambiguity is present right at the entrance. The front of the location appears to be “disguised” and does not call attention to passersby on the street. The only sign that indicates that it is a bar is the sporadic presence of a banner, with the name of the place. It looks like an ordinary house, with a garage in the back that leads to the entrance of the bar. During the day, in front of the establishment and on the same lot there is a tire-repair shop, reinforcing the “rustic” nature of the environment while alluding to an erotically fetishized imaginary related to virility. Upon entering, one passes through a small hallway with photos of clients exhibited on the wall. Along this small walkway there is also a collection of used clothes from the bar’s thrift shop. At the end of the hall we usually find the owner or an employee receiving customers and giving them order slips. Upon entering the bar itself, people find themselves in an atmosphere quite different from that in front of the old house and at the tire shop. The decoration is startling. The walls and all the corners of the room are covered with objects like urinals, old typewriters, stuffed teddy bears, miniature objects of all kinds, the head of an ox, a fireplace, rustic cabinets, old telephones, horns, framed posters from old movies, chintz fabric covering the walls and some tables. There are so many objects that at times new visitors spend some time in the first area just to take in the exotic and cheerful decoration. The bar is divided into a few inter-related spaces. A dance floor is right next to the bar, an area with more light and tables where people drink, talk and play pool. In the back there is a garden and an open space and farther behind the garden a nursery where the owner raises pheasants, ducks and chickens. Access to the nursery, however, was closed during the year 2011, and customers could only circulate in the covered portion of the bar and a small part of the garden. The portion of the garden and of the animals, when it was still accessible, seemed to always be a source of surprise, laughter, and at times annoyance for some customers. Some see the animals humorously, others with disdain. The fact is that most people seem to think: “I never thought I would see ducks at the party!” as some clients said. The back of the bar (garden and nursery) was also an area for “pick-ups,” a place of fleeting sexual encounters between clients who may have met during the party. In addition to the unique aesthetic, the arrangement of the environments is constantly changing. Since I began to frequent the location, nearly each time I arrived I found a new arrangement, an innovation in the decorations, something new, even if subtle.

[...]

¹ This is a fictitious name.

I circulated through the space closely observing what, to me was becoming very clear: the presence of older men stands out at these parties and the appearance of a complicity among all of them gave me the impression of a moment of collective fraternization among “old friends.” This mood may seem obvious for a location where people go to have fun with friends and to meet people, but something seems to distinguish it from other parties and clubs that have a predominantly young public. There is a more intimate atmosphere, although no less festive, one that is vibrant, with lots of conversation, laughter and a tone of relaxation.

(passages from dos Santos’ field notes)

*

These two field diary excerpts were produced during a graduate study in psychology that proposed to map modes of stylizing male homoeroticism² in old age. The field study took place in a bar considered “marginal” in the circuit of homoerotic sociabilities³ in the city of Florianópolis, Santa Catarina in Southern Brazil, known as a “Bear Bar”⁴. One of the authors of this article attended the bar for more than a year and participated in the “Bear Encounters”, thematic parties that were held monthly at the locale.

In our research we followed the “principle of cartography” as a methodological guide, as suggested by Deleuze and Guattari (2009). The principle of cartography guides a perspective and a mode of sensibility for accompanying processes and flows in movement in the social field (Kastrup 2009). Therefore, there was no intention to seek a fixed and univocal representation about homoeroticism in old age, but singularities and fissures that in a certain way challenge the hegemonic field of representations. We add to this principle of cartography our experience in the anthropological and ethnographic field, with participant observation, the production of field diaries and exercises in estrangement in that which was familiar to us, as suggested by Brazilian anthropologists (Da Matta 1978; Cardoso de Oliveira 1998; Fonseca 1999). Authors such as Virgínia Kastrup and Laura Pozzana de Barros (2009) emphasize that in some aspects cartography approximates to ethnography, because among other presumptions, it also requires inhabiting a non-familiar territory. In this sense, the cartographer, like the ethnographer, goes to the field to experience relations, ways of life and an entire network of significations and affections produced in a collective.

There has been a recent flurry of research on homoeroticism among older men. In his thesis about “male homoeroticism and aging,” anthropologist Carlos Eduardo Henning (2014) affirms that none of his interlocutors (elderly gays) identified themselves as a bear or attended bear circuits of sociability.

2 In our article, when we refer to *male homoeroticism* we are referring to eroticism among cisgender men, that is, men who recognize their gender identity according to the gender that was attributed to them at birth. The category *cisgender* has been requested and problematized above all among transfeminist movements, both in Brazil and in international contexts. We use this analytical category in our text, because we understand that it denaturalizes gender identities (cisgender identities) that are used as references of what is supposed to be the gender “normality.”

3 Other studies that are dedicated to the study of homoerotic sociabilities and or LGBT groups (lesbians, gays, bisexuals, transvestites/transsexuals/transgenders) in Florianópolis and the region can be found in Perucchi (2001), Vencato (2002), Silva (2003), Córdova (2006), Henning (2008), Cardozo (2009), Amaral (2012) and Santos (2012).

4 *Bears* is an identity category that refers to men who are usually (but not necessarily) fat and hairy. In addition to these bodily attributes, there also appears to be among “bear communities” a standard of gender that, according to Fernando Pocahy (2011), exalts a virile masculinity that can inhabit these bodies. Pocahy (2011: 38) also affirms that the bear communities operate “as a form of ‘identity regime’ that questions the ‘gay’ regime of the body and of standardized sexual practices.” As can be noted based on the very name given to the parties (Bear Encounters) and from the conversations with the interlocutors during the field research, the term “Urso” or Bears” refers to a native category that is shared and understood by the local attendees.

Meanwhile, in the thesis in the field of education by Fernando Altair Pocahy (2011), who analyzed forms of regulation of gender and sexuality in intersectionality with age and problematized the discourses of objectification aimed at elderly men who exercise homo/erotic practices, the author explains that part of his field studies were conducted in bear locations. According to Pocahy (2011), the men with *elderly*, fat and hairy qualities come to identify with the bear community, although these are not the only aggregating qualities of these communities. Isadora Lins França (2010) studied the segmentation of the GLS market and some spaces of (homo)sociability in the city of São Paulo, where she also identified locations of interaction between people who identify themselves as bears, senior and or older gays. Another author who discusses the sharing of spaces of sociability between *bears* and seniors was Júlio Simões (2004), who also analyzed circuits of homoerotic interactions in the city of São Paulo.

We consider that many territories of sociability of older gay men (“mature” and or “seniors”), function, therefore, based on different interactions, configurations and territorial codes (Perlongher 2008) that can vary according to the region of the country and city, the access to these spaces, their relations with the city, and other factors. It is important to highlight that in these territories we can see various forms of production and reinvention of bodies, of desire and of eroticism. It is in these spaces, which are generally considered marginal in the hegemonic gay scene, that a sexual and erotic micro-politics is put in motion, potentially questioning a “sexopolitics” (Preciado 2011), even if within these spaces normative regimes referring to gender and sexuality can be reiterated and reproduced.

We chose to carry out our research in the Bear Garden because it appeared to be an alternative territoriality to more hegemonic gay spaces of the city, in which circulate eulogies to certain types of bodies considered to be legitimate. As a possible space of being for subjects who are in discord with certain aesthetic, age and sexual norms, the bar in question emerges as a territory that potentially moves other erotic and desiring flows.

Although it is a territory that intends to exalt the so-called “bear culture” and the sociability of subjects who identify with this community (both the bears, as well as their admirers, the *bear lovers* or *chasers*), it can be perceived, based on field observations, that the people who frequent the location see themselves as *older, mature and or senior* (“*coroas*”, in Portuguese) *gays*.⁵ Although most are older men, there are also younger men who have emotional and sexual interest in the older ones. The bar is therefore a place for intergenerational emotional-sexual encounters, as we discussed on another occasion (Santos and Lago 2013).

The “bear appeal” given to the bar was evident from the decoration of the space, the flyers for the parties and the Facebook page, all of which which serve as means for promotion. Nevertheless, the public that frequents the location does not necessarily completely identify with this identity category. In this territory, the categories *bear* and *old/senior* at times blend and wind up representing the same individuals, although some of them only recognize themselves as “bears,” others only as “mature” or “older gays” and others do not identify with either of these identities. This is not to say that in all the territories of sociability of bears we will find older gay men, or that older gays necessarily identify themselves as bears. This “identity combination,” - or even this blurring of identities - appeared to us, however, to be outstanding in the bar where the study was conducted.

We would like to make an addendum in relation to some analytical categories and native categories. We use the term *homoeroticism* in agreement with Jurandir Freire Costa (1992) who affirms that this concept allows a more flexible understanding in relation to the plurality of sexual practices and desires of people who are sexually oriented towards people of the same sex (and or, we also add, of the same gender). The

5 The categories “bear lovers”, “chasers”, “older gays”, “mature” and “coroas” [seniors] are all native categories that were heard in the field research.

concept of *homoeroticism* aims at an understanding focused less on identity that is more open to the possibilities of problematizing the multiple ways in which individuals involve themselves in sexual-erotic relations, without their practices necessarily being tied to the affirmation of (or identification with) a specific sexual identity (gay or bisexual for example). We also do not ignore the categories “homosexual” and “homosexuality” that as Foucault (1988) presented, refer to the production of a modern discourse that is consolidated based on the *dispositif* of sexuality. We consider, however, that contemporarily the category “homosexuality/homosexual” can situate individuals from a position of political affirmation and or as a position from which an individual can recognize himself or herself as a subject.

These distinctions, even if subtle, function as analytical and problematizing operators, but we emphasize that they do not necessarily involve *native categories* that are mobilized and shared among our interlocutors. Categories such as “gays,” “seniors,” “mature,” “bears,” “*bicha*”[+/-fairy], “*viado*”[+/-fag] and even “homosexual” or “bisexual”, can find resonance in a broader social discourse, but can also acquire particular senses and meanings that need to be located in the context observed. We heard from some of our interlocutors, for example, affirmations such as: “*I am a hetero who likes boys [...], a man who likes other men*”; “*I like to come to this bar because the people here are more discrete, there are no flaming fairies*”; “other bars in the city have lots of fags”; “*my friends of my age are more reserved.*” These identity representations (of oneself and of others) that arise in the narratives heard carry perceptions about the experiences of homosexuality that can cross with other experiences such as, for example, generation, social class and gender. These categories also operate a logic of differentiation in relation to other gay groups and to other spaces of sociabilities, using as discursive strategies those ranging from practices of resistance to the reproduction of more pejorative concepts in relation to other expressions of sexuality and gender. It is therefore worthwhile to consider these categories of articulation for a deeper understanding of the experiences. It is in this sense that for Avtar Brah (2006), it is important to analyze the constructions of the theories as relational and contingent phenomenon. It is, he argues,

better to construct them as historically contingent relations specific to a given context. From there we can focus on a given context and differentiate between the demarcation of a category as an object of social discourse, as an analytical category and as a theme for political mobilization, without making suppositions about its permanence or stability over time and space (Brah 2006: 353).

With these considerations, we would like to indicate that in our studies we have sought to articulate various categories, whether as objects of social discourse (as we can see, for example, in the social discourses that produce the figure of the “elderly” and of the “Third Age,” homogenizing the experiences of older people); analytical categories (as we exemplified above based on our positions concerning the possibilities for problematizing contemporary expressions of eroticisms and sexualities); or as categories of political mobilization (as we see in identity movements, such as the LGBT and *bear* movements, etc.). These categories cannot be taken as separate, static and essentialized points, because they are constantly articulated in narratives and experiences, modulating discourses, practices (of resistance and subjection), performativities, and presenting a particular regime of signs that construct a system of codes that can be shared among the local collective.

In this article⁶ we will focus our discussion on the immanent relationship/production between territory, body (homo)eroticism and desire and their assemblages⁷ in a territory of sociability of subjects considered to be dissidents⁸ in the hegemonic erotic landscape of the city. For this reason, we describe some passing scenes, moments and conversations that affect the look, the body and perception of one of the authors during the cartography traced in his study.

Scenes of a heterotopia

What can a territory do? What can the inventive potential of a space do? How do a space and a territory allow (re) significations of (homo)eroticism in old age and (re) inventions of bodies (old or aging) shadowed by the phantom of abjection and allocated to the margins of a field of intelligibility and legitimacy? To begin our discussion about these questions, we would like to present two scenes recorded in field diaries.⁹ These scenes described fleeting moments that operate as analyzers in our cartographies. The episodes took place on different days, although both took place during parties called “Bear Encounters.” The first scene was in December 2010 and the second in January 2011.

Scene I:

The night of the go-go-boy

The last Bear Encounter of the year was held on December 11, 2010. At this time, the attraction of the party would be a go-go boy who would perform sensual dances. I thought the presence of this character from gay nightlife to be strange, given that he sexualizes and emphasizes muscular bodies, in a space where this hegemonic aesthetic does not appear to be the strongest ideal, or the most desired. After my customary circulation through the bar and some conversations with some customers, the owner of the bar announced that the boy was present and that everyone should come close to watch him. With the announcement, some

6 Part of this article was based on a text published in the annals of the VI International Congress of Studies about Sexual Diversity and Gender of the ABEH (2012), where we presented some initial reflections of our research.

7 *Assemblage* (the English translation of the concept in French of *agencement*) is a concept used by Gilles Deleuze and Félix Guattari. According to Graham Livesey (2010:18) in the book “The Deleuze dictionary”, “assemblages, as conceived of by Deleuze and Guattari, are complex constellations of objects, bodies, expressions, qualities, and territories that come together for varying periods of time to ideally create new ways of functioning. Assemblages operate through desire as abstract machines, or arrangements, that are productive and have function; desire is the circulating energy that produces connections. An assemblage transpires as a set of forces coalesces together, the concept of assemblages applies to all structures, from the behaviour patterns of an individual, the organization of institutions, an arrangement of spaces, to the functioning of ecologies [...] An assemblage emerges when a function emerges; ideally it is innovative and productive. The result of a productive assemblage is a new means of expression, a new territorial/spatial organisation, a new institution, a new behaviour, or a new realisation. The assemblage is destined to produce a new reality, by making numerous, often unexpected, connections”.

8 The word dissidence has its etymological origin in the Latin verb *dissideo*, which means “to remain distant; to be separated.” We consider as dissident bodies (or even dissident eroticisms and sexualities) those bodies that contest (or escape and or distance themselves) from regulatory norms and ideas that produce corporal materialities considered legitimate and intelligible. The dissidence, in this sense, is effectuated in the production and affirmation of other possibilities for ways of life, challenging some hegemonic representations that authorize and or unauthorize bodies in their multiple forms of expression and circulation.

9 Since the scenes reported are excerpts from the field diaries produced by one of the authors, Daniel Kerry dos Santos, they will be presented here in the first person singular. The second author, Mara Coelho de Souza Lago, is dos Santos’ thesis supervisor.

people gathered around the performance space, including myself. The show began and I counted that only eight people were close to the stage. A few minutes later, a larger group came around, took a look and went back to where they were, at the tables, talking and playing pool. Everyone was congregated in the space away from the dance floor, not appearing to pay the least attention to what was happening in that space. The small group that was still close to the show spoke among each other, some with their backs to the go-go boy. Every once in a while these clients would take a look and seemed to make a comment about the dancer. Nevertheless, they also soon appeared to get tired of the scene and went to where most of the people from the party were. The onlookers abandoned the performer who was left dancing alone, exhibiting his apparently uninteresting body, but doing his job. During the night, the boy returned to the stage a number of times, but without much success or interest from the people. Based on this scene, I began to perceive that most of the time the dance floor was empty and that the people seemed to prefer the tables, where it was easier to talk. The dance floor appeared to be a representative sign of parties attended by younger people – many nightclubs only have a dance floor – while, in that space, it was only one of a number of environments that did not appear to be very attractive to the clients.

(passage from field diary, December 2010)

Scene II:

The go-go-bear's turn...

The first Bear Party of the year was held on January 8, 2011. This time, the attraction would be a *go-go-bear*. I was very curious to know what this was, because I had never heard of this type of performer. The association was obvious: a go-go-boy who was a bear! I thought this was interesting, after all, the presence of a “traditional” go-go boy at the last encounter had “disturbed” me. I went to the party, with great curiosity.

The go-go-bear's show was about to begin. I went to the dance floor, in the middle there was a small stage for the go-go bear to dance. This time, the show was very different from that of the go-go boy. The floor filled up, everyone went to see the performer, who was applauded and watched desirously by some. The performance was made by a fat man with a classic “bear style” and an appearance I considered very handsome. With the music playing he removed his pants and danced in his underwear and a tee-shirt and stayed that way until the end. The dance, the gestures, the steps were made the same way that the “traditional” go-go boy did. The difference was the corporal aesthetic and what was being produced based on that dance. A body that in another context would be seen as uninteresting, de-eroticized or that would be disdained and inferiorized by a dominant aesthetic, there, in his performance, was a producer of sensuality and seduction. It was a resignified body. The go-go bear, moving as sensually as he could, generated an eroticism to a public that shared the same signs and the same marks. He also insinuated himself with other people (non-bears) who considered the bear-body desiring: young, old, thin, mature... The erotic dance was performed for a few moments and stopped when the performer got tired. In these brief intervals, he drank some water and rested, but remained there among his public and interacted with other men, slipping among the bodies. After recuperating, he returned, danced some more on his mini-stage and the show continued.

(passage from field diary, January 2011)

These two scenes are emblematic of the desires and erotism in the bar. The lack of interest in the go-go boy and his conventional aesthetic shows that the people present in the bar resist these his appeals, returning to that which was really giving them pleasure: the potency of those good encounters that flowed from a distinct aesthetic. Of course desirous looks were aimed at the go-go boy's body, but from a minority. This kind of eroticism did not appear to seduce them, it was not capable of shifting their attention and hypnotizing their bodies. The *go-go-boy body* came to be just a *decorative body* in the space.

Meanwhile, the performance of the *go-go-bear* was received as a desirable and erotic body, celebrating a transgressive hedonism. For Preciado (2011: 14), this "deterritorialization" of the body supposes a resistance to the process of becoming "normal." The processes of normalization and homogenization of bodies, typical of our society and of the effects of biopolitics, can be, at times like those of the scenes described, questioned and confronted. The go-go-bear, who perhaps does not gain erotic legitimacy in other contexts, composes another route for desire. This appears to be possible, because according to Preciado (2011: 14),

[...] the fact that there are precise technologies for the production of "normal" bodies or for the normalization of genders does not give rise to a *determinism* or the *impossibility of political action*. To the contrary. Given that the *queer* multitude carries within itself, as a failure or residue, the history of the technologies of normalization of bodies, it also has the possibility to intervene in the biotechnological *dispositifs* for the production of sexual subjectivity. [emphasis ours].

That is, the political action of these deviant bodies (bears, old men, old-bears, *coroas*) takes place precisely at the time of another desiring and erotic production, which runs through the territory in a direction counter to the biopolitical technologies that organize the body of the populations.

We also believe that it is important to emphasize, also in agreement with Preciado (2011), that this multitude is not constituted as a reserve of transgression within the social field, because it does not manifest fixed resistance and transgression, but a micropolitical movement that can rapidly crystalize. It is also not something opposite to the identity strategies and logics that capture and territorialize bodies, because the dominant identities that normalize "being gay" and "being old," need their opposites to exist. In other words, the *old gay*, who materializes the exterior that is constitutive of or abject in relation to what would be a "normal gay," and/or a "normal old man," maintains the very fiction of the normality of these identities, giving them an aura of cultural intelligibility (Butler 2002a).

These scenes raise various questions. One of them is "*what produces a desired/desirable body?*" And "*what does a desiring body - or a body that desires, produce?*" And more, "*what contours (or non-contours) does eroticism acquire from the deterritorialization of bodies and desires that become organized or unorganized?*" These other desiring forms that are related to an event that breaks out within a multiplicity, are not reduced to a unit or a subject. This is important to emphasize, given that we are not relating desire to an interiority, an individuality, something closed on itself. Desire here is being considered in its productive dimension, of flows and vibrations, which run through environments, always nomadic and migrant (Deleuze&Guattari 2010:386). In this sense, we do not intend to affirm here that the people present there also do not feel pleasure and attraction for those toned, young idealized bodies. Indeed, we heard from some clients of the bar that they also feel sexual attraction for younger men with whom they can relate. We discussed the possibilities for intergenerational homoerotic relationships which we observed in the bar (Santos and Lago 2013). In fact there was no specific restriction in relation to the age of the possible romantic and or sexual partners, although some expressed an exclusive preference for younger men and others preferred people of the same age, as one interlocutor reported: "*I would like to meet someone older, because I have suffered many deceptions with younger boys, because they really do not know what they want.*"

But they feel more than that, because desiring machines are established in the territory. These machines operate a system that cuts off the flows of the daily ideals and connects them to other machines, thus extracting other currents of aesthetic and erotic flows. The production of desiring bodies, in this sense, is an effect of a movement of the multitude and not of isolated individuals captured by a homogeneous and serialized form of desiring and feeling.

These other modalities of perceiving an erotic body and its other desiring productions are directly related with what Néstor Perlongher (2008) calls *territorial-codes*. For Perlongher (2008) some territories are able to produce other internal flows and codes that signal other possibilities of subjectivation. These territories, like the bar we studied, invent other fictions about the body and about eroticism, so that new perceptions, sensibilities and affections can be activated, producing another erotica. This is not a case of romanticizing a territory that is not affected by the social surroundings that prescribes norms, models and standards, but of considering that based on these differentiations presented by the territorial codes, it is possible to see other (micro) politics of the body in motion. Richard Miskolci and Larissa Pelúcio, commenting on Perlongher's concept of territorial codes, indicate:

[the internal codes] maintain their ties with the “normal” universe and do not create “autonomous systems of sociabilities,” but a subterranean way of life. This can be synthesized in the Deleuzian proposal of *lignes de fuite*, which Perlongher characterizes as a social zone in which control is looser, but not completely suspended, given the limbo character between the traditional and something diverse, to which its participants respond according to the demands, flirting once with one, then with another, but without completely adhering to either of them. (Miskolci & Pelúcio 2008: 16)

The desiring production, an effect of these machines moved by these flows and codes, is simultaneously the very social production of the territory. For Deleuze and Guattari (2010), social production and desiring production are the same thing, they are a relationship of immanence and of processuality. This appears to be the case of the scenes we described. The social production that invents a territoriality that congregates a multiplicity of people (and creates an *ursine* culture or a territoriality of old gays, for example) is capable of producing another form of bodily relationships and encounters. The territory is shaped precisely by the assemblages of desire present there, at the same time in which other desiring forms are produced precisely by the existence of the territory. According to Benevides (2009), the constitution of the territories is brought about by *assemblages*, so that we can find two lines of collective assemblages: the collective assemblages of enunciation and the machinic assemblages of desire.

If the collective assemblage of enunciation comes to affirm that the linguistic production of enunciation is not focused on the individualized subjects, the machinic assemblage of desire comes to affirm that desire is an economy of flows, it is neither interior to a subject nor does it tend toward an object, because it is process (Benevides 2009: 213-214).

Thus we consider the territory to be a location invented and moved by these assemblages, which are decentered from an individual subjectivity and from a totalized desire. They involve a proliferation of desiring-machines, in which desire produces the social and vice-versa. A “new” aesthetic and ethic thus become possible, pointing to technologies of the self that recompose other corporalities, that is, which create forms of stylizing bodies, producing desiring modes, expanding universes and territories and inventing ways of life. All in a flow that crosses and constitutes the local reality.

These two scenes make visible how the bodies in encounters produce modes of subjectivation. Here we follow a lead from Guattari (1992: 161) who suggests that to conduct a cartography of the productions of subjectivity it would be necessary to turn to the complex aesthetic affects. These affects, in this case,

moved by the unusual dance of a singular body, and by the proliferation of other modes of perceiving corporality and the erotic, constitute not only that instant, but also a moment of subjectivation. The bodies are affected by other forces, bend and avoid power and create a relationship of pleasure among themselves. Erotic pleasure, but also the pleasure of friendship and of the opportunity for a practice of freedom where wrinkles and white hair and the signs of time that mark these bodies do not establish an hierarchical and depreciative relationship, at least in the moments that mark the time of the territory. To the contrary, they become, based on another aesthetic valuation, an element of what one can be proud of, exhibit, touch, excite, appreciate, enjoy. New corporal shapes gain importance. The territory, in this way, constitutes itself as a place for practices of freedom, given that it appears to present individual and collective subjects a “field of possibilities, where various conducts, various reactions and various forms of behavior can occur” (Foucault 1995: 244).

Heterotopia as a productive affirmation of an erotic difference

The clients we talked to did not seem to go to the bar to look for what they can find in other places, such as bodies shaped by fashion shows and in exhibition. They seem to look for the opposite, a material reality that escapes the prerogatives of the *beautiful body* (in its more normative definition of the term). They are bodies that discover new trajectories in the circulation through the city and give way to movements of desire that request other forms of expression. A eulogy to deviation: to the fat, the old, the hairy, the ugly, the poor and to the rich who romance with each other. The owner of the bar, upon speaking about the public who attends his establishment, raises these issues:

[...] it's kinda like this, I'm not ridiculing my little bear friends, its quite clear. But they say to me: “*At what party am I going to feel comfortable? Bald, hairy, fat, ugly, old!*” And I say: “*Gee, I'm like that too! I'm like that.*” So they say: “*Hey, here we feel good, because here everyone gets together. The bald, the hairy, the ugly get together...*”

It was in this context of interaction of dissident bodies, therefore, that we could accompany erotic and romantic experimentations between old men and other old men or with young men. The segmentarity, in this case, becomes flexible and allowed affection between and the encounter of bodies that were once distant in the erotic geography of the city. The researcher's body, which was also eroticized in that location where age classifications do not necessarily establish an insurmountable barrier for relations, was often the target of erotic and sexual advances from many men of a wide variety of ages. We realized that the materiality of the bodies in these encounters came to take on other shapes and new porosities, in such a way that some lives, based on the disturbing phantom of abjection, could resist certain normative models. At least at the moments of the parties that take place in that territory, at that queer time and place, to use Halberstam's terms (2005), the old gay is no longer the “*old démodé fag*,” he becomes a subject of desire and desiring, eroticized. The bodies, enjoying certain erotic landscapes, fold upon themselves (Guattari 1992) and are affected by a heterotopia (Foucault 2009), an *other space*, where the possibilities of subjectivation are effectuated in the real field of the materialities of bodies and of territorialities.

But what territory is this? What bodies are these that mutually affect each other and create another zone of possible intensity? We believe that we were immersed in what Foucault (2009) termed *heterotopia* – an *other space*. It is a territory that creates other utopias for the body. By conducting a cartography of this *different space*, we accompany moments/scenes of those bodies that enjoy an aesthetic that challenged a certain ideal of the biopolitical utopia. The bodies of this biopolitical utopia that are materialized based on

the matrices of the intelligibility of gender and sex (Butler 2002a, 2003) constitute the regulatory ideals that these dissident bodies constantly confront in a continuous conflict of aesthetic resignifications. In terms of the utopias of the bodies, Foucault (2010: 01) asks:

To what is due the prestige of utopia, of beauty, of the wonder of utopia? Utopia is a place outside of all places, but it is a place where I will have a body *without a body*, a body that will be beautiful, limpid, transparent, luminous, fast, colossal in its power, infinite in its duration, turned off, invisible, protected, always transfigured; and it is quite possible that the first utopia, the one that it is most difficult to extirpate in the heart of men, might be precisely the utopia of a bodiless body.

Some utopias of the body, in this sense, are founded upon the very body of the biopolitical project that, as Francisco Ortega (2008) discussed, fastened in a bio-aesthetic process, seeks to attain a state of unattainable perfection. For Fernando Pocahy (2011b: 207)

The complete, fast, dynamic body is the body of the biopolitical utopia of the modern Project, a body that is not in fact attained. It is a 'planned' body, designed, calculated, measured, fictioned. The body is a political fiction, forged, woven in the *dispositifs* of gender, sexuality, age, size, shape, weight, 'race'...

This project of an "impossible" or "unreal" body constructed by modern *dispositifs*, can trigger an ethical conflict in the relation of an individual with himself. For Foucault (2010: 04) "utopias are born from the body itself and later, perhaps, turn against it".

But how can these utopias of the body turn against their own materiality? For Butler (2002a), the materialities of bodies are not a static and simple reality, but are constituted through processes of the forced reiteration of norms. When we encounter the body of an elderly gay man, for example, we perceive we are facing a forged materiality in a field of sexual, gender, generational, age-biased norms. These norms, effects of certain enunciations and of power relations, govern the materialization and the signification of the bodies. Materiality, however, as a discursive effect, is never complete and finalized, but is involved in a constant performative process. Thus, for Butler (1993:2), "it is the instabilities, the possibilities for rematerialization, opened up by this process that mark one domain in which the force of the regulatory law can be turned against itself to spawn rearticulations that call into question the hegemonic force of that very regulatory law". The materiality, in these terms, cannot be understood here as something beyond or outside of the discourse. Corporeal materiality itself is an effect of power and of performative acts, that is, of reiterative and referential practices through which discourse produces the effects that it names (Butler, 1993). The regulatory norms of sex and of the *dispositif* of age regulate the production of performative experiences of sexuality and of aging. The heterosexual imperatives and those of youth are articulated and produce a abject constitutive exterior with which the old gay man appears to be identified. The biopolitical discourses about the body of the heterosexual youth (and also of the homosexual youth, in some contexts), turn against the aged bodies, reiterating even more the norms that define the fields of cultural intelligibilities and legitimacies. We are thus facing a paradox of subjection, which for Butler (1993: 3), establishes the contradiction that the subject who should be opposed to norms that subjugate him, is produced by these very norms. We see, in this way, that the regulatory ideas that confront the utopias of the body and that regulate the performativities, in some moment, sooner or later, turn against the same bodies with the force of exclusion and abjection.

But despite the insistencies of the norms, which are perpetuated through performative acts, it is possible to find gaps and fissures in these territories that constitute heterotopias. According to Pocahy (2011) subversions of the norms are possible in particular and provisory moments.

Even if a norm carries within itself the idea of perennality, being elaborated to maintain itself stable, this constant is never attained. At some moment the norm fails. It always fails. And new games of power are established and a certain margin of freedom can be opened. (Pocahy 2011: 72)

Since at each dissolution of a utopian body other utopias are established (therefore, effectively materializable), there is no way to escape this. “For me to be utopia, it is enough that I am a *body*,” (Foucault 2010: 04). Thus, the creation of the new corporalities is possible when, interpellated by a heterotopia, the body is affected by other forces, is composed by other relations, stylizes other movements, desires other modes. This is because this heterotopia, in opposition to the positions/spaces of biopolitical projects, creates conditions for ways of life that are created in the daily experience of the subjects, with the vibration of bodies in real encounters, whether they are erotic, affective, sexual or friendly. Thus, for Foucault:

There are [...] real places, effective places, places that are delineated in the very institution of society, and that are types of counterpositionings, types of utopias that are effectively realized in which the real positionings, all the other real positionings that can be found at the interior of the culture are at the same time represented, contested, and inverted, *types of places that are outside of all the places, although they are effectively localizable. These places, because they are absolutely different from all the positionings that they reflect and of which they speak, I will call, in opposition to utopias, heterotopias [emphasis ours]* (Foucault, 2009)

The bodies of the old gays and of the *bears* (who in the case of our study often ended up merging) come to function as desiring machines, at the interior of that which Foucault (2009: 416) calls *heterotopia of deviation*, “the individuals whose behavior deviates in relation to the average or the required norm are located”. The deviation, in this case, is located in a multiple path. In relation to the *dispositif* of sexuality, it deviates both from normative heterosexuality and from the established *gay way of life* imbued with its (homo)normativities reinforced by the media (such as television dramas, magazines, music, etc.) and by certain gay groups who occupy a privileged class position. In relation to the *dispositif* of age (Pocahy 2011), it deviates from the medicalized, normalized, controlled and hygienicized age. These bodies that insinuate themselves erotically in a field of deviation can be seen, according to Beatriz Preciado (2011), as political potency and not simply as passive effects of the discourses about sex or of the *dispositif* of sexuality. In this sense, biopolitical statements come to be questioned based on the materiality of the body itself, which deterritorializes and opens up other possibilities for pleasure and eroticism.

The heterotopia of the deviation which is composed in this territory also displays a relationship with time (as in a queer time, in the terms of Halberstam (2005)) in its most fleeting form, marking a rhythm in a countertime of the ordered steps that guide the daily movements of the bodies. During the parties, the researcher found himself in a heterotopia that encompassed a time for friendship, for relaxation, for leisure and for the pleasure of dissident bodies. In the words of Foucault (2009: 419), they were those heterotopias that “are connected [...] to the time in which he has for the most futile, most fleeting, most precarious, and this in the form of a party. They are heterotopias that are no longer eternalized, but absolutely chronic.”

Some considerations (in the wake of the dissidences)

The old gay may appear to be allocated in a very uncomfortable zone of tension: among the old heterosexuals he is not “noticed” or, at most, is integrated or assimilated into a network of sociability in which questions related to homoeroticism should be hidden.¹⁰

Meanwhile, among the younger gays, he is avoided, rejected, inferiorized, and ridiculed. It appears to us that among the older heterosexuals and among the youngest gays, the old homosexual is *unthinkable*,¹¹ as if he was found at the limit of the terrain of intelligibility, based on a phantom of abjection and exclusion (Butler, 1993). But we prefer to be more cautious in terms of the affirmation that abjection is the “destiny” of these subjects. In this discussion it is important to problematize the notion of abjection, as proposed by Butler (1993). According to this author, the definition of what is or *is not* an abject body/being is not the most appropriate question. This is because this demarcation would create an ontological domain immediately regulated that would require exclusions to maintain itself (Butler 2002b). In this way, it is not up to this discussion to define what would be a “homosexual old age,” or if old gays are abject or not. These categorizations will always be inadequate, considering the multiple and heterogeneous ways of life that different subjects can create and incorporate in their existences. We consider quite provocative the suggestion made by Vitor Grunvald (2009) when problematizing a “*politics of abjection*” where the abjection can be insinuated as a *production* instead of being thought of as a lack, a “something” that cannot access the symbolic or that would establish fields of cultural legitimacies. According to Grunvald (2009: 50) abjection would be “a plane of productive and affirmative differentiation: it is not a question of *still not being different*, but of *always being different from oneself*”. From this perspective, we risk thinking that those dissident bodies that circulate in the territory we have described produce and invent difference based on the movement of another politics of eroticism (and of the body), that affirms and experiments deviance, the

10 The “hiding” of sexual orientation in the case of older people, is often associated to a “return to the closet.” In research about the *Contexto da Sexualidade na França*, coordinated by Michel Bozon, in 2006,

it was observed that among men older than 60 the opinion predominated that “homosexuality is a sexuality that goes against nature” (Bozon 2009, p. 165). Moreover, the number of men who have an intolerant attitude toward homosexuality is double that of women, which according to Bozon, may mean “the fear among some men of seeing their male identity questioned.” This data indicates that homophobia appears to be a marked element among older people, which would reinforce the idea/stereotype that an old homosexual would have greater difficulties with socioability and of access to support networks. We highlight that the data presented in the study by Michel Bozon cannot be mechanically transposed to Brazilian realities. We consider it relevant, however, to indicate that the disdain, prejudice and or discrimination against homosexualities is also a recurrent phenomenon in Brazil, as various statements from LGBT movements throughout the country have shown, as well many studies that have been conducted in Brazil in gender and sexualities studies.

11 It is important to consider that the social experiences of aging do not negatively affect only gays, lesbians, transvestites and transsexuals. Aging carries a social imaginary that is at times negative, where the body is represented as decadent, depotentializing and ill, and at other times as positive, as we see in biomedical, pharmacological and marketing discourses that act in the construction of an *active aging* and of individuals who compose the groups of the “third age.” This involves two antagonistic models of understanding the experiences of aging that oscillate between positive and negative representations, as indicated by Guita Debert (1999). When we emphasize that aging among homosexuals is *unthinkable* we want to emphasize the need to problematize the experiences of aging based on an intersectional perspective, that considers multiple vectors of oppression acting in the construction of social and subjective experiences. Thus, we have considered that there is a heterosexual matrix that prescribes a margin of intelligibility for aging, as well as an ideal of youth that positively legitimates some experiences of homosexuality. Beyond these vectors, it is essential to consider that the experiences of aging also carry marks of gender, of social class, of race/ethnicity, and others, which produce different experiences that cannot be considered universal and that need to be pondered in their specificities.

deviant, the deviated. Fernando Pocahy (2011) also questions the discourses that directly associate the aging experienced by gay men to a character of abjection. The author provokes us with questionings that steer us to the affirmation of the potency of eroticism among the oldest gays as a possible experience in the field of pleasures. In the words of this author (2011: 26): “what problems [...] would be raised by the idea of thinking that an old man could experiment with fleeting and risky practices?”

If the abject bodies are abject in their relationship with culture, in what way could the notion of abjection help us to problematize a queer possibility for incoherence and for illegitimacy as routes of transgressions of the norms, even if for fleeting and provisory moments? How, in this case, can these bodies positively affirm deviance? We think that even if there is a phantom of abjection that surrounds those old bodies and those queer desires, the lines of flight do not cease their affectations and to distinguish themselves from themselves. There are many possibilities for folding and unfolding of bodies, which in an unordered movement creates holes, small orifices, porous surfaces that allow openings to other sensibilities and other zones of intensities of the body (Deleuze 2008) that are not those pre-fabricated ones, those *prêt-à-porter* identities that mimic the glamour and mediatic *clichés* (Rolnik 1997). Those beings/bodies, which can be haunted for being in a supposed inhospitable zone of existence, move a micropolitics of abjection that produces another erotic that is excited by other intensities and surfaces.

Based on these aesthetic productions, the researcher himself who frequented the location for more than a year came to be confronted by this new erotica. We believe it is important to emphasize that it is precisely the effects on the researcher’s body that allowed him to problematize and “cartograph” this territory of sociability.¹² The researcher came to recognize the possibility of slipping between other forms of pleasure and friendship. This is because he did not assume a neutral position in the territory, but allowed himself to be affected by those flows that were foreign to him. He did not distant himself from the possibilities of pleasure and fun at the bar, given that he considered that the practice of *inhabiting a territory* - in this case a territory of pleasure and friendship - implies a personal experience, in direct contact and in an affective involvement with the people, with the space and the territory. There was also no concern about maintaining a neutrality, an objectivity, a descriptive scientism, but with establishing an opening to new intensities and perhaps even for learning: looking, listening and writing, as proposed by Roberto Cardoso de Oliveira (1998), and in this way learning what those subjects had to say, what those bodies could enunciate and how they would move. We did not deny a possibility for an identification process between those people and the researcher. They are subjects that share an experience of pleasure and identity that is similar to that which the researcher experienced and assumes. It is as if, embarking into these territories, it was possible to problematize the very existence, the very body that is transformed with time, the very forms of desire and the very historical and cultural contingency of that which is perceived as “erotic.” After all, it is not possible to be completely free of the same normativities and the same phantoms of abjection that circle our

¹² It is in these movements of affectation and in these experiences where difference is made present in the encounters of the bodies that a form of doing research takes place that does not disconnect itself from the affections themselves, from life and from the existential territories (Romagnoli 2009). In this plane, an effort was made, therefore, to make flexible the dichotomies between subject-object, even knowing that designation as a researcher produces a position of an individual who delineates another identity and at times relations of knowledge and power. Nevertheless, it was through practices and encounters that emphasized an ethic and an aesthetic, as proposed by Guattari (1992), and not a scientism, that we sought to guide the perspective during our study.

imaginaries. In this processuality, we affirm that this territory does not only singularize old bodies, bears, and fat men, but any body that is open to these other flows that move in these places. It is an opening to a process of singularization, which according to Guattari and Rolnik, would be

[...] a form of refusing all these forms of manipulation and of telecommand, refusing them to construct modes of sensibility, modes of relationship with the other, modes of production, modes of creativity that produce a singular subjectivity. An existential singularization that coincides with desire, with a taste for living, with a will to construct the world in which we are found, with the establishment of *dispositifs* to change the types of society, the types of values, which are not our own (Guattari & Rolnik 2007: 22)

The *old body*, in this case, becomes an assemblage of enunciation, that is, it gains intelligibility and legitimacy in a field of heterogeneous flows that are constantly crossing, allowing *infinite assemblages* (Benevides 2009). Thus, we consider that the cartographic lines traced in our study can provide some clues about how these dissident bodies can be stylized, connected with other bodies and create possible ways of life in this world marked by norms and by processes of exclusion.

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Bibliography

- AMARAL, Marília dos Santos. 2012. *'Essa boneca tem manual': práticas de si, discursos e legitimidades na experiência de travestis iniciantes*. Dissertação de mestrado em Psicologia, Universidade Federal de Santa Catarina, Florianópolis, SC.
- BENEVIDES, Regina. 2009. *Grupo: a afirmação de um simulacro*. 2a. ed. Porto Alegre: Sulina / Editora da UFRGS.
- BOZON, Michel. 2009. "Las encuestas cuantitativas em comportamientos sexuales: emprendimientos sociales y políticos, productos culturales, instrumentos científicos". *Revista Sexualidad, Salud y Sociedad*, 3: 154-170.
- BRAH, Avtar. 2006. "Diferença, diversidade, diferenciação". *Cadernos Pagu*. 26: 329-376.
- BUTLER, Judith. 1993. *Bodies that matter: on the discursive limits of "sex"*. New York and London: Routledge.
- _____. 2002b. "Como os corpos se tornam matéria (entrevista com Judith Butler feita por Baukje Prins e Irene Costera Meijer)". *Revista Estudos Feministas*, 10(1): 155-167.
- _____. 2003. *Problemas de gênero: feminismo e subversão da identidade*. Tradução de Renato Aguiar. Rio de Janeiro: Civilização Brasileira.
- CARDOSO DE OLIVEIRA, Roberto. 1998. *O trabalho do antropólogo*. Brasília/ São Paulo: Paralelo Quinze/ Editora da Unesp.
- CARDOZO, Fernanda. 2009. *Das dimensões da coragem: socialidades, conflitos e moralidades entre travestis em uma cidade no sul do Brasil*. Dissertação de mestrado em Antropologia Social, Universidade Federal de Santa Catarina, Florianópolis.
- CÓRDOVA, Luiz Fernando Neves. 2006. *Trajetórias de homossexuais na ilha de Santa Catarina: temporalidades e espaços*. Tese de Doutorado em Ciências Humanas, Universidade Federal de Santa Catarina, Florianópolis, SC.

- COSTA, Jurandir Freire. 1992. *A inocência e o vício: estudos sobre o homoerotismo*. Rio de Janeiro: Relume-Dumará.
- DA MATTA, Roberto. 1978. "O ofício do etnólogo ou o moterantropological blues". In: Edson Nunes (org.), *A aventurasociológica*. Rio de Janeiro: Zahar. pp. 23-35.
- DE BARROS, Laura Pozzana & KASTRUP, Virgínia. 2009. "Cartografar é acompanhar processos". In: Eduardo Passos; Virgínia Kastrup; Liliana da Escóssia (orgs.), *Pistas do método da cartografia. Pesquisa-intervenção e produção de subjetividade*. Porto Alegre: Sulina. pp. 52-75.
- DEBERT, Guita Grin. 1999. *A reinvenção da velhice: socialização e processos de reprivatização do envelhecimento*. São Paulo: Editora da Universidade de São Paulo/ FAPESP.
- DELEUZE, Gilles. 2008. *Conversações*. Tradução de Peter Pál Pelbert. São Paulo: 34.
- _____. & GUATTARI, Félix. 2009. *Mil platôs - capitalismo e esquizofrenia - Vol. 1*. Rio de Janeiro: Editora 34.
- _____. 2010. *O anti-Édipo - capitalismo e esquizofrenia I*. Tradução de Peter Pál Pelbert. São Paulo: 34.
- FONSECA, Cláudia. 1999. "Quando cada caso NÃO é um caso. Pesquisa etnográfica e educação". *Revista Brasileira de Educação*, 10: 58-78.
- FOUCAULT, Michel. 1995. "O sujeito e o poder". In: Hubert Dreifus; Paul Rabinow, *Michel Foucault, uma trajetória filosófica: para além do Estruturalismo e da Hermenêutica*. Rio de Janeiro: Forense Universitária. pp. 231-249.
- _____. 1988. *História da sexualidade - a vontade de saber*. Vol. 1. São Paulo: Graal.
- _____. "Outros Espaços" (conferência). 2009. In: *Ditos e Escritos Vol. III*. 2ª ed. Rio de Janeiro: Forense Universitária. pp. 411-422.
- _____. 2010. "O corpo utópico". In: *El cuerpo utópico. Las heterotopías*. Buenos Aires: Ed. Nueva Vision. Tradução: CEPAT, Fonte: IHU - Instituto Humanitas Unisinos. pp. 07-18
- FRANÇA, Isadora Lins. 2010. *Consumindo lugares, consumindo nos lugares: homossexualidade, consumo e subjetividades na cidade de São Paulo*. Tese de doutorado. Universidade Estadual de Campinas, Campinas.
- GRUNVALD, Vitor. 2009. "Butler, a abjeção e seu esgotamento". In: Maria Elvira D. Benítez & Carlos Eduardo Fígari (orgs.), *Prazeres dissidentes*. Rio de Janeiro: Garamond. pp. 31-68.
- GUATTARI, Félix. 1992. *Caosmose: Um novo paradigma estético*. Tradução de Ana Lúcia de Oliveira e Lúcia Cláudia. São Paulo: 34.
- _____. & ROLNIK, Suely. 2007. *Micropolítica: cartografias do desejo*. 8ª ed. Petrópolis, RJ: Vozes.
- HALBERSTAM, Judith. 2005. *In a Queer time and place: transgender bodies, subcultural lives*. Nova York/Londres: Nova York University Press.
- HENNING, Carlos Eduardo. 2008. *As diferenças na diferença: hierarquia e interseções de geração, gênero, classe, raça e corporalidade em bares e boates gls de Florianópolis, SC*. Dissertação de mestrado em Antropologia Social, Universidade Federal de Santa Catarina, Florianópolis.
- _____. 2014. *Paizões, tiozões, tias e cacuras: envelhecimento, meia-idade, velhice e homoerotismo masculino na cidade de São Paulo*. Tese de doutorado, Universidade Estadual de Campinas, Campinas.
- KASTRUP, Virgínia. 2009. "O funcionamento da atenção no trabalho do cartógrafo". In: Eduardo Passos; Virgínia Kastrup; Liliana da Escóssia (orgs.), *Pistas do método da cartografia. Pesquisa-intervenção e produção de subjetividade*. Porto Alegre: Sulina. pp. 32-51.
- LIVESEY, Graham. Assemblage. In: PARR, Adrian (Ed.). *The Deleuze Dictionary. Revised Edition*. Edinburgh: Edinburgh University Press, 2010.
- MISKOLCI, Richard & PELÚCIO, Larissa. 2008. "Aquele não mais obscuro negócio do desejo". In: Nestor Perlongher (org.), *O negócio do michê. A prostituição viril em São Paulo*. São Paulo: Editora Fundação Perseu Abramo. pp. 09-32.
- ORTEGA, Francisco. 2008. *O corpo incerto - corporeidade, tecnologias médicas e cultura contemporânea*. Rio de

- Janeiro: Garamond.
- PERLONGHER, Néstor. 2005. "Territórios marginais". In: James N. Green e Ronaldo Trindade (orgs.), participação de José Fábio Barbosa da Silva [et al.], *Homossexualismo em São Paulo e outros escritos*. São Paulo: Editora UNESP. pp. 263-290.
- _____. 2008. *O negócio do michê. A prostituição viril em São Paulo*. São Paulo: Editora Fundação Perseu Abramo.
- PERUCCHI, Juliana. 2001. *Eu, tu, elas. Investigando os sentidos que mulheres lésbicas atribuem às relações sociais que estabelecem em um gueto GLS de Florianópolis*. Dissertação de mestrado em Psicologia, Universidade Federal de Santa Catarina, Florianópolis.
- POCAHY, Fernando Altair. 2011. *Entre vapores e dublagens: dissidências homo/eróticas nas tramas do envelhecimento*. Tese de doutorado, Universidade Federal do Rio Grande do Sul, Porto Alegre.
- _____. 2011b. "A idade um dispositivo. A geração como performativo. Provocações discursivo-desconstrucionistas sobre corpo-gênero-sexualidade". *Revista Polis e Psique*, 1: 254-275.
- PRECIADO, Beatriz. 2011. Multidões queer: notas para uma política dos "anormais". *Revista Estudos Feministas*, 19(1): 11-20. Retrieved October 16, 2015, from http://www.scielo.br/scielo.php?script=sci_arttext&pid=So104-026X2011000100002&lng=en&tlng=pt.
- ROLNIK, Suely. 1997. "Uma insólita viagem à subjetividade". In: Daniel Lins (org.), *Cultura e subjetividade: saberes nômades*. Campinas/SP: Papirus. pp. 25-34.
- ROMAGNOLI, Roberta Carvalho. 2009. "Cartografia e a relação pesquisa e vida". *Psicologia & Sociedade*, 21(2): 166-173.
- SANTOS, Daniel Kerry. 2012. *Modos de vida e processos de subjetivação na experiência de envelhecimento entre homens homossexuais na cidade de Florianópolis/SC*. Dissertação de Mestrado em Psicologia – Curso de Pós-Graduação em Psicologia, Universidade Federal de Santa Catarina, Florianópolis.
- _____; LAGO, Mara Coelho de Souza. 2013. "Estilísticas e estéticas do homoerotismo na velhice: narrativas de si". *Sexualidad, Salud y Sociedad – Revista Latino Americana*, 15: 113-147.
- SILVA, Marco Aurélio. 2003. "Se manque!" *Uma etnografia do carnaval no pedaço GLS da Ilha de Santa Catarina*. Dissertação de mestrado em Antropologia Social, Universidade Federal de Santa Catarina, Florianópolis.
- SIMÕES, Júlio Assis. 2004. "Além da Barbie: outras imagens na cena homossexual contemporânea". XXIV *Reunião Brasileira de Antropologia*, Olinda. Mimeo.
- VENCATO, Ana Paula. 2002. "Fervendo com as drags": *corporalidades e performances de drag queens em territórios gays da Ilha de Santa Catarina*. Dissertação de mestrado em Antropologia Social, Universidade Federal de Santa Catarina, Florianópolis.

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Is old age always already heterosexual (and cisgender)?

The LGBT Gerontology and the formation of the “LGBT elders”

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Abstract

This article seeks to present an anthropological and critical view of the development of a thriving field of knowledge production (especially present in North America) which for some decades has investigated the aging processes among lesbians, gay men and bisexual and transgender people. This field, still relatively unknown in Brazil and in South America as a whole, has been named “LGBT Gerontology”. Thus my interest lies in critically and systematically presenting and contextualizing the main trends, controversies and theoretical debates in this field, as well as their recent implications on the complex constitution, legitimation and creation of public policies concerning the new social actors, who rise concomitantly - the “LGBT seniors.”

Key Words: Old age, Gender, Sexuality, LGBT Gerontology, LGBT Elders

Resumo

Este artigo procura apresentar um olhar antropológico e crítico para as principais dinâmicas do desenvolvimento de um pujante campo de produção de conhecimento (em especial norte-americano) o qual tem investigado por algumas décadas os processos de envelhecimento de lésbicas, gays, bissexuais e transgêneros. Este campo, ainda relativamente pouco conhecido no Brasil e na América do Sul como um todo, tem sido chamado de “Gerontologia LGBT”. Meu interesse, dessa maneira, reside em apresentar e contextualizar crítica e sistematicamente as principais tendências, polêmicas e embates teóricos desse campo, assim como os seus desdobramentos recentes em prol da complexa constituição, legitimação e criação de políticas públicas concernentes a novos atores sociais (cuja assunção se dá em concomitância), no caso: os “idosos LGBT”.

Palavras-Chave: Velhice, Gênero, Sexualidade, Gerontologia LGBT, Idosos LGBT

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“Nobody loves you when you’re old and gay – not even yourself.” - line in a conversation between the main characters from the movie *The Staircase* (1969)

“In the popular imagination, to be an older gay or lesbian person has long been synonymous with being alone.” – Hostetler (2004: 143)

In general, by taking mainstream gerontology and its dialogs and approaches to current sexological studies as a comprehensive field, one could state that there still seems to be some kind of *heteronormative panorama* on aging and old age. This panorama tends to deliberately erase from the horizon of analytical and political concerns the erotic-sexual practices, as well as the sexual and gender identities of elderly men and women who dissent from certain normative references regarding gender and sexuality (Henning 2014).

Therefore, this article seeks to present an anthropological and critical view of the development of a thriving field of knowledge production (especially present in North America) which for some decades has investigated the aging processes among lesbians, gay men and bisexual and transgender people. This field, still relatively unknown in Brazil and in South America as a whole, has been named “LGBT Gerontology”. Thus my interest lies in critically and systematically presenting and contextualizing the main trends in this field, as well as their recent implications on the complex constitution, legitimation and creation of public policies concerning the new social actors - the “LGBT seniors.”¹

However, it is relevant to first contextualize this critical review within my ethnography, whose general purpose was to investigate certain significant aspects of the aging, old age and sexuality experiences

¹ Although the general objectives of this work, as mentioned before, are focused on a survey of and dialog with a significant part of the North American LGBT gerontological production, I must point out that my broader research (Henning 2014) developed fruitful dialogs with the Brazilian research works which examine in different manners the formation processes of aged subjects nowadays. Such works, especially those which focused on the analysis of the interaction of aging and gender relations, were essential to the analyses that I hereby present and include the production by Debert (1999a), Peixoto (1998), Lins de Barros (1998), Britto da Motta (1998), Simões (2000), Lopes (2000), Rifiotis (1998), Eckert (1998), Motta (1998) and Brigeiro (2002), among others. In addition, other important national references which support my thoughts - and which unfortunately I will not be able to explicitly review throughout this article - are those that address scenarios of aging and male homosexuality in disparate ways, for example, Simões (2011) Paiva (2009), Mota (2009), Neman do Nascimento (2013), Pochay (2011), Passamani (2013), Saggese (2013), Duarte (2013) and Kerry dos Santos (2012). Relevant investigations concerning the female homosexuality and aging such as in Lima (2006), Moraes (2010) Lacombe (2010), and finally those regarding aging among transgenders, such as in Siqueira (2004, 2009), Antunes (2010), and other authors are also included.

narrated by a group of men who participated in homoerotic² sexual activities and/or who identify themselves as homosexuals. Most of these men considered themselves middle class, white and cisgender³, were relatively well educated, and very often used the internet to interact (they especially made use of *cruising*⁴ websites and smartphone apps), were between 45 and 70 years old and lived in the metropolitan area of São Paulo, Brazil. Thus, in my ethnography I tried to examine different facets of the intertwining interaction of social markers such as *aging, middle age, old age, sexuality, homoeroticism and intergenerational relationships* among men who were part of my research. Consequently, the survey presented here was originally developed as a way to critically consider the main theorizations of LGBT gerontology using my field analyses - it is important to point out, though, that in this text the analysis of my ethnographic material will mostly not be a priority⁵.

Having these elements in mind, it is significant to consider that the field of social gerontology has historically tended to study family groups, especially middle-class, relatively well educated, Caucasian heterosexual subjects (De Vries & Blando 2004: 04)⁶. On this matter and while addressing the constitution of the field of gerontological knowledge in India, the American anthropologist Lawrence Cohen (1998), in turn, states that it is the male retired individual (and, we might add, heterosexual and cisgender to this reference) which actually tends to inform the “universal senior figure” as subject in/of gerontology.

2 I choose to work with the category homoeroticism rather than homosexuality or homosexualism (which has been highly criticized), because I consider it to be broad enough to encompass the multiple manifestations and aspects of relationships and erotic, emotional and sexual practices between people of the same sex and because it helps to avoid essentialisms. Throughout the text I will also avail myself of the term “homoerotic sexual practices” to refer to sexual practices between people of the same sex. However, especially as I dialog with several authors from the field, I will at times use “homosexuality” when referring to homosexual identity issues among my interlocutors.

3 In general, “cisgender” can be understood as a term that relates to the heteronormative adequation and coherence between a particular gender identity and the sex assigned at birth. An example of this is being born with what is socially understood as a male genitalia and seeing oneself as having a male gender identity. The term has been used as a normative and relational opposition to the “trans” identities (transgender, transsexual, etc.), which are those gender identities that in different ways challenge the ruling conventions of gender intelligibility in a “heterosexual matrix” which Butler (2003) explores. Furthermore, it is important to highlight that both “cisgender” and “transgender” do not necessarily imply an association with sexual identities, such as the heterosexual or homosexual ones.

4 “Cyber cruising” basically is homoerotic interactions afforded by websites, social networks and smartphone apps .

5 As this article aims to be a critical survey and review, much of my properly ethnographic analyses - due to the stipulated writing space and text purposes - will not be prioritized, but they can still be accessed in my thesis (Henning 2014) and future publications. Considering what my survey granted me access to, by the time I started writing this text, there had been no systematic review, not even in English, with this scope or which included the recent production in the field of “LGBT gerontology”, like the one hereby presented by me.

6 The survey presented here is one of the results of my doctoral internship as a visiting scholar in the *Latin American and Latino Studies Department* at the *University of California Santa Cruz* between 2011 and 2012. Therefore, I would like to give my sincere thanks to Marcia Ochoa for decisively helping me be part of various academic areas of the institution and thus carry out such a review. In addition, the theoretical survey of “LGBT gerontology”, which I intend to present, seeks to detail and further some of the issues previously outlined in the seminal work by Julio Simões, “Homossexualidade Masculina e o Curso da Vida: pensando idades e identidades sexuais” (2004) [“*Male Homosexuality and the Life Course: considering ages and sexual identities*”]. His work has opened doors for and been of great value to the fundamental bases of reference in my work. Moreover, my article also seeks to expand on and critically discuss some issues, debates and important dynamics in this field which have developed especially over the past fifteen years. I would also like to thank the reviewers of this article and also the editor of *Vibrant*. All of them made generous and apt criticisms and suggestions, even if it wasn't possible to do justice to all of them.

Considering such characteristics, over the past few decades researchers in the fields of social gerontology, social sciences and other areas interested in the more advanced stages of life also began to peer into - and challenge what they saw as a “vacuum” on the issue - the possible configurations and characteristic challenges in the aging process of individuals who identify themselves as gay or lesbians (Berger 1996; Herdt & De Vries 2004; Barker, de Vries & Herdt 2006). Meanwhile, several researchers have suggested that available models and data on what they refer to as “heterosexual aging” would be insufficient to understand the complex aging and old age experiences among gay men and lesbians, as well as among other subjects who differ from normative prerogatives in terms of gender and sexuality, such as bisexual, transgender and transsexual people.

Similarly, recent academic publications have claimed that today for the first time these subjects reach middle and old age and do not undergo extreme persecution, control and stigmatization, as they did in the first half of the twentieth century. Bearing this in mind, researchers say this is the first generation which will enter old age being able to openly express gay and lesbian sexual identities (Berger 1996: 12; Herdt, Beeler & Rawls 1997: 233-234; Barker, De Vries & Herdt 2006). Therefore, such issues should have important implications for various analysis fronts, particularly for direct management of old age, which justifies the need to discuss and reconsider, among other things, in what ways public policies and institutions devoted to the care of the elderly have been dealing (or not dealing) with factors such as gender identity, eroticism, desire and sexual practices among old people.

Therefore, in contrast to the *heteronormative panorama on old age* that still tends to be dominant in mainstream gerontology, it is currently possible to say that there is a broad body of consolidated investigative literature addressing the intersection of old age, male and female homosexuality, bisexuality and transgenders, particularly if we are referring to some English-speaking countries (Pugh 2002: 161). In addition, this literature can be seen as relatively diverse, coming from multidisciplinary fields and, as we shall see, crisscrossed by controversy and divisions.

Despite these features - and closely related to the general trends in vogue in gerontology in its broader sense - we can say that the LGBT Gerontology is a growing field of studies that has been mobilized for over forty years towards the creation and development of knowledge and discourses on the multiplicity of aging experiences, particularly when considering issues such as desires, sexual practices, sexual and gender identities of individuals seen as elderly⁷. Thus, the article will now turn to present a mapping of the development of this literature, which is not supposed to exhaust its explanatory possibilities. The aim is hence to present a critical and systematized review of the main debates, features, controversies and moments in the Anglophonic literature which has been referred to as *LGBT gerontology* and whose foundational landmarks date back to the late 1960s.

Before proceeding, however, it is necessary to ponder for a moment on the very notion of “LGBT gerontology “. In the field of the analysis of “non-heterosexual” old age and aging processes, various denominations have been proposed which reflect analytical, theoretical and political projects, as well as diversified empirical approaches. In relation to this literature, one can find denominations such as Gay

⁷ These considerations especially relate to, as previously stated, the literature in English language. However, I do not assume that each and every question from this field of discursive production is representative or similarly occurs in other cultural contexts different from, for example, the US, the UK, Australia and Canada. Nevertheless, the intention is to shed light on some issues that may or may not influence or peculiarly concern other research contexts.

Gerontology (Genke 2004), Lesbian and Gay Gerontology (De Vries & Blando 2004), GLB Gerontology (the “B” standing for “bisexual”), LGBT Gerontology (Kimmel et al 2006), GLBTI Gerontology (Harrison 2002, 2005) and more recently some authors have suggested the establishment of a Queer Gerontology (Pugh 2002; Hughes 2006).⁸

On the other hand, not all authors addressed in this critical review would be included by other experts in a properly gerontological disciplinary field. However, it is common in the field review for research aimed at aging and old age among lesbians, gay men, bisexual people and transgender people, as well as other subjects, to be included in a common literature of “gerontological sensitivity”. Taking these considerations into account, I therefore propose to address the constitution of this contentious, plural, relatively disparate set of researches by its currently most widespread name - “LGBT gerontology”. It must be highlighted, however, that this term is not necessarily used by all researchers to be hereby discussed. This can be explained by the fact that they work in different fields and have different concerns and various backgrounds. LGBT gerontology will be used here as a kind of contingent umbrella term concerning the set of the analyzed investigations.

Accordingly, one of the early milestones in the interrelationship between aging and male homosexuality is the research by American sociologist Martin S. Weinberg (1969), coincidentally published in the same year as the *Stonewall riots*⁹. Therefore, one of the foundational turning points in what is now called *LGBT Gerontology* occurred concurrently with the birth of the symbol of the Gay Liberation Movements themselves. Since then such researches have increased considerably and crossed the US national borders to places, such as the UK, Canada, Australia and New Zealand. Considering what has been said, it seems opportune to look at how the investigations regarding these old age and aging experiences have developed over the last decades. As one does this exercise, one can find some general trends in the analyses that have been linked to certain pendularly positive or negative social representations; this pendular tension, moreover, has remained lively and active in different ways up to the present day.

Historically, in this literature, there was - and there still is- a disproportionate attention to some specific “letters” in the LGBT acronym. Male homosexuality was certainly over-represented, especially between the late 1960s and the 1970s, while female homosexuality has been more present in research and accounts of old age and aging experiences particularly since the 1980s (Adelman 1986; Kehoe 1994, 1986; Cruikshank 1990; Weinstock 2004; Barker 2004; etc.). More recently there have arisen, albeit timidly, publications dealing, at different levels of detail, with aging processes of bisexuals, transgenders¹⁰, transsexuals, intersex people,

8 This latter name arises from the proposition of distinct critical dialogs between gerontology and queer studies and requests approaches promoting a process of “queering of aging” (Hughes 2006) and “queering gerontology” (Pugh 2002). These proposals become clear particularly when facing the criticism of what I will later refer to as the “identitarian imperative,” which affects the literature.

9 The *Stonewall Riots* were a series of conflicts that happened on different occasions in June 1969 in response to the everyday police persecution and violence at gay bars in New York City. Although *Stonewall* has become a clear and powerful symbol of transnational fight and struggle for liberationist gay movements, there were similar American movements and organizations prior to the *Stonewall* riots which should not be obliterated, like the homophile movements in the 1950s and early 1960s.

10 Here we must mention an important national exception: research in of Monica Siqueira’s (2004, 2009) Brazilian context, who has produced important and pioneering ethnographies on aging and old age among *travestis* in Rio de Janeiro (Siqueira 2004), as well as addressed their manners of appropriation of urban space (Siqueira 2009) these works have resulted respectively in her dissertation and thesis. Apart from this exception, there is also Pedro Paulo Sanmarco Antunes’s (2010) work.

people who identify themselves as “queer”, among other subjects. However, such researches are clearly minority in the general framework in question (Harrison 2002, 2005; Hunter 2005; Dworkin 2006; Garnets & Peplau 2006; Cook-Daniels 2006).

Another trend in the literature has been the portrayal of men and women who identify themselves as white, middle class, well-educated cisgender homosexuals living in big cities, being relatively open about their sexuality and strongly engaged in the “LGBT communities.”¹¹ Moreover, such research works usually focus on middle-aged individuals or the so-called “young old people”, those who are considered to be in the early years of old age¹². This trend, in turn, has generated important analytical vacuums regarding ‘non-white’, transgender, low-educated and poor individuals, living in remote and rural areas, with little or no permeability through the “LGBT community” and who do not embrace their sexual identities in the manners laid down in the post-*Stonewall* period, as well as “old old” individuals between 75 and 84 years of age, and the older ones, at ages 85 and above (Barker 2004; Cohler & Galatzer-Levy 2000).

Perhaps as a reflection of the aforementioned features, a prominent point in much of the literature is the existence of a propensity to subproblematize the possible bases that guarantee “fundamental differences” between “homosexual aging” and “heterosexual aging.” In other words, homosexual aging is considered “different” *a priori*. Thus, according to the literature one of the main topics that seem to justify a differentiation between “heterosexual aging” and “homosexual aging” or (in gender identities) between “cisgender aging” and “transgender aging” is the articulated experience of the old age stigma and of the stigmas over homosexual and transgender people. Such combination of stigmas, according to the field in question, creates more challenging and problematic scenarios for LGBT people.

Beforehand, I emphasize that this is an emic interpretation of the literature in question which I do not take for granted and do not uncritically subscribe throughout the text. It is central to state that this article does not intend to exhaustively define what are the “specificities” among such “modalities” of aging, but rather to present the ways in which such literature tends to interact with such need for categorical definition as an almost inescapable part of the project of constitution of the object of knowledge of the LGBT gerontology. Thus, “heterosexual aging,” “homosexual aging,” “cisgender aging” or “transgender aging” are interpreted here as a set of emic notions and not as neutral, non-questioned, taken-for-granted categories of analysis.

¹¹ It is necessary to consider the very concept of “community” that historically crosses the gerontological literature (as well as part of the field of gender studies, sexuality and homoeroticism itself), which often tends to be taken without questioning, not having its meanings analyzed. Sometimes the authors of this literature see “homosexual community” or “LGBT community” as referring only the public and most notorious realms, such as bars and nightclubs. Other times this definition is expanded with the addition of political activist groups, non-governmental organizations and institutions dedicated to the “LGBT populations”, and, in other cases, personal networks of social support, friends, family members, spouses, neighbors, etc., are also included. It is relatively common for authors to refer to only one or to all of these possibilities simultaneously although the most common practice is to use the term as if it were self-explanatory, without further questioning of it.

¹² Accordingly, as stated by Simões (2004), these studies are far from providing a “generalized portrait” of the homosexual elderly individual in the USA.”

Reflecting on a related issue, the Brazilian anthropologist Julio Assis Simões (2004) states that “investigations have not shown that sexual orientation *per se* entails significant differences in aging experience.” Corroborating what the author posits, some researchers argue that the issue, in fact, is not determined by “sexual orientation” or gender identity itself, but rather by experiences of prejudice, discrimination and cumulatively experienced violence throughout life due to sexual and gender identities regarded as deviant¹³.

Taking these considerations into account, it is clear that for the literature in question the choice of focus is more related to *differences* between aging processes among “homosexuals” and “heterosexuals”, at the expense of possible commonalities. Thus, in general terms, the field that could be seen as LGBT gerontology tends to spread an analytical focus with a more *differentialist* tone. Another notable point in the literature is the relative absence of criticism and of the deconstruction of gender and sexuality binaries, especially with regard to the *homosexual versus heterosexual*¹⁴ opposition.

In other words, when reflecting on how the subjects of this literature are constituted by it, we need to consider the fact that the identity categories assigned to them - such as “old age” and “homosexuality” - are often little problematized, or even, in extreme cases, essentialized or reifying associations. Sometimes, as a subtext present in part of the field in question, it feels as if there were, for example, a semantic slippage that tends to conceive that homoerotic sexual practices in old age (or in other life moments) presuppose homosexual identities. Such an element, as I analyze in my ethnography (Henning 2014), acquires a problematic visibility, particularly when considering the “closet” metaphor among old people.

Consequently, one of the dearest projects to the literature - if not the dearest one - is the endeavor to make (hence to constitute or to invent) a “LGBT old age”. In addition, such a process occurs through the repeated assertion of a sense of wholeness and factuality, i.e., of a type of generated and shared existence of this adjectived “old age.” This old age, *ipso facto*, gains a substance, a singularity or an “essence” from the establishment and election of certain allegedly generalizable elements concerning a certain set of subjects.

Thus, if the emphasis of the literature tends to be based on the assumption that the subjects in question are invariably conceived - albeit in a secret, latent and intimate way - as marked by sexual identity (or gender identity, as they would be in terms of “old age” when taken as an identity), then it is productive to ask ourselves: how does this literature deal with older individuals whose experiences, concepts, practices and identities do not “fit,” for example, certain identities which gain singular contours after the gay liberation movements?

13 Referring to these postulations, the British sociologist Jeffrey Weeks (1983), in turn, suggests that the basic problem is not so much the nature of homosexuality or gay subculture, which, after all, have historically been formed; the difficulties of older gay people stem from the hostile climate in which they have likely become aware of their sexuality. Aging, as a result, tends to bring a new modulation of the stigma intensity, and not a fundamental change of circumstances (Weeks 1983: 241).

14 Although some authors, for example, tend to emphasize the differences in aging experiences among individuals that associate themselves with the categories included in the LGBT acronym (lesbian, gay, bisexual and transgender), many authors use the term “LGBT populations” without further consideration of the socially agglutinating issues, characteristics or facets which ensure the homogenizing aspect of an “aging LGBT population.”

Considering these issues, what I refer to as a *differentialist and identitarian emphasis* on the literature (or, in its most acute features, as an *identitarian imperative*), could also be interpreted as part of a broader discursive movement in favor of the creation of discernible social communities. In other words, a movement that, linked to broader and more complex biopolitical mechanisms of population constitution, would ultimately help to lead to the rise of new aged subjects and populations nowadays¹⁵. Such subjects and populations whose alleged constitutive idiosyncrasies and possible peculiar needs in old age should be respectively investigated by rigorous researchers and catered to by competent professionals from multiple fields.

Having such ruminations in mind, it is valid to consider that, in addition to the identitarian approaches or the over-attention to gay men and lesbian women, there have also been some general trends within this field which should be stressed at this moment. Mapping the other trends and schisms in the literature will help to more broadly understand the reflections of such debates and foundational controversies on contemporary research. With this update in the literature review, I formulate and propose at least four singular moments in the LGBT gerontology. Moreover, when I refer to different “moments”, despite the analysis and proposal of a chronological development for such debates, I do not mean to assume that the first moments were left behind, were overcome or have no relevance at present, since, as we shall see, they remain active and influential in different ways.

Four moments in the LGBT Gerontology

The first moment in LGBT gerontology is made up by the *verification and confirmation of the negative stereotypes regarding “gay aging”*, and took place from the late 1960s to the second half of the 1970s. This period’s literature fairly focused on the negative social representations then available for the aging process and old age of homosexual men in the United States and the United Kingdom.

Such social representations were markedly gloomy and imbued by loneliness, social, physical and aesthetic losses, depreciation in the *erotic market*, invisibility, prejudice due to advancing age within and beyond the “LGBT community”, depression, reduction in or lack of social support networks, among other factors. That is, in general terms, an alarming scenario of aging and old age and, to many people, a terrifying glimpse of the future.

This bleak scenario from the literature’s first moment can be exemplified by the ambiguous, albeit centrally negative, representations of aging among homosexual men present in the few films of this period that addressed the question, for example: “*The Staircase*” and “*The Boys in The Band*”¹⁶. Moreover, I avail

¹⁵ I here refer to the foucauldian sense of biopolitics - a social form arising in the eighteenth century which sought to rationalize the problems faced by government practices concerning specific phenomena of the group of human beings considered as a population, encompassing health issues, hygiene, birth rates, longevity, race, etc. As Foucault (1988: 131) states, the biopolitics of the population focused on the body-species, the body imbued with the mechanics of life and serving as the basis of the biological processes: births and mortality, the health levels, life expectancy and longevity, with all the conditions that can cause these to vary. Their supervision was effected through an entire series of interventions and *regulatory controls*. One of the main occupations of this new form of power turns to the *management of old age* and diseases that incapacitate individuals for the labor market and hence pave the way for the later experiences of social security and pensions, which arose from social struggles and political demands. See Simões’s (2000) thesis for retirees’ movement in Brazil.

¹⁶ I read about the movies *The Staircase* and *The Boys in the Band* in quotes present in the book “*Queer Temporalities in gay male representation. Tragedy, normativity, and futurity*” by Dustin Goltz (2010). There probably are other films from the period or even earlier ones which can also bring interesting elements to considering the interrelationship between male homosexuality, aging and construction of future horizons.

myself of an unpretentious analysis of some of the narrative facets of these films as a way to present certain sensitivities wrapped in the associative ideas of “old age” and “homosexuality” which help to clarify and illustrate this first moment’s character.

The Staircase is a 1969 film directed by Stanley Donen and based on a play written by Charles Dyer. It is set in London and depicts a couple of middle-aged gay men played by the actors Richard Burton and Rex Harrison. The couple has lived together for two decades, owns a barbershop and experiences an advancing age crisis, depreciation in the homoerotic market, bodily changes such as baldness and bulging guts, not to mention the London police repression from the 1960’s. In addition, both of them need to manage the relationship with the ex-wife and daughter of one of them, apart from having to deal with their mothers at advanced old ages. One of the mothers, incidentally, is cared for by her son at the couple’s home, which brings complications to the characters’¹⁷ relationship.

Despite the fact the film openly portrays the erotic and affective relationship between two men, which can be seen as most certainly unusual, courageous and even innovative for the time¹⁸, the relationship between the two, however, is presented as turbulent, hurtful, unsatisfactory and aggressive both in the dialogues and, at times, in moments of physical violence; i.e., the film can be seen as a kind of gay version of the classic drama *Who’s Afraid of Virginia Woolf* with the addition of the negative stereotypes about homosexual aging¹⁹. At one point in the film, for example, one of the characters even states, “nobody loves you when you’re old and gay – not even yourself!”

Thus, the movie *The Staircase* - whose name, incidentally, is a reference to aging using the metaphor of the “irreversible” ascent on the staircase of life - portrays both characters, though in different ways, as markedly insecure about aging and relatively discrete about and fearful of the revelation of homosexuality to the families, customers and neighborhood, increasingly ignored by other potential sexual partners, eager to date younger men, and terribly haunted by the real possibility of solitude, since one of the protagonists is at risk of going to jail for having flirted with a police officer. This terror of loneliness as an inexorable part of the future or as something inevitable among aging gay men is explicit in the scene where one of the characters faints and the other repeatedly begs over the partner’s body: “*Not alone, Harry! Do not leave me! Not alone! Not alone! Not alone.*”

On the other hand, the film “*The Boys in The Band*,” released a year later, in 1970, was directed by William Friedkin. Also based on a play, though this one was written by Mart Crowley, the script portrays the course of one night in the lives of a group of eight gay friends in New York City, some of which at or approaching middle age. The film presents a rich set of elements and addresses numerous issues from a gay men’s perspective on urban life shortly after the *Stonewall* events, such as the process of coming out, the management of being in the closet, married life, monogamy and polygamy issues, the importance of friendship and “gay communities” as sources of social support, the suffering of prejudice, the

17 See chapter 7 in my thesis (Henning 2014) for more on gay men being considered informal caregivers of their parents or older relatives.

18 I address these two films with regard to the first moment in the literature, in spite of the fact there are others that could be quoted here, even some released earlier which referred to issues related to homosexuality and considered a “taboo” at the time. As an example, there is the British film “*Victim*” (1961) with Dirk Bogarde which shows a situation of blackmail in the UK involving the secret of a prominent lawyer’s homoerotic practices, who should remain “above suspicion.” Although Bogarde, who played the blackmailed lead, at the time was 40, the topic of aging related to homoerotic practices was not centrally addressed by the film.

19 The movie “*Who’s Afraid of Virginia Woolf*” was based on the homonymous play by Edward Albee, directed by Mike Nichols and starred (as well) Richard Burton and Elizabeth Taylor in 1966. The film was a huge critical success and won five Academy Awards, including Best Actress for Elizabeth Taylor.

relationship with the families of origin, intergenerational relationships, heterogeneous masculinity styles, former and current lovers, the ambiguous relationships with hometowns, self-acceptance issues, guilt and sin at religious level, ethnic and racial issues, among other factors.

However, the issues that seem to be central and stand out in the film's narrative involve the concerns about, fears of and bitterness towards aging, as well as the projections of futurity while experiencing panic about predicting or not predicting the future. The film, in spite of portraying a plurality of aspects that does not allow one to place it among extremely stereotyped or homogenizing Hollywoodian narratives about male homosexuality, remains in a scope which produces negative associative images between homosexuality and aging, distress towards the future and even intense non-futurity. To illustrate this negative scenario, Michael, the film protagonist, who is in a deep crisis about the aging process, at one point ponders, "*show me a happy homosexual and I'll show you a gay corpse.*"

Films like *The Staircase* and *The Boys in the Band*, as expressed by the homonymous book and documentary *The Celluloid Closet*, mark the movement of directly addressing homosexuality in Hollywoodian cinema in the late 1960s and early 1970s, after decades of enforcement of moral conduct codes dictated by religious institutions and US government censorship agencies. Despite the fact there was then the possibility of direct and non-subliminal or allusive representation of homosexuals in movies, such representations were still marked in these narratives by negative or relatively discouraging elements. There only recently has been a change to this trend.

Therefore, the first moment in the LGBT gerontological literature, whose incidental general pictures could be exemplified by the aforementioned films, was marked by the tendency towards taking for granted such negative representations of gay men's aging - there representations were present in the "gay communities", in popular culture and movies. Moreover, this moment also tended to depict these older men as lonely, psychologically-tortured-by-their-"social-condition" people and they were considered to have "no future".²⁰

Consequently, in the first publications focusing on homosexual aging processes, little were these representations challenged, disproved or deconstructed on the whole. They tended to be legitimated (Berger 1996). These investigations, usually conducted by sociologists, were some of the first to eminently regard homosexuality as a social phenomenon and to not pathologize it. And in this first wave of investigations, the sociologists Weinberg (1969), Weinberg & Williams (1974),²¹ Gagnon & Simon (1973) and Laner (1978) may be included. One can say in passing that such research generally showed varying degrees of sympathy for the gay liberation movement, although its authors did not ostensibly used a militant tone.

Thus, until the end of the 1970s, the gerontological literature on gay men was remarkably based on ideas of isolation and depression, marked by an emphasis on the deficits, losses and negativity that aging and old age could bring. Such a scenario would be aggravated, on the one hand, by the stigma of and discrimination

²⁰ In chapter 6 of my thesis (Henning 2014), I try to more closely explore "futurity," especially in dialogue with some queer theory authors who in recent years have been interested in debating the concepts of "queer temporality," "queer time" and "future". Therefore, in that chapter, I develop an analysis of the future horizons that were triggered according to my interlocutors' accounts.

²¹ However, in the analysis of possible reasons why homosexual men were constantly portrayed as unhappy, lonely, depressed, having low self-esteem and isolated from the most exciting aspects of gay life, Weinberg & Williams (1974: 311-312) have suggested other perspectives, by highlighting a study that points out among older gay men higher levels of well-being and satisfaction with life and work than those among heterosexual men at the same age. These authors say that the issues of adaptation to the passage of time in relation to psychological well-being are not experiences unique to homosexuals; they're part of the overall aging process.

against homosexual identities and practices in society in general, and on the other, by the fact that the “male gay communities”, according to the literature, were especially targeted at youth (Hostetler 2004: 146).

While expanding on the centrality of youth in “gay communities”, Weeks (1983) states that such a feature is not only incident to such social contexts and that, although changes were under way, we still live:

“in a general culture that focuses on youth and makes its achievements fascinating. At the same time, we are slowly chipping away at the hostility that homosexuality has generated. These two factors inevitably had an impact on how gay people led their lives and it is no surprise that (...) problems specific to older homosexuals emerge”(Weeks 1983: 244-245).

One of the main hypotheses that have arisen in this first moment of LGBT gerontology was that of *accelerated aging*, according to which homosexual men perceive themselves older at an earlier time than heterosexual ones do and feel like entering middle age at earlier ages than their heterosexual counterparts. This hypothesis, despite gaining the support of researchers in the following decades, has been criticized and disproved by, for instance, the idea that gay men and lesbian women, being relatively freer of certain heteronormative expectations for the life course - like marriage or child rearing - can feel and be perceived as younger for longer. An interesting example is that of 72-year-old man presented by English sociologist Brian Heaphy (2007: 204). The former claimed to feel younger than heterosexual men of the same age, since he was not married or hadn't had children and hence had experienced the potentially positive and creative possibilities of aging outside the heterosexual norm.

The second moment in LGBT gerontology is marked by *criticism and deconstruction of the negative stereotypes* and by the appearance of a “gay positive” moment in the literature. In other words, it turns to the positive potential in the aging experiences of gay men. Closely influenced by broader trends in mainstream gerontology, which equally sought to turn to the positives aspects of aging, the second moment in LGBT gerontology developed between the late 1970s and early 1980s. This period coincides with, among other events, the expansion of debates, achievements and visibility of the gay liberation movements, resulting in the fact that gerontologists - some openly gay and lesbian, - writing from the USA, tried to challenge and deconstruct the image of the old, bitter, lonely queer (Hughes 2006: 3-4).

It is important to remember that the LGBT gerontology in its second moment was in a close dialogue with wider debates within social gerontology. In this case, as an encompassing field, social gerontology also started to challenge the older representations of old age, which tended to emphasize the physical and social losses in the aging process. So, the aim was to change the focus from negativity to the potential gains offered by aging (Debert 1999a). In the meantime, this group of “gay positive” researchers sought to move the focus from the deficits of male gay aging to a view considering the ways in which markers such as homosexuality and old age could, when combined, promote additional social resources that created advantages in the “homosexual aging” when compared, for example, to the “heterosexual aging”.

These researchers, whose exponents - with reasonable variations in approaches - are sociologists Kimmel (1977, 1978), Berger (1996 [1982]), Friend (1980, 1987, 1991) among others, were called gay positive gerontologists. Many of these researchers' studies were strongly influenced by the post-*Stonewall* movements of gay liberation and tended to contradict previous research, sometimes through completely opposing views, refuting the anti-gay stereotypes especially with regard to negative images of aging and old age (Hostetler 2004: 146).

However, gay positive gerontologists, as they provided counterexamples and defended more encouraging social representations and analyses, in some cases incurred in the ignorance of social experiences that approached negative stereotypes or in the obliteration of the pervasive and sometimes

devastating effects of the daily experience of the stigma and discrimination accumulated throughout the years in the lives of gay men and lesbians. Thus, these researchers were at risk of - and often accused of - presenting forcefully happy interpretations of the analyzed realities (Hostetler 2004: 151). Among the main contributions from this second phase in the literature, one can find the hypotheses of crisis competence presented by Douglas Kimmel (1978) and mastery of stigma (Berger 1996 [1982]). Mainly propagated by sociologists, these hypotheses are intertwined, though distinct.²²

Also, by extension, this LGBT gerontology branch was also accused of blurring the “not-so-successful old age” among such individuals, since it tends to assume that there are no “problems” or issues that required contributions or solutions, inasmuch as these individuals are thought to be over-equipped to deal with potential challenges of aging and old age²³. In the various investigative works between the 1980s and 2000s, however, the conclusions from empirical disproval of and testing such hypotheses had conflicting and contradictory results, with some researchers claiming to have found evidence which confirmed and others, which denied these conjectures. However, although the current state of discussion still considers both hypotheses, it overall regards them with reservations and skepticism.

The third moment in LGBT gerontological literature is in turn marked by a *diversification of issues and empirical analyses* in addition to the ones mentioned so far, with increased attention, above all, to the aging and old age processes of lesbians (Cruikshank 1990, Kehoe 1994; Adelman 1986; Weinstock 2004; Barker 2004) and a still shy beginning of approaches addressing the aging processes of bisexuals and transgenders (Harrison 2002, 2005; Hunter 2005; Dworkin 2006; Garnets & Peplau 2006; Cook-Daniels 2006). Thus, starting in the 1980s, unlike earlier when the attention was basically focused on male homosexuality, there was a proliferation of studies and publications dedicated to the lesbian aging experiences, giving rise to

22 In general, the *mastery of stigma* suggests that homosexuals have to deal with managing social deviance and discrimination from an early age, and learn to competently handle complex economies of the stigma on a daily basis, often maneuvering the identity interchangeably in every social sphere (family, work, friends, neighbors, etc.). Such experiences, knowledge and skills practiced and developed early in life, according to this hypothesis, would cause homosexual individuals to deal with other forms of discrimination, such as the aging and old age stigma (Berger 1996 [1982]). *Crisis competence* is related to the peculiarities in the lives of homosexuals, which primarily originate from the latent tension due to the possibility of disclosure of the homosexual identity to members from immediate social networks. Besides, according to American sociologist Raymond Berger (1996: 04) gay men have a harder time going through transitional moments in life. They do not get the support that heterosexual men do when, for instance, leaving home and starting their own family, - the latter count on their wives' help and support. In many cases, gay men need to centrally rely on themselves and on their immediate network of friends to solve problems through life, which can work as a “trial by fire” preparing them to resolve conflicts and further problems, especially at old age. Thus, homosexuals' “crisis competence” could prepare these individuals to deal with other crises that may arise further ahead in life, such as midlife crisis, crises at work, crises due to the “loss of social roles” at old age, among others. These experiences would supposedly make them more flexible, adaptable and better prepared than heterosexuals to act and overcome such hardships. Consequently, according to the idea of *crisis competence*, coming out may have been so difficult, traumatic and painful that overcoming it would help to overcome other critical moments (Pugh 2002: 168). Both hypotheses were thoroughly debated, defended, criticized and refuted in the following decades, especially with regard to the risk of denying or erasing homosexuals' social experiences approaching certain negative stereotypes of “gay old age”. However, the analytical, theoretical and hypothetical gay positive gerontology propositions were mostly accused of obstructing and derailing the creation of public policies specific for the possible challenges faced by “LGBT seniors”.

23 One of the main and most acute critics of the gay positive gerontology was Canadian gerontologist and sociologist John Alan Lee (1987, 1989, 1991).

an increase of comparative perspectives between gay and lesbian aging processes and to an increase in the plurality of this documentation.²⁴

Therefore, especially since the 1980s, there has been a prolific growth of themes, different analyses and approaches that go beyond the previously circumscribed scopes and complicate the views on aging experiences, making these views more openly plural and perhaps less reductionist. Since then the literature has recognized some differences between male gay aging and lesbian aging, though occasionally some important commonalities have also been postulated.

Nevertheless, aging among bisexuals is often addressed loosely and, when it receives attention, it tends to be stated that the possibility of affective relationships with people of either sex would increase the chances of bisexuals' having heterosexual relationships, getting married or having children in heterosexual relationships. That would increase the likelihood of maintaining social support networks at old age similar to the heterosexual ones, with the presence and support of spouse or former spouse and children and reduce the possible risks of old age with fragile social support networks (Barker, De Vries & Herdt 2006; Kristiansen 2004). In turn, the processes of "transgender and transsexual aging" are said in the literature to require extra attention, concerns and challenges, since the levels of stigma, persecution and "transphobia" through life are seen as more expressive. In addition, the possible outcomes of the relatively common use of hormones could lead to specific and aggravating consequences requiring a greater attention and special care at old age.

Finally, the fourth and last moment is between the late 1990s up to the present, when what I call a *pragmatic turn* happens. I so named it because there seems to be a recent transformation in the literature which defocuses the remarkable theoretical discussions of the past, such as the controversies about the "accelerated aging", "crisis competence" and "mastery of stigma"(although their reflections and proposals are often still based on them) and turns its attention and concerns to proposals of practical gerontological action.

These proposals turn to the creation of public policies, thematic education programs, clarification and defense of civil rights, furtherance of the establishment of specific institutions and organizations devoted to the direct administration of problems faced the "LGBT elderly." Some of these problems are, for example, affordable housing, training of caregivers for the elderly with "cultural competence" to deal with sexual diversity and gender identity, creating an agenda of fights against prejudice towards intra- and extra-LGBT-community older people, the defense of anti-homophobic gerontological demands in the context of health and state institutions, among others.

In order to deepen the characteristics of this *pragmatic turn* in LGBT gerontology, the points listed by Brotman et al. (2007: 12) seem illustrative of a kind of "rights-reclaiming agenda" promoted by researchers, organizations and "LGBT aging" activists in North America (especially in relation to public health and social services). These social actors argue, for example, for better training and education of health and social service professionals in order to further greater acceptance and understanding of the *LGBT elders* "specific needs." In addition, for example, another point defended by this agenda is for all professionals who deal with the elderly to use neutral vocabulary in terms of gender pronouns especially when referring to relationships and life histories, in order to respect the plurality of biographical experiences.

²⁴ Such pluralities are based on the growing, though rarely carried out, recommendation in the literature to have in mind differences such as gender, 'race', ethnicity, distinct cohorts, social class, nationality, residential location (urban, rural, outskirts residents...), education, marital status, history of heterosexual relationships, existence of children from these relationships, public or non-public coming out and its moment, existence or absence of starting a traditional and/or innovative family (*families of origin, families of choice, etc.*).

Other defended points are the guarantee of confidentiality between such workers and their clients, the support of the elderly's wishes for the planning of their own care, ensuring that such planning be understood and complied with whenever possible. Finally, an increase in the dialogue between health authorities, social services and LGBT organizations as means to provide greater integration and transfer of knowledge, attitudes and know-how between them is also defended. Basically, the general objective is to create social programs and environments more welcoming to, respectful of and receptive to "LGBT elders".

Thus, the *pragmatic turn* in LGBT gerontology is especially significant in the intersection of gerontology and the fields of public health, psychology and social service, becoming more vigorous with the expansion of entities and organizations whose work is specifically geared toward the "LGBT elderly" such as SAGE in New York City and *Openhouse* in San Francisco. In recent years, the work of entities and organizations catering to LGBT seniors has also expanded, though to a lesser extent, in countries such as Canada (Brotman, Ryan & Cormier 2003; Brotman, Ryan, Collins et al 2007)²⁵, United Kingdom (Clover 2006; Pugh 2002)²⁶ and more recently New Zealand and Australia (Harrison 2002, 2005; Hughes 2006).²⁷

Some considerations are needed when contextualizing the work of the two aforementioned US organizations, which have become an international reference for services for "LGBT seniors." According to information on its website, SAGE (formerly *Senior Action in a Gay Environment* changing in 2004 to *Services and Advocacy for LGBT Elders*) is headquartered in New York and was founded in 1977.²⁸ Its action caters to the needs of "LGBT seniors" on the US East Coast and its programs and pioneering spirit have become examples for other institutions throughout the US over the past decades.

According to gerontologists Elizabeth Kling & Douglas Kimmel (2006: 266), SAGE provides, among other things, individual, group and family counseling and assistance for "unique needs" among LGBT elders, such as *coming out late in life*, coping with grief when losing one's partner, the formation of support groups for caregivers of Alzheimer patients, war veterans and Parkinson patients, among others. According to the organization, such programs are conducted in a "LGBT-centric environment" and address the "particular challenges" faced by LGBT seniors.

In turn, *Openhouse* is a non-profit organization headquartered in San Francisco, on the west coast of the US, focused on LGBT seniors from the area. One of its flagship policies is the political activism for affordable housing and adequate and inclusive services for *LGBT seniors*. It originated through homosexual

25 In Canada, according Brotman et al (2007), there are at least two organizations that also deal with "LGBT aging and old age" issues: the 519 *Community Centre* in Toronto, and *The Centre* in Vancouver.

26 In the UK, for example, there was Polari, an organization defending the interests and needs of older gay men and lesbians. This organization, which was founded in 1993 and ended its activities in 2009, included bisexual and transgender elderly later in its history. By the way, the term "polari" refers to a form of slang common at least until the 1970s and associated with "gay subcultures" in the UK. For more information on organizations or groups in the UK focused on the "LGBT elderly," see: <http://www.ageofdiversity.org.uk/older-lgbt-groups>

27 According to lawyer Nancy Knauer (2009: 303), who wrote a book on LGBT seniors' rights in the US, among the unique risks and challenges faced by the LGBT elderly at present - and from which systematic action of this geriatric field would arise to remedy inequalities - are: isolation, poverty, prejudice due to advancing age, in some cases greater exposure to racism and gender discrimination, lack of traditional family support at old age, no recognition of families formed by same sex people (including "families of choice"), limited or inadequate access to health services, difficulties in access to or [permanence in] affordable housing and lack of services and institutions aware of and empathetic towards LGBT elderly care.

28 Information found on the organization's website: <http://www.sageusa.org> on 12/12/2012 at 11:15 pm.

activism from the 1970s and 1980s, particularly that concerning housing at fair prices for the older members of the LGBT community in the city and region; however, the institution proper dates back to the second half of the 1990s.

Currently, one of its most ambitious projects is the creation of a gerontological complex with apartments in the Castro (the classic gay neighborhood in San Francisco)²⁹. The aim of the project - which argues for rent and other services required by the elderly at fair prices - is to build an urban, active and multicultural community of retirees with affordable housing for LGBT seniors. In addition, according to the organizers, the idea is for the complex to also “provide a specific list of cares for residents of all income levels,” although 110 apartments are to be reserved for low-income seniors (Adelman, Gurevich, de Vries & Blando 2006: 249).³⁰

Institutions such as SAGE and Openhouse with their policies and concerns regarding the solution of the “LGBT elderly’s” “problems” and “challenges” seem to be a sort of epitome of the *pragmatic turn* in LGBT gerontology. This recent moment in the literature has developed from two concurrent approaches that deserve attention, one stemming from a “*separate-but-equal*” model and the other, from a “*together-but-different model*” regarding the services provided to elderly gay men and elderly lesbians (Hunter 2005).

The “*separate-but-equal*” model, in general, assumes that in order to guarantee proper services for lesbian and male gay elderly, they preferentially or exclusively have to be provided *by and for* members of the lesbian and gay community. This is, at least partially, the model used by organizations such as SAGE and Openhouse. This model tentatively emerged in the 1970s and still is a prominent way to provide services to “LGBT seniors” nowadays (Tully apud Hunter 2005: 187-188). On the other hand, among the disadvantages to this model, there is, for example, the requirement for the elders to be open about their gender and sexual identities so as to be entitled to the services.

Therefore, one of the risks and implications inherent to this model (and rarely mentioned by the authors in the field) is the production of what I call a “generational imperialism” aimed at older cohorts. This is due to the imposition of a framework - mobilized, for example, by the notion of “gay pride” - based on a set of political, identitarian and subjective references particularly used by the baby-boomer generation. Baby boomers overall tended to be socialized, when young, in a significantly less strict environment than that of generations older than those from the post-World War II period³¹. Thus, in this model, if the elderly are not open about sexual orientation or do not deal with sexual practices and identities along the lines of the gay liberation movement, it becomes difficult or even impossible for them to be targeted by the services, attention and care provided by the theorists and professionals of the “*separate-but-equal*” model (Hunter 2005).

29 For more information about the “55 Laguna St.” project, go to the organization’s website: <http://openhouse-sf.org/8-16-12-press-release/>

30 I volunteered for a program at this organization for seven months during my doctoral internship. The program was called “*Friendly Visitors*,” and that experience was very positive and influential for some of my reflections presented here.

31 The term “baby boomers” refers to the generation of people born in the birth boom in the post-war period, more specifically between 1946 and 1964, especially in the US. Thus, this generation’s amplitude is 18 years and presents several intrinsic heterogeneities among its inner cohorts, though it is repeatedly portrayed as homogeneous (Rosenfeld, Bartlam & Smith 2012). Demographically, Diane Macunovich (2002: 103) contextualizes the emergence of baby boomers saying that in the US in 1936 the average number of children for every 1000 women was 75.8, reaching the peak of 122.7 in 1957, and then returning to more modest levels - 65.0 - in 1976. Baby boomers are generally idealized as “intended” to leave their generational marks on every life stage, ie as if they had already idiosyncratically impacted childhood, adolescence, youth and adulthood, and it is thought that they will impact, or already are impacting, middle-age and old age experiences, shaping them innovatively.

The second approach in question, which can be called “*together-but-different*” model, defends the provision of adequate and quality services to lesbian and male gay seniors in more traditional institutions such as nursing homes or resting homes. Consequently, staff training and awareness programs focusing on sexual diversity and gender identities at old age should be provide to all professionals involved in the care of the elderly. In this model, the availability of organizations providing services specifically for or exclusively to “LGBT elders” is not necessary, as traditional institutions of elderly care would be made aware of and trained to work with this population. A positive aspect of this model is that at least in theory there is no need for the elderly to be open about their homosexual identity or practices to be entitled to care (ibid.).

In the US, both models are concurrently used. This becomes clear when one considers that organizations like SAGE and *Openhouse*, in addition to being the pillars of the first model, also act in relation to the second one. Both also provide training, education and guidance to more traditional organizations with regard to “specificities” and “unique needs” of “LGBT old age.” On the other hand, one possible drawback of the second model is the fact that more traditional institutions such as nursing homes and rest homes would generally not seek LGBT training or would demonstrate resistance to dealing with sexual diversity and gender identity among the elderly. As a result, many authors that could be included in the *pragmatic turn* state that the employees of traditional institutions will continue to assume that all the elderly are heterosexual and will treat them as such, and in most cases will not be prepared to deal with “LGBT seniors’ (op. cit.).

Finally, taking into account both models, it is noteworthy that social services provided by organizations which adhere to the first model - the *separate-but-equal* one - i.e., the ones defending the creation of institutions exclusive or preferential to *LGBT seniors*, are experiencing greater growth and visibility both in the US and Canada, and they appear to be dominant trend at present (Hunter 2005: 191).

Thus, provided that the development of the reviewed literature has contributed to the progressive rise of “LGBT old age” (though, of course, has not determined it³²), it is precisely in the more recent period of the *pragmatic turn* in literature - and in narrow association with the *first moment*, the one that emphasizes the losses, deficits and negativity in aging experiences - that a kind of constituting emphasis of “LGBT seniors” takes place in the US and UK and with similar proto-movements in other countries. As a result of the successful combination of the *first and fourth moments* in the literature - which has resulted in an outstanding setting in the analyzed field - the current influence of gay positive branch of LGBT gerontology, due to its emphasis of the potential positive side of the lesbian and male gay aging experiences, seems to be less in vogue in some respects. In fact, its contributions are largely sidelined when considering most discourses and practices on which, for example, the aforementioned LGBT organizations are based. From this perspective, the researchers focusing on the *gay aging deficits* combined with the need for *practical intervention in “LGBT old age”* seem to be “winning” the dispute when compared to gerontologists from the *gay positive aging*³³.

In this sense, it is interesting to compare certain characterizations of LGBT gerontology with those of social gerontology as an encompassing field. Contrary to what seems to be happening in the LGBT gerontology (denunciatory and negative focus on a sort of “helpless LGBT old age”) in social gerontology, in general, the winning trend seems to be the appreciation of “active and positive old age.” In this sense, it is

32 If it were considered that it had, then the “creative” powers of the reviewed literature would be overestimated and the complexity of the wider social context which affects these processes of subjectification and “population conformation” would be underestimated.

33 However, the fact that the “gay positive gerontology” seems to be losing ground does not mean that there does not exist anymore within the analyzed literature the construction of specific imageries on “successful LGBT aging.”

clear that only at advanced old age (that is, in the most dramatic aspects of aging) do problems concerning, for example, nursing homes and rest homes arise (Debert 1999a).

Therefore, in a way, while in LGBT gerontology the combination of the first and the fourth moments in literature seems to be prominent, in the encompassing social gerontology the more positive model based on the encouragement to active old age seems to be, at least in some aspects, triumphant. However, one must consider that the second moment in LGBT gerontology, the one which was named “gay positive gerontology,” is not necessarily “defeated” and it has not vanished, since it continues to play an important role, for example, in the constitution of images of “successful LGBT aging” and in the establishment of a kind of “good LGBT old age,” - an analysis of this will be presented at another time.

Considering the issues of aged individuals who identify themselves as lesbians, gays, bisexuals and transgender (these issues are more legitimated and considered relevant now), a set of knowledges, techniques and management practices over these elders is created (and these old ages have been developed through different models, such as the “together-but-different” and the “separate-but-equal” ones). And it should not be forgotten that for such a framework of knowledge and management practices to be put into action and gain legitimacy the constitution of LGBT old age must have previously occurred in a gradual and continual manner - this topic has been analyzed up to now.

It is noteworthy that the period of the *pragmatic turn* has been lavish with attracting a lot of interest from researchers, generating a large number of investigations, publications and debates in various parts of the world, and with increasing political attention in North America. One of the ways this can be measured is through the observation of federal, state and municipal funds being granted to important projects directed to this “population” in the United States.³⁴

Moreover, lately it has also been possible to see this expansion and legitimation through the launch of several documentary films on “LGBT old age,” for instance. These films overall show the urgent need to mobilize civil society for the establishment of public policies and they are closely in tune with the *pragmatic gerontological view*. Among these documentaries, some acclaimed at festivals around the world can be listed: *Gen Silent* (2011), *Edie and Thea* (2009), *Old Age is No Place for Sissies* (2009) and *Ten More Good Years* (2007). In addition to documentaries, there have also been some interesting popular mainstream films that address the issue of homosexual old age in different contexts - much more encouraging, though still problematic, ones - than those from the first moment in the literature. Examples of recent movies are *Beginners* (2010), *The Best Exotic Marigold Hotel* (2011), and *Love Is Strange* (2014).

Taking into account these general questions that contextualize the pragmatic turn, one could postulate that the process of gradual rise of *LGBT aging* has reached a much higher level and reverberated as an issue which can be progressively legitimated also in an international political and social panorama. One must keep in mind, however, that the process of rise, constitution and invention of this old age is not exhausted or over and one would assume that it will go through new transformations both in the context of dynamics intrinsic to the literature in question, and in the broader social environment. In addition, the process of generational succession of the cohorts currently at middle age may also leave peculiar marks on this conformation as these cohorts enter old age.

³⁴ An example of governmental financial support for projects aimed at *LGBT elders* - which itself could be used as an index for the spread of the issue - is the case of the *National Resource Center on LGBT Aging*. It was created by SAGE in New York in February, 2010 through funds granted by the *US Department of Health and Human Services*. This institution, according to SAGE website, is the first and only reference center dedicated to improving the quality of services and support offered to lesbian, gay, bisexual and / or transgender elderly in the United States. [Source: www.sage.usa.org/programs/nrc.cfm. Visited on 01/06/2013 at 04:17 am].

However, it must finally be highlighted that with the development of a complex set of factors such as knowledges, discourses, changes to the imagery of representations and mainly movements for the institutionalization of models of practical management of these *LGBT old ages*, one might venture to assert (perhaps risking some ambiguity) that at present and especially in the United States the “LGBT elders” seem to be created. Even if, as stated earlier, this constitution is in progress and seems susceptible to resignifications in the short term. When emphasizing this “creation”, I refer to the gradual process of discernment of a population segment in the social whole. Due to its characteristics and needs viewed as idiosyncratic, this segment hence requires specific public policies. Consequently, in order that these policies be implemented, it is necessary, above all, to show that the social segment in question lacks them. The creation of these policies, let us face it, seems to be happening fairly effectively in North America.

Final Considerations

Considering the progress of the text up to this point, if it is feasible to consider that in North America the “LGBT elders” are already created, then it be equally convenient and productive to ask ourselves some questions. After all, what kind of “LGBT old age” has recently been produced or supported by the LGBT gerontology since the pragmatic turn? In what ways has this gerontological field stipulated standards and references to “good old age” and “successful aging” (as well as to its opposites)? Alternatively, how have the prescriptive bases for “good LGBT old age” been managed? The analyses of these questions, however, - due to what was originally proposed to be teased out and because of the limitations on space an article has - should be presented and published at a later time.

Finally, it is very important to point out that the recent Brazilian field of research in aging, sexual practices, gender and sexual identities has developed very expressively. This field includes important works which in disparate ways focus on scenarios of aging and male homosexuality, such as Simões (2011), Paiva (2009), Henning (2010, 2013, 2014) Mota (2009), Neman do Nascimento (2013), PocaHy (2011), Passamani (2013), Saggese (2013), Duarte (2013), Kerry dos Santos (2012).

Furthermore, one may include relevant investigations concerning female homosexuality and aging in Brazil, such as Lima (2006), Moraes (2010) Lacombe (2010), and finally those concerning transgender aging, such as in Siqueira (2004, 2009), Antunes (2010), among other authors. It is noteworthy that this field has shown the potential to grow exponentially in the coming years, given the great interest that it has raised at conferences and academic events in Brazil and in the rest of South America. However, due to feasibility criteria, I have tried to restrict myself to a review of the Anglophone gerontological field, which, by the way, up to the moment when I wrote the first version of this text (and as far as I was able to access), had not yet been attempted - not even in North America.

Therefore, the aim of this article was to present and critically analyze the different moments in the development of LGBT gerontology, its main controversies and trends, as well as to bring to light the concomitant production of the idea of “*homosexual old age*” (and more recently of “*LGBT old age*”) and of the new aged subjects: the “LGBT elders”. Therefore, the broader objective of the text, together with presenting an extensive, systematic and critical review of the covered literature, was also to turn it into a basic map of the main theories, developments and clashes that have crossed the field in recent decades. Thus, I hope this article can clarify key characteristics and issues of the field in order to contribute to the renewed continuity of new researchers’ interests in the interplay between aging, old age, sexuality, gender identities and the creation of public policies.

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References

- ADELMAN, Marcy. (ed.) 1986. *Long time passing: lives of older lesbians*. Boston: Alyson Publications.
- ADELMAN, M; GUREVITCH, J; DE VRIES, B; BLANDO, J. 2006. "Openhouse. Community building and research in the LGBT aging population". In: D. Kimmel; T. Rose; S. David (orgs.), *Lesbian, gay, bisexual and transgender aging: research and clinical perspectives*. New York: Columbia University Press. pp. 247-264.
- ANTUNES, Pedro Paulo Sanmarco Antunes. 2010. *Travestis envelhecem?* Dissertação de Mestrado em Gerontologia, PUC/SP.
- BARKER, J; DE VRIES, B; HERDT, G. 2006. "Social support in the lives of lesbian and gay men at midlife and later". *Sexuality Research & Social Policy*, 3(2):1-23.
- BARKER, Judith. 2004. "Lesbian aging: an agenda for social research". In.: Gilbert Herdt; Brian de Vries (eds.). *Gay and lesbian aging: research and future directions*. New York: Springer Publishing Company. pp. 29-72.
- BERGER, Raymond. 1996. [1982]. *Gay and gray: the older homosexual man*. 2nd Edition. New York: Harrington Park Press.
- BRIGEIRO, Mauro. 2002. "Envelhecimento bem-sucedido e sexualidade: relativizando uma problemática". In: Regina Barbosa et al. (orgs.), *Interfaces: gênero, sexualidade e saúde reprodutiva*. Campinas: Editora da Unicamp. pp. 171-206.
- BRITTO DA MOTTA, Alda. 1998. "Chegando pra idade". In: M. M. Lins de Barros (org.), *Velhice ou terceira idade. Estudos antropológicos sobre identidade, memória e política*. Rio de Janeiro: Fundação Getúlio Vargas. pp. 223-235.
- BROTMAN, S; RYAN, B; CHAMBERLAND, L; CORMIER, R; JULIEN, D; MEYER, E; et alli. 2007. "Coming out to care: caregivers of gay and lesbian seniors in Canada". *The Gerontologist*, 47(4): 490-503.
- BROTMAN, S; RYAN, B; CORMIER, R. 2003. "The health and social service needs of gay and lesbian elders and their families in Canada". *The Gerontologist*, 43(2): 192- 202.
- BUTLER, Judith. 2003 [1990]. *Problemas de gênero: feminismo e subversão da identidade*. Rio de Janeiro: Civilização Brasileira.
- CLOVER, David. 2006. "Overcoming barriers for older gay men in the use of health services: a qualitative study of growing older, sexuality and health". *Health Education Journal*, 65(1): 41-52.
- COHEN, Lawrence. 1998. "Não há velhice na Índia". In: G. G. Debert (org.), *Antropologia e velhice*. Textos Didáticos, 13. Campinas: IFCH/ Unicamp (Tradução de Julio Assis Simões).
- COHLER, B. J.; GALATZER-LEVY, R. 2000. "Preface". In.: B. J. Cohler; R. Galatzer-Levy (orgs.), *The course of gay and lesbian lives: social and psychoanalytic perspectives*. Chicago: The University of Chicago Press. pp. ix-xvi.
- COOK-DANIELS, L. 2006. "Trans aging". In: D. Kimmel; T. Rose; S. David (orgs.), *Lesbian, gay, bisexual and transgender aging: research and clinical perspectives*. New York: Columbia University Press. pp. 20-35
- CRUIKSHANK, M. 1990. "Lavender and gray: a brief survey of lesbian and gay aging studies". In: J. A. Lee (ed.), *Gay midlife and maturity*. Binghamton, NY: Haworth Press. pp.77-88.

- DEBERT, Guita Grin. 1999a. *A reinvenção da velhice: socialização e processos de reprivatização do envelhecimento*. São Paulo: Edusp.
- . 1999b. "Velhice e o curso da vida pós-moderno". *Revista USP*, 42: 70-83.
- . 2010. "A dissolução da vida adulta e a juventude como valor". *Horizontes Antropológicos*, 16(34): pp. 49-70.
- . 1992. "Família, classe social e etnicidade: um balanço sobre a experiência de envelhecimento". *Boletim Informativo Bibliográfico*, 33: 33-49.
- DE VRIES, Brian; BLANDO, John. 2004. "The study of gay and lesbian aging: lessons for social gerontology". In: Gilbert Herdt; Brian de Vries (orgs.), *Gay and lesbian aging: research and future directions*. New York: Springer Publishing Company. pp. 3-28.
- DE VRIES, Brian; HERDT, G. (eds.), *Gay and lesbian aging: research and future directions*. New York: Springer Publishing Company.
- D'EMILIO, John. 1983. *Sexual politics, sexual communities: the making of a homosexual minority in the United States, 1940-1970*. Chicago: The University of Chicago Press.
- DUARTE, Gustavo de Oliveira. 2013. *O "Bloco das Irenes": articulações entre amizade, homossexualidade(s), e o processo de envelhecimento*. Tese de Doutorado no Programa de Pós-Graduação em Educação, Universidade Federal do Rio Grande do Sul, Porto Alegre.
- DWORKIN, Sari. 2006. "The aging bisexual: the invisible of the invisible minority". In: D. Kimmel; T. Rose; S. David (orgs.), *Lesbian, gay, bisexual and transgender aging: research and clinical perspectives*. New York: Columbia University Press. pp. 36-52.
- ECKERT, Cornelia. 1998. "A vida em outro ritmo". In: M. M. Lins de Barros (org.), *Velhice ou terceira idade. Estudos antropológicos sobre identidade, memória e política*. Rio de Janeiro: Fundação Getúlio Vargas. pp. 169-206.
- FOUCAULT, Michel. 1988. *História da sexualidade I: a vontade de saber*. Rio de Janeiro: Graal.
- . 1998. *História da sexualidade II: o uso dos prazeres*. Rio de Janeiro: Graal.
- FRIEND, R. A. 1980. "GAYing: adjustment and the older gay male". *Alternative Lifestyles*, 3: 213-248.
- . 1987. "The individual and the social psychology of aging: clinical implications for lesbians and gay men". *Journal of Homosexuality*, 14(1/2): 307-331.
- . 1991. "Older lesbian and gay people: a theory of successful aging". *Journal of Homosexuality*, 20: 99-118.
- GAGNON, J.; SIMON, W. (eds.). *Sexual deviance*. New York: Harper and Row.
- GARNETS, L; PEPLAU, L. 2006. "Sexuality in the lives of aging lesbian and bisexual women". In: D. Kimmel; T. Rose; S. David (orgs), *Lesbian, gay, bisexual and transgender aging: research and clinical perspectives*. New York: Columbia University Press. pp. 70-90.
- GENKE, John. 2004. "Resistance and resilience: the untold story of gay men aging with chronic illnesses". *Journal of Gay and Lesbian Social Services*, 17(2): 81-95.
- GOLTZ, Dustin. 2010. *Queer temporalities in gay male representation. Tragedy, normativity, and futurity*. Routledge: New York.
- . 2009. "Investigating Queer future meanings. Destructive perceptions of 'The Harder Path'." *Qualitative Inquiry*, 15(3): 561-586.
- HARRISON, Jo. 2005. "Pink, lavender and grey: gay, lesbian, bisexual, transgender and intersex ageing in Australian gerontology". *Gay and Lesbian Issues and Psychology Review*, 1: 11-16.
- . 2002. "What are you really afraid of? Gay, lesbian, bisexual, transgender and intersex ageing, ageism and activism". *Word is Out*, 2: 1-11.

- HEAPHY, Brian. 2007. "Sexualities, gender, and ageing. Resources and social change". *Current Sociology*, 55(2): 193-210.
- HEAPHY, Brian; YIP, Andrew. 2003. "Uneven possibilities: understanding non- heterosexual ageing and the implications of social change". *Sociological Research Online*, 8(4): 881-902.
- HENNING, Carlos Eduardo. 2014. *Paixões, tiosões, tias e cacuras: envelhecimento, meia idade, velhice e homoerotismo masculino na cidade de São Paulo*. Tese de Doutorado em Antropologia Social, Programa de Pós-Graduação em Antropologia Social, Unicamp, Campinas.
- . 2013. "Nas tensões eróticas da gerontofobia e da gerontofilia: uma etnografia de homens que mantém práticas sexuais homoeróticas na meia idade e velhice". In: G. Passamani (org.), *(Contra)pontos. Ensaios de gênero, sexualidade e diversidade sexual: cursos da vida e gerações*. Campo Grande: Editora UFMS. pp. 83-105.
- . 2010. "Olhares para o conceito de geração: uma etnografia das homossexualidades na adolescência e na velhice na cena GLS da cidade de São Paulo". Paper publicado nos Anais do II Seminário Nacional Sociologia e Política. UFPR, Curitiba, Paraná. Mimeo.
- HERDT, G.; BEELER, J.; RAWLS, T. 1997. "Life course diversity among older lesbians and gay men: a study in Chicago". *Journal of Gay, Lesbian, and Bisexual Identity*, 2(3/4): 231-246.
- HERDT, G.; DE VRIES, B. 2004. Introduction. In: Gilbert Herdt; Brian de Vries (orgs.), *Gay and lesbian aging: research and future directions*. New York: Springer Publishing Company. pp. xi-xxii.
- HOSTETLER, A. 2004. "Old, gay, and alone? The ecology of well-being among middle-aged and older single gay men". In: B. de Vries; G. Herdt (orgs.), *Gay and lesbian aging: research and future directions*. New York: Springers Publishing. pp. 143-176. q
- HUGHES, Mark. 2006. "Queer ageing". *Gay and Lesbian Issues and Psychology Review*, 2(2): 54-59.
- HUNTER, Ski. 2005. *Midlife and older LGBT adults. Knowledge and affirmative practice for the social services*. New York: The Haworth Press.
- KEHOE, Monika. 1986. *Lesbians over 60 speak for themselves*. New York: Harrington Park Press.
- . 1994. "College teaching and the move". *Old lesbians / Dykes. Sinister Wisdom*, 53: 58-73.
- KERRY DOS SANTOS, Daniel. 2012. *Modos de vida e processos de subjetivação na experiência de envelhecimento entre homens homossexuais na cidade de Florianópolis / SC*. Dissertação de Mestrado, Programa de Pós-Graduação em Psicologia, CFH. UFSC, Florianópolis.
- KIMMEL, D; ROSE, T; DAVID, S. 2006 *Lesbian, gay, bisexual, and transgender aging: research and clinical perspectives*. New York: Columbia University Press.
- KIMMEL, D; ROSE, T; OREL, N; GREENE, B. 2006. "Historical context for research on lesbian, gay, bisexual and transgender aging". In: D. Kimmel; T. Rose; S. David (orgs.), *Lesbian, gay, bisexual, and transgender aging: research and clinical perspectives*. New York: Columbia University Press. pp. 1-19.
- KIMMEL, D. C. 1977. "The aging male homosexual: myth and reality". *The Gerontologist*, 17: 328-332.
- . 1978. "Adult development and aging: a gay perspective". *Journal of Social Issues*, 34(3): 113-130.
- . 1992. "The families of older gay men and lesbians". *Generations*, 16(3): 37-38.
- KLING, Elizabeth; KIMMEL, Douglas. 2006. "SAGE. New York city's pioneer organization for LGBT elders". In: D. Kimmel; T. Rose; S. David (orgs.), *Lesbian, gay, bisexual and transgender aging: research and clinical perspectives*. New York: Columbia University Press. pp. 265-276.
- KNAUER, Nancy. 2009. "LGBT elder law: toward equity in aging". *Harvard Journal of Law and Gender*, 32: 308-357.
- KRISTIANSEN, Hans. 2004. "Narrating past lives and present concerns: older gay men in Norway". In: G. Herdt; B. de Vries (eds.). 2004. *Gay and lesbian aging: research and future directions*. New York: Springer Publishing Company. pp. 235-264.

- KRISTIANSEN, H.; PEDERSEN, W. 2004. "Putting queer theory into practice". *Eurozine*. Disponível em: www.eurozine.com. Acessado em: 05.05.2012.
- LACOMBE, Andrea. 2010. *Ler[se] nas entrelinhas. Sociabilidades e subjetividades entendidas, lésbicas e afins*. Tese de Doutorado, Programa de Pós-Graduação em Antropologia Social, Museu Nacional, Universidade Federal do Rio de Janeiro.
- LANER, M. R. 1978. "Growing older male: heterosexual and homosexual". *The Gerontologist*, 18: 496-501.
- LEE, J. A. 1987. "What can homosexual aging studies contribute to theories of aging?" *Journal of Homosexuality*, 13(4): 43-71.
- 1989. "Invisible men: Canada's aging homosexuals. Can they be assimilated into Canada's 'liberated' gays communities?" *Canadian Journal on Aging*, 8(1): 79-97.
- 1991. *Gay midlife and maturity*. New York: Harrington Park Press.
- LIMA, Tânia Gonçalves. 2006. *Tornar-se velho: o olhar da mulher homossexual*. Dissertação de Mestrado em Gerontologia, PUC/SP.
- LINS DE BARROS, Myriam M. 1998. "Testemunho de vida: um estudo antropológico de mulheres na velhice". In: M. M. Lins de Barros (org.), *Velhice ou terceira idade. Estudos antropológicos sobre identidade, memória e política*. Rio de Janeiro: Fundação Getúlio Vargas. pp.113-168.
- LOPES, Andrea. 2000. *Os desafios da gerontologia no Brasil*. Campinas: Alínea.
- MACUNOVICH, Diane. 2002. "Baby boomers". In.: David Ekerdt (ed.), *Encyclopedia of aging*. New York: Macmillan Reference. pp. 103-109.
- MISKOLCI, Richard; SIMÕES, Júlio Assis. 2007. "Apresentação". *Cadernos Pagu* [online], 28: 9-18
- MORAES, Andrea. 2010. "Envelhecimento, trajetórias e homossexualidade feminina". *Horizontes Antropológicos*, 34: 213-233.
- MOTA, Murilo P. 2009. "Homossexualidade e envelhecimento: algumas reflexões no campo da experiência". *SINAIS - Revista Eletrônica - Ciências Sociais*, 06(1): 26-51.
- MOTTA, Flávia de Mattos. 1998. *Velha é a vovozinha: identidade feminina na velhice*. Santa Cruz do Sul: Edunisc.
- NEMAN DO NASCIMENTO, Márcio. 2013. "'Old sertaneja song': narrating a backcountry life story about aging process in homosexuality". *Revista Temática Kairós Gerontologia, Eroticism/Sexuality and Old Age*, 16(1): 155-171.
- PAIVA, Cristian. 2009. "Corpos/seres que não importam? Sobre homossexuais velhos". *Revista Bagoas*, 04: 191-208.
- PASSAMANI, Guilherme. 2013. "Velhice, homossexualidades e memória: notas de campo no Pantanal sul-matogrossense". In: G. Passamani (org.), *(Contra)pontos. Ensaios de gênero, sexualidade e diversidade sexual: cursos da vida e gerações*. Campo Grande: Editora UFMS. pp. 121-138.
- PEIXOTO, Clarice. 1998. "Entre o estigma e a compaixão e os termos classificatórios: velho, velhote, idoso, terceira idade...". In: M. M. Lins de Barros (org.), *Velhice ou terceira idade. Estudos antropológicos sobre identidade, memória e política*. Rio de Janeiro: Fundação Getúlio Vargas. pp. 69-84.
- POCAHY, Fernando A. 2011. *Entre vapores e vublagens: dissidências homo/eróticas nas tramas do envelhecimento*. Tese de Doutorado em Educação, Programa de Pós-Graduação em Educação, UFRGS, Porto Alegre, RS.
- PUGH, Stephen. 2002. "The forgotten. A community without a generation - older lesbians and gay men". In: D. Richardson; S. Seidman (eds.), *Handbook of Lesbian and Gay Studies*. London: SAGE Publications. pp. 161-181.
- RIFIOTIS, Theophilos. 1998. "O ciclo vital completado: a dinâmica dos sistemas etários em sociedades negro-africanas". In: M. M. Lins de Barros (org.), *Velhice ou terceira idade. Estudos antropológicos sobre identidade, memória e política*. Rio de Janeiro: Fundação Getúlio Vargas. pp. 85-112.

- ROSENFELD, Dana. 2009. "Heteronormativity and homonormativity as practical and moral resources: the case of lesbian and gay elders". *Gender & Society*, 23(5): 617-638.
- . 1999. *The changing of the guard: lesbian and gay elders, identity, and social change*. Philadelphia: Temple University Press.
- ROSENFELD, Dana; BARTLAM, Bernadette; SMITH, Ruth. 2012. "Out of the closet and into the trenches: gay male baby boomers, aging, and HIV/AIDS". *The Gerontologist*, 0(0): 1-9.
- RUBIN, G. 2011. *Deviations: a Gayle Rubin reader*. Durham, NC: Duke University Press.
- SAGGESE, G. S. R. 2013. "Homossexualidade masculina, mudança social e geração: observações de um campo em curso". In: G. Passamani (org.), *(Contra) pontos. Ensaios de gênero, sexualidade e diversidade sexual: cursos da vida e Gerações*. Campo Grande: Editora UFMS. pp. 107-120.
- SIMÕES, Julio Assis. 2011. "Corpo e sexualidade nas experiências de envelhecimento de homens gays em São Paulo". *Revista A Terceira Idade*, 22(51): 7-17.
- . 2004. "Homossexualidade masculina e curso da vida: pensando idades e identidades sexuais". In: A. Piscitelli; M. F. Gregori; S. Carrara (orgs.), *Sexualidade e saberes: convenções e fronteiras*. Rio de Janeiro: Garamond Universitária. pp. 415-440.
- . 2000. *Entre o lobby e as ruas: movimento de aposentados e politização da aposentadoria*. Tese de Doutorado, Campinas, Unicamp.
- . MISKOLCI, Richard. 2007. *Sexualidades Disparatadas*. Cadernos Pagu. Campinas: Pagu. Unicamp. pp. 9-18.
- SIQUEIRA, Monica S. 2009. *Arrasando horrores! Uma etnografia das memórias, formas de sociabilidade e itinerários urbanos de travestis das antigas*. Tese de Doutorado em Antropologia Social, Florianópolis, PPGAS Universidade Federal de Santa Catarina (UFSC).
- . 2004. *Sou senhora: um estudo antropológico sobre travestis na velhice*. Dissertação de Mestrado em Antropologia Social, Universidade Federal de Santa Catarina, Centro de Filosofia e Ciências Humanas, Programa de Pós- Graduação em Antropologia Social, Florianópolis.
- WEEKS, Jeffrey. 1996. "The idea of sexual community". *Soundings*, 2: 71-83.
- . 1983. "Os problemas dos homossexuais mais velhos". In: John Hart; Diane Richardson (orgs.), *Teoria e prática da homossexualidade*. Zahar Editores: Rio de Janeiro. pp. 28-47.
- WEINBERG, M. S. 1969. "The ageing male homosexual". *Medical Aspects of Sexuality*, 3(12): 66-72.
- . 1970. "The male homosexual: age-related variations in social and psychological characteristics". *Social Problems*, 17: 527-538.
- WEINBERG, M. S. & WILLIAMS, C. 1974. *Male homosexuals*. New York: Oxford University Press.
- WEINSTOCK, Jacqueline S. 2004. "Lesbian friendships at and beyond midlife: patterns and possibilities for the 21st Century". In: Brian de Vries, G. Herdt (eds.), *Gay and lesbian aging: research and future directions*. New York: Springer Publishing Company. pp. 177-210.
- WESTON, Kath. 1992. *Families we Choose: lesbians, gays, kinship*. New York: Columbia University Press.

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Living longer: Are we getting older or younger for longer?

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Abstract

Since the second half of the 20th century survival has been democratised in most countries. More and more people reach an advanced age. The objective of this paper is to discuss how phases of the life cycle are being re-defined in the context of a world in transformation: the universalization of social security that guarantees income for older people; technological advances that have increased the velocity of communication and the demand for continuing education; medical advances; and changes in family organization such as an increase in divorce rates, re-marriage and unions between people of the same sex. Even so, the biological changes that accompany ageing have not changed since Antiquity, in spite of hopes for a longer life. These changes occur later in life and more people live through them. Yet people continue to retire at more or less the same age. This suggests the creation of a new post retirement life phase that is distinct from adult life and the phase of fragility. We remain young for longer; indeed youth has been extended. We do not know whether this new phase will be experienced by all people. But if that becomes the case, why not include it as part of adult life?

Keywords: old age, retirement, active ageing, life cycle, third age.

Resumo

A partir da segunda metade do século passado, a sobrevivência democratizou-se em grande parte dos países do mundo. Mais e mais pessoas estão alcançando as idades avançadas. Este trabalho tem por objetivo discutir como as fases da vida estão sendo re-desenhadas em face dessas mudanças num mundo que também se transforma: a universalização da Seguridade Social que garantiu renda para os idosos; o avanço tecnológico que aumentou a velocidade das informações e a demanda por uma educação continuada; avanços médicos; e mudanças familiares, com o aumento dos divórcios, dos recasamentos e das uniões homoafetivas. No entanto, as características biológicas das pessoas que envelhecem continuam as mesmas desde a Antiguidade, não obstante os grandes ganhos observados na esperança de vida. Mudou a idade em que se iniciam e, principalmente, o fato de que cada vez mais pessoas a vivenciam. O seu adiamento não foi acompanhado pela idade em que as pessoas se aposentam. Isto resultou num aumento da fase pós-laboral e justificou a criação de uma nova fase da vida distinta da vida adulta e da fase das fragilidades. Assim sendo, estamos ficando jovens por mais tempo; a juventude foi oficialmente prolongada. Ainda não se sabe se essa nova fase vale para todos. Se valer, por que não adicioná-la à vida adulta?

Palavras-chave: velhice, aposentadoria, envelhecimento ativo, ciclo de vida, terceira idade.

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Ana Amélia Camarano

Introduction

Living longer is not a new historical fact. In the Old Testament, the ancient patriarchs died at the age of 900 or even older (Poulain et al. 2015). Methuselah is one such example. Age was probably measured differently in those days. Even so, according to Poulain et al. (2015), were their years measured as in modern times, the age of these patriarchs at death would outstrip 100 years. In the eighteenth century, Luxdorph collected about 700 portraits of long-lived persons, whose ages ranged from 80 to 185 years. Most of these individuals had their ages scientifically verified. Although lower than those showed in Luxdorph's gallery, they were still high (Petersen and Jeune 2010, quoted by Young 2013).¹ For instance, one person who was presented as reaching 111 years old actually lived to the age of 93, according to his baptismal certificate.

In addition to the records shown in Luxdorph's gallery, other examples can be cited, such as the appointment of an Archbishop of Canterbury at the age of 65 in the year 1005, who died in office aged 84 (Johnson 2004). Another example is the French philosopher, Voltaire, who also died at the age of 84. In 1764, then 70 years old, he published one of his most important works, the *Dictionnaire Philosophique*, an encyclopaedia that launched the concept of the Enlightenment.² Unlike modern times, living longer was a privilege of the few. Child mortality was very high: then as now, those who survived the first years of life had a greater chance of reaching an older age. In late nineteenth century Britain, for example, the majority of people aged 20 could expect to survive to 60 years of age (Johnson 2004).

What is new has been the democratization of survival in most parts of the world. This has been taking place since the second half of the twentieth century. More and more of those individuals not dying at a young age are subsequently reaching old age. In Brazil, for instance, in 1980, 30 out of 100 female live births could expect to reach the age of 80; in 2013, 55 could expect to do so. Over this period, therefore, Brazilian life expectancy rose by almost 12 years. Today, a Brazilian man can expect to live for 74 years and a woman to about her 80th birthday.³ Moreover, there is still room for further increases in this indicator. In fact Camarano's projections (2014) suggest that it may rise by nine years over the next 40 years. This generates new prospects for the entire life-cycle and raises the question of how these 'new years' of life are being experienced.

The life-cycle has been changed profoundly not just by the increase in life expectancy. Other important changes have occurred during the last two centuries in the developed countries and affected other countries as well. Among others, we can cite the establishment of medical science, the triumph of reason and the guarantee of the social rights. These extended the life-cycle by controlling or eliminating a large number of

¹ The Luxdorphs Gallery was not actually published at the time that it was produced. Three hundred years later, in 2010, Petersen and Jeune collected this material and published the book *Icons of Longevity: Luxdorph's Eighteenth Century Gallery of Long-livers*.

² <http://www.biography.com/people/voltaire-9520178>. Accessed 23 March 2015.

³ Author's estimates.

diseases. Births were also controlled and the biological determination of social roles has also come under challenge. The life-cycle also became constituted around various social dimensions such as education, working hours, career patterns and the right to retirement (Castells 1999).

This paper discusses how life phases are being re-drawn in response to these changes listed above. More specifically, it seeks to assess which phase has absorbed the highest gains in life expectancy. The text is divided into five sections, this introduction being the first. The second section analyses the ongoing changes in the various life-cycle phases. The third describes the two prevailing views concerning the final phase of life, or old age, asking whether this period should be split into two. The perspective of active aging is discussed in the fourth section, asking whether this can be seen as an extension of adulthood or a new phase. Final remarks are contained in the fifth section.

Life stages

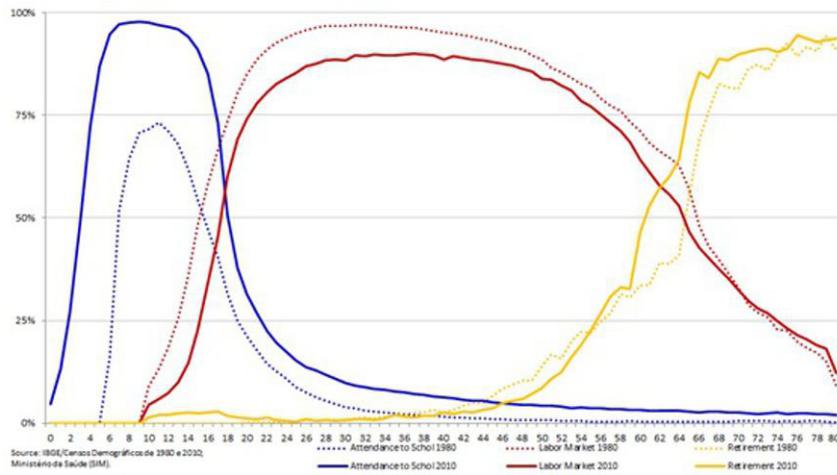
The life-cycle approach assumes that individuals experience specific physical, psychological, cognitive and emotional needs in accordance with different stages of life. An individual's age is taken as a reference point marking the distinct phases of life. Generally speaking from a quantitative perspective, the analysis of changes in the life-cycle takes into account the timing, quantum and sequence of events (Billari 2001).

Since Antiquity, Western cultures have divided human life into phases in the attempt to establish some kind of order and predictability. Traditionally these phases were marked simply by biological events such as puberty, menarche, motherhood, menopause, senility and death. Over the course of history, the modern state has taken over responsibility for these issues from private and family life and became the institution regulating the different life-cycle phases. Today the latter are regulated from birth to death with an emphasis on education, entering and leaving the labour market, and retirement (Debert 2010). Phases of life have thus become regulated by both biological and social factors. They have their own identities, different statuses and powers, and guide society in the organization of tasks, responsibilities and behaviours (Calasanti 2007).

Traditionally three phases of life are delineated: first (childhood and adolescence), second (adulthood) and third (old age). This division takes into account mainly the physical characteristics of individuals and their participation in the labour market. Palacios (2004) quotes two Renaissance paintings that immortalize these three phases: one by Ticiano (1488/1576) and another by Giorgioni (1477/1510). These paintings make very clear the physical differences between the individuals portrayed in each of the three phases.

Figure 1 shows the division of the life-cycle of Brazilian men into these three phases, based on their participation in social events linked to the labour market in 1980 and 2010. Only men were considered, since the aim is to study the relationship between labour and life phases, which is clearer among the male population, especially in 1980. These phases are clearly marked by their participation in school, work and retirement. Moreover we can observe that the phases succeed each other in linear order and that there is the prevalence of these events throughout their lives is sequential. On the other hand, it is found that Brazilian men participated simultaneously in more than one event, which seems to be an increasing trend over time. The same finding has also been reported in other parts of the world. Nowadays people of all ages switch jobs much more easily and combine different activities (Martin & Pearson 2005). This makes delimiting the different phases of life more difficult.

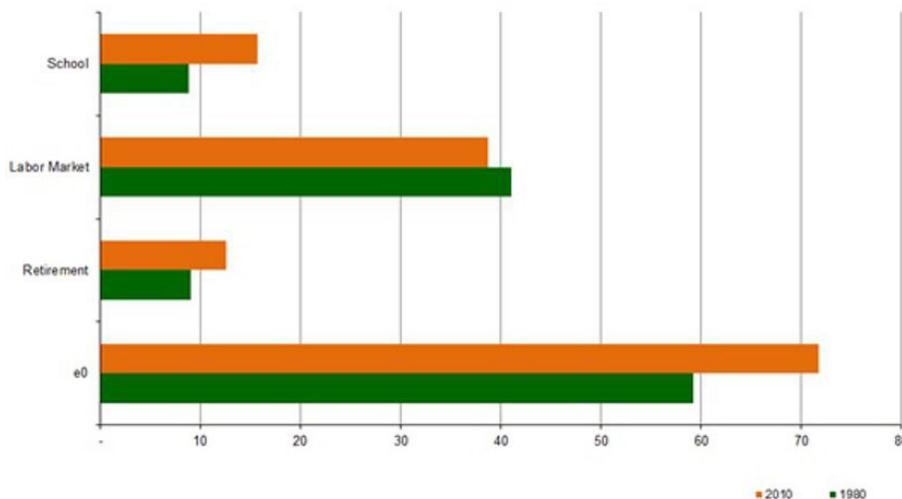
Figure 1: Proportion of male individuals that participate in the main social events of the cycle according to age - Brazil



School attendance and participation in the labour market coincided for Brazilian men over the age of 16 in the two years under study and, in 2010, this lasted until almost the end of life. Over the age of 40, one can observe an increasing proportion of retired men participating in the labour market. Brazilian law allows the retiree to return to the labour market without any restrictions. This is only prohibited for those who retire due to disability.

Several changes may be observed over the 30 years studied: men began to attend school earlier and leave later. As a result, they entered the labour market later too: the mean age for beginning economic activities rose from 16.0 to 17.6 years. Leaving work occurred earlier as well as retirement. The result, as shown in Figure 2, is that men are spending more time in school, less time in economic activities and receiving pensions for longer periods. Moreover, deaths are increasingly concentrated at extreme ages (Kanso 2014). A change can therefore be seen in the lifecycle, which for Sheehy (1995: 4) amounts to a ‘true revolution.’

Figure 2: Duration of events marking the life cycle - Brazil - Males



Source: IBGE Demographic Census of 1980 and 2010

It is difficult to establish a single criterion, a watershed, separating one phase of life from another. They are not marked by clear processes. In many countries, chronological age has been used to regulate people's participation in several events such as the mandatory school age, the prohibition of child labour, the right to vote and the age of retirement. The Statute of the Child and Adolescent, as well as the Youth Statute and the Elderly Statute, together are a recognition by the Brazilian State that these age groups have their own needs and should be covered by specific public policies. Although the age criterion has many limitations, it has operational advantages and ease of verification, but it can result in discrimination and, in the case of the elderly, the feeling of "precocious dependence" (Camarano & Medeiros 1999).

Sheehy (1995) argues that childhood is ending earlier; menarche and sexual life are occurring earlier and earlier. Furthermore children are increasingly adopting adult behaviours. Meyrowitz (1985, quoted by Debert 2010) suggests that the media is playing an important role by integrating informational worlds that were previously separate. Children are anticipating their access to the universe of young people and adults. This includes access to their language, clothing and leisure activities. The result is a shortening of childhood and the loss of its specificity as an age.

On the other hand, adolescence and youth are becoming longer. Madeira (2006) reasons that as a society develops, it demands more skills and the period of youth lengthens since individuals require more time to prepare for insertion in the productive sphere, i.e. the adult world. As mentioned earlier, in Brazil entry into the labour market has been postponed. As in many other countries, young people are leaving the parental home later. The mean age at which Brazilian men left their parents' home rose from 26.0 years in 1980 to 28.2 years in 2010.⁴ This generation is called the kangaroo, boomerang, yo-yo or parasite generation, among other terms. According to Lopes (1999), they are living a "sweet life."

As a consequence of these processes, Brazil's National Youth Policy in 2005 defined the age group 15-29 years as the young population. Assuming that adulthood starts later, the question becomes whether it ends later too. If the exit from adulthood is determined only by retirement, then this phase, Debert (2010: 65) writes, "is squeezed between an endless youth and an early retirement." In other words, it is shorter. This raises the question of its impact, taking into account the restrictive dynamic experienced by the Brazilian population, i.e. the slower growth rate of the labour force. But neither should studies of the transition to old age be limited to the relationship between work and retirement. If so, what marks the end of adult life and the beginning of old age?

On the contrary, retired individuals are looking for new forms of social integration. As Madeira (2006) records, men and women aged 60 years and over are attending university to train for professional occupations. In addition, we can observe an interest among seniors in computer learning, reflecting the benefits that it can offer to their lives (Kreis et al. 2007). As mentioned already, Brazilian law allows retirees to return to economic activities without any restrictions. Consequently, in 2013, about 34% out of retired men aged 60 to 69 years were working.⁵ This simultaneous participation blurs the boundaries between different phases of life, requiring new definitions of them, and also suggests the importance of setting a minimum retirement age in Brazil.

4 Author's estimates.

5 Data taken from the National Household Survey (PNAD) of 2013.

What can be said is that this phase of life is the last and is formed by 'very aged persons'. It is assumed that old age brings physical, cognitive and mental vulnerabilities, a worsening of chronic and degenerative diseases, the loss of social roles following the withdrawal from economic activity, the appearance of new roles (as grandparents), wrinkles and grey hair, the loss of spouses, relatives and friends, a reversal of parental roles and the proximity of death. It means a change in physical and social roles.

The association between old age and physical frailty has gained strength since the second half of the nineteenth century (Tavares 2015), which may be associated with an increasing number of people surviving to advanced ages. The result is a more heterogeneous group of old persons, from both a physical and a social point of view, along with the emergence of old age as a social category. This has been associated with negative images (Debert 1999). But despite the huge medical progress observed throughout the twentieth century, combined with advances in education and the expansion of health service coverage, the frailties and losses brought about by old age have continued unchanged. They have been attenuated and/or delayed – in other words, old age has become older, but has not passed away. The postponement of these processes leads to questions about how the life course can be re-contextualized.

Sheehy (1995, quoted by Goldani 1999: 75) analysed the US case and concluded that: "The old boundaries and descriptions of adult life, beginning at 21 years old and ending at the age of 65, are hopelessly out-of-date. Think of the day when you turn 45 years old. This means that you will be in the childhood of a new life. Instead of being in decline, men and women would actually be starting a second adulthood and gradually passing to a life of greater meaning, renewed joy and creativity that goes far beyond the menopause of men and women. This second adulthood could be divided in two: the Age of Mastery (from 45 to 64 years) and the Age of Integrity (from 65 to 85 years). People become old only when they are very close to dying." This is the result not only of an increase in life expectancy, but also improvements in health conditions and personal autonomy, the universalization of Social Security and other social changes. All this has allowed the emergence of the third age as a category.

The third age category was born in France and England around 1950, though it only gained legitimacy in the 1980s (Silva 2008). It classifies individuals who are no longer of working age yet do not present signs of senility or decrepitude (Camarano & Medeiros 1999). This phase may be an ideal moment for new conquests and the pursuit of personal satisfaction – the age of the fulfilment according to Laslett (1996). The existence of the third age depends, the latter author argues, not only on a prolonged life, but also on the existence of a community of retirees who play important roles in society.

During the 1960s and 1970s, the French urban middle classes started to become part of the retiree communities, previously composed mainly by low-skilled workers. As these middle classes had different consumption patterns and different social and cultural habits from the old retirees, they presented new demands, mainly in relation to leisure activities and preservation of the body (Silva 2008). Although this phenomenon is more readily observed in developed countries, there is evidence of its occurrence in Brazil too. Debert (1999), for example, showed that, especially since the 1980s, elderly people have become increasingly visible political actors in Brazilian society, obtaining a higher profile in the media and gaining the attention of the consumer, leisure and tourism industries. The idea of old age is no longer that of a time during which individuals are excluded from social life. As the period has become prolonged, the likelihood is that one portion (the younger and more educated elderly) have been experiencing these processes, while another portion is living through the final phase of life, with all its frailties. The latter could be termed the fourth age, or traditional old age.

If one accepts that chronological age defines the different phases of life, the question raised is which age marks the entrance into old age, or into the third and fourth ages. Legal frameworks consider just one phase. The World Health Organization (WHO) defines the elderly population in developed countries as the population aged 65 years or over and in less developed countries as those aged 60 years or over. Brazilian federal policies (National Policy for the Elderly and the Elderly Statute)⁶ define as elderly anyone aged 60 years old or over. This phase of life has also lengthened. Life expectancy at the age of 60 increased by about five years between 1980 and 2013, from 16.7 years to 21.3 years.⁷ This means that at the age of 60 individuals enter into a longer phase of life, longer than childhood and adolescence combined, one that is experienced by a large majority of elders. The length of this phase and its irreversibility was observed by Millôr Fernandes (1994):

“Childhood no, childhood is short-lived. Youth no, youth is fleeting. Old age yes. When a guy gets old, it’s for the rest of his life and each day he gets older.”

Has old age changed: has it become older or died?

The answer to this question requires understanding the changes in the social role of elderly people. The commonly-held view is that a ‘golden age’ once existed, especially in primitive cultures, when elders were respected on account of the wisdom accumulated as they aged. This was probably due to their low number, which made those who survived more selective in terms of their health and consequently their social roles. Since the late nineteenth century, though, the life course in Western cultures has become increasingly institutionalized, particularly in the spheres of school, work and retirement, and the perception of older people has become one of social marginalization. This process has coincided with the expansion of this demographic sector. In this view, modern capitalist economies marginalize older people, encouraging their retirement and inactivity, typically resulting in the decline of their economic situation. This perspective considers that, on average, a male worker becomes unproductive at the age of 65 years, although it is common to find individuals at this age or even older with a broad spectrum of skills (MacNicoll 2006, quoted in Goldani 2010).⁸

Cuddy et al. (2005, quoted in Goldani 2010) proposed four mechanisms by which this process occurs. The first is medical progress. This reduces mortality, which in turn increases the size of the elderly population and institutionalizes their retirement from the labour market, meaning that older people withdraw from higher social status occupations. Higher survival rates may result in a greater heterogeneity of this population with increased participation of individuals with reduced physical, mental and cognitive abilities. The second mechanism proposed by Cuddy et al. assumes that older people find it more difficult to keep up with technological advances since they lack access to the new and most prestigious jobs. The third is the greater spatial mobility of the younger population, which weakens ties with older relatives. And fourth and finally, the increased education of the population as a whole renders the oral tradition obsolete and diminishes the social position of old people as those with wisdom. Retirement, associated with leaving the labour market, entails not just a lower income but also a loss of social role, especially for men. By the

6 Brazil, 1994 and 2003.

7 Author’s estimates.

8 Since very few people survived to advanced ages in the past, their socioeconomic status and health/ autonomy indicated selectivity and valorisation. Johnson (2004), for example, mentions that in the late nineteenth century both the British Prime Minister and the Queen of England were aged 80 and over.

late nineteenth century, everyone who could work did so. But while about 75% of English men aged 65 or more were working in 1880, this proportion dropped to 8% by 1991. We should also note that leave from economic activity occurs not only from retirement but also as a result of discrimination in the labour market (Johnson 2004).

In the late twentieth century, many countries, including Brazil, saw a much larger number of people reaching advanced ages in relatively good health and going on to enjoy a longer period of retirement, which also became more comfortable from the economic point of view as social security coverage and the value of pensions and benefits increased. This has resulted in the prevalence in both the collective and individual imagination of two polarized views of old age (Townsend, Godfrey & Denby 2006, Lloyd-Sherlock 2004).

The traditional view, still the most important, takes a negative view of elders and old age. The association between age and disease, or bodily degeneration, is largely responsible for this pessimistic view. “Old age scares” in Barros’s words (2000: 7). The elderly population is seen as dependent and vulnerable, both economically and in terms of their declining health and lack of autonomy, compounded by an absence of social roles: in other words, all they experience are losses. The most important are the loss of the ability to work and of personal autonomy to undertake everyday activities. The perception of the elderly as intrinsically unproductive suggests that even if aging is desirable from an individual perspective, the growth of the elderly population can cause a burden on the young generations with the cost of supporting older people threatening the future prosperity of nations.⁹

The biological or social events that mark the individual’s entry into different stages of life, such as the menarche and the menopause, the first job and retirement, are evaluated distinctly by society. We can also mention leaving home as a defining event in these phases. For young people, leaving the parental home marks the beginning of adulthood and their independence and is generally celebrated. For old people, though, leaving their homes to live in an institution or with relatives marks the entry into a final period of frailties and economic and/or biological ‘dependence.’ In addition, difficulties such as physical mobility, common to children and the elderly alike, are perceived differently depending on the age at which they occur (Sheets 2005, quoted in Calasanti 2007).

Adulthood is the ‘prime age.’ This is the life phase considered to be the healthiest, the time when an individual’s physical and functional capabilities reach their maximum. In general, this peak is considered to be between 20 and 35 years old. From this age on, these conditions begin to deteriorate.¹⁰ Childhood and youth are preparatory phases for adult life, which also characterizes the independence of individuals. On the other hand, leaving adult life due to advanced age and/or the decline of the body marks the entry into another phase of dependence and frailty as well as the proximity of death. Little is known about the ‘preparation’ for entering this phase and how this transition occurs. Active aging programs aim to postpone the entry into this period of life. Brazil’s Retirement Preparation Programs,¹¹ for example, seek to emphasize the advantages presented to senior citizens in contemporary societies.

Notably the characteristics of old age are not only identified with what happens to the body. Being ‘old’ is not only assumed to situate individuals at a given point of the organic life-cycle, but also at a certain point in the course of social life. The classification of ‘old’ identifies people in various spheres of social life, including work, the family and so on. It is assumed that the representations of old age and the social

9 For an alarmist view of population aging, see: World Bank (1994) and Petersen (1999), cited in Lloyd-Sherlock (2004).

10 Wikipedia, the free encyclopedia/en.wikipedia.org/wiki/Young_adult(psychology). Accessed in 03/17th/2015.

11 In Portuguese, Programa de Preparação para a Aposentadoria (PPA).

position of elders in society are historically and socially determined categories (Camarano & Medeiros 1999). In other words, 'dependence' goes beyond purely biological aspects. It is a result of a particular labour division and social structure. In industrial societies, 'independence' and the social role of individuals are associated with their participation in the labour market and also their productivity (Camarano & Medeiros 1999). Consequently, 'dependence' may contain a socially constructed component linked to the negative paradigm linked to old people, such as discrimination in the labour market. Policies often reinforce this dependence (Walker 1991). For some countries like Brazil, such discrimination is expressed, among other ways, through forms of social control like mandatory retirement.

However, the negative viewpoint was important in terms of placing the issue of demographic aging on the public policy agenda and legitimizing a number of social rights such as universal pensions, special queues for the elderly, reserved seats on public transport, parking spaces, free urban transport, half-price admissions for cultural events and so on (Camarano 2013). Over the past 30 years, the extension of social welfare in Brazil and the improvements seen in the population's living and health conditions have resulted in another major social change: the dissociation of aging from poverty and the isolation of the elderly from the social sphere. The universalization of social security has not only provided a solution to income generation for the population who lose their labour capacity, it has also helped provide cultural, social and psychological care for a population that had previously been marginalized in society (Debert 2010). Leisure centres and universities for senior citizens have become widespread in Brazil.¹² As a result, retirement time is no longer a time for resting and self-communion, it has become a period of activity and leisure (Debert 2010). This has created opportunities for new, collective experiences of aging. These include the possibility for self-expression, more rewarding experiences and relationships, and the exploration of identities typical of young people¹³ (Debert 2010). This has provided the basis for a new view of aging.

Images of poor elderly people sitting on park benches and/or in the grounds of old people's homes were all-pervasive until recently. The contemporary depiction of this age group, by contrast, shows old people who dress like the young, have sex, follow special diets, engage in physical activity and are active travellers (Oberg & Tornstam 2001, quoted by Townsend, Godfrey & Denby 2006). An advertisement for a property in a condominium designed for retirees in the United States offered to potential buyers the dream of not aging: "the return of youth, sexual life, money, health and good memory."¹⁴ It is worth stressing, of course, that this announcement is directed to healthy, middle-class and white retired folk. "This idealized representation of aging is exclusionary," as McHugh points out (2003: 117, quoted by Townsend, Godfrey & Denby 2006: 884).

These attempts to confront old age are not new, of course (Haber 2001/2002, quoted in Calasanti 2007; Goldenberg 2007, quoted in Tavares 2015). Metchnikoff (1977 quoted in Groisman 2015), the father of Gerontology, believed it possible to reduce or abolish the causes of premature senility, intemperance and disease. This would mean that pensions for people in their sixties and seventies would no longer be necessary and the costs of supporting the old could be reduced. What is new today is that technological

12 The first University of the Third Age was founded in France in the late 1960s as a space for cultural and social activities, in order to fill old people's free time. The first University focused on teaching and research was inaugurated in 1973 in Toulouse (Peixoto 1998 and Silva 2008). In Brazil, São Paulo's SESC opened colleges for senior citizens in the late 1970s. These offered courses designed to discuss topical issues related to aging. In the following decade, many universities set up colleges and open universities for seniors (Assis, Dias & Necha, mimeo). In Brazil today there are at least 150 programs like these (Veras & Caldas 2004).

13 Author's emphasis.

14 Townsend, Godfrey & Denby 2006: 884.

progress offers a wide range of alternative means for preventing or reducing the body's aging. The assumption is that many of the physical characteristics of aging can be minimized or eliminated: "Aging can be controlled, as it should be" (Calasanti 2007: 342). According to Marques (2004, p 66), "grey hairs can be treated to restore their colour and lustre; wrinkles can be reduced through laser applications or scalpels; diseases brought about by old age, such as those linked to bone degeneration or a debilitated circulatory system, can be safely controlled through physiotherapy, clinical treatments and/or medication."

From this perspective, elders are seen as a specific consumer group. The central attraction here is the body's self-preservation. The promise of eternal youth is an important mechanism in the formation of this market. One outcome has been the growth of the anti-aging industry in the western world, now already a billion-dollar sector (Calasanti 2007).¹⁵ Consequently, as Debert (1999) argues, youth has lost its identity as a specific age group and become both a value and an asset to be achieved through the adoption of appropriate lifestyles and forms of consumption.

Furthermore, individuals are encouraged to pay constant attention to their body and to monitor and control their own health, particularly self-inflicted diseases linked to the physical harm caused by heavy drinking, smoking, a lack of physical activity and so on (Debert 1999). Although this vision is presented as antagonistic to the former, since it argues for the empowerment of elderly people, it paradoxically reinforces negative views of old age. In other words, by proposing measures to combat the 'negative' characteristics of aging, it reinforces negative stereotypes of older people as unproductive consumers of society's resources (Ranzijn 2010).

Pressures for resisting and denying the process of aging are stronger among women, a phenomenon that occurs throughout their life course. The 'need' for a good or youthful appearance increases as the woman ages, especially for heterosexual women competing with younger females for a partner (Calasanti 2007). The male tendency to marry younger women results in the fact that, in a recent survey, 75.2% of elderly Brazilian men had a spouse while only 41.7% of elderly women did so.¹⁶

In short, one could say that one is faced with a "bi-polar vision of old age" that "is laden with moral implications: a good old age with health, virtue, self-confidence, salvation is opposed to a poor old age with disease, sin, addiction, premature death and damnation" (Cole 1992: 230). Whatever the case, both views consider old age to be a phase of life in which the elderly population forms a homogenous group with common needs and isolated from the rest of society. While the 'frail elderly' vision is a static view that ignores major technological advances, particularly in medicine, combined with the widespread coverage of health services and social security, the 'young elderly' vision fails to offer tools to understand the decline of cognitive and emotional skills and physical control that form an inevitable part of the natural life-cycle. It denies the differences between individuals and ignores or denies the natural losses caused by age. It proposes to extend activities and behaviours typical of adulthood or middle age as a counterpoint to the pessimistic view of aging.

Ranzijn (2010) stresses the importance of accepting the biological changes of aging without blaming elders for their lack of well-being. This does not mean that individuals and society as a whole should not go on looking for ways to maintain good health and to reduce the pathological aspects of ailments like dementia and vascular disease. But it is important to accept the decline brought by age as a natural part of the life-cycle.

¹⁵ The Special Committee of the American Senate Aging Affairs, using a narrow definition of this sector of industry, estimated its annual turnover to be 27 billion US dollars in 2001 (Calasanti 2007).

¹⁶ Calculated using data from the 2013 PNAD.

The extension of adulthood or old age: active or productive aging?

This article's initial question concerned the phase that has most absorbed the gains in life expectancy. The second section showed that Brazilian men are spending more time at school and in retirement and less time in the labour market. Based on these criteria, can it be said that the adult life is becoming shorter? And if so, has old age been anticipated? Or has work lost its importance as an event definitive of adulthood? If so, what event now defines this phase?

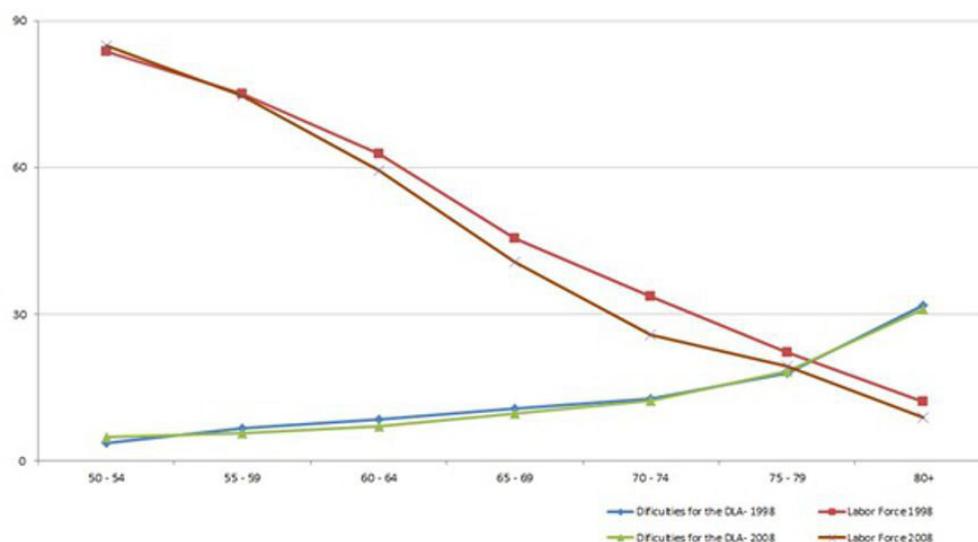
As already mentioned, Brazilian legislation defines old age as starting at 60. However, from 1994 – the year that the National Policy of the Elderly was established – to 2013, male life expectancy at birth increased by 6.0 years. Life expectancy at the age of 60 was estimated at 19.5 years in 2013, 2.9 years longer than in 1994.¹⁷ This increase has been accompanied by improvements in the physical, cognitive and mental conditions of the elderly population, as well as by improved social roles. Nonetheless, the age of mandatory retirement remained set at 70 years until December 2015, while the mean age at retirement declined from 64.1 to 59.7 years old between 1980 and 2010. The mean age at which individuals leave the labour market has also fallen.

The time spent by men with some disability remained constant between 1998 and 2008 at 2.6 years. Given the increase in life expectancy, it can be said that in relative terms men spend less time in a disabled condition, which does not therefore explain the 'shrinking' of adulthood. Figure 3 shows the proportion of Brazilian men aged 50 years or older who participated in the labour market in 1998 and 2008 and the proportion of men who experienced some difficulty in performing everyday activities. Both are disaggregated by age group. There was an evident decline in male participation rates, while the proportions of those with difficulties completing everyday activities remained constant. In other words, a reduction in the 'labour phase' was not matched by an increase in the period of physical frailties. Would it therefore be appropriate to change the criteria used to define the stages of life, such as participation in the labour market and/or delay in withdrawal from the same and/or entry into retirement? Camarano and Fernandes (2014) have shown that the number of men aged 50-69 years old not engaged in economic activities but also not retired has grown.¹⁸

¹⁷ In 1994, the population's life expectancy at birth was estimated at 68.1 years and in 2013, 74.1 years. Data estimated by the author.

¹⁸ A survey on male withdrawal from the labour market was conducted in the United States: 40% of respondents reported that they could have obtained a job in their field but they refused because of the low salary offered (Estado de São Paulo, 2014).

Figure 3: Proportion of males who reported having difficulties for the daily life activities (DLA) and of males who are in the labor force according to age groups - Brazil



Source: IBGE/PNAD 1998 and 2008

As mentioned earlier, Sheehy (1995) proposes the idea of a second adulthood that can be divided into two phases. The first would comprise the age group from 45-65 years and could be called the Age of Mastery. In March 2014, the magazine *Isto é* published an issue with the cover story: “Everything is possible after the age of 50.” According to the report: “Those in their fifties change jobs, start another college course, divorce, remarry...”¹⁹ In other words, they begin a new life. This issue considered 53 years old to be the entry point into middle age. In the nineteenth century, when a woman had reached 30 years old, she was already considered ‘mature.’²⁰ Today the 50 year-old woman can do anything as the age of maturity is extended. CBN radio broadcast a program “How to be fifty - or more - full of energy and plans.” Can these people in their fifties be described as enjoying a second adulthood, therefore, as Sheehy (1995) suggests? Is this new life being experienced by everyone?

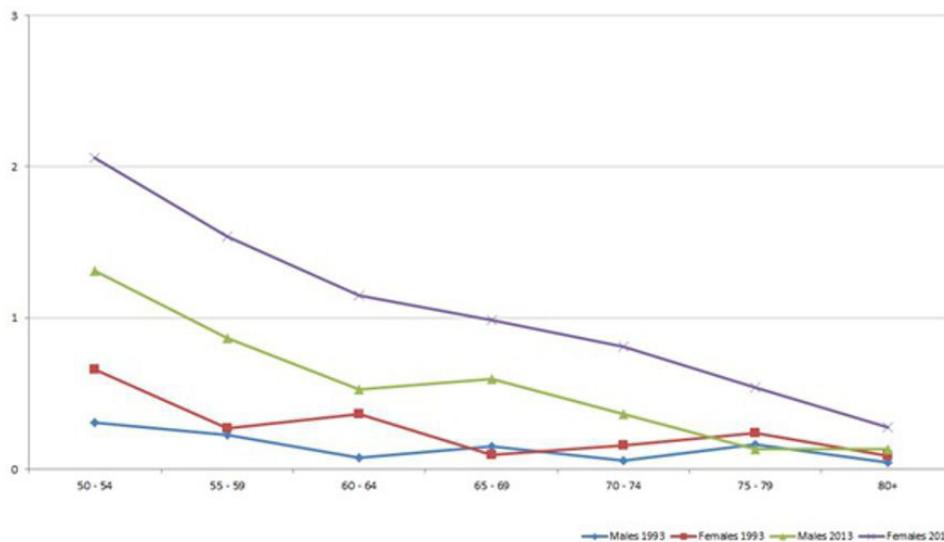
Brazil’s Retirement Preparation Programs (PPA) stress the importance of lifetime education to help retirees take up the new opportunities available to older people in contemporary societies. They do not evaluate their experience and propose that education should be an ongoing activity in an individual’s life (Stucchi 2000). Figure 4 shows the proportions of men and women aged 50 or over who attended school in 1993 and 2013. These are higher among women and decrease as age increases. Although low, they rose in the time period under study, suggesting that these individuals, despite being at a later stage of life, are participating in events associated with younger people, pursuing new possibilities. Since their participation is very low, it may indicate a selectivity of these persons, which in turn may reflect an increase in inequalities within the elderly population.²¹

¹⁹ *Isto é*, p.45.

²⁰ Balzac wrote in 1832 “Women aged 30 years.”

²¹ The participation in the Retirement Preparation Programs in Brazil is also limited to a relatively small group of workers in the formal sector of the economy. There is no national federal program. The existing programs are private enterprise initiatives, although the PNI establishes and encourages PPAs in the public and private sectors for individuals with a minimum of two years absence from the labour market.

Figure 4: Proportion of Brazilian population who attends School by sex according to age groups



Source: IBGE/PNAD 1993 and 2013

It seems that one is facing by a contradiction. At the same time that this phase of life is seen as a ‘new youth,’ the individuals do not waive their right to retirement (Debert 2010), nor other rights, such as special queues, reserved seats on public transport and so on. All these rights are targeted at ‘old’ or ‘fragile’ persons: i.e. people who have lost the ability to work, have walking difficulties etc. (Camarano 2013). It is likely that the watershed defining entry into this phase of life remains 60 years due to the ‘need’ to preserve these rights. Hence the aging characteristics are denied but people still wish to be recognized as old.

Here the inequalities endemic to Brazilian society should be stressed, which result in people aging very differently. Two questions surface. The first is that retirement at 60 sets a very long phase of later life – approximately 22 years on average. This includes individuals up to the age of 100. As a result, this age group is made up of very diverse kinds of people with distinct needs (Camarano 2013). The second is that over and above the heterogeneity brought about by age, this group is internally diverse in other ways due to differences in basic capacities (those that the individual was born with: genetic conditions, for example), life trajectories and the interrelationship between these capacities and the facilities/difficulties created by the environment in which the elderly find themselves, for example, public policies, prejudices and so on (Lloyd-Sherlock 2004). According to Neri (1993, p. 39), “the old Brazilian does not exist. There are several old age realities related to different conditions of individual and social life.” Attention is also placed on differences in male and female aging, though this is not a topic for the present article.

Such heterogeneity justifies these views concerning old age as well as the consideration of two types of aging: active or successful, and fragile. However, the differences in these two types of aging are far from clear. The increase in life expectancy observed over the course of the twentieth century in developed societies was accompanied by a compression of morbidity in advanced ages, resulting in a double trend: better health and autonomy for the younger elderly, and increased debilities for older seniors. This leads to the conclusion that the health status of most young elderly people is satisfactory, but among the very old the prevalence of degenerative conditions as a result of senescence is high (Dooghe 1998 and Reves 1993, quoted in Avramov and Maskova 2003). Put otherwise, ‘old age,’ as measured by the presence of morbidity, has been delayed. So how should one define the interval between adulthood and this later period?

In the United States in the 1960s, the search for opportunities for this phase of life, combined with the need to transform the challenges²² posed by an aging population into opportunities for individuals and societies, led to the concept of productive or successful aging (Walker 2006 and Ranzijn 2010),²³ primarily involving the adoption of behaviour typical to middle age at more and more advanced ages. This shift was given further impetus by the demands of elderly people for their post-employment phase to include something more than just entertainment and family obligations. Since leaving the labour market implies more free time available, the change can generate anguish and the loss of social roles, especially for men.²⁴ This demand coincided with the concerns of policy makers regarding the increase in social security and health service spending. In this sense, extending productive life would meet the demands of both sides. Policy proposals were designed to remove disincentives that limited the participation of the elderly population in the labour market, barriers inhibiting their employment in part-time jobs, and incentives to early retirement (Walker 2002). The latter author also highlights the importance of actions to combat discrimination related to age, especially in the labour market. “Age discrimination is the antithesis of active aging. This form of exclusion is not only unjust but is an economic waste” (Walker 2002: 128).

In 1982, the Vienna Plan recognized the need to ‘build’ a new social actor – the elderly person – taking into account their needs and specificities (United Nations 1982). The concept of productive aging was expanded by the WHO and gave rise to the notion of active aging. This was defined (2002:13) as “the process of optimizing opportunities for health, participation and security in order to improve the quality of life as people get older.” In addition to participating in the labour market, the concept includes physical capacity and the involvement of older people in social, economic, cultural, spiritual and civil issues (Ribeiro et al. 2009). It suggests a change in lifestyle to preserve the physical health conditions, over and beyond merely encouraging people to work for a longer time (Walker 2006). For the latter author, active aging is a strategy that combines a “morally correct [policy] with an economic goal” (2002: 121). Active aging is also frequently confused with successful aging as the differences between the two concepts are not very clear.

In Brazil, Article 27 of Chapter V of the Statute of the Elderly prohibits discrimination and any establishment of an age limit in open competitions for job openings, save in those cases where the nature of the job requires younger individuals. In addition, it specifies that the first tie-breaker in an open competition will be age, giving preference to the oldest candidate. Furthermore the 1988 Constitution also states that 10% of vacancies in open competitions should be allocated to people with special needs (Brazil 2003: 7).

The baby boomer generation, born in the 1950s and 1960s, has begun to enter old age. According to Walker (2002), this was the generation most able to experience active aging. Its members have experienced large gains in education, especially women, who have actively participated in the labour market. The same also occurred in Brazil where, in addition, it was this generation who began to prepare for old age, unlike their parents and grandparents (Burlá et al. 2013). This generation was also much larger than the following one: hence their ‘early’ departure from the labour market may cause a shortage of labour and add to

22 Among these challenges, we can cite the reduction in the labour force, early exit from the labour market, pressure on social security systems and on healthcare and long-term care, and the social exclusion of vulnerable persons (Walker 2006).

23 In 1961 Havighurst introduced the concept of successful aging, associating it with activities that generate satisfaction and preserve health (Ribeiro et al. 2009).

24 Beauvoir (1990) states that young people experience the anxiety of entering the labour market and old people the anxiety of being expelled. Oliveira (1999) draws an analogy between the latter situation and the Janus statue. This has one face looking to freedom and the other to anxiety, uncertainty and the fear of death.

pressures on the social security system. In other words, societies should take advantage of this opportunity, using their skills and resources.

Dillaway and Byrnes (2009) argue that active or successful aging is obtained by those individuals able to overcome personal barriers, which indeed is seen as their responsibility.²⁵ This approach is encouraged through health policies that aim to reduce costs and keep individuals productive for longer. Although active aging seems to reflect a positive aspect of aging, its main purpose is to reduce the 'burden' to society of an increasing proportion of inactive individuals with health problems. As a result, Brazilian health policies for the elderly have emphasized active aging programs whose targets can be obtained through low-cost initiatives. These also encourage 'appropriate behaviour' from individuals over the course of their lives. The outcome is that those individuals who age with some degree of weakness or inability are considered responsible for this dependence. Moreover, states can thereby disclaim any responsibility in this area. Aging with a loss of capacities tends to be conceived, therefore, as a result of personal negligence and inadequate lifestyles (Debert 2010). In sum, aging is seen as a game that can be won or lost (Dillaway & Byrnes 2009).

It can be asked whether in a country like Brazil, where social inequalities are high, this form of aging is benefiting the entire population. The resources required for this process to become possible are information, knowledge, education, good health, good care, access to community centres and gyms, all of which require good public transport and adequate financial resources. Given that a significant portion of the elderly and even Brazilian workers do not have access to these resources, they are effectively excluded from this form of aging. Leibing and Groisman (2001, in Leibing 2005: 28) quote an example obtained during interviews with elderly women in a favela in Rio de Janeiro. The women argued that the requirement to adopt a better diet, recommended to them by doctors to prevent high pressure, was 'illusory' given the higher costs involved. For Ranzijn (2010: 717), "active aging as a conceptual paradigm can marginalize significant segments of the elderly population." Moreover, this strategy can increase the inequalities that individuals experience throughout their lives. It also tends to accentuate gender differentials. The most important values for men are health, productivity and professional success. For women, a youthful appearance is also important. This means that some people age earlier and/or unlike others.

Authors stress that any idealization of what active and/or successful aging is may be counterproductive, oppressive and exclusionary. Indeed it may amount to a form of symbolic violence (Groisman 2015). Such idealization presents normative standards that can devalue those who do not live within their parameters (Stenner et al. 2012 and Walker 2002). Moreover, the measures proposed for active and productive aging deny the debilities natural to advanced age by proposing the adoption of behaviours and social roles typical to adult life by the elderly (Havighurst 1954, 1963, cited in Walker 2006).

Final Remarks

From what one has seen, it can be concluded that what is new in history is that more people are reaching advanced ages. This means that survival is more democratic, a phenomenon accompanied by the expansion of universal pensions. This process led to the construction of old age as a social category in the late nineteenth century. The new social category was born in close association with the institution of social security in 1880 in Germany. This was intended to remove people aged 70 or older from the labour market in order to make room for younger workers who would be at the peak of their productive life. For Bruns and

²⁵ Author's emphasis.

Abreu (1997), this kind of policy implied that society could define a 'good time,' 'a limit' to people's lives, and that getting older might entail becoming disposable and facing a social death (Santos 1990). Useful life is 'terminated.' The end result of these changes was a pessimistic view of old age.

In the 1990s, a new vision emerged, seeking to define a social role for individuals at this stage of life, a 'usefulness' for them, denying their frailties. Roles typical of youth and adult life were proposed for this phase. Nevertheless, this new view has not relinquished the roles typically identified with aging, such as retirement, even in the case of individuals who still have a full capacity to work, i.e. those who retire 'precociously.'²⁶

The departure from the labour market of individuals exhibiting no signs of senility or decrepitude has been observed in various countries. This has led to the emergence of a new concept: the third age, defined by Laslett (1996) as the phase of fulfilment. Its existence, the author argues, depends on a 'retirement community' whose importance is recognized by society. Other changes, such as advances in medicine in general and cosmetic procedures in particular, as well as the potential for new personal relationships, greater leisure facilities, cultural activities and so on, have increased the possibilities for this age group. This process is associated with the inclusion of elderly individuals in various spheres of social life. It has also replaced the view that old age is a phase of losses with the idea that this phase provides a perfect moment for new achievements and the quest for personal satisfaction. What is different from adulthood is the withdrawal from the labour market. As such, the fourth age would be defined as the phase of frailties or losses. What seems to be new, then, is the dissociation of the departure of the labour market from the effective loss of labour capacity (the loss of importance of work?) and the maintenance of the characteristics and activities typical of adult life in this new phase.

The continuing rise in life expectancy means that more people now reach this phase, in turn making the elderly population more heterogeneous. This is taking place in a world that is also changing. Technological advancement has increased the speed of information and the demand for continuing education. The family has also changed, with an increase in divorces, remarriages and homosexual unions, while health conditions have improved too. All this has expanded the range of possibilities for both men and women throughout the life-cycle, including in old age, and allows the re-conceptualization of the life course.

Although increases in life expectancy can be identified among all social groups in Brazil,²⁷ it does not seem that the new phase of life can be enjoyed by all. Many countries have not universalized their social welfare systems. Even in Brazil where this has occurred, 24.4% of the elderly failed to receive any social benefit in 2013.²⁸ The search for eternal youth may also exacerbate the inequalities found in this phase of life since the resources needed are not available to everyone. This process is related to the 'obligation' to age actively, present in Brazilian health policies, which Debert (1999) argues means turning the right to choose in a duty, an obligation of every citizen. However "while obligation is equally distributed to all individuals, available resources for their exercise are not" (Debert 1999, p 66).

In sum, the biological characteristics of elderly people have remained the same since ancient times, despite the large gains observed in life expectancy. What is new is the fact that more individuals reach this phase and that the average age at which frailties start has been postponed. Their postponement has not accompanied the age at which people leave the labour market but has been accompanied by a denial of

²⁶ This retirement is considered precocious because in Brazil, men begin to receive pensions, but spend four more years in the labour market (Camarano, Kanso and Fernandes 2012).

²⁷ See Camarano et al. (2014).

²⁸ Data taken from 2013 PNAD. If we take the population aged 65 and over, this proportion shrinks to 15.6%.

aging. By this criterion Brazilians are remaining younger for longer: youth has been officially prolonged. A new phase has also been added to the life-cycle, though it remains unknown whether this applies to everyone. But if so, why not add this phase to adulthood? If not, criteria other than chronological age should be used to classify old age.

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References

- ASSIS, Marcella G.; DIAS, Rosângela C.; NECHA, Ruth M. *A universidade para terceira idade na construção da cidadania da pessoa idosa*. Mimeo.
- AVRAMOV, Dragana; MASKOVA, Miroslava. 2003. "Active ageing in Europe". *Population Studies*, 41: 1-152.
- BARROS, Myriam M. L. 2000. *Velhice ou terceira idade?* Rio de Janeiro: Editora FGV. 2nd edition.
- BILLARI, Francesco C. 2001. "The analysis of early life courses: complex descriptions of the transition to adulthood". *Journal of Population Research*, 18(2): 119-142.
- BEAUVOIR, Simone de. 1990. *A velhice*. Rio de Janeiro: Nova Fronteira.
- BRASIL. *Constituição Federal de 1988*. Source: <<http://www.planalto.gov.br>>. Accessed 2 February 2015.
- *Lei nº 8.069, de 13 de julho de 1990*. Dispõe sobre o Estatuto da Criança e do Adolescente e dá outras providências. Source: <http://www.planalto.gov.br/ccivil_03/leis/l8069.htm>. Accessed 2 February 2015.
- *Lei nº 8.842, de 4 de janeiro de 1994*. Dispõe sobre a Política Nacional do Idoso. Source: <http://www.planalto.gov.br/ccivil_03/leis/l8842.htm>. Accessed 4 February 2015.
- *Lei nº 10.741, de 1 de outubro de 2003*. Dispõe sobre o Estatuto do Idoso e dá outras providências. Source: <http://www.planalto.gov.br/ccivil_03/leis/2003/l10.741.htm>. Accessed 4 February 2015.
- *Lei nº 11.129, de 30 de junho de 2005*. Institui o Programa Nacional de Inclusão de Jovens – Projovem; cria o Conselho Nacional da Juventude – CNJ e a Secretaria Nacional de Juventude; altera as Leis nos 10.683, de 28 de maio de 2003, e 10.429, de 24 de abril de 2002; e dá outras providências. Source: <http://www.planalto.gov.br/ccivil_03/_Ato2004-2006/2005/Lei/L11129.htm>. Accessed 5 February 2015.
- *Lei nº 12.852, de 05 de agosto de 2013*. Institui o Estatuto da Juventude e dispõe sobre os direitos dos jovens, os princípios e diretrizes das políticas públicas de juventude e o Sistema Nacional de Juventude – SINAJUVE. Source: <http://www.planalto.gov.br/ccivil_03/_Ato2011-2014/2013/Lei/L12852.htm>. Accessed 8 February 2015.
- BRUNS, Maria A. T.; ABREU, Antonio S. 1997. "O envelhecimento: encantos e desencantos da aposentadoria". *Revista ABOP*, 1(1): 5-33.
- BURLÁ, Claudia et al. 2013. "Panorama prospectivo das demências no Brasil: um enfoque demográfico". *Ciênc. Saúde Coletiva*, 18(2): 949-956.
- CALASANTI, Toni M. 2007. "Bodacious berry, potency wood and the aging monster: Gender and age, relation in anti-aging ads". *Social Forces*, 86(1): 335-355.
- CAMARANO, Ana A. 2013. *Estatuto do Idoso: avanços com contradições*. Rio de Janeiro: Ipea (Discussion paper 1840).
- 2014. "Perspectivas de crescimento da população brasileira e algumas implicações". In: _____. (ed.), *Novo regime demográfico: uma nova relação entre população e desenvolvimento?* Rio de Janeiro: Ipea. pp. 177-210.

- ____. et al. 2014. “Desigualdades na dinâmica demográfica e as suas implicações na distribuição de renda no Brasil”. In: A. A. Camarano (ed.), *Novo regime demográfico: uma nova relação entre população e desenvolvimento?* Rio de Janeiro: Ipea. pp. 241-270.
- ____; FERNANDES, Daniele. 2014. “O que estão fazendo os homens maduros que não trabalham, não procuram trabalho e não são aposentados?” *Boletim de Mercado de Trabalho: conjuntura e análise*, 57: 21-30.
- ____; KANSO, Solange; FERNANDES, Daniele. 2012. “Saída do mercado de trabalho: qual é a idade?” *Boletim de Mercado de trabalho: conjuntura e análise*, 51: 27-36.
- ____; MEDEIROS, Marcelo. 1999. “Introdução”. In: A. A. Camarano (ed.), *Muito além dos 60: os novos idosos brasileiros*. Rio de Janeiro: Ipea. pp. 1-15.
- ____; MELLO, Juliana L. 2006. “Introdução”. In: A. A. Camarano (ed.), *Transição para a vida adulta ou vida adulta em transição?* Rio de Janeiro: Ipea. pp. 13-28.
- CASTELLS, Manuel. 1999. *Information technology, globalization and social development*. Geneva: UNRISD (Discussion Paper 114).
- COLE, Thomas R. 1992. *The journey of life: a cultural history of aging in America*. Cambridge: Cambridge University Press.
- CUDDY, Amy J. C. et al. 2005. “This old stereotype: the pervasiveness and persistence of the elderly stereotype”. *Journal of Social Issues*, 61(2): 265-283.
- DEBERT, Guíta. G. 1999. *A reinvenção da velhice: socialização e processos de reprivatização do envelhecimento*. São Paulo: Editora da Universidade de São Paulo/ FAPESP.
- ____. 2010. “A dissolução da vida adulta e a juventude como valor”. *Horizontes Antropológicos*, 16(34): 49-70.
- DEPP, Colin A.; JESTE, Dilip V. 2009. “Definitions and predictors of successful aging: a comprehensive review of larger quantitative studies”. *Focus*, 7(1): 137-150.
- DILLAWAY, Heather E.; BYRNES, Mary. 2009. “Reconsidering successful aging: a call for renewed and expanded academic critiques and conceptualizations”. *Journal of Applied Gerontology*, 28(6): 702-722.
- “HOMENS americanos desistem de trabalhar”. *Estado de São Paulo* 2014; 15 dez. Source: <http://economia.estadao.com.br/noticias/geral,homens-americanos-desistem-de-trabalhar-imp-,1607050>. Accessed 22 December 2014.
- FERNANDES, Millôr. 1994. *Millôr definitivo - a bíblia do caos*. Porto Alegre: L & PM Editores.
- GOLDANI, Ana. M. 1999. “Mulheres e envelhecimento: desafios para os novos contratos intergeracionais e de gêneros”. In: A. A. Camarano (ed.), *Muito Além dos 60: os novos idosos brasileiros*. Rio de Janeiro: Ipea. pp: 75-113.
- ____. 2010. “Ageism in Brazil. What is it? Who does it? What to do with it?” *R. Bras. Est. Pop.*, 27(2): 385-405.
- GOLDENBERG, Mirian. 2007. *Nu & vestido: dez antropólogos revelam a cultura do corpo carioca*. Rio de Janeiro: Record.
- GROISMAN, Daniel. 2015. *O cuidado enquanto trabalho: envelhecimento, dependência e políticas para o bem-estar no Brasil*. Phd thesis, Escola de Serviço Social – UFRJ.
- HABER, Carole. 2001/2002. “Anti-aging: why now? A historical framework for understanding the contemporary enthusiasm”. *Generations*, 25(4): 9-14.
- HAVIGHURST, Robert. 1954. “Flexibility and the social roles of the retired”. *American Journal of Sociology*, 59(4): 309-311.
- ____. 1963. “Successful ageing”. In: R. Williams; C. Tibbitts; W. Donahue (ed.), *Process of ageing*, vol. 1, New York: Atherton. pp. 299-320.

- IBGE – INSTITUTO BRASILEIRO DE GEOGRAFIA E ESTATÍSTICA. 2014. *Pesquisa Nacional por Amostra de Domicílios – PNAD 2013 – sample microdata*.
- JOHNSON, Paul. 2004. “Long-term historical changes in the status of elders: the United Kingdom as an exemplar of advanced industrial economies”. In: P. Lloyd-Sherlock (ed.), *Living longer: ageing, development and social protection*. London/ New York: United Nations Research Institute for Social Development/ Zed Books. pp. 22-43.
- KANSO, Solange. 2014. “Compressão da mortalidade no Brasil”. In: A. A. Camarano (org.), *Novo regime demográfico: uma nova relação entre população e desenvolvimento?* Rio de Janeiro: Ipea. pp. 155-175.
- KREIS, Rosana A. et al. 2007. “O impacto da informática na vida do idoso”. *Revista Kairós*, 10(2): 153-168.
- LASLETT, Peter. 1996. “What is old age? Variation over time and between cultures”. In: G. Caselli; A. D. Lopez (ed.), *International studies in demography: health and mortality among the elderly, issues for assessment*. New York: Oxford University Press. pp. 21-38.
- LEIBING, Annette. 2005. “The old lady from Ipanema: changing notions of old age in Brazil”. *Journal of Ageing Studies*, 19: 15-31.
- LEIBING, Annette; GROISMAN, Daniel. 2001. “Tão alto quanto o morro – identidades localizadas de mulheres hipertensas na Favela da Mangueira”. In: B. T. Ribeiro et al. (ed.), *Narrativa, identidade e clínica*. Rio de Janeiro: Edições IPUB/ CUCA. Pp258-276.
- LLOYD-SHERLOCK, Peter. 2004. “Ageing, development and social protection: generalisations, myths and stereotypes”. In: P. Lloyd-Sherlock (ed.), *Living longer: ageing, development and social protection*. London/ New York: United Nations Research Institute for Social Development/ Zed Books. pp. 1-17.
- LOPES, Cláudio F. 1999. “A doce vida dos filhos-cangurus”. *Revista Galileu* (online). <http://galileu.globo.com/edic/95/comportamento1.htm>: Accessed 8 March 2014.
- MACNICOLL, John. 2006. *Age discrimination: an historical and contemporary analysis*. Cambridge: Cambridge University Press.
- MADEIRA, Felícia. R. 2006. “Educação e desigualdade no tempo de juventude”. In: A. A. Camarano (ed.), *Transição para a vida adulta ou vida adulta em transição?* Rio de Janeiro: Ipea. pp. 139-170.
- MARQUES, Ana M. 2004. “Velho/idoso: construindo o sujeito da terceira idade”. *Revista Esboços*, 11(11): 65-71.
- MARTIN, John; PEARSON, Mark. 2005. “Time to change”. *OECD Observer*; 248: 7-8.
- McHUGH, Kevin. 2003. “Three faces of ageism: society, image and place”. *Ageing & Society*, 23(2): 165-185.
- MEYROWITZ, Joshua. 1985. *No sense of place: the impact of electronic media on social behavior*. Oxford: Oxford University Press.
- NACIONES UNIDAS. 1982. *Plan de Acción Internacional sobre el Envejecimiento*. Austria: Viena (Resolución 37/51).
- NERI, Anita L. (ed.). 1993. *Qualidade de vida e idade madura*. Campinas: Papyrus. 1st edition.
- ÖBERG, Peter; TORNSTAM, Lars. 2001. “Youthfulness and fitness: identity ideals for all ages?” *Journal of Aging and Identity*, 6(1): 15-29.
- OLIVEIRA, Rosiska D. de. 1999. “Sobre direitos e privilégios”. *Folha de São Paulo*, Tendências/Debates, Opinião 1-3, São Paulo.
- OMS – ORGANIZAÇÃO MUNDIAL DA SAÚDE. 2002. *Envelhecimento ativo: uma política da saúde*/World Health Organization. Brasília/DF: Opas.
- PALACIOS, Annamaria R. J. 2004. “Velhice, palavra quase proibida; terceira idade, expressão quase hegemônica: apontamentos sobre o conceito de mudança discursiva na publicidade contemporânea”. In: *Anais do Encontro da Associação Portuguesa de Linguística*, 20, Lisbon. Mimeo.

- PEIXOTO, Clarice. 1998. “Entre o estigma e a compaixão e os termos classificatórios: velho, velhote, idoso, terceira idade...”. In: M. M. L. Barros (ed.), *Velhice ou terceira idade?* Rio de Janeiro: FGV, 1st edition. pp. 69-84.
- PETERSEN, Lise-Lotte; JEUNE, Bernard. 2010. *Icons of longevity: Luxdorph’s eighteenth century gallery of long-livers*. Odense: University Press of Southern Denmark.
- PETERSEN, Peter. 1999. “Gray down: the global aging crisis”. *Foreign Affairs*, 78(1): 42-55.
- POULAIN, Michel et al. 2015. *Extreme longevity in the past: validation of centenarians who died before WWI*. In: Population Association of America - PAA 2015 Annual Meeting, San Diego, CA.
- RANZI, Robert. 2010. “Active ageing – another way to oppress marginalized and disadvantaged elders? Aboriginal elders as a case study”. *Journal of Health Psychology*, 15(5): 716-723.
- “TUDO é possível aos 50 anos”. *Revista Isto É*, 12 March 2014.
- RIBEIRO, Priscila C. R. et al. 2009. “Variabilidade no envelhecimento ativo segundo gênero, idade e saúde”. *Psicologia em Estudo*, 14(3): 501-509.
- SANTOS, Maria F. S. 1990. *Identidade e aposentadoria*. São Paulo: Pedagógica e Universitária.
- SHEEHY, Gail. 1995. *New passages: mapping your life across time*. New York: Ballantine Books.
- SHEETS, Debra J. 2005. “Aging with disabilities: ageism and more”. *Generations*, 29(3): 37-41.
- SILVA, Luna R. F. 2008. “Da velhice à terceira idade: o percurso histórico das identidades atreladas ao processo de envelhecimento”. *História Ciências Saúde - Manguinhos*, 15(1): 155-168.
- STENNER, Paul et al. 2012. “Older people and ‘active ageing’: subjective aspects of ageing actively”. *Journal of Health Psychology*, 16(3): 467-477.
- STUCCHI, Deborah. 2000. “O curso da vida no contexto da lógica empresarial: juventude, maturidade e produtividade na definição pré-aposentadoria”. In: M. M. L. Barros (ed.), *Velhice ou terceira idade?* Rio de Janeiro: FGV. 2nd edition. pp. 35-46.
- TAVARES, Márcia F. 2015. *Trabalho e longevidade: como o novo regime demográfico vai mudar a gestão de pessoas e a organização do trabalho*. Rio de Janeiro: Qualitymark Editora.
- TOWNSEND, Jean; GODFREY, Mary; DENBY, Tracy. 2006. “Heroines, villains and victims: older people’s perceptions of others”. *Ageing and Society*, 26(6): 883-900.
- VERAS, Renato P.; CALDAS, Célia P. 2004. “Promovendo a saúde e a cidadania do idoso: o movimento das universidades da terceira idade”. *Ciência & Saúde Coletiva*, 9(2): 423-432.
- WALKER, Alan. 1991. “The social construction of dependency in old age”. In: M. Loney et al. (eds.), *The State or the market: politics and welfare in contemporary Britain*. London: SAGE Publications. pp 41-57.
- _____. 2002. “A strategy for active ageing. Second world assembly on ageing”. *International Social Security Review*, 55(1): 121-139.
- _____. 2006. “Active ageing in employment: its meaning and potential”. *Asia-Pacific Review*, 13(1): 78-92.
- WORLD BANK. 1994. *Averting the old age crisis. Policies to protect the old and promote growth*. Oxford: Oxford University Press.
- YOUNG, Robert D. 2013. “The book that took 300 years to publish”. *The Gerontologist*, 53(1): 185-190.

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Images et récits sur l'entrée en institution¹

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PPCIS-INARRA/UERJ

L'entrée en institution est le plus souvent perçue comme un acte fréquemment imposé par la famille, ou par une procédure judiciaire. Il y a bien sûr la décision personnelle et volontaire à cause de perte d'autonomie, parce qu'elle rend impossible de vivre seul ou en famille, mais aussi en raison des conditions de vie précaires qui empêchent le maintien des frais du logement, de la nourriture, des médicaments, et d'autres encore.

Alors, comment quitter la maison qui représente une partie de l'identité personnelle et le lieu des relations et de l'histoire familiale ? Comment garder les liens familiaux lorsque le lieu de ces relations disparaît ? Après tout, comment penser l'avenir sans ces références ? Ce sont des pensées qui marquent l'entrée vers ce probable dernier lieu de vie. Un moment douloureux, parfois traumatisant, car le vieux est obligé de quitter ses lieux d'affection et de mémoire, même si il a pris cette décision volontairement. C'est sans doute une épreuve pour toutes les personnes concernées.

L'ensemble de photographies et de récits de quatre vieux qui ont vécu dans un asile public de Rio de Janeiro, révèle les diverses images de l'institutionnalisation et, ainsi, que ces expériences ne sont pas vécues de même façon.

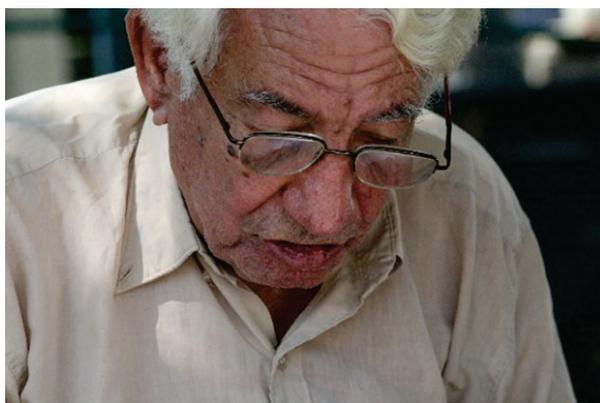
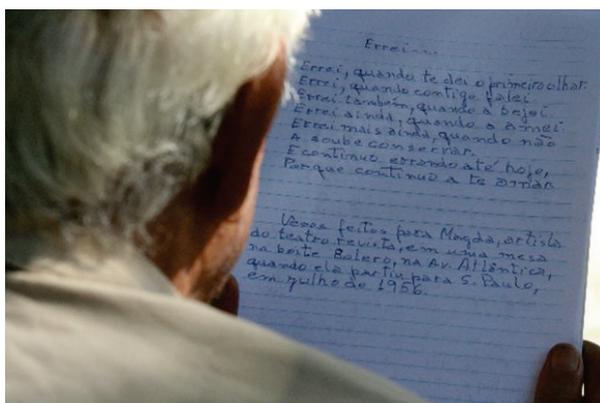
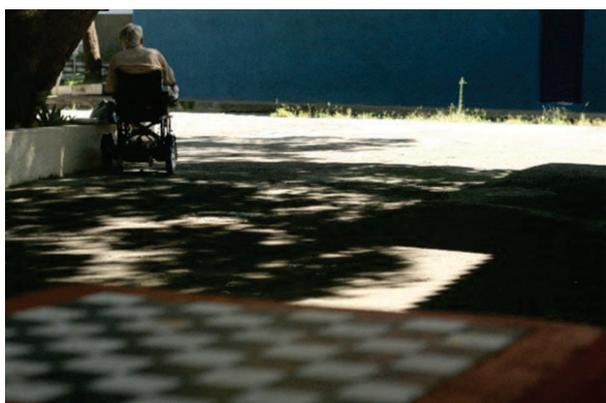
Mots-clés: images de la vieillesse; l'institutionnalisation de la vieillesse; vivre en hospice; la vieillesse démunie.

Palavras-chave: imagens da velhice; institucionalização da velhice; viver em asilo; velhice desfavorecida.

¹ Essai rédigé à partir de la recherche «La violence familiale et la violence institutionnelle : la victimisation des personnes âgées», dirigée par Clarice Peixoto. Photos de l'anthropologue Barbara Copque. Voir aussi le film *Intramuros*, de Clarice Peixoto (36 min., 2015).

Luís Carlos Cardoso, analiseur de systèmes/informaticien [1936-2015]

Sous l'arbre, c'est ici ... l'arbre et la table à écrire. Ici, c'est plutôt pour lire, je passe mon temps à lire. Je suis un millionnaire du temps. Mon temps est merveilleux parce que je peux l'employer comme je le veux. Je cherche seulement à l'utiliser par la lecture, l'écriture et les études, parce que je suis toujours en train d'étudier.



Je me suis dégoûté du monde et je ne voulais plus avoir de contact avec le monde. Alors, je me suis mis dans une situation de ne plus quitter la maison, je ne m'approchais même pas de la fenêtre. C'est aussi pour cela que je suis dans un fauteuil roulant. La gardienne de l'immeuble en a porté plainte au tribunal, au Ministère public, en disant que j'étais un vieillard abandonné. Un jour, j'étais à la maison lorsque l'huissier de justice est arrivé avec le Samu [pompiers] et une infirmière, ils m'ont fait quitter la maison et m'ont amené ici.

Je me suis marié deux fois et j'ai une fille qui vit à São Paulo. Mon fils a été élevé par ma première épouse. Elle l'a éduqué à sa façon, je n'ai pas interféré dans quoi que ce soit ! Je leur ai seulement assuré la sécurité financière, j'ai payé la pension. Donc, j'ai un problème avec cet enfant parce qu'il ne me cherche jamais, je n'existe pas pour lui.



Je ne pense pas que je sois vieux. J'ai pris de l'âge, mais je ne suis pas vieux, puisque je ne parle pas tout seul. Il y en a qui ronflent et qui parlent tout seuls. Moi, non ! Il y a une différence entre être vieux et avoir de l'âge. Le vieux est celui qui a renoncé à la vie et n'attend que la mort.

Si vous voulez faire quelque chose de bien pour les vieux, à chaque fois que vous en voyez un, touchez-le, embrassez-le, ne faites pas que lui serrer la main, faites aussi une caresse. C'est le manque de contact qui fait le vieux, car il est très difficile pour une personne âgée de recevoir de l'affection. Et s'il est dans un fauteuil roulant, c'est encore pire, les gens ne s'approchent pas.

Maraliza Barbosa, instrumentiste en chirurgie [1923-2012]

Ça fait 29 ans que je suis sur ce fauteuil roulant. Aujourd'hui, je suis âgée de 88 ans. Je suis née au Pernambouc. Alors, j'étais au volant, je venais du Pernambouc à Rio et l'accident est arrivé à la frontière entre Minas et Bahia. Je suis restée sous les débris de la voiture. Depuis cette date, je vis ici ...



Je n'étais pas seule, Dieu était avec moi.

J'ai voyagé beaucoup, beaucoup même. J'ai gagné beaucoup d'argent et voilà où je suis aujourd'hui.



Je ne me suis jamais mariée, mais j'ai élevé 18
filleuls, qui vivent presque tous à l'étranger. Ici,
à Rio, il y en a seulement huit, les autres sont au
Canada, à Boston, en Floride et à Luanda. Celui de
Luanda doit arriver à la fin du mois.
Quand ils sont à Rio ils viennent me voir, ils
m'appellent.

Eh bien, je n'arrête pas, je sors de temps en temps. Quand je veux sortir, je sors, je ne reste pas ici. Je sors le matin et reviens l'après-midi: je vais à Copacabana, au Fort de Copacabana, je vais voir qui je veux. Hier, je suis allée voir mes amies de Miracema, mes filleuls qui habitent là-bas. Alors, je suis allée leur rendre visite, ça faisait de nombreuses années que je ne les avais pas visités. Je suis allée avec 'taxi Coop', des taxis qui prennent des personnes en fauteuil roulant.

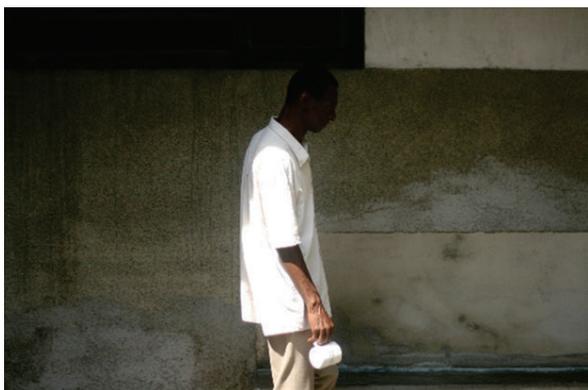


Je n'ai pas de famille.
Maman, papa, mon grand-père, mes arrière-grands-parents sont tous morts.
Je n'ai personne. Plus personne, il n'y a que moi.
La famille, c'est moi.

Marco Antônio, ex-interne de l'hôpital psychiatrique judiciaire [?-2014]



J'ai eu un accès de folie chez moi! J'ai fait ce coup à ma famille et je me suis retrouvé au Heitor Carrilho. Je n'aime pas rappeler ça! Ça s'est passé avec quelqu'un d'autre de la famille. Mais, je ne veux pas en parler, ça m'ennuie.



Je suis resté en prison 47 ans, j'avais 16 ans d'âge. À la prison Frei Caneca, au Engenho de Dentro, on m'a fait subir des électrochocs. Puis on m'a amené ici. Si Dieu le veut, je vais rester ici pour la vie, n'est-ce pas?



Je suis célibataire. J'ai un neveu, une sœur et un neveu. Je parle avec eux au téléphone. Ma sœur dit qu'elle va venir me voir, mais elle est très occupée.



Ici, je ne fais rien. Je suis retraité, je n'ai aucune envie de faire quoi que ce soit. Je suis trop paresseux. J'ai une seule envie: rester couché!

Maria Lobato, couturière. [1918-2015]

Je ne sais pas si ça fait 25 ou 23 ans que je vis ici. Ma fiche est là.



Après le décès de mon mari, je n'ai pas voulu rester seule. Pas d'enfant. Alors, pas question de vivre avec la famille! Un jour, j'étais en train de réfléchir sur ma vie: que dois-je en faire, de ma vie? Et il m'est venue l'idée de vivre dans l'Abri Cristo Redentor! Je ne le connaissais pas, je suis venue voir. Et trois mois après que je suis devenue veuve, je suis rentrée ici.



Je suis venue cachée de ma famille,
qui ne l'accepte pas jusqu'à aujourd'hui !
Nous étions cinq frères, presque tous sont morts.
Il me reste un frère, qui vient ici de temps en temps.



Je vivais au Leblon, vous connaissez la *Cruzada São Sebastião* qui est là-bas?
J'étais couturière et je ne voulais pas m'arrêter, ainsi je continue à le faire ici aussi,
dans l'Abri Cristo Redentor.
Et je ne me suis jamais arrêtée.

Fin de parcours

Pendant ces quatre années de recherche dans l'Abri Cristo Redentor, je me suis rendue compte que ce qui conduit les gens à décider de vivre dans les institutions publiques est la conjonction de plusieurs facteurs : la santé, les relations familiales, le contexte social et financier, l'absence de solutions alternatives, entre autres.

Rupture pour les uns, nouvelle étape de vie pour les autres. De toute façon, pour la majorité de ces personnes, l'entrée en institution est un passage obligé, très souvent associé à un éloignement de la famille et de l'environnement.

Fiche Technique

Recherche: La violence familiale et la violence institutionnelle:
la victimisation des personnes vieillissantes (2008-2013)

Direction: Clarice E. Peixoto

Photographies: Barbara Copque

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