Performing healthy ageing through images: From broadcasting to silence

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Abstract
This article addresses the centrality of images in the definition of a new paradigm for ageing, when health (measured by autonomy) becomes a condition for freedom (associated with youth). Based on a 16-month ethnography conducted with older people (aged 50–80) in a middle-class district in São Paulo, Brazil, I found that smartphones empower older people to craft a health identity by engaging and producing content that highlights the positive aspects of ageing. In this community, health is a concept deeply associated with productivity, and social media becomes a space for participants to present themselves as busy, giving visibility to all of the activities they engage with. On WhatsApp groups, participants can also work as curators, sharing content that is in the public interest, which improves their collective experience of ageing and restores their sense of utility and dignity. I found that smartphones also allow participants to manipulate the mechanism of social comparison used to classify who is healthy and who is old. Often, when they have a condition or frailty, they confine themselves to online interactions, hiding from view the ageing body that could compromise their performance. By doing that, their declines are kept on the backstage of their social interactions, allowing participants to extend their presence within the third age, which is associated with freedom and autonomy, while the decline related to the fourth age is kept in the shadows.

Keywords
Ageing, health identity, imagery, morality, smartphones

Introduction
Brazil has one of the fastest ageing populations in the world. By 2060, 25.5% of the population will be older than 65. This represents 58.2 million people (Instituto Brasileiro de Geografia e Estatística (IBGE),...
Among this age group, only 38.7% of the population report they have access to the Internet, although this penetration rate (which is lower than average for Brazil) can vary depending on the macro-administrative region of the country and on rural and urban contexts (IBGE, 2020). In the middle-class district in urban São Paulo where this ethnography was conducted, for example, 100% of participants (whose ages ranged from 50 to 80) owned a smartphone which had access to the Internet. For 16 months, I engaged with them in their daily activities, including yoga and Pilates classes, meditation practices, meetings and events aimed at the third age in this neighbourhood. I also taught WhatsApp classes as a volunteer during this period of time. WhatsApp groups are used to support these encounters and to share content this networked community consider relevant to their experience of ageing. Although being busy doing as many activities as possible during the week is the normativity among them, participants introduced me to family members who are not actively engaged in any face-to-face group activities, but are equally active on social networks, especially on WhatsApp groups. Although fieldwork ended in June 2019, I am still interacting with participants through Facebook and Instagram, but mainly through WhatsApp chat and WhatsApp groups. This extended connection has allowed me to address some of the behaviours I observed during the COVID-19 quarantine in São Paulo. WhatsApp is installed on 99% of mobile devices in Brazil (Mobile Time Opinion Box, 2020), with many mobile companies offering free usage of the platform as a bonus for buying a data package (CRUZ, 2020). As a consequence, WhatsApp emerges as the most widely used means of communication among Brazilians who own a smartphone and that is also true for this population of older people in São Paulo.

This article focuses on the visual material exchanged by the research participants on WhatsApp and how this practice helps them craft their own images in accordance with the new expectations of this ageing society. Images play a central role in the definition of ageing as a project for individual intervention and institutional administration, where health (measured by autonomy) becomes a condition for freedom (associated with youth). This discussion addresses how smartphones empower older people in São Paulo to respond to the set of demands established by this imagery which associates being healthy with being productive and actively engaged in physical and social activities. The main argument is that, through social media, they can perform health by giving visibility to specific content while, at the same time, this same activity shapes their own images and reputation as individuals and citizens. As São Paulo is a work-oriented society, sharing content on WhatsApp groups associated with the successful ageing imagery is also seen by participants as a kind of work which provides them with the sense of productivity and utility. This article shows how their role as content curators shapes their experience of ageing. On one hand, WhatsApp groups are the place where they can find useful information and health guidance. However, as the curator status is attributed to the person who first shared a content with the group, participants experience anxiety and they might end up sharing fake news as they are in a hurry for a scoop. On the other hand, WhatsApp helps them to manipulate the mechanism of social comparison that defines who is healthy, who is productive and who is old. At the same time participants can identify themselves with the positive images of ageing, they can hide their physical declines by restricting their appearance to online social interactions. The final conclusion is that, by doing this, they can perform health and extend their presence in the third age, the stage of life associated with autonomy, independence, productivity, freedom and self-realisation.

**From the representation of ageing to performing healthy ageing**

The way ageing is represented in images has changed in the past decades in Brazil as well as globally (Debert, 1997, 2003; Featherstone & Hepworth, 2005). The ageist imagery used to represent
the process of ageing has gradually been replaced by imagery associated with the idea of successful ageing, which presents old age as an affordable and desired stage of life that celebrates freedom, consumerism and autonomy (Lamb, 2017). The two paradigms represented by these two different types of imagery may be seen as being in opposition to each other. However, they have in common the relationship they establish with the concept of ageing as a burden. In ageist imagery, this is more explicit, as these images depict and naturalise ageing as a stage of decline, frailty, dependence and worthlessness. In successful ageing imagery, however, this relation is implicit, as images under this paradigm illustrate all of the positive things older people can achieve when they choose to be the protagonists of their own ageing and health, avoiding being a burden to the state, society and their family. The imagery that suggests anyone can choose healthy lifestyles and age well creates expectations about how older people should manage their experience of ageing (Calasanti & King, 2017). In the Brazilian context, Debert (2012) refers to these expectations as the ‘reprivatização da velhice’ (the reprivatisation of ageing), meaning that these images are used to classify individuals according to their capacity to engage with motivational activities and appropriate lifestyles in order to avoid and postpone dependence and frailty in old age.

In that sense, these images emerge not only as morality but also as normativity, when they surpass the previous paradigm (in relevance and presence), naturalising a new aesthetic for ageing. However, images are never neutral, as they represent a position that is also political (Rancière, 2006). From that perspective, what is represented as ‘beautiful’ or ‘desired’ also establishes what is normal, what is healthy, what is responsible, what is good and what is right. This explains the central role images play in ageing policies such as the Active Ageing Framework, developed by World Health Organization (WHO) in 2002 and adopted in Brazil in 2006 as the National Health Policy for Elderly People (Batista et al., 2011). Focused on individual autonomy and health prevention, the Brazilian version of the document proposes that ‘older people themselves and the media should lead the production of a more positive image of the third age’ (WHO, 2005, p. 44). These images will then contribute to turning older people into ‘models of active ageing’ and ‘mentors for younger people’ (p. 52).

While the Brazilian media (including the press, entertainment companies and advertising industry) has contributed to this shift in the representation of ageing since the 1990s (Debert, 2003), widespread smartphone adoption now opens a space for older people in Brazil to consume, curate, circulate and produce their own images of ageing. This kind of empowerment allows older people to work on two distinct categories of images. The first is the one that generates the visuals associated with healthy lifestyles (independent, autonomous, focused on prevention and productivity) and which works in tandem with the dissemination of active ageing framework and successful ageing paradigm and its associated imagery. The second category is a consequence of the first. By giving visibility to this type of content on social media, older people can craft an image of themselves that emerges as an identity shaped in terms of health (Whyte, 2009). This identity allows them to be recognised as ‘biological citizens’ (Rose & Novas, 2005), who are or intend to be autonomous, responsible and committed to the purpose of maximising health. These images, which are then shared with peers, work as proof of that commitment, highlighting the ‘good’ and ‘right’ choices associated with health and character. In other words, by engaging with the consumption, production and circulation of healthy lifestyle images, older people perform health, complying with the paradigm that establishes new expectations for old age.

Martha, aged 57, illustrates how social media can help older people in São Paulo craft their identity through images and content associated with healthy lifestyles. She combines a healthy diet with Pilates, yoga, tai-chi and meditation. She also works as an activist in the community,
supporting a local organic fair and volunteering in public gardens. In addition to registers of her socialisation with friends, her Facebook profile is also where she shares information about these events, combined with health tips such as explanations of the benefits of using bamboo leaf for tea. Her Instagram is dedicated almost exclusively to her daily cooking, where she shows her followers that a healthy diet can also be delicious and beautiful. This practice helps her build her reputation, with many of her friends asking her for recipes and tips on how to plan a healthy weekly meal plan. She thought about turning this occupation into a kind of work, but she is so busy doing other stuff that she left the idea on stand-by. On WhatsApp, she participates in her meditation group where she shares useful content on the topic of the third age, which can include information about legal rights and benefits, opportunities for activities and tips on nutrition and mental health.

Like Martha, for many research participants, social media represents a space where they can endorse the imagery associated with the concept of the healthy third age, which is presented as a new, possible and desired standard for old age. This imagery can be summed up by Figure 1, which was shared by another research participant on his Facebook page. The image shows the evolution of older people’s representation from the 1950s until the present day, starting with ageist imagery (associated with frailty) and progressing towards successful ageing imagery (associated with health and autonomy).

![Figure 1. Image shared by research participant on his Facebook page. From left to right, the text reads: ‘Older people in the 1950s, 1970s, 1990s, and the new generation’.](image)

**What ‘healthy’ means in São Paulo**

Ageing and health policies designed as global frameworks can end up harming people (Castro & Singer, 2004). The central argument here is that the experience of ageing and health is shaped within a cultural context and that ‘unstated policies’ can ignore it. This is why any policy should take local values and practices into consideration. The edited volume of Successful Aging as a...
Contemporary Obsession: Global Perspectives (Lamb, 2017) discusses many examples of how this paradigm, shaped within North American culture, can find no adherence or even be disrespectful considering the traditions outside the United States. In everyday life, local values and practices can also reshape global policies, services and products by adding a cultural layer that results in new meanings, moralities and practices (predictable or not). An example can be found in Miller et al. (2016) work. The authors describe how the same social media platforms have emerged as different social media in each cultural context as a result of the diversity in local content and usage. When it comes to health policies, this means that while attempts are made to define a global concept for ‘health’, it is impossible to answer the question ‘What does health mean?’ without placing it into a specific cultural context.

This is the perspective from which to view the following discussion of a middle-class neighbourhood in São Paulo, Brazil, where older people use their smartphones and social media to produce images associated with health and where these images are used to perform health as proof of character. This implies taking two steps back. First, it is important to understand how this population associate health with character and what older people in this cultural context understand by being healthy. Second, it is also necessary to understand how the association between being healthy and being active emerged as a model for ageing in the first place. The Active Ageing global framework identifies as ‘active’ those who actively participate and contribute to society. To do so, the first thing older people should do is to manage their own experience of ageing by adopting healthy habits focused on prevention, participation and autonomy (WHO, 2002). As a consequence, older people would represent not a burden, but a resource to society. In the Brazilian context, however, being active was replaced, in practice, with engaging with activities, which has resulted in a large number of programmes offering opportunities for activities aimed at the third age. When the Active Ageing policy was adopted in the country, in 2006, the emphasis was on physical activities. However, as observed in the field site, these activities were expanded to a larger portfolio which includes learning opportunities and entrepreneurship programmes.

As a consequence, being active has become the equivalent of being busy doing activities as a means of remaining healthy and ageing well. São Paulo, the city where this ethnography took place, adds another local cultural layer that transforms the meaning of the word active even more, going beyond what was originally conceived by the global framework. Despite global perceptions of Brazil as a place full of iconic beaches and the carnival, São Paulo is a work-oriented society where inactivity is seen as a lack of character. The correlation between work and character can be seen as having been inherited from the millions of migrants who came to São Paulo to work, establishing local ethics based on utility and production (Marins, 1999; Tassara & Rabinovich, 2007). In that sense, especially among participants who are retired, to be busy doing activities is perceived as an intervention to maximise health and also a moral practice associated with work and character. In that sense, being busy doing activities is as important as being seen doing activities.

WhatsApp as a mean to be seen as busy and healthy at the same time

Visibility is a key concept in understanding how older people build their reputation in this middle-class neighbourhood in São Paulo. The smartphone camera is their primary resource for documenting participation in every kind of activity, including physical, learning and social activities. Social networks will then provide a space where these images can be seen by their peers. Those images
work as proof that they are engaging with healthy habits. In addition, these posts also show older people are busy doing activities, working as a proof of character in a place where inactivity is a moral failure. Together, these pieces of evidence result in a dual citizenship. On one hand, they can be seen as biocitizens, as those committed with health and autonomy (Rose & Novas, 2005). On the other hand, even after retirement, they can remain as citizens of São Paulo whose identity is associated with work and productivity. As both, older people in this community can enjoy the ethos of being at the same time healthy and busy.

This ethos can be achieved not only through producing these visual posts but also through sharing or engaging with third party images and content associated with the Active Ageing paradigm. The most popular social media platforms among participants are WhatsApp, Facebook and Instagram, within which WhatsApp is the platform where older people are most likely to act as content curators and disseminators. As argued before, WhatsApp is the channel of communication that is most widely used among Brazilians and the platform also plays a central role in older people’s communication and sociability by mediating their interactions with family and friends. When it comes to interacting with friends, the platform emerges as a network where older people can find useful information, including activities aimed at the third age, which are taken by them as opportunities to remain active and busy. Before the coronavirus pandemic, these activities were physical encounters and usually resulted in a new WhatsApp group, created to support the activity in question or to keep the group together online. Since the arrival of COVID-19, these activities take place on the Zoom platform, but the habit of setting up new WhatsApp groups to continue the conversation or learning in a particular group remains. This means WhatsApp use is structured by a feedback mechanism. The platform is where older people become aware of these activities, which then result in new WhatsApp groups, where, again, people become aware of new opportunities for other activities. Older people usually participate in more than one group, thereby expanding their sociability. Managing multiple WhatsApp groups (by engaging in conversation and by circulating content) is addressed by retired and unemployed participants as an activity in itself. As a consequence, WhatsApp is turned into a stage where they can present themselves once again as active and busy, complying with the health policies for ageing and with local morality.

Moreover, in this community, to keep working is seen as a means to remaining healthy. As Olívio, a 55-year-old man, put it, ‘You can work, retire, get sick, and die or you can work, work, work, work and die, without getting sick’. In his case, the participant quoted above is not retired. He is ‘not working at the moment’ (participants avoid saying they are unemployed or unproductive). However, managing his WhatsApp groups and social networks organises his time, providing it with purpose and compensating for the sociability he lost, which then gives him the feeling that he is still working. The next sections further explore how older people turn their digital lives into an occupation with a focus on WhatsApp, where participants consume, produce and circulate content aligned with the new representation of ageing. Through the circulation of this content, they can perform productivity and achieve a health identity as an exercise for social differentiation or affiliation, shaped by health discourses and practices (Whyte, 2009).

‘Public’ utility content curator

One of the key concepts of the Active Ageing framework is that older people can still be a useful resource for communities and societies. The impact of remaining productive and active is linked to gains in self-esteem, sociability and physical and mental maintenance. This logic is replicated in
the WhatsApp groups observed during this research. These networked groups represent the community where older people can achieve a sense of utility and the feeling that they are busy again. Their work is to curate all kinds of information that can be seen as relevant by their peers, improving their collective experience of ageing. As argued earlier, being active is associated with being busy and being busy with being healthy (Figures 2 and 3).

The curator, who brings to the group content that is perceived as relevant, receives a round of messages from peers showing they are grateful for the information. By doing this, the curator generally achieves some status in the community, thus improving his or her self-esteem, which is culturally defined by the sense of productivity and utility. The receivers of the message (the other members of the group) will then have a chance to become curators themselves by sharing this content with other WhatsApp groups they participate in. It is common for people to end up receiving the same content from different groups, as they participate in as many groups as many activities.
they attend during the week or attended in the past. In addition to this, sometimes the same content comes back to the group where it was at the first place. However, the person who first shared the information in question is the one who gains the respect of the other members of the group as they recognise that he or she has brought a useful piece of information to their attention – one they may not have seen otherwise. This causes anxiety as people have to work fast if they want to gain the status attributed to the curator.

Having said that, this dynamic has two consequences: first, the content becomes redundant; second, if everyone tries to share some content in order to be seen as useful and active, the amount of information shared on WhatsApp groups can become unbearable. This causes more anxiety, as participants are unable to follow all the information they receive and have the feeling that they may be missing out on useful information and opportunities. In addition, it is important to mention that once members are supposed to collaborate with relevant content and show productivity, and as they are running for a scoop, it is also possible for them to make mistakes that result in a bad reputation. This can happen when they share content to the wrong group or when someone who does not want to lose time checking it end up sharing fake news. In this regard, older people have been stigmatised, being seen as the demographic that is most likely to share fake news in Brazil. As they want to avoid the associated stigma, they scrutinise the person who shared the fake news in their WhatsApp groups. After apologising, the person usually explains that he or she did not have time to check its veracity. More commonly, the justification is that the content was first shared by someone they trusted. This behaviour (trusting content based on the reputation of the person who shared it) can also be observed among Brazilians in general. One quarter of Brazilians evaluate the veracity of content based on the person who shared it and not on the source that produced it (DataSenado, 2019) (Figure 4).

Even with these constraints, WhatsApp emerges as an efficient platform for the dissemination of useful information by and for older people. If the Active Ageing framework proposes that society should create opportunities for older people to stay active and age well, WhatsApp is the platform that will make older people aware of these opportunities. Together with activities aimed at the third age (curated and recommended by friends), WhatsApp groups are also the place where older people find information about pensions and benefits, warnings about scams, tips on health habits and aspirational content. This last category reinforces the idea that old age is the stage of life for new discoveries and self-realisation (Debert, 2003).

**Inspiring others and affiliation**

The third age, as conceived by Laslett (1991), is the stage of life when people are free from the obligations relating to work and children. Retirement provides them with the financial stability and the free time that they need to seek pleasure without judgement. This is also a phase free of frailty and dependence, as these characteristics are conceived as the fourth age. When the Active Ageing framework calls on older people to become ‘models of active ageing’ by producing and disseminating positive images of ageing, they are only addressing the third age. Participants answer this call by sharing images and articles that show examples of healthy, productive and happy people who have the resources and courage to live at their ‘best age’ (Debert, 2003). These lifestyles work as aspirational models that reinforce the association between freedom and autonomy and the local relation between being busy doing activities and remaining healthy.

From time to time, one piece of content that pops up on the WhatsApp groups observed during the research is the Brazilian documentary ‘Envelhecência’ (Martines, 2015) – a parallel to the word ‘adolescência’, meaning adolescence in English. With the participation of gerontologists, the
The documentary shows six examples of older people who have redefined the limits of their bodies in order to explore all the possibilities of healthy ageing: the tattooed woman, the parachute jumper, the surfer, the marathon runner, the aikido instructor and the doctor who has graduated after turning 80. Together, they create a normativity that shows that anyone can choose to age well. As one participant, who received the video from a friend on a WhatsApp group, said, ‘I am already thinking differently. Now I see everything older people do and everything I don’t. I should have adopted these habits a long time ago’ (Figure 5).

The first step participants take in this direction is to start sharing this kind of content. Even if they have not adopted ‘these’ healthy habits yet, they can start by showing their peers that they endorse them. By doing that, they illustrate their ‘will-to-health’, as their intention to engage with healthy habits to age well (Higgs et al., 2009). Their endorsement, made in public, works as proof of character, which in turn shapes their health identity (Whyte, 2009). This then motivates participants to affiliate themselves with the production of positive images of ageing and to engage in the dissemination of opportunities aimed at the third age on WhatsApp groups. These images and opportunities are not, however, restricted to health itself. As this work-oriented community associates being healthy with being active and productive, the content they share addresses older people in their fully potential of doing things.

Figure 4. Image shared by a participant in a WhatsApp group for people aged 60 years and above. The text reads: ‘Stop Fake News! Don’t share ANYTHING without checking. Even if the person who published the post was Your Mother, Your Father, The Best Friend, The Boyfriend, The Girlfriend, The boss, The pastor, The priest, The children. ALWAYS BE SUSPICIOUS’.
As a response to this normativity, retired people pursue a large number of activities that taken together, allow them to say ‘I don’t have time. I am busy’, just like they used to say when they were working. To achieve this, they can combine physical activities, meditation, learning, travelling, courses, lectures, events and volunteering until they achieve a certain stage of being busy. Smartphones can also fill the gaps between two activities, in a sense. Participants can always feel they are busy doing something like checking emails, interacting with someone on Facebook, Instagram or WhatsApp, watching a video, or playing a memory game, even when they are in a waiting room waiting for their doctor’s appointment. For some participants, this will be enough to show that they are busy, active and healthy. However, others will miss their formal job. Sometimes participants need to complement their pensions. Sometimes, they just miss their professional credentials, the ones that used to define their identity, utility and dignity. The relation between work and identity is observed among men and women. However, retirement seems to have a stronger effect over men. As Miguel, 77 years old, put it, ‘it is hard to lose the badge’, referring to his last employer credentials. In addition to this, and for both genders, retirement brings a free time that is locally seen as immoral. This explains why Lucio is still dreaming about going back to work at 76. He feels guilty about spending his mornings doing Pilates and playing tennis at the club, as this is the period of time he was supposed to be seen at work. As he says, ‘To do what I did this morning? During working hours? It is a sin’.

Because there are not many job offers for people their age, entrepreneurship emerges as an alternative form of work for participants. Many of the courses and activities they attend are oriented towards what they call their ‘reinvention’, meaning their transformation from employees into entrepreneurs. The courses and activities that promise to help them with this transition are constantly shared on WhatsApp groups, becoming a relevant topic of interest among this community. They are complemented by aspirational content (images, videos and articles), with examples of entrepreneurs who have found success at
their age (this ‘success’ is measured more through the visibility these people get from the media than through financial return) (Figure 6).

This can cause anxiety too. First, because the content promoting the entrepreneurship route shows that it is possible to continue working during the third age. This places the responsibility for succeeding back onto the individual, where it becomes a matter of determination and commitment. Second, older people in the third age are also expected to turn their future work into an activity that combines pleasure and purpose. The problem here is that not everyone has a clear vocation and the things they used to do before no longer represent what they pursue at this stage of their lives. Thus, some participants feel they are under pressure (and failing). They are surrounded by images of people ‘reinventing’ their careers, but they do not yet know what they want to do and what they are good at. As Patricia, 65 years old, said, ‘I don’t know what I am going to do. But I know I have to reinvent myself’.

While older people are trying out different ways of feeling busy or going back to work, they prioritise their physical and mental health. They regard personal autonomy as the ability to do whatever they might end up deciding to do. This explains why, beyond sharing images of healthy people, WhatsApp groups are used to share health information focused on prevention and tips with recipes for ageing well in order to extend their stay in the ‘third age’.

**Consuming health**

Preventive measures aimed at the third age and tips for ageing healthily are the most frequently shared types of content in participants’ WhatsApp groups. This content can be organised into two main categories. The first is focused on the body, with topics addressing exercise (both physical and mental) and diet. The second one addresses the soul, as participants share the belief that some
sorrows, if not resolved, can cause diseases. Cancer is the condition that is most frequently associated with this. Both categories have in common the importance attributed to adopting healthy diets. In the first one, a healthy diet appears as a preventive measure. Participants reproduce content that endorse ‘common sense’ ideas of what a healthy diet should be (less sugar, less meat, organic food) and content that shows how a particular food item can operate true miracles in terms of helping them remain healthy. In the second one, healthy diet emerges as a key resource when it comes to fighting cancer or controlling diabetes. Among the content shared in this category, instructions to cut out sugar consumption and adopt intermittent fasting are found on a regular basis.

The anthropologist Miriam Goldenberg (2010) addresses the body as a capital in Brazilian culture, where the body is worked out to comply with the ideal of beauty associated with youth. Goldenberg highlights that this is particularly relevant in the middle class she worked with in Rio de Janeiro, the capital of the iconic Brazilian beaches and carnival. Although this aesthetics cannot be considered as ‘typical’ of Brazilians bodies, the author argues it emerges as normativity, as a model to be followed and copied, turning Brazil into a large market for plastic surgeries and anti-ageing industry (Goldenberg, 2010, p. 221). However, as we argued so far, reflecting the fact São Paulo is a work-oriented society, the first concern of participants, men and women, is functionality instead of appearance. The functional body is the one capable of managing everyday needs without the help of the others (Veras, 2014). The functional body is also the condition for independence and freedom and the fundamental resource for this group of older people, who want to remain active and productive in old age. This explains their focus on content addressing exercises and diet as preventive measures to keep the body functional to work.

However, the awareness related to adopting healthy diets happens at the stage of life when participants usually experience more freedom, more pleasures and more indulgences (the third age). This means that the circulation of this kind of content is not necessarily reflected in everyday habits. As one of the participants argues, ‘Older people eat feijoada, but they post only photos of jelly’ (feijoada is a typical, quite heavy, Brazilian dish made with black beans and pork, while jelly is associated with collagen). This illustrates how, despite significant amounts of content promoting a healthy diet on WhatsApp groups, a survey conducted in São Paulo city shows, for example, the prevalence of both low weight (malnourishment) and obesity among older people. (CEInfo, 2017)

This unhealthy nutritional status is then further consolidated by radical decisions that aim to balance dietary excess with deprivation, or vice versa. One of the participants, for example, explained that she can allow herself to have almost 10 popsicles in 1 day at the beach, because she can compensate for it by fasting for the rest of the day. Another participant turned the meal served at her workplace into her only meal of the day. By doing this, she can save money for the pleasure she enjoys the most, which is travelling abroad.

Even so, through WhatsApp groups, participants can perform their awareness of the role food plays in healthy ageing. By sharing content addressing this topic, they can achieve two things. First, this allows them to be identified as being committed to self-care and autonomy, following the Active Ageing framework. Also, they experience a sense of productivity and utility as their peers recognise the content they share as being relevant to the community (as it improves their experience of ageing). Combined, both outputs contribute to their reputation (ethos), as they can be seen as healthy (endorsing healthy habits) and busy (curating and sharing relevant content) (Figure 7).
The content addressing health presents another particularity. Content about health is usually attributed to an authority (a doctor, a scholar, a study or a specialised institution). As a consequence, this content is less likely to be contested by the curators and peers on WhatsApp groups, opening up a space for the dissemination of potential fake news. In the example below, the message attributed to ‘healthcare professional’, provides a list of COVID-19 symptoms, followed by a prescription for a medication (Azithromycin) and a suggestion for a diet that works by producing alkaline pH levels in the body that do not allow the virus to proliferate. The message ends with the following request: ‘Don’t just keep this information to yourself. Share it with your family and friends’. This message was shared by the same person on different WhatsApp groups. However, as the post suggested self-medication, this message raised many questions in the groups as participants were not sure whatever it was safe or not. In one of the groups, the message was followed by a set of replies asking for a responsible source until one doctor who was a member of the group argued that he never writes a prescription without medical supervision and classified the message as irresponsible and dangerous. He asked other doctors, if there were any in the group, to share their impressions. The message garnered attention. The first other member of the group to respond...
to the doctor’s message endorsed his comment with applause emojis. Others commented, ‘I am not a doctor, but common sense tells me this text is problematic’, adding the instruction ‘Don’t share this!’. The person who originally shared the content did not comment on the group’s reaction and critiques (Figures 8 and 9).

Deferring to a medical authority when it comes to accessing and sharing health information also applies when participants have a health problem and need medical guidance. Even if 85% of doctors in São Paulo approve of the use of messaging apps like WhatsApp, in their interactions with patients (Félix, 2018), participants argue that only private doctors (ones not covered by health insurance plans) provide them with their WhatsApp contact details. Also, the practice is not adopted by doctors who work for the National Health System (which is free to all citizens of Brazil). As participants adapt their budgets to their pensions after retirement, only a few continue to go to private doctors, often keeping one doctor that they regularly go to. Even so, participants avoid using the WhatsApp connection to their doctors. This is first and foremost because they do not want to be seen as a burden on these doctors. Second, because they want to reserve contacting their doctor on WhatsApp for emergencies.

As a consequence, for everyday needs, participants are more likely to seek assistance by requesting advice from friends and friends-of-friends who work in healthcare area. By doing so, they achieve a kind of assurance that is professional at the same time it is informal (as based on

Figure 8. A group member shares fake news about diagnosing and treating COVID-19.

* Devido ao colapso no Sistema de Saúde do Brasil, nós - profissionais da saúde - preparamos esta mensagem para a população, caso você não queira logo arriscar ir a um hospital;

* Os sintomas aparecem à partir do 3º dia depois do contágio (sintomas de virose).

→ 1ª fase;
→ Dor no corpo
→ Dor nos Olhos
→ Dor de cabeça
→ Vômito
→ Diarréia
→ Coriza ou congestão nasal
social relations which manifest through WhatsApp. Although WhatsApp’s groups feature is the one that is primarily responsible for expanding their network, increasing their chances of befriending someone who works in healthcare, requests for medical guidance take place in private conversations. This shift to the private sphere is also a strategy for covering up any frailty that might compromise the participant’s image and identity, placing them into the fourth age, the one signifying decline and the dependency associated with being elderly (Laslett, 1991). By keeping these declines on the backstage of their social interactions, participants try to avoid the stigma of ‘old’ and the status of ‘unhealthy’, which would also demonstrate their failure as participatory biocitizens (Swan, 2012).

**Ageing in silence**

The experience of ageing comes under two spheres of vigilance: one is institutional and the other social. On one hand, by designing ageing policies focused on prevention and autonomy, the state has established expectations, rights and duties for senior citizens as people who should be proactive in their commitment to remain healthy in order to not become a burden to society. On the other hand, in everyday life, age is defined by the classificatory look of the other, who can suddenly recognise a specific attribute that is culturally associated with ‘older’. Representations of age are applied in order

**Figure 9.** The group reacts to the COVID-19 post, critiquing it after a doctor says he would never prescribe medication without supervision.
to define the boundaries between the dependent and the autonomous, the old and the young. This means images are used as references to classify people that succeed or fail at the challenge of remaining young, a concept that is now associated with remaining healthy (Debert, 2003). These categories structure ageing as a system of permissions (Bourdieu, 1993) and moralities, which result not only in self-care but also in self-surveillance, when frailty tends to be hidden and silenced.

Degnen (2007) observed how older people in the North of England hide their frailties from their peers as a strategy of avoiding being placed within the group of the ‘others’ who are identified with ageing as decline. As Graham Beaumont and Kenealy (2004) argue, social comparison is a mechanism used to evaluate the experience of ageing and quality of life (QoL) in old age. Social comparison can be done by ‘upward identification’ (positive) or ‘downward contrast’ (negative). Degnen’s (2007) study is an example of ‘downward contrast’, with one group defining themselves as healthy by comparison with those seen as ‘worse off’. This ‘downward contrast’ strategy was also observed by Graham Beaumont and Kenealy (2004) in their study of a London borough. However, as discussed so far, social networks and WhatsApp groups are spaces where older people are more likely to use ‘upward identification’ as a strategy for crafting their health identity and for social differentiation. Participants accomplish this themselves by curating and circulating images depicting imagery associated with the Active Ageing paradigm, which emphasises the positive aspects of ageing related to autonomy, independence, participation and productivity. They hope that this, in turn, will lead them to be associated with these aspirations.

When participants address the negative aspect of ageing, they do this using humour and sarcasm. The visual contents under this category are not, however, about them. These images are about the other, the ‘real old ones’, representing those who are not part of the healthy third age anymore. It is that distance that allows them to make fun of the deterioration associated with ageing. They thereby portray this as some distant future which they are able to constantly postpone, partly through their online performances (Figures 10 to 12).

Figure 10. The text reads: The reporter asks: If you could, what would you choose: Parkinson or Alzheimer’s?
Parkinson, my son. I prefer to lose half of the wine than to forget where I left the bottle.
Social comparison is not, however, the only strategy older people can use to build their health identity. They can also neutralise the signs of decline by highlighting the areas of their lives where they remain functional and autonomous (Caradec, 2014). From Goffman’s (1990) perspective, this means that older people bring their best to the stage while leaving their frailty backstage. In other words, older people can give visibility to positive aspects while they can silence negative ones. This can be difficult when it comes to physical presence, where the ageing body can compromise
their performance. However, smartphones and social networks empower older people to keep their embodied self on what Goffman called the backstage, while they socialise online with their young, productive and healthy inner self. This strategy was observed before the COVID-19 quarantine in São Paulo, when participants divided their time between face-to-face activities and online interactions which took place mainly on WhatsApp groups. When participants were in pain or showing any frailty (like limping due to a knee problem), they avoided face-to-face activities and restricted themselves to online interactions. If they needed any assistance, they would request this from close friends in private conversations. On the WhatsApp groups, meanwhile, participants could keep performing their health identity, engaging with on-going conversation, curating useful information, sharing positive images of ageing, being seen as active, productive and useful. In that sense, WhatsApp empowers older people to extend their permanence in the third age, as they can silence the declines that would place them on the fourth age.

Conclusion: health on the smartphone stage

At the very beginning of her essay on old age, Simone de Beauvoir (1972) denounces the pact of silence surrounding ageing. As an inconvenient event of life, she argues, getting older is a topic no one is interested in, as it serves as a reminder of our mortality and the inevitable period of decline that precedes death. Moreover, she points out older people are more likely to be seen as a burden to family and society. Their experiences and wisdom cannot compensate for the fact that they have become dependent and unproductive and Beauvoir gives plenty of examples of how life in different societies can end as an experience with no respect or dignity. Beauvoir challenges the idea that retirement is the time for freedom and pleasure. Instead, she highlights the miserable conditions of life reserved for elderly people in the later stages of their life. Creating more awareness about this stage of life, she argues, could lead society to confront a reality that eventually all of its members will have to face. If poverty and abandonment are the final outcome of life lived in society, the precarity of ageing is irrefutable proof that society has failed as a project.

This article suggests that today, there may be a very different relationship between silence and visibility in old age. It is clearly not the situation that ageing is ignored. This is a veritable flood of ageing-related visual content that is constantly circulating on social media, but this does not preclude a kind of silence. Since the content that circulates has become a performance designed to associate the individual with one particular vision of ageing, it may therefore render invisible what will most likely, eventually, become the reality of ageing. As argued in this article, ageing has become a topic of interest discussed globally and also a field that is under the administration of various authorities, as shown by the Active Ageing framework developed by the WHO and adopted in Brazil. The dissemination of positive images of ageing plays a central role in this policy, giving visibility to a new normativity based on health, productivity and autonomy. The possibility of ageing without becoming dependent is thus naturalised as a morality that prescribes healthy lifestyles focusing on prevention as a means of postponing frailty and avoiding becoming a burden to society. The first conclusion is that the silence surrounding old age has not vanished. Instead, as observed in this community of older people in São Paulo city, it has changed. The ‘pact’ made to avoid addressing age, as argued by de Beauvoir (1972), has been replaced by individual silence. As remaining healthy is seen as an expectation but also as proof of character, participants are more likely to avoid addressing any pain or frailty in order to keep the age-related declines hidden from their social interactions.
The second conclusion is that smartphones and social media empower participants to manipulate the mechanism of social comparison used to decide who is healthy, and who is old. On one hand, participants can comply with the new representations of ageing by endorsing, engaging with, producing and circulating positive images of ageing (‘upward identification’). On the other hand, they can also hide the negative aspects of ageing by confining their performance to online interactions. By doing that, they keep their embodied self (the one that can be associated with decline) in the backstage while they bring their inner ageless self to the stage. The invisibility thus granted to physical constraints protects them from being used by peers for ‘downward contrast’. By combining both strategies, participants can give visibility to their health identity and hide the frailty that would compromise their performance. Moreover, in this community, a healthy identity is deeply associated with productivity and utility. WhatsApp groups provide the space for participants to achieve these values, as the administration of their expanded network of peers on the platform becomes an activity in itself. The circulation of positive images of ageing is complemented by the work of curating information that is then recognised as useful by peers, which, in turn, produces the proof of character they need. This leads to a third and final conclusion. It not simply that the images that circulate on social media speak to this more positive vision of ageing, it is also that the very act of constantly curating and circulating content is, in itself, evidence that the participants can then be viewed as both busy and useful. In the end, because participants associate being busy with remaining healthy, social media and WhatsApp groups allow them to stay in the third age, avoiding the group of the ‘really old’, as represented by the fourth age.

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Note
1. Guess et al. (2019) published an article addressing the dissemination of fake news on Facebook during the US Presidential Campaign. Although authors stressed that they found sharing this content was a rare activity, they highlighted what they called ‘a strong age effect’. They argued that people above 65 years are seven times more likely to share this kind of content when compared to the youngest demographic included in the study. This study had significant repercussions in Brazilian media, with decontextualised headlines such as ‘Older people are more likely to spread fake news, says article’ (BBC Brasil, 2019) or ‘Older people share seven times more fake news on Facebook then youngers, says survey’ (Monerrat, 2019).
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