

3.2.2.3.5.4 Engineering sexual attractiveness

3.2.2.3.5.4.1 Cosmetic surgery

I will not be able to avoid that I soon will be dead. I do not spend intellectual resources on ideas how I could avoid my death. But I am concerned about whether my process of dying will be comfortable or an agony.

One thing I really care about is that as long as I am alive, I want great sex. Because it is the only thing that let's me forget that in reality, it is stupid to be alive. Toil, suffer, die anyway. Why not be dead right now.

I have great sex this time around. I want more of it, and I want even better sex in the future.

That idea is what keeps me alive.

Yes, I know, each of us is just a stew of chemical elements, and our metaphysical thoughts, such as whether it is worthwhile to be alive, are just an expression of a certain neurochemical, hormonal constellation. I know it, and I try to manipulate it. I try it with tongkat ali which apparently raises testosterone. One may search scientific articles on tongkat ali at Medline.

When I have great sex, I know that it is worthwhile to be alive because of great sex now, and for even better sex in the future. No doubts, and no depression. Just an intense sense that I want to manage my life.

An appropriate physical appearance is an important asset in any quest for the best sex ever. That is why people undergo a good number of cosmetic surgery procedures.

The risks of invasive cosmetic surgery, such as facelifts, is widely underestimated.

Sooner or later, anybody who goes under the knife of a cosmetic surgeon will develop complications. That is why they let you sign a responsibly waver before you are allowed to enter the OP floor.

I do not think that rich Western societies are good for sex for older men. They are way to ageist. Young women usually do not want to match with considerably older men, and considerably older women who cannot compete with their daughters.

If my age is a handicap in Western or Westernized societies, I obviously want to live somewhere where age does not hinder my prospects.

Such a society could be very poor, or adhere to an irrational religion. In a dangerous society, too, problems other than the age of a man determine female choice. A low level of female schooling, furthermore, makes females less independent of families, and then family choice is the guidance, with economic aspects considered more important than male physical attractiveness, or romantic feelings prior to a sexual relationship.

3.2.2.3.5.4.2 What is aging?

Aging, from a certain age onwards, is a decline of physical and mental functions.

It partially depends on outside impact (accidents and illnesses caused by external pathogens), and partially is self-regulated (the human body withdraws itself from life).

This article deals only with aging as a result of negative self-regulation.

Negative self-regulation is heavily mediated by the immune system of the human body.

The immune system takes its clues for negative self-regulation from the neurological system which signals to the immune system, on multiple pathways, that time is approaching (for the benefit of the species) to let the next generation take over.

The genetic make-up of human nature may determine that it is in the interest of the species that I, as a human male, vacate my social positions, and the surface of this planet rather sooner than later.

But this is not my individual interest. As long as I can have fun, I want to be around.

Any serious life extension has to take this into consideration: if you want to live longer, you have to intercept the negative self-regulation of the immune system.

And the healthiest way (free of side effects), is by interfering with the negative signaling of the neurological system.

And how do you control the neurological system?

One powerful way to do this is via the psychological system.

This is why a positive attitude towards life has such a great positive impact on a person's immune system, and his or her health.

Go further!

It is the psychological-sexual system of human physiology that has the greatest power over how we feel.

Our greatest capacity to feel well, and positive, is when our minds are engulfed in sexual desire, and after that, during the waves of orgasms.

Because these positive situations recharge our immune system like nothing else, our health is great as long as we have great sex. No rheumatism, no back aches, no high blood pressure, no cancer (and an endless list of other "no's").

So, what practical conclusions we can draw from this if our aim is to slow down aging?

We have to ensure that our sex lives are as optimal as they can be.

For this reason, I am against all social orders that have a negative impact on my personal sex life. Such social orders deprive me of better health and bring me closer to death.

On the other hand, I do recognize that the quality of my sexual desires and orgasms considerably depend on my hormonal balances, especially the levels of testosterone.

This is why the only drug in my personal life extension regimen is a substance that up-regulates my testosterone levels.

Actually, it's not even a drug but a herbal supplement, the testosterone-enhancing effect of which has been well documented in scientific research: tongkat ali

Please be aware that while I am all in favor of elevated testosterone levels, I am totally opposed to exogenous testosterone (testosterone patches, testosterone injections, anabolic steroids).

Why?

Because my health, and any life extension I can achieve, depend on whether I have a healthy hormonal system. And supplying exogenous testosterone is the worst interruption that can happen to my endocrine functions. Exogenous testosterone just throws everything out of balance. This is the opposite of what I can achieve with tongkat ali.

3.2.2.3.5.4.3 Engineering youth

Now having reached a considerable age myself, and taking all efforts to fight its ill effects, I can attest to the fact that age in itself is nothing. It's not a disease, anyway.

What we have been thinking of as ageing in terms of decline is just the sum of individual ailments. Reduced muscular strength is an ailment. The decline of memory functions is an ailment. Decreased sexual appetite is an ailment. Age is not. We could be living 500 years or more, and at the age of 400 appear as youthful as 20-year-old specimens of the current legacy wetware. It's really all just a matter of technology, of engineering.

My children, or my grandchildren, or my offspring in the third, or fourth, or fifth generation, stand a good chance of reaching that age. However, one never knows. One is never too old to give it a try to live longer. Just do everything right in engineering for yourself, on the current level of technology, the best level of youth as is possible.

A good number of recipes to that end have been known for quite some time. Apart from that, new technologies are developed every day.

Of course, the great breakthrough will be in genetic engineering. We only experience a decline when having reached a certain age (lets say, the mid-thirties) because nature has genetically programmed us to do so. It wouldn't have to be like this. We could just as well be genetically programmed to live for hundreds of years, such as some parrots and turtles, or for more than a thousand years, such as some trees and other plants.

Though, the breakthrough will be in genetic engineering, we shall not think of it, and will not experience it, as a singular victory over the aging process itself. Genetic engineering will provide a series of solutions for specific ailments.

There will be a genetic engineering solution for Alzheimer's and for diabetes, a genetic engineering solution for dysmenorrhea and erectile dysfunction, a genetic engineering solution for osteoporosis and one for obesity. The future is bright. We are almost there.

Until then, we have to rely on other technologies for engineering youth: pharmacology, prevention medicine, dietetics, surgery, exercise, commonsense.

Why commonsense A part of the decline of an individual life is the consequence of largely avoidable events. Accidents, for example.

A life span of 90 years is a realistic prognosis for anyone alive today, provided that person applies currently available technologies. We tend to think of technologies as something high-tech. While this is justified because it corresponds with common usage of the term technology, I willfully use the term technology for many a low-tech approach, just in order to save these simple techniques from being forgotten when youth engineering is discussed.

Such simple techniques include eating wisely, observing a regimen of daily exercise, not smoking and avoiding other pleasure poisons, good sleep.

All of these prescriptions go a long way, but of course they only go so far. You will need more. Cosmetic surgery, for example, to get rid of the visual signs of aging.

You will have to do something pharmacological to ensure that neurotransmitter levels and functionality will be at youthful levels. Fortunately, there is an ever increasing arsenal of pharmaceutical agents which are either dopaminergic or serotonergic.

Not all pharmacological means of engineering youth (within limits) are new discoveries.

A herbal medication (tongkat ali) that, for example, keeps testosterone levels in men at a youthful levels, has recently been rediscovered by modern science, though it has been around for thousands of years. The traditional equivalent for youthful female hormone levels, kacip fatima, is still in the research pipeline.

3.2.2.3.5.4.4 Deciding for cosmetic surgery and related procedures

Most decisions each and everyone of us makes, are wrong. This is unfortunate, but hard to avoid.

I know that I am more aware of this than other people, and incidentally, I believe that it gives me an edge. Most people make wrong decisions all the time, and don't even realize it.

I am famous among my friends for changing my mind after I have decided on something, and often at the last minute. I have changed travel schedules an hour after having bought a non-refundable ticket; I have abandoned business projects after having invested into the necessary equipment; I have rented houses and paid in advance for a year (as required by local customs), and then used them for just two night.

All of this was bad luck. I don't regret how I decided in the end, only that I wasn't smarter a little bit earlier.

But I can't really compromise on one thing: where I want to live, even if it is causing me financial losses.

If one's decisions would just be about 30 percent right, one would be hugely successful in life. With a success rate of 30 percent, one would become immensely rich, live very long, have an extremely satisfying sex life... you name it.

That most of everybody's decisions are wrong, is not just a reality in the realm of human intellect. It's a reality even on the basis of evolution.

Genetic mutations are the evolutionary equivalent of decisions. Most mutations are irrelevant, and a few are really harmful. But a genetic mutation that is an evolutionary success is a great, great rarity. But when it happens... wow! It gives life a great turn to the better.

Even though I am aware of the small errors I am making all day, I can live with them. They are not relevant.

It is more important to get the big decisions right. However, because big decisions are based on small decisions, it isn't easy to work out in advance which decisions are going to be big correct decisions. In hindsight, we all are smarter (but on the other hand, most people don't care to look back and evaluate decisions).

Looking back at my life so far, I can spot the big right decisions: to become a journalist was one (and deciding that I would write my books in English when I was far from capable to do so); and to settle in Southeast Asia (probably the most important big decision I ever made); to embark on the sexual enhancement path (not to accept an age-related decline of sexual function); and to take far-reaching measures to improve my physical attractiveness through cosmetic surgery.

No, not Michael Jackson style, though his results were good initially. With cosmetic surgery, it is important not to overdo it, and I assume that Michael Jackson's current looks are a huge public statement against cosmetic surgery.

Mine would be an impressive statement in favor of cosmetic surgery, but I am not a public figure.

It's been difficult to make decisions about cosmetic surgery, and some of my decisions were not so good (their impact was limited), but most were right. Maybe I was saved from major wrong decisions because I made sure that the physicians knew that I am a writer. They therefore were more cautious selling their operations.

For we have to be aware of one thing: most physicians offering cosmetic procedures are almost only interested in the immediate financial gain.

Professional consultation? Surgeons who perform cosmetic procedures will always tell a patient that the procedures they offer can afford a definite improvement (though they always let you sign a form that explains that things can go wrong, and that in that case, they are not responsible).

And if you ask physicians who are not in the field of offering cosmetic procedures, you will usually be advised against it (as if they don't want to grant cosmetic surgeons the money these guys make).

Furthermore, admitting to facelifts always is a loss of face. The young women who enter love affairs with me because they consider me physically attractive, never know to what extent my attractiveness is the result of modern cosmetic procedures. If they would, the impact would certainly be negative. I tell them that I am 20 years younger than I actually am, and they don't doubt the truth of this claim.

Obviously, as my expertise is based on personal experience, I am smarter now than I was before I had my first cosmetic surgery. And if I would have had this knowledge before I started, I would have decided differently. Yes, I would have had most of the operations anyway. But in a different sequence (and some I would have left out).

In my opinion, it is important to have a long-term strategy. You don't just want one facelift. The challenge is to have a series of surgical interventions so that you always look no older than mid-30s, even if you are in your 50s or 60s, and that you can pass as in your 40s when you are above 70.

This is a realistic goal, provided you have a proper strategy. And this is what this site is about.

Our consultation in this respect is better than what you can get from a cosmetic surgeon you may ask.

The cosmetic surgeon you ask will primarily be interested to sell his services, as much of them as possible, in as short a time-span as possible. For this reason, surgeons typically advise to have several procedures done in combination.

But there are solid reasons to go step-by-step, especially for procedures involving the face. For the healing process of any procedure can result in a slight asymmetries that can be softened in subsequent operations. Most people would not notice these asymmetries from operations as most faces anyway are not fully symmetrical. But as a rule of thumb, the more symmetric a face, the more attractive, and an optimal, not an almost optimal appearance, is what we're striving for.

3.2.2.3.5.4.5 Growth hormone and the dream of an indefinite lifespan

I am convinced that mankind is within reach of achieving an indefinite lifespan for individual members of the species. "Indefinite lifespan" means that an individual will live on and on. Sure, a person can still die in a road accident, or of a viral infection, or being murdered by a jealous "life" partner. But death will not occur just because one has reached the current genetically encoded maximum human lifespan of some 120 to 130 years, or, for that matter, any fixed lifespan.

An indefinite lifespan for individuals is within reach of mankind, but, in my opinion, not within reach for me or any of my contemporaries.

Whether one will live indefinitely or not, will be one of the most important considerations of people who are born in not too distant a future. And when I say, "live indefinitely", I do not mean the kind of fictitious eternal life promised by Middle Eastern religions that cover much of the globe. I am talking of living indefinitely in this world: to sleep, to eat, to have sex, to watch television not in the heavens but in Manhattan, Manchester, or Munich.

Whether one will live indefinitely or not, will be one of the most important considerations because, if we arrive at a "yes" as answer to this question, it will change everything.

If I come to the conclusion that whatever I will do in my life, I will be gone after a few more meager years, then my outlook will be fatalistic. I'll soon be dead anyway, so I rather take in all the pleasure I can have NOW, and then, good-bye, forever.

With such an outlook, sexual satisfaction is the logic primary reason of life. Everything else is subordinate. Every other value in life just appears to be based on illusions. What the heck should I care for future generations?

They are not my responsibility. I, as an individual, am only tricked by nature to become a tool in the propagation of the species, which is why I have feelings of love for my offspring. Nature, my enemy, does not care for me as an individual. I am disposable.

So, I spend my time maximizing my sexual satisfaction in the few years I still have. And after that, I will be dead and forgotten (and I couldn't care less about it).

But if, after much contemplating, I shall arrive at the conclusion that I can achieve an indefinite lifespan, I can postpone everything, even sexual satisfaction. The preservation of my life then becomes the ultimate value. In that case, I have a long-term goal to work for.

I believe that the above evaluation is shared by a majority of ordinary Europeans and Americans, even though it may normally not be articulated. I believe that far fewer people take religions seriously than churches claim members, and I often wonder whether cardinals and bishops (who must be sufficiently intelligent to have made such successful careers) really believe in what they preach. Probably not.

While I myself have decided that an indefinite lifespan is NOT within my reach, I am aware that more and more people have decided to try it anyway. They have come to the conclusion (though they may hesitate to admit it in public) that, even though the odds aren't in their favor, they dedicate their life to prolonging it as good as they can, in the hope that by the time they are struck by an illness that currently would be terminal, medical science will have found a cure. (Not just a cure for an illness, but, hopefully, a cure against death.)

And you can bet, they buy growth hormone.

If they can afford it.

Among those dedicated to extend their own lives, growth hormone is the champion drug. And it has the right name to go with its reputation. And the price tag also is unrivaled.

For a few years now, growth hormone injections have been touted as a fountain of youth and a cure-all.

Even though it's a mainstay of the journalistic trade, I am not in the habit of writing articles that just summarize existing research. If I can't contribute something new, I keep my mouth shut.

I also don't believe that anybody who is sufficiently interested in the topic will draw information on growth hormone injections only from my article. There are thousands of sites on the Internet that inform on the alleged miraculous effect, low-dose growth hormone injections are supposed to have as a means of rejuvenation. Many of the summarizing articles refer to a 1990 study of Dr. Daniel Rudman and his associates at the Medical College of Wisconsin, published in The New England Journal of Medicine. That study was entitled "Effects of Human Growth Hormone in Men Over Sixty Years Old" and concluded that the injections led to a general improvement of health and strength. Some "so-called" rejuvenation clinics do nothing but inject their clients with growth hormone.

I do not doubt that Dr. Rudman's study has been done in observance of proper scientific standards, and it certainly was peer-reviewed before it was included in such a renowned scientific publication as the New England Journal of Medicine.

But in my opinion, people draw the wrong conclusions (and these wrong conclusions are propagated by growth hormone salesmen, some with an "MD" after their names). Read the title of the study: " in Men Over Sixty Years Old". That injections of human growth hormone have a positive effect on men over 60 doesn't mean that they improve the sexuality of men under 40 or 50, or that they help build strength in bodybuilders over 20.

I have tried growth hormone injections at an age around 50, before I discovered tongkat ali. I did so after obtaining a prescription from a physician.

The growth hormone injections had no effect on me, even after several months.

I do not know whether the tongkat ali will prolong my life.

But I clearly feel a positive effect from the increased testosterone level, and that is: pronounced libido, great orgasms with powerful ejaculations, better sex.

And it is reasonable to believe that better sex will make for life extension.

Because the psychological system ("I feel so good") definitely moderates the immune system, and with a well-functioning immune system, I will probably live longer.

But even if I don't: the better sex already is reward enough.

3.2.2.3.5.4.6 The other “eternal” life

The Kreutzian ideology is appropriate for the current “mode of production” of humanity (or the segment of humanity of which I am part). It is a superstructure to the way, modern humans of Western European origin, with sufficient intellect for self-cognition (self-consciousness minus illusions and superstitious beliefs) design their lives (you could call this a “mode of production”, but what is produced are not just material goods).

I am well aware of the limitations that are implied in defining my thought as superstructure. When the “modes of production” will have changed substantially in the future (a new quality arising from the accumulation of certain quantities), my philosophy, or ideology, will be in need of modifications.

One major shift in the mode of production, I can anticipate, and therefore, I can indicate how my ideology will have to change. The turning point will be the time when humans can produce what I call the other “eternal” life.

Humans at the current stage of history die of accidents or wars, or as victims of crime or victims of catastrophes. But most of all, they die of diseases.

We can avoid for decades to die of wars, accidents, crime, or catastrophes. But disease, which is but organ malfunction (whatever the etiology), will, at the current level of technology, catch up with each of us sooner or later. If we make it to 100 years, we are extremely lucky. No human has yet made it to 150 years.

I do want to emphasize this: we do not die because “time is up”. There is no internal or external chronological device that would determine how long we live. Every death, so-called “natural” or from disease, can be traced medically to certain organs not fulfilling their responsibilities within the organism.

Progress in medicine is nothing but our capability to control and ameliorate ever more physiological malfunctions, whether they are caused by pathogens, radiation, trauma, cancers, or whatever.

However, medical technologies at this stage of human development cannot keep pace with the frequency, organ malfunctions develop once we reach an advanced age, and for this reason, humans at the current stage of history die, on average, at an age between 70 and 80, and they do so typically from organ malfunction.

But humans are catching up with nature, and that we reach a capability to, in principle, avoid death by organ failure is only a question of when, not of if.

Skeptics doubt this. But skeptics 200 years ago also have doubted that we would be capable to talk real-time to people thousands of kilometers away, or view from our living rooms what happens in a war zone in another part of the world. But both telephones and television nowadays are technologies which we consider rather simple.

Could we make ourselves invisible? It's just another technological hurdle, and it is being tackled.

Cloaking device could make people invisible
<http://www.theage.com.au/news/world/science-tripping-the-light-fantastic/2006/10/20/1160851137753.html>

To repair and avoid organ failure so that some humans will normally not die of that kind of cause is not impossible in principle, though we have not yet worked out the details of how to do it. But once we have, this will be, from the perspective of dialectical materialism, the most significant transformation of quantity into quality ever.

The quantity element is every little progress in medical science (how we understand an organ, and cure the diseases that befall it).

By adding ever more technologies of curing to that mosaic, we reach, at a certain stage, a point where we are so good in curing every disease in detail that overall, it becomes a realistic endeavor to totally avoid death by organ failure.

It's then when we will have arrived at an entirely new quality, the possibility of "eternal life". Of course, there still are the cosmological limitations to immortality: that our solar system will one day implode, and that the universe will one day become immobile in accordance to the second law of thermodynamics.

The Second Law of Thermodynamics

<http://www.entropylaw.com/entropy2ndlaw.html>

But these events are so remote that they are irrelevant for our practical lives.

However, for our practical lives, it makes a big difference whether we have to assume that we will anyway die at an age of less than 100 years, or whether we have a realistic chance to live hundreds, thousands, or tens of thousands of years.

I say: a realistic chance. There is no guarantee, certainly not for everybody. Even if organ failure can be controlled, there still will be new diseases that take their toll, and people will still die of accidents and wars, or as victims of crimes.

Nevertheless, at a time when we can, in principle, not only produce our livelihood and comfort, but also our indefinite survival, this change in the mode of production will have the most fundamental impact ever on the superstructures of human societies (their ideologies, including their morals and sexual perceptions).

The traditional peddlers of "eternal" life, all religions, will suffer the most from this shift. A large number of people will finally switch from religions and other transcendental nonsense to science and practical life extension.

My ideology, emphasizing optimal sexual experience, followed by a gentle death, will also no longer be appropriate. Instead, a then appropriate ideology will focus on death avoidance first, with everything else postponed to better times (in this world, not in paradise).

This doesn't negate the relevance of optimal sexual experience. But people will, for example, be less inclined to break the law in order to obtain sexual satisfaction, as prisoners would probably have worse access to medical technologies and may die from diseases from which people who are not imprisoned could save themselves.

As long as people think that anyway, they will be dead within a few years (as they have reason to believe today), sexual risk taking makes much more sense ("anyway, I will soon be dead")

In a world in which immortality will be a practical option, people will likely put more emphasis on getting rich, as the best medical attention will probably be available only for those who can pay for it.

Death avoidance will likely be a puzzle of many specific medical interventions, and not a one-time event (such as drinking from a "fountain of youth" would be). It will also have little in common with what currently is associated with life extension (the sale of mostly prescription-free dietary supplements by quacks).

Because the practical immortality of the future will not only involve the prevention and cure of organ malfunction but increasingly also organ replacement by either biological or artificial parts, it is important to develop a clear understanding of the human self. In other words: who am I?

As a thought exercise, let me begin with a hypothetical replacement of many standard organs not just by transplants from other humans but by engineered devices.

Take, for example, a mechanical foot, a chemical kidney, or an electrical heart. If each of these devices were to function as well as the biological equivalents they substitute, then one would not be a different person. Clearly, I am not my foot, my kidney, or my heart.

My self is only associated with my brain, the memories that are stored in it, the thoughts it generates, and the consciousness that it affords me.

When did the self evolve? Protozoa have no self, even though they display behavior that is generated towards survival. The self is a function of the complexity of a nervous system that comes into existence as a new quality once the nervous system accumulates a sufficient quantity of related processes.

In order to develop a proper understanding of what we are, it is important not to view ourselves holistically. Instead, differentiation is what is needed.

One element of differentiation, I have already introduced in previous articles: our genes are not our tools to propagate ourselves. Rather, our genes use our organisms, including our brains, to propagate themselves, not us.

Furthermore, self-cognition makes it possible for us to differentiate our interests from the interests of our genes. These interests are not identical.

The differentiation of our selves from our bodies is another step to a proper view of what we are.

But we cannot differentiate down to the assumption that we are the thoughts and consciousness that are generated by our brains (and certainly not down to an imagined soul). Because our brains involve other elements: our sensations, our emotions, our desires, and yes, our sexual satisfaction.

For this reason, downloading our brains to computers will not preserve our selves.

In fact, for the satisfaction of our selves, we do need the representation of our bodies, including all the sensations we are accustomed to: seeing with our eyes, hearing with our ears, smelling, tasting, touching, and so on.

I would even go as far as saying that our selves need to achieve certain states of happiness that are induced through certain means of conduct. Therefore, achieving a sexual orgasm through sexual intercourse is superior to electrically stimulating the orgasm center of the brain, even if both leads to an identical release of pleasure chemicals.

Replacing organs with functioning devices won't be enough. The devices must also be wired to our brains in a manner that they supply the same positive sensations as did the original organs.

That's an enormous task, and medical technology is far from being able to handle something like that on an organism-wide scale.

Therefore, even though we will one day be capable not just to transplant mechanical devices into our bodies, but, in the opposite direction, our bodies into robots that look like humans and give us the same sensations as do our bodies, we are certainly still centuries, and quite possibly even millennia, away from that particular solution.

Nevertheless, the above contemplations are important to give us an idea of our selves as opposed to what is part of our non-selves, which includes, strange as it may sound, our bodies.

I think that many people agree that in principle, it will, at a certain stage of human development, be possible to achieve practical immortality (mortality from organ failure postponed for thousands of years), but it will have little to do with the quackery of current "life extensionists", as it will be an enormously complex and complicated endeavor.

Thus, for generations to come, the modifications of my ideology which I have outlined for the eventual possibility of a practical avoidance of dying from organ failure will not be necessary for a long time, indeed.

For the meantime, what we realistically can strive for is optimal sexual experience for as long as we are alive, and after that, a gentle death.

3.2.2.3.5.4.7 What medical science will achieve before the other “eternal” life

Long before medical science will achieve to give humans an indefinite lifespan by being able to make death by organ failure largely avoidable, it will be able to make anybody look an age of somewhere between 20 and 30, regardless of what a person's real age is.

Actually, we have already reached the stage of this “mode of production”.

A woman who today is 22 years old can realistically expect to look no older than 33 when in fact, she will be 66. Provided, she does everything right.

Doing everything right means that she will start using small dosages of Botox from now on, to prevent her skin from developing wrinkles around the eyes.

She will also undergo repeated facelifts in the coming decades.

She will avoid too much exposure to the sun, as sun radiation is a major factor in skin aging.

To preserve a youthful figure, as well as genital beauty, she will not get pregnant and not give birth (pregnancy and childbirth by surrogate mothers is an elegant alternative).

But please be aware: Our mode of production is at a stage where we can preserve the youthful appearance of a face, not where we could give everybody exactly the face she or he may select from a catalogue.

The Michael Jackson experiment showed that natural tissue doesn't adjust well to a magnitude of implants and structural changes.

This, our current mode of production, as it relates to the preservice of youthful, attractive faces and bodies up to an age at which our parents had long lost all sex appeal, will have a great impact on the philosophical, or ideological, superstructures.

The most relevant impact will be on the feminist movement, which will shed its antisexual facettes. These antisexual facettes anyway were nothing but a direct consequence of women losing their sexual market value rather fast from an age between 30 and 40, and in Third World countries even considerably earlier.

Women who are sexy until sixtysix are unlikely to join feminist groups that deplore the fact that men break their marriage vows and go after younger women. They themselves will value optimal sexual experience with more than just one lifelong partner.

3.2.2.3.5.4.8 Looking young is being young

We usually think that our minds control our bodies. Therefore, we assume that when we are sad, and therefore we may even. But there actually is a famous psychological theory on emotion that suggest that there first are physiological events, such as the urge to cry, and only then, our minds realize that we are sad.

Sounds like the wrong sequence? Wait a moment.

The above example was made up by the author of this article. The psychologist that came up with the theory of emotion I refer to, gave another example: assume we are in the wilderness, and we are confronted by a bear. Two things will happen. We will be afraid, and we will run away (or physically prepare to run away).

Common perception is that we are afraid first, and because we are afraid, we run away, or physically prepar to do so. Our blood pressure rises, and a whole lot of other reactions of the sympathetic nervous system kick in.

But is it really that we first are afraid, and because we are afraid, our bodies prepare to run away, and then run away?

The James-Lange theory of emotion, named after the early American psychologist William James and the psychologist Lange who formulated the same theory independently from William James, we first run away, and we then feel afraid because we run away.

It sounds odd, but be aware of the following: the reaction of running away is evolutionarily much older than the sophisticated emotion of fear.

Do cat, or chicken, have emotions when they run away from a dog?

Do fish have emotions when they try to escape the jaws of a shark?

Do cockroaches have emotions when they try to hide in narrow openings as soon as a light is turned on.

Most people would still attribute emotions of fear to cats and chicken. But to cockroaches?

If our emotions are more recent in evolution than our behavior, it makes sense to assume that they only accompany a behavior, not cause it.

But whether we side with the James-Lange view, or whether we oppose it, one aspect that the above contemplation causes awareness of is the probably high interaction between our physical and our mental states.

This is why I want to bring some attention to the fact that our health, too, may depend, to a certain degree, on how healthy our environment assumes us to be, and how healthy we ourselves consider ourselves when we look into a mirror, or reflect on ourselves.

Now, how healthy we are assumed to be will greatly depend on how young we look. And to make us look younger is precisely what can be achieved through cosmetic surgery.

But this is not yet the whole story. There also is a strong reverse influence. When we look into a mirror, we feel as we would consider it appropriate for the way we look.

Specifically, when we look ill, it won't take long and we will feel ill. And when we look older, we will die sooner.

But it's not only what we see when we look into the mirror. We also are what other people think we are. Each of us is equipped with a huge invisible antenna with which we receive all the signals of how our environment judges us. And each of us reacts by modelling oneself in accordance to the perceptions other people have of us.

Isn't it funny?

A plastic surgeon has so little awareness of the fact that by doing a facelift, he in fact can contribute significantly to a person's immunity against cancer, and can help in heart health.

Why?

Because when people assume we are healthier (because we appear younger) then our bodies react by remodelling themselves as a healthier, younger physiological systems.

The pathway of this mechanism is the interaction of the nervous system with the immune system, and the immune system, when in proper gear, can achieve about anything, as documented in many reports on cases of spontaneous healing.

Some people can achieve this through self-hypnosis (of which meditation is a subset). But self-hypnosis doesn't work for anybody, as it involves a strong talent to imagine oneself as something else than reality suggests.

It's not really my cup of tea.

I prefer to be in my 50s, with everybody in my environment believing I am in my 30s, because I look like a guy in his 30s.

But reverting one's look to that of a person in his 30s, unfortunately, isn't enough for being considered in one's 30s.

It is also necessary to engineer one's life circumstances in a manner so that all people in one's personal environment assume that, indeed, one's age is in the 30s.

To achieve this, a high degree of mobility is essential. One can't really be with long-term family members or old friends.

If they know that one's age is in the 50s, not in the 30s, a corresponding perception of theirs will radiate, and the fine antennas of a person in his 50s, even when he looks in his 30s, will soon catch these signals, and modify his own perception of himself to conform with the perceptions, his human environment has about him.

I don't mean that a person cannot have friends and family, and, of course, a wife. But if he is in his 50s and wants the full health benefit of being considered to be in his 30s, friends and family should all be rather recent acquisitions.

As outlined above, there is more to having the full benefit of cosmetic surgery than just looking younger. People really have to assume, that indeed one is younger.

The engineering of a person's social environment is beyond that what is covered on this domain.

But for the successful engineering of one's social environment, enough cosmetic surgery to make a person look 20 or more years younger is an important prerequisite.

3.2.2.3.5.4.9 Youth instead of immortality

While we are far from engineering immortality, we do, indeed, already have the technology to engineer youth, primarily through cosmetic surgery.

In practical terms, it means that if we, men and women, have a realistic chance to look 30, even when we are double that age, then we will have a completely different perspective in life.

If we cannot appear to be the same age as our 30-year old competitors, we will favor a world in which the sexual market value of younger people is restricted, so that our own value will not diminish too far.

But if we have a realistic chance to maintain a sexually appealing appearance even beyond the fault line at which we would traditionally be viewed as goners, we can favor a world in which the value of older people does not have to be enhanced artificially.

Medical technology has indeed reached a stage at which it is a realistic perspective to maintain an appearance as if we were 30 to well double the age. The key really is cosmetic surgery. Which is why cosmetic surgery has a philosophical, even metaphysical dimension.