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The Embodied Life Course: Post-ageism or the Renaturalization of Gender?

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Abstract: This paper argues that the sociology of the body must take more account of embodiment as an ongoing process that occurs over the life course, and it suggests that a critical perspective is required that emphasizes the material processes of embodiment by which physical changes in age and time are culturally mediated. We take the concept of the embodied life course as a starting point for probing the temporal aspects of bodily life, for exploring the ways in which biological, biographical and socio-historical time intersect, and for grasping the ways that temporality is materialized and mobilized through bodies. Taking the example of the biomedical reconfiguration of sexual function across the life course, we demonstrate how aging bodies have been opened to new forms of intervention that situate them within new understandings of nature and culture. Conclusions reflect on the contradictions of ‘post-ageist’ discourses and practices that promise to liberate bodies from chronological age, while simultaneously re-naturalizing gender in sexed bodies.

Keywords: aging; biomedicine; embodiment; gender; life course; post-ageism; sexual function; temporality

1. Introduction

The sociology of the body has a long, but uneven affiliation with studies of aging. The latter has been frequently cited as providing an impetus for the development of a sociology of the body in its founding moments [1–3]. David Morgan and Sue Scott speculated in 1993 that “the development of a more

temporal perspective within sociology” would be important and that the development of a sociological understanding of time would “interweave and intersect” with the development of a sociology of the body [4]. A few years later, Bryan Turner argued that “the absence of a developed sociology of ageing...is an effect of the absence of a sociology of the body” [5]. We certainly cannot claim today that there is an absence of a sociology of aging, a sociology of time or a sociology of the body. All have flourished, yet they have not—contra Turner’s assertion—always developed in such a way as to inform one another reciprocally. In particular, old bodies still tend to be marginalized in theoretical work on the body, and when they do appear, it is in order to illustrate themes of bodily decline and disability or celebrate overly positive ‘successful aging’ lifestyles. At the same time, social gerontology’s focus on the life course rarely extends itself to the aging body [6,7].

In this paper, we argue that if Chris Shilling’s call for “an embodied sociology in which the discipline takes full account of the corporeal character of social life” [8] is to be realized, then the truncated corporeal terrain on which it is currently premised needs to be expanded. We take the concept of the embodied life course as a starting point for exploring the ways in which bodies are lived temporally and for grasping the intersections between biological, biographical and socio-historical time as they shape each other. An emphasis on the embodied life course—and the ways in which temporality is materialized and mobilized through bodies—makes possible a more fully sociological analysis of embodiment as an ongoing process. We broaden the analysis to examine new technologies and materialities of embodiment, with a discussion of biosocial shifts in nature/culture boundaries as a background. Then, we specifically focus on how the promise of ‘post-ageist’ culture and medicine to liberate bodies from the limits of chronological age simultaneously re-entrenches or ‘re-naturalizes’ conventional notions of sex and gender. We conclude with reflections on how aging bodies provide a locus for grasping the relationship between dominant and contradictory cultural narratives about what it means to grow older.

2. The Aging Body and the Life Course as Perspective

To begin, it is important to credit the sociology of aging as a leading sub-discipline for introducing a temporal dimension to sociology in general. This has been accomplished mainly through research on the life course perspective, which in turn has become one of gerontology’s most resourceful ideas, opening a broad thought space that includes individuals, cohorts, families, generations and societies. Glen Elder Jr. in his seminal study of cohorts in *Children of the Great Depression* in 1974 and his paper on ‘Age Differentiation and the Life Course’ in 1975, framed the life course not only as a biographical and cohort phenomenon, but as a perspective in itself, what he called at the time an “emerging field of inquiry” [9]. Like Karl Mannheim, who fifty years earlier cast ‘generation’ as a sociological problem [10], Elder and his associates provided gerontology with an imaginative social perspective on history, culture and structure, as well as with new ways of understanding subjective aging as lifelong and embedded in unique collective experiences at special times. By the 1990s, it was rare to find a sociological study of aging untouched by the life course perspective; in 1997 the American Sociological Association’s section on aging was renamed ‘The Sociology of Aging and the Life Course.’ And today, life course studies are enriched by critical work on social inequality, gender and race relations, immigration and transnational movements. To this list we can add a global level, as social gerontologists such as Dale Dannefer [11]

write about ‘linked lives’ and life courses across continents, cultures and economies. Feminist critiques have also made us keenly aware of the consequences of differential life course paths for men and women [12].

However, while it seems that life-course research has moved aging studies beyond biological, evolutionary and biomedical models of aging, the focus on social structure and context in time has paradoxically left the question of the aging body abandoned to these very models. As such, bodily time in life course research remains naturalized and restrictively measurable in terms of health. And while many social gerontologists and anti-ageist advocates call for an expansion of the relationship between age and time in non-biological and non-linear ways, they have not re-theorized the status of bodily age nor re-imagined how the life course itself is embodied. Sociologists of the body have also been reluctant to include a life course perspective into their critiques of embodiment. Hence, for the life course to grow in importance for both aging and body studies, a critical perspective is required that emphasizes the material processes of embodiment by which physical changes in age and time are culturally mediated.

Such a perspective would promote our understanding of temporal regimes as both physical and as distributed across the spaces of lived bodily worlds in ways that articulate other kinds of time; for example, the cognitive changes that come with aging or the dilemmas of increased longevity today. If aging bodies are examined from this wider critical lens, then we can broaden discussion about how life courses inhabit the individuals, groups and populations that live them. In other words, since bodily life itself is where our culture’s dominant narratives and forms of expertise about aging gather, elaborating the body in time is a crucial interdisciplinary exercise.

An important dialogue that has advanced this exercise has been between feminists and gerontologists, where since the 1970s, feminist researchers have bridged anti-sexism with antiageism, and sexual inequality with age inequality [13–18]. As Calasanti [13] recounts, early calls to include women in research on aging populations were often met with an ‘add women and stir’ approach, revealing a reluctance to fundamentally alter core models and theories. Feminist gerontology-proper emerged in the 1990s and demanded a more thorough overhaul of both gerontology and gender studies, taking the former to task for its neglect of gender, and the latter for inattention to age.

Critical feminist and gerontological researchers certainly find common ground in their emphasis on the body. After all, it is through embodiment that aging and gender come to be experienced together [17]. Both have been concerned to see both gender and age as social relations, and so have sought to retrieve gendered and aging bodies from the pull of the ‘natural’. Bodies, from this perspective, become sites for the materialization of intersecting social inequalities.

Feminist research on age also links the youth-based sexual politics of appearance with our culture’s disparaging of older women, as is evident in the history of hormone replacement technologies and the biomedicalization of menopause [19,20]. To grow older without aging, as our culture appears to mandate, implies the timeless and coercive upkeep of unvarying functionality, permanent performance, unflinching memory and unceasing activity. Such impossible standards have tended to affect women most prominently because of the cultural idealization of their bodies as age-defying technologies. However, as we elaborate in a subsequent section of this paper, contemporary biomedical and cultural reconfigurations of sexual life courses have extended such imperatives to aging men as well. If our deeply contradictory discourses of ageless aging are re-naturalizing cultural expectations of gender, as we will argue, then this process must be seen against the shifting temporal frameworks and bodily

boundaries between culture and nature that exemplify aging in post-traditional society, as the next sections explore.

3. The Embodied Life Course and Non-chronological Time

Mike Featherstone and Mike Hepworth, two of the foremost thinkers on the sociology of the aging body, suggest that, “in all analysis and discussion of ageing and the life course, the focus is inevitably upon time and diachronic change” [21]. Yet conceptions of embodied temporality are complex and instantiated at different levels of analysis and sites of articulation. The historical construction of aging bodies as senescent legitimized their management through medicalization and disciplinary specialization [22,23]. And in its most basic sense, time-since-birth is the basis of the chronology of age which still frames access to resources and privileges in age-graded societies [24]. Theorizing embodiment as temporal in this sense is critical to understanding the ways in which bodies are shifting bases for the construction of difference—from significant others, generalized others or oneself over time (see e.g., [25–29]).

These points have been borne out by empirical studies of bodily time in specialized cultures, such as dance and sport. Steven Wainwright and Bryan S. Turner’s research of the Royal Ballet of London explores the idealized youthful bodies in professional ballet [30,31], where dancers learn to embody and perform the style, stamina and competence of an elite physical capital that rewards them with status and self-definition. By early middle-age, most dancers face the advancing constraints on their physical abilities, increased injuries and longer recovery times, yet retirement from their short-lived careers is difficult because of the intense association of the dancer’s identity with their body. Their coming to a mature imagination about their place and transitions within their own life courses is forced because of the extreme physical, but transient, nature of the dance world. Some sports that seek to prolong rather than foreshorten athletic performance are also interesting. For example, Emmanuelle Tulle [32] writes on veteran Masters long-distance runners, where the body is the medium for expressing and understanding aging. She argues that the older runners work on their bodies as aging bodies, adopting specific and taxing physical skills through which they come to know their aging through an intimate interpretation of their bodies’ performance. Pushing the limits defines who they are as older subjects and again, where they are as subjects in a particular life course regime.

There are many other examples of aging worlds where embodiment can be seen as a phenomenological process intersecting biological and biographical aspects of aging [33]. And while this kind of research is valuable for illustrating how the life course is interpreted and narrated in relation to bodily aging, we need to probe further into how the time of the body is conceptualized today in order to explore how sexuality has become re-naturalized.

To do so, it is valuable to look at the radical changes in conceptions of time that have developed in what has been termed late modernity [34], ‘second’ modernity [35], or liquid modernity [36]. These in turn have framed new questions about the plasticity of age and aging, as individuals are situated in both biographical and generational timescapes that bear striking differences with traditional life course identities. Here, we can look to Chris Gilleard and Paul Higgs’ considerable contributions on mapping the ‘third age’ as a cultural field [37]. Indeed, while chronological age still appears as a primary standard of calculating life course divisions, the status of chronological age itself as a measure and symbol of

aging has become diminished in post-traditional society. Not only is the usage of chronological age accused of promoting ageism and universalizing the aging experience (even if gerontological activism depends on chronological age for advocacy projects), it also challenges the cultural imperative to continually ‘feel younger than one looks’. Furthermore, as cultural sociologists of aging argue, conventional chronological distinctions are eroding as life course identities are becoming blurred due to the longevity stretch in population aging, the fragmentation of the workplace, the globalization of aging spaces, the reconfiguring of generational relations, the allure of anti-aging industries and the contingencies and risks around life transitions, such as retirement [6,38,39]. Overall, as Settersten Jr. and Trauten suggest [40], “Great shake-ups seem to be afoot in every period of life, so much so that the whole of human experience feels in flux.” Even in demography, Shoven [41] recommends that we should measure population aging not according to chronological age, but mortality risk levels, with higher risk groups being ‘older’ than lower risk groups. So that in the case of American mortality risks, which have declined with age, researchers suggest that we should think of 59 year-old men in 1970, 65 year-old men and 70 year-old women in 2000, as the same age.

Such notions of temporality are also central to the location of bodies in terms of ‘time spent’ and ‘time left’—and these have become integral to work that has theorized embodied selfhood in terms of ‘reflexive’, ‘actuarial’ and/or ‘calculative’ selves. For example, Beatriz Cardona identifies the extent to which the ‘calculative self’ assumed by anti-aging medicine “is fashioned by a profound concern with temporality” [42]. Sharon Kaufman, writing on the implications of life extension technologies in reconfiguring life spans, has posed some fascinating questions about “what kind of subject emerges when longevity becomes a reflexive practice” [43]. We can even calculate our “sexual life expectancy” [44], defined as the “average remaining years of sexually active life.” Such a measure is suggested as an important indicator useful for the calculation of public health needs and for health promotion, as individuals may be motivated to alter their lifestyles if such changes, “are expected to prolong or preserve a sexually active or sexually satisfying life.” [44]

These illustrations are also part of the larger relationship between new non-chronological temporalities and risk society in the sense that, as Tiago Moreira notes, the construction of individuals ‘at risk’ involves not only future-oriented calculations, but a tracing backwards, “to the earliest possible molecular, behavioral or clinical manifestations, aiming to develop multiple preventative interventions” [45]. This risk-management dimension of the life course is mobilized by biopolitical interests in population health. For example, World Health Day in 2012 (April 7) was dedicated to the theme of aging and health, aiming for no less than a “reinvention of aging”. In her opening remarks, Margaret Chan, Director General of the WHO, declared that, “In promoting healthy aging, WHO follows a life course approach. Doing so lets us discover multiple critical points, throughout life, for preventive intervention. For example, recent evidence demonstrates that under-nutrition during gestation and early life increases the risk for noncommunicable diseases later in life” [46]. Ultimately, this sentiment encapsulates the simultaneous backward and forward orientation of the embodiment of risk and suggests that the mobilization of late-life bodily futures really begins in utero!

If chronological age is not necessarily the distinguishing boundary between these age periods, then what is? What other measures and demarcations between normal and pathological aging are positioned at their boundaries? One response came from gerontologists Peter Laslett in the UK and Bernice Neugarten in America. Laslett saw chronological age and age of retirement as inadequate indicators of a

new stage of mid-life that was neither young nor old, which he called the Third Age [47]. The Third Age, marked by mid-life independence, activity, health and lifestyle choice, became a keyword in British gerontology and, as such, sparked numerous debates about aging, social stratification and the commercialization of ‘mature’ lifestyles [48]. Neugarten, a social psychologist and gerontologist, stressed the idea of an age-irrelevant society and introduced new demographic terminology, such as the young-old and the old-old [49,50]. Both writers saw the need for new distinctions within later life categories as necessary to highlight positive aspects of aging; however, both were criticized for under-theorizing the last stages of life, or the Fourth Age, which has continued to be treated as a period of bodily and psychological decline, loss and finality. As Gilleard and Higgs argue, if the Third Age is identified with choice and agency, the Fourth Age is akin to a kind of ‘black hole’ exerting a gravitational pull on those otherwise capable of maintaining a distance from the signs of dependency [51]. Despite the optimistic research on resiliency and plasticity in old age, as Baltes and Smith state, “the fourth age tests the boundaries of human adaptability” [52]. For example, cognitive health as a measure of successful aging also turns dementia into the gravest threat, because memory loss signals the loss of self and risk of sliding into the netherworld of the Fourth Age [53]. While writers such as Amanda Grenier [54,55] have criticized measurements for over-exaggerating the separation of frail from non-frail individuals, their cultural appeal overwhelms the criticisms. Thus the re-imagining of the life course in non-chronological terms has not so much released the aging body from age-restrictive identities, as re-located it within new boundaries between health and decline, nature and culture.

These shifts are evident within the professional and cultural spheres that calculate sexual function across the life course as an indication of overall ‘healthy aging’, and we turn to this now as our main example of the embodied life course.

4. Gender and Sexual Function across the Life Course

While the dissociation between the embodied life course and chronological age boundaries has led to various opportunities to restructure and renegotiate the aging experience, it has also opened the aging body to new forms of intervention based on modification, improvement and enhancement. Several thinkers have looked to recent developments in medical, cosmetic, pharmacological and cultural technologies in terms of how they have transformed the body as such. Paul Rabinow has used the term ‘biosocial’ to signal this shift in the role played by nature as the biological ground for the life sciences. For Rabinow, the natural was becoming identified with an expansive plasticity, vulnerable and open to the intervention of new technologies and cultural imperatives [56,57]. Thus, in his words, nature will be, “remade through technique and will finally become artificial, just as culture becomes natural” [58]. And, as human technologies redraw the boundaries between nature, culture, reality and artificiality, the result, as Rothman and Rothman state, is that, “biology has no fixed boundaries, only opportunities” [59]. Central to the biosocial vision of modifiable life, including aging, is that it can also be optimized beyond what is needed to sustain good health [60–62]. And this is where ethical debates about the limits of enhancement find themselves today [63].

The clash between biosocial and chronological boundaries has had profound effects on our notions of later-life sexuality and gender relations. This has been particularly evident in the area of ‘sexual function,’ the cornerstone of newly broadened ideas about ‘sexual health’. Here, we draw on the

argument that an emerging discourse of ‘function and dysfunction’ has largely supplanted the traditional medical binary of ‘normal and pathological,’ and thus has produced a biosocial grid that realigns the ‘truths’ about bodies as natural/cultural assemblages [64]. Further, functionality does not require any correlate of normality—so what is statistically ‘normal’ is routinely deemed ‘dysfunctional’. Functionality is premised upon measurement and standardization—usually stabilized as endpoints for interventions. And as a biomedical framing, the functional/dysfunctional binary disassembles the body and materializes it around discrete functional genetic, hormonal, neuro-chemical, vascular and other subsystems. Thus the shift in the gerontological, medical and biotechnical sciences from chronological to functional age is interesting, because it fulfills a dual biosocial purpose. First, functional age entrenches age into everything that can be measured as functional or dysfunctional, and thus re-distributes physical aging across a widening horizon of knowledge-making and intervention. Second, in appearing to diversify aging and liberate it from the constraints of chronological age biomarkers, functional issues can more readily become available to consumer cultural interests. Thus, the functional body situates aging within new understandings of nature and culture, where biology is used not to demarcate the lines between them, but to blur them. Functionality, connected to new conceptions of temporality and inventories of risks and interventions, becomes another way to measure aging apart from chronology. What this means in the sexual field is that the biomedical focus on sexual function has added it as another key indicator of successful aging.

But the language of the ‘sexual’ in the ‘functional’ re-articulates measures of lifelong sexual activity with traditional heteronormative and gender conventional standards. This irony, between liberating aging from age, but restricting gender to sexual function, is evident in the clinical literature on sexual dysfunction. Here we find a fascinating example that illustrates how cultural expectations of gender, manifested through heterosexual performance, are deeply rooted in the body. One of the markers of scientific progress in sexual medicine is assumed to be the extent to which the etiology of dysfunctions has moved from psychological to physiological models, yet the latter are infused with expectations of normative heterogendered social relations. The founding editor of the *Journal of Sexual Medicine*, Irwin Goldstein, describes functional penises as those which can achieve “sufficient axial rigidity” to “penetrate through labia” (cited in [65]). Women’s sexual anatomy is described in terms of the functional vagina—one which is able to “accommodate penetration of a rigid penile erection”—with the clitoris given a supporting role in its vasocongestion and lubrication “making the sexual act easier” [66]. The very authority of biomedical discourse here lends an aura of objective truth to this rendering of the coital imperative and enacts discursive closure on what properly sexed bodies are supposed to do. It also fixes youthful standards of heterosexual performance as those which define aging bodies as becoming less functional and opens them up to biomedical interventions which, on the one hand, may ‘liberate’ them from chronological age, but on the other hand, re-naturalizes conventional ideas about gender and heterosexuality. We can find numerous illustrations of this development in terms of cultural, professional, pharmaceutical and body industries.

Consider, for example, the sexualization of post-menopausal femininity. In the past, female late-life maturity was depicted as benefitting from the cessation of reproductive function and relief from the supposed calamities of sexuality. For this reason, men and women were assumed to have convergent life courses, even if such an assumption bloomed in an era of sexual inequality [19]. Estrogen, isolated and synthesized in the 1930s, was initially designed as a restorative, short-term treatment for transitional

symptoms for women [67]. By the 1960s estrogen replacement was touted as something all women should consider for the remainder of their postmenopausal lives, with Dr. Robert Wilson its most popular crusader, whose 1966 mass-market bestseller, *Feminine Forever* [68] claimed that estrogen had the power to restore full womanhood to those who would otherwise be neutered by menopausal deficiencies. As rates of estrogen prescriptions climbed rapidly in the 1960s and 1970s, criticism about long-term effects emerged on several fronts. In the 1980s and 1990s, the ‘forever feminine’ trope of the 1960s’ estrogen campaign was replaced by a health benefits discourse, which focused on the role of estrogen in preventing osteoporosis and heart disease, and possibly the risk of Alzheimer Disease [69]. Much scientific debate and public controversy continues to haunt HRT, even as 40 million women take HRT to relieve menopausal symptoms [20,70].

For men, the advent of Viagra transformed the gentler but embarrassing problem of impotence into the crisis of erectile dysfunction, one which the drug could conveniently remedy [71]. More recently, popular sexology and the pharmaceutical industry have turned to Female Sexual Arousal Disorder (FSAD), a vaguely defined disease for which there is no agreed upon diagnostic criteria and little normative data [72]. The Viagra ‘phenomenon’ [73] also fits with a revisioned male life course punctuated by ‘andropause,’ a term that began appearing more frequently in the 1990s and which has now become defined as ‘late onset hypogonadism,’ or ‘age-associated testosterone deficiency’ [74]. The ‘deficiency’ is defined in relation to the testosterone levels of the ‘young healthy adult male’ [74], which fixes masculinity in terms of characteristics and capacities associated with youth, and casts age as a universally experienced risk factor. The complaints of aging men are now cast less as problems of age than they are of masculinity—a deficiency of testosterone produces demasculinization, and testosterone supplementation is the agent of re-masculinization [75]. ‘Normal’ is no longer normative, but a negotiable biosocial condition aimed at optimal functionality.

In life course terms, the risks of mid-life andropause, like menopause, bring men closer to women’s hormonal story because ‘he’ as well as ‘she’ faces the despair of physical decline and post-peak anxieties. Hormonal research and marketing has turned estrogen and testosterone into female and male essences, whose ebb and flow, equilibria and imbalances overpower and equalize all other facets of sexual aging. But despite a similar cluster of symptoms associated with aging that are common to both men and women, aging male and female bodies are materialized in very different ways with very different temporal framings. For example, ‘menopause’ as a defined event continues to mark the female life course, so that women are premenopausal, perimenopausal, menopausal, postmenopausal, versus ‘aging’ as a process applied to the masculine life course. The intensified focus on aging men as inhabiting a particular type of aging body has fixed them in the biomedical gaze as ‘not women’ and has framed the biochemical demasculinization threatened by untreated aging as a pressing social problem. Malcolm Carruthers, a well-known British advocate of testosterone therapy has called for ‘urgent’ international action to raise awareness of what he considers inadequate levels of testosterone treatment: “Like climate change, it could be said that the time has come when global thinking on the need to diagnose and treat testosterone deficiency should move from debate to action” [76]. Aging bodies, then, are sites for the naturalization of political agendas, social norms and cultural values—including, first and foremost, those regarding gender.

5. Conclusions: The Aging Body in a Post-ageist Regime

The examples and theoretical ideas in this study all touch in some way on changing relationships between culture and nature, into which the aging, gendered body is situated. Hence, the aging body is not just part of biological time, because biological time itself is forged at the boundary between the life sciences and life course regimes. And that boundary today is experimental in ways that we have considered as ‘biosocial’, where age is imagined as treatable or even avoidable, just as sex and gender difference are constructed as more fixed across the life course, and hence un-malleable. Confronting the new biologism of aging is very different than confronting the new biologism of sex/gender. Released from chronological age, aging appears more fluid and part of a vital flow of multiple and modifiable capacities, based on function and performance, that connect human bodies to new enhancement technologies, bioidentities and hybridized forms of life. In the end, the critique of the biosocial order is about looking back and looking ahead simultaneously. Of the past, it asks if the natural was ever really that natural? For the future, it asks if we ever really want our nature to be as mutable as our culture, especially if that nature comes with a reinstatement of conventional formulations about sex and gender? These are questions to ponder as contemporary biosocial styles of thought travel through the life sciences and into our lives, and hopes with their claim to liberate us from our biological destinies, yet push key cultural values about measuring life right back into our body’s functions, brains, hearts and hormones.

Finally, aging bodies are also situated in a constellation of debates about feminism and post-feminism, the sociology of the body, positive and negative images of aging, and anti-aging and anti-ageist cultures and industries. In fact, we might say we are living in a time of ‘post-ageist ageism’ which, as we have argued, re-entrenches many of the traditional and sexually stereotyped gender roles that are presumed to have been nullified by liberationist ideologies associated with anti-aging. Recent analyses of post-feminism in media and culture are instructive in grasping what is distinctive about this new ‘post-ageist ageism.’ For example, Rosalind Gill argues that what makes a postfeminist sensibility distinctive is that it is a ‘response to feminism’ that is more complex than a backlash—instead “feminist ideas are both articulated and repudiated, expressed and disavowed” [77]. Similarly, anti-ageist sentiments are embraced at the same time as old age is constructed as something to be resisted. Gill’s observations about women in post-feminist culture—on the one hand presented as “active, desiring social subjects,” but on the other hand as “subject to a level of scrutiny and hostile surveillance that has no historical precedent”—might just as easily be made of older people in post-ageist media cultures. Image after image of older people as active, sexy and productive often sit uneasily beside alarmist demographic pronouncements of a “tsunami of geezers” [78] that threatens to suck the life out of Western economies with their health and welfare needs. Deeply contradictory, successful aging as portrayed in the media is an individual accomplishment and, above all, as a body project that must begin far before the onset of mid—or—later life. Thus ‘post-ageist ageism’ can only make sense in a culture where consumption and lifestyle choice increasingly frame age and gender-related identities, and where age and gender are viewed as the bodily properties of individuals, rather than as culturally mediated and changing categories.

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