I. Aging Studies amid the Cultural, Social, and Biological

Age(ing) has many layers and dimensions that are inextricably linked with one another and ultimately form an imaginary of the process of living through various life stages. Although "age studies have long shifted from speaking of 'periods in life' (such as childhood, adulthood, old age)" (Banerjee, *Medical Humanities* 134), in public imaginary, these stages are still very much part of the age(ing) discourse, defining how individuals are supposed to 'be' at a certain point in their lives. Every individual has personal experiences of their own aging process, as well as encounters with that of their parents, neighbors, or friends. Moreover, there are media representations that influence the perception or expectation of what aging is like for an individual. Despite the complexity of the process and the cultural, social, and biological construct that is age, there are oftentimes many simplifications of the concept. The assertion that 'age is just a number,' for instance, is commonly used to, on the one hand, simplify the concept and, on the other hand, diminish the effect age has on the life-course in general. If age is not just a number, however, what is it that makes a person 'old' or 'young'? And what is 'old' age? These questions have been discussed frequently by scholars of the interdisciplinary field of aging studies which focuses on cultural aspects of the process. On the other hand, the field of gerontology focuses on biological implications. The field of social gerontology, as a third approach, looks at the way the biological aging process influences social structures. By looking at (social) gerontology and theories of aging studies, I will in the following outline where research on age(ing) has pointed to or neglected the interconnectedness of the social, biological, and cultural. I will trace the overarching concepts in aging studies which I aim to discuss and renegotiate in light of extraordinary forms of age(ing). Further, I will have a closer look at age as a construct, consisting of subcategories itself. I will thus establish the categories I will apply throughout this study. Finally, I will discuss progeria and centenarianism in light of their promise to generate new insights on the way we understand age(ing), as well as the potential the specific genre of life writing brings to the analysis.

1 Theories of Age(ing)

1.1 The Beginnings of Social Gerontology: The Biological and the Social

Debates about the aging process go back into ancient societies. Philosophers such as Aristotle, Cicero, and Seneca pondered questions about the life-course and the ways that human nature develops into advanced age. Age(ing) is often regarded in relation with 'old' age, as the stage in life that is most commonly associated with derogatory stereotypes of decay. Andrew W. Achenbaum explains that Roman philosopher Seneca wrote "'*[s]enectus morbidus est*'" which translates into "'[o]ld age is a disease'" ("A History of Ageism" 11). Seneca's statement focuses merely on the aging body and its tendency to become weaker in later life. In other words, Seneca regards 'old' age solely in terms of the declining body, implying that not only is the aging body more prone to fall ill but that 'old' age itself *is* the disease; a terminal one. Considering 'old' age to be a terminal disease defines later life as something that befalls the body, weakens it, and, if not cured, kills it. Further, diseases are often contagious, which might lead to the fear that 'old' people could infect others with their 'oldness.' That fear, in turn, encourages a marginalization and stigmatization of the 'old.' Having caught a disease, there are only two possible ways to go: Either one declines and ultimately dies or one receives treatment and fights off the illness that invaded the body. As there is no cure for 'old' age, once a person is 'infected' with it, there is no going back which leads to an association of 'old' age with death.

Even though Seneca's statement is about 2000 years old, the assumption that 'old' age is a disease is still prevalent in modern thinking. This tendency can be seen in the research of scientists such as British molecular biologist Aubrey de Grey who, in an interview with *The Guardian* describes age as "this ghastly thing that is going to happen to [a person] at some time in the distant future" (Smith). De Grey and his SENS Research Foundation have made it their mission to find a 'cure' for 'old' age. According to their homepage, the foundation envisions "to develop, promote, and ensure widespread access to therapies that cure and prevent the diseases and disabilities of aging by comprehensively repairing the damage that builds up in our bodies over time" ("Home"). In other words, the SENS foundation tries to stop the aging process within the human body, at the same time connecting 'old' age

to illness and disability. While other researchers clarify that 'old' age is not a disease, they do however frame it as a 'risk-factor.' Christopher Burtner and Brian Kennedy, for instance elaborate that "[a]dvanced age in humans is considered the largest risk factor for a range of diseases, including neurodegenerative, cardiovascular, metabolic and neoplastic syndromes, raising the possibility that targeted approaches to aging will delay the onset of many causes of morbidity in the elderly" (567). Yet, they also advocate for research that helps slowing down the aging process in general in order to avoid the risks that come with 'old' age as long as possible. Ultimately, these scientific discourses present the aging process as a biological problem that needs to be solved and thus implicitly promote the perception of 'old' age as a curable condition.

As long as aging is not 'curable,' however, its association with disease leads, according to Heike Hartung and Rüdiger Kunow, to the belief that "[t]he later stages of the life course are . . . conceived as something like 'a waiting room' in which people bide their time until they die; a waiting room, moreover, that is mostly populated by women" (18). In connection to 'old' age as disease, the metaphor of the 'waiting room' accumulates several stereotypes of 'old' age: sitting in a waiting room is passive, hence, 'old' people are not expected to be actively involved in life anymore. Secondly, a waiting room is an isolated space, reserved for those in transition to somewhere. Being in a waiting room accordingly means being neither here, nor there, belonging nowhere. Thirdly, waiting rooms are mostly negatively connoted. Not only because of the annoyance of having to sit and wait for something; or the awkward feeling of sitting there with strangers that, for some arbitrary reason, are in the same space at the same time, but mostly because waiting rooms are associated with doctor's offices, a space that is in and of itself linked to illness, suffering, and uncertainty. The link between a physician and a waiting room then also indicates that all people sitting in that room are sick.[1]

Similar images of 'old' age and disease can be traced throughout history. The popular image of the "Lebenstreppe" (Stairs of Life), was prominent throughout Europe from medieval to early modern times. In these images, which can be traced back to Aristotle who divided the human life-course into growth, statis, and decline, human existence is depicted in the form of stairs, making life an ascent from its beginning up to its middle and a decline from there into 'old' age and death

1 Hartung and Kunow also hint at the fact that the 'waiting room' of the 'old' is mostly populated by women. That is that statistically women live longer than men and consequently the troubles of ageism are a huge problem especially for the female population. There is extensive scholarship on female aging, precisely because women are statistically more likely to live to an age that is prone to be met by ageism. I will not elaborate on the issue here because it is not one of the main foci of my work. However, I will hint at the differences that are made between female and male aging at various points.

(Cole 5-6). By emphasizing the climb and descent, these images enforce a binary structure of aging that is related to the body. Looking at the stairs of life, it seems that physical strength grows during the first half of a person's life and declines in the second. Connected to this focus on the aging body within the metaphor of an ascending and descending staircase, according to Gullette, today aging is still divided into progress and decline. Fittingly, narratives of progress are usually associated with children (*Aged by Culture* 15) and "the structures that support progress and progress narratives are slowly being withdrawn early or late in middle life from all but the most privileged" (19). In reference to this binary structure, we imagine early life as a constant progress, a climb towards a certain point, or age. Being defined in terms of progress, then, is a privilege of the 'young' who, according to that imagery, still have a strong and healthy body. When the progress narratives are withdrawn, decline sets in and therefore, after the early midlife "[a]ging equals decline" (7). Connected to this imaginary of decline, Gullette describes that in later life "[p]eople see ahead of them, in grim shadowy forms, the prospective life-course narrative that the dominant culture provides—an unlivable mind and unrecognizable body . . . death" (*Agewise* 24). Decline then describes the expected slow decay of the human body and mind that comes with 'old' age and will ultimately lead to death. With the binary oppositions of 'old' versus 'young' implemented in society, we are inclined to believe that while 'young' people have everything, 'old' people have nothing. While 'young' people are beautiful, 'old' people are ugly, while 'young' people are (financially) successful, 'old' people are poor, and while 'young' people are fun, 'old' people are boring. These binaries support the focus on the biology of aging, by reinforcing the assumption that 'old' age really is a disease or at least that 'old' age promotes disease. At the same time, looking at these binaries shows how the focus on the aging body alone inevitably establishes derogatory imaginaries of 'old' age.

Gullette's observations about aging and decline from 2004 follow up on the theoretical movement of the 1950s and '60s that contributed research on the influences of the aging body on the social role of an individual. Consequently, since the term "social gerontology" was coined in the early 1960s by Clark Tibbits, the field has brought forth several concepts describing how age(ing) can influence an individual's social role. One of the early and most known social theories about aging, disengagement theory, was established by Elaine Cumming and William Earl Henry as early as 1961. In their book *Growing Old* they argue that

> aging is an inevitable, mutual withdrawal or disengagement, resulting in decreased interaction between the aging person and others in the social system he belongs to. The process may be initiated by the individual or by others in the situation. The aging person may withdraw more markedly from some classes of people while remaining relatively close to others. His withdrawal may be ac-

> companied from the outset by an increased preoccupation with himself; certain institutions in society may make this withdrawal easy for him. (14)

According to this theory, there is no need in trying to include the elderly into the fast, everyday life of the 'young' because disengagement is inevitable. Be it because of the elderlies' primary focus on themselves, or because of the influence of institutional forces, Cummings and Henry make the withdrawal from certain parts of society sound like a natural step for every person who has reached a certain age. The terminology consists of euphemisms, an 'increased occupation with himself' for example can be read as the claim that elderly people are generally too self-absorbed and ego-centric to interact with other people. Conversely, this reading gives the impression that there is no need to try interacting with the elderly because self-absorbed people do not deserve that privilege. A second phrase that appears to be rather euphemistic engages with institutions making the withdrawal 'easy.' The notion rather is that institutions, ranging from workplace to retirement homes, make it hard for people to stay in touch with society and thereby forcing them into disengagement (Gullette, *Agewise* 1). If the elderly do not disengage voluntarily, but are forced to do so, the make-up of disengagement theory crumbles. Ultimately, Cummings and Henry's disengagement theory reinforces the idea of the isolated 'waiting room.' If the elderly disengage themselves or are disengaged from the rest of society, it puts them into that isolated, awkward space in which they decline toward death.

Furthermore, disengagement theory is frequently connected to the aging body and the influences it has on the way 'old' people act within society. This approach to 'old' age, for instance, has been rediscussed by Heike Hartung and Rüdiger Kunow. They describe disengagement theories as those "according to which the aging body makes necessary a gradual removal from participation in social activities" (17-8). It is, accordingly, not only the increasing need to deal with oneself in 'old' age, but primarily the changing body that disengages the elderly from the rest of society. Assuming that the aging process slows the body down, disengagement theories imply that it would be easier for the aged not to have to keep up with the rest of the world. The theory, of course, can be read as a means of support for the elderly, since it does allow older people to age biologically, without having to be in constant competition with the rest of society. According to this reading, the disengagement of the elderly might actually work against every-day discrimination as well as a social pressure to keep up.

But what would be the consequences of such disengagement? Believing that it is beneficiary to separate 'old' people from the rest of society, makes it acceptable to not interact with them. This may have a twofold effect: First, it could increase the number of people who use the social separation from their parents or grandparents in nursing homes to truly disengage from them. Second, by actively working

towards a separation of the elderly from the rest of society, we actively destroy representations of 'old' age within everyday life. Without representations, it becomes much easier for ageist stereotypes to take the floor. Further, the lack of representation and likewise the negative stereotyping of 'old' age heighten the fear of 'young' people to grow 'old' and deny the prospect of being happy in 'old' age. This is especially noteworthy since, as Kathleen Woodward points out, age "is the difference we must all live *with* because it is the one difference we are all likely to live *into*'" ("Introduction" x). By not living *with* the difference of age because we believe in disengagement, we thus construct our own future status as belonging to an isolated, discriminated social group. Woodward's elaboration hints at the problem of the biological versus the social component of aging: Neither the biology of the aging process itself nor the biological effect aging has on the body are deniable. It is therefore important to navigate where the biological aspect ends and the social one begins. In disengagement theory, the biological determines the social, dictating that 'old' people are restricted in terms of physical functions and are therefore unable to take part in the social life of the 'young.' A focus on the disengagement of the elderly is thus a medicalization of 'old' age which leads back to the popular image of 'old' age as decline.

Furthermore, according to Achenbaum, it is because of the disengagement of the aged and the focus on the aging body that "elderly people are often stigmatized by prejudicial words and deeds expressed by other members of their healthcare team. Nurses tend to rate their aged patients as more dysfunctional than indicated by objective measures" (*Older Americans* 83). Highlighting the biology of age leads to questionable judgement even among professionals. This professional judgement, in turn, reinforces the image of the elderly as fragile and in need of their own isolated space. In other words, disengagement leads back to Seneca's 2000-year-old claim that 'old' age is disease. Ultimately, disengagement theory evokes stigmatization of the elderly, which gerontologist and psychologist Robert Butler termed 'ageism' in 1969. Because of the many shortcomings of disengagement theory discussed here it has been frequently criticized by scholars of aging studies. Hence, Hartung and Kunow state that "[o]ld people are perceived (and often wrongfully so) as either having or being withdrawn from the overall interactional processes of society and culture" (16). While in the academic world the assumption of withdrawal of the 'old' from society is thus criticized, the notion of disengagement is still a large part of the cultural imaginary of 'old' age.

The medicalized image of 'old' age, however, has recently led to a counter narrative of age(ing), promoting physical fitness in order to promise an active and healthy life into 'old' age. This successful aging paradigm is described by John Rowe and Robert Kahn in order to counter the "myths of aging" connected to decline (11). They "define successful aging as the ability to maintain three key behaviors or characteristics: -low risk of disease and disease-related disability; -high mental and

physical function; and -active engagement with life" (38). This approach to age(ing) counters notions of disengagement due to physical decline by stressing physical fitness instead. Thereby it perpetuates neoliberal discourses of failure versus success, opening up yet another binary of 'old' age.

Theories of decline, disengagement, and successful aging are closely tied to the influence of the aged body on an individual's life and their status within society. Thereby they disregard the weight social structures themselves, as well as cultural imaginaries may have on later life. In the next section, I will therefore elaborate on approaches to age(ing) that try to move beyond the biology of it, toward the defining power of the social and cultural realms of the process. Early works of social gerontology thus focus on the way the biology of aging influences the social role of a person. Hence, biological age has the power to determine if a person is part of the everyday practices of a given society or not. In the next section, I will proceed to discuss the ways these social roles are enforced through cultural imaginaries about the aging process and how in turn social structures influence the way we age.

1.2 Social and Cultural Impacts on the Aging Process

It was Margaret Morganroth Gullette who called for the formation of a field called "Aging Studies" in order to undo "the erasure of the cultural in the sphere of age and aging" (*Aged by Culture* 102). She demands a focus on the aging process as culturally determined. By arguing that we are "aged by culture," Gullette explains how meaning is assigned to age(ing) through the way it is presented in an everyday context. In that sense, age is made an important means of differentiation by society because we attach cultural meaning to it. In this connection, Gullette claims that "[m]aybe age studies should argue that subjects have *no* age until that first markable age-linked sentence falls" (109). In other words, we remain oblivious of age(ing) and what it means until someone makes an explicit statement about it and *teaches* us that there are rules, privileges, and meanings attached to it. Hence, it is only through cultural discourse that we are even aware of age(ing).

Hanne Laculle and Jan Baars take the argument one step further and refer to "cultural master narratives" of aging which play an "essential role in shaping our identities and creating meaning, they can also impend meaning-generating processes, by oppressing or marginalizing certain social groups" (36). Cultural master narratives, or what we experience as cultural representation of a certain age or life stage, influence the way we perceive our own age and that of others. At the same time, they impact our behavior according to social expectations concerning our age. As mentioned above, a cultural master narrative of disengagement then leads to the impression that, as soon as a person reaches a certain age, they are obliged to isolate from social life.

The cultural imaginary of what 'old' age is like, is linked to the human body, connecting back to theories of biology and aging mentioned above. Because Western cultures assume that 'old' age equals decline and social isolation, they create derogatory images of it. Accordingly, Gullette explains that "[o]nce [decline] has tinged our expectations of the future . . . with peril, it tends to stain our experiences, our views of others, our explanatory systems, and then our retrospective judgement" (*Aged by Culture* 11). If decline is the dominant discourse of the later years of life, like disengagement, it triggers negative expectations for 'old' age and influences the role 'elderly' citizens take up in society.

In addition to expectations of physical decline, similar images are prevalent when it comes to age related dementia and Alzheimer's disease. Marlene Goldman argues that "[t]he media frequently adopts a Gothic and apocalyptic perspective on Alzheimer's disease" (4). Culture in form of media representations thus provides the expectation of dementia as a horror story, connecting age(ing) to fear. This notion of decline in a physical and mental way as a cultural imaginary shows how the process of being "aged by culture" is infused by concepts of the aging body which, for the purposes of this study, includes the brain and hence the mind.[2] In fact, it is impossible to clearly disentangle the cultural aging process from its biological influences. Theories that are influenced hugely by the biology of the aging body turn into self-fulfilling prophecies: because we believe in the cultural discourses of decline and disengagement that accompany the aging process, we are likely to experience them ourselves as soon as we enter the realm of the aged.

In order to distance themselves from the biologically and medically dominated theories of age(ing), scholars of aging studies have drawn from other theories in order to create new discourses surrounding the aging process. The most prominent collaboration emerged between aging studies and gender studies. The connection is especially fruitful because gender studies also encounter the dualism of biology and social gender roles. In gender studies, this problem has been addressed by the terminology of sex versus gender in order to be able to distinguish between the biological (sex) and the social (gender). In that connection, Charyl Laz argues that "just as sociologists have distinguished the 'objective' and the 'social' components of sex and gender and at the same time analyzed their reciprocal relationships, so we have begun this same line of analysis in age study" ("Act your Age" 93). In other words, aging studies can learn the mechanisms of distinguishing between the social and the biological, as well as how to look at their interaction and their being influenced by cultural imaginaries from gender studies.

2 Debates about the dualism of body and mind are diverse and complex. My aim here is not to engage in these debates. I rather regard mental decline as a part of the expected physical decline of the body. This approach suggests itself because dementia is an integral part of decline narratives. Nonetheless, mental fitness will not be the focal point of my analysis.

In reference to Judith Butler's theory of the performativity of gender (906), it could be argued that age itself is also an act. Laz elaborates on that by writing that "[a]ge *is* an act, a performance in the sense of something requiring activity and labor, and age is normative. Whether we do it well or poorly, according to the dominant rules or not, our accomplishment of age—indeed age itself—is always collective and social" ("Act Your Age" 86). In that sense, age can also be described as a fixed set of rules we have to act upon in order to be accepted in society. We are caught within the normative rules that are given to us at a specific point in our life just as a woman is caught within the normative rules that are given to her because of her being a woman. Consequently, just as the domestic sphere was, and still somewhat is, assigned to women, spaces of disengagement that is, spaces away from the 'young,' are assigned to the elderly population. Ultimately, elderly people do not necessarily face disengagement, loneliness, and decline because of their aging body, but because they take up a social role that was constructed based on cultural expectations. As opposed to gender, age however presents different performances throughout the life-course. Moreover, while gender has been accepted as a fluid concept that can be disconnected from the biological sex completely, in age(ing) the biological, cultural, and social remain inextricably entangled.

A rather recent discussion about approaches to 'old' age has emerged through a 2016 issue of the *Journal for Aging Studies*, discussing the implications a postcolonial lens might have on the discourse of aging. Kunow, for instance, sees a connection between postcolonial theory and aging in the "binary opposition (much attended to in postcolonial criticism) between an inside—smelly, unpleasant, and old—and an outside, fresh, and promising, and young, between the open and closed spaces, movement vs. confinement, etc." ("Postcolonial Theory" 103). Kunow thus sees a common ground in the binary relationship of 'old' and 'young' to the binary relationship between the colonizer and the colonized. Keeping this similarity in mind, aging studies scholars could for example draw from Gayatri Spivak's work and inquire about the voice the elderly population, as the subaltern, has in Western society. Van Dyk, for instance, argues that "[w]ith the aid of postcolonial analyses, we are able to see that the stable yet flexible 'superiority' of midlife as a universal benchmark accounts for an ongoing devaluation of the Third Age[3]" (van Dyk "The Othering of Old Age" 115). In that sense, people in their middle age become the cultural superior, the norm that everybody must aim for. An individual that is not part of this superior group automatically becomes the inferior 'other' who is forced

3 Van Dyk, as well as many other scholars of aging studies, distinguishes between the third and forth age of life. The third age describes those 'old' individuals who are an engaged part of society, able to live independently, being in good health and financially stable. The forth age includes people who are in need of care, sick, and not able to take part in everyday life anymore.

to live by the rules of the dominant culture of the midlife. This superiority of the midlife, in turn also entails superiority over children and the adolescent.

Nevertheless, there are many differences between the study of age and the study of post colonialism. The most prominent one might be that looking at aging, we have to bear in mind that people inevitable develop into the inferior culture of the aged and look back on their own times in the superiority of the midlife. In that connection, Kunow comes to the conclusion that "conceptual needs which postcolonial theory is speaking to are related to but not congruent with those of aging studies" ("Postcolonial Theory" 1066). As with the relations to gender studies, we thus have to be careful to make sure that we acknowledge both, the commonalities and the differences of each theory we are drawing from. Nonetheless, as van Dyk mentions, there are certain mechanisms of othering inherent in the aging process, which I will trace throughout this book. Ultimately, working with postcolonial theories leads to similar conclusions about the cultural makeup of age as we have seen above: Youth is good, whereas 'old' age is bad.

In that connection, Kathleen Woodward states that U.S. society falls victim to the "ideology of American youth culture, where youth is valued at virtually all costs over age and where age is largely deemed a matter for comedy or sentimental compassion" ("Performing Age" 164). As an ideology, being or acting 'young' is a necessity in order to be accepted in society. 'Old' age as a comic element of life has the consequence of elderly people not being taken seriously. At the same time, a comedic portrayal of 'old' age calls for sentimental compassion and turns 'old' people into victims. They are seen as helpless individuals who need to be pitied for the situation they are in. In both cases, they are not fully acknowledged members of society. This is precisely why Gullette suggests that "in the Unites States, telling progress narrative in middle life and even old age has become almost obligatory" (*Aged by Culture* 26). Hence, because 'old' age is heavy with negative connotations, according to social structures of neoliberalism and meritocracy, it is expected from U.S. citizens to deny their own decline as long as possible, trying to convey an image of progress to the rest of the world. Writing one's own progress narrative is thus the only possibility to escape from the power of the cultural stereotype of decline.

But how is a person supposed to convey progress in later life? If decline tells the story of the decreasing capabilities of a human being, starting at a certain age, how do we narrate our lives in terms of progress? Gullette answers these questions by explaining that progress narratives are "stories in which implicit meanings of aging run from survival, resilience, recovery, and development, all the way up to collective resistance to decline forces" (Aged by Culture 17). Hence, in order to overcome cultural expectations of decline, we need to constantly prove that we are not declining. In public imaginary, this often works by dying our hair as soon as it shows strands of gray or prove physical fitness by participating in marathons. Ultimately, understanding the concepts of progress and decline is crucial to understand the

mechanisms of ageism in society. Against this backdrop Gullette writes that "[a]ge studies might help explode the binary [between progress and decline]. But until it does so, progress narrative—as the only apparent alternative to decline—is almost obligatory" (*Aged by Culture* 19). Gullette is thus suggests that there is a need to ultimately disrupt the binary opposition of age. Yet, she sees progress narratives as a means to at least question decline until the binary is resolved.

The focus on progress in 'old' age, which intends to counter cultural images of decline and disengagement, led to a discourse of positive or successful aging. By emphasizing that there are 'old' people who are capable of living an active life, discourses of successful or positive aging try to undermine discourses of disengagement and decline. As well as the concepts of decline and disengagement, successful or positive aging paradigms have a biological component that then translates into the cultural imaginary of age(ing). Debbie Rudman explains that "[p]ositive aging discourses . . . outline idealized ways to age that involve remaining youthful, healthy, productive, socially engaged and self-reliant, have become central to national and international approaches to governing aging populations, gerontological theory and research, and popular media" (11). Positive aging then emphasized the possibility to age without feeling the cultural connotations of decline and disengagement. Whereas focusing on positive aspects in later life or positive aspects within the aging process appears to be a good way to go, positive aging discourses have been subject to major scholarly criticism. In that connection Rudman elaborates that "Western nations have raised concerns regarding how such discourses have intersected with neoliberal rationality such that responsibilities for the management of bodily, financial and social risks of aging have increasingly been shifted from states and other institutions to individuals" (11). From a neoliberal perspective, it would be an individual's duty to age positively by adopting a healthy lifestyle. From the state's perspective, people who age positively are less inclined to fall ill, they are able to remain part of the workforce longer, and they are less likely to need long term care in their later years. At the same time, neoliberal approaches to positive aging suggest that, if people do get sick, need to stop working, or need long term care, they have failed society because they have not managed to age successfully. By trying to overcome narratives of decline, positive aging thus falls into the trap of establishing yet another binary. Instead of 'old' versus 'young,' discourses of positive aging set the 'right way' to age up against the 'wrong way' to age. People who remain capable of engaging in 'young' activities are regarded in a socially engaged way and are still accepted in a public social sphere. Those who do not engage in these activities are not only subject to stereotypes of 'old' age as decline and disengagement, according to neoliberalist standards, they also have to blame themselves for not being as healthy as other people their age. Ultimately, discourses of successful or positive aging do not work against ageism. Rather, they contribute to ageist readings by suggesting that some 'old' people are good, whereas others

are bad. This approach to positive age focuses on the process of aging as well as the product of it: Positive aging accordingly asks people to live healthy lives in order to be able to become a 'good' elderly person.

Another approach to successful aging emphasizes the role the 'old' may play within society and how their state of being 'old' could be redefined into something more positive. According to Stephen Katz, the discourse of positive or successful aging asks people to "grow[] older without aging" (*Cultural Aging* 199), meaning that the aging body is supposed to be hidden by anti-aging measurements and that people, while aging, need to act 'young' in order to remain accepted members of society. This, according to Katz, does not only serve the purpose of promoting an active lifestyle in order to establish a cohort of successfully aged people but also serves the economic purpose of triggering a positive aging consumer culture. Katz explains that "this movement has inspired real estate, financial, cosmetic, and leisure enterprises to target a growing and so-called 'ageless' seniors' market (usually pegged at 55+) and to fashion a range of positive 'uni-age' bodily styles and identities that recast later life as an active, youthful, commercial experience" (*Cultural Aging* 190). If elderly people remain part of consumer culture, their economic contribution can continue even after they have left the work force. Accordingly, a person is spared from disengagement as long they are able to consume goods. Ironically, the items marketed specifically for elderly people are often those that promote the process of growing older without aging, or at least those that extend independence in later life. As such, the market remains intact by keeping elderly people consuming products that let them seem younger for as long as possible while, at the same time, recruiting new customers every day by demonizing the signs of 'old' age. Anti-aging cream commercials, for instance, promise to make skin less wrinkly and to hence fight the outward signs of 'old' age. Implicitly, they convince the audience that wrinkles and therefore 'old' age in general are negative. Hence, we are inclined to buy the cream in order to avoid aging while growing older.

Positive aging thus establishes a whole new consumer market for the elderly population, on the one hand making them valuable for economy and on the other hand dictating that they can only take part in the world as long as they stick to a 'young' lifestyle. According to Marvin Formosa, "[p]ositive aging is, therefore, guilty of age denial. It focuses its energy and efforts on celebrating and propagating the so-called 'third-age lifestyle,' and in doing so, promotes its ethos at the expense of older and more defenseless people, namely those in the fourth age" (30). Accordingly, positive and successful aging discourses suggest that those who are 'active' are actually not yet 'old' and can therefore be a vital part of society. Those who cannot be active anymore are moved out of the focus of the theory, connecting them to the ageism surrounding disengagement and decline. Promoting positive aging is then not fighting ageism and the binary structures of the life-course, rather, it makes sure that in addition to being marginalized because of 'old' age, people have

to fear to be blamed for said marginalization themselves. In fact, age denial then means denying the change of a human life throughout the life-course. If we are expected to grow 'old' without aging, 'old' age is denied any positive aspect to it because it has to be avoided at all costs. If we do it right, according to this theory, we will not change from the self that we were in midlife. If a person is unable to 'grow old without aging,' it seems that, according to positive aging discourse, they deserve to be an outcast to a society of the 'young.'

Other approaches to age(ing) and the life-course focus on meaning as a parameter to measure value in 'old' age. Ricca Edmondson, for instance, suggests to redefine lives in terms of meaning and establishes three categories of meaning: First, connectedness with other people; second, development through time; and third, insight into the human condition (102). Being connected to other people and, in turn, not being isolated provides a meaning- and purposeful life. Development gives us the approval that our lives are going somewhere, that we are not stuck in the same patterns and, ultimately, that we are able to achieve something. Gaining insight into the human condition means to accomplish a certain form of wisdom, but also the common sense on how to interact with the world. Reading 'old' age through the lens of meaning, shifts the focus away from active or positive aging and rather asks if a person sees their life as meaningful. Discourses of meaningfulness attempt to break with the binaries of aging and suggest a new set of questions we can address to the life-course at any stage.

The importance of meaning at any life stage is also prevalent within the collaboration between aging studies and disability studies. Age(ing) and disability are connected because both are prone to be regarded from a standpoint of physical impairment only. Sally Chivers describes the connection:

> Claiming that old age is *not* disability (i.e., refuting the cultural conflation) risks implying that disability is a negative that age theory could do without. But to claim old age *is* disability would be to appropriate key aspects of disability and thereby risk effacing issues related to aging with disability. To my mind, old age is akin to disability in the *ways* they are socially constructed—not just *that* social barriers define both but that they are both constructed as bodily, threatening, and signaling failure. In fact, the similarity comes precisely from the continual failed attempt to enforce a clear distinction where one is simply not possible: between a social element (often called 'disability' in disability studies) and biological element (often called 'impairment' in disability studies). (*The Silvering Screen* 23)

This elaboration not only shows that there is an inherent link between age(ing) and disability in the way they are both culturally imagined but that there are also difficulties in the comparison, as they are akin but not alike. Disability studies, however, use approaches of meaning to the extent that they trace processes of meaning making in lives that might not be considered meaningful by broader society. In that

connection, Chivers argues that "the field of disability studies aims to recognize the full critical and cultural potential of a disability perspective; that is, scholars studying disability see that different ways of being in the world can be sources of knowledge, satisfaction creativity, and happiness" (*The Silvering Screen* 9). This approach of reading age(ing) through the lens of disability studies provides an angle to incorporate biological, social, and cultural factors that moves away from scenarios purely defined by decline, decay, and disengagement.

The above-mentioned approaches to aging and 'old' age present an overview of the field of aging studies. They are all frequently discussed and are not only part of an academic discourse but also reflect the public discourses on age(ing). Although this theoretical introduction mostly focused on the representation of 'old' age, the basic concepts of being 'aged by culture' or finding meaning at any stage in life are applicable to the entire life-course. All these concepts work with the terminology of 'old' and 'young' in one way or the other. These overarching concepts of age(ing)—that is age(ing) as cultural performance, age(ing) and the process of othering, progress and decline, successful aging, and meaning throughout the life-course—will be core to my discussion of centenarians and children with progeria in the subsequent parts of this book. While all interacting with the cultural, social and biological, the approaches mentioned here appear to neglect one in favor of the other. Starting from the assumption that there is an undeniable biological reality to the aging body, besides tracing these concepts in various narratives, I will thus emphasize how the connection of the biological, cultural, and social, reimagines these concepts and provides them with increased nuance. Moreover, I intend to look at the way age itself is constructed throughout narratives of centenarians and children with progeria. Therefore, the following subchapter provides a closer look at how age itself is constructed through various subcategories.

1.3 The Subcategories of Age

In order to analyze the construction of age through an interplay of social, biological, and cultural mechanisms, I argue that it is necessary to subdivide age into its own subcategories. In the following section, I will therefore discuss several aspects of age that have been established by various scholars and then provide my own model of subcategories which I will implement throughout this study.

There have been numerous approaches to find out what the core ingredients of age are. Sinikka Aapola, for instance, provides a very detailed model of age as a "multidimensional social and cultural phenomenon" (330), which she subdivides into four different types of "discourses": (1) chronological age, meaning the number of years lived, (2) physical age, meaning the aging body, (3) experiential age,

meaning one's personal age experience, and (4) symbolic age, meaning the social connotations attached to a person's stage within the life-course.

Chronological age seems to be the easiest concept to grasp. Further, physical age is clearly defined as a concept referring to the human body. Understanding the concept of experiential age, on the other hand, requires additional explanation and thus Aapola clarifies that it is "the age a person subjectively attributes to him/herself" (306). In other words, it is the age we feel which is, in turn, connected to the way we act. Accordingly, experiential age refers to a maturity level which ultimately determines the way we think and behave. Hence, certain actions (for instance learning) are associated with the 'young' mind and indicate youthfulness and opportunity. Other actions (for instance playing bingo) are associated with the 'old' mind and indicate decline. Aapola adds another aspect to experiential age: embodied age. It "refers to the experiential dimension of a person's embodiment, his/her feelings and emotions. The focus is on how a person feels in relation to his/her body and its appearance and capabilities" (307). Experiential age is not only an aspect of age that is clearly personal, it is also closely intertwined with age in a biological sense. The way a person feels about their age is presumably linked to the state of the aging body.

The last of Aapola's categories or discourses is symbolic age which describes the connotations one's age behavior has in a given society. This in itself, I argue, shows how difficult it is to clearly subdivide age into its subcategories, since all of them work together in order to create symbolic age. Hence, the way a person behaves and the way their body is lined with signs of aging creates their symbolic age. One crucial aspect that Aapola's concept makes clear, is that age(ing) is also influenced by inner perception. When speaking about age(ing), the age we feel is very important, not only to us but also to the way we behave in a public setting. Feeling 'young' might actually influence how our age is perceived in a social context.

Whereas Aapola talks about age discourses, Anita Wohlmann, working in the context of literature and film, establishes different metaphors of age. She provides her readers with a definition of each metaphor, alongside an example:

> the evocation of a character's chronological age, e.g. in *Away We Go:* 'We're 34.'—the description of an external appearance that is related to age, e.g. in *My Big Fat Greek Wedding:* 'You look so old'—the mentioning of age awareness, e.g. in *Cosmopolis:* 'He felt old.'—the description of age inappropriate behavior, e.g. in *Little Children:* 'It was like suddenly being a teenager again.'—the evocation of the passing of time or a sense of temporality (being premature or belated), e.g. in *Away We Go:* 'Maybe it's just late coming to me.' (69)

Wohlmann includes outward appearance to the list of age's subcategories. This addition suggests itself because she is explicitly referring to film and therefore to visual representations. As in film, in real life, we often see people we interact with

and hence, outward appearance becomes an important aspect in the construction of age. As the looks of a person are the first thing the world encounters, this category becomes a crucial initial marker of age itself. As opposed to outward appearance, Wohlmann describes 'age awareness,' which she relates to feeling a certain age. Here, the interplay of age as a phenomenon that is influenced by a person's inner self, as well as the way they are seen from the outside becomes even clearer. It is important how a person looks in terms of age because it is the looks that will initiate a categorization process within other people. However, it is equally important how a person feels about their age. Consequently, there is a close interplay between the inner and the outer definition of age.

Wohlmann's third metaphor, 'age inappropriate behavior,' does not only describe a category of age, namely behavior, but also the fact that this behavior in terms of age can be right or wrong in a given social context: It is considered to be wrong or inappropriate to act like a teenager for a person in their thirties. Behavior associated with being a teenager would hence mark a person as odd; someone who is unable to stick to social norms and does not, as Cheryl Lay puts it 'act their age.'

A sense of temporality, Wohlmann's last metaphor, can have a twofold meaning. It can be read as referring strictly to 'being premature or belated' and would thus be very closely linked to the metaphor of behavior. Moreover, and certainly connected to this quite literal meaning, it might be related to the way in which time is perceived in the context of age. Both readings entail that something happens prematurely not because a person is actually too 'young' but because they are not ready. For instance, a well-known statement in a relationship 'I feel like we are moving too fast' does not mean that the relationship really is moving too fast but that the person uttering the statement has experienced the time as not rewarding enough in terms of establishing the relationship. Moving too fast in itself becomes a metaphor for the relation of time and experience. Ultimately, this metaphor can have historical meaning as well. It links age to a sense of time and the experiences someone has made, that is, to their personal history. Wohlmann's approach has two advantages. First, it takes into account the dualism of the self and the other when it comes to the determination of a person's age and second, it reminds us of the concept of temporality, allowing us to think about age in a broader, historical context, as well as in the sense of experienced time.

One last—and certainly most prominent—example stems from Kathleen Woodward who, in her discussion of the character Warren Schmidt from the movie *About Schmidt*, elaborates on the following subcategories of age as

> biologically (his body is slack and he has slowed down), chronologically (he is 66), and socially (he is retiring). He is also represented as old culturally (everyone else in the film who is in his age bracket seems hipper and thus younger), psychologically (he feels old to himself), and statistically (as an accuracy, he is familiar with

> the statistics that predict the probability of a widower dying within a certain number of years of the death of his wife). ("Performing Age" 163)

What has been called 'physical age' above is termed 'biological age' in Woodward's approach. By using the term biological, she establishes connotations not only to the immediately obvious effects aging has on the body but also to the medical aspect of aging. Biological age can further also refer to the aging process within the body and not merely to its outward effects.

Woodward ties the concept of social age to retirement and therefore to productivity. As soon as a person is retired, they do not actively contribute to the economy anymore and therefore their role within society changes, limiting the social standing and agency of a person. Interestingly, she is the only scholar distinguishing between social and cultural age. As opposed to social age, cultural age evolves in interaction with other people. In alignment with Gullette's argument of age only becoming salient when we learn that it has meaning, cultural age only exists when there are several people whose ages can be referenced to each other. In a broader sense, however, social age only becomes valid as soon as there are more people involved; as in a society. In Woodward's terminology, the internal view is called psychological age, as the age a person feels. The term 'psychological' strongly indicates the assumption of age being connected to the mind and not to the body. Here, she contradicts Aapola's concept of embodied age which, as above mentioned, indicates that the age a person feels is tied to the function of the body. This opens up the debate about what has the power to determine age. Is it the body or the mind? Or are the two influencing each other?

Lastly, Woodward mentions that a person can also age statistically. In this instance, she refers to a person's awareness of statistic realities. Statistics tell us what stage of life we are in. Statistically people get married, have children, move to a nursing home, and die at certain ages. We only have to look at these statistics in order to find out what is expected from us at our age. Even though statistics seem to be a rather objective model, like chronological age, they cannot determine what age really means. In fact, the opposite is true, the relation of age and statistics is socially constructed, or at least the pressure to act according to those statistics is.

With the above models in mind, I will now introduce my concepts for how age may be subdivided into categories in order to build an analytical tool for the discussion of extraordinary age(ing). I therefore discuss the categories of outward appearance, behavior, physical age, and institutionalized age. I have purposefully left out social or cultural age and the like as subcategories of their own, because, as I have hinted at above, all aspects of age are connected to the way a person is perceived in a society as well as dependent on cultural contexts and imaginaries. Further, I do not name chronological age as one of my categories. Even though it ties into all of them in one way or another, I would like to make an argument for

a discourse of age that is not centered around chronology. Lastly, I need to point out that I am not making a clear distinction between the way a person perceives themselves and is perceived by others through those categories. Rather, I argue that in all of the aspects both the inside and the outside work together in the sense that all the subgroups of age I mention have an aspect of both, the inner feeling *and* the public perception of age. In the following I will explain how I define the subcategories of age and outline how they affect the social, cultural, and biological construct of age.

1.3.1 Institutionalized Age

As mentioned above, chronology is often regarded as the most prominent factor when it comes to define age(ing). The number of years a person has lived is then given meaning through social practices, cultural imaginaries, and biological processes. Consequently, chronological age is connected to certain assumptions about a person's outward appearance, physical fitness, and behavior, cumulating in general assumptions about a person's stage in life. Van Dyk, however, argues for the arbitrariness of this concept by asking "[w]hy is it, if we start out from retirement age as many do, that a 70-year-old marathon runner should have more in common with a 90-year-old demented person than with a 50-year-old manager?" ("The Appraisal" 99). Van Dyk here questions the general category of 'old' age as defined by chronology. Yet, her inquiry is applicable to all life stages. Why should the number of years a person has spent on this planet indicate significant attributes of their lives?

In order to avoid building my argument around what Kunow calls a "seemingly 'objective'" measurement of life ("Chronologically Gifted" 23), I would like to shift the focus to institutionalized age, as the concept of age that is formed through institutions. Obviously, chronological age itself is institutionalized through birth certificates and the celebration of birthdays, however, there is much more to that institutionalization of age than just a number. Rather, chronology is a minor part of institutionalized age, as it is institutions that make chronology possible in the first place. Institutions form the life-course and whatever institutional phase a person is in, generates assumptions about their age. The education system, for example, is built in a way that students are sorted primarily by age and not by abilities. It is commonly known that in the U.S. a child is to start Kindergarten when it is five years old and graduate from high school at the age of seventeen or eighteen. If students are older than that, it is clear that they have been held back, meaning that they were not able to fulfill the requirements that all the other kids in the arbitrary category of 'the same age' supposedly have. Age therefore can very early become a stigma through institutions. Consequently, the institutionalization of the aging process, restricts the occurrence of alternative temporalities.

Institutionalized age, more than all other categories of age, generates assumptions about a person's abilities at a given point in time. By restricting the right to vote in the U.S to people eighteen and older, there is the implicit assumption that as soon as their eighteenth birthday arrives, people have developed a political consciousness that allows them to make informed decisions about the nation's government. To put it bluntly, a person who turns eighteen one day after an election is not expected to have that same maturity. The same goes for the criminal justice system where age can become a determining factor on the decision of whether a person has to take full responsibility for a committed crime. In that connection Corinne Field and Nicholas Syrett argue that distinctions based on age "have been necessary, for lawmakers especially, as a means of appropriating legal incapacity and responsibility in a way that has seemed logical and all-encompassing, if not always equal and fair. But they have also been arbitrary in that the same lawmakers could have selected a different perhaps proximate age for marking their legal distinctions" (2). Even though, chronological age seems to appear a fair marker for legal purposes, its institutionalization into lawmaking shows that it is often connected to arbitrary decisions.

Institutionalized age does not only influence the early years of a life, even though most of the institutional milestones (starting school, being allowed to drive, etc.) take place at a 'young' age. For 'old' age, especially the institution of retirement becomes important. Through the Social Security Act of 1935, retirement with full benefits in the United States was made possible at age 65 and thus

> [s]ixty-five has become ingrained in people's expectations. It has become the normal retirement age at which full benefits are paid under Social Security and the great majority of private pension plans. It is very possible that, as workers draw close to 65, they begin to feel the need to stop working full time, quite apart from the effect of the aging process itself. ("Retirement Age"121)

Consequently, institutions determine the time when individuals deem it appropriate to retire, often influencing individual decision making. This leads to the common assumption that 'old' age begins at the age of 65 (Achenbaum, "Delineating Old Age" 301), an assumption that is highly influenced by the institutionalization of age.

Institutionalized age is thus not only connected to chronological age but also to what Woodward calls the social aspect of age. Through the implementation within institutions, life stages become graspable, which makes institutionalized age an important component of age as a concept. Ultimately, it is important to bear in mind that the way age is implemented into institutions is rather arbitrary. Western societies, and especially their definition of what 'old' age is, for instance, would most likely look different if mandatory retirement age had always been at eighty. When considering institutionalized age, it is crucial to remember that it is precisely

not 'just a number,' but a network of rules and privileges that are institutionally tied to this number, structuring the life-course.

1.3.2 Outward Age

The definition of outward appearance is fairly simple: it refers to the way a person looks. When it comes to appearance in terms of age, certain features become more important than others. For example, the relevant distinction between hair colors is not brown-haired versus blond, it is any color versus grey or white. Other obvious signs of 'old' age include wrinkles and age spots whereas signs of 'young' age, especially during the teenage years are symptoms like acne. As Margaret Gullette puts it, "the external signs of aging . . . do not usually cause physical discomfort nor seriously affect bodily functions" (*Aged by Culture* 9). Accordingly, I am at this point merely referring to those aspects that meet the eye and instantly inspire assumptions about age. This category is in the above models only explicitly addressed in Wohlmann's metaphor of external appearance. The other models frame outward age, if they mention it at all, as a part of physical or biological age. Whereas that is certainly a valid categorization since outward age is determined through the aging body, I argue that outward appearance plays such a prominent role in the determination of age that it needs to be regarded as an entity of its own.

Because the outward appearance or the outward age of a person is the first thing we notice when meeting someone, it serves as the initial defining category of age. Accordingly, looking at a person can assumingly give a more or less accurate indication of their age. This presuming gaze entails a great deal of social influence: If people like to spend time with people 'their own age,' an outward age not matching their own can keep them from getting to know their peers. Consequently, there is the social pressure to look the way members of our society would assume someone our age to look like. In that sense, the statement 'you don't look your age' can be an insult or a compliment, but it is always exclusive, since, by not looking their age, people are prone to being excluded from their own age group.

As we get older, however, the wish to determine age by looks is often replaced by the opposite: We do everything possible to *not* look our age. Whereas for instance in a university context, older students try very hard not to look 'young' enough to be mistaken for freshmen and to be instantly recognized by their own age peers, at some point that desire shifts into a desire to look younger. This goes along the lines of Gullette's claim that people need to attempt to remain part of a progress narrative. At a certain point in life, trying to look 'young' becomes necessary in order to escape decline and to, as Katz puts it 'grow older without aging.' Hence, people start using 'anti-aging' products in order to halt the outward aging process. Here, outward age is the subcategory of age that directly connects to the consumer market established for those who try to age agelessly.

Moreover, reaching a certain age is associated with losing attractiveness and fertility. As Susan Sontag describes in her essay "The Double Standard of Aging," this is especially destructive for women whose role entails to appeal to the other sex and bear children. She writes that "[w]omen become sexually ineligible much earlier than men do" (31), meaning that women lose their sexual appeal to men at a comparably early life stage. In addition to the ability to bear children, this loss of attractiveness, as subjective as it might be, is also determined by the outward age of a person. As Toni Clasanti and Kathleen Slevin point put,

> increasing numbers of people spend hours at the gym, undergo cosmetic surgery, and use lotions, creams, and hair dyes to erase the physical markers of age. Such is the equation of 'old' age with disease and physical and mental decline that visible signs of aging serve to justify limitation of the rights and authority of old people. (8)

In other words, looking 'old' deprives a person of social status and therefore people work very hard to appear 'young.' In this connection, outward appearance has a tremendous influence on the way age is socially constructed, while social construction as well as the cultural representations and imaginaries tied to it, in turn, influences the beauty ideal of a society. Only because 'old' age is associated with decline and death, it becomes socially important to look a 'young.' Hence, people try very hard to look 'young' and those who cannot or just will not join the normative expectation of this outward illusion, are perceived as disengaged from society.

Outward age then categorizes our life by means of giving others the opportunity to make instant assumptions about our age. Since Western societies associate attractiveness and vitality to the 'young,' anti-aging products become a tool to remain a member of this group. Keeping the discussion of ageism and disengagement in mind, outward age can instantly put a person into a social position of isolation. Hence, the outward age of a person in itself bears social significance as it determines our first impression of other people.

1.3.3 Behavioral Age

Behavior in itself is a broad term. According to the OED, the basic definition of behavior is the "[m]anner of conducting oneself in the external relations of life; demeanour, deportment, bearing, manners." When it comes to age(ing), there is a certain manner expected from a person in external relations. By behavioral age, I thus mean specific behavior that derives from a person's maturity level. This definition is inspired by a statement of James Holstein and Jaber Gubrium who explain that "an individual's life course is made up of the roles he or she may occupy over time" (339). These roles are to be filled in a certain manner and with certain expectations tied to them. As a teenager, for example, an individual is allowed to behave

reckless to some extent. If a person in their mid-thirties behaved in a similar fashion, it would go against the requirements of the role in the life-course a person is expected to play at that age. Behavior, hence, is also tied to Gullette's concept of 'life-course imaginaries.' The imagined life-course is enacted through changing roles an individual occupies over time.

One part of behavioral age is determined by a person's likes and dislikes, the books they read or the films they watch. Movies and literature are, for example categorized in terms of age. There are, on the one hand, those pieces that are forbidden for younger people and on the other hand there are books and films that are specially labeled for children, teenagers, or 'young' adults. What happens then, if a fifty-year-old excessively reads young-adult-literature? How are they are perceived by other fifty-year-olds? Does the act of reading a book, watching a film, or listening to a certain kind of music imply that much about our persona that we might become an outcast of our very own peer group of age? These questions are playfully navigated in the U.S. American TV show *Parks and Recreation* where a middle-aged man is a big fan of the *Twilight* saga ("The Capsule"). His interest in the books, which can clearly be defined as young adult literature and as mostly marketed to female readers, makes him a strange character and an outsider within the episode. For the audience on the other hand, he is a joke but certainly nobody that would be described as acting 'normal.'[4] Through his age inappropriate interests, the character is thus moved to the margins of society.

As opposed to the individual's ability to act according to or against the conventions of age, a person's behavior can also be influenced by the way they are treated by others. In that connection, Holstein and Gubrium elaborate that "[s]elf-conceptions generally involve notions of age and life stages. Interacting parties construct the meaning of experience with reference to the temporal dimensions of others' definitions. For example, if a child senses others beginning to treat them as 'teenager', then he or she is likely to assume a teenage identity" (339). The roles people play age-wise are thus not only determined by the way they feel but, to a large extent, by the way they are treated by others. Here, the interplay between the outside and the inside measures of age construction becomes obvious again. Besides the socially constructed sanctions of being marked as the 'other' when not acting age appropriately, there is also the construction of the age appropriate behavior itself. As soon as the surroundings of a child decide that they are now a teenager, the treatment of that child will change accordingly. The child, knowing that the social expectations for behavior have changed, in turn accepts the new role and starts to act as a teenager in order to avoid the above-mentioned social sanctions.

4 In this case the inappropriate behavior concerning his age and the inappropriate behavior concerning his gender work together in presenting his character as the odd one out.

The concept of behavioral age thus combines aspects of age inappropriate behavior (Wohlmann), experiential age (Aapola), and psychological age (Woodward).

For the discussion of 'old' age these findings suggest that there is appropriate behavior connected to this stage of life as well. Since cultural assumptions of decline and disengagement are prevalent in Western societies, it is expected that an 'old' person exists and behaves outside of mainstream society. These expectations are quite nicely summed up in another example taken from popular culture: *How I Met Your Mother.* In the episode "Murtaugh," protagonist Ted Mosby explains that there are some things that he is too 'old' to do, for example vandalizing the local laser tag facility with toilet paper. Further, he explains that he cannot wait to be 'old' because "life is a meal and old age is the dessert" (08:16). His friends bet him that he is not prepared to live according to a list of things they assume 'old' people do. This list includes yelling at neighborhood kids, having dinner at four o'clock, going to bed at eight o'clock, getting up at four o'clock in the morning, and taking forever to answer the phone.

To yell at neighborhood kids stands for the assumption that 'old' people are grumpy and set in their ways, which restricts them from understanding younger generations. As they are deemed unfriendly and unable to understand the ways of the 'youth,' they can never be a part of their society. The list thus indicates that behavior expected from the 'old' truly is behavior that fosters isolation. This is made even clearer through the daily routine mentioned in the list. Apparently, 'old' people have a fundamentally different daily schedule that is not compatible with those of the 'young.' It becomes therefore impossible for 'old' and 'young' to interact. The last nail in the coffin of isolation is the assumption that elderly people are too slow. Taking forever to answer the phone does not only mean that most people would hang up by the time the called person even reaches the phone. Even more, it implies that getting in touch with 'old' people is almost impossible because they simply do not respond. Lastly, the assumption of slowness serves as an example for many instances in daily life where 'old' people are thought to be too slow to participate in the actions of the rest of society. *How I Met Your Mother* illustrates that the expectations of 'old' behavior are closely tied to disengagement, isolation, and loss of power. Especially since Ted Mosby is, in the beginning, eager to live according to the conventions of an 'old' man and then, after doing it for a while, decides to "screw being old" and to "go TP laser tag" (17:26), the lives of the elderly are denounced. Consequently, behaving like an 'old' person is depicted as something that nobody in their right mind would want to do.

The assumptions *How I Met Your Mother*'s characters make about age, make clear that as soon as someone is 'old' the need to act age appropriate reversed into the opposite. It becomes unwise to act in a way that confirms one's 'old' age because that behavior would move a person to the margins of society. In that connection Rüdiger Kunow argues that "only when the elderly present themselves as not old,

preferably by behaving like everybody else, can they hope to attain a public voice and public presence" ("Postcolonial Theory" 104). Therefore, in 'old' age, people need to either alter their behavior and act 'young' or they lose their social agency. At the same time, children or teenagers often try to act older to be perceived as more mature and earn more privileges, again indicating the middle-aged as the dominant group, setting the tone for behavior that will earn an individual social participation. Conversely, one could argue that behavior assigned to 'old' age determines when someone is 'old.' That would mean that only by sticking to the behavioral catalogue of the elderly, a person can truly become socially 'old.' At the same time, as Charyl Lay points out in her article of the same title, it is important to "Act Your Age," as deviating from expectations too far is also socially sanctioned. It is thus a fine line of behaving 'young' enough to be considered not 'old' but, at the same time, to still stick to behavioral codes that do not stray too far from one's other age categories.

1.3.4 Physical Age

The category of physical age describes the activities or fitness level expected from individuals based on their body's age. A child, for instance, is expected to take their first steps around the age of one. 'Young' adults are supposed to be at the height of their bodily fitness and show it within their everyday life. They go out to dance, do sports, and are able to lift heavy things without hurting their backs. In later life, instead of dancing and running, people are expected to develop a limp, get a hip replacement, and walk slowly. The assumption that 'old' people are not as fit as 'young' people plays a major part in the discrimination of the elderly population because it is closely linked to a loss of independence. In this sense, physical age is also connected to the medicalization of age. The aging body, through biological processes, does get weaker over time. Therefore, it is often defined by its medical conditions. This is mirrored in the answers sociologist Charyl Laz receives when asking elderly people about the meaning of age:

> My eyesight. My eyebrows and eyelashes. My gallbladder problem. My weight. My energy level. My legs. My wrinkles. My hearing. My stiff joints. My arthritis. These are among the things participants in a study refer to when asked to talk about age. . . . the frequency with which respondents focus on bodies, body parts, and physical abilities and activities is striking. ("Age Embodied" 503)

In these statements it becomes clear that for many people physicality and especially medical problems are the defining factors of their age. Further, Laz's interviewees suggest that outward age ties into the construction of age as well. Nevertheless, most aspects mentioned are connected to the medical state of the body which often leads to a state of isolation. A lack of hearing, for instance, does not hinder someone to take part in actions that are reserved for the 'young'—a person with

bad hearing is still able to surf or skateboard—it does however impair the opportunity of interaction with others. Losing the ability to hear, and the same goes for the loss of all other senses, means social interaction becomes more difficult and can thus lead to isolation. Stiff joints, on the other hand, are medical conditions that have a larger effect on the activities a person is able to pursue. Laz's interviews show that age(ing) is strongly medicalized. When asked about age, older people are inclined to refer to the things they cannot do and to the problems their body has. Is one, conversely, only truly 'old' when the body has acquired medical conditions that are associated with 'old' age?

In this instance the link between 'old' age and disability becomes apparent. If being 'old' is determined by the loss of the physical ability to do certain things, 'old' age would be a disability. And yet, as Sharon-Dale Stone points out "when confronted with a young person who is clearly disabled, we are primed to understand that person as a tragic exception to the rule that young people are able-bodied" (63). It is thus not only bodily dysfunction that isolates the 'old.' There is a strict distinction made between having a disability and having an age-related disability. In times of positive aging and neoliberalism, there is a general distinction made between disabilities that cannot be tied to a certain behavior and disabilities that can. People whose legs were amputated due to years of chain smoking will more likely face social push back than those who lost their legs in a car accident caused by a drunk driver. The same goes for 'old' age. Successful aging paradigms suggest that it is possible to stay healthy until a high age and whoever does not manage to do so deserves to be an outcast. Further, Chivers argues that "in the public imagination, disability exists separate from old age, but old age does not ever escape the stigma and restraints imposed upon disability" (*The Silvering Screen* 8). In other words, a disabled person is never imagined in their later years, whereas an 'old' person is always imagined as disabled and stigmatized as such. The disability of an 'old' person, however, is regarded as an age-related disability. People who age with a disability are therefore invisible to the public. Conversely, if a bodily dysfunction presents itself in 'old' age, it is assumed that 'old' age itself is the disability.[5]

Physical age describes the abilities and expectations of a body in connection to its age. It is thus connected with Woodward's concept of biological age, as well as Aapolas discourse of embodied age. Especially the connection to Aapola is crucial here because she acknowledges how the abilities of the body also have the power to shape a person's age awareness. Having stiff joints and arthritis can lead to a

5 Connected to the discourse on physical ability and independence is the loss of brain function. Dementia is regarded here as a part of physical aging. However, dementia is not the focus of my discussion, rather, I will be discussing the narrative structures that emphasize the absence of dementia and thereby indicate that age related conditions of the mind may be harder to live with than those of the body.

feeling of 'oldness' within an individual and manifest a self-classification thereof. Conversely, a person moving with stiff joints invites the assumption that this person is categorized as 'old.'

1.3.5 The Jigsaw Puzzle of Age

In her discussion of age, Anita Wohlmann claims that it is "a lens through which we have learned to assess people. It has become a crucial social category, similar to class, race, and gender, which classifies and describes individuals" (41). After looking at the subdivision of age into four categories, I would like to suggest that age is actually not one, but four lenses through which we assess people. These four lenses are in constant communication with one-another and cannot always be clearly distinguished. Usually, the aspects of all four categories align with each other. Cheryl Laz points out that "[a]lthough age often feels like something we simply are, it feels this way because we enact age in all interactions. Since we usually act our age in predictable ways—predictable given a particular context—we make age invisible. We make it *seem* natural" ("Act Your Age" 100). Consequently, if we perform age right or, in other words, if we stick to the normative assumptions connected to it, and do so in all aspects of age, it is naturalized.

If age can be made invisible by meeting the normative assumptions tied to it, the question reveals itself, whether it, and especially its construction, becomes visible when the four above mentioned categories do not align and age is therefore not naturalized. In the course of my analysis, I will argue that individual categories can become visible in certain contexts and dominate the determination of a person's age. Sociologist Stefan Hirschauer argues that categories of human differentiation mutually influence each other. He elaborates that "some differentiations get in each other's way, others meet without consequences, some reinforce each other, others neutralize each other" (185, my translation).[6] Hence, different categories may reinforce or weaken each other depending on the context. Since age is in itself subdivided, I am interested in the ways these subcategories influence each other and, ultimately, how they contribute to the construction of age in general. I therefore regard age as a jigsaw puzzle, whose parts may be shuffled. Only one image is perceived as 'natural' but moving the pieces around may help us understand the construction and the meaning of the puzzle as a whole.

Since, according to Laz, in cases in which people act 'right' age is invisible, I have chosen examples of age(ing) that challenge the alinement of the subcategories of age. In the following, I will elaborate on my choice of centenarians and children

6 The original German text reads as such: "[m]anche Differenzierungen kommen sich in die Quere, andere begegnen sich folgenlos, manche verstärken sich gegenseitig, andere neutralisieren sich " (185).

with progeria as examples of extraordinary forms of age(ing). These examples rearrange the jigsaw puzzle of age in an unexpected fashion and allow us to renegotiate its construction and meaning in terms of the individual subcategories.

1.4 Extraordinary Forms of Aging

The way we think and speak about age(ing) is deeply rooted in Western societies. Consequently, Mita Banerjee and Norbert Paul argue that "[i]n order to overcome the established rhetorics of aging, we are in need of 'wake-up calls'" (271). Forms of age(ing) that are not what Charyl Laz would call naturalized can serve as those wake-up calls and make us aware of the construction of age, and the rhetoric that encourages age discrimination. Moreover, these wake-up calls encourage us to reevaluate binary concepts of age(ing) as progress and decline or successful and failed, and ultimately allow for a discussion of age(ing) in light of the interplay between the social, cultural, and biological in order to offer alternative ways in which age(ing) can be performed. Theses wake-up calls are forms of age(ing) that are extraordinary in the sense that they undermine the alinement of the above discussed subcategories and/or go beyond what would be considered the norm. Thomas Cole, for instance mentions ancient notions of such disruptions and explains that "a rare child (a *puer senex* or *puella seneca*) might possess the wisdom and virtue that could not ordinarily develop in the natural order until 'old' age. Or an older person might display the virtues of *infantia spiritualis*, the simplicity and purity of a small child" (7-8). These are examples of behavioral age being out of touch with the other subcategories, creating a curious phenomenon.

In this study, I will discuss three examples of life narratives of centenarians and children with progeria each in order to understand how their position at the intersection of the normative and the non-normative as well as the cultural, the social, and the biological contribute to the broader understanding of the aging process. On a topical level, all narratives share common themes. They all deal with (dis)ability and care, (aging) lifestyles, 'old' age as a disease, and processes of overcoming negative age(ing) imaginaries. The examples I have chosen challenge the subcategories of age as well as notions of aging temporalities in general. On the one hand, centenarians have the ultimately stretched lifespan, whereas the age-acceleration of children with progeria leads to a very compromised life expectancy, resulting in very different approach of time and experience. I will in the following briefly outline how the chosen examples can shed new light on the debates surrounding age(ing).

Centenarians are considered the stars of aging. A growing body of literature about centenarians has two major purposes. First, people who have experienced an entire century seem to have a tremendous historical value. Therefore, one fas-

cination with centenarians is that they are what is called "Zeitzeugen" in German, people who have lived through a certain period of time and can give a first-hand account of it. Centenarians, due to their extraordinary 'old' age, have lived through a very large time span and can therefore give accounts of times, nobody else can remember. A good example of this historical fascination is Emma Morano from Italy. In 2016, she was the only known person to be alive on this planet who was born in the 19th century. She has become an international phenomenon because of her age and the historic times she has lived through (Diepes). A BBC article concerning her 117th birthday, for instance, opens with "[w]hen Emma Morano was born, Umberto I was still reigning over Italy, Fiat had only just been established and Milan Football Club was still a few weeks off creation" ("World's Oldest Person"). It is thus the fascination with all the changes she has seen throughout her lifetime that make her worthy of being reported on.

The second aspect, which is featured in many articles reporting on centenarians, is a section about the centenarian's lifestyle which, presumably, lead to an exceptionally long life. In Emma Morano's case a large part of the articles written about her are dedicated to her diet of "raw eggs and biscuits" ("World's Oldest Person"). This focus on the 'secrets of longevity' stems from the fact that centenarians have achieved what so many want: to live a long life and to be, according to the news coverage on the topic, still able to interact with the rest of the world. In that connection, Gullette claims that "longevity appears to promise that there will be *more* time for using our midlife powers" (*Aged by Culture* 31). It is thus implied that who lives longest, gets the most 'good' years in life. Accordingly, there appears to be a public interest in the question of how centenarians managed to live to their extraordinary 'old' age. Their narratives, in this regard, become guidebooks for longevity. Therefore, as soon as a person has become a centenarian the social connotations of age seem to change. In fact, Christine Overall argues that

> Media accounts of very old people often, rightly, treat extreme old age, especially if the individual is still fairly healthy, as an accomplishment, on the grounds that it may take a certain kind of character or perhaps particular choices, efforts, and ways of life to live for a long time. But, once again, what is valued is not sheer temporal endurance itself but rather something that is connected to that endurance, in this case, the living of life in exemplary way. (97)

Centenarians have thus accomplished the highest goal of human existence: They have managed to age well enough to overcome the social isolation believed to be inextricably linked to 'old' age. Since they are expected to be able to tell the broader public about history and are therefore expected to have a working memory, centenarians have to be regarded as a part of society. Centenarians, in their role as the stars of aging, become role models for positive aging which in turn means that they can never have reached the stage of decline and disengagement; they have

never been put into the 'waiting room' of 'old' age. Consequently, the social construction of 'centenarianness' in public discourse questions the social construction of all other age groups by turning the meaning of the subcategories of age and the expectations tied to them upside down.

Progeria[7], on the other hand, can in certain ways be regarded as the opposite of 'centenarianness.' Children with progeria have an extremely shortened lifespan due to their condition. Even though their live expectancy is only about 13 years, part of their bodies, at that time in their lives, is biologically comparable to that of a centenarian in many ways. Children with progeria are an example of the complete juxtaposition of different age categories. In that sense, I am especially interested what the fact that a 'young' mind lives in an 'old' body does to the concept of age(ing). Further, children with progeria are the opposite to centenarians when it comes to the temporality of life. Whereas centenarians have to ask themselves what they do with their extra years, children with progeria have the difficult task to, in Ricca Edmondson's terminology, make a life meaningful that will only last a very short time.

Besides upsetting the alignment of the subcategories of age and giving insight to the creation of the life-course in terms of meaning, discussing narratives of progeria can help to understand the interplay between 'old' age and disability or illness because in this special case, 'old' age really is an illness. In line with Chivers' approach to look at 'old' age through the lens of disability studies, progeria narratives force the audience to regard the aging body in terms of disease and disability. In that sense, discussing narratives of progeria can serve as a point of inquiry for the redefinition of 'old' age through the lens of disability studies by not only sparking a discussion of disability in 'old' age but also changing the rhetoric of age(ing) towards value and knowledge. Moreover, progeria narratives offer a unique chance to look at age(ing) without the pitfall of successful aging at hand. The condition makes it abundantly clear that these children will not age successfully. While the paradigm is absent from these narratives, they present ways to find meaning and happiness within their aging process without having to perform successful aging.

Even though the cases of centenarians and children with progeria are very different from each other, both extraordinary forms of aging can serve as wake-up calls to renegotiate the rhetoric of aging. Both are conditions that realign the subcategories of age and occasionally even completely juxtapose them. Therefore, they make age(ing) visible through its denaturalization. This denaturalization, in both cases, leads to a commercialization of the cases. Centenarians, as well as children with progeria do not simply exist but they are, to use Luce Irigaray's terminology

7 The narratives I discuss are all about children with Hutchinson-Gilford progeria syndrome which is the most common form of the disease. I will use the term progeria to refer to Hutchinson-Gilford progeria syndrome.

"fabricated" (802). In both cases, individuals are turned into phenomena that in effect become sellable narratives or, in Marxist terms, commodities. I am not conducting a Marxist or Feminist reading of these narratives of extraordinary age(ing), nevertheless, I am applying Irigaray's idea of women as commodities, fabricated by men, to narratives of extraordinary age(ing) in order to reveal the processes of how age is (re)negotiated and constructed or fabricated in a society that emphasizes economic worth in an individual. Irigaray argues that "[a]s commodities, women are thus two things at once: utilitarian objects and bearers of value" (802). Moreover, Irigaray elaborates that "a commodity has no mirror it can use to reflect itself" and women therefore "serve as a reflection, as image of and for men" (808). If extraordinary age(ing) becomes a fabricated commodity, it becomes an object of value and, at the same time a reflection of what society needs it to be. As women, according to Irigaray, reflect male desires, I argue throughout this book, that narratives of extraordinary age reflect a broader social desire to live long and healthy lives. What is the role of the individual in this social network? How do economic factors tie into the construction of extraordinary age(ing) in particular and age(ing) in general? And how does the phenomenon of being a centenarian or a child with progeria heighten a person's visibility? I am interested what this new visibility of denaturalized age(ing) can contribute to the field of aging studies and the discussion of the construction of age.

1.5 Extraordinary Age(ing) and Life Writing

In relation to the above mentioned argument that wake-up calls can serve as means to understand and change the rhetoric of 'old' age, Charyl Laz explains that "[s]ociologists can study disruptions of 'the normal,' like the 'clicks' [moments in which you are suddenly aware of your age] described above, to explore how normalcy is accomplished, how the 'natural' *becomes* natural" ("Act Your Age" 101). I argue that these 'clicks' can be traced within the life narratives of extraordinary age(ing) and that these biographical works can serve as a starting point for the analysis of age(ing) in general.

I am referring to life narratives in the broadest possible sense of the concept as a medium to find out how age(ing) is discussed through the extraordinary cases of centenarians and children with progeria. I am not only looking at full length (auto)biographies but also at *YouTube* videos and documentaries. I use the notation '(auto)biography' for two reasons: first of all, all the narratives discussed here are forms of life writing but not strictly autobiographical. Philip Lejeune defines the characteristics of autobiography by establishing the concept of the "autobiographical pact" (86). One main part of this pact is the idea that ""[a]utobiography (narrative recounting the life of the author) supposes that there is *identity of name*

between the author (such as s/he figures, by name, on the cover), the narrator of the story and the character who is being talked about" (91). This definition of autobiography is not met in the narratives discussed in this study. For one, I am looking at documentaries and stories that are produced about or in collaboration with the extraordinary agers. That is, many of the texts in my discussions would fall under the definition of biography rather than autobiography. Secondly, even those texts which are marketed as full-length autobiographies are collaborations between an author and a co-author, disqualifying them as autobiographies in the sense of Lejeune's autobiographical pact. The mechanisms of these collaborations will be discussed further throughout this book. In this current section, I would like to discuss how studying life narratives can contribute to an understanding of the processes connected to the construction of age at the intersection of the social, the cultural, and the biological.

Auto/biography, as Alfred Hornung points out, "may mediate between individual positions and choices taken in life, in the sense of the critical concept of relational selves . . . , or they may mediate between self and place, as in imaginary geographies and eco-biographies" (xii). If auto/biographical texts can thus function as a mediator between different positions, and even serve to negotiate one's own identity, I argue that they can also function as a mediator between different life stages, as well as a platform for the inner negotiation of an age(ing) identity. What does it mean to be a centenarian, and what does it mean to be a child with progeria? How do people define themselves in relation to their extraordinary age(ing)? What categories of age become important within these negotiations? And: How do they convey this age(ing) identity to the outside world? Further, life narratives can serve to mediate the inside and the outside; meaning, the way a person perceives themselves, the way they are perceived by others, and the reciprocity between the two. Here, the form of collaborative life writing seems especially fruitful as it not only provides the perspective of the aged individual but also, read against the grain, the perspective of the collaborators who are usually middle-aged. As I am pointing out throughout this study, these narratives are entrenched with moments of younger generations renegotiating derogatory imaginaries of age(ing) and illness. This may be connected to a desire to portray age(ing) in a way that makes it alluring to be 'old' in order to envision 'old' age as more appealing.

Narrating one's life can in itself be a meaning giving instance. By retelling their life's story, people can make sense of their past, and the person they have become. In that connection, Stephen Katz points out that "[n]arrative gerontologists . . . show that narratives are more than just biographical stories: they are practices that connect the contents of stories and the circumstances of storytelling to the art of rendering lives coherent and meaningful" (*Cultural Aging* 132). Narratives are means to make sense of the past and, likewise, make sense of the aging process. The story of one's life then becomes the attempt to give meaning to one's own life-

course. Disentangling this attempt can give clues about the cultural image of the aging process as experienced by the aging individual.

If we want to explore how a life at any stage becomes meaningful, it is crucial to discuss life narratives. Of course, we have to bear in mind that a life narrative is created in a certain phase in life which might influence the question of what is meaningful and important and what is not. Ricca Edmondson points out that meaning is not only determined culturally but also temporally. She explains that "words and sentences mean different things in different contexts" (201) and thus, the meaning of age(ing) is different in different context. What a certain life stage means to a person and what it consists of is dependent on the cultural context this person lives in as well as the stage in life they currently find themselves in. For a child, for instance, often everybody over the age of twenty appears to be 'old,' whereas a 70-year-old might still consider themselves 'young.' Further, for a toddler, meaning in life may be given foremost through familial relationships, the 70-year-old on the other hand might feel that family relations alone are not enough to give meaning to an existence. Ultimately, life narrative can give a first-hand reading of the effects extraordinary age(ing) has on a life. At the same time, we have to bear in mind that these accounts are subjective and specific to the circumstances they evolved in. The great promise of using life narrative in the discussion of age(ing) lies in the concept of changing perceptions. Because identity changes over time and because our views on age(ing) constantly do the same, we need these first-hand accounts in order to understand the complexities of aging.

The perspective on a certain issue does not only change throughout time, it also depends on the general socio-cultural background, as well as other categories of difference such as an individual's race, class or gender. As mentioned above, women, for instance, can expect to have to face ageism earlier than men. Similarly, in the Western world, ethnic minorities face "higher levels of disadvantages, inequalities and exclusions . . . into old age compared with the dominant White ethnic majorities" (Zubair and Morris 900). Those groups who face discrimination throughout life, are thus also faced with more obstacles in 'old' age. This does not only apply to race or gender but also to class or illness, among others. The examples I discuss here are taken from different cultural and national backgrounds and present people with different races, classes, genders, and even nationalities. While the focus remains on the aging process in general, my analysis will also show how different contexts influence this process as a whole as well as an individual's attitude towards it, may it be in a biological, social, or in a cultural sense. Looking at life narratives and lived experience offers an entry point to a variety of perspectives on age(ing) within different social and cultural contexts. Consequently, the analysis of life writing encourages an intersectional approach, concerning the way age(ing) is influenced by other categories of difference.

Narratives of centenarians and children with progeria convey their perspective on age(ing) and meaningfulness and allow their audience to see how extraordinary age(ing) is negotiated at the intersection of culture, society, and biology. Those (auto)biographical works hence have the power to act as counter narratives to the dominant discourses of 'old' age. Laculle and Baars claim that "[b]y providing alternative stories challenging the damaging identification with oppressive master narratives, a counter narrative can empower the concerning social group, generate respect and social value for the people belonging to it" (37). If extraordinary forms of age(ing) can be used to gain insight into normative processes of aging, those accounts can also be seen as a counter narrative working to disrupt negative stereotypes of 'old' age in general.

Besides offering insight to the way age(ing) is negotiated socially, culturally, and biologically, narratives of extraordinary age(ing) can also be analyzed from the angle of life writing in general. As collaborative forms of narrative, they provide the opportunity to rethink age(ing) from different perspectives. At the same time, the means of production encourage a closer inquiry into questions of agency and voice within these stories. It is crucial to note that the narratives discussed here are examples of different forms of collaboration. I look at co-authored (auto)biographies in which the co-author functions as the person who edits and structures the narrative, as well as documentaries and *YouTube* videos in which directors stage a certain storyline. There have been several scholarly approaches on how to deal with collaborative life writing. Craig Howes, for instance, trusts the sense of the editor to not alter crucial parts of the narrative. He argues that although editors work with the text, consult secondary sources, and make alterations, "they also know that a text has its own integrity, and too much research could undermine their work" (5). Howes trusts the work ethics of the editors and assumes that they try to remain true to the voice of the autobiographer. The same would then be assumed for co-authors or ghost writers.

Howes' elaboration follows similar lines as G. Thomas Couser's argument in his monograph *Vulnerable Subjects: The Ethics of Life Writing*. He explains that whenever someone writes the story of their own life, it is inevitable that the lives of others will be part of the narrative, which makes them vulnerable to the author. Moreover, Couser claims that those whose lives are written about by co-authors or ghost writers, stand in the same position of vulnerability. He especially refers to those who through disability or illness are unable to narrate their own lives (x-xi). Apparently, centenarians and children with progeria are assumed to be unable to write down their life histories themselves, too, presuming that they are in need of the assistance of co-authors, directors, or producers. Yet, we do not know the extent to which the collaborators have been part of the production—and to which extent their voice influences the narrative as a whole.

While it is never certain if an editor or co-author was true to the ethics of life writing, we also have to bear in mind that these stories may have never been written without the initiative of the collaborators. In that connection Mita Banerjee and myself argue that in regard to relational autonomy "[t]he possible loss of narrative authority may be compensated by the fact that the life story of a centenarian would otherwise not have been written in the first place" (2). The same would apply to narratives of children with progeria. When reading life narratives of extraordinary age(ing), it is thus important to also look at the means of production and question how they may have been influenced through the voices of the collaborators. Consequently, the question of agency and the way age is culturally constructed through different voices within one narrative will be a main focal point of this book. Despite the question of ethics, I see these collaborations as a chance to trace different perspectives within one narrative. I am precisely interested in reading individual scenes through these perspectives, that is, reading them with and against the grain. In that connection, I am also interested in the extent to which life narratives of extraordinary age(ing) align with public discourses of age(ing) in general.

Moreover, narratives of extraordinary age(ing) raise questions of the commodification of age(ing) and disease, or the commodification of individuals in general. As wake-up calls, these aging processes do not only serve for a scholarly analysis, they also generate public interest by simply portraying processes situated outside of a supposed norm. It suggests itself to see centenarians and children with progeria not only as an active part of consumer markets but also as products that are put on this market. At the same time, if the image of 'old' age is tied to a neoliberal sense of economic worth, what happens if the aged become authors or participate in a documentary, thereby contributing to the economic processes?

Depending on the angle they are perceived from, narratives of extraordinary age(ing) are contradictory in themselves. What they ultimately show is the complexity of the aging process, and the difficulty to untangle perspectives, experiences, and finally the social, biological, and cultural framings in order to get a better understanding of how age works in society. Reading these narratives, as well as their modes of production, against the grain often reveals the wishful thinking of younger generations who want to imagine the aging body in a certain way. Successful aging becomes not only a neoliberal paradigm for the 'old' but is revealed as a goal that people who fear 'old' age wish to achieve. In that sense, the narratives at hand share the underlying cultural wish to live forever. Accordingly, all these narratives deal with the quest to live as long and as healthy as possible, presenting living longer as an achievement. Conclusively, there appears to be an underlying wish to live longer than others, turning the aging process into a competition. With this focus, it seems that an individual's happiness or way of life is demoted to second-

rank. In fact, happiness in these narratives often comes across as a justification to extend life even further.

In a broader sense that goes beyond the mere discussion of age(ing), these narratives reveal an ever-present desire for perfection, a desire to win and be better than everyone else—in terms of aging as well as in all other areas of life. At the same, they suggest that this perfection is unreachable and that accepting imperfection may lead to a more wholesome aging experience.

Ultimately, the narratives discussed in the following act as a medium, providing meaning and insight into the discourses of age(ing) at the intersection of society, biology, and culture. According to Jan Baars this goes back to Aristotle who established the concept of 'mimesis praxeos' according to which "narrative is the imitation of action. Through stories, we communicate to others and clarify for them and to ourselves what the years meant, what it is to age, who we have become" (291). In the narratives I discuss throughout the next chapters, I thus seek to find the actions that make life meaningful, as well as the aspects that define age(ing) and the life-course.