Latimer presented her research on how the relations between disease, persons, and molecular biology and fabricated in anti-aging research. In particular, she focused on how anti-aging science and medicine constructs and makes use of notions of frailty and resilience of aging persons and bodies.

Historically, medical care for elderly individuals and scientific and medical research about the biology of aging has been devalued. Latimer suggested the devaluation of aging medicine and science has been connected to:

- visible signs of aging;
- incidence of chronic disease and its effects on participation with ‘normal’ social life;
- the social, economic, and structural location of older people;
- widespread negative cultural representations of aging;
- and social and health inequalities that are exacerbated by aging.

The devaluation of older persons results in older persons performing (and struggling to perform) a subjectivity and embodiment that attempts to remain within cultural norms and outside of cultural expectations about the passivity of aging; in other words, elder persons often attempt to maintain a response-ability to cultural expectations of youth. The devaluation of aging medicine and care is made uncanny by the fact that every developed nation spends 60-75% of its health budget on elder care. Yet medical research has so far focused primarily on curing or preventing diseases of younger bodies.

By understanding medicine as a social institution and knowledge practice, and by recognizing cultural pre-occupations that make being/getting old problematic for many people, Latimer proposed that the rise of anti-aging medicine can be framed in terms of a negotiation between pessimism about aging as inevitable and intractable and a hopefulness about biomedical research curing many of the diseases associated with aging. That is, anti-aging medicine and science must create a space in which it can evoke the inevitability of aging and make promises about how biomedical interventions may forestall, ameliorate, or eliminate that process. In part, this occurs by framing aging itself as a preventable or reversible disease process, rather than focusing on aging as a risk factor for other diseases (such as strokes, heart attacks, cancer, etc.).

Latimer also framed her research in terms of her methodological and ethical challenges of participating within anti-aging research without becoming part of the funding network (which includes large amounts of money from cosmetics corporations). Because the stigma of aging is often linked to how we look, and cosmetic companies market themselves in terms of staving off the effects of aging, there is a large pool of funding from cosmetics industry that is driving the biomedical research. Latimer expressed concern about how to maintain her appreciation of the vitality of the aged and her desire
to improve upon that vitality, without being co-opted into dominant negative discourses that devalue the elderly. She argued that despite the overarching and problematic social structures of anti-aging research, there are on the ground complexities that must be acknowledged. While aging science is addressing important questions about how to improve elder care, Latimer wants us to focus on how they do it. For instance, do they engage in stereotyping to in order to legitimate their work? Do they engage in undesirable forms of biomedicalization in order to mark their work as legitimate?

Latimer discussed how anti-aging efforts negotiate these discourses, examining the internal division of anti-aging research between the ‘nutters’ and the ‘legitimate’ researchers. Legitimate researchers emphasize the promotion of healthy aging and wellbeing through limiting the diseases associated with old age, whereas the nutters promote longevity and rejuvenatory technologies aimed at increasing and enhancing life. The ‘legitimate’ scientists typically frame this in terms of ‘compressed morbidity,’ in which medicine will be able to push the worst consequences of aging into a very narrow timeframe at the end of life, rather than having a sometimes decades-long, drawn out process of dying. The nutters suggest that there is no necessary reason why we cannot live for a much longer time and argue that biomedical research is best directed toward achieving biological immortality. The division between nutters and legitimate research is not as clear the legitimate researchers may hope for by employing the pejorative term to draw that boundary.

In particular, both share a goal of re-defining aging as a disease. Because aging is currently considered a risk factor for other diseases, and not a disease itself, anti-aging research does not fit cleanly within funding contexts dedicated to anti-disease research. Both branches of anti-aging research suggest that the most direct route to addressing anti-disease research in general is to conduct anti-aging research.

Latimer conclude with a series of open questions for discussion:
  How do scientists of aging construct different models of aging?
  How do aging scientists conceptualizing aging itself--what does aging become in the world of aging science?
  How do the ways that aging science represents aging legitimate intervention in the biological processes of aging?
  How do these processes of representation and legitimation interact with the historic, economic, social and cultural conditions underpinning knowledge practice in aging science?
  What kinds of bodies and person do aging scientists construct through their work and practices? To what extent are these transformative of ageist representations of growing older or of being older?