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THE PALGRAVE HANDBOOK OF THE PHILOSOPHY OF AGING

Edited by Geoffrey Scarre



The Palgrave Handbook
of the Philosophy of Aging

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Editor

The Palgrave Handbook of the Philosophy of Aging

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1

Introduction

Geoffrey Scarre

‘Few people’, remarked the Duke de La Rochefoucauld, ‘know how to be old’ (1975 [1678]: *Maxime* 423: ‘*Peu de gens savent être vieux*’). Most, he thought, who live to be old make a mess of old age, wasting their time or letting time waste them. Given La Rochefoucauld’s famously low opinion of human virtues and capacities, this judgement should not be read as singling out the elderly for special scorn; in his view, people were generally rather bad at living, irrespective of their age. Yet, the idea that one needs to ‘know how’ to be old arrests attention. What particular qualifications or qualities might provide the requisite expertise? Whether or not we reach old age depends to a large extent on luck in the biological and social lotteries, though choosing a safe and healthy lifestyle obviously helps. But La Rochefoucauld was plainly gesturing towards something more than this: living *well* in old age requires certain skills or virtues, and most people, he considered, lack these. If this is true, it is disconcerting. How dreadful to be old and ill-prepared! What, if we are already old or anticipating that state, should we do about it? Should we rush to the nearest bookshop and buy a self-help book on successful aging? Or would we do better to pick up the current volume, *The Palgrave Handbook of the Philosophy of Aging*?

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Here is the place to say what this book is and is not. To take the latter first, it is not a handbook of gerontology (i.e. the theoretical study of aging in its psychological, biological and social aspects), although many of the chapters draw on recent empirical research into old age and aging. Neither is it a manual on 'good living' in old age, and none of the chapters advises on such matters as aging gracefully, fulfilling oneself in one's 'senior years' or reaching one's centenary. How useful such self-help manuals are is debatable and debated. In part this is because they generally assume, in a way that can only be described as question-begging, that old age is an unfortunate condition, much inferior to youth, that must be met by constant efforts to 'stay young'. This approach amounts to a not-so-subtle denigration of old age that is in danger of missing what may be its distinctively valuable features. Furthermore, as Mary Mothersill has noted of the practical recommendations offered by the manuals, '[w]hat counts as good advice in one context, in another emerges as callous bullying' (Mothersill 1999, p. 17). Not everyone in their later years has the money or the inclination to pay daily visits to the gym, take up a new hobby or travel to exotic places. Instead, the present volume is a work of philosophical reflection on what it means and feels like to be old, and its chapters employ philosophical methods to throw light on the prospects, the problems, the social context and the moral responsibilities associated with old age. All authors represented in this wide-ranging collection have previous experience of writing in this field, and their chapters are informed by the latest scholarship and empirical research. In one significant respect, this *handbook* differs from many other handbooks and companions in that its subject area has received surprisingly little notice from the philosophical community in modern times, although topics of philosophical interest are occasionally addressed in general journals of gerontology, such as *The Gerontologist* and *Ageing and Society*. Consequently, there is relatively little current research and writing by philosophers to be surveyed by the authors of this book, and several of the essays have more the character of original research papers than is normally the case with handbook chapters. 'Old age is a topic that philosophers by and large have ignored', said Mothersill in 1999; and a decade and a half later the situation remains largely unchanged, excepting the work of writers featured here (though special mention should be made of the journal *Philosophical Papers*, which dedicated an issue to the subject in 2012). The need to blaze trails through largely untouched territory has been the challenge faced by the authors of the present essays, and it is hoped that their writing will prompt others to take these important discussions further.

This volume, then, is not the place to look for advice on the do's and don't's of how to be old. It is not a philosopher's job to tell the elderly (or those who

are anxiously nearing that state) how to maintain ‘high functioning across a range of domains’ (to quote one typical definition of ‘successful aging’ [Gatz and Zarit 1999, p. 396]). But it does not follow that the philosophical investigation of the place of old age in the human story provides no food for thought of a practical kind. Indeed, it would be seriously disappointing if philosophical speculation on old age yielded merely abstract theorising which had little bearing on the more existential questions about how to be old. The pluralist tendencies of modern philosophy are rightly resistant to procrustean efforts to produce one-size-fits-all accounts of the good life, and this applies as much to notions of ‘successful aging’ as to those of flourishing at any age. Even so, certain structural generalisations may be ventured. So, for instance, thinking about one’s own aging and old age in terms of the narrative organisation of one’s life focuses attention on the interrelationship of the successive phases of one’s existence, making it easier to see what kind of coda will bring one’s story to a fitting and coherent close. Reflecting on the kind of skills, virtues and other qualities that are serviceable in maximising the opportunities and facing the challenges that are common in old age can also pay practical dividends. Old people may lack the physical robustness of young ones, but they should play on the strengths they have. Plutarch, who took a rather more positive view than La Rochefoucauld of the capacities of the elderly, held that the virtues of ‘justice, temperance and prudence’ come to their perfection ‘late and slowly’, and that old people possessed of these ‘beauties of soul’ have a special contribution to make to society (1694, p. 100). Whether or not Plutarch was right to think that the old were typically more just, prudent and temperate than the young, he correctly identified as a *philosophical* question that of their proper social role and relationship with their younger fellow citizens. Theirs, he thought, should be primarily an active existence, in which the experience gathered over years should be applied to the good of the public: ‘an old man, acting in the state, is a venerable spectacle; but he who wastes away his days in his bed, or sits discoursing of trivial matters, and blowing his nose in the corner of a gallery, renders himself an object of contempt’ (1694, p. 77).

It is trite, but true, to say that old age, like any phase of life beyond infancy, is to a large extent what we make of it. Many elderly people live a creative, satisfying and useful life, at least before physical or mental infirmities commence their spoiling work – and frequently even after that. Realism about one’s situation in old age is all-important. To pretend that one is still young when one is not is, and appears, foolish; yet people should not be in too much of a hurry to write themselves off as being ‘past their best’. Such judgement belittles the knowledge that has been gained over the

years (knowledge how as well as knowledge that) and the role that their experience enables them to play in supporting members of younger generations, via formal and informal social structures. It would be false to claim that age always brings wisdom, and perhaps rash even to assert that it usually does. But having lived for many years does at least mean that one has had plentiful opportunities to learn the ways of the world and means of dealing with them. In the fast-changing contemporary world, the idea of ‘the wisdom of the elders’ can seem as outdated as the age of steam; only youth, it is often said (especially by the young), can keep up with the breakneck pace of social and technological changes, while to be old is inevitably to be out of date and left behind. Yet *plus ça change, plus c’est la même chose*: many of the problems of human life are perennial and the skills and virtues needed to deal with them equally so. Navigating personal relationships, finding one’s place and work in the world, maintaining one’s self-esteem and determining what one owes to oneself and what to others are challenges to be faced anew by every individual. No amount of technological expertise can make a person adept at tackling them or provide any substitute for learning by experience; older people may not have all the answers, but they have had more time to learn from their mistakes. People who have lived into middle age and beyond should have also acquired more realistic ideas on what they can and cannot change.

Old people are, of course, as various as those of any age in terms of their strengths and weaknesses, likes and dislikes, successes and failures, and virtues and vices. Therefore, empirical generalisations about them are risky, as many of the contributors to this book acknowledge. Surprisingly, one philosopher who did *not* acknowledge this was Aristotle. (See [Chap. 8](#) for a fuller discussion of Aristotle’s view of old age.) In a curious chapter of the *Rhetoric*, Aristotle painted a highly unflattering picture of old men, whom he portrayed as patterns of the vices of deficiency: cowardice, over-caution, small-mindedness, stinginess, greed, distrustfulness, irritability and querulousness. Being ‘too fond of themselves . . . they guide their lives too much by considerations of what is useful and too little by what is noble – for the useful is what is good for oneself and the noble what is good absolutely’ (*Rhetoric*, 1389b; [2001b](#), p. 1405). Aristotle’s denigration of the elderly anticipates T.S. Eliot’s (1940) lines from *East Coker*: ‘Do not let me hear/ Of the wisdom of old men, but rather of their folly.’ This is strikingly implausible on a double count: first, its representation of old men (note that Aristotle did not say anything explicitly about old women) as being all alike in character, and second, its unqualified denial to them of any virtues. Aristotle divided human life into three major phases, youth, prime and old age, and he

claimed that virtue was likely to predominate over vice only in the central phase (Bk.II, Chaps. 12–14). On his account, youth is chiefly characterised by the vices of excess: fierce sensuality, hot temper, rashness and insolence (Chap. 12). While young men overdo things, elderly men underdo them; only men in their prime get the balance right. These are gross caricatures, impossible to take seriously. Conceivably, this section of the *Rhetoric* was written tongue-in-cheek, as an example of rhetorical technique for students' benefit. Doubts about Aristotle's seriousness may also be aroused by the fact that his analysis of moral virtue (*ethike arete*) as 'a state of character concerned with choice, lying in a mean (*meson*)' between a vice of excess and a vice of deficiency (*Nicomachean Ethics*, 1106b–1107a; 2001a, p. 959) maps with suspicious neatness onto his division of the three ages of man. The *Rhetoric*'s take on old age also make nonsense of the view defended in the *Nicomachean Ethics* that virtue, laboriously acquired through the exercise of practical wisdom (*phronesis*), becomes a fixed and robust character disposition. For that view hardly sits well with the claim that the mere passage of the years is sufficient to whittle it away again, and to do so, seemingly, whether the subject wills it or no.

Setting aside Aristotle's implausible, pseudo-deterministic account of the miserable ethical condition of the old, and recognising the range of existential possibilities open to people of mature years, we can see old age as having as much potential for excellence as any earlier phases of life. This is true even for the 'old old' (commonly characterised as those who are aged 85 or more) in whom the adjustment to waning powers and worsening health calls for courage, resilience, patience and (an underestimated virtue) adaptability to circumstances. Old age, and especially *old* old age, involves an existential negotiation with the reality of one's mortality and the knowledge that one's death is no longer a distant prospect; yet to think so much about the approach of the grim reaper that one forgets that one is still alive shows very questionable wisdom. St. Jerome was commonly depicted by artists with a human skull as an object of contemplation. The aging poet John Donne had a picture painted of himself in his shroud, which he kept by his bedside as a reminder of the transience of life. Such *memento mori* should perhaps be seen more as spiritual or poetical conceits than as expressions of a morbid outlook, but while (as Tolstoy points out in 'The death of Ivan Ilych'), there is a difference between accepting the abstract proposition that all men are mortal and reaching the existential realisation that *I* myself am mortal, few elderly people are likely to forget that their time is running out.

The description of Donne as 'aging' may perhaps be resisted by readers who are unwilling to apply that epithet to a man who was around 60 at the

time of his death in 1631 (the precise date of his birth is not known) – albeit this was a fairly high age by seventeenth-century standards. But in one sense, Donne was indisputably aging – this being the sense in which we are all aging, from the day we are born. As Jan Baars points out in [Chap. 5](#), the word ‘aging’ is customarily used in three different senses. In the first sense, ‘aging’ means attaining a high or advanced number of years relative to the species norm. While there are no sharp or generally agreed boundaries, a human being who has reached her mid-70s can be described both as ‘old’ and as ‘aging’ (if not yet ‘aged’, a term that, although uncommon today, may apply rather better to the ‘old old’). A dog, by contrast, is aging, in this sense, at 15, but a Galapagos giant tortoise has barely reached its prime by 70. In the second sense, ‘aging’ can be understood as biological or functional senescing or wearing out. People in their 70s are aging in this second sense as well as the first, but only the second refers to the processes of physical and mental changes that occur as advanced years are reached. The third sense of ‘aging’, and the broadest in its temporal scope, refers to the gradual unfolding of a biological/functional narrative from birth to death; so a child aged 5, while plainly not old or senescent, has aged in so far as he has completed the first 5 years of the biological course.

This *handbook* is concerned with all the three senses of aging but mostly with the first two. That we are all aging from the day we are born – that the biological clock is ticking away within us, and time departing from us – is a significant and sobering thought, and it may bring to mind the Roman Stoic Seneca’s advice to make the most of whatever time we have. People complain, wrote Seneca, of the shortness of life, yet if they invest their time wisely, they should find it sufficient. It is not how long one lives, but what one does with one’s life, that matters. A short but well-spent life (which is not to be confused with ‘a short life but a merry one’, if that life is unworthy) is better than a longer one that wastes time. Indeed, the latter may scarcely deserve to be called a ‘life’: ‘you must not think a man has lived long just because he has white hair and wrinkles,’ for possibly ‘he has not lived long, just existed long’ (Seneca 2005, pp. 71, 67). However, the chapters of the present book are primarily concerned not with the unfolding course of human life but with its later phases in their ethical, existential, functional and social implications. (An alternative title for the book might therefore have been *The Palgrave Handbook of the Philosophy of Later Life*.) While there have been several handbooks and collections on the philosophy of death, old age, as noted above, has been relatively neglected by philosophers (though there has, of course, been much writing by medical ethicists on such end-of-life issues as euthanasia, medical treatment *in extremis* and the ethical

treatment of the dying). But it would be wrong to see this book as a species of prequel to those others, a handbook of the philosophy of the phase-before-death. There is nothing dishonest or evasive about rejecting the characterisation of old age as the mere ante-room to death, and it should not be the exclusive prerogative of the ‘stay-young’ manuals to emphasise that later life can be replete with worthwhile experiences and achievements. It is true that life in old age can be marred by failing health, loss of partners and friends, reduction of income and diminished social opportunities. Yet similar misfortunes can occur at any age, and when they happen to younger people, they are often more devastating because they are less anticipated. Since the old are more expectant of sudden calamity, they are also more likely to savour good fortune while it lasts. Ninety-seven-year-old Diana Athill (2015), describing life in a care home for the elderly, writes:

Death is no longer something in the distance, but might well be encountered any time now. You might suppose that this would make it more alarming, but judging from what I see around me, the opposite happens. . . . I am pretty sure that most of us here would consider it silly to be frightened of being dead. All of us, however, have some anxiety about *the process of dying*. (pp. 158–159; her italics)

Old age can be experienced as a time of liberation from work, the rat race, competition with one’s peers for status and privileges, the need to earn a salary, child-rearing responsibilities and the many other things that create stress and anxiety during earlier phases of life. As Andreas Kruse observes in his contribution to this *handbook*, if old age can be seen from a ‘vulnerability perspective’, it can also and equally validly be viewed from a ‘potentiality perspective’ (Chap. 23). Older people may bring their knowledge, skills and experience to bear in many socially useful ways and in a variety of contexts, both public and private, formal and informal, long-term and short-term, systematic and spontaneous. The old assist in the transmission of cultural traditions as well as provide practical help and support to members of younger generations. And in old age, one may at last have the chance to ‘do one’s own thing’ and enjoy pleasures long postponed (making that extended visit to Australia, refashioning the garden, reading Proust). Or at least, one does if one is lucky and retains reasonable health and a sufficient income into old age. The life of happy retirement open to prosperous middle-class pensioners in modern Western countries would have been beyond the imagining of most elderly people in the past; even now it is beyond the aspirations of many old people who dwell in less privileged parts

of the world. The fact that it is available to some does, however, show that life in old age can provide many of the same satisfactions that younger people enjoy, together with some distinctive additions (e.g. an increase in leisure time). Even in societies of very different cultural complexion from those of contemporary Europe or America, existence in old age is not invariably shot through with a sense of hopeless impotence, as individuals painfully contemplate their physical decline and the diminution of their social roles. Commonly, elders or seniors retain important social functions and consequently enjoy a genuine regard that is far from being mere hypocritical piety or insincere placation of those who might otherwise prove to be a nuisance to the young and vital.

Nevertheless, there is no denying that, if one lives long enough, one will eventually experience failing powers and parlous health, and even the most sanguine or stoical person can be forgiven for feeling anxious at the prospect. In the catalogue of the seven ages of man (which contrasts with Aristotle's three) delivered by doleful Jaques in Shakespeare's *As You Like It*, the final and most dismal age is that of 'second childhood and mere oblivion, / Sans teeth, sans eyes, sans taste, sans every thing' (Act II. Sc.7. ll.165–166). Admittedly, Shakespeare was writing before the era of modern medicine and technological aids that have improved the quality of life of many elderly people, yet a contemporary Jaques might wryly remark on the 'epidemic of dementia' (as it has been called) and the ever-growing number of old people who depend on medical and social care. Robustness of body and mind earlier in life is no more guarantee than it ever was of health and fitness in old age. Even once towering figures may totter as they age. Immanuel Kant declared to a company of guests in 1799, 'Gentlemen, I am old, and weak, and childish, and you must treat me as a child' (De Quincey 1961, p. 180). Although Kant, then aged 75, may have been exaggerating both the rate and the extent of his decline, it was noticed around that time that his memory was less reliable than it had been, his gait more unsteady (causing him to have a number of falls) and his querulousness increasing (possibly on account of his suffering from chronic headaches and stomach pains). But Kant sensibly did what many old people do and made the best he could of things, maintaining his customary habits for as long as he was able to do so. According to report, 'He now lived in a continual state of resignation, and prepared for any decree whatever of Providence' (De Quincey 1961, pp. 180–181). Kant would not step into the grave before his time but neither did he deny his failing state.

Especially hated and feared by many old people is the loss of individual independence, when the help of others is needed to perform the ordinary

(including some of the most intimate) tasks of everyday life. Yet, even here there can be compensations, including some that might surprise some younger people. For example, Athill (2015, p. 130) regards her reliance on a wheelchair as anything but humiliating: ‘Nothing could be more deliciously luxurious than being pushed around a really thrilling and crowded exhibition in a wheelchair. The crowd falls away on either side like the Red Sea parting for the Israelites’. Have wheelchair, will go places. Many old people greatly enjoy the company of their carers and find new friendship and fellowship among other men and women of similar age and condition. Those who, like Athill, reside in a care home that provides activities for the mind and body (such as concerts, exercise classes, talks and discussion groups) may find life a lot more stimulating than it would have been had they stayed in their own homes. In their new social circle, it is possible to blossom afresh.

In the twenty-first century, a much greater proportion of the populace will live to be old than in any previous century; this is particularly the case in developed countries, but lifespan is also increasing in less privileged parts of the world. It is therefore important for philosophers to examine what it means to be an old person, or to be a young person alongside old persons, in the present century. This book is an early contribution to this project. Its 27 chapters are arranged in four Parts under the following headings: *The Meaning of Aging*, *The Experience of Aging*, *The Ethics of Aging* and *The Future of Aging*. Although these headings provide a convenient way of indicating the book’s main areas of concern, the boundaries between the parts are porous and a number of the chapters could have been included under more than one heading. All appear here for the first time and their authors are drawn from a range of countries and academic backgrounds, not all of them being primarily philosophers. The selection of authors reflects the fact that aging and old age have been the subject of extensive empirical study by psychologists, sociologists and gerontologists, as well as by health and medical researchers. The extensive, if sometimes contested, products of this research provide rich food for philosophical thought, and the authors whose expertise lies principally in empirical fields of study of old age have been asked to consider in their essays the philosophical implications of their researches. The result is a collection that brings together a variety of approaches and views that, it is hoped, will help to set the parameters of discussion of age and aging for some years to come.

Finally, I would like to thank a number of people who have helped in the realisation of this project. Brendan George of Palgrave first suggested the need for a handbook of the philosophy of aging; he should thus be

considered its ‘onlie begetter’. Esmé Chapman and Grace Jackson have been perennially helpful editors to work with during the gestation period of the book. I am also very grateful to Emily Pollard, of the Philosophy Department in Durham, who provided extensive editorial assistance in the early months of the project. Most of all, my thanks go to the several writers who have contributed to this collection, and who have, one and all, displayed exemplary virtue in meeting deadlines!

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Part I

The Meaning of Aging

2

How Old Is Old? Changing Conceptions of Old Age

Christine Overall

Every person is old compared with another individual or by reference to a particular standard. For example, you might be too old to qualify for the girls' soccer team, or just old enough to be legally eligible to vote. At 20, you are probably already too old to become a concert violinist or a world-class baseball player (Mothersill 1999, p. 19). Even a cryopreserved embryo can be 'old' if, for example, it is created in the lab and then frozen for 10 years.

However, the archetypal use of 'old' is in application to human beings near the end of their lives. 'How old is old?' is fundamentally a philosophical question. It invites us to consider what we mean by the word 'old' in its application to human beings and human aging, and how that meaning (or meanings) may be similar to or different from the meaning of 'old' with respect to non-human beings. Is there a viable objective sense of 'old', independent of social perceptions and expectations? Or is aging – becoming old – an entirely relative concept, so that a human being is old only by reference to some cultural perspective or criterion?

My aim in this chapter is not primarily to give a definitive answer to the question in the title, but, rather more modestly, to reveal how complex the concept of oldness is, and the kinds of factors that might influence how one determines how old is old. I am interested in exploring not only changing conceptions of old age but also, and even more, whether and to

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what extent conceptions of old age *should* change. It is arguable that the concept of ‘old’ needs revision, both because of recent empirical changes in human lives and for normative reasons, having to do with justice and human well-being. I will therefore offer a response to the ‘How old is old?’ question that is both political and philosophical in content.

The Connotations of ‘Old’

In order to answer the titular question, a few comments about the connotations of ‘old’ are necessary. The word ‘old’ in the title of this chapter is an adjective. In the sense that is relevant to this discussion, ‘old’ applies primarily to persons and means something like ‘aged’ or ‘elderly’. But ‘old’ is also multiply ambiguous. My Internet thesaurus suggests that it may mean ‘deep-rooted’ or ‘long-standing’. Yet, it is noteworthy that many of the synonyms for ‘old’ have pejorative connotations:¹ ‘worn out’, ‘used’, ‘outmoded’, ‘hoary’, ‘time-worn’, ‘archaic’, ‘dated’, ‘outdated’, ‘out of date’, ‘antiquated’, ‘old-fashioned’, ‘outmoded’, ‘past its prime’, ‘over the hill’, and ‘on its last legs’. It might be objected that the words in this latter group principally apply to objects, possessions, time periods, buildings, monuments, styles, ideas, and art forms. However, it is hardly controversial to suggest that in a culture obsessed with what is new, novel, up to date, current, fresh, innovative, and futuristic, being old might be perceived as a shortcoming not just of things and themes but also of human beings.²

Being old is generally stigmatized in youth-oriented cultures. As Lillian Rubin observes,

[W]e live in a society that worships youth, that pitches it, packages it, and sells it so relentlessly that the anti-aging industry is the hottest growth ticket in town: the plastic surgeons who exist to serve our illusion that if we don’t look old, we won’t be or feel old; the multibillion-dollar cosmetics industry whose creams and potions promise to wipe out our wrinkles and massage away our cellulite; the fashion designers who have turned yesterday’s size 10 into today’s size 6 so that 50-year-old women can delude themselves into believing they still

¹ Sometimes ‘old’ carries positive connotations, for example, when we speak of old wine, old masters, or old institutions. However, the positive connotations are more usual in application to things than to people, and there are fewer of these than of cases where ‘old’ has a negative connotation.

² It is significant that there are at least two main classes of antonyms of ‘old’: an entity that is not old may be either young or new. Some of the negative connotations in Western culture of ‘old’ as applied to people may come from the fact that the word is also the antonym of ‘new’.

wear the same size they wore in college – all in the vain hope that we can fool ourselves, our bodies and the clock. (Rubin 2011)

When a word denotes an entity or a concept that is regarded as unpleasant, frightening, or vulgar, the threat borne by the denotation may be reduced via the substitution of a euphemism in place of the more direct word. As Margaret Morganroth Gullette remarks, “‘Old age’ is so unsayable it needs a euphemism; ‘aging’ was and still is used in its place, so ‘aging’ too has come implicitly to signify decline’ (Gullette 2004, p. 181).

As a result, contemporary English-language usage offers many euphemisms to avoid the use of the word ‘old’ in application to human beings. For example, old people are conventionally referred to as ‘senior citizens’ or merely ‘seniors’ – terms that are odd not least because no one refers to young people as ‘junior citizens’ or ‘juniors’ (the latter being used only, if ever, in the context of sports teams or schools). The concept of seniority can suggest the possession of greater experience, and it often references authority. While old people almost certainly have more experience than younger ones, whether they have (or are recognized or allowed to have) authority is a separate issue. Indeed, although lip service is often paid to the greater experience and supposed wisdom of old people, in a youth-oriented culture it is unlikely that most old people – and especially old people who are not white, and old women of any race – are perceived as having authority. Hence, the terms ‘senior citizens’ and ‘seniors’ not only are euphemistic in their function but also possess a covert irony, given the reality of the social position of many old people.

In addition, my Internet thesaurus (bizarrely) offers ‘mature’ as a synonym for ‘old’. That meaning is at least questionable, since one can easily be mature (both physically and psychologically) long before becoming elderly. Ben Yagoda points out the frequent and growing use of the term ‘*older* people’ rather than ‘old people’, whose function is to soften the negative value burden of oldness (Yagoda 2015). Presumably, the covert assumption is that one can be older (than another person or persons) without being elderly, so ‘older’ is a euphemism that attempts to disguise the reality of being old.

Given that ‘old’ has many negative connotations, and that ‘young’ is a term of approbation, it is likely that the meaning of ‘old’ in contemporary Western society is closely related to, perhaps a product of, ageism. I define ‘ageism’ as prejudice, stigmatization, negative discrimination, and even oppression aimed at a particular person or group of people because of their age. Ageism can and does target young people, including children, at times – witness the existence of sometimes knee-jerk distrust of and condescension towards adolescents. But ageism’s target is more likely to be old people (however ‘old’ is construed), who

may be described as burdens, as failing to contribute, as being greedy, forgetful, preoccupied, dependent, helpless, and even senile (Kingston 2014).³ Oldness is thought to subsume an individual's entire being (Gadow 1991, p. 117), dominating and defining the person regardless of her other characteristics and abilities. Thus, ageism exacerbates the challenges of old age, by contributing to the negative values associated with aging and inducing the internalization of horror about being old.⁴

As Rubin puts it, old age is

a time of loss, decline and stigma.

Yes, I said *stigma*. A harsh word, I know, but one that speaks to a truth that's affirmed by social researchers who have consistently found that racial and ethnic stereotypes are likely to give way over time and with contact, but not those about age. And where there are stereotypes, there are prejudice and discrimination – feelings and behavior that are deeply rooted in our social world and, consequently, make themselves felt in our inner psychological world as well. (Rubin 2011, her emphasis)

In addition, ableism plays a role in the stigmatization of oldness. Ableism is prejudice, stigmatization, negative discrimination, and even oppression aimed at a particular person or group of people because of their impairment(s) or perceived impairments. Persons who have lived a very long time are likely to be dealing with a greater incidence of disease and impairments. However, unsurprisingly, societies valorize being able-bodied and free of disease and impairment. Hence, to be old is to be doubly devalued.⁵ Thus, as this discussion of the connotations of 'old' indicates, being old is seen as having a variety of characteristics that are at least considered undesirable, or even the object of public avoidance, rejection, or revulsion. Frits de Lange puts it plainly: 'The idea of old age as horrific, disgusting, and tainted by mortality has a long history. Nonetheless, today the attitude of many young people towards growing old can be summed up in the three Rs of "Repudiation," "Repugnance," and "Repulsion"' (de Lange 2013, p. 176).⁶

³ I will not argue here for the existence of ageism and its manifestations, but ample evidence of ageism is presented by Margaret Morganroth Gullette (2004, 2011).

⁴ Deborah Gale points out that, in response to ageism, aging baby boomers often strive for 'agelessness' via technological and medical enhancements (Gale 2012, pp. 55–56). As Susan Wendell says, 'expectations of decline and ideals of graceful aging occur together' (1999, p. 136).

⁵ Even though to be old is not necessarily to be ill, impaired, feeble, or debilitated. One has only to consider the case of Olga Kotelko, who in her 90s was setting track records (Grierson 2014).

⁶ This observation may seem exaggerated, perhaps even grotesquely so. And it might be objected that, while youth often regard oldness with revulsion, old persons sometimes regard young ones with disdain. The

For these reasons, ‘How old is old?’ is partly a question about when an individual is likely to become a target of ageism and ableism, and vulnerable to the stigma of being treated as old. While ageism and stigma are not the whole story of being old, they are features that cannot be ignored, even when a more objective response to the question is sought.

An Objective Answer to the Question

At least *prima facie*, the question in the title, ‘How old is old?’ is linguistically and conceptually odd. If one were to *assert* that ‘Old is old’, the statement would appear to be an obvious tautology. But, of course, it would be a tautology only if ‘old’ is used in the same sense in each of its two occurrences. In order for the question ‘How old is old?’ to have content and to be worth asking, it is necessary to reinterpret the two occurrences of ‘old’ as having different meanings. What might these two meanings be?

In English, the word ‘old’ has at least one objective sense, a sense that is not always imbued with negative connotations. When we ask of someone, ‘How old are you?’, we are simply inquiring about the number of years the individual has lived. Custom and etiquette tend to dictate that one be cautious about asking this question of individuals – and women especially – past their third decade (presumably on the grounds that no longer being a youth is a liability or even something of which to be ashamed). Yet, ‘How old are you?’ is a question that can logically be asked of anyone, at any age. So, I suggest that the question ‘How old is old?’ is best interpreted with the first occurrence of ‘old’ being about chronological age, the number of years lived.

However, oldness is not just about chronological age. It is appropriate to be sceptical of the idea that ‘age is just a number’, especially since this cliché is most frequently used not in regard to children, adolescents, or 20- or 30-year-olds, but in regard to those who are at least considered middle-aged or, more often, old. Horace Kallen points out that, ‘Aging is another word for living on, from conception to death, which prevailing usage today applies to a *late stage* of this process. . . . Our culture reserves “aging” for the lives we live some time *after* we have “come of age”’ (Kallen 1972, p. 4, my emphasis). Age is not just a number but rather something that becomes the special focus of individual and social concern late in life.

difference, however, is that Western culture is devoted to preserving and enhancing youthfulness for as long as possible, with entire industries dedicated to approaching that goal. However, no aspect of Western culture encourages aspirations to oldness; being old is a condition to be postponed or avoided, and hence to be dreaded.

What is the meaning of the second occurrence of ‘old’? One possibility is that it refers to biological conditions: (1) the material and bodily conditions that often accompany aging, or (2) the proximity to death. Simone de Beauvoir points out that ‘chronological and biological ages do not always coincide’ (Beauvoir 1972, p. 30), and the World Health Organization (2015) observes, ‘Although there are commonly used definitions of old age, there is no general agreement on the age at which a person becomes old. The common use of a calendar age to mark the threshold of old age assumes equivalence with biological age, yet at the same time, it is generally accepted that these two are not necessarily synonymous’ (WHO). Nonetheless, ‘How old is old?’ could be a question about the ways in which chronological age and biological age are *related*. I will consider (1) and (2) separately.

Aging itself is not a disease or collection of diseases (Hayflick 2002, p. 419), but oldness is often accompanied by deterioration, diseases, and losses of function. Microbiologist and gerontologist Leonard Hayflick says that ‘aging processes by definition are losses in function or physiological capacity’⁷ (Hayflick 2002, p. 420) and ‘the aging process is the leading risk factor for all age-associated diseases’ (Hayflick 2002, p. 421). Philosopher Helen Small *defines* ‘old age’ as ‘the later years of a long life, when there is an inevitable and irreversible *deterioration in the organism* as a consequence of its age’ (Small 2007, p. 3, my emphasis). Philosopher Anita Silvers defines ‘old age’ as ‘a stage of life when individuals are at higher than species-typical risk of encountering *impediments to their usual modes of functioning*’ (Silvers 2012, p. 11, my emphasis). Thus, ‘How old is old?’ could mean, ‘What is the chronological age of deterioration and loss of function?’

Of course, it cannot be assumed that all persons who have lived many decades are naturally infirm and debilitated. Despite the fairly homogeneous negativity with which oldness is perceived, it is striking just how heterogeneous people who have lived a long time are. Silvers points out, ‘In regard to other biological changes associated with old age, not every individual undergoes these changes at the same time in life. Nor is every biological decrement associated with aging equally debilitating for everyone. . . . [And] modern medicine may place retrieval of youthful functional capacity within the reach of the old, if the price for such restorative medical services can be paid’ (Silvers 2012, p. 9). Moreover, cultural conditions may contribute to the creation of problems that are supposedly only ‘natural’. Gullette suggests that people learn to blame their

⁷ Indeed, the *American Heritage Dictionary* says that ‘old’ ‘suggests at least a degree of *physical infirmity and age-related restrictions*’ (quoted in Yagoda 2015, my emphasis).

bodies for their problems, rather than ‘the forces that structure feelings of decline and that link “age” to the body in knotted chains of signifiers. Your pain, the *same* pain, once it is considered “age-related,” may entail *more* suffering’ (Gullette 2004, p. 133, her emphasis). The decline that is associated with old age is simultaneously seen as very personal and individual, yet at the same time ‘a *universal* biological process (an effect that erases economics, other group vulnerabilities, and one’s latent power to describe one’s own age identities differently)’ (Gullette 2004, p. 134, her emphasis).

Oldness may also be understood, conventionally, in terms of proximity to death. Yet, people who have lived only a few decades do die and people who have lived a long time are not necessarily and inevitably on the verge of death. Hence, it is precarious to assume that all who have a high chronological age are about to die. Nonetheless, as Mary Mothersill observes, it may be that the only ‘*distinctive* feature of old age is that, for the subject it presages death’ (Mothersill 1999, p. 20, her emphasis). Geoffrey Scarre writes, ‘I remember once reading about an old man, well past his hundredth year, who woke up each morning with the thought, “Still here?” When one reaches extreme old age, it is obviously foolish to bank on having many more days of life’ (Scarre 2007, p. 27).

Thus, one strong motivation for the question, ‘How old is old?’ is a concern about the onset of age-related infirmities, the shrinking of one’s future, and the closeness of death. Interpreted this way, ‘How old is old?’ would be concerned with empirically objective facts about the likely onset of physical deterioration and diseases and the probable age of death.

In this objective and empirical sense, the answers to ‘How old is old?’ will of course vary depending on the species to which individuals belong. For example, a 19-year-old cat is likely to be infirm and debilitated, and is probably close to death, but a human being who is 19 is still a youth. Thus, the oldness of an individual in this objective and empirical sense is not just a function of number of years lived but is also, at least partly, a function of the number of years lived in comparison to the number of years an individual of that species can be *expected* to live.

The maximum lifespan for members of a particular species is the greatest number of years that a member of that species has lived (Hayflick 2002, p. 417). For human beings, the maximum lifespan was famously set by Frenchwoman Jeanne Calment, who – based on verified dates of her birth and death – is known to have lived to 122 (Whitney 1997).

More important for our purposes than maximum lifespan is life expectancy, the average amount of time a person is predicted to live. Whereas maximum lifespan is defined as the number of years lived by the longest-lived

person (and has remained constant since Calment's death in 1997 – no one has outlived her), life expectancy is highly variable. First, it varies by nation. Life expectancy has been increasing steadily over the last century, especially in developed nations. In 2012, life expectancy at birth was 79 in the USA and 81 in Canada. It is highest in Japan, where it was 83 years in 2012, but much lower in impoverished, disadvantaged, or war-ravaged nations dealing with endemic diseases and weak and inadequate healthcare systems. For example, in the Democratic Republic of Congo, life expectancy at birth in 2012 was 50, while in Swaziland, it was only 49 (World Bank 2015a).

Within nations, life expectancy also varies by factors such as sex/gender and race. For example, life expectancy for females in the USA was 81 in 2012 (World Bank 2015b), whereas for males it was only 76 (World Bank 2015c). Life expectancy is also higher in the USA for whites than for non-Hispanic blacks, but it is still higher for members of the Hispanic population (Arias 2014).

Information about life expectancy and maximum lifespan provides a way to answer the question, How old is old? First, it is surely uncontroversial to say that Jeanne Calment and other outliers who live past 100 are objectively very old by human standards. In addition, it seems reasonable to say that persons who are at or approaching the typical life expectancy for their nation and their particular demographic category are objectively old. Thus, it is plausible to say that in North America, 80 is old.

Basing oldness on life expectancy has an interesting implication. If average life expectancy for one's nation and demographic is the criterion, then being old will vary from one nation to another and even from one group to another. By this criterion, 83 is old in Japan, but in Swaziland, one may be old at 49. What constitutes old age, then, is not just a function of years lived, but is dependent on one's geographical and demographic location. Public perceptions of old age may in fact contribute, via social policy, to how well or how badly individuals age. They may, for example, influence what kinds of healthcare are provided to elderly people, what kinds of living arrangements are available to them, how accessible the transit system is, what kinds of work (paid or unpaid) they are allowed or expected to do, and how they are treated by younger people, in public or in private. Being old is, therefore, not a condition that one can easily alter or postpone *simply* by making judicious and virtuous choices about one's nutrition, exercise, drinking, smoking, and drug habits. Instead, being old is determined largely by social forces that may or may not make good food available, healthy work possible, adequate medical care accessible, and 'lifestyle' habits a matter of

real choice.⁸ Oldness is, in part, an expression of social policies, both intranational and international, as well as the social status, privileges, and oppression of different groups of people within a given society.

For these reasons, ‘How old is old?’ cannot be answered merely by an appeal to subjective feelings. Owing to the valorization of youth, those who are old are encouraged and even expected to be, feel, and act ‘young at heart’; they are required to strive to ‘age well’; they are told (contrary to fact) that they are only as old as they feel. However, as Beauvoir observes, it is ‘a complete misunderstanding of the complex truth of old age’ to say that provided you feel young, you are young (Beauvoir 1972, p. 284). Contrary to the cheery Pollyannaish rhetoric of developed societies, according to which you are ‘only as old as you feel’, being elderly is mainly a product of social and material conditions over which individuals have little or no control. Oldness, defined in terms of morbidity and proximity to death, is not individually defined or subjectively chosen; it is largely imposed, by objective material and social conditions.

Of course, life expectancy is, by definition, an *average*, a sum of all the various ages of people who die within a particular jurisdiction or group divided by the total number of deaths. There will be plenty of people who outlive it. Moreover, historically in developed nations, and still within poorer nations, the figures for life expectancy are heavily influenced by maternal, infant, and child mortality. High rates of any or all of them (and they usually vary together) will lower life expectancy, because if large numbers of children die in infancy and large numbers of women die during their childbearing years, a substantial chunk of the population has no chance of living for many decades. Such deaths may pull down the average life expectancy without necessarily reducing the chronological point at which old age (defined in terms of either deterioration and loss of function or proximity to age-related death) arrives. In nations with rates of high child and maternal mortality, individuals who survive childhood (and in the case of women, survive childbearing) might very well live well past the standard life expectancy for their society.⁹ In a nation where the life expectancy is 49, although persons

⁸ As Gullette notes, ‘Many people are systematically disadvantaged throughout their lives. Their midlife wage-peak is low. Old age – if by that ugly shorthand we mean, as so many do, income declines and physical ailments – for them starts young’ (Gullette 2011, p. 74).

⁹ Gullette goes so far as to say that before the decline in infant mortality in the USA around 1900, old people seemed the healthiest group precisely ‘because they had survived so much. Death occurred so frequently to newborns and children under five that *they* seemed heavy with it, heavier perhaps than all other categories but the enfeebled’ (Gullette 2004, p. 108, her emphasis).

over the age of 50 will be far rarer than they are in societies with higher life expectancies, individuals might not be old by biological standards until they reach their 60s or 70s. Thus, life expectancy is at best an imperfect measure of oldness.

Not an Age but a Stage?

Oldness may also be defined relative to one's proximity to events and life landmarks that are considered to be significant. In Western nations, life stages are changing and how they are conceptualized is becoming ever more complex. As Andreas Göttlich notes, '[D]ifferences can be found concerning the number of phases into which life is partitioned, the strictness of the borderlines between them, the features and traits a typical representative of an age group is supposed to have, his/her rights and duties, the rites that mark the passage between phases of life, and also the question of when one switches over to the next age group' (Göttlich 2013, p. 231).

Beauvoir remarks that there are no 'initiation ceremonies' that mark the entering of old age; an old person still has the same political rights and duties, and the liability for upholding the law, as a person half his age (Beauvoir 1972, pp. 20–23). Nonetheless, becoming old can mean the shedding of some roles and entitlements (by choice or not) and perhaps the acquisition of others (by choice or not). These roles and entitlements may be related to familial relationships (whether, for example, one becomes a grandparent or is expected to take on the care of young members of the family); social and civic rights (such as whether one is eligible to retire from paid work or entitled to a pension or state support); responsibilities and burdens (whether, for example, one is expected to give up authority or defer to one's adult children); and eligibility for membership in groups or institutions (such as special groups for 'senior citizens', pensioners, or retired persons).

According to the World Health Organization, ideas about the end of paid work and the start of pension payments support dominant Western understandings of oldness: 'Most developed world countries have accepted the chronological age of 65 years as a definition of "elderly" or older person. . . . While this definition is somewhat arbitrary, it is many times associated with the age at which one can begin to receive pension benefits' (WHO). If pension eligibility is taken to be the standard for oldness, then it is not surprising that, according to Jan Baars, the lowering of the retirement age in Europe has redefined 55 as 'aged', and people over 40 may be spoken of as

‘older workers’ (Baars 2007, p. 18).¹⁰ Baars refers to this phenomenon as ‘the paradoxical acceleration of ascribed aging in a situation of rising life expectancies’ (Baars 2007, p. 19).

Some people conceptualize oldness more generally in terms of its relationship to the narrative of individuals’ lives (Velleman 1993)¹¹ and its place in giving life its meaning. According to one common line of thought, one is old when life’s main events and accomplishments either have already been achieved or are no longer attainable. To be old is to experience events that no longer contribute as much value to one’s life because they are near the end of it, and so they have less effect on one’s life as a whole. In old age, Göttlich writes,

The future, understood as the undisclosed open horizon of the present, shrinks bit by bit, and the implementation of certain projects is no longer realistic. In other words, the idealizations of “And so on” and “I can do it again” are called into question. This consequence is intensified by the decline of the human body. . . . [T]his means that the domain of our free motivational relevances – of our *in order-to-motives* . . . – is constricted. (Göttlich 2013, p. 226, my emphasis)

From this point of view, one is old when one’s perspective is, legitimately and inevitably, less and less on the future, and rests more and more on what has already happened.

However, this view of oldness is not the only possible narrative account of old age. There is, in fact, a potential problem with seeing old age as a stage at which an individual has lived long enough to have had a complete and full life. On the one hand, some people may manage to live long and fully and yet not be old by any chronological or biological measure. And on the other hand, some people may live a very long time yet not have had sufficient education, opportunities, or social support to be able to live a complete and full life (Overall 2003, pp. 47–51).

Moreover, the idea of oldness as the culmination and end point of a long and full life may rest on a particular notion of personhood. James Lindemann

¹⁰ Silvers remarks, ‘feeling old or being treated as old seems to happen when people age out of productive social roles. . . . Where work roles demand youthful capacity for great physical exertion and stamina, people are likely to be considered old at an earlier age. Also, and especially for women, being viewed as no longer executing a reproductive role often prompts being designated as old’ (Silvers 2012, p. 9).

¹¹ ‘[A]n event’s contribution to the value of one’s life depends on its narrative relation to other events’ (Velleman 1993, p. 344).

Nelson points to a distinction between two ways of being a person: the *career self* (an idea introduced by Margaret Urban Walker) and the *seriatim self* (an idea introduced by Hilde Lindemann). The career self sees his life as a ‘unified field’, organized by a life plan, a quest, or a project (Nelson 1999, p. 122). Walker speaks of the concept of career self as ‘the idea of an individual’s life as a self-consciously controlled career’. This, she says, is a form of ‘horizontal integration’: the ‘achievement of continuity in which the individual’s unidirectional stream of life is seen as adding up to “a life career”’ (Walker 1999, p. 106). By contrast, ‘[t]he seriatim self may see her life as made up of many jobs, lots of them quite big enough, thank you, but none necessarily life-defining, nor especially valued for the particular role they play in contributing to the achievement of a “rational plan” for the whole’ (Nelson 1999, p. 123). The seriatim self ‘may live a life both more shaped by contingencies than by the expression of personal agency and more involved in relationships prized intrinsically, not because they are instrumental to achieving the agent’s quest. . . . Seriatim selves may, then, place a greater importance on the goods of relationship, rather than the goods of agency and experience’ (Nelson 1999, pp. 123–124). From Walker’s point of view, the seriatim self leads a life of ‘vertical integration’, which ‘stresses “timeless transcendent recognition” that endures and does not pass away, what has been called at different times: epiphany, moments of being, revelation, satori, transcendence’ (Walker 1999, p. 106).

For the career self, then, life stages depend on achievements accomplished and landmarks reached, and old age is the point where one’s life plan or quest or ‘career’ is almost complete. However, for those who live as a seriatim self, old age may not be so very different from other stages of life, all of them being devoted to in-the-present activities and relationships. For the seriatim self, being old is not a *dénouement* or a point where nothing more lies ahead; it is simply another opportunity to experience the benefits and challenges of living one’s life.

The Normative Question

Many of my observations in the last two sections were about *empirical* issues and concerned both the ways in which material circumstances affect aging and the varieties of perceptions of old age. However, the question ‘How old is old?’ can also be interpreted *normatively*, as a question about *when it is appropriate, fair, or justified to regard someone as old*. ‘How old is old?’ then becomes the question at what chronological age individuals are justifiably

classified as belonging to the category of old people. At what point in a person's life *should* we apply the term 'old'?

People disagree about how to answer the question. Unsurprisingly, perceptions of oldness may be relative to one's chronological placement vis-à-vis other human beings. Consider how old 20 looks when one is 10, and how old 40 looks when one is 20. It is likely that people's implicit ideas of what is old change as they live longer, and that our perceptions of oldness are related to what we anticipate and understand to happen at each chronological age. For example, in a 2009 survey, the average response of 3000 Americans to the question when old age begins was 68. However, survey respondents over 65 said that old age begins at 75, whereas those who were under 30 said that it begins at 60 (Arnquist 2009).

The immediacy of asking when it is justified to classify a person as old can be experienced viscerally if you ask yourself when you would find it appropriate to call a colleague, a friend, or a beloved family member old. Or even more directly, when, if ever, would you consider *yourself* to be old?

Although life expectancy provides an objective answer to the question whether someone is old, labelling a person 'old' is not likely to be free of value judgment. As the discussion in this chapter has shown, the connotations of 'old' are often negative: 'worn out', 'used', 'outmoded', 'hoary', 'time-worn', 'archaic', 'dated', 'outdated', 'out of date', 'antiquated', 'old-fashioned', 'outmoded', 'past its prime', 'over the hill', and 'on its last legs'. Moreover, the condition and experience of oldness are exacerbated by ageism and ableism. And using a life-stage approach to oldness also invokes implications about the value of old age and the significance of the time left.

Perhaps, given the negative connotations of 'old' and the social stigma that ageism attaches to being an old person, calling a colleague, a friend, or a family member – let alone oneself – 'old' is too demeaning and insulting ever to be justified. Perhaps there is no point when we should be willing to consign someone else – or ourselves, for that matter – to the social abjection that is being treated as old. It might therefore be contended that no one should be called 'old' no matter what their age. Sympathetic to this approach, Ros Altmann argues,

It's time to shed the labels. Describing someone by their age should be as unacceptable as describing them by their gender, race, religion or skin colour. These characteristics do not necessarily signify fitness for work, recruitment for a particular position, or training for certain skills. (Altmann 2015)

According to this view, a person's age – the number of years she has lived – should make no difference to what opportunities or responsibilities she is accorded, how she is treated, or whether she is respected. What matters is not

her age – it is ‘just a number’ – but her physical, psychological, and cognitive abilities, her social situation, and her personal needs.

The intention behind this proposal is commendable. It is true that one’s age – whatever it might be – does not necessarily represent one’s abilities or one’s fitness for work. However, if ‘age’ simply means years lived, then it is an objective fact about individuals, and surely nothing to be ashamed of, no matter what ageism and ableism might suggest. Liberation is not won by denying or obscuring facets of one’s reality. And refusing to call anyone ‘old’ may simply be a concession to the very ageist stereotypes that anti-ageists hope to avoid. It might also contribute to the fiction that one can still be youthful in one’s late 70s or 80s, or that the last years of life require no particular social or medical support.

Instead, I want to call for a more thoughtful approach to the use of the concept of oldness. There is a need, among the not-yet-old, for solidarity with respect to old people. One form that solidarity could take is claiming the use of the word ‘old’ for oneself. Instead of distancing themselves from old age, people could welcome it. Since second-wave feminism, some feminists have already initiated this process by reclaiming terms like ‘crone’ and ‘hag’, which have become words of disapprobation for old women.¹² I am therefore advocating that all of us who are getting old or are near old chronologically should consider claiming to *be* old.

Doing so might be too much to expect from people who are in their 30s. However, it would be legitimate to expect from people in their 70s, 60s, and even 50s. Making this claim would not require engaging in stereotyped behaviour. Indeed, the value and effectiveness of the claim would be enhanced through its use by people who engage in a wide variety of activities and forms of life, thus creating a strong mode of resistance to stereotyping and stigma: ‘This is what being old looks like.’ Claiming the label ‘old’ would then be based not on a subjective feeling, not on acquiescence to ageism, but on political convictions and moral values.

Calling oneself ‘old’ even before society pastes the label on oneself is a way of reclaiming the term. It is a pre-emptive move against ageism, in which one defies the relegation of old people to the margins by proclaiming loudly and proudly, ‘I am old.’ Oldness will begin to have different and better meanings

¹² Concepts of oldness can be highly gendered. For discussion of this theme, see the papers in Pearsall (1997).

when being old is regarded as an identity worth asserting rather than a characteristic to be denied, repressed, or concealed.

Conclusion

How old is old? It is plausible to understand oldness in terms of its relationship to maximum lifespan and to life expectancy, the latter of which varies from nation to nation and from group to group. We can say that people who have reached their society's life expectancy are old in the sense of being likely to experience declining health and function, and to be close to death (though not inevitably so).

Conceptions of old age may be in the process of changing, at least because people in the West are living so much longer. And these conceptions *should* change, because ageism and ableism make the lives of aging people harder than they otherwise need to be. On the one hand, to be old is not necessarily to be feeble and debilitated; on the other hand, many of the social and medical problems associated with oldness itself are affected by social perspectives on aging and the socio-economic deprivation and oppression they produce.¹³ As Anne Kingston remarks, 'How we perceive aging and the old has profound consequences in terms of how we actually age, the medical care we will and won't get, and how financially and emotionally prepared we will be for what can be a long chapter in life' (Kingston 2014).

In reaction to the negative connotations of oldness, it is sometimes asserted that old people have special qualities, abilities, and virtues that are less commonly found among young people. I have not made that claim here. While it is indubitable that old people have lived longer than younger ones, and hence are likely to have had a greater variety of experiences, old people are just as diverse as those of any other age. The way to encourage greater respect for oldness, along with fairness to and better treatment of old people, is not by making claims about old people's supposed special qualities, but by asserting their humanity and their entitlement not to be marginalized.

I am not arguing that oldness is merely a function of perception, or that it is unanchored in material realities. To be old is not just whatever we want to make it or whatever we happen to 'feel'. There are good pragmatic and moral reasons to recognize an objective reality to oldness. First, most people's

¹³ Perhaps if Western society valued oldness as much as it values youth – or better yet, valued *all* stages of life as significant for the human project – at least some of the problems associated with old age would be diminished.

health and capacities really do change and usually decline near the end of life. Second, in terms of social justice, it is significant that people's needs for services and support tend to be greater when they are chronologically old than at any time other than, perhaps, infancy and childhood. It is important to continue to recognize that old age is a significant stage of life, even if it is arriving later, within some societies at least.

Oldness is a universal possibility, and if we are fortunate, we will all get old. There is therefore all the more reason not to stigmatize it, but instead to (re)claim oldness as a valued identity and stage of life.

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3

Gerontology versus Geriatrics: Different Ways of Understanding Ageing and Old Age

Chris Gilleard and Paul Higgs

Introduction

Old age and ageing have often been presented as different sides of the same coin with those calling themselves gerontologists or geriatricians seeming to share a common or even identical interest in these topics. In this chapter, we seek to challenge this view by examining the different emphases placed on understanding ageing and old age that have been adopted by the two dominant approaches of gerontology and geriatric medicine. We will argue that while they seem to be addressing similar topics, their overall orientation is different. In part, this is determined by their specific relationship with wider social transformations.

In particular, we will argue that while the concerns of geriatric medicine have their origins in the seeming intractability of the illnesses and disabilities of old age, the motivations that have guided gerontology (both biological and social) have centred on identifying and examining ageing by detaching the 'normal' from the 'pathological' aspects of old age. This distinction seemed to work well for most of the twentieth century as it connected neatly with both the institutionalisation of the life course and the consolidation of the modernist welfare state in which the older population was regarded as a 'residual category'

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of health and social policy. The coming of the twenty-first century with its challenges to both the underpinning arguments of the institutionalised life course and its corresponding welfare architecture has meant that both geriatric medicine and gerontology have had to adapt to new circumstances.

Geriatrics and Gerontology

The Roman playwright, Terence, claimed '*senectus ipsa est morbus*' [old age itself is a disease].¹ This quotation neatly summarises a long-held view of ageing and old age. As a consequence if old age is a disease, it follows then that the study of ageing, how we develop 'old age', is clearly as much a part of medicine as of natural philosophy. Geriatric medicine (the medical study of ageing and its associated diseases) ought to take centre stage in understanding ageing and old age. However, if old age is not a disease and is instead a natural aspect of living creatures, then ageing and old age should be regarded as topics primarily for natural philosophy, themes capable of being pursued equally in science and in the arts and humanities but not in medicine, whose primary target is disease. If old age has a connection with health and illness, but cannot be understood primarily through this medical prism, geriatrics can play only an accompanying role in this endeavour. In this chapter we examine the contrasting claims of gerontology and geriatrics in establishing ageing and old age as their own.

Before we proceed any further it is necessary to clarify the terms gerontology and geriatrics. Gerontology can be defined as the multidisciplinary study of ageing and old age, whereas geriatrics can be understood to encompass the assessment and management of age-associated (or age-related) disease. Although this state of affairs can still be seen as constituting the modern paradigm, it is a paradigm that is showing considerable signs of wear and tear. Within this model, ageing has been construed as 'an intrinsic and inevitable degradation of biological function that accumulates over time at every level of biological organization from molecules to populations' (Carnes 2011, p. 368). Diseases, including those diseases commonly occurring in later life, are seen as neither intrinsic nor inevitable, though they too can be understood as the degradation of biological function.

This modern distinction is in part a refutation of Terence's claim; geriatricians by and large do not concern themselves with understanding ageing

¹ From Terence's play, *Phormio*, Act IV, Scene 1, [Chremes] (Terence c.160 BC).

per se, while gerontologists do not by and large concern themselves with assessing, treating or managing age-associated disease. How sustainable is this 'anti-Terentian' position? Are diseases in later life intrinsically distinct from the 'processes' of ageing? Is it not also true that ageing is intimately connected with health and illness? To understand how the modern position of distinguishing between these two fields of endeavour has been reached, we need to consider the histories of both approaches.

A Brief History of Geriatrics and Gerontology: Towards Modernity

Natural philosophers and physicians have long been fascinated by life, its origins, development, decay and death. This fascination has been expressed predominantly in the study of binary oppositions: animate versus inanimate matter; growth versus decay; birth versus death; youth versus age. Whether through anecdote and observation, reflection or the study of others' writings, this contemplation of age and ageing was first and foremost an attempt at understanding ageing: why it occurred and whether or not it was a natural phenomenon. Theoretical models of ageing and old age played a significant part in medical writings on old age and the development of medical practice at least since Hippocrates' time has been as concerned with the promotion of health throughout life as it has with the treatment of disease (Gilleard 2015).

Francis Bacon, the seventeenth-century philosopher and scientist, represents a point of disjuncture. He adopted the practice of active experimentation in the pursuit of restoring youth and/or reviving dying animals. His various interventions were novel and distinct from traditional medical attempts to treat diseased or dying old people (Haycock 2008, p. 5). However, despite his wish to make the study of ageing and longevity the central focus of the new scientific method, very few others pursued this goal after Bacon's death. A large number of treatises on the subject of prolonging life and maintaining health in old age continued to be written, but they mostly followed the Galenic tradition seeking not to alter ageing but to maintain health while ageing. It was not until the work of the nineteenth-century neurologist and 'father' of endocrinology Charles Edouard Brown-Séquard that the baton was passed on. Towards the end of his long career, Brown-Séquard began to experiment with what were termed 'internal secretions', which in the future field of endocrinology would be known as hormones. In 1889, he became infamous after claiming at a meeting of the French Biology Society that by injecting himself with extracts from the

blood, juices and semen of young dogs and guinea pigs, he had acquired a real if temporary degree of rejuvenescence (Brown-Séquard 1889, 1893). Though he died a few years later, the serum he employed to inject himself soon became a highly sought after commodity, and companies in Europe and North America began marketing various extracts, each claiming to offer older men the promise of rejuvenation in a bottle.

Although most professionals dismissed this line of research as evidence that ‘there is no fool like an old fool’, Brown-Séquard’s work ultimately led to a line of experimental research pursued by a variety of researchers in a number of different fields. These ranged from budding endocrinologists to surgeons like Serge Voronoff and Eugene Steinach who were interested in the possibilities of tissue and organ transplantation (Haycock 2008). During the first two decades of the twentieth century, progress in understanding the function of the endocrine system as well as the biochemistry of hormones was accompanied by similar breakthroughs in tissue and organ transplantation. This same period also witnessed the controversial work of Elie Metchnikoff, a Russian physiologist who initiated the study of immunology through his work on the role of white blood cells in combatting infection (Achenbaum 1995, p. 27). ‘Old age’, he suggested, ‘is an infectious chronic disease which is manifested by a degeneration . . . of the noble elements and by the excessive activity of the macrophages’ (Metchnikoff 1904, cited by Achenbaum 1995, p. 30). While this period was one of considerable ferment in terms of the scientific debate on ageing, it also came after pioneering work seeking to position the medical problems of old age. While Metchnikoff had pursued the idea that old age was a chronic disease principally through experimentation, other more conventional medical researchers were beginning to address the clinical problem of chronic disease in old age. Foremost among these ‘geriatric’ clinicians were Jean Martin Charcot in Paris and Ignatz Nascher in New York. Charcot published his celebrated treatise *Leçons cliniques sur les maladies des vieillards et les maladies chroniques* in 1868. In this book, he went to some pains to stress that diseases affecting older people were not always different from those affecting younger people, with some diseases increasing in frequency while others declined in frequency as people grew older. In particular, he stressed that old age was not the same as chronic disease and that many old people could be as healthy, fit and functional as younger adults.

Based in the United States, Nascher saw himself taking forward Charcot’s work. He coined the term ‘geriatrics’ in 1909, to describe that special branch of medicine concerned with diseases of the ‘senium’. In a similar fashion to Charcot, he reiterated the dictum that old age was not a pathological state, *per se*, but ‘a distinct, normal physiological stage of life’ (Achenbaum 1995, p. 45).

Nascher's particular concern was to establish geriatrics as a branch of medicine, akin to the newly developed specialty of paediatrics, a term that had been coined some 20 years earlier by Abraham Jacobi and that had rapidly established itself as a distinct branch of medicine. Despite Nascher's advocacy for this new specialism, there was little interest within US academic medicine in developing this approach or in scientifically pursuing this line of inquiry. It would be in Europe rather than North America that geriatric medicine eventually flourished almost a half century after Nascher coined the term.

In short, by the dawn of the twentieth century, two developments were evident that at least problematised the separation of age and disease. One was represented by experimental physiologists such as Brown-Séguard and Metchnikoff who pursued the study of ageing as if it were a disease process associated with what we would now call endocrinological or immunological dysfunction. The second comprised clinicians such as Charcot and Nascher who saw old age as a natural process but one prone to chronic diseases which were capable in principle of being effectively treated but which had been sadly ignored by generations of physicians. At around the same time, a third strand of investigation was being pursued, particularly in Britain by social researchers such as Charles Booth and Seebohm Rowntree who were beginning to consider the precarious position of the aged poor in industrial society (Booth 1894; Rowntree 1901). Two decades later, G Stanley Hall published *Senescence*, the first book to be devoted to the psychology of old Age (Hall 1922). By then, geriatrics and gerontology had each acquired a distinct terminological framework. What they lacked, however, was a coherent organisational framework. By the 1940s, this would be rectified first with the establishment of the American Geriatrics Society (1942) and later through the Gerontological Society of America (1945).

Modernity and Later: Past and Present Trends

The emergence in the 1940s of organisational structures separately institutionalising geriatrics and gerontology shaped much of the subsequent directions taken in these fields. At the risk of some overgeneralisation, geriatric medicine has risen and fallen over the course of the last 60 or more years. To begin with, geriatric medicine became part of the evolving welfare state system that led the way to integrating older people into the various national healthcare systems that emerged in Europe after the Second World War (Conrad 1998). Having succeeded in fully integrating old age and the aged into most modern healthcare systems, the distinct role of geriatrics in the

assessment and treatment of older people has since spread beyond its carefully conceived specialty to become a ubiquitous feature of most medical specialties outside of paediatrics (Pickard 2010). Despite various attempts to 're-define' the focus of the specialty beginning with Isaacs' 'four giants' of the 1970s – immobility, incontinence, instability and intellectual failure (Isaacs 1976) and currently refocused around a concern with 'frailty' (Crome and Lally 2011), the care of ill old people is no longer the special interest of any particular branch of medicine. Improved outcomes in age-associated disease have been reported by specialists ranging from cardiologists and oncologists to orthopaedic and ophthalmic surgeons, while chronic disease and multimorbidity have become common features of almost all branches of medicine. Geriatrics seems to have found itself left to deal with the failures of other specialties' successes.

Paradoxically, a new 'sub-discipline' has emerged within medicine. Various called 'anti-ageing' or 'regenerative' medicine, the focus of this new 'specialty' is less upon the treatment of disease (narrowly conceived of as relating to signs and symptoms) than upon addressing some of the 'traditional' signs of ageing, including replacing or regenerating human cells, tissue or organs, in order to restore or establish normal function (Mason and Dunnill 2008). Several interconnected themes appear to operate within this new 'field' of medicine. Plastic surgeons, for example, have claimed that rejuvenative surgery (facelifts, etc.) is essentially 'anti-ageing' medicine (Giampapa et al. 2003). Stem cell therapies have been promoted as the route to a reinvigorated body, while numerous health promotional strategies are directed to prevent age-associated diseases such as arthritis, cancer, diabetes, hypertension and stroke. Though individualised by the disease they seek to prevent, these nevertheless share a common strategy that could be said more or less to represent an updated version of Galen's six 'non-naturals of fresh air, exercise, sleep, diet and nutrition, regular bowel habits and emotional "de-stressing"' (Jarcho 1969). While these latter 'public health' approaches seek to maintain the distinction between old age and disease (and hence justify themselves as being worthy enterprises), the former, by following Terence's precept of treating old age as itself a disease, attract a considerable amount of opprobrium from many quarters (Olshansky et al. 2002).

No such opprobrium targets those bio-gerontologists researching the 'basic' mechanisms of ageing. Until relatively recently, biological gerontologists (those concerned with the underlying biology of ageing) have focused on seeking an operational definition of ageing that can serve as a framework for developing models that attempt to explain why ageing occurs. Strehler's definition – that ageing is a universal, intrinsic, unidirectional, progressive and deleterious process of change operating at the cellular organ and whole body system – has served as a major point of reference (Strehler 1962).

This model was reconciled with evolutionary theory by the assumption that genes were intended primarily to support and sustain reproduction and that any deleterious consequences they may have post-reproduction were a kind of unplanned obsolescence. Operating from such premises, researchers have designed experiments to test their particular theories of why, when and how ageing occurs, by using a variety of relatively simple organisms such as yeast, nematodes and fruit flies none of which would normally serve as models of human disease (Vijg and Campisi 2008).

For three or four decades, there were few 'breakthroughs' beyond that of Hayflick's demonstration of the limits to cellular replication caused by the progressive restrictions in telomere length (Hayflick and Moorhead 1961). Much of the emphasis was consequently upon the inevitability of ageing and the impossibility of extending the lifespan beyond the limited improvements associated with dieting, a phenomenon already noted by Luigi Cornaro back in 1548 (Gilleard 2013).

It is paradoxical, however, that since Olshansky, Carnes and Cassel predicted that 'it seems highly unlikely that life expectancy at birth will exceed the age of 85' (Olshansky et al. 1990), it already has as a matter of course in many developed economies. As a consequence, the idea that ageing is an unplanned but necessary, deterministic process demanded by evolutionary processes is being re-conceptualised as something rather more contingent and potentially more plastic. There has been a new mood within bio-gerontology that journalists have further 'hyped up' to claim that we are now 'at the brink of an anti-ageing revolution' (Stipp 2013). Although most researchers remain much more circumspect, there are signs that many investigators do foresee 'future interventions for improving human health span and longevity' (López-Otín et al. 2013, p. 1209). Longer and healthier lives are seen as synergistic concepts rather than antagonistic outcomes. Instead of the gloomy predictions of the 'failures of success' model – that achieving longer lives would merely mean living longer in a diseased and disabled state (Grunenberg 1977) – it seems clear that longer lives can also mean healthier lives; that as longevity grows so too does the healthy lifespan (Paccaud 2002, p. 317).

Ageing Outside the Body: The Rise of Social Gerontology

Ageing however conceived is, as Strehler (1962) pointed out, deleterious to the body's functioning and survival. Although his particular formulation was new, the idea behind it certainly is not. The fact that people generally become

'impotent through age' has been recognised for centuries and many societies have provided for this eventuality by establishing forms of support for the older and poorer members of society. Age took its place alongside widowhood, orphanhood and disability (the blind, the halt and the lame) as conditions that compromised people's ability to labour. However, it was only with the emergence of industrial society and the decline of rural society that the problem of ageing became a topic of social concern. This problem was not framed as a problem of causation – why did people age, why did societies age – but of consequence. How could urban society manage its numbers of older dependent people? The beginnings of social gerontology arose from a very different, fundamentally political set of concerns over the state's management of its citizens. Age entered as a statistic in demography and social planning. Determining how old people were and what constituted old age were preoccupations of the state and its officers – planners, politicians and policymakers (Roebuck 1979). Although requiring input from medical doctors, these questions were primarily about the social stratification of the life course, not its biological nature.

This foundation in social statistics meant that social gerontology was tied to social policy from its beginnings in the work of Charles Booth and Seebohm Rowntree through to the various studies and surveys of 'the old' conducted as part of the post-war welfare state (Townsend 1959). If there was any underlying conceptualisation of ageing, it was essentially based upon an acceptance of Strehler's view of ageing – with the principle of universal progressive deleterious change making ageing an important issue for nation states and for the citizens who reside in them. However, while this view of ageing was accepted not questioned, what was at issue in this early social gerontology was 'old age' as a social status rather than a biological condition. If people were rendered 'impotent' through age, if adults ceased to be independent, they became potentially at least a burden, part of the unproductive sector of modern society. Defining a chronological boundary for old age became crucial in planning future funding of this sector.

We alluded earlier to the gloomy future casting of those who predicted that we would soon be facing the composite 'failure' arising from successfully ensuring universal ageing (Grunenberg 1977; Olshansky et al. 1991). How far did the social sciences 'buy into' this apocalyptic demography and how far did they resist it in favour of a different perspective of old age and its social position in society? We would argue that from its origins, social gerontology pursued the negative end of the spectrum, adopting a fairly pessimistic view of the challenges presented by an ageing society. Within the fields of both the psychology and the sociology of ageing, there have been attempts to make a clear distinction between ageing, illness and impairment; however, in

practice these disciplines have ended up in fact charting decline (in the case of psychologists, charting the decline of mental powers) and/or measuring 'adjustment' to the ageing process. Despite the influence of figures such as Erik Erikson, who proposed a lifespan developmental account of psychological growth and maturity continuing through into old age (Erikson 1980), and Robert Havighurst, who argued that old age could be both active and productive (Havighurst and Albrecht 1953), for much of the twentieth century, the weight of interest in social gerontology has been on the processes of, and reactions to, the decline, disability and loss associated with ageing.

By the 1980s, there were signs of change. These came from two different but successive directions. The first emerged when social scientists began to explore the idea that the changes associated with chronological age might be as much the product of social institutions and structures as they were of biological or disease-related processes (Estes et al. 1982; Townsend 1981; Walker 1983). These structural analyses of the social determinants of old age, illness and impairment challenged the dominance of the biomedical model, arguing that the inequalities associated with race, gender, work and education contribute significantly to people's experience of ageing and later life (Arber and Ginn 1993; Clark and Maddox 1992; Geronimus et al. 1996; Parker et al. 1994; Vincent 1995). Several psychologists followed a similar route, questioning the extent to which 'normal' ageing is the product of social expectations and 'internalised' ageism as much as any intrinsic deleterious processes of ageing (Levy 2003; Meisner 2012a).

From a second direction and at a slightly later time, developments were taking place around the concept of 'active' or 'successful' ageing paradigms (Rowe and Kahn 1987, 1997, 1998). Rather than concentrating on the deleterious aspects of ageing, these researchers began to promote the goal of enabling more people to experience an active, healthier and more engaged lifestyle in later life. In contrast to structuralist positions which had directly challenged the dominance of a biomedical account of ageing, within this paradigm there was a degree of elective affinity with biomedicine since it served to amplify the distinction between normal ageing (which could become, if it were not yet active, positive and healthy) and pathological ageing (which would become ever more dominated by disease, disability and multimorbidity unless active ageing strategies were implemented).

While the social constructionists and political economists of ageing located the failure to age 'well' (or 'naturally') within the various historically constituted oppressions of 'ageism', 'classism', 'racism' and 'sexism' (Estes 1979; Estes et al. 2003), the advocates of positive ageing saw it as a universal goal realisable by all, through individual lifestyle and personal effort, supported by

a variety of professional agents of well-being. Within both of these paradigms, two contradictory impulses could be seen to be at work. One approach comprised those who believed that physical, psychological and social aspects of ageing are open to change; that ageing is to an unknown degree plastic rather than being overdetermined by either biology or social position. In contrast, there were those who believed that such views were too ‘individualistic’ and were bound to sow the seeds of division within society – between the ‘*haves*’ and the ‘*have nots*’ of positive ageing in later life. Instead of seeking individual routes into life projects fundamentally doomed to failure, or vainly imagining that ageing can be ‘liberated’ from its deleterious influence by working towards a non-ageist, non-classist, non-racist and non-sexist society, the critics of the successful ageing paradigm argued that we should focus instead upon acknowledging our human vulnerability and our intrinsic social dependency, providing collective solutions that can protect all our citizens from the most negative consequences of ageing and old age (Phillipson 2013).

What these trends within social gerontology appeared to be pointing to was the exhaustion of the normal/physiological versus abnormal/pathological dichotomy of ageing that was built within the modern era. This left two divergent paths to emerge within biomedicine and the social sciences, either to tackle each and every deleterious aspect of ageing as equally intolerable – the path of total resistance – or to accept that ageing is our universal fate and manage the disability, mental and physical frailty that necessarily accompanies it, ideally with the least fiscal, personal and social cost. Within this late modern paradigm, the dichotomies that survive are those based on the consideration of costs – between fundable and unfundable interventions and forms of support.

Liquid Ageing? The Collapse of the Modern Paradigm

An increasing number of biological scientists are beginning to consider ‘anti-ageing’ strategies as more than simply attempts to pander to people’s vanity or ‘fleece’ them of their money and assets. Instead, they are beginning to be viewed as potentially viable strategies that may play an important if not critical role in combatting degenerative disease (Finkel 2005). Where once ‘anti-ageing’ medicine had been the site of a good deal of charlatan activity in the late nineteenth and early twentieth centuries, associated as it was with the beauty doctors, the monkey gland specialists and the advocates of everything from electricity to radioactivity, the regenerative medicine of the twenty-first century has become an altogether larger and more corporate institutional

endeavour. Ageing and disease are no longer binary alternatives, but are often seen to be joined at the hip, making the treatment of disease and the restoration of health in later life a great deal more interconnected and complex than the task of ‘unblocking’ of medical beds with which geriatric medicine grew up during first ‘modernity’.²

As ageing is reoriented from its origins in Strehlerian programmatic certainties and moves towards a more ‘liquid’ conception of it as ‘a massive collection of by-products produced by the remarkable but messy chemistry of life’, slowing ageing ‘also requires delaying the onset age of disease’ (Carnes 2011, p. 372). There is less and less reason to imagine that one can be accomplished without the other, and although disease can be managed better for longer, the aim of biomedicine is no longer that of a geriatric medicine designed to improve the care of those ‘impotent through age’. The intent is to deliver longer healthier lives where we all age a lot more slowly (Burton 2009). Psychologists, anthropologists and sociologists have struggled to come to terms with these shifts in the gerontological paradigms of second modernity (Jones and Higgs 2010). Many are still aghast at the prospect of ‘de-naturalising’ ageing and see only the failures of success. Life extension, it is claimed, will end up making life unliveable and the planet uninhabitable (Vincent 2006, p. 200).

Others still hang on to the traditional tasks of monitoring and measuring dependency, illness and the various forms of frailty and their distribution within society, while still others follow a more determinedly cultural turn, pursuing the subjectivity of compromised agents. The tradition of social statistics associated with the work of Booth and Rowntree is still very much alive, and while the prospect of abject poverty in later life recedes, there remains a distinct ‘lumpiness’ to later life that supports the continuation of such inquiries. However, the collapse of the modern paradigm renders identifying precisely who these people are, who are at risk, much more problematic than was ever the case in Booth’s day.

As regenerative medicine draws upon the emerging developments in cellular ageing, numerous clinical and non-clinical researchers are committing to the view that the most effective way of preventing age-related disease is to intervene in ageing itself (Butler et al. 2008; Gems 2011). If regenerative clinical medicine is becoming the cutting edge; and if the age of patients in cardiology, neurology, oncology and urology clinics is gradually increasing;

² The terms ‘first’ and ‘second’ modernity have been popularised by Ulrich Beck in his account of the changing nature of modernity in contemporary society (Beck 2000).

and the onset and course of so-called degenerative diseases is delayed and extended, where exactly does this leave geriatric medicine? In a sense this has been a dilemma ever since the term was invented, for once age and not disease becomes the clinical signifier, it is difficult to sustain a professional boundary where age serves as an exclusionary or inclusionary principle. The success of geriatric medicine in including older people in a comprehensive system of healthcare for all, which was arguably the main achievement of the professional institutionalisation of the speciality in Britain during the three decades after the Second World War, created the conditions for its subsequent decline. Now that hospitals no longer exclude 'the elderly' in the way they so evidently did before 1946 (Smith 1979; Webster 1991), every speciality can expect to treat older patients and any bias in limiting or excluding older people's access to the full range of medical care is no longer acceptable (Department of Health 2001).

Where does this leave the much discussed 'giants of geriatric medicine'? Although geriatric medicine, in one shape or another, is an increasing presence in global medical education and training (Michel et al. 2008), it continues to struggle to define itself as a clinical specialty (Ribera Casado 2012). Despite the elevation of a lay term, 'frailty', into a biomedical syndrome, now said to be at the heart of geriatric medicine, there are few signs of either a consensus surrounding the term's meaning, beyond that generated by its everyday use, or of evidence of any benefits arising from its investigation or management (Gilleard and Higgs 2011). Geriatrics has never escaped from the marginality of medical care designed for those 'impotent through age'; arguably it shares in that impotence just as services for the poor seem always to be fated to be poor services. In the way that it once was with the workhouse, geriatric wards and geriatric services have never been popular with the public (Salvage et al. 1988; Vetter 2002) nor does clinicians' 'geriatric' knowledge, *per se*, seem to confer obviously better care towards ill older patients (Meisner 2012b).

Conclusion

We began this chapter by citing Terence's aphorism that old age is itself a disease. As attitudes towards life and nature were transformed by the scientific revolutions and the enlightenment, it became less acceptable to equate ageing with disease. By the end of the nineteenth century, a more distinctly modern view had consolidated that ageing was a process distinct from disease, that it was possible to specialise in the treatment of diseases in later life without offering any remedies for ageing or extending human longevity

and that it was possible to study ageing in various settings and with a range of organisms without reference to either human disease or bodily pathology.

Despite their failures and the ridicule that was attached to those failures, the early pioneers of 'anti-ageing' research like Brown-Séquard and Metchnikoff laid the foundations of new medical specialisms such as endocrinology and immunology. At the same time, the emergence of geriatric medicine and its institutionalisation in the decades immediately after the Second World War led to the progressive inclusion of older people into national healthcare systems. As Conrad has pointed out, this led to older people moving 'from the margins to the centre of the health care system', a move that 'most people would invariably agree... has been a positive change' (Conrad 1998, pp. 143–144). By the 1980s, a high point of this trend had been reached. Illness in old people was to be approached with expectations that the standards of investigation and treatment should be of a standard as high as those in younger adult patients (Wetle 1987).

While the success of geriatric medicine pointed to its future demise, other changes within gerontology were becoming evident around this time. Social gerontologists were drawing attention to social structural influences on ageing, morbidity and mortality. Psychologists working in gerontology were demonstrating the influence of social cognitions on ageing and aged behaviour. The centrality of Strehler's view of ageing as a universal, progressive and intrinsic process of decline seemed to be based on what were now no longer solid foundations. At the same time, bio-gerontology was directly challenging the view that ageing was a unitary process. It seemed from growing empirical evidence more likely that ageing takes place across a broad range of processes which may be united by a common failure to repair damage accumulating within the cell or in the process of somatic cell replication, but which may equally be influenced by other factors ranging from the dysregulation of specific gene expression to specific failure to control the processes of growth and development (Gems and Partridge 2013).

As the twenty-first century progresses many of the old, modern certainties about the separation of physiological and pathological ageing have dissolved. Although geriatric medicine still trusts in the utility of the concept of frailty as it seeks to survive the effects of the 'new ageing' wave, and although traditional gerontology and geriatrics maintain a united front in disparaging all 'anti-ageing' narratives,³ too many changes have taken place

³ An example of this united front can be found in the declaration published by the Gerontological Society of America, essentially outlawing the claims of anti-ageing medicine (Olshansky et al. 2002); see

to long sustain this survival strategy. Not that science is about to ‘crack’ open the secrets of ageing; we still are on the fringes of any understanding and may never progress very far into this territory. But what is becoming clear is that both ageing and degenerative disease – that is, the diseases that arise largely after adulthood has been attained and that increase in prevalence with increasing chronological age – share common pathways. Rather than assuming that there is as it were a right and a wrong way of ageing, a natural and an unnatural way, it seems that we need to recognise that rightly or wrongly ageing is a deleterious process with disease as its consequence and not its corollary. There will always be a degree of rationing of resources to combat the ills of human nature, but it seems no longer rational to maintain the modern distinction between treating disease (rational and good) and preventing ageing (irrational and bad). Similar strictures, we would argue, should apply equally to social cultural and behavioural gerontology.

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4

The Physiology and Psychology of Aging: Should Aging Be Successful or Authentic?

Julian C. Hughes

Introduction

Aging is like time: it just happens; or so it would seem. And like time, it is difficult to define, although we all know what it is. Perhaps, this is because, like time, aging can be measured in an objective way and yet it has a strongly subjective component. Time passes slowly and quickly. We age whilst we still feel young and we feel old before our time. There are different ways in which we can pin down aging.

This chapter starts with a description of aging in terms of its underlying physiology. This moves from the level of cells and what happens to them, to organs and the level of organisms as a whole. There is a tension to be acknowledged between normal and abnormal aging. This tension becomes more apparent when we turn to consider the psychology of aging. There are normal psychological changes as we age, but where is the line with abnormality to be drawn? This question is not just a theoretical one since it has practical importance in the case of dementia.

There are various theories about aging, which we shall consider in passing, but it is also worth asking what a theory of aging is a theory of? In biological circles, this is often regarded as a question about the cause of aging. However,

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it is also plausible to suggest that a theory of aging should tell us what aging is about. In considering the physiology and psychology of aging, it is not unnatural to ponder on the purpose of aging. Do we understand more about our lives by considering normal and abnormal physiology and psychology? Should the meaning of our lives simply collapse into a story about increasing biological and psychological impairment?

Such considerations take us to the notion of successful aging. When it comes to aging, is there some sort of criteria of success? Or is this wrong-headed? Perhaps, the notions of success and failure are inappropriate to aging and instead we should think in some other way of what it is to age well. “Successful” aging has established itself as a goal worth striving for and as a measure of what it is to age well. At the end of this chapter, however, I shall suggest that the notion of “authentic” aging is one which makes more conceptual sense. Nevertheless, authentic aging is not unproblematic as a philosophical idea; but to my mind, at least, its complexity is part of its attraction.

The Physiology of Aging

Claude Bernard (1813–1878) is known as the father of modern physiology, which is the study of the normal functioning of living organisms and their parts. He is associated with the term *milieu intérieur* and known for his arresting assertion that “The stability of the internal environment [*milieu intérieur*] is the condition for the free and independent life” (Bernard 1974). Maintaining the stability of the internal environment is now known as homeostasis, which represents the body’s attempt to maintain relatively constant conditions despite the external environment and the stresses being placed upon the body. However, this requires work.

Cells constantly work to maintain themselves, to reproduce, to produce proteins, as well as to allow the cell to replicate and to respond to stimuli, and cells have specific functions, which also require energy. Nerve cells (neurons), for instance, must conduct messages between the body and the brain and within the brain. An electrical impulse, or action potential, passes down the nerve, which releases chemicals (neurotransmitters) from the end of the nerve to signal to the next nerve. The action potential results from small changes in the cell wall, which allows charged elements (ions) – such as sodium, potassium, and calcium – to pass in and out. Energy is required for this to occur, as it is for the production and release of the neurotransmitters from the end of the neuron. So, there is a lot going on in cells to maintain the *milieu intérieur* and a lot that might go wrong.

Cell Damage

Aging is said to reflect the build-up of damage within cells: “. . . aging is driven primarily by the lifelong impact of molecular damage, which accumulates in cells and eventually gives rise to age-related frailty and disease” (Kirkwood 2008, p. 122). Damage is occurring within the cells constantly. In a random, stochastic fashion, deoxyribonucleic acid (DNA), which carries the genetic instructions that govern the development and functioning of cells, is mutating. That is, our DNA picks up random errors. Many of these mutations are of no significance, but some could be devastating. Beyond DNA, proteins can also get damaged and the delicate cell membranes, which are vital for the maintenance of the internal environment, can be sporadically damaged too.

Repair

At the same time, however, the cells contain repair mechanisms and a number of ways in which the accumulated damage might be mitigated. “The balance between damage and repair mechanisms determines the amount of unrepaired damage, which manifests as ageing at the cellular and organism level” (Melzer and Lang 2011, p. 65). As time passes, it becomes inevitable that the proportion of cells containing damage will increase. At some point, the amount of accumulated damage will interfere with the functioning of the cells or organs affected. The stochastic nature of this damage can, to some extent, explain why in one person manifestations of aging appear in, say, the gut, whereas in others it might be the brain that suffers. Stress, poor diet, and an adverse environment will increase the rate at which molecular damage occurs (Kirkwood 2008). However, the body also contains mechanisms to maintain the cells: for instance, DNA can be repaired. The emphasis on the beneficial effects of antioxidants – from the polyphenols of berry fruits (e.g. blueberries and strawberries) to resveratrol in the skin of the grapes that make red wine – is precisely because antioxidants slow the rate of accumulation of the damage within cells, in this case caused by oxidative stress.

Oxidative Stress

Oxidative stress occurs when there is an imbalance between the reactive oxygen species (ROS), which is an umbrella term for oxygen free radicals and other chemicals that cause oxidative damage, and the ability of the body

to detoxify those chemical entities or repair the damage they cause. The production of ROS in the human body is, however, inevitable. The free radicals are a necessary by-product of the sort of oxygen-requiring metabolism that is necessary to maintain the constancy of the internal environment essential for humans to enjoy “the free and independent life” (Bernard 1974). In other words, the cells require energy and the energy comes from respiration which uses oxygen but produces free radicals. To generate energy, in the form of adenosine triphosphate (ATP), electrons must be transferred and the result is an oxygen molecule without one of its electrons, which is known as the superoxide anion. This chemical readily forms hydrogen peroxide (H_2O_2). Both superoxide and hydrogen peroxide are oxidants. Hydrogen peroxide can itself be metabolized to form the hydroxyl radical, which is also a potent oxidant that will attack most components of the cell, from proteins, to nucleic acids (the building blocks of DNA), to carbohydrates and lipids, which are essential to the cell wall. So, the very process of maintaining homeostasis, which requires work and therefore energy, is likely to increase the chances of damage to the cells.

Inclusion Bodies

There are three further topics to highlight. First, thinking specifically about brain aging, inclusion bodies are a hallmark of age-related neurodegenerative disease. These are collections of proteins within the neurons. Inclusion bodies can be specific for specific diseases. So, for example, the Lewy body is the hallmark of dementia with Lewy bodies and of Parkinson’s disease (for more details about the different types of dementia, see Hughes 2011a). Inclusion bodies can be found in the brains of normal older people. But they are typically regarded as a sign of something going wrong. However, inclusion bodies may also provide a means by which cells sequester potentially damaging entities as a means of neuroprotection (Gray et al. 2013, p. 3). But perhaps there is a tipping point after which inclusion bodies are disruptive to cell function. There may, for instance, be localized ROS production around inclusion bodies, which is likely to be harmful to the cell.

Mitochondria

Second, in discussing the need for energy, which is supplied by ATP, it is worth adding that the mitochondria (sometimes described as the energy-producing batteries within the cells) are the main source of ATP production.

As such, they also produce ROS which can damage the cell, but which are particularly likely to damage the mitochondria themselves. Specifically, ROS generated by mitochondria might induce mutations in the mitochondrial DNA (mtDNA). One theory of aging suggests that the mutations in mtDNA could lead to more ROS and a vicious cycle (Gray et al. 2013, p. 5). The direct link between mitochondria and aging is controversial and complex, but this leads to the third point to be emphasized in connection with physiology.

Stochastic Effects

A traditional model of aging suggests that *genetics* and *environment* are the main determinants of life span. However, Finch and Kirkwood (2000) suggested that *intrinsic chance* should be added as a third factor. “The accumulation of molecular damage is random both in terms of when and where damage occurs” (Gray et al. 2013, p. 7). Stochasticity, therefore, helps to complete the picture from cells, via tissue and organs, to the aging of the person. Random molecular damage, with the gradual accumulation of cellular defects, leads to tissue dysfunction in different parts of the body and the result is human aging in its various forms. It should be noted, ironically, that much of this seems an inevitable result of the body trying to maintain its *milieu intérieur*.

Back to Aging

Although the story told here is simplified in numerous ways, it suggests a coherent account of why aging occurs. The story of oxidative stress and brain aging suggests why diets rich in antioxidants might lower age-related cognitive decline and the risk of developing neurodegenerative disease (Joseph et al. 2009). However, this is not the only story to be told about aging and I shall return to broader theories of aging. Meanwhile, it is interesting to note that, although there are associations between physiological function and age, there are no physiological markers that can be used to predict in a reliable way the age of an individual. The relationship between function and healthy aging is complex and highly individualistic (Pollock et al. 2015). What it is for me to age, even if we restrict ourselves to a biomedical understanding of aging, can be very different compared to your experience of aging. However, what also emerges in talking about physiology, which is meant to be about normal functioning, is how close this is in older age to abnormal functioning.

Normal and abnormal older brains have inclusion bodies; there is no physiological marker to predict age; the cellular changes that amount to illness are the inevitable consequence of normal functioning. The difference between normal and abnormal aging has to be faced as problematic.

The Psychology of Aging

Cognitive function declines with age. “The cells of the brain, just like those of all other bodily organs, are vulnerable to the processes of cellular senescence” (Anderson 2008, p. 33). The relationship, however, between the brain – its structure – and its functioning is not straightforward. The cerebral cortex, for instance, begins to shrink in early adult life, but cognition is not affected. It is true that the brain works more slowly as we age, and yet that information and skills required during a lifetime seem to remain resilient (Anderson 2008, p. 33).

Horn and Cattell (1967) made a distinction between fluid and crystallized intelligence. Fluid intelligence involves immediate problem-solving on the basis of reasoning; whereas crystallized intelligence reflects learning and experience. Whilst fluid intelligence declines with age, reflecting the loss of speed in terms of brain processing, crystallized intelligence remains robust. In certain circumstances it will compensate for the loss of speed. This would seem to be in keeping with the ancient view that wisdom comes with age, allowing reflection, rather than the requirement of youth for more frenetic problem-solving.

The notion of “memory” is very varied. Episodic memory, for instance, concerns new learning related to events. There is no doubt that with increasing age it is more difficult to learn new information. Within episodic memory, immediate recall is more difficult for older people than recognition. Semantic memory refers to the store of knowledge, to the meaning of words, for instance, and this seems to persist into old age. It can be more difficult to access the store, but generally it has not disappeared in normal aging.

Language is mostly preserved in old age, although it can be challenged. First, if comprehension of language requires memory of earlier information, the difficulties just described can cause problems. Second, if comprehension requires problem-solving, again the loss of speed can cause difficulties. However, “the processes underlying language are essentially unchanged by old age” (Anderson 2008, p. 37). Similar observations have been made about visuospatial tasks: if memory is required or if the situation is new or complex,

it can be difficult for older people to pass tests involving spatial cognition. However, if older people are familiar with the tasks being tested, deficits are less prominent. All of this also depends, of course, upon the person having intact hearing and vision.

There is, then, definite cognitive loss associated with aging. Much of this can now be investigated using functional neuroimaging, that is, brain scans which demonstrate how the brain actually works, rather than just what it looks like. The results of such studies are not by any means straightforward. For instance, we might think that increases in brain activity associated with aging signify compensation. Increased activity, however, in older people can be associated with poorer performance (Grady 2012). It may be that more brain activity is required because the brain is working inefficiently, although this is not always true. The moral of the story is that neuroscience has to be closely linked to behaviour in order to make sense of it.

However, this is, perhaps, an indication of the broader problems which have to be faced generally in connection with theorizing about aging. For the psychology of aging must also pay attention to the lived experience of older people. During cognitive testing there are numerous reasons to explain a person's performance, from education to the circumstances of the test, from physical circumstances (e.g. faulty batteries in a hearing aid) to motivation. There is an argument that what counts will be the person's own estimation of what he or she finds important.

Neuropsychological understanding can propel us to examine in greater detail the substructure of the brain, but such understanding only makes sense in the context of a broader perspective of what brains do. As Mary Midgley has written so memorably:

People sometimes say that the human brain is the most complex item in the universe. But the whole person of whom that brain is part is necessarily a much more complex item than the brain alone. And whole people can't be understood without knowing a good deal both about their inner lives and about the other people around them. Indeed, they can't be understood without a fair grasp of the whole society that they belong to, which is presumably more complex still. (Midgley 2001, p. 120)

So, the psychology of aging demonstrates what older people can and cannot do and it moves us both to look deeper into the neurophysiology of the brain and to look to the embedding context of human cognition, namely the human world. However, in showing what older people cannot do, psychology again raises a question about normal and abnormal aging.

Normal and Abnormal Aging

The earlier story about the accumulation of molecular deficits affecting cells and then whole organs means that every system in the body will show physiological (i.e. normal) changes with age (Woodford 2010, pp. 9–16). Metabolism alters, with fat becoming more centrally distributed. Muscle mass reduces and the basal metabolic rate declines. The immune system is affected: there are fewer T cells. There is a progressive decline in kidney function and decreased oesophageal motility. The arterial walls become less elastic, with increased blood pressure as a result, and heart function declines in a number of ways. Similarly, lung function worsens, partly because the tissues are less elastic too. Vision and hearing also decline with old age. There are hormonal changes and mobility becomes less certain. All of this is, of course, in addition to changes in cognitive function. However, it is all normal. Or, at least, these sorts of change are normal up to a point.

For example, “Renal blood flow declines by around 10% per decade from the fourth decade onwards” (Woodford 2010, p. 12). So this is normal. At some point, decreased blood flow becomes abnormal. However, there is no fixed figure which determines when a person is ill from their dysfunctional kidneys, even though there are definitions of chronic kidney disease. Instead, there are value judgements at play when anyone is described as “ill”, whereas “diseases” (e.g. cancer) seem more a matter of fact (Fulford 1989).

The same point can be made about blood pressure. Here, the argument partly rests on the fact that raised blood pressure (hypertension) is largely only a risk factor for disease, although it may represent underlying disease. The argument is partly to do with group statistics. Levels of blood pressure over a certain limit are statistically associated with bad outcomes, such as strokes or heart attacks. However, this does not tell us, other things being equal, which individual will actually have a stroke in the next 5 years: some will and some will not. According to accepted, but stringent, guidelines, “More than 50% of people over 65 in most populations are defined as hypertensive” (Woodford 2010, p. 374). To the ear of the uninitiated or sceptic, once over 50% of people have a condition in most populations, it starts to sound as if it might be normal!

Doctors will say, rightly, that treating these populations will bring down the rates of morbidity and mortality. What is less frequently said is that most of the people being thus treated (certainly for *mild* hypertension) would not have suffered from the targeted illness. That is, most of the people treated

were *not* going to be affected anyway, but it requires treatment of the whole population at risk to save the relatively few who were going to have (say) a stroke. It should quickly be added that in the case of severe hypertension, especially if organs are already damaged, the outlook is poorer. Nevertheless, in brief, the argument is that there are rarely *facts* which determine where the cut-off is between normal and abnormal. Instead, evaluative judgements are required, often based on group statistics.

Similar arguments can be made about dementia. The term mild cognitive impairment (MCI) is used to pick out a pre-dementia state, when the person does *not* have dementia but is at risk of getting it. But, ‘No one can say for sure that a person with MCI . . . will definitely develop “dementia”’. In some cases there is clear pathology of another sort, such as depression. But in some, it will just have to be said that the objective evidence of cognitive impairment . . . was nothing more than a variant of normal ageing’ (Hughes 2013, p. 839). As Anderson also says, “. . . the overlap between normal ageing and Alzheimer’s disease remains a problem. At the level of molecular biology most theories of Alzheimer’s disease and theories of biological ageing overlap and merge into each other” (Anderson 2008, p. 34). On these and similar grounds I have argued thus:

The lack of a clear boundary between normal ageing and MCI introduces the possibility of a biological spectrum. In which case, presupposing that the spectrum runs on from MCI into disease states, the idea that “dementia” itself refers to anything like a natural kind becomes more doubtful. It is clear, then, that if a natural kind is something (not depending on human construction) that has essential properties or features, “dementia” is unlikely to be such a thing. Accordingly, MCI ushers in the death of “dementia” as a natural kind or objective biological entity: it emphasizes the extent to which there is no one thing that is “dementia” and, moreover, it suggests “dementia” has no essential component to make it the thing that it is supposed to be. “Dementia” has no essential reference. (Hughes 2013, p. 840)

Because at a conceptual level I have argued that “dementia” is deeply problematic (Hughes 2011b, pp. 3–27), albeit we can easily identify people with dementia for specific purposes (e.g. for clinical reasons), my inclination is to regard aging as the better paradigm, for example, for research purposes, but this is because, “*at a conceptual level*, what we mean by ‘ageing’ cannot be confined too tightly. Rather, the concept of ageing points outwards towards profound human concerns” (Hughes 2014, p. 42). In which case, it seems apposite to consider theories of aging more closely.

Theories of Aging

It is now readily accepted that there is no one cause of aging. However, a variety of more or less discrete theories to explain aging have sprung up amongst different research communities. These have been nicely summarized by Bittles (2008, pp. 4–7) and my own summary draws on his account. He distinguishes between genome-based theories and non-genetic or stochastic theories.

Genome-Based Theories

These suggest that aging is mainly to do with changes in the genetic makeup of the person. Some such theories focus on the importance of information transfer or mutations of the DNA itself. DNA encodes proteins, but this requires a number of steps to happen in an accurate manner and, over the course of a lifetime, errors occur. There are surveillance mechanisms to encourage repair of DNA and the other processes involved (which involve the different types of ribonucleic acid (RNA) that are the intermediaries between DNA and proteins). However, (a) repair cannot always keep up with the mutations that occur and (b) the surveillance itself depends on proteins in which errors arise! Epigenetics refers to what happens as proteins are being synthesized irrespective of the exact sequence of nucleotides, which make up both DNA and RNA. Putting matters simplistically, after proteins have been made, they still have to be folded and these epigenetic mechanisms, for example involving methylation, can themselves go wrong. We have already touched on the importance of mitochondria: they are at risk of aging too. Finally, there is the importance of the telomeres. These are structures at the ends of the DNA which help to maintain its stability and ability to replicate. Again to cut a long story short (with no pun intended), it appears that shorter telomeres predict senescence; and telomeres shorten as we age. So, telomere shortening looks like a biological marker of aging.

Non-genetic or Stochastic Theories

These include the account based on the damage caused by free radicals, which I have outlined earlier. Another theory has considered the possibility that the rate of living affects longevity, so that higher metabolic rates are associated with a decreased lifespan. A similar theory suggests that increased stress shortens

lifespan. The simple accumulation of waste products in the cells might be enough to explain aging. It is also observed that as cells age large molecules in the cells form cross-links, which impede their functioning. Similarly, there are other changes that occur within cells, such as glycosylation, with adverse effects. Glycosylation involves glucose reacting with proteins. The upshot is that abnormal proteins accumulate and cannot function as they should.

It should be apparent that most of these theories of aging tend to present us with the mechanisms of aging. The cause of aging is oxidative stress, for instance, and the build-up of damage or waste products in the cell. The theory suggests the *cause* of aging. However, is this the only thing that a theory of aging can be a theory of? We might also wish to ask what *constitutes* aging. Or, what is aging for? Does it have a purpose? A much broader array of conceptual considerations then emerge.

The Disposable Soma Theory

One highly influential theory of aging suggests that there is a strong evolutionary explanation for why it occurs (Kirkwood 2008). The “disposable soma” theory emphasizes the distinction between germ-line cells and somatic cells. The germ-line cells in humans are those found in the gonads: sperm and sperm-producing cells in the male and ova and ovaries in the female. The somatic cells are all of the other cells in the body. It is not that there are never mistakes in the reproduction of germ-line cells (germ cells age too, so that genetic abnormalities increase as parents get older), but aside from such events, when the germ cells form the next generation, they are exactly the same as they were for the parent. According to the disposable soma theory, the evolutionary importance of maintaining the germ-line means that energy is expended in making sure that the germ-line cells reproduce exactly but at the expense of the cells of the soma, which are only required to live long enough to pass on the germ-line to the next generation. Tom Kirkwood, whose theory it is, put it thus:

... a multicellular organism needs a lot of accuracy in its germ-line, which must transmit its genes to the next generation, but it does not need so much accuracy in its soma. Sooner or later the soma is going to die by accident. Might it not be better to save energy and make somatic cells in a more economical way, even if this results in them ageing? (Kirkwood 1999, p. 65)

Amongst other things, the disposable soma theory predicts that “Ageing results from lifelong accumulation of unrepaired cellular and molecular

damage through evolved limitations in somatic maintenance and repair functions” (Kirkwood 2008).

Now this does answer the question about the purpose of aging in one way, for it suggests that aging has an evolutionary purpose. The mechanisms of repair in the germ-line allow us to continue as a species, but the cost is aging. There may be ways in which we can reduce the damage in our somatic cells, for instance, by calorie restriction in our diets (Joseph et al. 2009) or by physical activity (Vogel et al. 2009), but the underlying reality is that our cells age.

This still leaves, however, questions about the experience of aging and what we might wish to say about it. For instance, we might argue that to age is to live. So another way to understand what a theory of aging should be is to consider it a theory about life’s purposes and the meaning of human life as a whole. One plausible answer to the question “Why do we age?” is to provide an account of the disposable soma theory, but another plausible response is to give an existentialist account of being. Rather than enter into such deep philosophical waters, however, we can instead just accept that what we should all want to do, individually and collectively, is age well. The predominant way in which this is characterized in the literature is as “successful” aging.

Successful Aging

To be up-front, the worry here is about the “biomedicalization” of aging (Estes and Binney 1989). Researchers continue to point to “(a) the ways in which routine medical care overshadows choice; (b) the transformation of the technological imperative to a moral imperative; and (c) the coupling of hope with the normalization and routinization of life-extending interventions” (Kaufman et al. 2004). The aging of populations worldwide has been linked with improvements in scientific understanding to give impetus to the view that biomedicine will (and should) provide a solution or cure to the “problem” of aging. The seminal paper by Rowe and Kahn defined “successful aging” in terms of three main components: “low probability of disease and disease-related disability, high cognitive and physical functional capacity, and active engagement with life” (Rowe and Kahn 1997). Subsequently, the notion of “successful aging” has spawned a vast literature. Studies have found that “Physical and psychological well-being, regular exercise and nutritional status are major determinants of successful aging” (Dahany et al. 2014). Researchers have made it explicit that the aim of research on longevity should be to focus on successful aging (Edjolo et al. 2013).

There was, however, a backlash against the overly biomedical conception of successful aging, with commentators noting the normative connotations of the term “successful”. Similar points have been made about ideas such as “healthy” or “active” aging. If you have arthritis, for instance, these ideas would seem to suggest that you have failed in terms of your aging. A more critical perspective holds that:

... although well-constructed scientific experiments can provide much needed information about what we must do (if we are able) to have a relatively healthy old age, it cannot tell us what makes that life a good one. Labeling the *pathways* to better health in old age as successful aging is too great a leap from a critical perspective. (Holstein and Minkler 2003)

These writers suggest a return to the ancient question: “What is the good life – for the whole of life – and what does it take to live a good old age? What virtues do we strive for and how do we honor difference?” (Holstein and Minkler 2003).

To be fair, the notion of “successful aging” has gradually been extended to incorporate broader views. In looking at centenarians, for instance, Kim (2013) has emphasized the multiple social factors involved in successful aging. And Grundy et al. (2007) demonstrated that good mental quality of life does not seem to depend on good physical quality of life and, further, that social interaction is associated with good quality of life in the oldest old. Bowling and Iliffe (2011) have also argued that successful aging “is not only about the maintenance of health, but about maximising one’s psychological resources, namely self-efficacy and resilience”. Similarly, Lupien and Wan (2004) stressed that successful psychosocial aging depends on “social interaction, life satisfaction and well-being” and concluded that it is “possible to propose that the determinants of successful ageing stem in part from the societal influences of age stereotypes and older individual’s [sic] self-perception of ageing”.

Even when others have added to or broadened the criteria for successful aging, it remains true that many people often fail, seemingly quite happily, to age successfully. In a number of publications, Ann Bowling has argued for a broader conception of notions such as “successful” and “active” aging (Bowling 2008, 2011), noting that older people themselves, or lay people, take a broader view of what successful aging might be. With Paul Dieppe, she compared the theoretical literature on successful aging with lay definitions (Bowling and Dieppe 2005). The theoretical literature included words such as life expectancy, life satisfaction and well-being, mental and psychological health, cognitive

function as well as social, community, leisure activities, integration, and participation. When lay people were asked to define successful aging, they used words such as accomplishments, enjoyment of diet, financial security, neighbourhood, physical appearance, productivity and contribution to life, sense of humour, sense of purpose, and spirituality. Bowling and Dieppe (2005) wrote: “Changing patterns of illness in old age, with morbidity being compressed into fewer years and effective interventions to reduce disability and health risks in later life, make the goal of ageing successfully more realistic”. They were aware of the possibility of “simplistic normative assessments of success or failure”; but they concluded: “Given the enormous body of ongoing research on the topic, it would be unhelpful to abandon the term altogether; the adoption of a broader perspective will have relevance for elderly people themselves” (Bowling and Dieppe 2005). Cosco et al. (2013) also reviewed lay perspectives of successful aging and similarly found that the concept was multidimensional with a heavy emphasis on the psychosocial aspects of successful aging, again stressing the need for a broader view of the concept.

Despite, however, the suggestion that the notion of successful aging should not be abandoned (Bowling and Dieppe 2005), my view is that this is exactly what we should consider. My main reason for saying this is simply that the notion of “successful”, when applied to aging, has been too problematic, either because of its conceptual narrowness or because of its normative implications. My alternative, in order to capture the breadth of view we should be after, is that we should think in terms of “authentic” aging.

Authentic Aging

My feeling is that “authentic” at least provides a heuristic device to drive forward our philosophical understanding of aging in ways that are likely to have relevance to ethical decision-making, research, and policy. In trying to understand or characterize authentic aging, we are likely to meet and face normative concerns. Even if “authentic” aging does not provide a unifying concept by which to discuss and understand the questions that arise, it may nonetheless be useful in terms of deepening our understanding of the breadth of philosophical issues.

Authenticity

Being “authentic” is usually regarded as a matter of being true to oneself, where it is natural to turn to *Hamlet*: “This above all: to thine own self be

true” (Act I, scene iii, line 78). However, there are grounds for arguing that older conceptions of this idea did not carry the suggestion that the self to whom one had to be true was inevitably inner and personal (Guignon 2004, p. 27). I cannot hope to say here all that needs to be said about authenticity (concerning which Guignon (2004) provides a very good introduction), but let me highlight some of its features.

Authenticity was a key notion in existentialist thought. Heidegger, for instance, held that authenticity represented a true understanding of the nature of our existence as Beings-in-the-world. In particular, it is by anticipating the reality of death that we are roused from our everyday concerns and can then act authentically: “Anticipation turns out to be the possibility of understanding one’s *ownmost* and uttermost potentiality-for-Being – that is to say, the possibility of *authentic existence*” (Heidegger 1962, p. 307).

The tensions or ambiguities surrounding the notion of authenticity are, perhaps, just those that attach to Heidegger’s notion of a human being as a Being-in-the-world. On the one hand my *ownmost* Being sounds as if it is intensely personal and the task is that I should pick myself up from my *lostness* amongst others. However, I am also *in-the-world*, that is, I am inherently socially and culturally embedded. Contrariwise, there is the view, seen in Rousseau, that to be authentic is to guard against mere social or cultural influences. Thus, “Authentic conduct has the quality of being somehow connected with, and expressive of, the core of the actor’s personality. It brings into play the actor’s uniquely personal, as opposed to culturally or socially shared, identity” (Ferrara 1998, p. 5).

However, over against any tendency to equate authenticity with subjectivity or a concern merely with the inner, Charles Taylor has argued that the notion of authenticity must have regard to broader horizons of intelligibility (Taylor 1991, pp. 40–41). And Taylor is not alone in rejecting the idea of authenticity as a purely “personal virtue”, but rather seeing it as a “social virtue” (Guignon 2004, p. 146 ff.). It may be that the tension exhibited by the notion of authenticity is inevitable in that our concerns, as human beings in the world, cannot help but be inner, but nonetheless must also be (at the same time) situated in the world with others and thus outer.

Back to Authentic Aging

This debate is not irrelevant to aging. Extending the lifespan might be regarded as enabling authentic existence, if the person is still able to participate in life in such a way as to be true to himself or herself. However, it might

be argued, extension of life without regard to well-being or quality of life will inevitably lead to an inauthentic existence.

The notion of authentic aging should raise questions pertinent throughout the life course. However, they are thrown into sharp relief in old age. This is for a variety of reasons: the freedom from the monotony of paid employment, potentially (at least) the time to pursue other interests, which might include charitable work or deeper engagement with family and community, increasing dependency, the burden of infirmities, the necessity to act as carer to relatives, the increasing proximity to death. Under the variety of circumstances that arise in older age, the potential that the notion of authentic aging might help in our understanding of normative questions seems worth pursuing.

“What we ought to be doing”, according to Charles Taylor, “is fighting over the meaning of authenticity . . . we ought to be trying to persuade people that self-fulfilment, so far from excluding unconditional relationships and moral demands beyond the self, actually requires these in some form. The struggle ought not to be *over* authenticity, for or against, but *about* it, defining its proper meaning” (Taylor 1991, pp. 72–73).

It is, of course, fraught with danger if we try to define authenticity in any once-and-for-all way, because our definition is quite likely to seem inauthentic on some view. But perhaps it is reasonable to characterize authenticity by outlining dimensions that seem salient. Alessandro Ferrara (1998) suggested that there was a convergence on four dimensions of authenticity in the psychoanalytic tradition: coherence, vitality, depth, and maturity. In broad outline, he describes these characteristics in the ways that follow.

Coherence is to be understood “as the possibility of summing up the modifications undergone by an identity during the lifetime of its bearer in the form of a narrative” (Ferrara 1998, p. 80). Narrative coherence is a means to authenticity, which requires a degree of integration and a feeling of continuity. *Vitality* “designates the experience of *joyful empowerment* which results from the fulfilment of one’s central needs, from a sense of the congruence of one’s present state with the memory of who one has been, and from the sense of progressing toward becoming who one wants to be” (Ferrara 1998, p. 87). This might make this dimension seem difficult for those with dementia; but it seems less so if, first, we concentrate on experiential interests (in what is happening now) and not on critical interests (our earlier conceptions of what made our lives *as a whole* worthwhile); and second, we take seriously the extent to which selves are embedded in contexts of meaning and narrative, where the suggestion is that others might maintain the person’s narrative (Hughes 2011b, pp. 228–231). Vitality is also to do

with the “immediate and joyful experience of the self as *worthy of love and esteem*” (Ferrara 1998, p. 87). It is the feeling of oneself as “*genuine and spontaneous*” (Ferrara 1998, p. 92). *Depth* “designates a person’s capacity to have access to his or her own psychic dynamisms and to reflect such awareness in this construction of his or her identity” (Ferrara 1998, p. 96). Depth can be conceived purely in cognitive terms, “as *self-knowledge or self-reflection*” (Ferrara 1998, p. 96). However, depth is also to do with autonomy, where this is conceived broadly in relational terms, where “relational autonomy” better captures the reality that none of us is fully autonomous since we are interdependent and interconnected. Finally, it links to the “*capacity to be alone*” (Ferrara 1998, p. 98). *Maturity* is “the ability and willingness to come to terms with the facticity of the natural and social world, as well as of the internal world, without thereby compromising one’s coherence and vitality – without becoming another” (Ferrara 1998, p. 100). It is the “capacity to maintain a certain congruence between our ideal self and the actual potentials of our real self” (Ferrara 1998, p. 103). It is also to show “an *ironic acceptance of one’s finitude*” (Ferrara 1998, p. 105).

Conclusion

So what can we say about authenticity that will help with our understanding of aging? If we move beyond the idea of the self within and see ourselves as situated or embedded in the world, it gives us something richer to think about: of how our being in the world as these types of creatures means we are interconnected with the world and each other, not just empirically, but essentially, conceptually, in a manner which imposes some sort of normative demand, Heidegger’s “solicitude” perhaps (Hughes 2011b, pp. 215–216, 233–234). However, there is also the demand that we do not lose our sense of self in the hurly-burly of the world. We require the dimensions of coherence, vitality, depth, and maturity.

How we work through our aging – that is, how we live our lives – is no longer constrained, from the perspective of authenticity, by a biomedical view of the world; but nor are we constrained to live our lives in any particular way. Rather, the reflective account of our lives will generate different conceptions of what is relevant to authenticity. Our lives will, if you like, define authenticity. Aging, that is, if life is lived with reflection of the sort required by the dimensions of coherence, vitality, depth, and maturity, sheds light on what it is to be authentic. Establishing that our lives have been authentic was never going to be as simple as establishing that

we have good grip strength or intact cognitive function, nor even as easy as saying that we served the committee of the tennis club faithfully. For, what counts as an authentic life for an individual cannot be established ahead of time. Authenticity is not at root an abstraction: it is a life lived well.

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5

Concepts of Time in Age and Aging

Jan Baars

Introduction

Aging and time are interconnected because aging is basically living seen in a temporal perspective, especially living after having already lived for a relatively long time. This makes “time” an important concept in trying to explain aging. Usually, the connection between “aging” and “time” is sought – or supposed to be found – in the concept of “age.” Unfortunately, “age” is used in confusingly different ways: “as we age,” “his age,” “the Stone Age,” “old age,” or “weary with age.” “Time” does not offer much more clarity, as this term is also used in many different ways, such as “his time at the Berlin Marathon,” “the time of Caesar,” “time will tell,” “time destroys all,” “time of birth,” or “time since birth.” Moreover, in aging studies different timescales are often presented as different times, such as “historical time,” “cohort time,” or “biographical time,” although the underlying concept of time is one and the same chronometric time.

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The Emergence of Chronometric Time from Cosmological Narratives

Historically, the articulation of “time” has probably begun with the experience of *change*, especially with regular and *repetitive* changes in the surrounding world that are not the result of human actions but stem from forces beyond human control. Examples include the basic rhythms of each day as it slowly becomes light, gets lighter and warmer during the day until the evening falls, and the night comes with its own rhythms. The seasons also follow a more or less regular local pattern, making it possible to anticipate periods of dryness or cold. Finally, the year could be recognized as the completion of the full circle of the seasons, beginning anew when “the sun returns.” Such regularity implies that, even though it is not possible to influence these rhythms, you can *count on* them and use this knowledge to coordinate activities with these recurrent patterns.

Usually, these activities of counting and analyzing the regular changes of the world have gone together with attempts to interpret or explain them. Originally, these changes were usually assigned to the activities of gods who govern the world and one’s life in it. Here, stories play an important role in explaining or giving meaning to the basic rhythms of the world and human lives in them: explanation and meaning go together. In many cultures, we can find an interpretation of the universe as a harmonious and repetitive *cosmos* that is meaningfully connected with not only social formations such as families or social hierarchies but also rhythms of nature and the phases of a human life. This is the basic pattern of the many premodern narratives or theories of the world that presuppose a fundamental *Logos*, as Stoic philosophers would call it, which underlies the repetitive movements of the cosmos as a harmonious natural, social, and personal whole. In this context, the human life cycle may be interpreted as deriving its meanings from the influence of the planets – as we see in the work of Ptolemy – or as representing the seasons (Burrow 1986; Sears 1986).

A *second* approach consists of counting and analyzing the basic rhythms and developing measurements that are based on them, to distinguish years, seasons, days, and hours. A day is eventually explained as the result of the earth’s rotation around its axis; a month as the cycle of the moon around the earth; and a year as a completed cycle of the earth around the sun. This clock time develops gradually as a mere measurement from the cosmologies of ancient – Egyptian, Babylonian, Chinese, Indian, Greek, Maya, or Aztec – civilizations in which measurements were embedded in cosmological narratives (Blackburn

and Holford-Stevens 1999). Even in more recent theoretical reflections about time, for instance, in the work of Newton or even Einstein (who was convinced that God would not play dice), there are still associations with narratives of creation, as if time measurements are inherently laden with meaning. The term “chronological” time still suggests such a connection between time and a basic *Logos*, although it just refers to mere measurements of “time.” I will therefore use the term “chronometric time.”

The Conventional Nature of Chronometric Time

Concepts of time are developed to order experiences with change in its many forms, and in this respect chronometric time brings important advantages. By means of elementary distinctions such as “later than,” “earlier than,” or “simultaneous with,” all events can be ordered in one organized whole. In a developed form, this provides a complete continuous and linear ordering that can be represented either numerically or as a straight line. The ordering is continuous in the sense that for any two distant instants t_1 and t_2 , there exists a third instant lying between them – with some specific caveats concerning *Planck time* that are not relevant for a discussion of human aging.

Although the atomic clocks that back up the world clock with its different time zones are much more precise than the movements in the solar system, they must still respect the basic rhythms of the Earth and the Moon. Throughout history, clocks and calendars have been reset to reharmonize their scales with the basic clock of the solar system as this is experienced from the Earth. Years, months, and days are determined by these movements and merely counted with the help of conventional calendars. The years, for instance, can be counted only after the introduction of a zero point such as the birth of Christ, the flight of Mohammed to Medina, or some other historic event that inaugurates the calendar of a specific culture. Hours, minutes, and seconds, however, might have been arranged differently: it would also be possible to have 10 hours in a day or 100 minutes in an hour. This does not mean that the clock of physics is arbitrary, but that it is just a conventional scale.

In our everyday experience, time has the peculiar characteristic that it only goes one way: the present becomes past and the future becomes present. Although we tend to approach time from a spatial point of view, this characteristic of time has no analogy in space. However, because in physics time appears to be reversible, this has led to an ongoing debate about the anisotropy of time ignited by Eddington’s discussion of *The Arrow of Time* in

the 1920s (1928/2014). The main point here is that in the way processes are described in physics, it makes no difference whether they occur in the past, the present, or the future. Physics focuses on aspects of reality that can be expressed in general laws and repeatable events. This implies that all aspects that are accidental, non-repeatable, or specifically bound to unique situations are neglected, which does not mean that they are unreal or less real, but only that in physics these aspects are ignored. Moreover, the notion of “time reversal” refers to the question whether some physical *theory* allows a reversal of processes. “Time reversal” is a property of the theory, not of the processes (Uffink 2007). Finally, time reversal does not imply that there are no processes that are irreversible: decay, erosion, aging, and death are some major examples.

Chronometric Age: Exactly Arbitrary?

In spite of its impressive exactness, chronometric time should not be overrated. There is, however, still a tendency to associate these measurements with stories or metaphors that are not only implicitly accepted as meaningful but also as universal and grounded in immutable rhythms of nature. Examples from gerontology are *disengagement theory*, which stated that at a certain age, human beings would naturally feel the need to retire which would harmoniously go together with the needs of society (Cumming and Henry 1961; cf. Baars 2012a); or the idea that a *life review* would be “a naturally occurring, universal mental process” as people get above a certain age (Butler 1963, p. 66; Baars and Lamme 1993). In these theories, “age” is still implicitly seen in the light of a fundamental *Logos*: a harmonious unity of natural, social, and personal factors, repeating itself in time through the generations.

The grand ambition of many overviews of aging populations still appears to be to establish how the age of persons determines the characteristics of aging persons. This would eventually result in a straightforward set of simple formulas in which scientific precision and practical use would be united. More than 50 years ago, this option was already stated with much self-assurance: “Chronological age is one of the most useful single items of information about an individual if not the *most* useful. From this knowledge alone, an amazingly large number of general statements or predictions can be made about his anatomy, physiology, psychology, and social behavior” (Birren 1959, p. 8). As we shall see, the author of these lines later

expressed serious reservations about these claims, but many institutions and organizations that finance research on aging and ask for straightforward data about “seniors” are still under their spell. The scientific precision that is associated with chronometric time has led to an uncritical acceptance of arbitrary constructions of chronometric age. These constructions fail to question the many forms of ageism that still frustrate a meaningful inclusion of older people in society (Bytheway 1995).

Hence, we have reason to doubt whether age is really the “independent” or even “explanatory” variable much research assumes it to be, which leads to the question whether and how the age-related definitions of these populations might make sense. Concepts used in the discussions of “aging societies,” such as “age structure,” “birth cohorts,” “age groups,” “age norms,” “age grading,” “dependency ratio,” “age–cost profile,” and “age-associated diseases,” have become so general that their specific meanings and assumptions are rarely questioned (Baars 2010).

This does not mean that aging should be purified of metaphors and stories. On the contrary, they should be made explicit and taken seriously. In (auto)biographical stories, certain ages are often included as meaningful markers of a life (Bytheway 2011). However, the point is that the meaning of such markers is derived from the narrative and not from the measurement. The question is whether “age” – as time since birth – can function as an *explanation* of aging processes; not whether “age” can rightfully be used as a meaningful marker in (auto)biographical interpretations of aging. Measurements of time since birth should not be seen as representing some inner logic of aging, which produces certain age-related effects regardless of contexts or persons.

The clock of physics may be extremely precise (working with such intervals as nanoseconds), but it is nothing more than a conventional scale that has become important because it works in synchrony with the basic clock in our solar system.

For the purposes of this chapter, it is important to note that the temporal regularity in the solar system is dictated by the gravitational movements of enormous bodies of *dead weight*, with, in the case of the Earth, life on it. And insofar as these movements are not regular enough for present purposes, they are corrected by the rhythms of other *dead* materials: extremely frequent and stable atomic oscillations. Life is part of the solar system, but even if we would agree that living systems are also physical systems, this does not mean that all theories that are needed to understand human life can be derived from the laws of physics (Baars and Visser 2007). Evolution, history, or human biographies can be *dated* and *measured* but do not follow

chronometric time; on the contrary, time measurements only mark events or transitions that may have their own temporal dynamics. The question that arises after this critique of inadequate chronometric representations of aging is whether human aging might not follow regular changes of its own, which could be seen as a basic natural clock with its own formative rhythms over the human life span that might be counted or expressed in a timescale that would specifically and adequately assess aging processes.

The Search for Intrinsic Clocks of Aging

If chronometric time or age is so inadequate in explaining the dynamics of human aging, would it not be better to base our assessment of the age of a person on clocks that are *intrinsic* to human aging? This interesting question has been explored by several authors (Schroots and Birren 1988; Hershey and Wang 1980; Richardson and Rosen 1979; Yates 1988, 2007). The rhythms of such a basic clock could produce a concept of age that would indicate precisely the relative state or phase of the human organism on a scale that ranges from birth to death. Such an intrinsic measure of senescing would make it possible – at least in a biological or, more generally, a functional perspective – to establish clear indicators of “normal” functioning for different dynamic stages or functional ages. Such differently marked ages would allow their location on a continuum as subsequent *phases* of a structured development toward a state of adult “normality,” followed by a declining movement away from it.

This would have to go beyond the search for reliable biomarkers of *age* such as the aspartate racemization in the teeth, which is used in forensics (Yekkala et al. 2006) to assess the age of a body. Such biomarkers do not enable us to explain why a person aged 60 years dies within a year (of natural causes), while another person aged 82 years lives for another 20 years. The age of teeth may demonstrate some synchrony with the age of the person as time since birth but does not represent his or her age as the functional state of the whole organism.

Usually, the second law of thermodynamics has been called upon to develop an entropic measure for such an intrinsic age (Baars 2012a). However, open systems such as human organisms, that rely on interaction and exchange with pluriform contexts, do not fit well in the models of intrinsic dynamics or intrinsic times that presuppose that the system in question is sealed off from the environment (cf. Yates 2007; Uffink 2007). Moreover, the idea of a human

organism interacting as an integrated whole with different contexts is much too simple. The reproduction of the human organism over time involves complex internal interrelations of cells, tissues, and organs that are also relatively independent from each other. From a functional perspective, the complicated processes of human senescing in cells, tissues, organs, or different parts of the brain may have their specific dynamic properties, but these dynamic properties include an openness to the environments inside and outside the human body, extending from personal lifestyles to ecological or social contexts. Emerging research from ecological developmental biology (Gilbert and Epel 2009) on the social organization of genetic expression (*epigenesis*) demonstrates how complex these interactive processes are (Dannefer 2011). These processes defy a general *Logos* and must be discovered in their *specificity*, and in the course of this discovery, chronometric time can only function as an instrument of measurement that should not be extended to represent human aging.

Hence, the intrinsic age of the human organism could dissolve into a multitude of intrinsic ages: lung capacity, maximum heart rate, hearing sensitivity – as many as there are organs and other identifiable subsystems in the body, which invites the question which of these might represent the intrinsic age of the body as a whole. Finally, this thought experiment remains focused on the human body, disregarding important aspects of human personhood and ignoring the many sociocultural contexts that influence not only its functioning over the life span but impose certain functional requirements on persons, such as educational systems and labor markets.

The relative openness of intrinsic qualities and the formative influence of specific contexts is demonstrated in the many experiments with fruit flies, nematodes, mice, rats, birds, and monkeys. Their senescing processes are manipulated in laboratory contexts to investigate how far they can be slowed down so that these experimental populations reach higher ages and, in particular, how the results can be generalized for use in understanding human senescing. Insofar as these experiments result in prolonging the life spans for these animals, they illustrate the *intrinsic malleability* of senescing processes (Kirkwood 2005; Westendorp and Kirkwood 2007). Such intrinsic openness is only possible within the limits of the species, but the whole point of these experiments is that we do not know what these limits are.

Now we understand why the changing rhythms that we see in living nature as a result of the dynamic interaction of the living organism with its inner and outer contexts could not be used as a basis for chronometric time. All these different emerging rhythms would jeopardize the stability and

precision of its measurements. The Earth or the Moon are not known to engage in active explorations of their environments or to explore the options they might have to improve their situations. The rigidity of their movements and our inability to influence them make it possible to found chronometric time.

As humans grow up, the interactions of (a) the formative influence of contexts in a broad sense (nourishment, care, family, education, ecological environment, material and immaterial resources), (b) specific genetic endowments, and (c) personal agency result in an early decline of developmental regularities. These are still strong in embryological phases, although even there contextual influences will have their impact. However, in childhood and adult life, developmental regularities begin to decline rapidly. Comparative research on aging identical twins has demonstrated that genes account for approximately 30% of developmental outcomes in old age; the remaining part is a playing field of contexts and personal agency (Gurland et al. 2004). Occasionally, usually in connection with female fertility and menopause, we hear the idea that a biological clock would regulate these processes, but so far, biological clocks have only been identified for circadian rhythms, although there have been attempts to apply the model of a biological clock to the human life span (Yates 2007). These attempts have been proven unsuccessful because of the intrinsic openness of the human organism.

Confusing Causalities

Generalizations about people of a certain calendar age actually presuppose a *causal* concept of time: because time would have worked for a certain duration in them, certain inevitable effects should be reckoned on. Moreover, the effects are assumed to develop steadily and universally according to the rhythm of the clock. However, such a causal concept of time in aging can never generate knowledge that might explain the *differences* that exist between human beings of the same age, nor will it lead us to uncover the many specific processes that remain hidden behind generalizing concepts that are based on average scores. While it is true that all causal relations are also temporal relations, or relations working “in time,” it would be wrong to identify causality with time or to reduce the process of aging to “causal effects” of time. The same Jim Birren whose high expectations of the predictive power of chronometric age I quoted earlier, later articulated a similar view: “By itself, the collection of large amounts of data showing

relationships with chronological age does not help, because chronological age is not the cause of anything. Chronological age is only an index, and unrelated sets of data show correlations with chronological age that have no intrinsic or causal relationship with each other” (Birren 1999, p. 460).

As aging involves many different processes at different levels, these processes must be understood in their specific temporal qualities: they evolve or take place in time, but not according to the rhythm of chronometric time. Although senescing *processes* (which, like all processes, can be measured in chronometric time) will have effects in interaction with contextual structures and processes, time by itself does not have any effects. To assume that it does leads away from an understanding of aging, although it may produce neat distributions of average characteristics of persons according to their ages.

However, comparisons between age groups or so-called cross-sectional data are still very popular, although their value for the analysis of aging has been questioned for some time. Since the 1970s, evidence has mounted showing that differences between age groups, for instance, of 50- and 70-year-olds in intelligence scores, cannot be explained by age. Rising scores on intelligence tests of different “birth cohorts” of 70-year-olds have indicated the impact of different formative backgrounds on later developments and especially the importance of higher levels of education (Schaie 2005). In research on aging, this leads to *cohort* and *age confounds*: Is a certain characteristic an age effect or a cohort effect?

The epistemological situation gets even more complicated with the introduction of *period* effects: developments or events that influence all age groups, not only those in the “formative years” of their youth. Examples of such period effects are the introduction of radio, television, cell phones, or the internet and historical events such as 9/11, worldwide recessions, or world wars. With the acceleration of social and cultural change in late modern societies, it becomes, however, increasingly difficult to disentangle cohort and period effects. This confusion of causalities has been called the *APC (age, period, cohort) problem*.

Several authors have tried to separate these different effects statistically (Robinson and Jackson 2001), but skepticism prevails, and according to Glenn (2004), these attempts have been futile, leading to “much pseudo-rigorous research and almost certainly to many incorrect conclusions” (p. 475). A major problem is that these effects are not additive but *inter-related*: age, period, and cohort effects interact with the dependent variables that researchers on aging such as sociologists and psychologists are interested in.

Societal Functions of Chronometric Age

Hence, if we want to understand and explain aging, “age” seems to offer a fruitful approach as it enables us to categorize persons according to the amount of time they have lived, but, actually, this raises many questions. Besides the difficulties in disentangling the co-constitutive factors that lead to the APC problem, we are also faced with ambiguous use of the term “aging.” At least three different temporal dimensions should be distinguished that remain usually implicit in the more general term “aging”:

1. Reaching a higher chronometric *age*, which may imply entering another age category (50+, 60+, 85+, 100+) and becoming subjected to the cultural prejudices and professional risk profiles that are associated with these categorizations.
2. The complex processes regarding the degeneration and regeneration of biological or, in a broader sense, functional conditions. This could be called *senescing*, avoiding not only the static term “senescence” but also inadequate terms such as “aging cells” or “aging tissues” (Baars 2012a).
3. *Human aging* as an agentic process in which attitudes, life plans, or lifestyles play an important role as has been broadly documented in empirical research of the last decade. Such processes are targeted in the different behavioral programs that have recently been developed for the aging populations of late modern society, such as “productive,” “successful,” “active,” or “healthy” aging.

It is clear that chronometric measurements only grasp reaching a higher age.

Moreover, it appears problematic to use static qualifications such as “old age,” “senescence,” “old people,” or “the elderly” when we are speaking of such long and differentiated processes between the contemporary 50+ threshold to “being aged” and ages of 100+ or more. The contemporary combination of longer lives and accelerating contextual change will probably continue to generate differences between people of the same ages, which implies that age will become even less important as an indicator of aging processes, unless, of course, age is *made* important in the organization of the life course. Indeed, the main reason that we see age figuring so predominantly in government reports and public debates appears to be that chronometric age can easily be used in calculations for policy and planning.

The quantitative nature of chronometric time lends itself very well for the purposes of *age-related generalizations* which play a major role in late

modern societies where all kinds of reports, diagnoses, and planning prospects use statistics as the main scientific instrument to convince their audiences. In spite of the required methodological caution in interpreting statistics, their applications in policies or public debates are usually not very subtle. The age categories that figure in these debates easily suggest that age groups are homogeneous in themselves and different from each other. These constructions are not only readily connected with prejudice about people of certain ages, but they hide important advantages and disadvantages that are cumulative in their consequences as people get older (Dannefer 2003).

The dominant use of chronometric age in demographic *cost calculations* strengthens the tendency to see aging in late modern society primarily under budgetary aspects. Although human aging raises many profound questions, these tend to be dominated or silenced by calculations of the *costs* that are involved, for instance, regarding care arrangements or pensions (Baars 2012b). In this conjunction of time and money, time becomes a commodity that can be lost, spent, saved, wasted, given, or gained, and even the costs of an extra year of quality life (quality-adjusted life year, QALY) have become a matter of precise calculation in debates about expensive, life-prolonging medical interventions.

Chronometric Time and Lived Time

Until now, we have discussed forms of “age” that are established “objectively,” from the outside by scientific means. However, time can not only be measured, it is also *lived*, and this inside dimension of time is not less important for human aging. This difference has something to do with a distinction between, what Heidegger (1996) calls, factuality (*Tatsächlichkeit*) and facticity (*Faktizität*). People are born as situated bodies into contexts and have inevitably specific characteristics, such as gender, weight, skin color, or age, and their lives take place against different backgrounds: family, culture, education, socioeconomic circumstances, or health care. Such characteristics can be described, classified, and analyzed in empirical research on aging: they belong to the domain of facts or *factuality*.

Facticity, however, reminds us that these characteristics are empirical indicators of situations that are *lived* – they refer to ways of being and relating to these situations by unique persons. The distinction between factuality and facticity is one of the markers of a humane world and a major focus for critique

of approaches to aging. Whatever aging persons experience or do can be measured in chronometric time, but they are also living time and relating to the ways in which their lives are organized and classified in time.

In the past few centuries, an unfathomable deep has opened up between the chronometric dimensions of the universe and the short lives of humans. Whereas earlier myths portrayed a cosmos or creation in which one could feel at home, contemporary experience is more likely to be one of feeling lost in the temporal and spatial dimensions of an expanding universe that defy all imagination. The short breath of human life seems to get lost in an inhospitable, cold, and dark universe. However, we can still derive some orientation and inspiration from the fact that, although a human being may seem nothing more than a short, egocentric breath in a huge cosmic wind, it is only in the short breath of human lives that everything of importance manifests itself and all questions arise.

To acknowledge this, we need other temporal perspectives than chronometric time. In this fashion, I propose the following distinctions between chronometric time and lived time (cf. Hoy 2012):

1. Chronometric time is embedded in scientific paradigms – lived time in ways of living.
2. Owing to its definition as a clock, chronometric time has one rhythm – lived time has different rhythms.
3. According to chronometric time, time is an infinite series of point-like instants, which can be counted and dated. However, establishing whether something happened earlier, later, or simultaneously is not the same as interpreting it as past, present, or future (McTaggart 1908). Moreover, as transitions take place which change profoundly life's situations, such as disability, retirement or widowhood, the present changes but also the anticipated future and the relevance of the past.
4. In contrast to the time indifference or even the reversibility of time in laws of physics, lived time is irreversible: for human beings, there is an important difference between whether something has not yet taken place or whether it has already taken place.
5. Humans have to face the irreversible passing of a limited amount of time, whereas chronometric measurements can freely switch from nanoseconds to billions of years in the same continuum. There is exactness but no sensitivity within chronometric perspectives for the specific dimensions of lived time. Such sensitivity has to be introduced through theories that offer a richer approach to time so that chronometric time is adequately applied to human aging.

Narrative Configurations of Time and Aging

Thinking about the finitude of life in Heidegger's or, more broadly, in existentialist terms remains within the perspective of lived time: "Human life does not happen in time but rather is time itself" (Heidegger 2003, p. 169). However, we are not only *living* time, we are also living *in* time in the sense of living within temporal dimensions that we cannot constitute from our own experiences (Blumenberg 1986; Ricoeur 1988). We are also a mere glimpse of life, a small link in a chain of generations. Both temporal perspectives are interrelated: the present that we experience, the past that we have experienced, or the future that we anticipate do not exclude the dates and measurements of chronometric time.

From Aristotle to Heidegger – for more than two millennia – there has been a debate about the question whether scientific theories of time or lived time, the time of human experiences and actions, are the more fundamental. According to Ricoeur, this situation reflects a basic aporia of time: chronometric time and lived time not only *presuppose* each other but also tend to *exclude* or *occlude* each other. To solve or rather to articulate this aporia, he has pointed out the intermediary importance of narrative which he traces back to Aristotle's *Poetics*.

This may sound strange as temporal perspectives are neglected in Aristotle's *Poetics*, apart from marginal observations that the "middle is that which both comes after something else and has another thing following it" (*Poetics* 50b31 in: Aristotle 1995). Paradoxically, Aristotle's concept of time is developed without any consideration of lived time in his *Physics*, the basic text about chronometric time until Newton. What interests Ricoeur in Aristotle's *Poetics*, however, is his concept of "*mythos*," defined as "The organization of the events" (*Poetics* 50a15 in: Aristotle 1995), not in the sense of a structure but as the activity of emplotment. This emplotment is developed as an activity of configuration in which a plot is constructed out of a chaotic manifold of events and actions so that it conveys a story that can be followed and somehow understood. This configuration is a flexible arrangement that can tolerate and articulate the tensions and discontinuities that are typical of the aporia of time. In that way, it would have the potential of making time "human" (Ricoeur 1988).

Therefore, Ricoeur criticizes not only atemporal structuralist approaches to narrative of authors such as Greimas or Propp but also semiotic approaches that treat texts as contained in themselves, without including any reference to the world outside. In Ricoeur's approach, the emphasis lies precisely on the temporal character of narratives and on their capacity to refer to a world

outside them – qualities of narrative that are highly relevant for human aging. The basic concept of his approach is “configuration,” which refers to the activity of mythos as the composition of plots. This concept of configuration is joined by the concepts of prefiguration and refiguration.

Prefiguration refers to actions and experiences that are, somehow, without any explanation understood by the reader as referring to aging: for example, seeing one’s children becoming parents, experiencing declining vitality, and looking back on the follies of youth or regretting their loss. Such subjects make it possible that we interpret a text as referring to aging, although it does not announce itself as such. According to Ricoeur, this prefigurative aspect was already captured by Aristotle in his remarks: “Tragedy is an imitation of action (*mimesis praxeos*)” (*Poetics* 50b3 in: Aristotle 1995) and “The imitation of action is the Plot” (*Poetics* 50a1 in: Aristotle 1995). The composition of the plot is grounded in a preunderstanding of the world of action – its meaningful structures, symbolic resources, and its temporal character. Despite the “break” literature institutes, it would be incomprehensible, according to Ricoeur, if it did not give a configuration of what is already prefigured in human action and suffering.

As another practical aspect of the reference of narratives to a world outside them, it may be added that life’s situations are more than just narratives (Baars 2012a). Experiences of problems that we may encounter can be shared by stories, but they do not disappear by telling them. We can tell different stories, for instance, about our experience of not being able to walk anymore, and this may change the experience for the better or the worse, but not to the degree that we can walk again. Bodily experiences or situations of life can more or less adequately be expressed in stories but cannot be reduced to them. This awareness provides a critical perspective on those politicians and managers who have discovered the profound influence of narrative and prefer to change the story about problems such as poverty or insufficient care, rather than to face the problems and look seriously for improvements.

Configuration refers to the act of emplotment which is an act of mediation. In temporal respect, it integrates the chronometric dimension (succession of events) into the whole story. The importance of chronometric time is not denied but only seen as relevant within the context of the story. Composing a story is drawing a configuration out of a succession (Ricoeur 1991; Baars 1997). Moreover, the end of the story makes it possible to *retell* the story and understand more of its structure – the meaning of events in light of the whole story – which adds a new temporal quality. Instead of time flowing from the past to the future, recollection changes the natural order of time: we can read the beginning in the end and the end in the beginning.

The specific nature of this configuration sheds some more light on what Ricoeur means by prefiguration. Although human lives are always already narratively organized, Ricoeur maintains that life can still be seen as a quest for narrative: there is also a prenarrative quality of experience. This refers to the experience of as yet untold stories: fragments and confusions that ask for stories. “We tell stories,” according to Ricoeur, “because . . . human lives need and merit being narrated” (Ricoeur 1991, p. 75). This is an echo of Socrates’ famous remark that an unexamined life is not worth living. In Aristotle’s work, narrative (in the form of tragedy) is also a learning process, which gives the audience the possibility to grow in practical wisdom or *phronesis*, through the *catharsis* of their emotions.

Refiguration, according to Ricoeur, can be understood in the terms of Gadamer (2005) as a fusion of horizons, in particular a fusion of the world of the text – which opens a horizon of possible experience – and the world of the reader. This is less about reconstructing the intention of the author than about explicating the movement in which the text unfolds a world of experience which refigures the world of the reader by the act of reading. A narrative opens the world in its temporal dimension. Historical description and fiction refigure human time in an interweaving of their referential modes as descriptions involve fiction and fiction involves empirical reference. Refiguration refers to the process of interpreting what we have read, which differentiates our understanding of human aging. This is in principle an ongoing process as refigurations lead to other prefigurations and configurations in changing and differentiating the narratives of what it is to age.

Conclusion

Human aging seems quite straightforward: a mere consequence of the passing of time. However, aging poses many conceptual problems, and some of the most basic of these questions have to do with understanding what it means to live *in* time and to *live* time. A popular way to approach aging is to categorize it according to age as time since birth. This assumes that aging develops in synchrony with chronometric time, which is discredited by a vast amount of empirical results that underline the many differences between persons of the same ages. In a response to this false assumption, there have been attempts to discover intrinsic clocks of aging that, unfortunately, presuppose that human aging can be understood as a closed system that evolves over time, undisturbed by contextual influences.

Besides such objectifying approaches to human aging, there have been approaches that acknowledge the participatory perspectives of human action and experience. These two main approaches are often opposed to each other as objectifying versus personalizing approaches, which continues a long tradition in which chronometric time has been opposed to lived time. Following Ricoeur, narrative emplotment has been suggested as a way to acknowledge, interrelate, and articulate both perspectives, in a quest to learn more about that seemingly simple process of human aging.

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6

The Ageing of People and of Things

Geoffrey Scarre

Introduction

To ‘age’, says *The Concise English Dictionary* concisely, is ‘to (cause to) grow old’. The definition masks an ambiguity: while in one sense we are all ageing from the day that we are born (or indeed from the moment of our conception), not everyone ages in the different sense of living long enough to reach old age. The same is true of animals and also of those inanimate things that are subject to natural processes of decay, such as buildings and machines. When Lawrence Binyon wrote of the soldiers who died young in the Great War that ‘They shall grow not old, as we that are left grow old’, he did not mean that those who died prematurely in battle had made no progress through the human life cycle. When we describe a person as ‘ageing’, we usually mean that she is arriving, or has arrived, at a senior stage of life, often with the added implication that her health or capacities are now declining. For while one cannot grow old without adding years to one’s age, ageing is not simply a matter of accumulating birthdays but of an inevitable downhill progression towards death. Yet, for most people, ageing is not a wholly linear process but can slow or accelerate in accordance with patterns of health and illness. Those

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who are determined to ‘stay young’ may delay the onset of decrepitude by careful management of lifestyle and diet, but there are limits to the extent to which even the most committed long livers can hold back the biological clock.¹

While a person of 80 or 90 years of age is undeniably an old person, outside the human realm, some things can be of immense antiquity without it being appropriate to call them ‘old’. Some things do not have a natural cycle of ‘birth’, growth (or development), decline and ‘death’. The Pacific Ocean has been there for a very long time, but it sounds odd to speak of it as ‘old’ or ‘elderly’. Although oceans do have a beginning and may eventually have an end, as the continental plates slowly move over the surface of the globe, there is no uniform pattern to their history. In contrast, a mountain or mountain range does have something akin to a life cycle, initially arising as a result of tectonic forces and then being gradually worn away, over the course of aeons, by the destructive forces of erosion. Cone-shaped Mount Kilimanjaro in East Africa can be described as a youthful mountain, but the ragged stump of nearby Mount Kenya is an old one, a now much-reduced version of its earlier self. And while we can speak of the Sun as a middle-aged star that is roughly halfway through its natural course, it makes little sense to describe the universe as ‘old’, in spite of its 13 billion years, when we have no clear understanding of whether it has a ‘lifespan’ and a prospective termination. God, too, if he is eternal and unchanging, is neither old nor young but in the most literal sense ageless.

The non-human things that this chapter will primarily be concerned with are *artefacts*, where that term is understood broadly to encompass anything of a material kind that is constructed or fashioned by people to serve their own purposes; in other words, anything that is *made* by human *art* (the literal meaning of ‘artefact’). Tracing the ways in which human beings and artefacts age turns up some interesting similarities and differences; it also reveals how our concepts of the ageing of manufactured objects are heavily dependent on their association with our own ageing and with the passing of time measured in human terms. Both persons and artefacts are temporally extended beings that are subject to changes that modify without destroying them. They thus have histories of greater or lesser complexity.

¹ The maximum lifespan of human beings is thought to be around 120 years (Cristofalo et al. 1999, p. 99). The oldest person whose age has been reliably recorded is Frenchwoman Jeanne Calment, who died in 1997 at the age of 122.

In the following pages, I explore some of the features of human and artefact ageing and the relationships between them. What is offered here is more a sketch than a systematic or comprehensive treatment of what is really an enormous theme. In thinking about our own ageing, we make comparisons with the ageing of other living species as well as that of inanimate things, and a fuller account would examine in depth what impact on our self-perception such comparisons have. While we might rejoice that we live longer than insects or the smaller mammals, we can feel very transient when we compare our relatively short existences with those of Galapagos tortoises or the giant redwoods of California. Then there is a special irony in the fact that the things that we make with our own hands and brains often last very much longer than we do. Recognising that many of our artefacts have a longevity that puts ours in the shade is humbling (although we can sometimes take some comfort from their tendency, like our own, to wear out and shed functionality). In the present essay, the focus will be on the later phases of the histories of people and of things. Both are subject to physical changes, whether internally or externally generated, as they put on years; and both, too, can take on new functions and assume new relationships and significances. An elderly person may acquire the status of a beloved grandmother and a wise adviser to those of a younger generation; a Victorian china bowl from a washstand may acquire a new role as a plant pot or as an exhibit in a museum of nineteenth-century domestic life. These simple examples are reminders that ageing is by no means always a wholly negative phenomenon, for either people or artefacts.

Purposes and the Passing of Time

Many artefacts, whether large or small, simple or complex, have the equivalent of a 'life cycle' and are said to 'age' or 'get old' as they near the close of that cycle. Many things wear out, either through use or through internal or external forces that gradually destroy their integrity. But not all artefacts have such a life cycle (I shall from this point on use the metaphor shorn of scare quotes), and if they are ever to be described as 'old' or 'ageing', it must be on some different basis. Although they are not indestructible, such items as a Palaeolithic flint scraper or a Roman silver denarius may last indefinitely; they do not, so to speak, 'die' naturally but have to be destroyed. Yet, it still seems proper to describe them as 'old' even though no internal ageing process has taken place. True, they have lasted through millennia – in the case of the flint scraper, a great many millennia. However, they could easily persist through many more

thousands of years without substantial change. The ground for calling them 'old' or 'ancient' is not to do with their internal constitution or condition; rather, it is the fact of their creation by people who lived a very long time ago – they are old, that is, by association.

Take another homely sort of item: shoes. What might be meant by calling a shoe 'old'? Three possibilities readily spring to mind. A fourteenth-century shoe discovered in the foundations of a medieval hall merits being called an 'old' shoe by virtue of its creation and use by long-dead people, just as the flint scraper or Roman coin did. But many shoes that are not old in this sense are old in the sense that they have become worn-out and are no longer much good for walking in. Here we may note that artefacts, as objects created to serve a purpose, can be ascribed a life cycle in two somewhat different senses. These I shall label 'natural' and 'functional'. A shoe that is not used as a shoe could in principle endure for many centuries, and while organic materials such as leather do not last for ever, articles of footwear still in good condition have been recovered from ancient sites in Egypt, Peru, Britain (notably at Vindolanda on Hadrian's Wall) and many other places. However, if the natural life cycle of shoes is potentially very long, their functional life cycle is much shorter, since a shoe that is used for its intended purpose wears out in months or (if it is a good shoe) in a few years at the most. Shoes age as functional objects when we age them by wearing them. Finally, even a pair of shoes that still has lots of use in it may become 'old' in a third sense of the word when we purchase a new pair at the shoe shop; henceforth, it is our 'old pair' of shoes, where the term 'old' signifies its relative position in the order of acquisition. Here, unusually, the transition from being new to old happens in an instant (when we purchase the new pair) and involves no ageing process.

Because artefacts are functional objects, the ways in which we describe their ageing typically refer to their gradual loss of capacity to serve the ends for which they were made. As Jean-Paul Sartre famously explained, a manufactured object such as a paperknife or a book is produced by an artisan who starts from a concept – he knows what he wants to make and why he wants to make it – and thus its essence precedes its existence. Human beings are different from this in that they are not created to serve any role or purpose; they must form their own concept of what they shall be; first they are and then they must become something: their existence precedes their essence (Sartre 1946, pp. 17–18). However, because the process of human self-creation involves the determination of values and the setting of goals, concepts of human ageing are actually not so very different from those in which we think about object ageing. The Aristotelian notion that human beings

have a natural *ergon* (function) may have fallen out of fashion (see Aristotle 1954, pp. 13–14; 1097b–1098a), but the fact that people are purposeful beings who form and pursue ends means that individuals appraise themselves and are appraised by others in terms of the quality of their ends and their success in attaining them. (*Pace* Sartre, not all the ends that people pursue represent radically free choices, since many of them arise from natural human impulses; but human beings still need to employ practical reason in prioritising their ends and devising integrated strategies for achieving them.) As we grow older, our abilities to pursue our ends alter, often, though not always, for the worse. Some of our ends change and our priorities may be reconsidered. New possibilities come into view as old ones disappear. While such reconstruction of our lives may be welcomed and give us, as it were, a ‘new lease of life’, some changes will be forced upon us. Declining physical health and strength are the universal experiences of old age, while many people have to face the additional challenge of dementia, in which even the self becomes dysfunctional. Age can, of course, bring wisdom, though it does not invariably do so. Too often it happens, as T.S. Eliot remarks in ‘The Dry Salvages’, that ‘we had the experience, but missed the meaning’. Some people can also be very creative in old age (witness, for instance, the composers Verdi and Elliot Carter and the philosophers Bertrand Russell and Mary Midgley). Unfortunately, these tend to be the exception rather than the rule, although it can be expected that as average lifespans increase, more public attention and resources will be devoted to assisting us to remain productive and creative in old age.

It is the decreasing ability to pursue one’s ends effectively rather than the bare diminution of one’s personal powers that is generally regarded as the more salient, as well as the more distressing, feature of ageing. If one did not still have purposes that one wished to fulfil, and to fulfil under one’s own steam, one would not mind so much the decline of one’s health or fitness. Here the parallel with artefacts is clear. The feeling of being ‘worn out and useless’, as one elderly man characterised his own condition to me, is profoundly painful. Fear of becoming unable to look after their own basic needs without others’ help can be an object of particular dread to many elderly people. On the other hand, people who have the satisfaction of knowing that they have already done most of what they set out to do in life may countenance their diminishing powers with more serenity.

It might be questioned whether focusing on what people can still *do* is an ethically correct way to think about human ageing. After all, an artefact that has ceased to be capable of serving its purpose will normally be discarded or recycled. However, when age catches up with a human being, we do not

throw him or her on the scrap heap. Is this because people rarely get to the stage when they can draw no further satisfaction from life or make some positive contribution to the lives of others? But if this were all, then it would seem to follow that *some* people, for instance, patients suffering from extreme dementia or who (at any age) are in a persistent vegetative state, have outlived their *raison d'être*. It would also imply that people and their lives were only valuable if they were good for something in an instrumental sense – a flat contradiction of the Kantian principle that human beings, as rational beings, are ends in themselves (Kant 1909, pp. 51–52).² Yet, here a certain tension in our self-image seems to reveal itself: while we pay lip service to the Kantian idea that human beings are intrinsically rather than instrumentally valuable, ends in ourselves and not merely means, the preservation of self-respect depends heavily on our conviction that we remain serviceable creatures, able to advance worthwhile goals and contribute positively to the lives of others. It is doubtful whether many old people who feel they have ‘outlived their usefulness’ or who regret their substantial reliance on the assistance of others take much comfort from the abstract consideration that they are still ‘ends in themselves’.

Does one of the disadvantages of being old, then, derive from our questionably appropriate disposition to think of ourselves as thing like? If we did not conceive of ourselves as being like artefacts that have to be good for something, then perhaps we could face with more equanimity our failing abilities. However, while we *ought not* to look on ourselves as quasi-things, the discomfort produced by failing powers cannot be remedied quite so easily as that. Human agency, unlike the instrumental capacity of artefacts, is *autonomous*; only human beings choose their purposes for themselves and pursue them through the application of will. This is a crucial distinguishing feature of ends-in-themselves. Artefacts, by contrast, are idle and useless until they are taken up and put to work by agents. But therefore, an aged person can feel dispirited by her incapacity to act effectually in the world not because she holds a mistaken view of herself as akin to a broken or worn-out gadget or tool, but because she senses her failing ability to act as a self-moving agent who sets and pursues her own goals; this failing ability compromises her ability to respect herself as being all that an end-in-herself should be. Put simply, she has lost some of her dignity.

² This raises the obvious difficulty that persons with severe dementia are no longer rational beings and so appear to fail to meet what Kant regards as a necessary (as well as sufficient) condition for entry to the kingdom of ends. Yet, in effect, we grant them honorary status in the kingdom, in virtue of what they have formerly been.

To make matters worse, rejuvenation is still largely a dream rather than a reality for human beings, whereas ageing artefacts of many kinds can be made ‘as good as new’ or restored to efficient working order. Ironically, in so far as modern technology has enabled worn-out parts of the human body to be replaced by synthetic parts, the rejuvenating effect is achieved precisely by making bodies partly artefactual. But how much of my body could be replaced by artificial parts before *I* cease to exist and am replaced by a robot? Perhaps, one day the ultimate science-fiction fantasy will be realised and a failing human brain be entirely replaced by a synthetic computer. However, whether this substitution, whether carried out all at once or in stages, could and would preserve the same human self raises complex empirical and conceptual questions. (On the ‘transhumanist’ prospect of altering human nature and extending our lifespan, see [Chapter 28](#) in this volume.)

Whatever the future holds, it is patently not possible at present to restore old people to health and fitness in the way that we make artefacts of some categories ‘as good as new’. By replacing parts as they wear out, we can keep some artefacts in efficient working order and extend their ‘lives’ indefinitely. Like the ship of Theseus beloved of metaphysicians, a complex artefact could over the course of time have all of its constituent parts replaced, so that none of its original parts remained. Of course, human bodies also undergo a continuous process of part replacement, in a lifelong programme of cell replacement. The catch is that after a certain point, the new cells are regularly inferior in quality to the cells they replace. One day it may become possible to prevent or slow down senescence by artificial intervention in the replacement process, but unless and until such genetic manipulation becomes available, cell replacement remains an ageing rather than an age-freezing or a rejuvenating process. By contrast, in the case of artefacts such as Theseus’s ship, substitution of worn parts by new ones of the same quality as the originals in effect freezes ageing (albeit doubts have been raised by philosophers as to whether the result remains the *same* ship [see, e.g. Chisholm 1976, p. 89]).³

³ If similar doubts are not usually raised about the continuing identity of human beings in view of the parallel process of cell replacement, this is because mental continuity, most crucially in the form of memory, is generally assumed to be more important to the preservation of identity, or at any rate capable of taking up the slack. (The same is also true of at least the higher animals.) It cannot be taken for granted, however, that even mental continuity would be a sufficient preservative of identity in the more drastic scenario of the brain that has been replaced by a computer; here our current intuitions about identity may be inadequate to determine any firm conclusions.

If a rolling programme of replacement of old components by new is carried out on the ship of Theseus, its life may be indefinitely extended, but such rejuvenating treatment does not make it literally a 'young' or a new (in the sense of unaged) ship. It is not made new but only as good as new. Strictly speaking, the term 'rejuvenation' is applicable only to living things (things which start out as 'young' rather than 'new'), and its use in connection with artefacts is an extended one. Even when applied to living things, it should properly be understood in a metaphorical sense, because no living organism can literally be made young again. When we talk of an elderly person being 'rejuvenated' through discovering a new partner or a new pastime or adopting a healthier diet, we mean that he acts *as if* he had shed several years, not that he really has.

Noting the difference between the literal and the metaphorical is important lest we be unduly impressed (or depressed) by the conventional lament of poets that while the year and nature have their youth restored every 12 months, human beings enjoy no such annual blossoming. Yet nature, understood as J.S. Mill understood it, as 'the sum of all phenomena, together with the causes which produce them' (Mill 1874, p. 5), does not renew itself but continues endlessly its pattern of cyclic processes. And while in temperate climes the rhythm of the seasons produces a dramatic renewal of growth each year, this is only in poetic conceit a 'rebirth' or 'resurrection'. The oak tree that puts forth new leaves and yields a fresh crop of acorns annually is working just as steadily through its life course as is any human being. It is not humanity's peculiar curse to be subject to an ageing process that is remorseless and irreversible.

The Multiformalities of Ageing

Ageing may be a universal feature of human beings just as it is of oak trees, but it has its idiosyncrasies. People do not all age in the same way or at the same rate. In one person, the heart or lungs may suffer from degenerative conditions associated with ageing, while the bones retain their integrity; in another of the same age, the vital organs may remain functionally efficient, though the skeleton is severely afflicted with arthritis. Mental attitudes towards ageing vary greatly too. Some people are already middle-aged in action and attitudes by their mid-30s; others retain the liveliness and energy of youth well into their 70s and beyond. (Vita Sackville-West's delightful novel *All Passion Spent* tells the tale of a woman who throws off the conventions and embarks on a lively social life at the age of 88.) Christopher Hamilton suggests that midlife is characterised by 'a partial eclipse of the outer world', as we become – voluntarily

or through force of circumstance – more focused on our own ageing body and mortality (Hamilton 2009, p. 11). While the awareness of one's mortality certainly tends to increase with one's years, it is perhaps less clear that midlife is typified by a switch in concern from the world to one's own body. Young people, proud of their physical strength and beauty, can hardly be said to be unaware of their own bodies; some, indeed, seem to see the world primarily as a stage for self-display. More serious forms of engagement with the world may emerge only later on, as narcissistic self-concern is supplanted by a realisation that the world does not revolve around oneself. At this point, the world becomes more, not less, interesting, as its richer possibilities are revealed and one learns to operate more effectively as an agent. Yet, all generalisations about human ageing need to be treated with caution, for there are many contrasting paths leading to old age and different paces at which individuals tread them.

The variation to be observed in human ageing reflects the complexity of human beings and their lives. Unsurprisingly, patterns of ageing of artefacts also tend to be more various in the case of those with more complex structures or modes of functioning. The equivalent of sudden death in humans can afflict artefacts too, which are likewise vulnerable to destructive forces, both accidental and intentional; however, there is relatively little variation in the normal ways in which simple artefacts such as pencils or knives grow old in service. A knife breaks or its blade becomes blunt, a pencil wears away to a stub and the bristles of a toothbrush soften until the brush is no longer good for cleaning teeth. By contrast, a complex artefact like a motor car can suffer from a much larger number of age-related problems, its history depending on multiple factors such as the quality of its materials and construction, the condition of the roads it travels on and how well it is driven and maintained. Like a human being, a car has many parts that need to work together in an integrated manner, so that a failure in any part of the mechanism can have a disastrous effect on the functioning of the whole. Cars also mimic human beings in that as they become older, they are more likely to suffer failure in vital components.

Many of the terms in which we describe the ageing both of people and of things have a distinctly negative tone: they 'wear out', 'decay', 'break down', 'deteriorate', 'pass their best' (or 'their prime'), 'become useless' (or 'past it'), 'weaken', 'rust', 'tarnish' and so forth. W.B. Yeats famously referred to 'decrepit age' as an 'absurdity' that (at age 60!) had been 'tied to [him] as to a dog's tail'.⁴ Positive terms associated with ageing seem fewer in number and rarer in use; they tend, besides, to refer to phases *prior* to the ultimate phase of

⁴ W.B. Yeats, 'The Tower', lines 1–4.

existence – e.g. ‘mature’, ‘ripen’, ‘reach their peak’, attain ‘the autumn (or ‘the evening’) of one’s days’. The autumn of one’s life can be a time of many satisfactions, but wintry old age is often another matter. Both old people and old things may be considered ‘venerable’ in comparison with others of less antiquity, but this is a doubtfully desirable status in the human case considering that it is usually accorded only to persons who are feeble and ailing.

It would be a mistake, though, to suppose that the ageing of either people or artefacts must be considered exclusively as a bad thing. Age may or may not bring wisdom, but it can at least be a more fertile ground than earlier phases of life for the development of certain virtues, among them patience, fortitude, compassion, humility and tolerance. Older people often have more time on their hands than younger ones to weigh matters up, ponder their priorities, reassess their values and reach, often through painful first-hand experience, a deeper understanding of the ‘thousand natural shocks that flesh is heir to’. With long experience behind them, the time is ripe to take an objective, appraising look at their life. Some things which seemed highly significant earlier can now be seen to have been quite trivial, or to have had less long-time impact than was hoped or feared. But the perspective from old age is not infallible, and the elderly must avoid erroneously thinking that because certain things do not much matter to them *now*, they never can have had much real importance. The author of *Ecclesiastes* put it squarely: ‘To everything there is a season, and a time for every purpose under the heaven’ (Eccl. 3:1). The concerns of youth may differ markedly from those of old age – may in many instances have been outgrown – but they do not deserve retrospective contempt.

In the flux of generations, the old form a bridge between the young and those who have gone before. As the present fascination with family history and the tracing of ancestors shows, many young people are keen to learn about their origins, not as an exercise in academic historical research but because discovering their family’s story links them more intimately with their forebears and provides a more focused sense of their own identity. And questioning their elders about *their* elders offers a way of finding out what one’s ancestors were really like that not even the most powerful genealogy-tracing search engines can match. Here the young are not treating the old simply as sources of information about the past but seeking to draw closer to their forebears, strengthening their own sense of belonging to a line whose longevity transcends their own.

Connectivity with the past can also be provided by artefacts, some of which may be said to have ‘sentimental value’ when they link us with people we have known or loved; our grandparents may be dead, but grandfather’s gold watch or grandmother’s old teapot not merely stirs memory but keeps

love and affection alive. The sentimental value that specific objects have for individuals is person-relative value; consequently, one person's treasured possession may be another person's junk. To describe something as having 'antique' status, on the other hand, implies that it has value beyond the merely personal. It has become common to reserve the term 'antique' for artefacts which are not only old but which possess some form of historical, artistic or association value. The word is most often applied to middle-sized physical objects, although there is no principled reason why medieval cathedrals, man-made landscapes or even immaterial objects such as songs or stories should not also be described as 'antique'.⁵ (Note that while, for better or worse, shops selling 'antiques and collectibles' abound, an antique does not *have* to have any monetary or commercial value, and an object is never an antique in virtue of having such value.)

The positive features associated with the ageing of artefacts have mostly to do with the development of sentimental value or antique status. A broken or worn-out artefact that long since ceased to serve its original function can still tell us something about the past (that foreign country in which things were done differently) or fascinate as a relic of the people who once owned or used it. The increasing interest shown by historians and members of the general public in uncovering the past lives of the ordinary as well as the great has produced an upsurge of fascination with the homely objects of the cottage and the kitchen, things important in everyday life that would have been despised by earlier generations of collectors. Museums of ordinary life, such as the Castle Museum at York, preserve thousands of artefacts which would once have been discarded at the end of their usefulness, but which now bask in the afterglow of popular nostalgia. But the acquisition of antique status cannot be the destination of every homely thing; while no one would throw away a Chippendale chair or an oil sketch by Rubens, it is neither practicable nor necessary to retain for posterity every disused household gadget. It is sufficient to preserve a representative sample so that future generations will be able to understand the way we live now. Age is not enough in itself to confer the status or value of an antique, nor does the retention of integrity or 'good condition' guarantee that an artefact will not eventually become useless and redundant. Here (fortunately!) objects are different from people, who are not regarded as disposable once their physical or mental capacities have declined to a low point.

⁵ For example, Shelley in his sonnet *Ozymandias* refers to Egypt as an 'antique land' – a land, that is to say, that is home to an ancient culture and a preserver of ancient things, such as the 'two vast and trunkless legs of stone' standing in the desert which form the focus of the poet's meditations on time and transience.

And Finally...

While both people and artefacts can be referred to as 'old', the term 'antique' is not ordinarily used of persons, and even the word 'ancient' tends to be applied to human subjects only tongue in cheek (as in the Earl of Rochester's 'Song of a Young Lady to her Ancient Lover'). One might suggest that this is just the way that the English language has developed and that it is more a matter of historical accident than of anything more profound that the term 'antique' is customarily restricted to the non-human sphere. Yet, the conventional restriction of the term 'antique' to artefacts may have more to do with two rather depressing differences between old people and old things that have figured largely in this essay: that people do not last as long as many artefacts do, and that human senescence is a process of inevitable decline that is not invariably paralleled in the case of objects, which do not all deteriorate with the passage of the years. Grandmother's Sèvres teapot occupies a proud place in the china cabinet long after grandmother has departed this world. Someone who is advanced in years may continue to enjoy a reasonable quality of life but is – to speak bluntly – unavoidably on the downward slope. Although some antiques may require careful protection from weather, water, woodworm or the moth, the antique objects that we keep in our homes or display in museums commonly have a capacity for survival that human beings lack. And that – again to be blunt – is part of their attraction. Because human beings decay and disappear, we need something more enduring to remind us of them and to help us to imagine what their lives were like. The objects we leave behind us are, so to speak, the fragments we shore against our ruins. They stand in for the dead, as proxies that speak for them, if we only know how to listen.

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7

Aging in Religious Perspective

Charles Taliaferro and Meredith Varie

Our conception of the nature and value of aging is affected by our conception of nature, the divine or the sacred, time and eternity, and the meaning of life. Most, if not all, of the world religions believe that something is not right about the cosmos: it is either fallen from a better state, in sin, unenlightened or out of harmony with the Tao. As such, the religions of the world all contribute something believed to be saving, reparative or enlightening to us as we live, and thus as we age. And the religions of the world each beckon us to take our lives and deaths seriously; none of the world religions celebrate aesthetes who live with the aim of self-indulgence and neglect to consider the cosmic significance of their lives. In a final section of this chapter, we sum up the challenge that world religions pose for us in our thinking about aging.

We begin by looking at aging in the two world religions today with the greatest numbers in terms of world population, Christianity and Islam, and the older religious tradition still vibrant today from which they evolved, Judaism. We sometimes refer to these as Abrahamic faiths, given that Abraham is claimed by each tradition as their forebear.

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Aging in Three Great Abrahamic Traditions

In this section, we engage classical forms of Judaism, Christianity, and Islam. By “classical” we mean each of these traditions in their core identity up until the beginning of the twentieth century. The year 1900 may seem arbitrary as a point for firming up religious identity, but over the last 100+ years there has been a great deal of diversification within these traditions (there are today self-identified Christians who are atheists, for example) so that to opt for any later date would make the coverage in this chapter even more arduous than it is. Common to these three great traditions is the belief that there is an all powerful, all knowing, supremely good, necessarily existing (i.e., God’s existence is not contingent or derived from some greater reality) omnipresent, eternal or everlasting God who created and sustains the cosmos in being. This God is recognized to be unsurpassable in excellence and worthy of worship. There are, of course, major distinctions between these traditions, and where these involve the philosophy of aging we will note them below. But common to each of them is the ideal of following wisdom which (very roughly) is the practice of living in light of the virtues of justice, courage, moderation, mercy, love of God and neighbor, and in devotion and worship of God.

Two views by Jews, Christians, and Muslims about God’s relationship to time have some implications for aging: on one view, aging involves changing and is thus an imperfect process, whereas the other view does not impugn change per se. In brief, those who recognize God as eternal in the sense that God is atemporal or outside of time have tended to believe that temporality itself is in conflict with supreme perfection. On this view, God’s having a past, present, and future constitutes a less than perfect unity; God’s perfection would not be (as it were) simultaneous. For theologians who adopt this view of time and value, our being temporal marks us off as (perhaps) *images* of God but not equal to God in terms of God’s unchanging excellence. The fact that we endure over time (whether or not this is accompanied by decay or atrophy of powers) makes us less perfect than the supremely excellent immutable nature of God. Theologians holding this view contend that the appearance in scripture of God as subject to change is a reflection of our temporal perspective. On this view, God timelessly acts so that changing, successive events occur (God first appears to Adam and then to Abraham), but God does not act successively (e.g., God does one thing on Monday and another on Tuesday). Theologians on the other side do not see temporality itself an imperfection or incompatible with perfection. On their view, God has always existed; there is no time when God is not. An advantage to this view is that

temporality is understood as something shared between Creator and creatures. It allows for a more immanent understanding of God and creation. God's existing necessarily (God cannot be subject to nonexistence) ensures God's transcendence, but it also allows for God's proximity with created persons as we age. That is, this second view of God and time allows for believers to see God as existentially present to them in their prayers and experiences as they age over time as opposed to believers addressing one who is changelessly unaffected by the passing of time.

One further, brief note of clarification: while seeing God as temporal leads to seeing God being existentially present when we age, it does not entail that God ages. This is partly due to the idea that, assuming God is in time and not atemporal, God has no temporal beginning. The concept of aging (for us) suggests that each day we are one day older (the number of days we are alive gets bigger), but if God has no temporal beginning, God has always been through infinite ages (given whatever unit of time you wish). There would be, as it were, an infinite number of years God has lived or is living and, as there is no greatest possible number, God would (paradoxically) not have lived any greater number of years now than last year.

Moving from this abstract question of God and time to a theology of creation, each of the Abrahamic traditions affirms that God's creation is fundamentally good and that sin or evil entered into creation through human agency. In classical forms of Christianity and Islam, this is more pronounced than in Judaism insofar as both Christianity and Islam (in their classical forms) see death itself as an ill. In Judaism, there is less of a sense that death is always bad and, instead, some suggestion that when a person dies in old age leaving a good name and multiple generations of descendants, the ending of such a life may be blessed. Interestingly, though, in the Torah (or Hebrew Bible) at the death of Abraham and some other patriarchs, the one who dies is said to go to rest with his fathers. While there is no compelling philological reason to think this implies a potential life after death (after all, a person resting can, in principle, wake up), the language of *resting* is different from the language of *ceasing to be*. Judaism, at least by the sixth century BCE, did include those who professed belief in an afterlife. See, for example, Ezekiel 37 in which it is prophesied that God will destroy (literally, swallow up) death, and the vision of a resurrection that will occur in the valley of dry bones (*The new Oxford annotated* 2010, Ezekiel 37:1–14).

For Jews, Christians, and Muslims who affirm life after death, the dying process is viewed very differently than in the case of those who believe that the dying process leads to the annihilation of the individual person. Those who believe that persons persist after death often believe in what might be

called a modest dualism between persons and bodies. We qualify this as “modest” to avoid the caricature that all so-called dualists embrace a wildly fragmented view of a ghostly soul haunting their bodies. Jews, Christians, and Muslims who believe the soul (or mind or person) can survive the death of their bodies are perfectly happy to insist that in a healthy embodiment, human persons function as a unity. However, they also believe that when our bodies break down as we age and our bodies eventually can no longer support our embodiment, the soul (mind or person) has a value to God who preserves the soul in existence. We will leave the topics of heaven, purgatory, and hell for another occasion, but our treatment of reincarnation below will require us to take note of how beliefs about our prenatal or postmortem lives has relevance for the philosophy of aging.

Each of the Abrahamic traditions treats life as a matter of stages or periods in which different responsibilities or roles come into play, such that one’s responsibility as a girl differ from when one is a woman. However, much of what we learn about life’s stages in the Torah and Christian Bible is explained through stories of individuals who defy those stages. Consider, for example, the story of Jesus teaching in the synagogue. He is acting beyond his years in some respects; his parents would never expect him to be teaching at the age of 12, and “Everyone was amazed and astonished at his understanding and his answers” (Luke 2:47). Rather than teaching, children are expected to be submissive and learn so that they may grow into adults. Proverbs instructs parents to “Train up a child in the way he should go; even when he is old he will not depart from it” (Proverbs 22:6). Childhood in the Bible is an impressionable stage, one in which parents have responsibilities to the children. Furthermore, we are expected to grow out of childhood. Paul explains to the Corinthians “When I was a child, I spoke like a child, I thought like a child, I reasoned like a child; when I became an adult, I put an end to childish ways” (1 Cor. 13:11). A state of ignorance and unknowing, childhood is ultimately to be avoided past the years numerically associated with childhood. Again in 1 Corinthians, Paul implores his listeners to “not be children in your thinking; rather be infants in evil, but in thinking be adults” (14:20). Though children are ignorant and have fewer responsibilities than those around them, they are responsible for respecting their parents and elders in the Abrahamic traditions. By maintaining and complying with this responsibility, children may hope to mature.

Surpassing childhood is critical for development and success in the Abrahamic tradition. Maturity involves procreation and teaching of the new generation. Without this stage, beliefs or people could not be propagated. The Bible indicates there are at least two types of maturity: intellectual

and physical. Intellectual maturity involves proper beliefs and knowledge, while physical maturity involves procreative and child-rearing capacities. In the Quran, age 40 is set as the age of maturity. Prior to this point, an individual is in a period of growth, though this period of growth may not be purely childhood. Only after reaching 40 is an individual intellectually mature – and thereby capable of being held responsible. A Muslim individual who dies prior to age 40 will automatically go to heaven; he or she could not have been responsible for his or her actions due to the limited intellectual maturity (*The Qur'an* 2010, 46:15).

Maturity in the Bible not only similarly emphasizes intellectual development but also suggests a need for education to reach this state. Intellectual maturity is not achieved merely through growth or the passing of the years but through education. The Letter to the Hebrews explains that maturity is gained through practice and teachings (5:11–14). In fact, those who are intellectually mature are instructed in Deuteronomy to teach the commandments to their children at all times (11:19). Consequently, one of the primary components of the mature stage of life is teaching children. In order to teach children, there must be children to be taught, and through this we may deduce that maturity also involves reproducing. Without reproducing, one may argue, the intellectual maturity cannot be put to proper use.

Just as childhood and maturity have their own responsibilities and characteristics, the final stage or period of life, old age, has a different set of rights and responsibilities. Old age is marked importantly by the usual inability to procreate. We see Abraham defy this elderly state in Genesis by impregnating Sarah “in his old age, at the time of which God had spoken to him” (21:2). Only God’s power allows an individual to escape the defined responsibilities of a given stage of life. In some ways, the move from maturity to old age is one of growth, while in others it is a regression. Growth in wisdom is central to proper, reverend aging. This wisdom can be shared and passed on in the form of practices and judgment; having wisdom ought to garner respect. However, there is a cost to having achieved a state of wisdom: old age is a second stage of weakness (the first stage being childhood). In the Quran, old age involves “weakness and white hair” (40:67). Interestingly, the rich wisdom that should come in old age, it seems, cannot be achieved without relinquishing some of the strength found in maturity.

The three great monotheistic traditions seem to agree in large part about what is entailed in the different stages of growth, if we take those stages to be childhood, maturity, and old age. However, the traditions tell us less about how exactly we age. They instead focus on what happens after we have aged a given amount. That is, we know that, in Judaism and Christianity, after we

have lived 20 years we may be in a state of maturity and no longer in childhood. Or, if we begin teaching and are no longer being taught we are becoming intellectually mature. However, it remains ambiguous what exactly occurs in the process of aging other than that time has passed. But looking at aging as strictly passage of time in years, days, or seconds can be problematic. Passing the first 20 years of our lives is not equivalent to passing the second 20 years of life. So aging must be more than a numerical change from one point to the next as we approach death.

Aging in Eastern Religious Traditions

In some important respects, Eastern religious traditions treat aging in ways that are different from the major three Western, monotheistic traditions. Generally speaking, aging is considered detrimental to the individual, an instance of suffering, yet an individual has the potential to overcome this case of suffering (along with other forms of suffering such as illness or even, in a sense, death) through proper ways of living. These proper ways of living that ultimately lead to overcoming aging involves, for Hindus and Buddhists, breaking the cycle of rebirth; for Taoists, living in harmony with the Tao; and for Confucianists, finding harmony with the self and the heavens. We address the conceptions of aging in Hinduism, Buddhism, Taoism, and Confucianism in what follows.

Hinduism

Hinduism is highly diverse, but it is unified by a veneration of the Vedic scripture, a rich collection of narratives and teaching, some of which is highly philosophical, especially the Upanishads (written between 800 and 500 BCE). Unlike the Abrahamic faiths, Hinduism does not look back to a single figure such as Abraham.

According to one strand of Hinduism, Advaita Vedanta (a strand that has received a great deal of attention from Western philosophers in the twentieth and twenty-first centuries), the world of space and time is ultimately illusory. The world is *Maya* (literally, illusion). The world appears to us to consist of diverse objects and distinct selves with discrete identities, but this appearance is due (in part) to our ignorance. Behind the diverse objects and forms we observe in what may be called the phenomenal or apparent world, there is the formless, impersonal reality of Brahman. In the *Bhagavad Gita* (sixth century BCE) we

learn that the coming to be and passing away of human selves is not the whole story; even the mass killings in war are not the true loss of persons. Rather, we may seek deliverance from this world of apparent loss and find ourselves at one with Brahman. Aging, then, marks our current embodiment, but it is not, finally, about our true, deepest identity. Indian Hindus, thus, are generally less concerned with the fact that they are aging physically than with the status of their souls (Mehta 1997, p. 106). The body is nothing more than the container of the soul, a container that will either be traded for a new one or one which will no longer be necessary. Aging suggests death is coming closer than it once was, and death is the passage to the next phase of life.

The mixed teaching in Hinduism about our attachment to our lives and individual goals alongside an appreciation for our ultimate destiny is borne out in Hindu conceptions of the stages of life. There are four major *ashramas* or stages in life for Hindus: the stage of being a student, being a householder, being a hermit, and being a wandering ascetic. Aging marks the different stages of life, identifying growth and decay in individual experiences (Tilak 1989, p. 159). The first stage of being a student can last until the age of 25 during which time an individual (a *brahmachari*) prepares for his or her profession and may receive religious instruction. The second stage or *grihastha* involves marriage, the raising of a family, the pursuit of wealth, participating in the life of one's community. In practical terms, for many Hindus this second stage is lifelong. For those who aspire for further enlightenment there is *vanaprastha* or the pursuit of spiritual fulfillment as a hermit, one who takes leave of his household. This third stage is marked less by chronology and more by familial ties: individuals move on in their life stage upon becoming a grandparent (Atchley 2009, p. 8). Importantly, in becoming a grandparent, an individual typically no longer solely focuses on taking care of the child daily, but instead is able to focus on the relationship to the grandchild and to the spiritual. Finally, for a *sannyasi*, the spiritual journey takes on even greater austerity and renouncing of attachment to temporal ties. Suffering (or *dukkha*) is seen as pervading the world we live in, this cycle of birth and rebirth (*samsara*). Deliverance (*moksha*) from the repetition of endless birthing and aging should be our goal.

Buddhism

Buddhism emerged from Hinduism, tracing its origin to Gautama Sakyamuni, who lived in Northern India sometime between the sixth and fourth centuries BCE and came to be known as the Buddha ("Enlightened One"). His teaching

centers on The Four Noble Truths: (1) life is full of suffering, pain, and misery (*dukkha*); (2) the origin of suffering is in desire (*tanha*); (3) the extinction of suffering can be brought about by the extinction of desire; and (4) the way to extinguish desire is by following the Noble Eightfold Path. The Eightfold Path consists of right understanding, right aspirations or attitudes, right speech, right conduct, right livelihood, right effort, mindfulness, and contemplation or composure.

Early Buddhist teaching tended to be nontheistic, underscoring instead the absence of the self (*anatta*) and the impermanence of life. In its earliest forms, Buddhism did not have a developed metaphysics (i.e., a theory of the structure of reality, the nature of space, time, and so on), but did include belief in reincarnation, skepticism about the substantial nature of persons existing over time, and either a denial of the existence of Brahman or the treatment of Brahman as inconsequential. This is its clearest departure from Hinduism. The goal of the religious life is *Nirvana*, a transformation of human consciousness that involves the shedding of the illusion of selfhood.

Schools of Buddhism include Theravada Buddhism, the oldest and strictest in terms of promoting the importance of monastic life, Mahayana, which emerged later and displays less resistance to Hindu themes and does not place as stringent an emphasis on monastic vocation, Pure Land Buddhism, and Zen.

Aging in Buddhism involves passing through periods of childhood toward and into maturity, but the overall arch of aging invariably leads to suffering. In the *Digna Nikaya*, aging is defined as “Whatever aging, decrepitude, brokenness, graying, wrinkling, decline of life-force, weakening of the faculties of the various beings in this or that group of beings” (“Tipitaka’ 2005, DN 22). With this understanding of aging, it appears that there are no positive aspects, after one reaches a certain age, of growing yet older. Elsewhere, aging is described as the product of a curse:

As if sent by a curse, it drops on us – aging. The body seems other, though it’s still the same one. I’m still here & have never been absent from it, but I remember myself as if somebody else’s. (“Tipitaka’ 2005, Thag 1.118)

Aging therefore becomes something to avoid if possible. And for the mindful Buddhist, this is possible through accepting the four Noble Truths and following the Noble Path.

Other texts explain the path to avoid aging and even death in some cases. In the *Sutta Nipata*, for example, only the individual who has contemplated the world widely and “for whom there is nothing perturbing in the world – his vices evaporated, undesiring, untroubled, at peace –...has crossed over

birth and aging” (‘Tipitaka’ 2005, Sn 5.3). Jatukannin asks the Buddha about how he may avoid aging, and is informed that renunciation will lead him to escape the recurrence of birth and aging (‘Tipitaka’ 2005, Sn 5.11). When Pingiya becomes alarmed with his state of physical deterioration, he asks the Buddha the same question and is instructed to “let go of craving for the sake of no further becoming” (‘Tipitaka’ 2005, Sn 5.16). Aging is ultimately something to be avoided, but it can only be avoided in future lives by completely evading rebirth. It seems that once one is reborn, aging is inevitable. But in having the proper attitudes toward the suffering involved in aging and following the Noble Path, one may escape the undesirable decrepitude.

One striking difference between Buddhist and Abrahamic constructions of aging is the relationship of aging to truth and wisdom. Generally, we consider wisdom to involve truth and knowledge imbued with experience. As an individual ages in the Abrahamic tradition, she is thought to become wiser, her knowledge growing and her experiences continuing to shape that knowledge. This wisdom is a product of age and experiences; temporal beings gain experiences across time. However, in the Buddhist tradition aging does not have an intellectual component associated with the physical deterioration. Ambapali in the *Therīgāthā* describes the deterioration of her physical self, repeating “The truth of the Truth-speaker’s words doesn’t change” (‘Tipitaka’ 2005, Thig 13.1). Truth does not change, nor can her capacity for understanding this truth be altered by her physical aging. The idea that an individual’s capacity for the truth cannot be altered with physical changes is highlighted in the poem of Sona, a mother of ten. Only after bearing 10 children and becoming weakened from age does she begin to learn and ultimately succeed in following the Noble Path, which allows her to “spit on old age” as “There is now no further becoming” (‘Tipitaka’ 2005, Thig 5.8). Here, the destructive nature of aging is diminished in asserting that any individual at any age can avoid future aging and degradation by escaping the cycle of rebirth.

Another point of distinction between Buddhism and Abrahamic traditions is that Buddhists adopt a no-self account of the self. In the *Visuddhi-magga* we are taught to be suspect of our sense of permanence and substance:

Just as when the component parts such as axles, wheels, frame poles, etc., are arranged in a certain way, there comes to be the mere term of common usage “chariot,” yet in the ultimate sense when each part is examined there is no chariot—and just as when the component parts of a house such as wattles, etc., are placed so that they enclose a space in a certain way, there comes to be the mere term of common usage “house,” yet in the ultimate sense there is no house—and just as when the fingers, thumb, etc., are placed in a certain way,

there comes to be the mere term of common usage [594] “fist,”— with body and strings, “lute”; with elephants, horses, etc., “army”; with surrounding walls, houses, states, etc., “city”—just as when trunk, branches, foliage, etc., are placed in a certain way, there comes to be the mere term of common usage “tree,” yet in the ultimate sense, when each component is examined, there is no tree—so too, when there are the five aggregates [as objects] of clinging, there comes to be the mere term of common usage “a being,” “a person,” yet in the ultimate sense, when each component is examined, there is no being as a basis for the assumption “I am” or “I”; in the ultimate sense there is only mentality-matter. The vision of one who sees in this way is called correct vision. (*Visuddhimagga*; Ñānamoli 2011, p.617)

Paradoxically, one path to enlightenment about aging is to realize the impermanence of the self that is aging.

For the Buddhist, aging is a source of suffering, but one equivalent to other sources of suffering. It is not prioritized above other forms of suffering. The truly mindful recognize aging as a challenge for the physical body that can be overcome by proper adherence to the Noble Path, through evading future cycles of physical aging.

Taoism

Taoism constructs aging still differently from the Buddhist, the Hindu, and the Abrahamic traditions. Unlike in the Western monotheistic traditions, infancy in Taoism is not the weakened state of vulnerability. Infants know perfect harmony, and the “harmony is at its height” (*Tzu* 1996, Ch. 55). As we age, the innocence is lost. Age is a process of degradation. Life in Taoism seeks to return to the place from whence it came. *Te*, or virtue, nurtures us through life, but the goal is to return to the state of the infant (*Tzu* 1996, Ch. 51). Death brings eternal unity with the *Tao*, allowing us to remove the stress caused by our physical existence (*Tzu* 1996, Ch. 33). In life, physicality induces fear and anxiety. However, an infant does not know this fear; he only comes to learn it as he is taught and ages. As we become more and more distanced from the initial state of near lack of distress and near unity with *Tao*, we become less and less in harmony with the *Tao*. Harmony is only regained after the destruction of the body. As the *Tao Te Ching* asks, “When I no longer have a body, what trouble have I?” (*Tzu* 1996, Ch. 13). Interestingly, the *Tao* takes us further from our infantile state until we are middle aged, and at that point aging and time bring us closer to death.

Aging, unless remedied, inclines one to be out of harmony with the *Tao* because one is further from the innocence of one's youthful harmony. As we age, we need to intentionally seek the proper balance of *yin* and *yang*. Aging may be seen as an illness in this context (Minois 1989, p. 15). Consequently, aging requires a remedy.

Confucianism

Confucians do treat life in stages, but the values attached to these stages are different than those of the other traditions studied thus far. Growth and development can be at least partially reduced to an understanding of the ever-changing parent–child relationship. When a child is first born, he is fully dependent on his parents. As he ages, he gains independence and the relationship shifts until, in his parents' old age, the once boy must care for the parents. Children have a duty to revere their parents, and parents have a perhaps even larger duty to raise their children according to virtue and to instill in them humanity, or *ren*. There is then an obligation to transmit the learned humanity to the next generation; while filial piety falls mostly to the child, the parents must initially teach the child the proper attitude toward the relationship (Lai 2006, p. 26).

The principle of filial piety explains the changes in the parent–child relationship. In the *Analects*, the Master describes filial piety in several ways. First, filiality requires obedience (Confucius 2015, 2.5). This obedience involves children, in particular sons, serving and respecting their parents during and after their parent's lives. However, beyond that, the obedience is meant to show a level of reverence that prevents the parents from doing further work than their parenting already requires. The Master again tells his pupils to "Let your mother and father need be concerned only for your health" (Confucius 2015, 2.6). Filial piety invokes principles of support and reverence, and requires more than minimal providing for one's parents. Children are expected to act with propriety toward their parents. The only fitting treatment of a parent who has raised a child with the proper humanity is reverence. So what does this have to do with aging? As a child ages, he is to show more respect and act with more reverence toward his parents. The child then, after being imbued with humanity by his parents, is prepared to raise his own children, all the while treating, supporting, and revering his parents. The cycle continues, and the filial piety ought not to end with death. Ultimately, aging in Confucianism is not viewed chronologically so much as generationally.

Why World Religions Matter when it Comes to Aging

There are at least three reasons why a philosophy of aging would be incomplete without considering how aging is perceived in world religions. First, the majority of people in the world self-identify as members of a religion. If one ignores the nature and role of religion in regard to aging, one risks missing out on how vast numbers of people on this planet approach it. Second, the religious traditions we have identified in this chapter have stood the test of time. Just as we see merits in works of art that endure over time with substantial, ongoing interest, the sheer endurance of these traditions is a reason for us to take them seriously. Third, we know of no compelling reason to conclude that any of the seven traditions treated in this chapter has been shown to be philosophically discredited. Each has able, philosophically astute defenders today. As such, we have reason to investigate these traditions themselves. The truth of any one of them would radically impact what happens when we age.

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8

Aging in Classical Philosophy

Audrey L. Anton

Introduction

As is the case concerning any topic during any age, the philosophers' opinions on aging during the Classical period vary.¹ For instance, Aristotle detested old age as a natural decline that was both physical and moral, whereas Plato considered old age a great liberator of the soul from earthbound desires and distractions. Indeed, the variety of opinions makes sense, as we now know that the elderly population in any society is often the most diverse and heterogeneous.² This diversity might be at the bottom of many disputes concerning the nature of *the* older person.

Be that as it may, I believe there are significant commonalities in the ways that the Classical Western philosophers approached the question, *what is old age?* These Classical thinkers have many intriguing insights stemming not only from common folk assumptions but also from their metaphysical,

¹ This chapter eschews discussions of cultural perspectives of this time period, as those views are many and varied. The philosophical opinions of prominent thinkers, I shall argue, have interesting commonalities. For discussions on standard impressions of old age in the Classical Western world, see: Parkin (2005), Beauvoir (1996), and Harlow and Laurence (2001).

² See Grigsby (1996) as well as Light, Grigsby, and Bligh (1996).

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ethical, and anthropological viewpoints, which were quite unique. In this chapter, I shall argue that, for the Classical philosophers, the quality and meaning of old age supervene on the wisdom and moral character of the individual. The disagreements between the philosophers can be traced back to differences in metaphysical, epistemological, and moral doctrines.

In this chapter, I shall survey the literature addressing issues of aging written by Classical Western philosophers. As several of these thinkers did not write explicitly on old age, or offered mere passing remarks within larger treatises on other topics, I will rely on their work in other areas to paint a portrait of their overall view. Other thinkers, such as Plutarch and Cicero, devoted specific works to issues concerning old age. These treatises will be considered in isolation from other works.

Plato

Plato's view of old age seems to stem from his views on wisdom, which, naturally, reflect his metaphysical and epistemological commitments. Let us first review Plato's metaphysics and epistemology. Then we shall consider what is said about old age.

Plato is perhaps most famous for his theory of Forms. A Form is an abstract particular. It is the idea of a universal term. But these ideas are not *just* in the minds of men. They exist independent of all that is in our realm. Forms are immaterial, perfect, changeless, and timeless unities that exist in a realm only accessible to us (in our current state) through the intellect.

Consider the following example. Sophie is an actual physical dog. She is mostly black with tan and white features mixed in. She is a mixture of Dachshund and Cavalier King Charles Spaniel. She has long hair. Not only is Sophie very energetic, but also she is obedient. She is very smart and easily trained. She is empathic and gentle. Sophie is an excellent companion for people of all ages. She tolerates children's tugging as well as the occasional nodding off of an elderly companion. She is a terrific dog.

While *I* am convinced that Sophie is the perfect dog, Plato would disagree. The perfect dog isn't any particular dog. The perfect dog is Dog, or, perhaps more accurately, *dogness*. What makes Sophie a dog is the same thing that makes any dog a dog. Sophie is too particular – too specific – to be perfect. While each individual dog is unique, every dog shares in the Form of Dog. It is this participation in the form of Dog that makes it the case that each individual dog is *a dog*.

Similarly, we are able to look at Sophie, Lassie, Rin Tin Tin, and Cujo and, despite their many physical differences and differences in personality, we can tell instantly that each is *a dog*. Regardless of the fact that Sophie is small and Lassie is bigger (and a collie), and Rin Tin Tin is bigger still (and a German Shepherd), and the fact that Sophie, Lassie, and Rin Tin Tin are friendly whereas Cujo is possessed by evil, we still recognize each as an instantiation of Dog. For Plato, we are able to reach this conclusion because we were once familiar with the Form of Dog, and we see it in each individual Dog, despite their differences (Phaedo, 74b–76).³ This recognition is often referred to as *The Doctrine of Recollection*.

According to this view, we existed prior to being born as immaterial souls (Phaedo, 70c–72e). As we were not yet here in the physical realm, we existed in the intelligible realm among the Forms. This coexistence with the Forms meant that we *knew* the Forms. We grasped them completely. However, once we became embodied, we forgot much of this knowledge. Plato seemed to hold that the physical realm and all it entailed, including our own physical existence, occluded the truth (Phaedo, 66a). Being embodied is analogous to being very, very drunk. We used to know things, but in our current state, we have difficulty remembering them. Our perception deceives us into thinking our surroundings are one way when they are, in fact, another. We stumble through life in the physical realm. When we recognize similarities between particulars and draw our attention upward towards the similarity and away from the particularity, we experience moments of clarity (Phaedo, 72e–78b, Meno, 80–90, Phaedrus, 245c–257b). We may presume that, much like the sobering process, such moments become more and more frequent and enduring with time and experience. If this is correct, then people gain wisdom (or, at least, people *ought* to have fewer false beliefs) as they age.

In *Apology*, we are told that Socrates is 70 years old – an advanced age for people of his time (Apology, 17d). During his testimony, Socrates tells of how he came to learn that he is the wisest among men. He did not initially believe this to be the case. A late friend, Chaerephon, asked the oracle at Delphi whether Socrates was wisest. The oracle reported that Socrates was wisest among men. Socrates could not abide this claim, for he *knew* that he knew nothing. Surely, there were people wiser than he. In efforts to disprove the claim, Socrates sought out a man wiser than himself. He reportedly interrogated many men. He investigated politicians, poets, and craftsman. The only

³ All citations referring to works by Plato come from *Plato: Complete Works*. John Cooper ed. Indianapolis: Hackett, 1997.

people who knew anything at all were craftsman, and they only knew their craft. In *Apology*, Socrates discounts this knowledge on account of the fact that, by knowing something, the craftsmen erroneously conclude that they knew far more than what little they did know (*Apology*, 20c–24e). We might add to this criticism another: the craftsmen only “knew” about how to perform physical tasks with material objects.

In his depiction of the divided line, found at the end of the sixth book of *Republic*, Plato’s Socrates tells us that only Forms can be *known*, for they are most real. All other objects are ontologically dependent upon Forms to one degree or another. Since these are less real, and since knowledge is about what is most true, other objects of cognition cannot technically be known; they can be cognized to a lesser degree. Images can be imagined. We may have beliefs about physical objects. We think in mathematical terms. But knowledge *qua* understanding is only of the Forms (*Republic*, 509–511). If applied to the case of the craftsman, we can see an additional reason why they are not wiser than Socrates. Not only does their arrogance lead them to believe themselves wise about things of which they are ignorant, their “knowledge” is also more like belief. They have beliefs about how to shape materials into artifacts. They may imagine a product before making it. Perhaps they think mathematically when they come up with measurements or designs. But they hardly *know* anything.

Socrates concludes that he is the wisest among humans simply because he knows that he knows nothing. Others falsely believe that they know when they do not. Socrates calls his wisdom *human wisdom*, and declares it to be of no value whatsoever (*Apology*, 23b). Socrates suggests that, while in the form of a human, we are not capable of knowing anything truly. Only the gods and, perhaps, the dead have true wisdom. If the dead have such knowledge, then perhaps death is not an evil after all (*Apology*, 40b–42a).

Indeed, in his discussion of death in *Phaedo*, Plato’s Socrates suggests that the life of the philosopher is a long preparation for death, as it involves a gradual turn away from all that is physical (*Phaedo*, 63e–65e). Philosophers, more than anyone else, live in their minds. Philosophers contemplate what is *true* and *just*. With practice, philosophers become less and less concerned with the toils of the physical life and focus on the life of the mind. Through the intellect, we access the intelligible realm of reality – that very same place where the Forms reside and we, presumably, also resided prior to birth. In this dialogue, Plato’s Socrates surmises that we return to that same realm upon death (provided we are deserving and well prepared). When one contemplates the Forms, one knows the Just, the Temperate, and the Courageous (among others) (*Republic*, 517b–c). Such knowledge (or, at least, the pursuit of it)

amounts to having good character and caring for one's soul.⁴ To know the Good is to be motivated in a virtuous manner. Since preoccupation with the physical world threatens such intellectual and moral progress, the good person is careful to avoid this kind of life (Republic, 517d–519a).

In the beginning of *Republic*, we learn that old age facilitates living a life of the mind with minimal distraction from the body. In the first book, we find Cephalus, the then elderly father of Polemarchus, making religious sacrifices. Cephalus implores Socrates to visit more, since, “the more the pleasures of the body fade, the greater becomes one's desire and taste for conversation” (Republic, 328d).⁵ To this comment, Socrates responds warmly that he would like that very much, as he loves talking to the very old for “they're a long way ahead of us on a road which we too are probably going to have to travel” (Republic, 328e). In addition, Socrates feels “we should learn from them what the road is like” (Republic, 328e). Cephalus tells Socrates to regard him not only as a friend but also as family. This exchange portrays the elderly as warm, social, and potentially knowledgeable.

However, this picture does not last, as Cephalus tells of his elderly colleagues. He reveals that they often complain about missing the enjoyments of youth – in particular, those of sex, drinking, feasting, and related pleasures. Cephalus admits, “they get upset, as if they'd suffered some great loss” (Republic, 329a). Cephalus adds that many complain that their families demonstrate a lack of respect for them.

Cephalus believes that his colleagues are misplacing blame, for if it were old age's fault that they suffer, every elder would complain similarly. But Cephalus counts himself and the poet Sophocles as counterexamples to such a suggestion.⁶ He recalls Sophocles' firm response to a question concerning his sex life as an elder. Sophocles dismissed such desires, stating that he had fortunately escaped their grip. He considered sexual desires fierce and frenzied masters. Cephalus adds, “old age is altogether a time of great peace and freedom from that sort of thing” (Republic, 329c). For Cephalus, appetites fade and “loosen their grip” on our souls. He deems this a good thing, since these desires are “insane masters.” By extension, we may conclude that one would have to be insane – or, at the very least, ignorant or mistaken – to desire to be ruled by them.

⁴ Cf *Apology* 24c where Socrates accuses Meletus of not caring enough about society and young people to have bothered to investigate how children are raised well or corrupted.

⁵ It is widely believed that Plato wrote in dialogues on account of conversations' ability to facilitate philosophical inquiry.

⁶ Plutarch (1936) also mentions Sophocles' statement on p. 107/788e–f.

Cephalus explains the cause of the discrepancy between his friends and elders such as himself and Sophocles. It is the character of the man that determines whether old age is pleasant. If one's character is in order, old age is a small burden. Cephalus adds that not only will good character benefit one's old age, a morally depraved past should exacerbate the ills of old age. He reminds his friends that, as death approaches, we are more likely to consider whether we have earned a positive place in the afterlife or whether we ought to expect to be punished for our wrongs. He who has behaved badly will suffer fear, anxiety, panic, and sleeplessness. On the other hand, if one's conscience is clear, then one can enjoy pleasant hope. Citing Pindar, Cephalus tells us that a person with a good character will find it to be a nurse to his old age (*Republic*, 331a). Therefore, it is not that old age *per se* is bad or unpleasant, but rather old age coupled with a wretched past is. People with a disordered character will find difficulty in youth and old age alike (*Republic*, 329d).

This depiction of old age is timeless. Like any group, there will be some people that cope better than others. What seems to be distinctive about elders in this portrait is twofold. First, the waning of fierce desires brings with it freedom. This freedom entails that individuals are less tempted to focus on the ever-changing and always-flawed physical realm. This liberation facilitates the life of the mind, which is also the life of the philosopher. Second, this liberation from rogue desires is insufficient in itself; the elder must be in possession of a good character in order to appreciate and reap the benefits of old age. If one develops the life of the mind well, one will comprehend the virtues sufficiently to be motivated to behave well in practice. If we presume that Plato believed, as most people do, that character takes time to develop, who is more likely to be endowed with good character than an old person? They have had more time than anyone else to achieve this feat, and they are free from youthful distractions. Be that as it may, it does not mean that every elderly person has done so. It simply means that the elderly are in a uniquely fortunate position to achieve the good life, provided they make the best use of the gifts of their time and experience.

While not everyone will enjoy a pleasant old age according to Plato, those most likely to achieve the wisdom characteristic of the good life would seem to be old. Perhaps it is for this reason that Plato insists in *Republic* that the guardians of a wise city are likely to be old, as the requisite training could span up to 50 years (*Republic*, 540a). In any case, Plato's Socrates declares it an obvious fact that "the rulers should be older, and those who are ruled, younger" (*Republic*, 412c). The wisest people most suitable for rule, which we may presume is a position of high esteem, will come from the oldest class of citizens.

Aristotle

Aristotle famously penned vitriolic remarks concerning the nature of the elderly. While these remarks are brief, they are not at all ambiguous or incomplete. Aristotle tells us that the older person is cowardly, distrusting, cheap, and inactive. The aged are loquacious, often subjecting others to protracted speeches and storytelling about their past. They are too fond of themselves. They do not love sincerely. They care almost exclusively for what is useful and very little (if at all) for what is noble. Most notably, the elderly lack passion (*Rhetoric*, 1389b 30–1390a 24).⁷ It would seem that for Aristotle, old age not only brings with it the physical maladies of decay but also renders its victim selfish, morally weak, and practically sociopathic.

This account might suggest that Aristotle knew few elders, and the few that he did know were wretched individuals.⁸ More importantly, this account mirrors what I hope to be Aristotle's misapplication of his own doctrine of the mean. Aristotle explains that, similar to his doctrine of the mean, the middle period of life is virtuous and right, whereas the early and later aspects are respective vices (*On Youth and Old Age*, *On Life and Death*, *On Breathing* 479a 29–31, *Rhetoric*, II 14). In order to see how he comes to this conclusion, let us review Aristotle's doctrine of the mean.

In his ethical treatises, especially in *Nicomachean Ethics*, Aristotle states that moral virtue is the mean between two vices: one of excess and another of deficiency. This mean is relative to us. The possession of virtue is a state – a *character* state, to be exact. Character states have the tendency of perpetuating themselves. Let us consider each tenet in turn.

What does it mean for a thing to be a *mean* between two vices? Aristotle is not suggesting that virtue is a mathematical average of conduct. He denies

⁷ Cf. *Nicomachean Ethics* (*EN*): 1121b 14–17; 1155a 14; 1156a 23–26; 1157b 13–16, where Aristotle claims that old people make terrible friends, have difficulty making friends, and have superficial friendships of utility. Also, see *On Memory and Reminiscence*, 450b 7–8 and 453b 6–8 for comments on the cognitive decline of old age. Citations for Aristotle come from *The Complete Works of Aristotle: the Revised Oxford Translation*, edited by Jonathan Barnes. Vol.'s 1–2. Princeton: Princeton University Press, 1984.

⁸ It is tempting to attribute Aristotle's views to his own relative youth (and ignorance), but this would be a mistake. The dating of Aristotle's works is contentious; however, there is wide consensus that *Rhetoric* was probably written over two periods in his life when he was in Athens, the second of which occurred while he was head of his own school, the Lyceum. That would mean that, at the time that he completed this work, Aristotle was somewhere between 49 and 62 years old. For this reason, I am skeptical of the suggestion that Aristotle's views might have changed when he began to experience old age for himself. If his views had softened, he could have edited these discussions to reflect that.

that virtue is, as is often wrongfully attributed to him, moderation in all things. For example, moderation in burglarizing is not a virtue. Instead, Aristotle presumes that we all possess some basic common knowledge of what the right thing to do might be in an average situation. The virtuous person sees what this is and has the appropriate corresponding affective response. The virtuous person loves the fine (EN 1099a 19–20). This feature of the virtuous person facilitates her regularly doing the right thing. Her affective response is not superficial; it is indicative of the virtuous person's character. It is part of the virtuous person's character that she not only cognitively recognizes *that* something is wrong or right, but also feels precisely appropriate about the degree and type of transgression or good deed she witnesses (EN II.4). For example, a virtuous person will recognize that a specific instance of dishonesty is wrong. In fact, many people will recognize this. What makes the virtuous person distinctive is that she also grasps the degree of the wrongfulness and her righteous indignation is neither weaker nor stronger than is appropriate. One who is quick to anger might overreact, viewing the dishonesty and the guilty party as morally worse than they are. A non-virtuous person who is insensitive to harm might minimize the guilt appropriate. The virtuous person feels the appropriate amount of anger at the appropriate time. This helps her to deal with others accordingly (EN II.4–6).

The mean, then, involves reacting appropriately both in judgment and feeling. This is more difficult than it might first appear, however, because the mean is relative to us (EN II.6–9).⁹ That is to say, lying might be wrong today, and right tomorrow. The situation will affect whether or not this is the case. For instance, imagine that the transgression mentioned above were one where a teenager lies to her parents about where she was the previous evening. This is an example of dishonesty where the teenager behaved wrongly. This situation is serious, but not dire. Compare it to the following. A soldier lies to her commanding officer about intelligence she failed to gather because she was too cowardly to complete her assignment. In this situation, more is at stake (perhaps the lives of many soldiers, or even the outcome of a war) and the soldier's role prohibits her from such weakness. Now, compare these two instances of dishonesty to a third. Imagine that a woman lies to Hitler's men when asked whether she is harboring escaped Jews. She lies to protect the lives of innocents. For Aristotle, lying is not always wrong. The situation might dictate otherwise. A virtuous person can discern the manner and degree to

⁹ For different in-depth interpretations of this claim, see: Curzor (2006), Brown (1997), Leighton (1995), and Leighton and Hall (1992).

which the mean is relative to potential damage to a familial relationship, potential damage to an army, and potential damage to the safety of innocent persons. In other words, dishonesty is usually bad, can be bad to varying degrees and, under certain unusual circumstances, might not be bad at all.

According to Aristotle, we are not born with virtuous understanding. We gradually gain moral insight as we experience life and make choices (EN VI). Character is developed over time and results from habit. The more we behave a certain way, the more familiar with that type of behavior we become. The more comfortable a behavior is, the more we like it. The more we like acting a certain way, the more we will act that way. And the cycle continues (EN II.1–3). For example, if a child is encouraged to behave correctly at an early age, the child will become more accustomed to doing so and will enjoy behaving well. The child will begin to choose to behave as such regularly and with ease. With sufficient time, the child grows up into a virtuous adult. Given this moral psychology, virtue continues to reinforce itself (EN III.3–5). That virtue perpetuates itself will prove to be the crucial outcome for our inquiry.

Before considering the self-perpetuating nature of virtue, let us not forget that Aristotle says more about specific virtues' corresponding vices. In particular, Aristotle tells us that there are different ways in which the vices are opposed to one another as well as opposed to the virtue in the mean. On the one hand, any vice of excess is most opposed to the corresponding vice of deficiency (and vice versa). In this regard, the vice of cowardice is most diametrically opposed to the vice of rashness (i.e., having no fear whatsoever and being willing to engage in dangerous activities indiscriminately). But there is a different sense in which each vice opposes *their virtue*, and some are more opposed to the virtue in question than are others. Continuing with the example of courage, while both cowardice and rashness are opposed to courage, it would seem as though cowardice is *more* opposed to courage than is rashness. I suspect that Aristotle is pointing out that some vices can lead to behaviors that are more similar to a virtue than their opposing vice might inspire. In the case of courage, rashness seems closer to courage in that both the rash person and the courageous person might react similarly to an impending threat. The courageous will be courageous in the perfect way. While the rash will not have that same level of moral understanding and finesse in action, the rash person will, at the very least, *act*. The cowardly man, we presume, would not face danger under any circumstances. I believe that it is in this way that one vice may be more opposed to its virtue than its opposite vice is (EN II.8).

The doctrine of the mean is important to understanding Aristotle's view of old age since Aristotle assesses the value of persons in each stage in life (youth, middle age, and old age) in a metaphor relating to the doctrine of

the mean. According to Aristotle, the middle period of life is most like virtue. It is at this time that people are naturally moderate.

Following the notion that some vices are more opposed a virtue than are others, we can see how Aristotle might consider old age to be the worst of the three life stages. If middle age is *literally* the mean (i.e., it is in the *middle*), then it is also the virtue. Middle-aged people seem to act responsibly, behave rationally, and do what they ought to do (Rhetoric 1390a, 29–30). In a sense, children are more like the middle-aged than older persons are. For instance, given the decisiveness and activity one can imagine seeing among the middle aged, youths would seem not as distinct as we previously thought. The youth have energy. They are quick to act because they are filled with passion. They are overly interested in justice. While youths are not yet at the best stage, they resemble it more closely than do the elderly. The youth act and feel in ways that might be out of proportion to that of virtue, but their actions and feelings are not different in kind from those of virtue. Aristotle thinks that the elders act (or, perhaps more accurately, do not act) such that their behavior is contrary to that of a middle-aged virtuous person.

Given this difference, it seems, Aristotle suggests that middle age is the prime of life, youth is the second-best stage in life, and old age is miserable. Youth is closest to middle age in behavior. While they might not have a solidified character, young people behave in ways that more closely resemble the behavior of the virtuous person. This conclusion mirrors Aristotle's doctrine of the mean perfectly. We can see why Aristotle came to the conclusion that he did. However, I do not believe he needed to come to this conclusion. In fact, I think that he ought not to have done so.

Recall the fact that the virtuous person's character perpetuates itself; the nature of the character is to act such that the agent perfects habits that are constitutive of the character. In addition, recall that nobody is born with a character. We are born with the innate capacity to acquire a character, but character acquisition takes time and significant repetition and habit formation. If this is the case, wouldn't we expect that people achieve virtue during this middle stage? And if that were true, might we be right to expect that people remain virtuous into old age? After all, virtue perpetuates itself. Ironically, Aristotle does not reach this conclusion.

Given the likelihood that virtue would perpetuate itself, it would seem that the virtuous person should retain her virtue into old age. While Aristotle lists old age among the disabilities that can make men mean (EN 1121b 14–17), he is not explicit as to whether this is equally the case for all men. That is to say, it remains open that men who have not achieved virtue are likely to become mean with age, but men who have achieved virtue can retain it into old age.

After all, Aristotle does say that while virtue alone will not make one happy,¹⁰ it will make one better equipped to endure hardship (EN I.10). Perhaps the question then is whether the hardships of old age thwart the practice of virtue or not. If a virtuous person can still practice virtue despite certain infirmities of old age, we can presume that she will retain her virtue. However, if significant time passes whereby the “disability” of old age renders virtuous activity impossible, one’s virtue could atrophy significantly.

It is clear that Aristotle need not have concluded that all men are mean into old age. His ageism might be explained by several presumptions. Perhaps Aristotle was pessimistic about how many people actually achieve virtue prior to becoming old. If virtue is a rarity, then people who behave as though they were virtuous in midlife would lack the fixed character necessary to sustain them throughout the hardships of old age. Perhaps he believed that the maladies of old age were often sufficient to preclude the activity of virtue beyond what is necessary to sustain it. Regardless, Aristotle need not have extended the metaphor of the doctrine of the mean to the course of life. After all, he is careful to apply it to individual situations and choices when discussing it directly. A stage in life is not an individual choice. If we dismiss the consequences of this application of the doctrine of the mean, we find that Aristotle could have (and, perhaps, should have) been committed to something very similar to what Plato’s Cephalus decreed. Many become annoyingly negative in old age, but those of us who take care of our character are most delightful and happy, finding this stage of life a welcome development.

Cicero and Seneca

After Aristotle, we see a return to what can only be described as a Platonic outlook on old age: the desires and physical abilities lost are not to be missed. However, the Hellenists (both Greek and Roman thinkers) expound upon the reasons Plato gave us as to why this is the case. Furthermore, the various views of wisdom and virtue support Plato’s conclusions for slightly different reasons. Let us examine each in turn.

Cicero famously wrote a lengthy defense of old age, *De Senectute* (On Old Age). In it, he outlines four main reasons why people detest old age. Cicero

¹⁰ Happiness is the activity of the soul in accordance with virtue, and that activity requires certain minimal external goods and fortunes. For example, no one can practice generosity without material goods to give away.

then argues against the claims in each of these complaints. Sometimes, he directly denies the claims. Other times, he denies the interpretations of the value of the claim.

First, Cicero notes that many dislike old age because it withdraws us from our active pursuits. However, this complaint rests on a misunderstanding of what it is to be *active* and to *pursue* something *actively*. Not all action is predominantly physical. The worth of an action can be determined by the extent of its consequences. Sometimes, seemingly mild actions have great effects. For example, Cicero writes:

Those, therefore, who allege that old age is devoid of useful activity adduce nothing to the purpose, and are like those who would say that the pilot does nothing in the sailing of the ship, because, while others are climbing the masts, or running about the gangways, or working at the pumps, he sits quietly in the stern and simply holds the tiller. (De Senectute vi. 17)¹¹

Cicero distinguishes robust observable behavior from strategic calculations yielding the issuing of wise orders. The execution of such orders manifests as the observable behavior just mentioned. Why would anyone lament a loss of an ability to climb a mast, when years of such work qualified one to direct everyone else on the ship? The activity of the elder is different, but that does not mean the elder is *inactive*.

Furthermore, Cicero goes as far as to say that the activities performed by the aged are, in fact, *superior* to those of youth:

He may not be doing what younger members of the crew are doing, but what he does is better and much more important. It is not by muscle, speed, or physical dexterity that great things are achieved, but by reflection, force of character, and judgement; in these qualities old age is usually not only not poorer, but is even richer. (De Senectute vi. 18)

The elder is in a position to decide which activities will be performed by the physically fit youths. If the menial tasks are for the sake of the goal decided upon by an elder, the value of such tasks is also subordinate to that of the larger goal at hand.

This idea of the elderly allowing the youths to toil away with the direct tasks related to their advice is not unique to Cicero. In fact, in his treatise exclusively addressing the political life of an elderly statesman, Plutarch

¹¹ Cicero citations come from “Cato the Elder: On Old Age,” In number 154 of the *Loeb Classical Library*, 8–99. Cambridge: Harvard University Press, 1923.

makes several similar observations. First, like Cicero, he tells us, “So the statesman, if he is sensible, will curb himself when he has grown old, will keep away from unnecessary activities and allow the State to employ men in their prime for lesser matters, but in important affairs will himself take part vigorously” (Plutarch, “Whether an old man . . .” p. 133/793f). Second, Plutarch adds that a middle-aged statesman who retires is like one who has reached a place of dignity and, from that place, voluntarily stoops to a lesser way of being (which is absurd). For instance, Plutarch writes:

Cato, for example, used to say that we ought not voluntarily to add to the many evils of its own which belong to old age the disgrace that comes from baseness. And of the many forms of baseness none disgraces an aged man more than idleness, cowardice, and slackness, when he retires from public offices to the domesticity befitting women or to the country where he oversees the harvesters and the women who work as gleaners. (Plutarch, “Whether an old man . . .” p. 82/784a)

In addition, Plutarch tells us, “the dignity and greatness of high ability in public life is destroyed when it is turned to household affairs and money-making” (Plutarch, “Whether and old man . . .” p. 91/785d–e). Not only must an elder maintain her position of prestige into old age, but also to relinquish such a position would be to disgrace ever having held it. Therefore, Plutarch would agree with Cicero that there is no shame in delegating such tasks to youths; on the contrary, there would be shame in insisting on continuing such work when more intellectual pursuits could be achieved by the elder statesman.

The second complaint is that old age simply makes the body weaker. In this regard, Cicero does not deny that the content of the charge is accurate; it is often the case that old age is marked by a loss of strength. Instead, Cicero defends old age as being *rightly* weaker. Cicero explains, “I do not now feel the need of the strength of youth . . . any more than when a young man I felt the need of the strength of the bull or of the elephant. Such strength as a man has he should use, and whatever he does should be done in proportion to his strength” (De Senectute ix. 27). The power of strength that we enjoy in youth is appropriate for that age. The amount of strength we have in old age is also appropriate for that age. It is only problematic that we lack physical strength if we have reason to use it. For what would an elderly person want such strength? To fight a war? What good is that when younger people can do it for the city, and when the city needs its wisest to direct them? As our strength wanes, so should our desire to demonstrate such strength. We ought each to perform the tasks that we are able as we are able. A loss of strength only means a loss of responsibility to perform physical tasks. To many, this “loss” could also be a relief.

In this discussion, Cicero is not entirely consistent in his response. On the one hand, physical strength simply is not appropriate during old age. On the other hand, argues Cicero, physical strength *can* be maintained throughout one's life if one lives well. For instance, he writes, "an intemperate and indulgent youth delivers to old age a body all worn out" (*De Senectute* ix. 30). Here, Cicero seems to suggest, as Plato did and as (I have argued) Aristotle should have done, that one can enjoy old age as long as one's moral character is intact before becoming old. However, here Cicero draws a causal connection that neither Plato nor Aristotle would be so bold as to suggest – that we can control our physical health merely by practicing virtue. Of course, temperance can spare us from certain ailments we know to be caused by certain behaviors (e.g., temperance can prevent the liver damage a person might experience if the person were to drink heavily and regularly). However, it is possible that one might suffer physical pains despite virtue – or even perhaps *because* of it. For instance, a courageous former soldier is likely to have arthritis from years of training and combat. At times, Cicero seems to blame those who suffer in old age for their fate, as though they could have made better moral decisions that would have yielded better outcomes. For instance, Cicero writes, "in truth, it is their own vices and their own faults that fools charge to old age" (*De Senectute* v. 14). However, I prefer to interpret hyperbole in these remarks, as Cicero seems to understand that there are difficulties we might face at any stage in our lives: "for to those who have not the means within themselves of a virtuous and happy life every age is burdensome and, on the other hand, to those who seek all good from themselves nothing can seem evil that the laws of nature inevitably impose" (*De Senectute* ii. 4). Here, in true Stoic fashion and in the shadow of Socratic morality, Cicero suggests that moral character sufficiently determines one's happiness, regardless of the external circumstances.

Cicero concludes this inquiry with a sensible analogy, which illustrates the absurdity of lamenting the loss of physical strength in old age:

In short, enjoy the blessing of strength while you have it and do not bewail it when it is gone, unless, forsooth, you believe that youth must lament the loss of infancy, or early manhood the passing of youth. Life's racecourse is fixed; Nature has only a single path and that path is run but once, and to each stage of existence has been allotted its own appropriate quality. (*De Senectute* x. 33)

It would be absurd for a young man to lament the loss of infancy. What young man would prefer to be in diapers and require carrying about? For Cicero, no young man would – but not for the reasons one might think. It is not just because running, playing, and going to school are better ways

to live; they are better for the youth and not appropriate for the infant. Similarly, the elder should not wish to return to the days of battle and physical competition – he should have outgrown these pursuits by now.

The third charge against old age is that it deprives us of physical pleasures. While Cicero's response to the second charge is apt here as well, he further augments the defense. Cicero adds that many pleasures – in particular the *carnal* pleasures – can be more trouble than they are worth. Similar to Plato's account given through the mouthpiece of Cephalus,¹² Cicero suggests that such desires are distractions. What Cicero adds to this rationale is that, the desires not only distract us from intellectual pursuits, which are the best possible pursuits (De Senectute vii. 40), but also these desires only tempt us to behave badly: "In short, there is no criminal purpose and no evil deed which the lust for pleasure will not drive men to undertake" (De Senectute xii. 40). The desire for pleasure is not only a distraction and something as unpredictable as it is insatiable, it is, quite possibly, the root of all evil. An elderly person is free from such temptation.

Similarly to Plato, Cicero draws our attention to the subjectivity of desire. As he puts it, "Nothing troubles you for which you do not yearn" (De Senectute xiv. 47). For example, I often want chocolate cake. In fact, if I were to *have* chocolate cake every time that I *wanted* chocolate cake, my health would suffer. Therefore, oftentimes, I find myself considering whether I prefer to suffer the unsatisfied desire for cake or the ill health effects that will inevitably follow. If I were to wake up tomorrow devoid of a desire for chocolate or cake (and, by extension, for chocolate cake), it would be absurd for me to *lament* this loss. It would be absurd to say, "Gee, I wish I had that nagging craving for the chocolate cake I know I shouldn't eat. I miss that!" We should not wish to desire objects we know are not good for us. As the pursuit of pleasure distracts us from intellectual pursuits (which are superior pursuits), we should not wish to keep desires for the lesser good longer than we have to. It is difficult enough to overcome such temptations through prudence when we are subject to them. As Cicero states:

If reason and wisdom did not enable us to reject pleasure, we should be very grateful to old age for taking away the desire to do what we ought not to do. For carnal pleasure hinders deliberation, is at war with reason, blindfolds the eyes of the mind, so to speak, and has no fellowship with virtue. (De Senectute xii. 42)

¹² For an interesting discussion of the parallels between this part of Cicero's work and Plato's *Republic*, see Stull (2013).

The loss of carnal desire only seems unfortunate to the youths currently subject to carnal desire. Elders who lament this loss are confused. They remember valuing the objects of such desires and believe those objects to be valuable *tout court*. But they are not valuable – or not as valuable as the objects of intellectual desires.

Seneca makes a similar point when he writes, “Perhaps not wanting any is a surrogate for pleasure. How sweet it is to have outworn desires and left them behind!” (“On Old Age” 176).¹³ Much like the Epicureans, Seneca seems to suggest that an absence of pain is itself a pleasure. As all carnal desires involve *want*, and want is painful, a lack of such desires would seem to be a blessing. Furthermore, like Cicero, Seneca adds that the preoccupation with the pursuit of desires interferes with more noble pursuits, for “It is universally agreed, moreover, that no pursuit, neither eloquence nor the liberal arts, can be followed by a man preoccupied, for the mind can take nothing in deeply when its interests are fragmented, but spews back everything that is crammed into it” (“On the Shortness of Life” 54). The elderly can enjoy a more focused pursuit of higher goods than those of us still distracted by carnal desires can.

Plutarch adds to this discussion of desires as well. Not only are the elderly blessed to be rid of carnal pleasures, elder statesmen also enjoy higher order desires associated with virtue: “Public life, on the other hand, possesses pleasures most noble and great, those in fact from which all the gods themselves, as we may reasonably suppose, derive their only or their chief enjoyment. These are the pleasures that spring from good deeds and noble actions” (“Whether and old man . . .” p. 94/786b). For Plutarch, the pleasures available to certain elderly are practically divine. There is simply no contest between what has been gained and the carnal pleasures that have been squashed.

The final charge against old age is that it is closer to death. In a way, Cicero denies this claim outright, as death could take anyone at any age (*De Senectute* xix. 68). In fact, those who reach old age are not any closer to death than those who died before reaching old age. Though he does not state it, Cicero might agree with me in saying that the only difference between being old and near death and being young and near death is that the elderly person has more evidence allowing her to infer this fact.

¹³ All citations from Seneca’s texts come from Seneca, *The Stoic Philosophy of Seneca: Essays and Letters*, translated by Moses Hadas (1958). New York: W. W. Norton & Company.

Another significant difference is that the elderly person can relish the fact that she *has* lived a long and good life filled with accomplishments (again, providing that she is virtuous) (De Senectute iii. 9, v. 13). After all, young people wish for a long life; old people have achieved the object of that wish (De Senectute xix. 69). The elderly can be free from the anxiety that their life was meaningless, as they have ample proof to the contrary.

Seneca echoes Cicero's claims in his treatise, *On the Shortness of Life*. Unlike Cicero, who was more of an eclectic thinker, Seneca was a staunch Stoic. In other words, Seneca subscribed to the following basic tenets of Stoicism. First, he subscribed to a notion of deterministic fatalism, whereby everything that happens is ordered to happen by virtue of *logos*, a divine rational cause of all that occurs. Second, since this order is supremely good, any notion we may have that something is wrong is mistaken. Everything is as it should be. Third, since emotions are effects of judgments, any bad emotion (or unpleasant emotion that pains us) is likely the result of misjudging the situation, and therefore correcting such judgment could allay the discomfort.

It should come as no surprise then, that a thinker such as Seneca might try to reorient our thinking about the length of our lives. In *On the Shortness of Life*, he explains that we wrongfully judge life to be short, as though we were robbed of some good we deserved. The length of time one has is not a product of minutes on a clock. On the contrary, it is a matter of the value in the minutes spent on Earth. In this regard, a life that encompassed many years but little by the way of substantive experience or achievement is a shorter life than one that spanned fewer years but was filled with meaningful pursuits and positive and accurate contemplation. Indeed, Seneca reminds us that "Procrastination is the greatest waste of life" (Seneca, "On the Shortness . . ." 57). This is true both for the young and the old, as "old and young alike should have death before their eyes; we are not summoned in the order of our birth registration" (Seneca, "On Old Age," 176). Therefore, "Every day must therefore be ordered as if it were the last in the series, as if it filled our measure and closed our life" (Seneca, "On Old Age," 176). If we can manage such virtue as youths and maintain it into our old age, we will be like "the man who can look to the morrow without anxiety [as he] is the happiest and has the firmest hold on himself. The man who says, "My life has been lived," receives a windfall with each new day" ("On Old Age" 177). If we live well and virtuously throughout life, the fact that our days are limited will not bother us. In fact, knowing what we have already achieved, each day will bring with it ample opportunity for practicing virtue.

Finally, Cicero reflects the thoughts of Epicurus in his *Letter to Menoecus* and Plato's Socrates in *Apology* and *Phaedo* when he portrays death in old age as something natural that ought not to be feared. Cicero tells us that the death of an old person is like the natural extinguishing of a lamp, which has gradually run out of oil (*De Senectute*, xix, 70). Epicurus tells us that death is not to be feared. For him, it is the cessation of life, and even if bad things were to come, *we* would no longer exist to experience them. In Plato's *Apology*, Socrates tells the jury that he ought not to consider death an evil, as he has no knowledge of it (*Apology* 28a–30e). In addition, Plato's Socrates suggests that his *daimonion*, or divine signal, wants for him to die. He surmises this because the *daimonion* would normally interfere if he were about to do something wrong. The fact that his actions led him to trial and a sentence of death without interference of his *daimonion* suggests that the *daimonion* must approve of his death (*Apology* 40a–42a).¹⁴ As they are forces for good, then death must be (at least for him, then at the age of 70) a good thing. Similarly, Cicero likens the death of an old person to the ripening of fruit (*De Senectute* xx.76). When fruit is ripe, it is time for it to be picked. If death were ever natural, it would seem most natural to those who are old. In Plato's *Phaedo*, Socrates suggests that death might even be pleasant, as he might be joined with great souls of the past (Plato, *Phaedo*66a–e). Likewise, Cicero concludes his treatise with several chapters suggesting the likelihood of a pleasant afterlife.

While Cicero's treatise is, at times, an ambivalent defense of old age, both tacks support the thesis of this chapter, that ancient philosophers viewed the value of old age as contingent upon the character of the individual. Whenever Cicero admits that youthful blessings are desirable, he adds that the older person can retain them if he is temperate and disciplined enough not to squander such gifts. When Cicero approaches the issue in pure defense of the realities of old age, he insists that a wise and good character would recognize the benefits and the appropriateness of such changes. In either case, for Cicero, the value of one's later days depends directly upon the character that one has developed.

The same follows for Seneca. Undoubtedly motivated by Stoicism, Seneca instructs us to view the supposed issues surrounding old age rationally. One who has mastered the Stoic way would be able to appreciate whatever life she has been given thus far. She would recognize that it is foolish to resist the way things are, as they are determined to be as they should be. She would be wise

¹⁴ Cf Xenophon 1923, 5–8, pp. 644–645, where Xenophon reports that the *daimonion* did interrupt Socrates whenever he tried to prepare a defense, so he stopped.

enough not to squander the time that she has; she would make good use of her time by pursuing virtuous Stoic ends. As a result, she could retire each night cheerfully, reflecting on the thought that *she has lived*. The Stoic sage would enjoy her old age simply because the Stoic sage is at peace with nature and the way that things are.

Conclusion

The Classical philosophers were well aware of the common folk judgments shared by the masses of the hardships, deficiencies, and embarrassments of old age. What sets them apart is that, through their ethical, metaphysical, and epistemological commitments, they found ways to reinterpret the meaning and value of old age. Plato saw old age as a time in life when the philosopher can be closest to wisdom and best practice any virtues acquired, free from bodily desires and other such distractions. While Aristotle did not recognize old age as a valuable life stage, he had all of the philosophical resources to do so. Similarly to Plato, he could have easily stated that old age can be a wonderful time of life, provided that one manages to achieve virtue prior to becoming old. In addition, Hellenistic thinkers reconsidered the stereotypical woes of old age in light of tenets of movements such as Epicureanism and Stoicism. Many philosophers acknowledge the benefits to the waning of the physical passions. Thinkers such as Plutarch focused on the intellectual capital that an experienced life can offer a community. Even thinkers like Seneca, who do not outwardly encourage an active political life for the aged, agree that the aged would be in an ideal position to perform well in such circumstances. Finally, old age is only seen as a traumatic time if it involves the realization that one's earlier life was wasted or, at the very least, incomplete. Provided one is virtuous in the earlier stages of life, the typical complaints concerning old age seem no longer to apply.

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9

Old Age in Existentialist Perspective

Kristana Arp

Introduction

I assume it happens to everyone at some point as they age—that shock of looking in the mirror and seeing a strange face reflected there. ‘Who is that person?’ we ask. Of course we know that it is our own face. But there is a gap between the face that we see in the mirror and who we feel we really are. We feel that the person who is looking in the mirror, mind full of thoughts, plans, feelings, and memories, is the same person we were at 30 years or in adolescence or childhood, and that person does not look like this.

This confrontation with the face in the mirror raises a question that philosophers have mulled over for centuries. For if I am not that aged face in the mirror, who am I? René Descartes in the seventeenth century found there was one thing he could be absolutely certain of, ‘I think, therefore I am,’ and concluded he was a thinking thing. He had discovered what philosophers call subjectivity. Since then, a number of European philosophers have thought long and hard about the nature of subjectivity.

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G. W. F. Hegel described what he envisioned as the complex process subjectivity undergoes in coming to know itself. Martin Heidegger wrote about how consciousness is so intermingled with the world it is conscious of as to form a unitary whole, Being-in-the-world. Edmund Husserl emphasized the endless reflexivity involved in our awareness of our own thoughts. For instance, the I that thinks 'I think, therefore I am,' is a different I than the one that is observed thinking, and the I that grasps this difference is another I as well. This insight led him to his concept of the transcendental ego.

But who is that person in the mirror? Philosophers have had many ideas about subjectivity, the I looking in the mirror. But what is its relation to the face shown there? That person is myself too, and that person is old. That means that *I* am old. What does it mean to be old like this? How does being old affect my life?

It was an existentialist philosopher well-schooled in the thought of Hegel, Heidegger, and Husserl who faced these questions head-on: Simone de Beauvoir. In her book *The Coming of Age*, she examined the phenomenon of old age from a multitude of angles, drawing extensively from the work of her fellow existentialist Jean-Paul Sartre. Beauvoir (1996, p. 283), who was 62 when the book was published, pinpoints the source of the strangeness of this encounter with the mirror: 'Can I have become a different being while still remaining myself?'

Beauvoir knows what it is like to feel this strangeness. In the volume of her memoirs written when she was only 54, she gives a detailed description of such an encounter: 'I often stop, flabbergasted at this incredible thing that serves as my face. I understand Las Castiglione who had every mirror smashed.' It is not because she is vain, she protests, then proves it by harshly judging every feature of her aging face. She even has a recurring dream that plays with multiple levels of reality, as befitting a philosopher: 'Often in my sleep I dream that in a dream I'm fifty-four, I wake and find I am only thirty. 'What a terrible nightmare I had,' says the young woman who thinks she is awake' (Beauvoir 1964, p. 656).

The Old Person as Other

Before writing *The Coming of Age*, Beauvoir wrote a book similar in scope and methodology about what it means to be, as she was, a woman. Its central claim was that starting in prehistory, women have been pushed by men into the role of the Other. Men conceived of themselves as the norm and constructed their identity by defining women to be everything the

prototypical man was not. As in the story in Genesis, the male gender is the starting point and women's identity is derived from it. Women are, as Beauvoir's title proclaims, *The Second Sex*.

For Beauvoir, the Other is a 'primordial category' found in myth, as well as the way that casual social groupings forge an identity (Beauvoir 1989, p. xvi). (She mentions the solidarity that springs up among passengers in old-time railway compartments. Nowadays everyone sits anonymously in long rows.) Often the group that is labeled the Other does not accept this identity, and labels the group doing the labeling the Other in turn: Californians think New Yorkers are rude and impatient, and New Yorkers think Californians are vapid and superficial, to give one example. Beauvoir's fundamental contention is that no similar reciprocity exists between women and men. Up until 1949 at least, the year *The Second Sex* was published, there was no way for women to escape their subjugation by male culture as the Other.

In a few places in *The Coming of Age*, Beauvoir suggests that old people are also pushed into this category of the Other. In the first part of the book, she surveys the ways that old people have been depicted in myth, literature, and popular culture. In Classical Greek mythology, the hateful tyrant Kronos devours his own children. The Judeo-Christian God with his long white beard, by contrast, is stern but beneficent. The lecherous, leering old man is a stock figure in comedy throughout the ages. But starting in Victorian times, the old have been sentimentalized as twinkly-eyed grandpas and soft-bosomed grandmas. Beauvoir found the same wide range of conflicting images when she documented the way women have been portrayed throughout history. To take just one example, the Virgin Mary and the Whore of Babylon both make appearances in the Bible.

In *The Second Sex*, Beauvoir vividly describes the moment the young girl first experiences the way men perceive her body: 'She becomes an object, and she sees herself as object; she discovers this new aspect of her being with surprise: it seems to her that she has been doubled; instead of coinciding exactly with herself, she now begins to exist outside' (Beauvoir 1989, p. 337). In *The Coming of Age*, Beauvoir describes her realization that she is growing old in similar terms: 'Within me it is the Other – that is to say the person I am for the outsider – who is old; and that Other is myself' (Beauvoir 1996, p. 284). When we were young, we developed a firmly established but vague sense of what an old person is like. That state of being seemed as distant from us as the life of a native in the Amazonian jungle. What a shock to realize that we now fall into this category ourselves.

Beauvoir does not make too much of this idea of the aged as the Other. In *The Second Sex*, the idea that women are placed in this category is central

to her argument. Yet there are ways that the old are treated that fit this model. Take, for instance, how tickets and fares are sold: adults pay the normal price and children and ‘seniors’ get a discount. At least up until recently, older people have not defined their own place in society. Still, becoming old and being a woman are quite different. Aging is a more universal phenomenon. One half of the world’s population is female, but everyone who is lucky enough to live past a certain age will experience old age. It is alarming to realize we are getting older because it brings us closer to death. Facing death and getting older are not the same thing, Beauvoir reminds us, but both are intertwined in how they affect our experience of time, a subject I will address later.

Old Age as Unrealizable

Beauvoir introduces another philosophical concept into her analysis of old age that may work better: Sartre’s concept of unrealizables. To explain what Sartre means by an unrealizable requires a brief look at the ontological framework he lays out in *Being and Nothingness*. For Sartre, there are two categories of existence: the for-itself or subjectivity and the in-itself or material reality. The in-itself impinges on consciousness, but the for-itself remains infinitely free because it always chooses, indeed must choose, how to interpret and react to these limits. However, the existence of other consciousnesses presents a more decisive limit to our freedom: I cannot control how the other apprehends me. I can choose to interpret and react to how the other treats me in different ways, but what the other consciousness thinks is out of my reach. Owing to what Sartre calls being-for-others, I have ‘one face which freedom will not have chosen’ (Sartre 1956, p. 526).

The examples that Sartre gives of unrealizables are being a Jew, being ugly, being a civil servant, etc. He does not mention old age. Sartre was not Jewish, but he wrote a well-received book *Anti-Semite and Jew* shortly after he wrote *Being and Nothingness*. He was perceived as ugly by many people, and his inclusion of this label here might indicate that he was aware of that. Sartre calls these socially applied labels unrealizables, because although he, for instance, has no control over others seeing him to be ugly, he cannot fully realize himself to be such. According to Sartre’s ontology the for-itself cannot *be* anything: consciousness is a constant nihilation of the in-itself. Hence the word ‘nothingness’ in the title. Only the in-itself has the status of Being.

Beauvoir's insight is that being old falls into this category of unrealizables. Like the social identities that Sartre discusses, 'Old age is something beyond my life, outside of it –something of which I cannot have any full experience' (Beauvoir 1996, p. 291). Many of the writers she quotes express incredulity, even outrage when someone singles out their age for comment. Others describe being old to be like assuming a disguise or putting on a mask. W. B. Yeats uses harsher terms: 'an enemy has bound and twisted me.' He is infuriated by people's casual attitude to this injustice. Beauvoir concludes, 'Among the unrealizables that surround us, this is the one that we are most urgently required to realize, and it is the one that consciously and unconsciously we are the most reluctant to assume' (Beauvoir 1996, p. 292).

Turning back to Sartre's analysis of unrealizables in *Being and Nothingness* and looking at old age in these terms yields some surprising insights. First, there is Sartre's explanation of how these unrealizables are a facet of our being-for-others. Although we cannot escape the impact others have on our freedom in our lives today, the existence of other consciousnesses for Sartre is 'an entirely contingent fact' (Sartre 1956, p. 526). So if, in a thought experiment, we imagine a girl placed on a deserted island as a child, who grows up all alone, she would never grow old. Of course, her body would undergo the same changes as all human bodies do as they age, but it would not mean she was growing old. Perhaps this sort of insight is what permitted Beauvoir in the conclusion of her book to dream of an ideal society where 'old age would be practically non-existent' (Beauvoir 1996, p. 543).

The reason that Sartre calls categories like Jew, ugly, etc. unrealizables is that no one can realize what it means to be such things in inward experience. Another way that he puts it is that they do not appear in the course of 'temporalization' (Sartre 1956, p. 525). This wording suggests that recognizing that these categories apply to us is not a gradual process, but more like a sudden event. It may seem peculiar to describe old age in these terms. A person is old only because he or she has grown old over a long span of years. Yet my initial anecdote about the mirror suggests otherwise. We get used to gradual changes to our physical appearance and don't look closely at our reflection. Then one day we focus on what has happened to our face. I once felt a similar shock seeing the faces of my colleagues back from their long summer vacation. It was especially jarring to see the marks of age on people younger than me, people I had helped hire. Beauvoir quotes a long passage from Proust about encountering friends from long ago who now seem to be walking in lead-filled shoes. He calls them 'puppets.'

Death and Old Age

Sartre also classifies death as an unrealizable. He argues against Heidegger, saying that death, or our relation to death, is not a structure of human existence. Death is a contingent fact: 'There is no place for death in being-for-itself; it can neither wait for death, nor realize it, nor project itself toward it' (Sartre 1956, p. 547). In order to understand what death is, a child must have it explained to her and be able to grasp what it means (a shocking moment in a young life). Our understanding does not come from experiencing it ourselves. Death is an unrealizable in this obvious way. But being mortal is also an unrealizable for Sartre. It is certainly something we are aware of, yet it has no concrete reality for us.

In the end, Beauvoir echoes Sartre's treatment of death as an unrealizable. At first, she seems to recognize that the old have a different relation to death than those younger: 'For the aged person, death is no longer a general abstract fate; it is a personal event, an event that is near at hand. . . . Every old man knows that he will die soon' (Beauvoir 1996, p. 440). Later on she waffles, saying, 'death is neither old nor near: it is not. . . . the word 'soon' remains as vague at seventy as at eighty' (Beauvoir 1996, p. 442). Being mortal, like being old, is an unrealizable, no matter what your age is.

Beauvoir personally witnessed three deaths (Beauvoir 1973, p. 122). One was her father's death. She described his last moments in her second volume of memoirs, *The Prime of Life* – how she stood there 'vainly trying to grasp the mystery of this departure to no destination' (Beauvoir 1962, p. 389). As an onlooker, she found herself unable to realize fully what death is. Beauvoir explored the subject of death most fully in her account of her mother's death, *A Very Easy Death*, first published in 1964. That time she was not present at the exact moment of death but spent many days with her mother in the hospital, so became familiar with the process of dying. At the end of this book, she states that one does not die of old age. Death is contingent fact and always somehow surprising: 'all men must die: but for every man his death is an accident' (Beauvoir 1973, p. 123).

In the conclusion of *The Coming of Age*, Beauvoir makes an interesting observation. Once people have died, a memory or photo of them from the distant past represents them just as fully as a memory of them on their deathbed. Old age, on the other hand, holds a person captive in time. Everything that has gone before is surveyed from a set vantage point, and childhood seems very far away. Of course, as Heidegger emphasizes, a person can die at any moment, a fact we are all vaguely aware of. But young people

usually do not spend much time thinking about death, whereas in old age many people find themselves going to one funeral after another. From my perspective, a person reaching old age cannot escape the nagging sense that time is running out.

Time in Relation to Old Age

Beauvoir devotes a lot of attention in her book to how old age changes a person's relation to time. Time has always presented a puzzle for philosophers. Philosophers in the phenomenological tradition, which existentialism is rooted in, concentrate on what they call temporality or the lived experience of time passing, not the time that the clock measures and physicists speculate about.

The past becomes more important in old age, for one thing. For all philosophers, it is difficult to pin down the ontological status of the past. Beauvoir, adopting Sartre's position, writes that the past is the for-itself in the mode of the in-itself. It is the past of a consciousness, and it lives on in our consciousness in the form of memories. But we cannot change the past: past events display the same stubborn contingency that objects do. I did not have to make the choices I did in my youth, yet I cannot now change the fact that I made them, and I still bear responsibility for them.

For Sartre, with his dualistic ontology, a union of the for-itself with the in-itself is impossible. Maybe that is why the past, which comes close to realizing this impossible feat, can seem to be a realm of wonders. 'There is a kind of magic in recollection,' Beauvoir (1996, p. 361) writes. Intense memories sometimes rise up like a mirage. Some old people spend hours thinking about and telling stories from their past. Memories from childhood are cherished because they allow us to feel again the wonder we felt when the world was new.

To borrow a phrase from the French title of Proust's masterwork, *A la recherche de temps perdu*, older people are in search of lost time. They will never find it, however, in its original form. Our memories are always overlaid with our present consciousness, a layer that was missing in the past. Just as, according to Sartre, the for-itself can never encounter material reality directly, but instead chooses how to interpret it, the way the past appears to us is shaped by our current point of view. Beauvoir points out how the present and the past form a circle this way. Yes, the past is in an important sense the creation of our present self, but our present self is the product of our past choices and experiences.

One of the ways people in modern Western society hold on to the past is through viewing old photographs. Beauvoir writes about how hard it is when viewing photos from the past to believe that the world ever looked like that. Everything looks so strange, because styles have changed over time. She explains the reason for our disbelief: it is a trick our mind plays. We are accustomed to the way things look now in the present, and we know that the world and we ourselves have a past. That is a natural part of existence. So we unconsciously assume things were the same in the past as they are now. Thus seeing old photos of ourselves or our families can come as a shock. What could we ever have in common with the people depicted there? we ask. Even when we are staring at documentary evidence of it, the past eludes us.

Beauvoir details some of the different attitudes people can take toward the past. The ambitious person plays down the past by trying to achieve a new status that departs from the past one. Older people, on the other hand, feel 'an intimate solidarity with the past' (Beauvoir 1996, p. 362). By focusing on memories of their youth, they assert their identity with their younger selves in order to ignore the changes old age brings: 'each in his heart preserves the conviction of having remained unalterable' (Beauvoir 1996, p. 362).

However, old people's memories of the past can be a source of frustration as well as pleasure. Beauvoir, for instance, confesses that there are important moments in her past that she has absolutely no memory of. Forgetting is necessary to memory, she notes: our memories would overload if we remembered everything. But memory loss seems to accelerate in old age. 'Great sections of memory crumble and vanish in forgetfulness,' is the way the art historian Bernard Berenson puts it (Beauvoir 1996, p. 363). What older people do remember is watered down, lacking in vividness. For this remembered past lacks its previous connection to the future. When we were living through that moment long ago, we didn't know what would happen next. Every moment was flavored by anticipation. That tingle of expectation is gone when we remember these events later. When we return to a place that has in fact not changed at all, it can seem so different than we remembered it. Responding to a friend's remark about the old having a long past behind them, Beauvoir writes: 'Unfortunately this is just what I don't have. The past is not a peaceful landscape lying there behind me, a country in which I can stroll whenever I please' (Beauvoir 1996, p. 365).

Beauvoir borrows another Sartrean term, this one dating to Sartre's later Marxist phase, to explore how old people's connection to the past shapes their lives: the *practico-inert*. A good example of the *practico-inert* is our present legal system. It was entirely created by human beings but serves as a

constraint on our actions the same way that features of the natural world do: a traffic ticket, like a dollar bill, is not just a scrap of paper. And many people would rather live through a thunderstorm than a traffic jam.

Beauvoir envisions the practico-inert in more personal terms. Through our past decisions we have made commitments and taken on responsibilities that we feel we cannot ignore. People rely heavily on expectations they have formed based on our past behavior. As we live ever longer, these commitments and expectations pile up and become firmly established. Our past becomes a burden that weighs us down. Sometimes the limits the practico-inert places on older people are external: in the USA, financial arrangements made in their working years have a big impact on the way people live in old age. But our personalities, our social identity, and our relations to family and friends also were formed in the past. Nowadays, people use the term ‘emotional baggage’ to capture this aspect of the practico-inert.

Whether it is embodied in laws, customs, or other people’s expectations, the practico-inert is experienced as a force acting from the outside. But the practico-inert also can be internalized in the form of habit. Old people are known for forming rigid habits. An old person ‘acquires the habit of having habits,’ Beauvoir (1996, p. 469) writes. These habits keep them from having to make new choices, which they can find stressful. They are a way to exert control over the world and provide ‘ontological security’ (Beauvoir 1996, p. 469). Following set routines ensures that each new day will resemble the previous one, which helps to combat anxiety about the future – anxiety old people feel about their finances holding out, their health getting worse, their death coming too soon, or not soon enough. Older people call up the past in their memories but live the past again every day in the form of their habits.

Experience of the Present in Old Age

We all, both young and old, live our lives in the present. The phenomenological tradition that existentialism springs from emphasizes that the present is not a single moment that clicks past as if on a string. Husserl, Heidegger, and Sartre, as well as Beauvoir, write about the way that the past and the future are connected with the present in our lived experience of time. Old age involves a different relation to the past, as I have just discussed, and to the future, which I will soon explore, so it is not surprising that the present is experienced differently as well.

In Beauvoir's account, the predominant feature of the present in old age is disappointment. There is something intrinsically disappointing about our experience of the present, she says, due to the way the future always evades our grasp. She quotes from what Sartre wrote in *Being and Nothingness*: 'The future does not allow itself to be overtaken, but slips into the past, . . . This is the origin of the ontological disappointment that waits for the for-itself at every outlet into the future' (Beauvoir 1996, p. 368). The future events that we longed for seemed as though they would be more enjoyable than they actually are. However, for older people there are other concrete reasons for dissatisfaction that Beauvoir describes.

Older people feel disappointment, she says, even if they have achieved great success. Beauvoir's main source of information about the experience of old age is the writings of famous intellectuals, artists, and political figures (the vast majority of whom are male, due to the marginalized position of women she describes in *The Second Sex*). She records the discontent that the aged Tolstoy and Hans Christian Andersen felt after big celebrations held in their honor and how Verdi took no pleasure in writing his last operas, plagued as he was by that 'scent of sadness which all accomplishment, all realization leaves in one's heart' (Beauvoir 1996, p. 461). Beauvoir confesses to having similar feeling in her third volume of memoirs, *The Force of Circumstance*. In its dramatic final sentence, she proclaims she has been swindled. The implication is that she paid too dearly for her success, and it did not live up to her expectations. So, in *The Coming of Age*, she undoubtedly is drawing from her own experience when she announces: 'fame, in fact, is nothing, except perhaps a fleeting illusion in the eyes of the world' (Beauvoir 1996, p. 368).

Beauvoir's account suggests that success falls into Sartre's concept of unrealizables too, though she doesn't say so. Some successful people attribute their success to luck, or they even fear, deep down, that they are frauds. Others are confused by fame: I am the same person I always was, they protest. Instead of enjoying success 'all at once a man discovers that he is not going anywhere, that his path leads only to the grave' (Beauvoir 1996, p. 491).

Of course, some people reach old age realizing few, if any of the plans they made or dreams they dreamed when they were young. Being old may be an even crueler punishment then. These people can live their last years consumed in bitterness, feeling a great injustice at having been a victim of fate. They inflict revenge on their family and others who care for them. Beauvoir writes about one woman's fury at getting old driving her to madness. Sometimes it is even worse if older people have achieved some success and then been driven from a position of authority due to age or other reasons.

They become domestic tyrants. Others hearken back to the days of their youth and wallow in nostalgia. By identifying themselves with their younger selves, they escape the passing of time. A few take on an entirely new role – become distance runners, join the Peace Corp. People like this are celebrated in the USA, where initiative and daring are highly admired. But taking on new goals at an advanced age leaves them racing against time.

Relation to the Future in Old Age

One observation about old age that seems nearly universal is that time goes by so much more quickly when we are old. Time seems to rush past, with whole years disappearing in the blink of an eye. Why is that? One way to answer is to appeal to arithmetic: to a 9-year-old, the next year of life will represent one-tenth of her life; to the 69-year-old, the next year is a much smaller fraction of the total number of years lived. This answer is not very convincing. It is how the experience of time that is altered in old age that is important. To compare, Beauvoir reminds us of how differently life is experienced in childhood, when it is a series of constantly new experiences, and the prospect of what might happen in the future excites strong emotions. Most older people, once their living arrangements have been decided, can expect the future to be pretty much the same as the past. For one thing, the settled habits they develop make it so. Travel is one of few things that can bring novelty back into their lives. Beauvoir quotes the Italian playwright Eugene Ionseco, who set up his own system of arithmetic to gauge this effect: ‘Two days in a new country are worth thirty lived in familiar circumstances’ (Beauvoir 1996, p. 376).

Even though, due to medical advances, an old person today can expect to live, say, 20 years longer, that time seems ‘tragically short’ (Beauvoir 1996, p. 373). Why? The 20 years that passed between birth and adulthood seemed to cover an immense period of time. Again, it is because an old person’s relation to the future is different. What Beauvoir, following Sartre, calls the realm of the practico-inert imprisons the old person in a life that was freely decided on in the past: ‘the future that he has freely chosen for himself appears to him as the necessity that awaits him’ (Beauvoir 1996, p. 373).

This aspect of old age, the person’s attitude toward the future, is much different today than it was in traditional societies. In these societies, not only does an old person expect the future to be much like the past, the whole community does, because nothing *will* change in any major way. Older people

may retain a high status in such societies: the skills that they have developed over a lifetime remain useful and they can call on their years of experience in order to give valuable advice. (That does not mean that the old are always treated well in these societies, as the overview of old age in these societies Beauvoir provides in *The Coming of Age* demonstrate.) In agricultural societies and in the earlier stages of capitalism, an aging man could be reassured that his life's work would not have all been for nothing, because he could hand down his farm or business to his sons, who would continue to run it the same way.

The position of old people in contemporary times is very different. Even today, a son (or daughter) will take over the family business and steer it successfully into the future. But historical change is accelerating so quickly that individual firms are run out of business or swallowed up by global corporations, and whole segments of the economy disappear almost overnight. (Take the recording industry – not only are vinyl records now obsolete, but soon compact discs will be too.) Due to this rapid pace of change, the business experience an old person has gained over a lifetime usually has little value. Constant technological innovation means that skills learned only a few years ago in some fields are now out of date, and old people find themselves unable to compete in the job market. The only thing anyone can count on to continue to have value in the future is money, and the vast majority of old people in the world have little of that. A very few older people, on the other hand, have vast quantities and seem obsessed with getting more. Lists of the wealthiest billionaires contain many people of advanced age. In the USA, older people who want to retain a middle-class lifestyle must develop good financial skills.

Conclusion

I opened this chapter describing an encounter many people who are getting older, including Simone de Beauvoir, have had with their reflection in the mirror. The face they see in the mirror is old, but they find it hard to accept that the person looking into the mirror, the person they really are, is also old. That led to a discussion of what it means to be old, both to society at large and to older people themselves.

There are many social and economic factors, as I have just pointed out, that influence how older people live out the rest of their lives. But the existentialism of Sartre and Beauvoir focuses mainly on inward experience. Inwardly, the person looking in the mirror feels that he or she has not changed significantly since youth, only the face in the mirror has. What my survey of Beauvoir's existentialist

analysis of old age has shown is that that is not true. An older person's relation to the past, experience of the present, and attitude toward the future are different than those of a younger person. At the end of *The Coming of Age*, Beauvoir admits as much, writing that in old age a person undergoes 'an alteration in his attitude towards the world' (Beauvoir 1996, p. 539). In her conclusion, Beauvoir is quite critical of Western society's treatment of old people. Of course, she was writing about the Europe of 1970. Are the lives of old people in the USA any different from that today, and, if so, how? That would be an interesting debate.

But Beauvoir does offer some recommendations for how an individual (presumably a fairly privileged individual) can overcome the challenges old age brings and live a fulfilling life. It is better not to think about entering old age too much, she says, which is ironic, coming from someone who has written a 567-page book on the subject.

However, the main thing we can do to make old age fulfilling is to 'go on pursuing ends that give our existence a meaning – devotion to individuals, to groups or to causes, social, political, intellectual or creative work' (Beauvoir 1996, p. 540). This is essentially the same advice that she gave to her readers in her very first philosophical essay, 'Pyrrhus and Cineas,' published in 1944, when she was 36. She may have grown older by the time she wrote *The Coming of Age*, but Beauvoir's commitment to the central principles of her existentialism was steadfast. Young or old, apparently, we confront a similar task: to call on our inner resources to bring meaning to our lives and make honest connections with others.

Beauvoir goes so far as to suggest the disillusionment that old age effects has its benefits. Illusions – about fame, success, true love – that we cling to in youth and middle age keep us from attaining authenticity. Age can bring a certain sort of freedom, even help nurture 'a questioning and challenging state of mind' (Beauvoir 1996, p. 492). She refers to artists who, during the times they doubted the value of their work the most, came closest to perfecting their unique style. She even shares an insight that she herself might have taken to heart: 'We may go on hoping to communicate with others by writing even when childish images of fame have vanished' (Beauvoir 1996, p. 492).

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10

Ageing and Modern Jewish Writing and Thought

Michael Mack

Introduction: Why Do We Need to Contaminate Ageing with Birth?

Ageing makes visible the frailty of the body. We tend to ignore our frailty. Hence ageing can be a disturbing topic. As Geoffrey Scarre has shown, ageing denotes the decline of our health and our capacities. This means that it is not necessarily a matter of the accumulation of years: ‘For while one cannot grow old without adding years to one’s age, ageing is not simply a matter of accumulating birthdays’ (Scarre 2016). If our health deteriorates in youth, we may show striking characteristics of old age while being young. We can thus speak of an ageing of youth. In a memoir of her own mental illness, the psychiatrist Kay Redfield Jamison has argued that: ‘Manic-depressive illness forces one to deal with many aspects of growing old – with its physical and mental infirmities – many decades in advance of age itself’ (Jamison 1995, p. 132). Jamison here explicitly differentiates between the physical and the mental. Building on Spinoza’s notion of the mind as the idea of body, Antonio Damasio and other neuroscientists have recently shown how we cannot separate the mental from the physical.

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Traditional humanist approaches have, however, claimed that the mind can control the frailty of the body. These approaches have neglected ageing in terms of the deterioration of the body. Within a critical, posthumanist context, such frailty becomes increasingly a focus of discussion. The first part of this chapter discusses Spinoza's groundbreaking conception of a parallelism between mind and body. Why bring into the discussion of ageing a thinker who does not explicitly address this topic? Although the analysis of Spinoza's thought in the first part of this chapter is not focused on ageing, it nevertheless prepares the ground for a discussion of the traditional, humanist neglect of the frailty of the body, with which the seventeenth-century thinker takes issue, thereby offering an alternative to traditional philosophical approaches ranging from Plato to Descartes and beyond. Spinoza's work on how the mind cannot control or escape from the frailty of the body prepares for a new understanding of ageing. Spinoza's concern with the fallacies and frailties of our embodied existence sheds light on the neglect of these issues in the more established works of the Christian, and, in a more secular context, humanist tradition. Modern Jewish writing and thought pays attention to the more uncomfortable or darker aspects of our life which tend to get ignored in the redemptive narratives with which we are familiar from Christian and, in its secular form, humanist philosophies. Perfection here gives way to frailty, progress to the potential of regression – or in Freud's famous psychoanalytical case studies, repression – and light to darkness. Franz Rosenzweig, one of the most important modern Jewish thinkers, famously understood his Jewishness, as his 'dark drive' (Mack 2003, pp. 120–135). Ageing is a dark topic, because it involves a deterioration of our health and our capacities. Modern Jewish writing and thought pays attention to dark topics which traditional humanist and Christian philosophies tend to marginalize or neglect.

In this way, this chapter discusses how the symbolic presentation of age plays a crucial but often unacknowledged role in debates about humanism and posthumanism. It will do so by discussing how post-traditional modern Jewish writing and thought approach topics of social exclusion, marginalization and ageing. The seventeenth-century philosopher Baruch Spinoza was the first modern or post-traditional Jew. He died at the relatively young age of 45 and topics of age or ageing do not at all figure in his work. The scientific significance of his thought for a better understanding of ageing instead resides in his radical questioning of binary oppositions such as the one between body and mind which have been foundational for western philosophy from Plato to Descartes.

Spinoza denies that such binary oppositions are natural or scientifically accurate. He argues that they are socially constructed, and that they are the product of anthropomorphic conceptions of nature or god. Humans 'judge that what is most important in each thing is what is most useful to them, and rate as most excellent all those things by which they were most pleased' (Spinoza 1996, p. 29). From this non-anthropomorphic perspective, Spinoza argues that the whole array of philosophical and ethical values is nothing more than an expression or representation of appetites: 'Hence, they [i.e. humans] had to form these notions, by which they explained natural things: *good, evil, order, confusion, warm, cold, beauty, ugliness*. And because they think themselves free, those notions have arisen: *praise and blame, sin and merit*' (Spinoza 1996, p. 29). Spinoza here analyses mind-based concepts such as good and evil, sin and merit within a corporeal-material context. He does not, however, call into question the validity and significance of ideas, notions of good and evil or the life of the mind. Indeed, the very title of his book *Ethics* highlights its concern to provide an accurate account of how to embark philosophically on a good life. The good in question here is, however, no longer a pure entity.

Rather than being purely cerebral or purely corporeal, the good life here emerges as always already contaminated: involving a mind that is simultaneously embodied and a body that is at once mindful. This contaminated rather than dialectical approach to the sciences of human knowledge shapes much of the literary and also cinematic work on ageing in the twenty-first century (such as Michael Haneke's 2012 film *L'Amour*). Why do we need a new concept to grasp the simultaneity of what have traditionally been posited as opposed entities? In other words, how does the idea of contamination differ from that of dialectics?

While acknowledging the existence of different characteristics, dialectics separates and opposes these within temporal as well as spatial frameworks. While dialectics separates two entities and traverses from one to the other (finally negating negation), contamination allows for the simultaneous interdependence of what has previously been conceived as separate or opposed. Dialectics works first by the positing of oppositions which then exchange places. Contamination, however, operates on the embodied, biological model of symbiosis (Mack 2016).

What is crucial here is that 'contamination' has a negative denotation. It denotes uncomfortable topics such as the deterioration of the body which accompanies ageing. Ageing has become associated with the negativity which the term 'contamination' highlights. Ageing contaminates health with illness,

the mind's autonomy with the pathologies of the body, hence the importance of how Spinoza contaminates the mind with embodied states of deterioration for the larger discussion of ageing.

In the concluding part, this chapter briefly analyses how some of Philip Roth's late novels contaminate constructions of age and ageing with their purported opposite. He does so most scandalously by presenting the reader with forms of embodiment shared by both the young and the old. Roth is not alone in his contaminating approach to ageing. In his recent *Winter Journal*, Paul Auster highlights the body of the writer when he interconnects birth with ageing: 'The soles of your feet anchored to the ground, but all the rest of you exposed to the air, and that is where the story begins, in your body, and everything will end in the body as well' (Auster 2012, p. 12). The body itself is not a pure entity. It is contaminated: simultaneously grounded to the earth and suspended in mid-air (a *Luftmensch*, as it were). The body makes us discover aspects of our life which our cerebral, societal values and educational training have done their best to suppress: our frailty, our proneness to failure, ageing and mortality.

Auster's *Winter Journal* struggles to bring across how the body is more mentally alert than what has traditionally been understood as the purely cerebral:

Whenever you come to a fork in the road, your body breaks down, for your body has always known what your mind doesn't know, and however it chooses to break down, whether with mononucleosis or gastritis or panic attacks, your body has always borne the brunt of your fears and inner battles, taking the blows your mind cannot or will not stand up to. (Auster 2012, p. 68)

The body absorbs what the mind has been societally or culturally trained to repress, ignore or marginalize. Mental forms of repression or ignorance are the subject of critical reflection in the work that has recently been summarized under the name 'posthumanism'. The term 'posthumanism' is rather misleading, because the 'post' could imply some form of triumphal movement of progression. At its best, posthumanism does not proclaim the epoch of the *Übermensch* (something better than the human). Rather it denotes the spirit of a critical form of humanism that endeavours to include what the humanistic tradition excluded as negative, as scandalous or contaminated.

The idea of contamination highlights the co-presence or simultaneity of humanistic values and what they traditionally marginalize, repress or banish as the negative or the scandalous. To include the excluded means to bridge the gulf between the world and the word. The word often attempts to cover up the frailty of the world. The world is that of the body that is at once the mind. The

word separated from the world gives rise to illusions of youth, invincibility and immortality. From the different but related perspectives of Auster's and Roth's writings, we can grasp literature's work at bridging various divides between world and word. According to Auster, the writer falls through 'the rift between world and word, the chasm that divides human life from our capacity to understand or express the truth of human life' (Auster 2012, p. 223). The incapacity for understanding the truth of human life results from the traditional, uncritical humanist construction of pure entities such as mind and body, wherein the former is autonomous and the latter frail and heteronomous, subject to decay and ageing. Literature makes us experience the discovery of the often repressed contamination of mind and body. Here the body writes the mind: 'Writing begins in the body, it is the music of the body, and even if words have meaning, can sometimes have meaning, the music of the words is where meanings begin' (Auster 2012, pp. 224–225).

However, from Spinoza's rationalist perspective, bodily impressions are sometimes misleading. Embodied sensations may stimulate us to represent 'the sun to us as two hundred paces distant, but we discover that this perception is false, because reason explains to us that the sun is not a big round ball that shines at our horizon but a star that we are very far away from and that is found at the center of a system of stars, of which we occupy only a part' (Machery 2011, p. 68). The crucial point, here, however, is that, as Pierre Machery has shown, Spinoza does not dismiss such appearances prompted by corporeal sensations, as being unworthy of philosophical reflection:

The sage is not the one who decides voluntarily to reform his intellect for once and for all, to eliminate, once and for all, all the false ideas that can be found there, and in this way to suppress from his existence all the effects of the imaginary mode of knowledge. It is the half-wit who believes himself to be delivered from all his passions, as they do not truly belong to him and do not depend on him; on the contrary, the free man knows how to reckon with them, because he grasped adequately the manner in which they are necessary. *Verum index sui et falsi*: the true takes into account the false as well in its objectivity, exactly to the point where it ceases to appear false in order to demonstrate its own truth. (Machery 2011, p. 69)

The imagination reveals a bodily perception that may not be adequate in an objective or universal way but reflects our limited condition as being a small, subjective part of the universe. In this way, the 'false image of the sun is a true idea if we relate it to our corporeal existence' (Machery 2011, p. 70). The false indeed contaminates the true.

Spinoza and the Inclusion of the Excluded – Ageing – in Modern Jewish Writing and Thought

What makes possible such contaminating simultaneity rather than a dialectical spacing out and opposition between the true and the false? It is the absence of any sense of hierarchical subordination of the corporeal under the cerebral, the false under the true. In eliminating a mentalist and idealist hierarchy of the true, Spinoza confronts us with ‘a dialectic without teleology’ (2011, p. 12). Without the teleological movement towards a hierarchically prioritized goal, dialectics, however, ceases to be dialectics and gives way to what I would call the concept of contamination where oppositions coexist with each other in a state of at one- and once-ness.

Spinoza has thus first conceptualized this simultaneity of what has traditionally been categorized as mutually opposed entities. He argued that the mind is the idea of the body. This means that, as in Auster, the corporeal is at once the core of the cerebral. As I have shown elsewhere (Mack 2010), Spinoza proposed an ethics of diversity as alternative to a judgemental and profoundly hierarchical conception of nature which has shaped western philosophical as well as theological traditions. This non-hierarchical divergence from the philosophical tradition results from Spinoza’s parallelism (rather than prioritization of one over the other) between body and mind, between the false and the true and between narrative and scientific discourse. Narratives of various sorts shape our socio-economic life. These narratives may be false, but they are nevertheless a true aspect of our historical existence.

Literature is of course concerned with narratives and fictions. However, it would be misleading to relegate literature to the fictitious. Rather, it often critiques various fictions which shape our real, social and embodied life. As Auster has put it in an exchange with his fellow writer J. M. Coetzee about the recent financial crisis:

What we are talking about here, I think, is the power of fiction to affect reality, and the supreme fiction of our world is money. What is money but worthless pieces of paper? If that paper has acquired value, it is only large numbers of people who have chosen to give it value. The system runs on faith. Not truth or reality, but collective belief. (Auster & Coetzee 2013, p. 22)

Spinoza takes seriously the often neglected power of fiction to affect reality. He might be more radical than Auster, when he argues that the falsity of fiction nevertheless contributes to the diverse and multifaceted reality or truth of our social and embodied life. We exchange intrinsically worthless

pieces of paper under the name 'money' and in doing so, the unreal or false morphs into a real and important entity. By sometimes highlighting how what we take to be naturally real is in actual fact a socially constructed fiction, based on convention, literature may be able to work towards a change in our approach to such socially constructed fictions. There are fictions of chronometric time that distort the meaning of both youth and ageing. Beyond such chronometric distortions, our bodies are, however, subject to various breakdowns in both youth and age. We are in the philosophical habit of neglecting or marginalizing such collapses and relegating them to a delayed time horizon of age. A diverse and more comprehensive perspective strives to include what philosophy has been in the habit of excluding.

Here modern Jewish writing and thought may be salient, because from Spinoza onwards it explores topics of diversity and plurality. Apropos of German Jewish writing and thought, Paul Mendes-Flohr has coined the notion of a dual identity, writing 'that Jewry's articulate struggle to live with a plurality of identities and cultures – which is increasingly recognized to be a salient feature of Western modernity – is a mirror of a larger phenomenon beyond the specifics of Jewish existence.' (Mendes-Flohr 1999, pp. 3–4). This preoccupation with issues of diversity in modern Jewish writing and thought helps us see ageing in a different light where it is no longer a marginalized, tabooed or silenced topic.

Ageing has been associated with the vulnerability and mortality of our embodied existence. As we have seen, Spinoza subjected Plato's and the Cartesian assumption of the mind's control over the body to ironic treatment, arguing that there is a parallelism rather than a hierarchical relationship between the two. While the body is subject to decay, the mind here assumes the position of timeless mastery. Jan Baars has analysed the relevance of this Cartesian model of the mind's controlling role for the exclusion from philosophical discussion of mortality and ageing:

This is basically Descartes' idea of a rational being that sets out to become the master of the 'outside reality.' Sometimes we get the impression that this rational individual could create itself or, like a Baron Münchhausen, pull himself from the mire of irrational nature by his own hair and take on a rational essence. This type of rationalist pretension is especially problematic when the time perspective moves from fairly clear actions to complicated and essentially unpredictable developments within the span of human lives. (Baars 2012, p. 29)

This emphasis on control, autonomy, in short, on a will preoccupied with the activity to shape one's circumstances rather than passively fall prey to them lies at the heart of the philosophical project of modernity. As Robert

has abundantly shown, this project has had a huge impact on society at large from the work of Kant and Hegel onwards. Philosophical notions of the mind's control over the body, and the self's autonomy in regard to merely embodied, material circumstances have interacted with larger socio-political and economic developments that have helped to increase our sense of independence from corporeal and material conditions.

Baars writes that in late modernity, 'the market cultivates the illusion that everything can be bought and that choices would be unlimited for those who can afford them' (Baars 2012, p. 235). Uncertainties and risks, which accompany our embodied life – prone as it is to various deteriorations which we have come to associate with ageing – cannot, however, be overcome through the positing of notions (such as those of freedom or autonomy):

there is often a lack of the most needed information, influence, or power to make adequate decisions and realize life plans accordingly. Moreover, the fundamental uncertainty of the future limits the ability to plan ahead. Choices are inevitable but also limited, as we can learn from the fate of the many fascinating but inadequate attempts at a prognosis of the future. In other words, you have to choose, but you cannot determine the outcomes. (Baars 2012, p. 235)

There is a pronounced sense of the uncertain, the unexpected and the absence of teleology (the aimless or goalless) in literature. As we have seen, Spinoza may well have been the first thinker to include in his account of truth the false reality of the fictitious in which we sometimes put our trust (as in money, for example). Hannah Arendt and Walter Benjamin are two Jewish thinkers of the twentieth century whose work has been informed by a literary sensibility which allows for uncertainty, contingency, transformation and new beginnings.

Benjamin's entire oeuvre focuses on time in a way that significantly deviates from Heidegger's conception of being as thrown-ness towards death. Michael Löwy has clearly shown that 'Benjamin made crystal clear his feelings of hostility towards the author of *Sein und Zeit* long before Heidegger revealed his allegiance to the Third Reich' (Löwy 2005, p. 3). Instead of death, it is old age which preoccupies Benjamin's writing and thought about history and time. This comes most clearly to the fore in Thesis IX of his 'Concept of History'. Here the angel of history reverses the perspective we have become accustomed to in the face of the deaths and ruin wreaked by various destructions:

Where a chain of events appears before us, he sees only one single catastrophe, which keeps piling wreckage upon wreckage and hurls it at its feet. The angel would like to stay, awaken the dead, and make whole what has been smashed. But a storm is

blowing from Paradise and has got caught in his wings; it is so strong that the angel can no longer close them. This storm drives him irresistibly into the future, to which his back is turned, while the pile of debris before him grows toward the sky. What we call progress is this storm. (quoted in Löwy 2005, p. 62) [italics in the original]

Benjamin contaminates Paradise and progress with their traditional opposites: Hell and regression. The storm from paradise (or, in other words, progress) prevents Benjamin's angel from resuscitating history's old age. The progressive force of this storm turns out to be not only deadly but violent. Benjamin wrote his theses on the concept of history in 1940, a year in which the Nazis categorized Jews and Judaism as old, ill, infectious and contaminating: no longer fit for life or mere survival but ready for extermination as enacted a few years later in the death camps of the Nazi genocide (only fit to be preserved as dead objects in a museum such as the one the Nazis planned to build in Prague).

Benjamin's angel of history is highly relevant for a non-chronometric understanding of ageing. The angel pays attention to those who are left behind by progress. Those whom he wants to rescue from the onslaught of time are the ill, the aged and the dead. Benjamin's angel cares for the embodied frailties which we associate with ageing. Significantly, Benjamin based his conceptual, philosophical work on concrete, embodied works of art and literature. His angel of history was inspired by living with Paul Klee's painting *Angelus Novus* (Benjamin owned the painting and literally lived with it). Benjamin combines literature with philosophy. He started out in the academic German literary school of philology and subsequently wrote most of his oeuvre as a freelance literary critic. This does not mean that he fits into a traditional literature department. Even though much of his writing reflects on literature (Goethe), literary tropes (allegory) and its translation (Proust and Baudelaire), it departs from the traditional tenets of either the German tradition of philology or the English strand of practical criticism. Benjamin gives literary studies a highly theoretical bent.

What does this mean? Benjamin relates the literary to larger socio-political and economic topics, albeit insisting on the distinct and unique contribution works of literature make to transforming how we approach and perceive these topics. By doing so, he alienated the traditional academic establishment, and not surprisingly his habilitation thesis on the German Mourning Play was failed by the philological German literature department of Frankfurt University.

Having been a student of Karl Jaspers and Martin Heidegger, Hannah Arendt was more professionally attached to the discipline of philosophy than

Benjamin. She nevertheless attempts to undermine philosophical hostility to the plurality or diversity of embodied life. She also took issue with the determinism implicit in Heidegger's notion of thrown-ness (*Geworfenheit*), developing her counter-concept of natality. As Baars has argued, natality 'is not only something that happens at birth, but it qualifies human lives from birth to death, inspiring hope, creativity, critique, rebirth, and the emergence of new horizon' (Baars 2012, p. 241). Baars refers to Arendt's notion of natality in order to undermine chronometric perspectives on ageing. Arendt's idea of natality indeed partakes of the conceptual framework of contamination: it contaminates birth with its traditional, dialectical opposite – age and ageing. Ageing may actually be contaminated with its apparent opposite: birth and youth. This would be unexpected, and Arendt's notion of natality highlights the reality of the diverse, the non-determined and the unpredictable newness of beginnings where we would not have hoped to encounter them.

As Miguel has recently shown, Arendt develops her understanding of natality not on the basis of Augustine's writing but that of her friend and collaborator Benjamin. Admittedly, Arendt credits Augustine with the philosophical discovery of a new beginning. Augustine is, however, part of a larger philosophical tradition which Arendt takes issue with for its hostility towards plurality. Vatter has argued that in 'his discussion of the reasons for God's creation of Man, Augustine claims that God created human beings as "Adam", that is, as a singular "man", in contrast to the creation of animals, which is always plural' (Vatter 2014, p. 143). Arendt critiques the single-mindedness of Augustine's traditional, humanist perspective when she tries to 'protect men in their being-animal, that is to say, in their plurality' (Arendt 2002, pp. 70–71). As Vatter has maintained: 'Natality, then is a concept that Arendt employs to deconstruct the "humanist" opposition between animality and humanity based on the neo-Aristotelean distinction between *zoe* and *bios*' (Vatter 2014, p. 145). Arendt and Benjamin in different but related ways attempt to undermine various theological as well as philosophical traditions that oppose the human with the animal, thereby opposing the mind and the body. Like Spinoza, Arendt and Benjamin try to establish parallelisms and contaminations between different entities, rather than oppositions.

In doing so, they theoretically delineate what Philip Roth describes in his late novels about ageing. Like Auster (in the quotations above), they try to bridge the gulf between world and word, by highlighting both the body's cognitive faculties and the embodiment of apparently abstract, signifying structures. By undermining the philosophical traditions of teleology, anthropocentrism and unicity, Spinoza, Benjamin and Arendt's work falls outside the parameters of mainstream philosophy. It is neither philosophy nor

literature and perhaps its deviance and defiance of theological and philosophical creeds may go under the term ‘theory’.

It is in this theoretical ambience that literature describes and reflects upon age and ageing more extensively than philosophy. Ageing has traditionally been marginalized in philosophical discussions. Instead, philosophy has emphasized the significance of death in order to establish the quasi-immortality of cerebral entities such as Plato’s ideas that supposedly endure in a free realm that is autonomous in its radical independence from material conditions which are exposed to ageing, decay and death. As Baars has emphasized:

throughout history death has been a subject of intense debate and reflection, while discussions about ageing have been scarce. One important reason for this lopsided attention is that throughout history death was much more part of everyday life and would strike at all ages, while mortality has over the last century gradually been concentrated in later life. (Baars 2012, p. 235)

Ageing has been subsumed under the topic of death, and as such it has been contrasted with birth. This chapter attempts to contaminate these traditionally binary oppositions. While the main part of the chapter has focused on how a philosophical approach that takes embodied frailties seriously (as discussed in modern Jewish thought from Spinoza to Benjamin and Arendt) contributes to a non-chronometric understanding of ageing, the concluding part attempts to illustrate this theoretical discussion with close reading of Philip Roth’s literary work.

Before proceeding to this concluding part, let me briefly address the question of how a contamination of ageing and birth (as discussed above) relates to recent debates about humanism and posthumanism. By relegating ageing to the domain of death, the western philosophical tradition has treated it as an unsavoury topic which associates the human with the mortality and vulnerability of the animal. As Alasdair MacIntyre has pointed out, throughout the history of philosophy (‘from Plato to Moore’), ‘there are ‘only passing remarks to [checked quote: ‘to’ and not ‘on’] human vulnerability and affliction and to the connections between them and our dependence on others’ (MacIntyre 1999, p. 1). While further developing MacIntyre’s ethics of human vulnerability, the following discussion of Roth’s literary work on ageing contributes to comprehending the reason for philosophy’s neglect of the human animal in its embodied dependency. The *rationale d’être* for such neglect resides in the assumption of the mind’s controlling position over the body which characterizes both the Platonic and the Cartesian conceptions of humanity.

Philip Roth's Contamination of the Chronometric Approach Towards Ageing

The following renders mutually contaminated the traditionally opposed terms of ageing and birth. As we have seen in the preceding section mainly through an analysis of Spinoza's thought, we have come to contrast and oppose birth with ageing. Rather than being natural, this opposition between birth and ageing accompanies the constructed or fictional character that governs aspects of our societal system of categorization. As Hannah Arendt has shown in her analysis of both anti-Semitism and totalitarianism, prejudicial fictions may be appealing and may thus win over large groups of people if not entire societies, due to their neat and coherent appearance:

Before they seize power and establish a world according to their doctrines, totalitarian movements conjure up a lying world of consistency which is more adequate to the needs of the human mind than reality itself; in which, through sheer imagination, uprooted masses can feel at home and are spared the never-ending shocks which real life and real experiences deal to human beings and their expectations'. (Arendt 2004, pp. 464–465)

Here, Arendt analyses the politics that turns reality into a fiction. This pressure is most pronounced in totalitarianism: in totalitarianism we encounter in the most striking form the pressure to conform to norms prescribing the appearance of health and youth as an all-encompassing political necessity. The population which has become totalitarian sees in this beautification (or aestheticization) of politics – as Benjamin has put it in his treatise on the 'Work of Art in the Age of Mechanical Reproduction' – a device that guards against the chaos of our diverse human condition:

Before the alternative of facing the anarchic growth and total arbitrariness of decay or bowing down before the most rigid, fantastically fictitious consistency of an ideology, the masses probably will always choose the latter and be ready to pay for it with individual sacrifices – and this not because they are stupid or wicked, but because in the general disaster this escape grants them a minimum of self-respect'. (Arendt 2004, p.464)

In terms of political appeal, cerebrally constructed fictions are much more attractive than our organic reality of decay, ageing and death. Fictions of the real tend to rule our politics, and this no more so than in totalitarianism. Here the coherence and consistency of a constructed world safeguards against the mess

of our embodied existence. The escape from this embodied existence is an escape from birth – ‘anarchic growth’ – and ageing – ‘total arbitrariness of decay’.

Throughout his writing, Philip Roth has described various versions of society’s hostility to the messiness of our organic unpredictability that confounds the seemingly well-defined categories of birth, youth and ageing. This is one reason why his novels critique the way fictions of predictability, coherence and consistency hold sway over our sense of reality. Here literature takes issue with the fictions we construct in order to make life simple and easy. Roth has spoken of his ‘continuing preoccupation with the relationship between the written and the unwritten world’ (Roth 1961, p. xiii). He explores this relationship in his novels. This means that the novel becomes a ground on which to test the unwritten world’s (let’s call this ‘reality’) entanglement and entrapment with the written world of fiction. Roth’s Zuckerman novels are a case in point and so is his early novel *Portnoy’s Complaint*. Portnoy cannot get over the fact that the real sometimes gets caught in fictive nets of narratives promising redemption and/or superiority.

It is this sense of unruliness that pervades Roth’s novels from his early works on adolescent revolt to his more recent literary approach towards ageing and decay. Here literature is a disruptive force that changes the way we think by interrupting our ways of seeing and doing things. Literature runs counter to our accustomed lives. It is a counterforce. Roth calls it ‘counterlife’ (the title of one of his Zuckerman novels). ‘Counterliving’, as Ross Posnock has put it, is ‘a way of understanding the capacity – propensity – of individuals and history for defying the plausible and predicable’ (Posnock: 274).

The unpredictability of the diverse and the seemingly implausible is literature’s subject matter. According to Roth this is exactly what characterizes life. Life is the democracy of the non-homogeneous and unpredictable; it is the ongoing flow of organisms that diverge, split up and forever renew themselves, confounding categories of youth and ageing: ‘Life *is* and [checked quote, this is correct]: the accidental and the immutable, the elusive and the graspable, the bizarre and the predictable, the actual and the potential, all the multiplying realities, entangled, overlapping, conjoined – plus the multiplying illusions!’ (Roth: 1988a, p. 310). By allowing for contradictions and various contaminations, literature not so much imitates but sustains life, giving succour to its exuberance of both growth and decay – two entities that are not separate, and we should thus be careful not to oppose them. As Roth has put it in one of his late novels about ageing, *The Dying Animal*: ‘But being old also means that despite, in addition to, and in excess of your beenness, you still are. Your beenness is very much alive. You still are, and one is as haunted by the still-being and its fullness as by the having-already-been, the pastness’

(Roth 2001, p. 36). The narrator of *The Dying Animal* attempts to intervene in public health discourse which equates ageing with chronometric time: ‘The only thing you understand about the old when you’re not old is that they have been stamped by their time. But understanding only that freezes them in their time, and so amounts to no understanding at all’ (Roth 2001, p. 36). The chronometric approach towards ageing which is part of medicine (i.e. of medicine as defined in terms of positivism) misunderstands ageing as being a question of near-death. Roth’s literary work intervenes and confronts us with the life of those we have come to define as almost dead.

This is not to say that Roth reduces literature to a form of medical practice. In his *Anatomy Lesson*, he warns against a confusion of literature with medicine. Literature’s distinction from medicine does not invalidate its potential for interventions in our embodied social world. This potential is, however, not a calm or didactic one, but that of the unquiet, the contaminated. In *Ghost Writer*, the young Zuckerman encounters via his literary idol, the imagined, fictive writer E. I. Lonoff, Henry James’s conception of literature’s dark drive. The elderly Lonoff requests to have three sentences from James’s story ‘The Middle Years’ ‘hanging over his head while beneath them he sat turning his own sentences: “We work in the dark – we give what we have. Our doubt is our passion and our passion is our task. The rest is the madness of art”’ (Roth 1988b, p. 77). The young Zuckerman is taken aback: ‘I would have thought the madness of everything but art. The art was what was sane, no? Or was I something missing?’ (Roth: 1988b, p. 77). What Zuckerman is missing here is the disruptive and unsettling force of literature and art. In *Zuckerman Unbound*, he has become acquainted with the uncontained and with what made Plato ban artists from his city.

Literature and art’s passion is to be doubtful. Doubt drives the constant revision of artistic work on a formal level. The rest which is the madness of art manifests itself in its craziness, in its disruptive effect on its audience. It makes the audience doubtful of what it has become accustomed to believe to be true, good, beautiful and representative of our human condition. From early on, Roth’s novels have focused on sex as being akin to art’s disruptive aspects.

In his more recent novels, Roth couples sex with ageing. This combination of the sexual energy with the ageing process calls into doubt traditional representations of the elderly. By depicting age within the context of sex, Roth questions the opposition between birth or youth and ageing. The hero of *Shabbath’s Theatre* is an elderly man who refuses to live up to representations of what it means to be old. He rebels against death and thrives in his sexual as well as obscenely artistic life: ‘Oh Shabbath wanted to live! He thrived on this stuff! Why die?’ (Roth 1996, p. 172). There is no denying the

facts of death and disease. The flat representation of these facts does, however, a disservice to art's and literature's so far untapped resources that not so much represent what we are but offer alternatives to the status quo by showing us our unrealized or unacknowledged lives. In this innovative form of representation, the arts help us imagine what we could be as well as confront us with what societal norms do not countenance. This non-representational – in the sense of non-representative or non-normative – show of art is disruptive.

The shows Shabbath put on public display are obscene and call into doubts norms and regulations. This is part of their hilarity. The sexual disruptions of an elderly man are what the art of this novel is: 'There was a kind of art in his providing an illicit adventure not with a boy of their age but with someone three times their age – the very repugnance that his aging body inspired in them had to make their adventure with him feel a little like a crime and thereby give free play to their budding perversity and to the confused exhilaration that comes of flirting with disgrace' (Roth 1996, p. 213). Sex is no longer simply sex here: it has become a form of art that disrupts our relationship to standard forms of representation which depict ageing in terms of pain and therefore a shrinking or closed-in world – a limited world that does no longer allow for the uncontainable and excessively expansive urges of libidinal energy. Elaine Scarry has provided the following account of representations of ageing, which Roth's *Shabbath's Theatre* counteracts and violates:

As the body breaks down, it becomes increasingly an object of attention, usurping the place of all other objects, so that finally, in the very old and sick people, the world may exist only in a circle of two feet out from themselves; the exclusive content of perception and speech may become what is eaten, the problems of excreting, the progress of pains, the comfort or discomfort of a particular chair or bed. Stravinsky once described aging as: 'the ever-shrinking perimeter of pleasure.' This constantly diminishing world ground is almost a given in representations of old age. (Scarry 1985, pp. 32–33)

Shabbath's Theatre calls the given in representations of old age into doubt. Roth's recent novels contend with Scarry's representative description of the ageing process's 'exclusive content': a content that is filled with the absence of youth and birth. Literature here renders inclusive what we have come to think and perceive as excluded or exclusive.

This disruption of what we are used to see as representations of old age is partly achieved through the evocation of madness. One housewife Mickey Shabbath tries to seduce, accuses him of being a 'maniac' and she goes on

substantiate her charge through an account of his intergenerational abnormality. ‘You have the body of an old man, the life of an old man, the past of an old man, and the instinctive force of a two-year old’ (Roth 1996, p. 335). Shabbath, however, turns the tables on the accuser, calling the moral idea of fidelity madness: ‘The *madness*. There is no punishment too extreme for the crazy bastard who came up with the idea of fidelity. To demand of the human flesh fidelity. The cruelty of it, the mockery of it, simply unspeakable’ (Roth 1996, p. 336). Within this context, the novel compares its hero with that of another protagonist of ageing. *Shabbath’s Theatre* in all its profanity evokes the cruelty meted out on King Lear by his two daughters Regan and Goneril. The novel establishes parallels between Mickey Shabbath, the elderly but virile man whom society mocks and casts out of its halls of residence, and the outcast Lear who is ‘mightily abused’ (Roth 1996, p. 297). Mickey quotes Lear’s ‘Pray, do not mock me. /I am a very foolish, fond, old man,’ and elaborates on what it means not to be in ‘perfect mind’ (Roth 1996, p. 296): ‘The mind is the perpetual motion machine. You’re not ever free of anything. Your mind’s in the hand of *everything*’ (Roth 1996, p. 296). The madness of the old Lear turns into the sexual excess of Mickey Shabbath whose craziness is his breaking of the norms associated with ageing: his mind will not let go of the world, and his world refuses to diminish – it manifests the opposite of a shrinking perimeter of pleasure cited above.

Shabbath Theatre’s quotations from *King Lear* are quite significant. As Helen Small has shown, Shakespeare’s play counters Aristotle’s account of ageing: ‘At this moment [i.e. Lear’s soliloquy in Act 3 Scene 4. 28–36] such a reading would say, Lear is not – as Aristotle’s rhetorical portrait of old men had it – made “small minded” by age. He is not reduced to chilliness, cowardice, or a desire for ‘nothing more exalted or unusual than what will keep him alive’ (Small 2007, p. 84). Even though he may be mad, Lear’s intelligence is quite active and perceptive (rather than non-functional or ‘senile’). He ‘is capable of smelling out the bad faith that speaks in injunctions to be patient, when what is intended is that one surrender meekly to injustice. ‘Being weak, seem so,’ as Regan says (2.4.190)’ (Small 2007, p. 84). Regan and Goneril’s physical assault on Lear transmutes into the social as well as psychological cruelty which Roth’s novel makes us cognize as a certain moral code which we are expected to live up to. We have to live up to society’s representation of ‘human purity’ ” (Roth 1996, p. 274). This ideology of purity mocks and denies the reality of youth within age by stigmatizing the coupling of sex with ageing. The outrage of Mickey Shabbath is precisely that he is both erotic and old.

The associations of sex include what it may on occasion result in: procreation or birth. As a sexually driven elderly man, Mickey commingles what society represents as binary opposites. Rather than opposing age and birth/youth with each other, he reconciles them, rendering compatible what is supposed incompatible. In doing so, he unmasks the representative morality of ageing as cruel mockery against which he protests in Lear-like fashion: 'That is what it comes down to: caricaturing us, insulting us, abhorring in us what is nothing more than the delightful Dionysian underlayer of life' (Roth 1996, p. 237). As modern Lear, Mickey Shabbath vents his anger at the segregation of the procreative and the youthful from what is represented and considered to be old: 'No, too old for that. Finished with that'. He waves his hand almost angrily, 'That's *done*. That's *out*. Good-bye, girl-friends' (Roth 1996, p. 395). It is as though the aged need to live up to their representations. They need to be old and sexless and non-creative. Otherwise, the representative role they must play has to be reinforced via insult and mockery.

The elderly have to find their way into the nomenclatural box where they are cut off from youth or birth: 'All the existence, born, and unborn, possible and impossible, in drawers. But empty drawers looked at long enough can probably drive you mad' (Roth 1996, p. 395). Mickey leaves the representative drawers open and does not fill them with his age. This drives society mad. So mad that Mickey, again a modern version of Lear in this respect, is 'waiting to be murdered' (Roth 1996, p. 450) by those who cannot endure what represents to them his madness.

Roth's recent novels from *The Dying Animal* to *Nemesis* (2010) interrupt channels that connect representations of ageing to accustomed forms of our thinking about age, youth and birth. In this context, we could read his *Everyman* (2007) as an attempt to change our perception of what is our common biological itinerary. Literature disrupts the monolithic path of the trajectory traversing birth and death. It highlights within the supposedly shrinking world of ageing 'that sharp sense of individuation, of sublime singularity, that marks a fresh sexual encounter or love affair and that is the opposite of the deadening depersonalization of serious illness' (Roth 2007, p. 134). Roth's everyman diverges from what we have come to cognize and recognize as ageing, decay and death. The ending of this short novel is striking. Even though, it, as we all do, ends in death, the moment preceding anesthetization (for what proves to be a fatal surgery) is not that of a closing but expanding world: 'He went under feeling far from felled, anything but doomed, eager yet again to be fulfilled, but nonetheless he never woke up' (Roth 2007, p. 182). There is of course no denying: death is our common fate, and ageing is the life experience of everyman and every woman.

This experience is, however, not restricted to those whom we commonly represent as elderly or aged. Ageing starts with birth. Literature questions fictions, and the fictitious opposition between birth and ageing is one of them. The moment before death might indeed be the feeling of the ‘eager yet to be fulfilled’. It is this contaminating reconfiguration of what we previously thought to be separate and incompatible that is part of literature’s interruption of the fictitious prejudices, stigmas, norms and segregations that render not only the world of the aged an ever-shrinking perimeter of pleasure. As we have seen in the first part of this chapter, Spinoza’s parallelism between mind and body prepares the ground for what I call the ‘figure of contamination’ (Mack, p. 2016). ‘Contamination’ allows for the simultaneous interdependence of what has previously been conceived as opposed or separate (as in traditional mind-body divisions). Spinoza contaminates dialectically opposed entities (such as the body and the mind, the intellect and the appetites and so forth).

From a Spinozist perspective, literature expands our world and opens it up to what is there but so far has been neglected or marginalized. It counteracts pain not as quasi-medical antidote to suffering we have already incurred but by cogitatively expanding society’s sense of our truly open world, freeing it from fictions that diminish it to one where suffering turns out to be – but does not need to be – our common lot. Literature is thus the truthful – but not empirically real – cosmos where we encounter admonishments of the fulfilled and wide open even in moments that precede oblivion. By allowing for possible worlds of non-diminishing reality in the here and now, literature changes the way we think and that not only about ageing, birth and youth.

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Part II

The Experience of Aging

11

The Stories of Our Lives: Aging and Narrative

David Carr

Life and Time

In many ways, a person is like a piece of furniture – for example, the comfortable armchair in my living room. It persists through time from its construction to its eventual collapse and demise. At some point, it's going to fall apart, no longer able to function as a chair. Until then, it ages gradually and acquires the marks of its interaction with the things and people around it, the nicks and scratches and spills inflicted on its surface, the hollows and furrows made by those who sat on it. It can be repaired and recovered from time to time, and these will extend its life, but eventually, like the people who use it, it will sag and wobble until it can no longer be saved. Its remains will end up in a landfill or a fireplace.

So much for the similarities. What about the differences? People differ from items of furniture in many ways, but an important difference is that at almost every stage along this itinerary, from construction to demise, people are aware of their surroundings and of themselves. *Consciousness* and *experience* are the terms we use for this awareness, and chairs (as far as we know)

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don't have it. Philosophers have often favored other traits for distinguishing people from furniture, such as language, reason, and feelings, and a lot could be said about how these relate to awareness and self-awareness. But I want to focus on the latter on their own terms, partly because of their inherent temporality. Language and reason are capacities that we sometimes exercise and sometimes don't, but awareness/self-awareness are always there, at least as long as we are awake. And they go together: when you are aware of your surroundings you are also aware of being aware, even when you don't focus on yourself or on the particular experience you are having.

Now here's the temporal part: having experiences and being self-aware are always in the present. And this is a temporal present, not a spatial present. So here, 'present' is contrasted not with 'absent' but with past and future. But we are aware of these too. Chairs, and everything else, exist in the present moment. But people are aware of being in the present and also of the past and the future. They come equipped with memories and expectations. But it is important not to consider these merely as capacities we exercise from time to time. To be self-aware in (of) the present is possible only against the background of past and future. When something takes place, it takes the place of something else; and something else will take its place in turn. That's true of *what* we experience and of our experience itself. The language of foreground and background is useful here. The present stands out from the double background of past and future. That's just what it means to be present, that's part of its presentness. And that's how we experience it. Every moment of experience emerges from the future and is destined to join the past. Every moment of experience foreshadows a future which will itself become a present moment of experience.

To continue our comparison with a chair: a person also accumulates the traces of what has befallen him or her – those nicks and scratches and hollows and furrows. But these are at any moment entirely in the present, and the chair has no awareness (again: as far as we know) that these have their origin in past events. A person lives through these events but is also aware of having done so. Expectations and plans, too, are entirely in the present, but for the person who has them they refer to events or actions that will eventually happen.

Discussion of memories and expectations can often get bogged down in questions of accuracy. Our memories can be deceptive, and our plans and expectations can be disappointed. But for our discussion, this is less important than just the fact that we always have memories and expectations, right or wrong. We live our lives in the present, and we are aware of this, but our awareness is also awareness of the non-present, past, and future. And again,

this awareness of past and future, our memories and expectations and plans, is not something that pops up from time to time. It is something we are never without; they are just part of having experience at all.

Let's try to fill in this temporal picture of awareness and self-awareness. The present, that stands out from these double backgrounds of past and future, is always changing. That is, its content is always changing while the form remains the same. And that is true of the past and future as well. What we plan and what we expect can change from day to day, and even the past changes in the sense that what we remember varies too.

But there's another, more formal sense in which past and future change. The past is always growing while the future is being robbed of its content as it passes into present and past. In this sense, the past is always getting bigger as the future gets smaller. But speaking quantitatively about past and future assumes that both are limited. And of course they are, since we are speaking here of *our* past and future, the span of our memories and expectations. That is, past background has a beginning and the future background has an end. These are facts, but also elements of our awareness. It's as if the chair were aware, not just of its past and future, but also, at least implicitly, of its origin and its demise.

Here it may be useful to distinguish between awareness of past and future, on the one hand, and our memories and expectations and plans, on the other. Our birth is not something we remember, and our death is not something we can eventually experience. On the other hand, we are certainly aware of birth and death. They are facts, and we could be said to know them, but our awareness of them is something more than this. It's not that we think about them; for the most part we don't. Nor are they facts we are reminded of from time to time. I think they hover indistinctly as boundaries of our experience, and what lies between those boundaries is what we call our life.

It should be obvious by now that my approach here is phenomenological, in a very broad and undoctrinaire sense. This means that I am concerned not with how things are but with how they seem. I already indicated this when I said that the accuracy of memories and expectations are not an issue here. This means not only that my focus is on how things seem. I am also not interested in contrasting how things seem with how they are. How things are in some objective sense is just not an issue; it's bracketed. Accuracy and truthfulness are relevant, but only as they apply to seeming itself. Phenomenology is the attempt to describe truthfully how things seem from the first person point of view. This is a point of view that chairs (as far as we know) don't have. In fact, we could say that chairs and other such things don't have any point of

view, first person or otherwise. The first person point of view is that of awareness and self-awareness. And what we have tried to do so far is draw out the temporal aspects of awareness and self-awareness.

Narrative

My aim in this chapter is to make a connection between this account of 'life' and narrative. Before I do that, I want to talk about narrative itself. A narrative is a story, and the term 'narrative' refers to stories and storytelling. The latter are ubiquitous and pervasive in human culture, and until recently, they were largely taken for granted and hardly captured the notice of theoretical or philosophical reflection. When this finally happened, in the 1960s, it happened in two different places and in different ways. First, literary critics and theorists noticed that the act of storytelling they associated primarily with great works of fiction appeared not only in films and plays, but also in histories, comic strips, anecdotes, fairy tales and folk tales, medical case histories, and court testimony. It seemed appropriate to ask what all these had in common, and to look at works of literature specifically in terms of their narrative features.

Second, some philosophers of history, who were interested in our knowledge of the past, observed that historians explain past events by telling stories about them. It occurred to them that history might best be understood by comparing it with literary works rather than with empirical science. Academic historians, of course, were less than happy with this comparison. History had traditionally been viewed as a literary genre, but since the nineteenth century, historians had labored mightily to establish history as an evidence-based discipline capable of telling the truth about the past. For them, focusing on narrative features of history seemed a regression.

But that's what happened. Literary theorists and philosophers of history didn't have much contact until Hayden White published a major work (1973) examining the literary features of historical writings. The study of narrative, in all its manifestations, became a major preoccupation, and some envisaged a new discipline, called 'narratology', to deal with them across all the usual boundaries.

What can we say, in a very general way, about narrative? Are there features we can point to that belong to all narratives? Here are a few things that can be said: A story is about a sequence of events or actions, usually involving people (anthropomorphized animals, switch engines, and the like can stand in).

These sequences are not always related in the order in which they occurred, but generally a story is said to have a beginning, a middle, and an end. Typically, stories are told retrospectively, that is, after the events have happened. Various persons and points of view can be discerned here. There is a narrator, of course, who is telling the story, and an audience, to whom the story is told. Then there are the characters, personages, heroes, heroines, etc., whose actions and experiences are told about. The narrator need not be the author of a story: one can tell a story written by somebody else, or a story of completely undetermined origin (e.g., jokes or folktales). Authors sometimes build the narrator into the story, making him or her one of the characters. This means that the narrator is sometimes omniscient, sometimes not. The author invariably is, however, knowing how things turned out before the characters do.

This question of who-knows-what-when is an important feature of narratives. Actions may have unintended consequences, and the agent is limited in a way that the retrospective narrator is not. The advantages of hindsight, and the irony and sometimes tragedy of unintended consequences, are pervasive features of stories, from Greek tragedy to the most commonplace anecdotes. The characters in stories are not the only ones limited in what they know. The narrator may choose to keep the audience in the dark as well, revealing what or when serves his or her purposes. Thus the reader or listener is in a position of voluntary servitude toward the narrator or author. Elements of surprise, laughter, and horror are the frequent results of such authorial manipulation. Some theorists think that narratives exhibit archetypal plot structures such as romance, tragedy, comedy, and satire, as well as devices such as reversals of fortune, turning points, or crises. This may seem too elaborate to apply to simple stories, but some element of disturbance or conflict seems always to be involved. The resolution of conflicts gives the story, and sometimes the characters, and the audience, the sense of an ending. Members of the audience have willingly taken a journey of emotional turbulence, actions, and adventures they themselves are not involved in, and emerge consoled and satisfied, without leaving their armchair or their seat in the theater or cinema.

The foregoing sketch will hardly do justice to the groaning shelves of books devoted to narrative in recent decades. But I hope to have hit the high points and mentioned the most important things. Our account so far was primarily structural, having to do with roles, points of view, and temporal positions. Toward the end, it seemed to veer into the psychological, speaking of consolation and satisfaction. This leads to another kind of question: what does narrative accomplish, what does it do for us? People are obviously eager

to tell, listen to, and read stories. What do they get out of it? What need does it satisfy, and why do we need to be consoled? Of course, we could mention the value of sheer entertainment, the need to escape the humdrum of daily life. This is true of some fiction, where our imagination is capable of transporting us to distant realms. But this explanation doesn't apply to all narratives. Even fictional narratives are often told about ordinary, daily life, and nonfictional narratives seem committed, by their very nature, to deal precisely not with fantasy but with reality.

Some theorists thus see a much broader rationale for narrative, claiming that stories allow us to 'make sense' of the world around us. This claim suggests that without narrative the world lacks sense, or threatens senselessness, that events and actions sometimes seem random and incoherent. When we tell a story we 'make sense' of them. Of course, telling stories is not the only way we combat randomness and incoherence, as Louis Mink (1987) noted. Classification, where events we don't understand are compared with others we do, is one way. Causal explanation is another. But narrative seems appropriate to human events and actions. These too may be subjected to classification or causal explanation, but often we are satisfied by a narrative; we understand what people are doing when we can tell a story about it. Mink claims that narrative is a mode of comprehension *sui generis* that he characterizes as 'configurational.' Finding a beginning, middle, and end transforms a mere sequence of events into a whole, and it is from the whole that the events derive their meaning. The narrative may be said to have a teleological structure, in which the events and actions that make it up point toward the conclusion or high point, and the elements of the story are selected and arranged for their relevance to the endpoint.

Life-Story: Biography and Autobiography

What connections can we now make between the first two parts of our account? The narrative of a life is called a biography, and this is a genre with which we are familiar. The story of someone's life is told in retrospect, usually after that person is dead. Biographical narratives are nonfictional narratives, so that the author is implicitly committed to telling her audience the true story of the subject, the life of this person as it really was. A biography is a third-person account, though the author may appear in the first person, drawing on personal experience, acquaintance, or even conversations with the subject.

But the account given in our first section claimed to be a first-person description, and the most obvious connection between this account and narrative is not the biography but the autobiography. This, too, is a familiar genre, and its close cousin is the memoir. There are some things we can say in a general way that will tie in with the first two parts of our essay. Here a person is writing about herself, so the narrative is typically in the first person. The story is told retrospectively, looking back on a succession of experiences, events, and actions. The author must choose what to include in the account and what to leave out, since it would be impossible to recount everything that happens to him or her. Here we can also invoke the perspectives of narrator, character, and audience, even though in this case narrator and principle character are the same person. But narrator and character are usually situated, as in most narratives, at different points of time, so that the narrator can assume the wisdom of hindsight in relation to his own earlier actions and experiences. The unintended consequences of one's actions, hidden from the agent at the time of action, are known to the narrator who tells the story after the fact. Much autobiographical writing turns on the contrast between youthful naiveté and the seasoned perspective attained by the more mature narrator.

What about the differences between biography and autobiography? A person composing a first-person narrative of her own life obviously has an intimate and direct access to her own thoughts and experiences. This might seem to be an advantage over the mere biographer, who must approach his subject from the outside, limited by the need to interpret the words and deeds available to outside observation. But other factors enter in, of course. Despite the author's implicit commitment, in a nonfictional narrative, to tell the truth, autobiographies are often exercises in self-justification or apologia. Revenge and score-settling are not uncommon. Even the most sincere effort at truth-telling may fall prey to self-deception. Thus the reader may be on the lookout for distortions and falsifications.

But even a biography may have an agenda or *parti pris*, so even here the reader may take the narrative with a grain of salt, if there are reasons to question its veracity. A biographer may glorify or vilify his subject. Indeed, any nonfictional narrative can be read with skepticism. Its claim to tell the truth about certain events is always subject to verification. So the difference in trustworthiness between an autobiography and a biography, and other nonfictional narratives, may be simply a matter of degree.

Much more important, of course, is the structural difference that comes with the first-person perspective. The biographer, at least the one who writes after the death of his subject, is in a position to recount the events of a life from a view of the whole. The autobiographer's account is necessarily written

at some point along the way. This means that the experiences and actions recounted are seen from the perspective of whatever present the author is writing in. Two autobiographies of the same person, if written at significantly different times of life, may vary considerably, and not simply because the account composed at a later date will include more material. The configurational and the teleological character of stories suggests that the endpoint will determine how events are selected and also how they are interpreted. In this sense different endpoints may produce different stories.

This of course is where age matters. The author who is advanced in years may have a very different view of life's meanings, even of events early in life, than the mid-life autobiographer. The same event, say a setback in career or love, may seem a tragedy to the 40-year old, and a blessing to the 80-year-old who has experienced the later outcomes of that event. But it does not follow that the older person has the complete picture. Here again we can contrast the biographer and the autobiographer. The former, with access to the whole life, can have a perspective that the latter of necessity can never have.

This recalls a well-known passage in the first book of Aristotle's *Nicomachean Ethics* (1999), where the subject is happiness. For Aristotle, happiness is not a subjective feeling but a pattern of activity extending over a whole life. But at any point in life that pattern is subject to extreme bad fortune, as was the case for the fabled Priam. Can a person then be judged happy only after he is dead, when no more evil may befall him? This seems an absurd consequence, since one's own experience of happiness would always be subject to a delayed assessment the person in question can never make. Can't we say the same thing about the significance of the events in a person's life? No one can ever decide for oneself, but would have to leave to others the full assessment.

Even so, the act of composing an autobiography, while it may seem necessarily plagued by a certain incompleteness, is an attempt to find meaning in one's life by writing a story about it. And while it may never be capable of actually assuming the perspective of the whole, it nevertheless aspires to this perspective, or at least tries to come as close to it as possible. Indeed, perhaps the autobiographer anticipates the view of the whole by considering not just the past, but also the present, from a postulated endpoint which has not yet arrived. In the sense of the future perfect tense, the events of life are considered as they will have looked from that anticipated endpoint. Thus a kind of quasi-retrospection tries to achieve imaginatively what cannot be achieved in actuality.

Here we can see that the autobiography is merely the application to one's own life of the idea that we make sense of events and experiences by telling a story about them. What may seem a chaos of unrelated actions and experiences

can be transformed into the unity of a story. But in this case it is one's own life, rather than fictional and nonfictional events involving others, that are thus transformed.

Autobiographical Reflection

But those people who write their autobiographies are relatively few. What about the rest of us? Does this retrospective search for meaning and coherence in one's own life occur only in the composition of an autobiography? Or does it correspond to a need for meaning and coherence that exists beforehand? If so, then the actual autobiography is merely the literary expression of the kind of reflection on life as a whole that we all engage in from time to time, whether we ever write it down or not.

This is where we should recall the temporal features of 'life' as we described them in the first section. If we lived our lives from moment to moment, forever confined to the present, life might seem a senseless and chaotic succession of nows with no hope for coherence or meaning. Or to be more precise, it would be less than chaotic, since even chaos would require that we are aware of a succession, but find no meaning in it. But as we saw, thanks to the awareness involved in memory and expectation, the present always stands out against its backgrounds of past and of future. The present may then appear as the outcome of past developments, and as preparation for what is to come.

Despite this openness to past and future, however, meaning and coherence may not always be evident. Two possibilities emerge here: one is a succession with insufficient coherence; the other is a succession with too much coherence. That is, I may search in vain among the events and actions of my life for any pattern or direction; or, alternatively, I may find myself to be locked in a pattern in which everything is determined, its meanings frozen, even its future laid out in advance. But I am not forced to accept either of these situations. I may find meaning in a chaotic and directionless life by seeking coherence and orienting past choices and experiences toward a new goal. And I can overthrow an overly determined life by breaking free and charting a new path. In either case, the reflection that reveals a certain shape, or shapelessness, to my life is not a matter of constating something written in stone. Rather, it can be the beginning of a process of reform and reorientation.

When we think about life in these terms, the notion of autobiography suggests itself. Reflecting on the course of one's life is like writing the story of one's life. What we have called the search for coherence, and the process of

reform and reorientation, are like rewriting that story. Like an autobiography, this kind of reflection occurs at some point along life's way and takes in the rest of life from the perspective of that point. As in autobiography, the person reflecting and the person reflected upon are the same person. Let us call this 'autobiographical reflection.'

We said earlier that stories are directed at an audience. Literary theorists argue that all narratives have an implied audience, even though a published work can be read by anyone who has access to the text. The kind of 'autobiographical reflection' we have in mind may never be written down, but it can be told to others, and the telling of one's story may play an important role in the kind of reorientation we have in mind here. The audience to whom this story is directed may play an important role in its formulation and reformulation. The story of one's life may be told to friends, lovers, family members, and close associates of different kinds. But in some cases, the only audience for such story-telling may be oneself. In this case, narrator, principle character, and audience are one and the same person. But the three roles can still be distinguished, and they help us understand the workings of the kind of autobiographical reflection we are trying to describe here.

To some extent, this kind of reflection has a practical role. If in the course of life I tell the story of my life, to myself or others, 'sorting things out,' trying to 'make sense' of things, as we say, the purpose of narration is not to entertain my audience or to transport it out of the everyday, as in the case of fictional narratives. Nor is it to convey factual information, as it may in certain legal or medical contexts. It is usually done in the service of a decision that has to be made about the future; but not always. In fact, we may say that such reflection is often an end in itself. In fact, we may not find it possible to separate 'living one's life' from 'reflecting on one's life.' The two may go hand in hand, and be inseparable from one another. And if reflecting on one's life is so intimately connected with life itself, then the narrative features of this kind of reflection may suggest a much broader understanding of narrative than is usually attached to this already-broad concept.

Narrative Identity

Questions about the nature of personal identity have long occupied philosophers. Who am I, and what constitutes my identity? Is it the identity of a body which, like the chair mentioned at the beginning, persists through changes over the course of time, a body which comes into being and eventually passes

away? If we add awareness, self-awareness, and consciousness to the mix, as we did above, does that change the nature of personal identity? Traditionally, the consideration of these notions has suggested to philosophers that instead of an identical material substance we must posit a spiritual substance, a mind or soul, which is the true persisting subject of experiences and awareness. Arguments about whether such immaterial substances exist at all, and how they relate to bodies (whose existence no one seems to doubt) have raged throughout the centuries, especially in modern times. Our increased knowledge of the brain and nervous system, far from settling these questions, seems instead to have made the puzzles more acute.

I have no intention of ringing the changes on these arguments, which are metaphysical in nature. That is, they concern questions of what truly exists and what doesn't. Instead I will take refuge in my insistence that my inquiry is phenomenological rather than metaphysical. I concern myself here not with what is but with what appears and how. It is in this context that narrative provides an interesting and useful way of thinking about personal identity.

We spoke earlier of awareness as a constant form whose content is always changing. We also said that awareness is of the present world around us, awareness of itself as present, and also of past and future. Awareness is thus a kind of vantage point upon a temporal multiplicity of events, actions, and experiences. Is there a subject, persisting through all this multiplicity, that can be identified as remaining the same? But the identity or unity of the subject is not so much an object to be identified in experience as the condition of experience itself. To whom does this multiplicity appear, for whom does it exist? Without a persisting subject, the appearance of this multiplicity of temporal phases doesn't make much sense. But this minimal concept of selfhood or personal identity is hardly enough to constitute what we think of as a life. To recall what we said earlier, such a subject could contemplate the chaos, disarray, and disunity of past experience and find it sadly lacking.

In the face of this disarray, what we called 'autobiographical reflection' would set about constructing the self as the protagonist of a meaningful life-story. This can be called narrative identity in the sense that the life-story is what makes every individual different from everyone else. But on our conception such a story is not written in stone, once and for all, but is constantly being revised and rewritten, each time from a different temporal vantage point. It is not always a matter of replacing chaos with order. In some cases, one kind of order can be abandoned and replaced with another. This can be seen most clearly in those cases of conversion, usually religious or political, that are known from the literature of confession. A youthful life of reckless

abandon is recast as a life of sin; a former dedication to world revolution and the salvation of mankind is now seen as immature naiveté and gullibility. In a psychoanalytic context, early family life is radically recast as an Oedipal drama tinged with sex and violence. Not everyone undergoes such radical conversions, but most of us engage in some degree of autobiographical revision.

The idea of the uniqueness of a life-story should not be exaggerated. Many of the examples of narrative identity are connected with preexisting roles with which we identify ourselves: parenthood, profession, citizenship, religion, etc. In each of these cases we identify with others who share the same roles. Just as such roles imply certain duties and responsibilities; they also unfold in narrative form as part of one's life-story. Of course, such roles can sometimes conflict, producing in the individual competing allegiances and incompatible demands. The result can be a crisis of identity and conflicting narratives.

The concept of narrative identity seems to place the responsibility for the shape of my own life squarely in my own hands. I am the author of my life-story whether I write it down or not. The idea of self-authorship suggests the idea of authenticity favored by existentialists, starting with Heidegger (1996), followed by Sartre (2001) with the idea of bad faith. The concept even has its antecedents in Kant's (1981) concept of autonomy. The idea seems to follow from skepticism about objective standards for how to live. Whether these standards had their origin in divine authority or natural law, they were thought to be located outside the self in the order of things, and to provide the rules for the good life, or for how one ought to live. Deprived of their authority by modern skepticism, they now seem arbitrary. This means that if we follow them, it is not because they have any inherent authority but only because we choose to do so. More often, though, we follow them by default or laziness, unwilling or afraid to face up to the choice. According to the Heideggerian idea of inauthenticity and the Sartrean notion of bad faith, most of us unthinkingly play socially determined roles. It is as if we are following a script of anonymous provenance, a story written by anyone and no one. In the well-known existentialist scenario, in the face of the emptiness of inauthenticity, I can heroically seize control of my own destiny, becoming, in effect, the author of my narrative. Thus what Charles Taylor (1991) calls the 'ethics of authenticity' can be understood in narrative terms.

Like the idea of radical conversion which it resembles, this notion of authenticity may paint in black-and-white terms what is really a spectrum or a matter of degree. Without emphasizing its ethical implications, we can draw on the idea of narrative as a way of understanding the importance of autobiographical reflection in living and understanding one's life.

Aging

It may seem that we are arriving at our main topic only at the end of our essay, but in fact we have encountered aging at several stages along the way.

The chair, with which we began, itself ages and bears the signs of aging in the nicks and scratches we mentioned. As it approaches its collapse, it weakens and is less and less able to perform its function of supporting comfortably those who sit on it. People, too, of course, bear the traces of what they have been through; bodily accidents and habits leave their marks, and a gradual weakening eventually undermines the capacities of most people to function physically as they once did.

These changes, like those of the chair, are visible to an external observer; but people, unlike chairs, experience these changes in themselves. Experience, of course, includes that of pain and of emotions such as frustration, but we've paid attention primarily to the temporal features of experience. And as we've seen, experience is always present experience and carries its reference to past and future along with it. That is, people not only accumulate traces of the past, they are also aware of these traces as traces and are aware of where they came from; they experience their diminished capacities as having developed over time and are also aware of their effects on future possibilities. On this view, experience is an ever-changing perspective or vantage point from which we survey past and future, and of course, this means that past and future look different depending on where we view them from. In appealing to notions of perspective, vantage point and 'view,' we are of course employing a spatial metaphor to illuminate the temporal. Aging is thus not just an accumulation of years but an advancing and changing point of view.

We also saw that this temporal span of our experience is always attended by an awareness of its limits: the experienced past has its origin in our birth, and the future is limited by death. These limits lend a quantitative aspect to our lives in which the past is always growing and the future always diminishing. The awareness of our finitude or mortality is thus, in a temporal perspective, not something fixed once and for all, but something constantly changing from within. If we live longer than we expect to, our future might seem to expand rather than contract. But here it is important to invoke our phenomenological perspective: we are referring to perceived limits, not factual ones. Even though quantity has entered the picture, it is perceived quantity, and not factual quantity, that counts. Not knowing the date of our death, we are always moving closer to it, never away from it.

These are aspects of aging that derive from considering its temporal features. But our understanding is increased by invoking the narrative perspective that emerged in our concept of autobiographical reflection. Here we have more than the changing perspective of the present coordinated with the differing appearance of past and future. Autobiographical reflection is an active reassessment in which the past can be recast and reinterpreted in light of the changing present and the revised future. We are constantly composing and recomposing the stories of our lives. Not everything about this process is active, of course; autobiographical revision is often prompted, even necessitated, by things that happen to us, things over which we have no control. But while we sometimes feel buffeted by the winds of fortune and are often overwhelmed by events, we have the capacity to adjust our view of them. This can be recognized as a version of Stoic doctrine, recast in narrative terms. As we noted before, this kind of reflection is not conducted only in solitude: telling our stories to others can affect the process of composition and revision.

What do we gain by looking at aging in a narrative perspective? For one thing it allows us to consider the process not as a series of changes or events, or even as a series of experiences. It is instead seen as a changing perspective on the whole of life. And instead of something we suffer, it can be seen as a creative process of self-formation and self-interpretation. In the quasi-quantitative sense of the lifespan from birth to death, the size of the span perhaps remains constant, but the advancing present and the ever-increasing past shift the focus from a life-to-be-lived to a life-lived. This can also be seen as a gradual shift from the *vita activa* to the *vita contemplativa*, if only in the sense that there is less and less time to realize changing plans. But as we approach the end, while less and less is open to change, more is open to reinterpretation. More material is available for the 'sense-making' operation we have ascribed to autobiographical reflection, the attempt to fashion a coherent narrative of one's life. 'Making sense' of life may not be the highest value, but here at least it may be said that we have the capacity to improve with age. Much about the aging process is unpleasant at best, but here perhaps we have discovered a thin silver lining.

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12

Coming to Terms with Old Age – and Death

Christopher Cowley

Before I begin, I should declare my limitations. As I write this, I am only 48, and therefore I acknowledge that I may, in 20 or 30 years, come to change my mind about what old age is, and about what it means to come to terms with it. Nevertheless, I think Christine Overall (2003, p. 6) is right to say that the middle aged are entitled to speak about the old, first, because death is a possibility at any age; second, because – unlike those who speak about the other gender or other races – there is a real likelihood that the middle-aged writer will become old; and third, because the middle aged, as they age, know more and more old people.

What does it mean to (try to) come to terms with old age? What does it mean to be successful or to fail in coming to terms with old age? These are the questions I will focus on first, and I will come round to death later on. Because of lack of space, I will not have much to say about how women¹ and religious

¹ Margaret Urban Walker has edited an entire volume (1999) on the particular problems for women ageing. In her Introduction, she writes:

If we are tempted to think that gender matters less as women age, this might well be the dubious product of a cultural prejudice itself rooted in some of our society's gender norms: that since 'womanliness' and 'femininity' matter only in relatively young (that is, heterosexually 'desirable' and reproductively capable) women, we can stop taking gender seriously as women age. [...]

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believers come to terms with old age and death, even though women significantly outnumber men above the age of 80, and believers outnumber atheists around the world.

Right away one is torn between two extreme visions. The first, bleak vision comes from Simone de Beauvoir:

A limited future and a frozen past: such is the situation that the elderly have to face up to. In many instances it paralyzes them. All their plans have either been carried out or abandoned, and their life has closed about itself; nothing requires their presence; they no longer have anything whatsoever to do. (cited in McKee 1982, p. 271)

The other extreme vision is the relentless chirpy optimism of so much self-help literature, giving advice on coming to terms, some of it very sensible advice, but philosophically it is often at best one-dimensional and at worst conceptually confused. I worry that the whole emphasis on ‘successful’ ageing raises little more than the thought (in me, at least) ‘what if I don’t measure up?’ and ‘what if I don’t fulfil my plans in time?’,² together with a fear for the consequences on the allocation of scarce social resources. Surely, old age is the time when we have earned some time off from all that virtue and achievement, especially given the myriad familiar disadvantages of being old.

By ‘one-dimensional’, I mean that old age is conceived of as essentially about loss: loss of physical and mental capacities, loss of autonomy and independence, loss of fertility, loss of identity-conferring jobs and other roles and opportunities, loss of parents and siblings and friends, and eventually, the loss of one’s home as one moves (is moved) into institutional care. Coming to terms with loss is then seen – one-dimensionally again – as a matter of resisting as much as possible, by remaining active, but cultivating new friendships and new projects, by seizing the day and gathering rosebuds. I’ve nothing against any of that, but I can’t help feeling there’s more to say about old age.

But gender [...] encompasses the whole set of symbolic representations, material conditions, and social practices that define sexual divisions of labor, opportunity, recognition, responsibility and reward. (p. 3)

² The Germans have an evocative word for it that is mentioned by some gerontologists: *Torschlusspanik* – the panic at the thought of the gate closing before one is through it.

The Attempt to Define Old Age

Before we can speak of more interesting ways of coming to terms, we have to understand what we mean by old age. Normally, we would speak of the ‘final’ stage in life, a stage bounded by death at one side and by a key threshold at the other, and we could then ask what is essential to that stage. One familiar threshold is the retirement age (call it 65), which would mean that anybody above that age – pensioners – is old. Leaving aside problems of the arbitrariness of the threshold, there is a problem with the sheer diversity of people in this category. There will be huge differences among 66-year-olds in lifestyles, character, political beliefs, etc., just as there could be significant differences between a 66-year-old and the 86-year-old she later becomes. More importantly, there will be huge differences, both laterally and longitudinally, of subjective experience. So if one then wants to speak about coming to terms with old age, one ends up with what I will call the ‘sceptical position’: that there are so many variations of old age, and of the experience of old age, that it makes little sense to speak of old age as a coherent concept at all: one is simply as old as one feels. By corollary, there are so many ways of coming to terms with old age that it makes little sense to speak about more or less successful ways of doing so. If I accuse you of failing to come to terms with old age, then you can reject my condescending pity by a spirited rendition of Paul Anka’s *My Way*.

The sceptical position is reinforced by thoughts of social constructivism, as described by Margaret Gullette (1997): many chronologically old people are *expected* to be old, expected to behave in conformity with widely shared paradigms that begin with the more or less flattering characters in children’s stories. The self-help literature works against these paradigms, but it will only be as successful as the person’s underlying character allows. Indeed, one could say that the person’s true character is revealed by their response to the sustained indignities and disappointments that most often characterise old age. Neither the sceptical position, nor the social constructivist position deny that it may make sense to gather all pensioners into a single group for other purposes or in other contexts, e.g. for medical doctors, or for financial advisers, or for voting behaviour analysts; but we are more interested in philosophically investigating the meaning and experience of being old.

It makes a bit more sense, as Dychtwald and Flower argue (1989, p. 33), to take a higher threshold to mark the beginning of old age, such as the statistical life expectancy in the Western world – call it 80. This number is what some gerontologists use to distinguish the ‘young old’ from the ‘old old’. In the latter

category, there will still be great variation, and there will also be more of the losses to define a common experience, and therefore greater possibility of speaking generally about coming to terms with old age.

Let me return to the question of the losses that many take to be essential to old age. Here the basic problem is that the losses in question can take place *at any age*. While they are more statistically probable in old age, one has to remember the banal truism that one does not get cancer until one gets it. Some people defy the statistics and have to come to terms with Parkinson's at the age of 30 (the actor Michael J. Fox). Others defy the statistics by smoking and drinking and eating heavily until the age of 90 (Winston Churchill). There are philosophically interesting things to say about coming to terms with the loss of physical and mental capacities, but I do not want to duplicate the content of other chapters.³ For the moment, suffice to repeat that different people come to terms with infirmity and disease in different ways: *of course*, one should grit one's teeth and stay active through the increasing pain and ugliness; what more can one say than that? Similarly, there is a healthy philosophical and psychological literature about the importance of one's job, profession or calling on one's identity and sense of identity, about the way that a job structures one's week and year and life into a career progression, and about the problem of coming to terms with the profound harm that can arise upon losing one's job (together with losing regular access to the social community at the workplace). Coming to terms with losing one's job – at any age – is difficult, and so I am going to take it as *not* essential to old age. Once again, different people react in different ways to retirement, depending partly on their prior relationship to the job. But in addition, by the time the pensioner reaches the 'old old' stage, 15 years have passed from retirement, and the individual has been forced to come to terms with her retirement in one way or another.

Growing Old Without Reference to Age

What if we focus less on chronology? If someone develops a debilitating degenerative disease at 40, then they could be said to become old at 40, partly in virtue of the disease, partly in virtue of the imminence of the death by which it is defined as degenerative. If they lose their job at 50 and cannot get another one because they lack the skills or the strength or the appearance,

³ See Christopher Hamilton's chapter on the ageing body, for example.

then they could be said to have become old, even without the likelihood of imminent death: they feel useless, unproductive, ashamed, not to mention poor, and without much to look forward to. Even if such people may not look old, we understand what they mean when they say they feel old.

Even without a reference to disease and loss, old age could be launched by the key experience of the *reveil mortel*.⁴ This is the idea of my waking up with the simple but terrifying *certainty* that I will die – maybe not today, maybe not tomorrow, but one day. It is the certainty that there is nothing I or anyone else can do to prevent it, the certainty that the world will blithely allow it, and the certainty that the world's inhabitants will have the temerity to go on living without me. Some people experience the *reveil* earlier, some people later. Sometimes it is associated with a near-death experience, or with a serious illness, or with the loss of a loved one, or with a powerful aesthetic experience, but it need not be. The distinction here is between knowledge and certainty. Tolstoy's Ivan Illyich, before his *reveil*, knew that 'all men are mortal' in the merely intellectual sense that we would not deny its converse, but to all intents and purposes we are immortal as we age. The *reveil* launches the beginning of the end, the final phase, although presumably if the *reveil* takes place in a physically healthy person under 50, she may not yet see it as the beginning of old age as such, and so chronology is still relevant.

Let me consider the third loss I mentioned in the opening paragraphs, the loss of parents, siblings and friends. Again we have the obvious point that this can happen at any age, and it will be something that one has to come to terms with, each in her own way, depending on the depth of the relationship. However, in the search for an event that might launch old age (beyond a minimum chronological age), might there be a case for the death of the second parent? The death of the first parent is the death of an individual – mom or dad; the death of the second is the death of *them*, the end of our family, and of my childhood. Becoming an orphan can be liberating, but it can also be profoundly destabilising, no matter how well supported I am by my current friends and projects. Not only does it bring home that 'I am next in line'; rather, there is no person left whose primary role (from my childish

⁴ According to the novelist Julian Barnes (2008 p. 23) the term was coined by the French critic Charles de Bos. Barnes asks:

How best to translate it? 'The wake-up call to mortality' sounds a bit like a hotel service. [...] but it *is* like being in an unfamiliar hotel room, where the alarm clock has been left on the previous occupant's setting, and at some ungodly hour you are suddenly pitched from sleep into darkness, panic and a vicious awareness that this is a rented world.

perspective) has always been to look after me, to love me unconditionally, to always be there for me, to take me in when I have nowhere left to go. Even if I have very little in common with my parents, even if I judge that they have failed in their role, I don't think I can help seeing them as watching over me, whether or not I want or need or avail of their help. Once they're both gone, there is a special kind of vulnerability, of exposure, of solitude, that, if one has reached a certain chronological age already, *makes* one old.

There is another experience I think could be transformative in this way: irremediable regret. Regret is common enough, of course, and is part of all stages of life. But the normal experience of regret is of something that is in principle remediable, since I am more or less conscious of having the time and resources to correct the damage, to compensate the victim, to make up for wasted time, to start again. I stress the 'in principle' – there may be a host of reasons why I do not or cannot seek to remedy the situation, but the possibility remains. The possibility can include *indirect* remedies too. If one of my parents dies and I regret not having spent enough time with her, then I cannot correct that loss directly, but I can still make up for my failure by spending more time with the other parent, say, or with my children. If my marriage or my job has turned sour, then I can still aspire to another marriage or job: such aspirations may be naive in that I may not have as many options as I think I have, but the point is that I can intelligibly aspire.

At some point in life, however, I come to see the regret as no longer remediable, not even indirectly, not even aspirationally. I move from 'I could be a contender' to 'I could have been a contender', to quote Marlon Brando in *On the Waterfront*. And insofar as the object of the irremediable regret is central to my identity and self-concept, then this evidence of finality will make me old.

Consider the example of Stevens the butler in Kazuo Ishiguro's 1993 novel *The Remains of the Day*. When the novel opens, Stevens is of uncertain age, but probably older than 60. He has always identified himself primarily as a butler, and is proud of having done his job well. He has never been interested in getting married. Nevertheless, he recalls a certain modest near-intimacy – which he tactfully thwarted – with his housekeeper, Ms. Kenton, almost 20 years earlier, before she left to become a wife and mother far away. The novel describes his journey down to visit her in Devon. When they finally meet, Kenton confesses that she had hoped, those 20 years ago, to marry Stevens himself. It is only now that Stevens recognises this is an opportunity irremediably lost, and the effect is devastating. Stevens's regret is interesting because it is not only about what he should have noticed, or should have done, those 20 years ago but also about the loss of the 20 years

that he would have spent with Kenton, and the loss of the person he would now have become with those married years behind him.⁵

On the other hand, Sartre provides a refreshing antidote to the all-too-human tendency to blame circumstances for denying one the better life to which one was entitled.

For many have but one resource to sustain them in their misery, and that is to think, ‘Circumstances have been against me, I was worthy to be something much better than I have been. I admit I have never had a great love or a great friendship; but that is because I never met a man or a woman who were worthy of it; if I have not written any very good books, it is because I had not the leisure to do so; or, if I have had no children to whom I could devote myself it is because I did not find the man I could have lived with. So there remains within me a wide range of abilities, inclinations and potentialities, unused but perfectly viable, which endow me with a worthiness that could never be inferred from the mere history of my actions.’ But in reality and for the existentialist, there is no love apart from the deeds of love; no potentiality of love other than that which is manifested in loving; there is no genius other than that which is expressed in works of art. [. . .] In life, a man commits himself, draws his own portrait and there is nothing but that portrait. (Sartre 1946)

In this passage, Sartre was primarily making a point about one’s tendency to deceive oneself and avoid responsibility. Certainly, Stevens is not seeking to blame anyone for his failure. But there is a second, important point here as well, I think: as soon as one begins to speculate about how much better things could have been, one is forced to conclude that they could also have been worse in any number of imaginable or unimaginable ways. And then the judgement comparing this life to what might have been is *wide open*, to the point of undermining confident judgement entirely. Instead, Sartre says, one has to take one’s past as fixed. I might have written more if circumstances had been better, but I might have written less, or nothing at all, if any number of infinite possible circumstances had transpired. So when considering one counter-factual scenario then in fairness we have to consider them all. Insofar

⁵There is an interesting contrast with Ivan Illyich. Illyich comes to realise that he has wasted his life on unimportant things such as career progression and social posturing, at the expense of his family. Now diagnosed with a mysterious terminal disease, he descends into irremediable regret and self-pity. However, Illyich derives some solace from the mere fact that what was revealed to him was the truth, and he has time to experience a kind of quasi-religious epiphany before he dies. It is worth remembering the role of *luck* in the story: he might well have died before the epiphany, still racked by regret and self-pity.

as coming to terms with old age involves coming to terms with the life one has led, with the events that have happened to one, with the choices one has made and the unexpected consequences arising from them, and with the person that one has become, then one can only conclude: this is it.

The regrets I have considered so far have been discrete components of one's life; important, identity-conferring components, to be sure, but the regret requires the conceptual space between the assessor and the assessed. The more corrosive kind of regret is one that undermines the meaning of one's entire life – and perhaps regret is not even the correct word for this. With the regret over a discrete failure of the past, it makes sense to try to come to terms with it because there is enough of the individual left 'behind the lens', as it were. When regrets build up into a general malaise, and shade into despair, then it is not clear that one can come to terms with this precisely because one just can't find the strength or can't be bothered, and the effect is to alienate one from one's past, to paralyse resolve, and to dilute the remaining time. At this point, we have moved beyond the limits of intelligibility of the concept of coming to terms, and beyond the limits of what a concerned friend or therapist can *say* in an effort to get the subject to come to terms.

Coming to Terms with Old Age

I have said something about old age; it is now time to look closer at what 'coming to terms' might mean. It is a slightly odd expression, because it comes from the context of business negotiations between two agents towards some sort of compromise. However, in coming to terms with old age, there is no negotiating partner, there is simply a new situation which is in some way bad and which I cannot avoid. At the basic level, then, I *have to* come to terms with it, to get used to it, to accept it, and there is nothing more to say. Or rather: I might have the choice of seeking to avoid the bad situation by systematic self-deception, by psychotic fantasy, by suicide, but short of these extreme options there is no choice. In time, one will trim one's preferences and desires to fit the constrained circumstances. It's all very well to rage, rage against the dying of the light, but sooner or later you realise it's not worth the effort.

In order to grasp a more complex notion of coming to terms, it would be better to imagine a family member giving advice, trying to persuade, imploring: 'you can't live on your own anymore, what if you fall again?' Coming to terms here means accepting new limits; the old person can refuse to come to terms by sending away the concerned family member, and making a new

calculation of the risks and benefits, based on how much pain, expense and humiliation she is willing to put up with. In the younger family member's opinion, the old person has not come to terms and is being imprudent and unreasonable, but this opinion need not interest the old person.

This brings us to a third kind of coming to terms, where I want to make a distinction between giving up and renouncing. If one is forced to come to terms with old age, with the new limits or with the new risks, there is still a sense in which it is nevertheless up to me what sort of *attitude* I take to the business of coming to terms. If old age is a matter of grudging acceptance, of being cowed by a superior foe, of labouring under a yoke, then this may be a recipe not for Dylan Thomas's heroic defiance but rather for bitterness, resentment and ultimately despair. Insofar as I am dwelling on the losses *as losses*, insofar as I continue to see my state as degraded in comparison with my earlier, more authentic self ('I am a shadow of my former self'), then I have *not* come to terms. Coming to terms, on this reading, requires moral renunciation. Let me explain.

Renunciation is a legal term, a formal surrender of some privilege or right. But it is also a moral term, in the sense that I abandon not only an object, but the moral right to that object, even under ideal conditions. When King Lear legally renounces his power at the beginning of Shakespeare's play, he still expects to be treated like a king, and his tragedy is partly that it took him so long to morally renounce the throne.

If successfully 'coming to terms' with old age is to mean anything, I suggest it means this voluntary act of moral renunciation; at the very least the renunciation of, for example, the expectation of good health. In youth and middle age, there is a default expectation of health, and a corresponding sense of outrage when one's health is undermined. If an old person has come to terms with their old age, they can still enjoy the good health they have, but they accept that they have no right to be outraged when the losses of physical and mental capacities continue. They can still enjoy their participation in any range of projects, but they cannot see themselves as having a right to work. One can also renounce the ideal of autonomy and independence and come to realise that one has been dependent on different things throughout one's life.⁶ Ultimately, one can renounce one's sense of primordial entitlement to be alive at all – which does not mean that one

⁶ Agich (2003) usefully examines the concept of dependence. He challenges the thought the old age involves increasing dependence. Instead, it should be seen as a *change* in the type of dependence, for we are all dependent on different things throughout our lives.

welcomes death, but one ceases to take it as a personal insult. The acceptance that results from voluntary renunciation will then be a different kind of acceptance to that founded in no more than external coercion. As an act of will, renunciation can provide some small measure of individual expression and assertion as the horizon darkens. Finally, by renunciation I also include letting go, as far as possible, of resentments, feuds and injured pride; I include forgiveness, if not in person then at least in spirit; I include compassion for others, and for oneself; and I include the simple thought that 'there is already too much misery in the world, I don't need to add to it'.

However, renunciation should not go too far. Ruddick (1999, p. 51) is careful to remind us of the importance of a capacity for outrage in response to ageist discrimination and discourtesy. In a similar vein, Harriott (2006, p. 133) describes three 'obstacles' to successful ageing. And although I have expressed my reservations about the notion of 'success' in this context, his examples are useful to illustrate exaggerated renunciation. The first obstacle he calls 'gracelessness'. The extreme case of gracelessness is the 'shabby dishevelled old man, who is able to do better but actually does nothing to add some measure of beauty to the circumstances in which he finds himself'. Not only does this manifest a particular loss of self-respect, it also 'adds ammunition to the various negative stereotypes that have historically stuck to the old'. Harriott's third obstacle (p. 135) is the temptation to succumb to grief and despair to the point of a loss of spirit, thereby entering a second childhood and merely existing from day to day. His example is the Countess Rostova from Tolstoy's *War and Peace*, a once 'fresh and vigorous woman' who is thus reduced by news of her son's death on the battlefield. (Harriott's second obstacle I turn to, below.)

The Life Review

Coming to terms with old age is often taken to mean no more than coming to terms with new limits and losses in the present. However, insofar as we are conscious of old age not as a new stage but as the *final* stage, insofar as we have passed through the *reveil mortel*, then I have to come to terms with what I am and what I *have been*, what I have amounted to, what my life has been about. This was already suggested above with the discussion of the irremediable regret of Stevens the butler. Harriott's second obstacle to successful ageing (p. 134) is 'failing to find some continuity of one's whole life with one's old age'. The temptation, in its simplest terms, is to see one's true self as revealed during one's working life, and then buried in retirement.

The recent flurry of interest among philosophers in narrative understandings of oneself and others does not involve much sustained discussion of the understandings of the elderly. While different people will have different quantities of past about which to feel pride or shame, different debts and credits in their present relationships with others, different locations on a more-or-less defined career path, what is distinctive about old age is the constriction of the future, the increase of the relative importance of the past over the future and the process of 'life review' that is prompted.⁷ The specimens discussed in the normal narrative accounts are all living lives on the way from somewhere to somewhere, where the meaning of the past and present helps one make choices into the future, a future where it is still in principle possible, as I argued, to remedy mistakes. Again, it's hard to link the life review to a specific age: many pensioners might continue their narratively 'balanced' forward momentum well into their 80s, while others might feel the constriction of the future at an earlier age of relative physiological health.

Coming to terms with old age in the narrative sense then means something different from coming to terms with loss and decline. The former means coming to terms with the fact that there is very little future in which to *complete the stories* of the past. I say stories, in the plural, to indicate the interlocking and diverse ways by which the subject organises her past for her own self-understanding and for the benefit of others. A lot of the narrative literature speaks in terms of an ideal *unity* that should come to define each life, perhaps a unity focused around a single, planned 'quest' (Alasdair MacIntyre's word). Such a unity then generates what Hilde Lindemann Nelson calls a presumption in favour of an ideal 'career self' that can be planned down to the smallest detail (1999, p. 82). Nelson accepts that some will be driven by a single guiding ideal, and their selves will develop in 'career' terms, but that such a path should not be taken as unambiguously healthy precisely because it tends to construct old age as the decline stage of the narrative, and the life review as excessively judgemental of the present. The thing is, a great many people lead, on the whole, *bad lives*, which they might only come to discover too late: a thorough life review conceived as an effort to discover the overriding significance of the life might merely sink the elderly person into mortal depression or despair, with which they can neither come to terms, nor about

⁷ As far as I know, the phrase was coined by Robert Butler (1963). A striking dramatic version of the life review process is Beckett's (1958) one-man play *Krapp's Last Tape*.

which they can be consoled.⁸ Somerset Maugham puts it thus: ‘What makes old age hard to bear is not a failing of one’s faculties, mental and physical, but the burden of one’s memories.’⁹ The word ‘burden’ suggests something that cannot be processed into a story.

Instead, as Lindemann Nelson says, for some it may be necessary to lead one’s life as an irreducible, diverse, sometimes mutually inconsistent plurality of projects, perhaps resembling a meandering *journey*, or journeys – more than a career – journeys often without a destination. Nevertheless, reviewing these journeys is an important part of coming to terms with old age, since some of the sundry episodes have to be gathered together into the journeys of *my* life, in order for me to say: this is what I have been. Even if they do not amount to a coherent career or a quest, they still amount to a life, and the past will – even if it is not clear how – be summed up in the present. The novelist Philip Roth gives the following words to the narrator of his 2001 novel *The Dying Animal*:

The only thing you understand about the old when you’re not old is that they have been stamped by their time. But understanding only that freezes them in their time, and so amounts to no understanding at all. To those not yet old, being old means *you’ve been*. But being old also means that despite, in addition to, and in excess of your beinness, you still are. Your beinness is very much alive. You still are, and one is as haunted by the still-being and its fullness as by the having-already-been, by the pastness. Think of old age this way: it’s just an everyday fact that one’s life is at stake. (p. 36)

Gerontologists seem to be split on this question. On the one hand, they stress the importance of active engagements in projects and relationships, living in the present; on the other, they stress the importance of reflection and contemplation, and living in the past. However, life review is not about living in the past in the sense of re-living pleasurable episodes as a mere distraction to a painful present. Life review is about trying to discover *and* create some meaningful narrative about one’s life, in order to achieve, as far as possible, a kind of integrity here in the present.¹⁰

⁸ Sometimes the present response to a deep life review might be one of guilt – indeed, justified guilt – for serious past wrongdoing. There is then a question of whether a therapist with a knowledge of the past facts would encourage the feeling of justified guilt, either for psychological cathartic purposes, or simply as the morally appropriate recognition of the wrong and of the victim’s suffering.

⁹ From Maugham’s last book of essays, *Points of View* (1959), cited in Butler (1963, p. 220).

¹⁰ ‘Integrity’ is Erik Eriksson’s (1986) term. He saw the drive towards integrity as directed against a pervasive and understandable temptation towards despair. Integrity wins out if the ‘final strength’ of

Right away one has to accept that this is not to be recommended to everyone. Those with traumatic pasts, those who were broken and defeated, those forced into exile, these people might derive present strength from having overcome and rejected the past, from discovering and constructing a narrative that begins only in middle age. For such people there might be no point in reviewing their lives as part of an effort to come to terms with old age, even though there will be risks familiar to psychotherapists about repressed events festering and distorting the present. Indeed, as Ruddick points out (1999, p. 53), it might not take something so traumatic to undermine the essential curiosity necessary for life review – it would be enough to have a long history of ‘indifferent schooling, demeaning jobs or none at all, painful illness, and repeated humiliation, just to name a few’.¹¹

The life review should not be thought of in purely archaeological terms, whereby a story of significance is simply unearthed. For while the facts are fixed, their significance is relatively fluid. Consider the following story: I meet Sophie in Weston-Super-Mare in the year 2005. She was wearing a red dress. I have pictures of her on that date, and her brother was there, and can corroborate. We marry in 2006, and I bless the day I met her a year earlier. The marriage turns sour, and we divorce in 2010 – and I come to curse the day I met her in 2005. Now, in 2015, I have remained in touch with her, and my attitude is bittersweet: we tried, we failed, it was nobody’s fault. Throughout the reminiscing, the facts have remained the same, and my account is answerable to them: we met in Weston-Super-Mare in 2005 and she was wearing a red dress. But the significance of the facts has come to change. As McKee (1982, p. 185) says, it is hard to say that my perspective *improves* with time; on the one hand, I might have more objectivity and knowledge of the bigger picture, but on the other hand, I am further away, and my memories are increasingly unreliable.¹² But during the life review characteristic of someone

later life – wisdom – is to result. However, this does not mean despair is thereby overcome. Quite the opposite: wisdom *needs* the continuing threat of despair in order to prevent it turning into detached naiveté or worse, presumptuousness. This idea seems akin to the idea that true religious faith is only possible in the lingering presence of doubt, for otherwise it would descend into fanaticism.

¹¹ Ruddick (1999 p. 53) also stresses the importance of relationships within which a healthy curiosity is to be sustained: ‘an individual is able to enjoy, remain curious, manage pain, or reflect on death only if she can create the occasions, with others, for doing so’.

¹² The corollary is that the contemporaneous judgement about significance may be more accurate because of emotional proximity, but may also be more vulnerable to emotional distortion. Sometimes it is not clear what a *feeling* is until one can look back on it, as when one says: ‘I thought I was in love, but now I see it was only infatuation.’ On the other hand, it might be present bitterness that makes me reinterpret a past love in this way. On the problems of interpreting past emotions, see also Goldie (2003).

in old age, there is a finality to the process that gives that discovered significance a certain amount of authority, but of course not infallibility: 'the beenness is very much alive', and one is haunted by it. That is not the authority associated with the archaeologist's expert access to facts that can fit into a known context, but that associated with the status of those facts in my life, in the life that *I* have led, and nobody else. The process is not easy. T.S. Eliot describes one aspect of life review in his poem 'Little Gidding':

[...] the rending pain of re-enactment
Of all that you have done, and been; the shame
Of things ill done and done to others' harm
Which once you took for exercise of virtue.

This understanding of authority does not eliminate two risks (Woodward 1986). The first, as mentioned above, would be the risk of 'living in the past' at the *expense* of the present (and at the expense of all those condemned to listen to the present reminiscences!). The second would be the risk of self-deception. Old age reminiscences would seem to be particularly prone to comforting falsehoods, and these can never be entirely eliminated. An interlocutor could present the old person with a more coherent or otherwise more plausible interpretation of the facts, just as the interlocutor could point out contradictions and inconsistencies between different stages of life review. But once these formal conditions are met, the authority rests with the reviewer.

There is also an interesting role for the concept of 'fate' during the life review. Many philosophers assume that fate means no more than determinism and would be understandably suspicious insofar as it denies the possibility of free will. But the concept can play a different role during the process of life review. In old age, after a long marriage, it would make sense for me to see the first encounter with my future spouse as fated. And this would not be to deny either that the encounter was almost entirely a matter of luck,¹³ or that I was free to then refrain from marrying her. Similarly, it might not occur to me to call my medical career a 'calling' when I first stumble into medical school because of extraneous factors (the promise of money and prestige, parental pleasure, following friends), but after a 40-year career, the job has come to occupy a role much greater than a mere source of income, and I cannot imagine my working life in any other form.

¹³ I say 'almost' because there are certain properties of my future wife that could not be entirely a matter of chance: the fact that she was female, of a certain age, of a certain attractiveness, etc. and I was heterosexual, of a certain age, sufficiently attractive to her, etc.

Having the time and space for life review is crucially important for coming to terms with old age. The self-help approach errs in encouraging frenetic activity at the expense of time spent on leisurely, unproductive contemplation.¹⁴

Wisdom

It is ironic that while philosophy is supposed to be about loving wisdom, the concept of wisdom remains of relatively little interest among philosophers, and notoriously hard to define.¹⁵ In this section, I explore whether coming to terms with old age might have something to do with achieving wisdom and vice versa. In some cultures, the elderly are taken to have wisdom automatically, and to deserve deference because of it. Not so in ours. There will be certain public figures seen as wise, certain political leaders or writers; perhaps some professions (psychiatrists, novelists, philosophers?) will have a greater share of allegedly wise members, and there will probably be certain elderly individuals in each person's life, but in all cases such reputations have to be earned. And even if one sees oneself as making progress from teenage angst and ignorance through to a more confident and knowledgeable middle age, there is no longer any guarantee of peaking in one's wise later years.

As a rough starting definition (drawn from Baltes et al. 1992), we may take wisdom to be a kind of experienced practical intelligence, knowing what to do in complex or awkward situations, and remaining calm while in such situations, precisely in virtue of one's relevant experience of such situations, and of one's deeper understanding of what drives such situations. It is as much about knowing the world and knowing what makes people 'tick', as it is about knowing oneself and one's place in the world. It is also, as Socrates is only too ready to remind us, about knowing what one does not know. It is about distinguishing the things that can be changed from the things that cannot – in the world, in other people, and in oneself. It is about the ability

¹⁴ In Cowley (2010), I introduce the notion of 'retrospective QALYs'. A normal QALY is a quality-adjusted life-year and is used as a rough tool to justify the allocation of scarce healthcare resources to treating one patient with a particular condition, over treating another with a different condition. One notorious problem with QALYs is that geriatric, palliative and hospice care are hard to justify because the care cannot be expected to generate many more life-years. However, I argued that such care can be justified by providing the patients with more time and comfort for life review, and that this will 'add' many re-examined *past* life-years to their present experience.

¹⁵ For an ongoing attempt to define wisdom and give advice on how to achieve it, see the Templeton-funded Wisdom Research Project at the University of Chicago: <http://wisdomresearch.org>

to assume a perspective, at the right time, above one's occurrent desires and emotions, and above the immediate causes and consequences of the situation. But ultimately, the necessary condition is life experience: while a 12-year-old can have prodigious gifts in music or mathematics, she will not be wise. (And insofar as her gifts interfere with her normal *social* development, she may never be wise.) But mere experience is rarely sufficient: alongside the trope of the wise old person is that of the old fool or the sententious bore who has never learned from – or came to terms with – their experience.

There are more dimensions to wisdom, however. In 1951, at the age of 81, the French painter Henri Matisse finished a 4-year project to design the interior and the stain-glass windows of the Chapelle du Rosaire de Vence (often called the Matisse Chapel). It is widely considered one of his masterpieces. In describing it, he famously said that he could not have executed such a project when he was younger: it was entirely the product of the vision of his advanced years.¹⁶ Admittedly, the Matisse example is of somewhat limited use for the rest of us who are not artistic geniuses, but there will surely be certain things that most of us will claim to be able to understand only in old age.

There is one further element to wisdom, and that is the very Platonic idea of acquaintance with the Good. Both wisdom as practical intelligence, and wisdom as transcendent understanding of one's place, are both essentially prudential or instrumental concepts, and may not get one very far. The next and higher stage of wisdom is to recognise and cherish the good, and to see one's own responsibility for promoting the good. Even the depressing realisation, such as Illyich's, of a life-long failure to seek or promote the good, can itself be good, and can redeem that life at the last moment.

However, it is important to resist the temptation to call wisdom (informed by acquaintance with the good) a kind of moral expertise. There is a real debate about whether there is such a thing as moral expertise (see e.g. Archard 2011). There are certainly philosophers with genuine expertise in moral *philosophy*, which can be corroborated by an institutional certificate and peer-reviewed publications. But it seems perfectly possible to achieve moral wisdom without a philosophical training, just as it seems perfectly

¹⁶The example is discussed by Harriott (2003). Cf. Simone de Beauvoir (in the extract in McKee 1982, p. 274),

The notion of experience is sound when it refers to an active apprenticeship. Some arts and callings are so difficult that a whole lifetime is needed to master them. [...] In many fields, such as philosophy, ideology and politics, the elderly man [*sic*] is capable of a synthetic vision forbidden to the young. [...] One must have lived a long time to have a true idea of the human condition.

possible for the moral philosopher to be morally foolish or insensitive or selfish. In addition, it is perfectly possible to spend a life teaching moral philosophy as an expert in the field, and then to have no clue about how to deal with one's despair upon reaching old age.

Coming to Terms with Death

In his text 'Cato the Elder on Old Age', Cicero repeats the point that afflictions and disabilities are common to every age of human beings; however, only in the old (and in youthful hypochondriacs!) are they experienced as *portents*, accompanied by the thought 'I am soon going to die, this is the beginning of the end' (quoted in Mothersill 1999, p. 20).

However controversial the beginning of old age, the end of it is fairly clear, even if I am making things easy for myself by avoiding any discussion of dementia and disintegration of the self long before the death of the body, just as I am avoiding the possibility of an afterlife.¹⁷ Nor do I want to get stuck in some of the usual philosophical issues surrounding death: e.g. why death is an evil, the status of bequests and organ donation, the implications of immortality for personal identity. Although I would not go so far as Mary Mothersill (1999, p. 9) in describing death as an 'unrewarding, virtually sterile concept' for philosophy, I do agree that old age, understood as limited and partly defined by death, is more interesting.

One of my suggested definitions of old age, above, made reference to the *reveil mortel*, the sudden certainty that, one day, one will necessarily die. I think Christine Overall (2003, p. 4) is right when she stresses that natural death – when not deliberately or recklessly inflicted by another human being – cannot be thought of as fair or unfair; it 'just is'. Even a statistically premature natural death just is. Coming to terms with old age is therefore partly a matter of coming to terms with imminent death, without useless protest against imaginary unfairness, even if I am presently in good health. Although the word 'death' is used in common parlance to mean three things – the process of dying (with the very real possibility of pain), the moment of death and the status of being dead – I will focus on the central idea of all three, and that is annihilation. Old age is not just another stage of life, it is the last stage. It is not just a stage characterised by loss of capacities, loss of parents or loss of employment, but, ultimately, by the loss of the whole world.

¹⁷This is discussed in [Chap. 11](#) of this *Handbook*.

The immediate temptation is to see the crushing pointlessness of any activities and projects in old age, of any search for meaning or wisdom through contemplation or life review, indeed, of anything but the most short-term *carpe diem* hedonism. And there's a lot to be said for short-term hedonism, if driven by a sober, non-evasive moral renunciation of the right to life. However, coming to terms with death means breaking through this first temptation in order to ask what my *responsibilities* might be in the shadow of death. At the very least, coming to terms means putting my affairs in order. Here I have in mind the bureaucratic business of life, and the responsibility to minimise the tedious tasks and conflicts after I am gone, but I also have in mind the wider business of reconciliation with family and friends, as far as it is possible.

Once my affairs are in order, then there is room to think about how I might do good, both for the testamentary beneficiaries and projects, but also for the world more generally. It is paradoxical that the shadow of death can bring out the worst in people – the fear of suffering as if mine were the only suffering in the world, the petty self-absorbed concerns about one's legacy when one will not be around to enjoy it, the increasingly desperate and expensive medical treatments – but it can also bring out the best in people precisely because of the lack of a future to preoccupy and worry them. Epicurus extolled the virtues of *ataraxia*, a state of tranquillity, free from stress and worry: normally he is taken as referring to an antidote to the visceral fear of death, but I think the term goes much further. Once my affairs are in order, my life review complete, I am ready to be taken hence, be it today, tomorrow or next week. Note, however, that *ataraxia* does not render one invulnerable to posthumous harm. My projects may still founder, my enemies may slander me and my children may disgrace me. It is thus not enough to reach the end of one's life with the words 'I did my best.'

As a final thought, let me mention one terrible risk with *ataraxia*. And that is that I come to terms with old age, and with death, so much that I am ready to die and . . . I don't die. Not today, not tomorrow; I just seem to go on and on. I start to get bored and restless, especially with the pain getting worse. My winding down was going so well, and now I am humiliated by the thoughts I know others are having. I start suspecting a sick joke by the Almighty. What I then need is a new way of coming to terms with being *overdue*.¹⁸

¹⁸ In 1998, Dutch citizen Edward Brongersma successfully requested assistance to end his life on the grounds that he was 'tired of life'. The vast majority of assisted suicides under the Dutch euthanasia laws concern competent adult patients in the final stages of a terminal disease, and these are not controversial. The Brongersma case, and a small number of similar cases since then, remains controversial. For discussion, see Huxtable and Moller (2007).

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13

Feeling One's Age: A Phenomenology of Aging

Michael Bavidge

Aging can mean, and is usually taken to mean, 'growing old, becoming elderly'; it also means 'living through time'. In the second sense, we age from the moment we are born. The first is the more familiar topic, but I am going to get to it through the second. There are good reasons for approaching from this direction. There are continuities running through life that it is easy to overlook or underestimate. Becoming elderly is not the onset of a wholly new condition of life. From a theoretical point of view, if we separate out old age from the other phases of aging, we run the risk of distorting our idea of the shape of life. In practical terms, one of the main concerns about the treatment of the elderly is that they are isolated from the rest of society and removed from the people and environment that make life worth living. So it helps to remember that old age is not a room we go into towards the end. There are problems associated with being elderly, but one of them is not that we start aging at 60 or 70 or 80.

Philosophy and Aging

Philosophers have not talked much about aging, but they have had a lot to say about death. Plato actually defined philosophy in terms of death in the *Phaedo* (Plato 2009, p. 32). He says that philosophy is 'the cultivation of

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death'. In contrast, at the beginning of the *Republic*, the old man Cephalus leaves the tiresome business of arguing with Socrates to his son Polemarchus and, Plato says, 'went away laughing to the sacrifices' (Plato 2014, p. 6) – as if the elderly have much better things to do than waste what time they have left in philosophical disputes. The idea is that when we fall to thinking about death, we philosophise; when we think about aging, we devote ourselves to making our peace with God and man.

One reason that death attracts the attention of philosophers is that they have a taste for dichotomies and dramas. Aging is a slow, familiar process – more of the same, only worse. Another attraction, fatal to philosophers, is the inconceivability of death. Epicurus, Freud and Wittgenstein say, in various ways, that death is nothing to us (Hicks 1910, p. 169), that it is not an event in life (Wittgenstein 1961, §6.4311), that we cannot even imagine our own deaths (Freud 2001, p. 304). Although, it seems that as soon as philosophers are told that something is unimaginable, ineffable or of no conceivable interest, they feel obliged to write a book about it. It is true that aging sometimes gets into the conversation on the coat-tails of death. But aging is not part of the process of dying; it is not the antechamber to death; it is not a form of mortification. As Grace Paley says: 'It's all life until death' (Segal 2013, p. 127).

There are many pressing problems about becoming elderly. Scientific and medical programmes aim to understand the processes of aging with a view to removing or managing their associated ill effects. In the last few decades, social and political challenges have become urgent because of the marked increase in the elderly population – how to organise and afford the sort of provision that will maintain or improve the quality of life of the elderly? And of course, aging presents a personal challenge to each of us individually – how are we to face up to the various problems that beset us as we age? How are we to age well?

Philosophy can reflect on any or all of these issues, but are there distinctively philosophical questions attached to aging, and questions that arise within philosophy itself and that require philosophical understanding? One suggestion might be that philosophy can offer a phenomenology of aging: it could describe the structures of the experience of aging. Or, to avoid the assumption that experience is something subjective going on inside our heads, we might say philosophy could describe the structures of the ways in which the world becomes available to us as we age. Philosophy takes its stand at the point where our experience meets the world. It does not concentrate just on giving expression to experience, nor does it focus exclusively on explanations of events. It finds its problems at the intersection of those concerns.

Phenomenology distinguishes itself from other traditions of philosophical thought by attempting to take into account the full reality of experience. It wants to catch experience on the wing, to drag lived experience before the philosophical tribunal – all the while retaining the generality and explanatory power that is supposed to characterise philosophy. This ambition should at least make us realise that we are not only concerned with managing old age for other people but with envisaging how we are to live worthwhile lives when we ourselves become elderly.

The attempt to describe common aspects of the experience of aging raises central philosophical questions in a new light. The great issues of human experience and activity have usually been discussed in terms of middle-aged grown-ups – not to say, male, well-educated grown-ups. Children, women, the old and the ill have been considered not quite up to the mark (non-human animals, for the most part, have been left out of the picture entirely). When we think about people who have been marginalised, we are forced to take a more realistic view of what counts as activity, communication and community – a less discriminatory and a less idealised view.

In particular, reflecting on age should lead us to rethink the temporality of experience, our dependency on others, the nature of human action and the conditions of mutual understanding and conversation. In this chapter, I want at least to touch on these themes. I am going to collect my remarks under four headings: (1) *we* age, (2) the experience of time, (3) the past and (4) aging together. The sequence of thought goes something like this: persons age; aging involves living a life through time; living a life through time involves having a past; and we age together.

We Age

We talk about old mountain ranges or old stars. In this sense, being old means having been around for a (relatively) long time. Here the analogy between old people and old physical objects is minimal. In the case of some physical objects – old cars or old razor blades – we may mean that they are approaching the end of their useful 'lives'. We also call objects 'old' that have a cultural history. The age of artefacts relates them to the development of human societies. Old masters have a provenance; museums are full of antiquities from early civilisations. Appreciating a vintage car (as opposed to an old banger) requires us to understand its place in the history of transport and travel. In some cases, when we call things old, we imply

something more: they are decrepit (like an outhouse), or well advanced in some process (like wine), or out of fashion (like clothes), or unreliable (like a boiler) or reassuringly familiar (like a pair of slippers). In these examples, the analogy between an old object and an old person thickens, but though they may be old, none of them taken on its own amounts to aging in the human sense.

It may seem that the difference between old objects, physical or cultural, and old people is self-awareness: the person is conscious of his or her age, while the galaxy is not. As if we had just to add some sort of internal monitor that could track the history and report back. But aging is not a spectator sport. A better suggestion is that buildings, cars, galaxies do not age, in the sense that we age, because they are not alive. Being alive, however, is not enough. Some living organisms do not age, for instance the *Hydra*, a solitary freshwater member of the phylum Cnidaria. Its stem cells seem capable of indefinite self-renewal (Martinez 1998, pp. 217–225). Some cells are said to be biologically immortal because they are not subject to the Hayflick limit at which cells no longer divide due to DNA damage or shortened telomeres. They may be of great interest to biologists and may turn out to be medically very important. They are alive, but they do not ‘live a life’; they are not suitable subjects for a phenomenological investigation. We live a life because we are aware of our lives as having a shape – a beginning, a middle and an end – and as making, or failing to make, a sort of sense.

Some animals, we think, exhibit ‘negligible senescence’, for example the giant tortoise and the sturgeon. That is, they show no measurable functional decline, including in their capacity to reproduce; it seems they could go on forever. Nevertheless, they do not force a break in the connection between ‘living a life’ and aging. ‘Living a life’ is a necessary condition of aging, not a sufficient condition. Conceivably something may live a life in time without aging, though we should not underestimate the strain this puts on the idea of what is involved in ‘a life’. Such a notion was applied in medieval philosophy to angels who are not, like God, outside of time altogether – they exist in a funny sort of angelic time; the price is that they enjoy a funny sort of existence in which experience and memory play no role (Aquinas, I,53,3, Resp. & 1,54,5, Resp.). Whatever about these speculations, even if it is possible to live without aging, it is not possible to age without living.

Coming closer to home, we talk about aging in relation to human bodies. The body is alive and ages biologically; however, considered in itself, separately from the person, it doesn’t ‘live a life’. So, in the sense of ‘living

a life through time', it would seem the body doesn't age. However, our bodies are integral to our embodied experience – this is a fundamental commitment of phenomenological investigations. So there is a phenomenology of the body. From this point of view, the body is aged not because it has suffered deterioration over the years, but because it is the body of an aged person. There are scientific as well as philosophical issues here. Bodily changes and deterioration are not caused by chronological age. James Birren writes:

By itself, the collection of large amounts of data showing relationships with chronological age does not help, because chronological age is not the cause of anything. Chronological age is only an index, and unrelated sets of data show correlations with chronological age that have no intrinsic or causal relationship with each other. (Cole, Ray & Kastenbaum, 2010)

People with progeroid disorders, such as Werner syndrome, suffer from an apparently accelerated senescence. They age of course; tragically their bodies become in some respects like the bodies of elderly people in a much shorter time-span than is normal. Their apparently aged bodies are not the bodies of aged people.

So *we* age. It is only persons, or something close to persons, that age in this sense. Aging is not an event or sequence of events in life, nor an incidental aspect of living. From a biological point of view, aging is the accumulation of collateral damage incurred over a lifetime through the process of cells working and reproducing. From a phenomenological point of view, our lives are aging lives. We change over time; our personalities are laid down over the years. Changes in sense and sensibility affect every aspect of life. We may regret some of these changes, but the Peter Pan option is worse. It is possible to overlook this obvious fact. Atul Gawande writes: 'There is no escaping the tragedy of life, which is that we are all aging from the day that we are born' (Gawande 2014, p. 8). A case can be made out for saying that it is a tragedy of life that we die (though that is questionable), or that it is tragedy of life that we become elderly (though that is even more questionable). We cannot, however, regard aging as a tragedy without regarding ourselves as tragedies. Even Immortalists (Gray 2011) must acknowledge that aging is an essential feature of living. They are not Eternalists; they hanker after an endless, but not an unchanging, life. The gap they need to open up, to make their speculations remotely plausible, is not between living and aging, but between aging lives and decrepitude and death.

The Experience of Time

Our experience would not be intrinsically aging, if time were not internal to it. We may think of time in terms of the inexorable flow of the Heraclitean river: we are swept down the river of life by the current of time. The flowing river may be a good image to catch the experience of reflecting on the passing of time, but it is too contemplative to represent our everyday experience. The image fails because we ourselves are part of the flow. We do not slice through life cleanly like a canoe through water.

Our experience is shaped in a pervasive and complex relationship to time. The passage of time is not unvarying: there are eddies and rapids in the flow. We feel it speeding up or dragging; time hangs on our hands or flashes by; we can lose all sense of time; in deliriums or panics we may become completely disoriented. We may feel all of these modulations within a single day; we also think of them as characterising phases of life. Children complain about being bored. It is often said that the older we get the quicker time seems to go. We are even prepared to make comparative judgements across cultures and eras: the pace of life, we think, is faster in contemporary London than in a medieval village (Thompson 1967). Thomas Hardy describes how ‘Tess . . . started on her way up the dark and crooked lane or street not made for hasty progress; a street laid out before inches of land had value, and when one-handed clocks sufficiently subdivided the day’ (Hardy 1992, Phase One, 3).

We are aware of the passing of our own time in relation to the time of others: shared time, time out, free time; time when one is left on one’s own, time when one escapes on one’s own. There are qualitatively different times: times that are magical, times that are horrors of dread or panic. Childhood is marked by an intense sensitivity to time. ‘Are we there yet?’ the children call from the backseat of the car. The times of childhood can be a torture as Proust describes ‘when he lay there, without moving, so that sleep might come while he lay abandoned, silent, motionless and blind, to the horrible, shapeless suffering which, little by little, would grow as vast as solitude, as silence, and the night’ (Proust 1985, p. 28).

We are much busier in relation to time than the image of floating down the river suggests. The future is not featureless as it stretches before us. It is full of possibilities and threats. We have to explore the open-ended topography of childhood, manage the time-tabled, project-driven routines of the workplace and negotiate the restricted prospects of old age. The passing of time is a challenge; it makes demands on us. We feel that time is passing us by. ‘Carpe diem’ (Horace 2008, 1. 11) and ‘If not now, when?’ and

'Time is money'. We spend time and we waste time. We have to manage time, and we worry that time manages us. We strap time to our wrists. We can spend an hour watching the world go by – an occasional pastime – because we do not normally watch the world go by. We worry about and plan for the future, but it takes a real effort to live in the moment. Monks and sportsmen, entertainers and therapists practise disciplines and routines to focus exclusively on the present. Their purpose is to avoid useless regret about the past and dysfunctional anxiety about the future. Nothing wrong with that, though the whole point of these exercises in self-control derives from today's relation to yesterday and tomorrow. The trouble is that living is strung between yesterday and tomorrow.

Tomorrow is always there. Time never runs out; time is never *up*. Even when we know and accept that we are to die, perhaps very soon, the future always stretches ahead. Part of the inconceivability of death is the inconceivability of the termination of experienced time. 'Your time is up' means your turn is over, and it is now someone else's turn – but no one has a turn at your life. The final whistle blows – but life goes on in the changing room after the match. All analogies between the end of lived experience and the end of anything else fail immediately.

My Past

Living a life through time is to age, and to age involves acquiring a past. We do not oversee our own starts in life; we hit the ground running. A small child does not have a past. As she ages, the future opens up in front of her; and her past opens up behind her. And yet she does not find herself groundless. The 5-year-old does not experience vertigo at the thought that she has only existed for 5 years. She finds her experiential security where she finds her emotional security, in those around her. To be aged is to have a past. We have our own pasts. We relate to ourselves over time in a unique way. "My" past is first of all mine', says Sartre (2003, p. 133). We do not relate to past selves as if they were other people who just happen to be long gone and with whom we are now contingently connected. Anca Cristofovici talks about the 'permanently fluctuating relationships between younger and older selves' (quoted Segal 2013, p. 34).

As we grow up, our pasts are constructed. Sartre says that our pasts are not inert, lying there like 'a stone at the bottom of a river' (Sartre 2003, p. 136). He points out the problems that arise if we think of ourselves as just another object alongside all the other objects in the world. It is not clear that deploying

a dialectic of being and nothingness helps, but we can reflect on the ways in which we ordinarily talk among ourselves and about ourselves, not getting unduly upset if the shape of that language does not match the shape of the language we use about physical objects.

If, as a middle-aged or elderly person, I look at a photograph of myself as a child or a teenager, I get an uncanny feeling, trying to make the right sort of connection with the young person in the photograph. I may well shrug it off, probably with a joke. But if I hold my gaze, I see the boy not only as my past, but as a boy who already has a past of his own, which is of course also my past, and he has a future which is also my past and my present and my future.

To rework a Sartrean thought, to describe the boy I not only need the past tense, 'when that photo was taken I was a pupil at first school'; I need the pluperfect, 'I had been at playgroup'; and the future, 'I am wearing my new school uniform; I am about to go to secondary school'. If I am to describe the look on his face, I will at some point reach for the subjunctive pluperfect, 'he looks lost because he would have liked to have stayed with his friends in his old school' (Sartre 2003, pp. 134–135).

These remarks are made about the boy looking out of the photo. If we talk about, for example, a photograph of Coventry Cathedral taken on 15 November 1940, the day after it was destroyed in a bombing raid, we will also need past, pluperfect and future tenses, but the cathedral is not looking out of the photograph. And if we use the subjunctive, it is not because the Cathedral is saying to itself 'Would that I had not been bombed'.

Sartre talks of 'the evanescent value of the past'. He says of a remembered grief, it takes on 'the fixity of the grief of another, of the grief of a statue' (Sartre, p. 142). He is playing with the idea that memories hover between objectivity and subjectivity. Memory covers a wide range of capacities and however we vivisection it, in the rich sense in which memory relates to locating oneself in time, personal identity and reminiscence, we don't have a past because we remember; we remember because we have a past.

We have a troubled relationship to our past. We question the past: did that really happen the way we remember? Was that as important as we used to think? But the past also questions us: are we really the sort of people we take ourselves to be? How did we get from there to here? Jan Baas puts it nicely: 'We only evoke a part of our memories consciously; a much greater part evokes us . . .' (Baas 2008, p. 95).

Certainly, looking at an old photograph is not a good model for remembering. I may *recognise* myself in the photograph or I may know that the boy is me. But I do not remember what I looked like at the age of 11, and I

certainly do not remember the look on my face. Indeed that look in the photograph might be a revelation. It might tell me something I had never realised before. The significance of the photograph, like memory, can be unstable. The photograph can be treated as a representation, put in frame or an album, but then in a sudden moment I recognise myself in it and return my own gaze. Should Seneca be admired, pitied or disbelieved when he says that '[the past] is an everlasting and unanxious possession' (Seneca 2004)?

We Age Together

There is no aspect of life and no stage in life in which we are not dependent on others. In the following sections, I will mention some aspects of the sociality of human aging: locating ourselves in generations, personal identity, dependency in old age and maintaining our place in the conversation of life.

We do not age alone. The experience of aging involves the social world and other people individually. We do not just age alongside each other. In childhood, we situate ourselves in relation to parents and grandparents, to siblings and friends – a process that is constantly renewed. Age becomes part of our identity: it distinguishes us from some people and identifies us with others. We are aware of our age more or less from the start. Young children are sensitive to their place in the order, somewhere between the big boys and girls and the baby – a place quantified in terms of years. They are growing up. They become particular about fractions: they are four and a half. (The elderly can rediscover this interest in fractions.) Age is not just a number, but it becomes important as a number – age calibrates growing up. A number locates us on a scale – school age, the age of consent and retirement age.

From the start, we find ourselves embedded in family with its histories and established ways of doing things. We are absorbed into the patterns of social life – meal times and bed times, work and rest. Variations in experienced time – times of closeness and withdrawal – are used as incentives and disincentives to mould the sensibilities and behaviour of the young. Upbringing is the process of engaging the infant in the swing of life. Within these routines, we acquire obligations to behave in certain ways and to respond appropriately to events and the actions of others. Duties are not atemporal; they are not the impress of a timeless categorical imperative, nor are they external impositions like speed limits; obligations and loyalties structure the *lebenswelt*. The actions and relationships of my past mean that there are things I have to do now and in the future. We experience the reassurance and the resentments involved in inheritance.

Feeling One's Age

The way the social world pervades all aspects of experience, including aging, does not mean that we sit happily in the positions allocated to us; it seems that we need to both accept and resist them. Many familiar expressions about aging, particularly in relation to the elderly, trade on the contrast between how people feel inside and how other people perceive them. When we tell 80-year-olds 'You don't look your age', the intended compliment is double-edged. There is something they really are which is much more decrepit than the appearance they have the good fortune to be able to present to the world. The snide remark, 'mutton dressed as lamb' implies that there is a way in which people of a certain age ought to present themselves, and this particular person is not conforming. The advice 'grow old gracefully' suggests that we should match the way we behave to the way society thinks people of our age ought to behave.

We can internalise this outsider's view of ourselves. Normally 'I am feeling my age' is just a grumble about aches and pains. Taken seriously, however, the phrase 'feeling one's age' suggests matching how one feels against an age profile, as we do when we say that a child is a late developer. We locate how we feel with the way we imagine we are supposed to feel at this place on the curve of life. Though in this case there is nothing corresponding to, for example, a reading scale.

'You are only as old as you feel' sets itself up as a rejection of the social imposition of age. But it buys into the same contrast and then opts for only one side of it. If someone says they feel just as young as they always did, they may be fooling themselves about the present or the past or both. We can reject stereotypes of aging, but we cannot understand our own aging without reference to something independent of our own feelings of aging.

Generations

Hume, in his criticism of Social Contract Theory, asks himself: what if one generation of men go off the stage at once, and another succeed, as is the case with silk worms and butterflies? Perhaps then, Hume suggests, each generation would have to establish a political order by something like the voluntary and rational agreement that Hobbes, Locke and Rousseau envisaged. However, this is not the case, 'human society is in perpetual flux, one man every hour going out of the world, another coming into it' (Hume 2006). The purpose of Hume's thought experiment is to show that Contract Theory is a bad model to explain the nature of political authority. If we extend the

thought beyond the political sphere, we can enjoy speculating what life would be like if we had to organise ourselves personally and culturally by contract. Each generation, or the individuals within in it, would have to negotiate a new culture, agreeing to speak the same language, accept the same values, cultivate the same virtues and laugh at the same jokes.

Because we don't all hatch together one May morning and we do not all die off together and because we live in families, tribes or some larger unit, we form generations and the generations overlap. We go through life in cohorts. Each generation understands itself in relation to the others. The generations interweave, interact with and depend upon each other.

If we imagine growing old absolutely alone, would we age? Would we, through examining our experience in isolation, come to understand that we were aging? This is no doubt a foolish question because if we were in such an isolated situation, we would have more to worry about than aging. We could not, for example, speak. However, if for fun we let ourselves off that hook and set aside Wittgensteinian concerns about the impossibility of a 'private language', we might conclude that we would have a sense of duration though we would not age. We might, like silk worms and butterflies, last a time and move through stages of development and die; but would we *age*? Even if we could monitor curious physiological changes, would there be any grounds in this solipsistic world for identifying them as aging? Could we not be undergoing a quite different sort of transformation which would require a different sort of conceptualisation? This fantasy thought is a way of dramatising the extent we rely on the scaffolding of others to hold ourselves in place.

Deep Sociality

The deep sociality of human life raises practical concerns that in the modern world aging has become a solitary activity and an unnecessarily lonely one. Atul Gawande says 'Old age and infirmity have gone from being a shared, multi-generational responsibility to a more or less private state' (Gawande 2014, p. 17). Some people may find the emphasis on the sociality of human life sentimental if not dangerously conservative: the harsh truth is we are all alone.

We are all alone, born alone, die alone, and – in spite of True Romance magazines – we shall all someday look back on our lives and see that, in spite of our company, we were alone the whole way. I do not say lonely – at least, not all the time – but essentially, and finally, alone. (Thompson 2011)

Another bad day in Las Vegas for Hunter S Thompson: he sees human life as a solitary business and looking back on life in old age as an inner reflection on a solitary existence.

There is something (though not much) to be said for the thought that we die alone. But we do not age alone, any more than we grow up alone, nor is looking back on life an activity that is, or could be, carried out in solitude. There is a logical point: I am the only one who can sign my own cheques or scratch my own nose. Saying that we are each of us 'essentially, and finally alone' is equivalent to saying you are you, and I am me. This may be an insight into something, but not into essential solitariness. There is a tragedy about being the last of the Mohicans but not about being the only Me. The grammatical discomfort is illuminating: it seems better to say 'I am Me' than 'I am I' – using the accusative of exclamation 'O me miserum!' But the accusative case signals that in trying to capture the unique nature of first-person experience in terms of solitariness, I am treating myself as an object. As if I was saying: 'I am one of the . . .'; and then going on to complain that 'I am the *only* one of the . . .' We are used to the idea that there is something wrong with treating other people as objects. But there is also a problem about treating oneself as an object. As Wittgenstein says, the I that wrote the book *The World as I found it* 'could *not* be mentioned in the book' (Wittgenstein 1961, §5.631).

These thoughts emerge from a long tradition of thought about self-knowledge. Descartes argued that we ourselves are the thing we know best and first. The *Cogito* is self-knowledge in which the absolutely rational knower comes face to face with itself, the purely intelligible object. We remove all content and context from our experience, we make a void and call it 'Self', as David Hume pointed out. The Self, the Ego of the Cartesian tradition, can only be conceived as a transcendental object or not as an object at all. As a consequence, we end up regretting that the body, with its age and its gender, relates to the Self in an unstable and mysterious way.

Rejecting the privacy and the individualism embedded in this picture of self-knowledge allows us to acknowledge our age in relation to others. This is not to accept Simone de Beauvoir's view 'Whether we like it or not, in the end we submit to the outsider's point of view' (de Beauvoir 1972, p. 323). Understanding oneself in relation to others is not seeing oneself in a mirror. We know ourselves as aging in the living out of our lives. We are aware of ourselves as old, in the getting up from the low chair, or in running for a bus; in the polite looks of the person who offers us a seat on the bus – if we manage to catch it; in the affection or the wariness of grandchildren; in the companionship of old friends or the impatience of shoppers.

It has been an important element in Western theological and philosophical thought to understand finitude, transience and mortality in terms of the contrast between ourselves and God. God was the scaffolding around us. As Bernard-Henri Lévy puts it: 'Usually philosophy goes from the subject to God. It goes – and it is exactly this movement that is called “transcendence” – from the human to the superhuman'. When this way of thinking loses its grip, we are thrown back onto each other, 'the immanence-transcendence of my alter egos' (Levy 2003, p. 115). We no longer see ourselves as the finite creatures of an infinite Creator but as aging dependents face to face with other people.

Narrative theories of personal identity are part of this secular shift. 'The narrative constructs the identity of the character, what can be called his or her narrative identity, in constructing that of the story told. It is the identity of the story that makes the identity of the character' (Ricoeur 1994, p. 147). However, the thought that we age together suggests that we are not the sole narrators of our own stories; in fact our own telling is a retelling. We don't start with chaos and impose a narrative on it; we begin with someone else's story and rewrite it.

Becoming Elderly

Becoming elderly refers to the last stages of aging. The closer one looks and the closer one approaches to being elderly the more stages there turn out to be. However, the differences are not closely tied to chronological age, but rather to the varying conditions of health, mobility and dependence. One of the challenges we face is to accommodate the different conditions that people find themselves in as they pass through these stages. The different levels of support from meals-on-wheels to care homes are a response to this need. Inevitably, institutions and systems of care find it difficult to retain the flexibility necessary to meet these various and rapidly changing requirements.

Old age involves decreasing activity and increasing dependence. This is a bleak prospect. Though the modern emphasis on action and autonomy heightens the anxiety, it is not new. Cicero commends the old, blind senator Appius Claudius who 'maintained not mere authority, but absolute command over his household; his slaves feared him, his children revered him, all loved him, and the customs and discipline of his forefathers flourished beneath his roof. For old age is honoured only on condition that it defends itself, maintains its rights, is subservient to no one, and to the last breath rules over its own domain' (Cicero 1923). Cicero was preaching aristocratic values to aristocrats. With today's more egalitarian attitudes, we think we can do

without slaves but not without ruling over our own domain. We think of ourselves as agents: activity is good; passivity is bad. Philosophers have contributed to this cult of activism. They have been anxious to defend or attack the distinction between events and actions, and closer to home, between animal behaviour and human activity. Kant gave such a rigorous account of autonomy that we end up autonomous only in forming intentions – every other activity is subject to hazards arising from our own incompetence or the uncooperative world. He wants to isolate moral action from all contingency – we cannot be good or bad by accident. Existentialism takes the rationalism out of Kant's theory of action and interprets autonomy as radical freedom. Simone de Beauvoir applies this tradition of thought to aging and concludes: 'Projects have only to do with our activities. Undergoing is not activity. Growing, ripening, aging, dying – the passing of time is predestined, inevitable' (de Beauvoir 1972, p. 601). However, projects do not refer only to activities. We find ourselves in particular contexts and circumstances over which we have little or no control and yet in which we act. Nothing we do is pure activity. We are limited by the physical environment, and we are on the receiving end of the behaviour of others to which we react. The courses of action available to us are socially defined, but they remain courses of action. Activity does not always involve taking the initiative; we manage passivities – growing up, maturity, growing old and dying. De Beauvoir says that the temporality of life is 'predestined'. 'Predestined' is a loaded word. It implies that what is not chosen by us is chosen by someone or something else and imposed on us. It alienates and personalises the necessities that shape our lives. It puts a fatalistic spin on aging and death, suggesting that it could have been otherwise had the Fates decreed. But what is the alternative to living in time?

A more positive way of looking at old age requires us to take a broader view of what counts as activity and a less negative view of dependency. It takes skill and empathy to recognise and encourage activity in the frail and elderly. There are many ways of engaging in life other than by running round the block. Listening to music and being read to not only fill time, they have the power to energise. Interacting with animals and appreciating and caring for the natural world connects us at any age to environments of value. Responses, as well as initiatives, are self-expressions. Even dysfunctional behaviour is an expression of the way people are experiencing the world. Resistance and rejection may be inconvenient forms of self-assertion, but they are not failures to engage.

Nevertheless, despite all efforts to remain active in old age, dependency awaits at the end. Still, being on the receiving end of certain sorts of attention is as distinctively human as activity. Only human beings, or things very like human

beings, can be insulted, complimented, educated, blamed, loved, victimised or forgiven. Many of these passivities are good things – to be loved or complimented or forgiven. Indeed some of them are the most positive experiences we can have. As the song says, ‘When somebody thinks you’re wonderful what a difference in your day.’ What about being cared for? Many people dread becoming elderly because they will become dependent on others. It is understandable that Dame Mary Warnock, after a distinguished, active career in academic and public life, should write: ‘I’m certain that I’m not the only old person who does not want to be pitied or patronised, but left to get on with life on my own, until that becomes impossible. Then I’ll be ready to join the ranks of the looked-after, and treated like a child. It will be the worst thing in the world’ (Warnock 2009). But will it be the worst thing in the world? The opposite of being pitied and patronised is not being left to get on with life on one’s own, but being valued and respected. At all stages of life we depend on other people. Becoming elderly is certainly becoming increasingly dependent and therefore more vulnerable. But it is also an opportunity for new relationships of trust – these may not come easily but are not demeaning. There are many ways of living a worthwhile human life, many ways of relating to the world. It is inspiring to see, for example on hospital wards, how, given half a chance, people manage not only to exist but to make a life for themselves in the most unpromising situations.

Talking Together

Dementia reduces sufferers to the depths of dependency. It is of course a desperately distressing condition, and we should hope to manage it as well as possible and eliminate it, if possible. Nevertheless, even here the story is not one of unrelieved negativity. Sabat and Harré, in their paper ‘The Alzheimer’s Disease Sufferer as a Semiotic Subject’, conclude that: ‘The discourse of Alzheimer’s disease sufferers, studied in depth, is found to reveal the afflicted as being semiotic subjects, that is, persons, for whom meaning is the driving force behind their behaviour’ (Sabat and Harré 1994, p. 146).

Understanding each other’s actions and words is always subject to hazard. Human mutual understanding is never a matter of frictionless information transfer between equally well set-up interpretative systems. Think of mothers and infants, husbands and wives, parents and adolescents, doctors and patients, employers and employees and poets and politicians. Julian Barnes writes in his novel *Staring at the Sun*: ‘The very old needed interpreters just as the young did. When the old lost their companions, their friends, they also lost their interpreters; they lost love, but they also lost the full powers of

speech' (Barnes 1987, p. 169). It is worth exploring this comparison of verbal communication in the case of the very young and the very old. Children acquire their native language in an identity-forming dependence on other people. Imitation, teaching and training play a part in language acquisition but only in an environment of personal interaction. The child gains a voice by playing a part in the dynamics of personal communication: asking and answering questions; giving instructions, telling off; consoling; joking. She adopts the tone of voice before she acquires the vocabulary. The vocative case comes first. She is a conversationalist before she is a reporter. Baby talk is talk from the word go. The mother invites the child into the liminal territory of language. She does this not by explaining anything but by acknowledging the infant as the new kid on the block.

This dependency on others, which is obvious (and charming) in infants, remains throughout life. We cannot make sense of our lives unless we are members of a sense-making community. This is true of adults, though it is easily overlooked because their status is reinforced at every step through their active engagement in work and social life. The elderly, however, may find themselves on the fringes of the semantic community, without the people and the social environment necessary for easy, familiar conversation. On wards and in institutions where the elderly are looked after by the young, one can hear the difficulties that arise in achieving the right tone of voice. There are negotiations over forms of address, difficulties in hearing and in tuning into the pace of conversations. The need to manipulate and cajole produces parodies of baby talk. Even the communication of information becomes difficult when the to and fro of conversation is obstructed. A telling indication of this is the need recognised by Dr Kate Granger when she started the 'hello-my-name-is' campaign. She realised how communication was undermined from the beginning if medical staff failed to introduce themselves to patients. If the elderly are to retain their status in the conversation, they need the endorsements and acknowledgements of those around them.

Conclusion

We began by noting that philosophy focuses on our presence in the world, and that phenomenology tries to capture the reality of that lived engagement. Objectively, we are located in space and time like any other physical object. From the point of view of our experience, embodiment is the way we are in space; aging is the way we are in time. The intention of this chapter is to emphasise that aging is a function of personal life, and that personal life is

social all the way down: experience is qualitatively different as we age and as we build a past; age is intrinsic to personal identity; finally our sense of age is formed in relation to others and in our dependency on others.

These thoughts are suggested in part by the efforts of carers to put the interests of the elderly above the interests of the institutions tasked with caring for them. Atul Gawande identifies 'the Three Plagues of nursing home existence: boredom, loneliness, and helplessness' (Gawande 2014, p. 116). To combat them, we have to think critically and imaginatively about the social conditions, the institutions and regimes in which the elderly live, so that they are able to rely on other people to remain with them in living their lives through, and when the time comes, in living their lives out.

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14

Aging and the Maintenance of Dignity

Russell Woodruff

The title of this chapter conveys the idea that dignity can either be maintained or not over the life course, which in turn implies that dignity is a property that can vary. While this may seem to be a trivial truth, seeing dignity as a variable is not the only way that we understand and use the term. There is another concept of dignity: dignity as a property humans have in virtue of being the kind of beings we are. As long as we exist, we have this dignity. Dignity on this understanding is not a variable but a constant, and hence cannot be lost or diminished. Rather, people can either act in ways that fail to express or acknowledge their own dignity, or treat others in ways that fail to recognize or respect the dignity of those others. On this understanding, the practical issue is not one of maintaining dignity but of maintaining ways of acting in accordance with it.

In the first section of this chapter I attempt to sort out the various ways people use the term ‘dignity’ and relate those senses to one another. In the second section I offer a proposal for how to conceive the ‘the maintenance of dignity.’ In the last three sections, I investigate the features of aging and the contexts in which it occurs that either promote or undermine the maintenance of dignity so conceived.

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Ontology of Dignity

The term 'dignity' is often invoked in claims and arguments in support of or in opposition to courses of actions such as human cloning, surrogate pregnancy, capital punishment, human experimentation, genetic engineering, euthanasia and assisted-suicide, and the use of artificial nutrition and hydration at the end of life. Kurt Bayertz (1996) notes how 'dignity' often functions as a 'conversation stopper': an assertion that a course of action is against human dignity often serves as a 'rock bottom' appeal intended 'to bring a difficult and controversial debate to an end' (Bayertz, p. xi).

Skeptics have claimed that term's rhetorical power is not matched by clarity, precision, or logical power. Ruth Macklin (2003) argues that the concept of dignity is unclear and reducible to other concepts; Steven Pinker (2008) states that it is a 'squishy, subjective notion', and Mirko Bagaric and James Allen (2006) claim that it is 'so elusive as to be virtually meaningless.' Much recent scholarship on the concept of dignity has been partly in response to such skepticism regarding the practical and theoretical usefulness of the concept. The general thrust of responses is to acknowledge that the concept is indeed ambiguous – 'dignity' does not designate one thing but a 'network' of related concepts (Moody 1998) – and to argue that we can nonetheless disentangle the various concepts of dignity, identify what they have in common, and indicate the positive role dignity concepts can play in moral thought and action.

From a philosophical standpoint, one way of sorting concepts of dignity is ontologically, according to what kinds of things the term 'dignity' is being used to designate. On the one hand, dignity is frequently used to designate some property of humans and possibly other organisms. Those who use 'dignity' in this way adopt a metaethical cognitivist perspective (Ashcroft 2005), seeing dignity as objective, in the world independent of anyone's beliefs or desires. Cognitivist ideas of dignity can be further classified as either naturalistic or nonnaturalistic. Naturalists see 'dignity' as designating some set of natural properties, while for nonnaturalists 'dignity' designates some metaphysical property not accessible by empirical means. On the other hand, one can adopt a noncognitivist perspective, on which 'dignity' does not name an objective property at all, but rather identifies the attitudes of moral agents or the prescriptions they assert. Here dignity is subjective, a matter of moral agents choosing to regard some being or another in a certain way. For noncognitivists, the dignity of a being is not 'out there' in the world to be discovered, but is imparted or conferred upon a being by the choices and actions of others.

Those taking a naturalistic perspective identify dignity as some natural property or set of properties knowable by empirical means. Because dignity is seen to involve ways of acting, the properties identified are capacities. Using Paul Taylor's idea of an organism 'living a life fitted for its species-specific nature', Suzanne Laba Cataldi (2002) develops a general conception of the dignity of organisms in which

the ability to establish and maintain boundaries is key. Dignified behavior is not simply a matter of how one acts, but how self-motivated, self-possessed, or self-controlled one's actions are. That is why treating or training animals past the ('breaking') point of their ability to resist undermines their dignity – their 'core' potential to thrive or flourish, to satisfy their (own) preferences, to be or become the entities that they are, in, as Taylor says, their *own* mode of existence. (p. 114)

On a naturalistic conception, dignity at its core consists in an organism's natural capacities for living a life appropriate to the kind of being it is.

One objection to conceiving of dignity in terms of natural capacities is that, if dignity is a matter of possessing or exercising capacities and those capacities are absent or lost or never exercised, this implies that dignity is absent or lost. On such a conception, dignity will vary both from individual to individual and over the life course of one individual.

While many are perfectly comfortable with this position, others find it troubling: they want to say that all humans have equal dignity, including those who find themselves being related to in undignified ways and those whose natural capacities are absent or diminished due to illness, disability, or injury. One way to address this concern is to identify dignity with the natural capacities common to a species, not with the capacities that an individual member of that species possesses at some point in time. If one is a member of that species – that kind of being – then one has the same dignity as any and all other members of that species.

Many dignity theorists choose to go further and draw a distinction between natural capacities and dignity. Rather than say that dignity is a set of natural capacities, they assert that, while dignity is related in some way to natural properties, dignity is not itself any kind of natural property. Dignity is a metaphysical property of all beings of a kind, and it is universal, permanent, and invariable. This concept of dignity is regarded by many authors as the root sense of dignity, grounding all other senses of the term (Kass 2002; Nordenfelt and Edgar 2005; Sulmasy 2007). In the case of humans, it is often identified as *Menschenwürde* (roughly 'human worth'). The concept of an unconditional inherent human dignity has roots in the Judeo-Christian understanding of humans as created in the image of God, and in the philosophical work of

Immanuel Kant which grounds human dignity in our capacity to follow the moral law. On Kant's view, this capacity is not an empirical property, but a metaphysical property known a priori to be something humans possess for as long as we live. Thus, dignity for Kant is not something that humans can lose (Gentzler 2003; Rosen 2012).

The nonnaturalistic conception of dignity is attractive to many: insofar as dignity is grounded on being a member of a kind but is not identical to any particular set of natural properties of a particular member of that kind, we have a basis for asserting the equal moral standing of all members of that kind, including those who are treated in undignified ways and those whose natural capacities are diminished. Critics of nonnaturalism find the claim that we have an invariable metaphysical property over and above our natural properties to be mysterious, and ask what reason or evidence is there for asserting the existence of this property.

In contrast to cognitivist understandings of dignity, Lennart Nordenfelt and Andrew Edgar (2005) note that the earliest uses of the term 'dignity' in the West were arguably noncognitivist. In the Roman world, *dignitas* was seen as something conferred or bestowed upon a person by the attitudes and actions of specific others or by social convention. Nordenfelt and Edgar describe 'formal dignity of merit' as a property bestowed upon a person either by conventions with respect to birth (aristocrats, monarchs) or by formal appointment (legislators, judges). Here rights and honors are conferred upon a person in virtue of their having that position. 'Informal dignity of merit' is dignity conferred on individuals not on the basis of their position but rather their actions, for example, victory in sport, politics, or warfare. With both formal and informal dignity of merit, dignity is bestowed by others through their recognition of the status or excellence of the holder; without this recognition, this kind of dignity is absent (Van Der Graaf and Van Delden 2009, cited in Michael 2014). Hailer and Ritschl (1996) extend this analysis to all forms of dignity:

Most useful and philosophically tenable seems to be the contention that Human Dignity is not automatically inherent in humans, as it were, but that it is imparted on others by speaking and acting. In other words, there has to be someone who tells me that I have Human Dignity, and by telling me and by acting in accordance with this pronouncement Human Dignity is imparted. (p. 103)

If the dignity of a being B is dependent upon on how others relate to B, then, if others relate to B in nondignity-imparting ways, this implies that B has no dignity. Critics of a cognitivist bent find this counterintuitive. They want to

say that B does indeed have dignity, even when others regard B as lacking dignity, and that in fact the ways that those others act toward B are wrong at least in part because they do not accord with or recognize this dignity that B possesses. From the critic's perspective, a moral agent's duty is not to bestow dignity on B, but to acknowledge and act in accordance with the dignity that was already there. This objection leads us back to conceiving dignity as an objective property of beings, a property that they have regardless of how others regard them.

There is no consensus in contemporary philosophy on whether a naturalistic, a nonnaturalistic, or a noncognitivist understanding of the term 'dignity' is the correct understanding, and any attempt to resolve this matter is well beyond the scope of this chapter. Fortunately, this lack of consensus is irrelevant from the practical standpoint: if our concern is which actions affect or accord with dignity, then it does not matter whether dignity is a natural property of humans, or a nonnatural property, or whether it is conferred by human action. What matters is that we have a way of identifying the effects of actions on dignity.

If one conceives of dignity nonnaturalistically, as a property that is not identical to any set of natural properties, addressing practical questions of how various courses of action respect, preserve, enhance, or undermine dignity requires us to operationally define dignity in terms of its corresponding natural properties, insofar as such properties are, if not precisely measurable, at least ones that can be plausibly demonstrated to be preserved, enhanced, or undermined to some degree or another (Marmot 2004).

When dignity is conceived from a noncognitivist perspective, any non-arbitrary impartations of dignity by one person upon another will reference *some* property of the other person, or the exercise of that property, as the standard for that which is held in esteem by the one who imparts dignity. Assuming that the noncognitivist is committed to consistency in the application of standards of dignity, we will need to know what properties are referenced by that standard, in order to determine which actions will enhance or hinder impartations of dignity as so conceived.

Thus, regardless of which ontology of dignity one adopts, we will need to identify some set of natural, empirically recognizable properties that the term 'dignity' corresponds to if we seek to investigate the practical matter of how our actions relate to dignity. We do not need to assert, with naturalists, that dignity consists in those natural capacities, but merely that it corresponds to them or is identified by means of them.

One question for any view in which dignity is identified by natural capacities is whether dignity involves merely the *possession* of specific capacities or

does it instead or in addition involve the *exercise* of those capacities. Has a prisoner lost some of his dignity because he cannot exercise his capacity for self-determination as fully as nonprisoners, or is his dignity as great as it ever was, insofar as he still possesses his natural capacities for self-determination but simply cannot act fully in accordance with them at the time? The issue is whether the properties related to dignity should be conceived of as dispositional or as occurrent. Capacities in and of themselves are clearly dispositions, specifically powers to act in certain ways. One exercises a capacity, for example, the capacity to swim, when one goes swimming (an occurrence). One does not lose one's capacity to swim when one is driving; one is just currently unable to exercise it. A prisoner does not lose her capacity for self-determination when imprisoned; she simply is not currently able to exercise it to the same degree as before. This suggests that viewing dignity in terms of the possession of capacities is more plausible.

Yet a case can be made for dignity being occurrent as well – a matter of how one conducts oneself. Jyl Gentzler (2003) develops a view of dignity in which it consists not of dispositions but of activities (occurrences). To have dignity on this view, it is not enough to be able to do things; one must actually do those things. There is something to be said for this conception. Surely someone who consistently fails to exercise his species-specific capacity for self-control, who acts impulsively and explodes in anger at every perceived slight, is not as dignified as someone who is able to exercise some control over her thoughts and actions.

These considerations support the adoption of a two-tier model of dignity: a *basic dignity* possessed equally by all members of a species, and a *refined dignity* requiring individual effort and social support to exercise one's species-specific capacities.

Dignity as the Capacity to Create Meaningful Lives

To address the relation between aging and dignity, we will need to adopt a plausible account of the capacities upon which human dignity is based. Cataldi (2002), following Taylor, identifies the dignity of an organism with its capacities to maintain integrity as a living being, to 'establish and maintain boundaries' between itself and its environment, allowing it to live a life appropriate for a being of its kind, a life fitted to its 'species-specific nature.'

Here it may be objected that a conception of dignity as maintaining boundaries is too individualistic, at least when it comes to humans, insofar

as it ignores the fact that humans are essentially social beings (Moody 1998; Agich 2007). After all, maintaining one's boundaries requires both internal and external resources, and each of us acquires those resources through a network of social interactions. Even one's conceptions of oneself and one's good originate in these interactions (Malpas 2007), and thus we should insist that dignity consists at least in part in our capacities to not just maintain boundaries but to create and maintain good relationships.

I believe that these points are reasonable, and I will say more about the essential role of relationships as a constituent of human dignity shortly. Here I note that what counts as a 'good relationship' must be spelled out; however, from a practical standpoint, good relationships for humans would in part consist of each of the individuals in the relationship truly listening to the other in order to understand their perspective on matters; a willingness to seek compromise in the face of conflicting ideas; and a willingness to at times set aside one's own agenda in order to support the other's pursuits. All of these characteristics of good relationships are at their root forms of recognizing the other person as an *other person* – recognizing that she is not merely a means to one's own happiness, but is, as Kant would have it, an end in herself. The idea that the other is not an appendage of oneself leads us back to the concept of dignity as recognizing and maintaining boundaries. Thus dignity as self-determination and dignity as relational are not opposed but complementary.

What capacities allow humans to live lives fitted to our species-specific nature? I note first that, in the case of humans, the self that strives to establish and maintain boundaries has some remarkable capacities. There is the capacity for self-awareness, to be aware of oneself as a being persisting over time, a capacity in turn grounded in the capacities to recall the past and anticipate the future (Degrazia 1999). There is also the capacity for intentional action, to conceive of states which are not physically present and devise plans by which such states can be realized (Elster 1983). Then there is the capacity for self-consciousness, to inquire about one's beliefs, feelings, desires, and actions. Kateb (2011) suggests that this capacity is unique to humans – we can turn our attention inward, while other organisms, at least as far as we know, 'are always looking outward' (160). In a similar vein are Frankfurt's (1971) discussion of first- and second-order desires, and Dworkin's (1993) discussion of critical versus experiential interests. Rosen's (2012) Kantian perspective grounds our dignity in our capacity to follow the moral law, which practically speaking consists in our ability to subordinate inclination to duty. These views all reference or presuppose the capacity to step back not only from one's immediate situation but also from one's actual

or planned responses to that situation, and to weigh desired goods against one another and prioritize them. In exercising these capacities, we decide what matters to us, what is important to us.

Exercising these capacities, the human self not only maintains its numerical identity in the face of its environment but also constructs a personal identity. The capacities for self-awareness, intentionality, and self-consciousness allow us to create and follow a plan. Following a plan requires that we decide what is important, what matters to us. In making such decisions, we create an identity, a sense of who we are and what we are about. While humans share the capacities for *biological* life such as movement, feeding, and reproduction with many other organisms, what makes us human is our capacities to create *biographical* lives (identities) – lives in which the various events and actions in our lives are at least to some extent planned by us and reflect what matters most to us, our normative commitments. Put differently, humans have the capacities to create *meaningful* lives for ourselves. I suggest that we conceive of human dignity as grounded in *the possession and exercise of the capacities to create meaningful lives for ourselves*.

By ‘meaningful life’ I have in mind those features of a life that both ordinary people and scholars identify as making a life worth living. The most commonly identified meaning-making features are the striving for and realization of various goals or projects (Edwards 1967; Flanagan 2000; Little 1998), and the creation and maintenance of relationships or connections that allow us to feel that we’re part of something bigger, either a cosmic story of which we are largely ignorant, or the story of the people around us, especially those we care for most (Ayer 1993; Kellehear 2000; Wong 2000). Among other features that have been identified as bestowing meaning are self-worth and the moral value of one’s actions (Sommer and Baumeister 1998), and faith, autonomy, and experiencing the present moment (Wong 2000).

In addition, meaning in life can be understood in the broad, all-encompassing sense of ‘one’s story,’ a sense developed especially by psychologists adopting constructivist theories. One’s life has meaning insofar as a narrative can be constructed that makes sense of it, such that the various experiences, accomplishments, and relationships in one’s life come together into a coherent whole organized on the basis of one’s deepest commitments (Kelly 1955; Marshall 1980; Baumeister and Newman 1994; Sommer and Baumeister 1998).

A common element to most understandings of what confers meaning in life is that meaningfulness is a matter of one’s relationship to the world, a matter, as Mark Bernstein (1998) puts it, of the extent to which our lives are ‘robustly integrated into the causal fabric of the world.’ The meaningfulness in one’s life is the extent to which one extends one’s concern and one’s

agency beyond one's immediate comfort in order to 'make a difference' in the world. Robert Nozick (1979) describes it this way:

Death wipes you out. Dead, you are no longer around – around *here* at any rate – and if there is nowhere else where you'll be (heaven, hell, with the white light) then all that will be left of you is your effects, leavings, traces. People do seem to think it important to continue to be around somehow. The root notion seems to be this one: it shouldn't *ever* be as if you had never existed at all. A significant life leaves its mark on the world. A significant life is, in some sense, permanent; it makes a permanent difference to the world – it leaves traces. (p. 582)

Thus a fundamental feature of human dignity is that it is not just a matter of maintaining boundaries but also a matter of transcending them.

Identifying human dignity with the human capacity for creating meaning provides a unifying ground for the natural capacities that other authors identify with dignity. For example, the capacities for self-awareness, self-control, and rationality, and the capacities for raising existential issues and for following the moral law are capacities that allow us to stand back from our lives and see ourselves from a second-order perspective, to put ourselves imaginatively in the place of another, to judge what would be better or worse for us and for them, to conceive of plans by which we take what exist only as ideas and make them real. In exercising these capacities we become agents, integrating ourselves into the causal fabric of the world to make differences or leave traces – in short, creating meaningful lives.

On the conception of dignity developed here, human dignity (in what follows 'dignity' will refer to human dignity unless specified otherwise) is identified first of all with being a member of a kind possessing the capacities to seek and create meaning (basic dignity), and secondly with the development and exercise those meaning-making capacities (refined dignity).

On this conception, there is no question of maintaining basic dignity, as it is not a property that can be lost: one is a member of a certain kind, and thus possesses the dignity of that kind, for as long as one exists. With regard to the basic dignity of humans, what can be maintained or not is recognition of and respect for the kind of meaning-making beings that humans are.

Since capacities are causal powers, the primary way one respects a person's meaning-making capacities is by allowing that person to develop and exercise those capacities. One shows respect for basic dignity – respect for the kind of being a human is – by respecting refined dignity. Minimally, this entails not interfering with the person's development or exercise of her meaning-making capacities. In situations in which a relationship of care exists, the duty of

noninterference is supplanted by a duty to assist the person to develop or exercise her meaning-making capacities.

Dignity, Autonomy, and Dependency

With regard to aging, an important first step in addressing the issue of the maintenance of refined dignity is to recognize that in many cases elders have no greater difficulties in maintaining their dignity than nonelders. This is because the meaning-making capacities that are identified with dignity are generally distinct from, and not as easily compromised as, other capacities.

There is a tendency at least in Western cultures to see dependencies in activities of daily living (ADLs) as undermining dignity. If one can no longer get around by oneself or feed or bathe oneself, many individuals perceive these losses as losses of dignity. A key task for maintaining respect for the basic dignity of the aging is to challenge this overly simplified understanding of the relation between ADLs and dignity. If we can come to see that our dignity arises in creating meaning, then mobility and feeding and cleaning oneself will recede in importance, as these are not always or even typically the kind of capacities by which we create meaningful lives.

Independence is often equated to autonomy, and dependence then is seen as the absence or reduction of autonomy. Since autonomy – the ability to direct one's life according to one's own conception of the good – is a central component of meaning-making, equating autonomy with independence implies that dependence undermines human dignity.

Several authors have made the case that autonomy is not the same as independence, and that thus dependency is not necessarily a threat to autonomy (Christiansen 1974; Gentzler 2003). George Agich (1990) provides a way to understand which dependencies are threats to autonomy and thus to meaning-making and which are not, by conceiving of autonomy not in terms of minimal constraints on choices ('ideal autonomy') but in terms of being able to identify with one's choices. For example, my self-conception and conception of a good life for myself involve teaching and writing philosophical essays. I identify with those choices, and not, for example, with choices to produce my own food and clothing. I choose to be completely dependent on others to grow my food and make my clothing, allowing me to attend to other activities with which I more strongly identify. Far from being a denial of autonomy, some dependencies 'help to maintain a sense of functional integrity in the areas of life that individuals value' (Agich 1990). Agich gives us this example to contrast a robustly concrete

concept of ‘actual autonomy’ with the abstract concept of ‘ideal autonomy’ which he finds in liberal political philosophy:

The paradigm case of an actually autonomous person and a liberal non-autonomous person would be a wheelchair-bound individual assisted by others in various activities of daily living. At the same time, this person is devoted to the cause of Food for Peace (FFP) . What this woman can do for FFP is limited, yet she identifies strongly with it. She stuffs envelopes twice a week for the local chapter and rejoices when she sees a television feature on FFP’s projects. She has visitors from FFP. Her choices are meaningful in the context of her identifications with FFP. She does not care whether she has her bath at 6:00 am on Thursday or at 2:00 on Friday. Not all choices matter to her, just those that are meaningful in terms of her participatory identification in a larger social context. (p. 15)

My dependencies and those of Agich’s wheelchair-bound FFP member enhance autonomy, allowing each of us to act in ways that matter to us – ways that create meaning.

The capacities to feed and clean ourselves are not the kinds of capacities by which we typically create meaning in our lives. It would be an odd person who would wish to have inscribed on his tombstone ‘He was able to feed and bathe himself to the very end.’ Yet many of us feel that loss of these capacities is a serious loss of dignity. I suggest that this is because such capacities are so very basic: ‘even animals’ feed and clean themselves. We share part of our nature with other animals, and if we cannot do what even ‘lower’ animals can do, it can be seen as a loss of dignity.

On the conception of dignity as a matter of making meaning, how bad such losses of basic biological functions are depends on what else remains available to the individual as ways of biographical functioning, that is, ways of expressing meaning. We can imagine, with Agich, individuals who are able to express who they are and what matters to them through talking with friends, playing games, volunteering, and visiting with their children. For such individuals, requiring assistance with bathing and eating, while certainly not desired, would have relatively little impact on their capacity to create and express meaning in their lives. Incontinence is an insult for this person, but a minor one. Contrast that case with a person who is socially isolated and disengaged. For this person, the added loss of basic biological functions would have greater significance, be a greater diminution of who they are.

Peter Ebersole and Steve DePaola (1986) report that, except for one study on eminent people, the quality of relationships has been found to be the single most important meaning-conferring feature of life ‘in every study done on meaning in life categories’ (eminent people placed personal goals above

relationships). If the quality of one's relationships is the primary source of meaning for most people, then what can have greater impact upon dignity is not whether or not one is assisted to do things, but how that assistance transpires. Wendy Lustbader (1999) expresses it this way:

If I do reach the point where I can no longer feed myself, I hope that the hands holding the fork belong to someone who has a feeling for who I am. I hope my helper will remember what she learns about me and that her awareness of me will grow from one encounter to another. Why should this make any difference? Yet I am certain that my experience of needing to be fed will be altered if it occurs in the context of my being known. . . . If she would talk to me, if we could laugh together, I might even forget the chagrin of my useless hands. We would have a conversation, rather than a feeding. (p. 22)

'Being known' means that others understand at least parts of 'one's story,' understand what matters or means something to oneself. Lustbader speaks of 'prickly assertions of self' as crucial forms of self-expression, particularly in institutional contexts where uniformity of care is seen as more efficient care. Demanding that the drapes in one's room be open in a certain way is a way of 'being known,' of telling one's story, and dignity is preserved to the extent that the assistance of others honors such seemingly trivial preferences. Dignity can be preserved, even enhanced, while one is being assisted with a basic biological function, if meaning is conveyed during the act – if one has 'a conversation, rather than a feeding.'

Dignity and Dementia

One context in which the maintenance of dignity can be particularly challenging is when people have dementia, insofar as dementia produces radical changes that are seen as not merely changes in a person's life, but changes to the person herself. In cases of dementia, the challenge to dignity is often framed in terms of a divergence between the interests of a prior, undemented 'then self' and the interests of the current demented 'now self.' With such divergence, the possibility arises that the behavior of the demented 'now self' might undermine the meaningfulness of a life by threatening the integrity or narrative unity of the person's story, or at least the part of the story authored by the 'then self', the self prior to the onset of dementia.

When dementia is framed in terms of a conflict between the interests of the 'then self' and the interests of the 'now self', some authors favor the

interests of the 'now self' (Brock 1994; Dresser 1994). Surely, if caring for a person means anything, it means attending to her current and future needs and interests. Others support the interests of the 'then self': the self prior to dementia is the self responsible for creating a biographical life, the story of who she is (Dworkin 1993; Post 1995). We respect the dignity of that person by respecting and protecting her story, and thus we should not allow the actions of the 'now self' to violate the integrity of who she is.

Others urge that effective care must seek to integrate the interests of the 'two selves' (Koppelman 2002; Harvey 2006). Since current well-being and the integrity of one's story are both good things, we should seek to achieve both. One path toward integration is to challenge the conceptualization of dementia in terms of split between two selves. Post (1995) notes that 'until end-stage dementia the severely demented individual generally retains some continuity with the "then" self' (307). Moreover, the demented 'now self' is capable of forming and articulating the kind of critical interests characteristic of nondemented people – that is, people with dementia retain the capacity to create and express meaning (Lyman 1998; Jaworska 1999; Sabat 2005; Jennings 2009; Karel et al. 2010).

This being the case, a substantial contribution to maintaining the dignity of people with dementia is made when the initial approach of caregivers to the desires and actions of the person with dementia is one that presumes that those desires and actions are attempts to express meaning (Sabat 2005). Post (2000) describes a man with severe dementia who carried around a piece of wood. Such seemingly odd behavior was in fact his way of expressing part of his identity: as a boy, one of his chores was to carry firewood, and carrying that piece of wood in his current state grounded him in his story, which in turn improved his self-esteem and emotional state.

Jeffrey Spike (2000) presents the case of a world-renowned physician Dr. Z with dementia who tried to leave the hospital wearing only his adult diaper and a sheet draped over his shoulders as if it were a sport coat, announcing to the charge nurse that he had to catch a plane to Tokyo to deliver a lecture. Spike reports that the incident convinced the man's wife that 'all the dignity her husband had attained in life was being eroded and could never be recaptured, and she believed that he would not want this new person (if this is a valid description) to take control of his life and irreparably degrade it' (370).

This case illustrates several important points about the maintenance of dignity. First of all, contrary to his wife's assessment, I believe there is a sense in which Dr. Z's actions have dignity: in trying to go give a lecture, the man is expressing a crucial part of his identity and attempting to maintain continuity with his past. His basic dignity as a kind of being that seeks to

create meaning reveals itself. The problem is that his attempt to maintain continuity with his meaningful past is futile from the outset, due to the facts of his situation, facts that he cannot grasp while obvious to others. His refined dignity is compromised, prompting his wife's insistence that something be done to prevent its further degradation.

Despite the futility of his actions, Dr. Z's attempt to express who he is and what matters to him deserves respect. In his case, respecting his basic dignity as a meaning-making creature means assisting him to preserve his refined dignity through the creation and expression of meaning. This leads to my second point: assisting those with dementia to create and express meaning should not be seen as radically different from all other cases in which people are trying to create and express meaning, for the extent to which a person creates meaning in her life is never solely under her own control. Rather, the extent of one's 'integration into the causal fabric of the world' requires the cooperation of the world, such as receptive audiences, willing partners, and natural processes that are amenable to being understood. The difficulty with respect to creation of meaning in Dr. Z's case is that these features are absent, and thus his action, although an expression of his values, will not add to the meaningfulness of his life. But by understanding his action as motivated by his values and not simply a matter of confused thinking, his caregivers could assist him to create meaning. Perhaps they could ask him to present his lecture there at the hospital, and thus become the kind of willing partners so often necessary to the creation of meaning (Jennings 2009; Lindemann 2009).

One final point regarding dementia and dignity is that dignity is not the only good to be protected or attained, both in general and in cases of people with dementia. The well-being of people can at times come into conflict with their attempts to create and express meaning (Bernstein 1998; Jennings 2009). In some cases, morality requires others to intervene in agents' attempts to create or express meaning, specifically, if those attempts are reasonably likely to cause significant harm to the agent and/or others. The terms 'reasonably likely' and 'significant harm' are of course vague and point to the well-known practical difficulty of determining when paternalistic intervention is morally justified and when it is not. I will not delve into this matter here, but simply assert that not allowing Dr. Z to leave the hospital as he wished falls clearly within the range of justifiable paternalistic interventions, insofar as his leaving would almost certainly cause significant harm to himself, and possibly harm to others (Dr. Z's condition made him angry and combative, and he had previously struck a nurse when in an agitated state).

Post (2000) presents another case in which well-being and meaningfulness conflict. An Alzheimer's patient Mrs. S came to believe that Mr. R, another

resident in her Alzheimer's unit, was her much-beloved but long-dead husband. She would bring him any object she could reach for and present it to him as a gift. Mr. R, moderately demented but still capable of some insight, was delighted by her attention. On one of his better days, he asked the doctor if he and Mrs. S could cohabit. This was to be his 'last tango in Paris.' It appeared that Mrs. S would enjoy it as well. Hospital administrators took the request to Mrs. S's daughter. She was appalled. Mrs. S and her husband had been faithfully devoted to one another for decades. Such an arrangement would make a mockery of their relationship and be demeaning to Mrs. S, whose attachment to Mr. R was based on her mistaking him for her dead spouse. So the administrator broke the bad news to the old man. Post continues:

The old man did not understand. He became increasingly depressed as the days wore on. He stopped talking and eating. He no longer wandered about. The staff put a feeding tube down his throat. After two months, the old man was moved to another nursing home. (p. 88)

This case could readily be seen in terms of a divergence between the interests of Mrs. S's 'then self' and her 'now self.' Those, like Dresser, who advocate for the interests of the 'now self,' would argue that if cohabiting with Mr. R will enhance Mrs. S's well-being, we should make it so. Those, like Dworkin and Mrs. S's daughter, who advocate for the interests of the 'then self' would claim that to allow Mrs. S to cohabit with a man she mistakenly believes to be her husband would violate the integrity of her story; it would undermine what mattered to her, what gave her life meaning. I claimed above that a better approach is to reject the dichotomy and strive to integrate past and present interests. But that it is easier said than done in some cases. What creative solution would preserve or enhance the well-being of these two people without compromising the integrity of Mrs. S's story? The solution that was adopted – preserve meaning – came at a tremendous cost, at least to Mr. R's well-being. There may be situations in which integration is not possible, and we must choose between dignity and well-being. It is not intuitively obvious to me that dignity should always trump well-being in such situations.

Dignity and the End of Life

The end of life poses the greatest challenge to the maintenance of dignity. At death, an organism loses the ability to maintain the boundaries between itself and its environment – death is the dissolution of the self. Dead organisms, on

this analysis, have no dignity. (There may still be reason to treat the remains of organisms with dignity, that is, to express an attitude of respect for what was an organism. Rosen (2012) argues that, at least as far as humans go, treating corpses in a dignified manner is a way of respecting, not the dead organism, but rather the humanity of living persons, in particular the person who is or should be showing respect. Failing to treat a corpse with respect is, on Rosen's view, to debase oneself.)

Prior to death, however, many dying persons can maintain boundaries, express identities, and create meaning. To the extent to which this is the case, such persons are maintaining refined dignity. The 'dignity therapy' of Harvey Chochinov and his colleagues (2005) is an example of how others can assist the dying to maintain dignity. Chochinov's team interviewed patients using a set of questions about the events, accomplishments, and roles that they regarded as important, as well as questions about their hopes and dreams for their loved ones and what they would want their loved ones to know. Each patient's answers were transcribed, edited, reviewed by the patient, and turned into a 'generativity document' given to the patient to share with whomever they chose. The authors state that being encouraged to reflect in this way on the meaningfulness of their lives and to share their reflections led 76% of their subjects to report a heightened sense of dignity. In addition, '68% reported an increased sense of purpose; 67% reported a heightened sense of meaning; 47% reported an increased will to live; and 81% reported that it had been or would be of help to their family' (5520).

While the work of Chochinov and his colleagues, as well as that of others (Byock 1996; Greenstein and Breitbart 2000; Johnson 2003), is encouraging, such work requires that the dying person is competent and able to 'speak the self' into the dying process (Kaufman 2000). Unfortunately, there are many cases in which this is not so. Stroke, Alzheimer's disease, Parkinson's disease, and many other conditions can leave a person unable to understand and communicate with others. How do we maintain refined dignity and respect basic dignity in such cases?

Assisting others to maintain refined dignity means assisting them to create and express meaning. But many dying people have lost the capacity for creating and expressing meaning. Technological interventions allow their biological lives to continue, compromising the boundary between self and environment in doing so. On the contrary, the biographical life of that person consists solely of stories of the past; no further chapters will be written by the agent.

What can be done is to affirm and respect the meaningfulness already created by such persons. In discussing caring for those with dementia, Bruce Jennings (2009) invokes the notion of ‘memorial personhood’:

To be a memorial person is to be a self in the imagination and memory of others; which, on this view, is just what it is to be a self. It is to be a self whose identity and life must be honored and acknowledged by those who can, even if it can no longer be by the person himself or herself. . . . [The notion of memorial personhood] involves the invoking of a self with a life history, an archaeological site for the work of memory. . . . (pp. 430–431)

Applying his conception of memorial personhood to end-of-life cases, it falls to others to ‘hold’ dying people in their identities (Lindemann 2009). Those closest to the dying person must determine what to do, using their understandings of that person’s story – the meaningfulness that this person has created in her life prior to her current condition – as their guide.

This task can be enormously difficult for several related reasons. First of all, there is usually uncertainty about the likely prognosis in any particular case (Christakis and Lamont 2000; Glare et al. 2003). Prognostic uncertainty can in turn make it difficult to determine which of two competing models for action is appropriate: a medical interventionist model or a comfort care model. If in addition these features are coupled with a lack of clear and shared understanding of the dying person’s values, then even the most diligent and well-intentioned individuals can find it hard to know what course of action will maintain dignity.

Practical difficulties notwithstanding, respecting the dignity of the dying in its most fundamental form – basic dignity – means honoring the kind of being that the person is: a kind that creates and expresses meaning (Coulehan 2007). After a certain point in the dying trajectory, the continued life available to a person will no longer be a life ‘fitted to their species-specific nature.’ Respecting basic dignity in such cases is a matter of knowing when to cease efforts to extend the biological lives of dying persons.

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15

Wisdom and Aging

Charles Taliaferro and Meredith Varie

What is wisdom? Is it a matter of humility, prudence, knowledge, practice, emotions, or a network of these or other skills and conditions? More specifically, how should we understand wisdom in terms of a person's age? Is the wisdom of a child the same as the wisdom of an adolescent or adult or old person? There is an expression intended to cajole a person to act maturely: 'Act your age!' What might this mean for different times in one's life? And how should we think of wisdom about the very process of aging itself?

This chapter has three sections, the first being entitled: *What is wisdom?* There is some cultural variation in the measure and meaning of aging (as we and others have pointed out in different chapters), but we aim to identify a general concept of wisdom that will be useful in our inquiry about aging. We advance in Section "What Is Wisdom?" what we call the *Ordo Amoris* Model of wisdom which we argue is more satisfactory than the Deep Rationality Theory. Section "Wisdom of the ages," looks at how the wisdom of a child and an adult may be the same virtue, but its scope and depth differ radically. Section "Aging wisely," considers the process of aging itself, and how aging wisely differs depending on one's philosophy of nature. We conclude with

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highlighting two aspects of aging wisely: the importance of solidarity with others, and what we refer to as the good of *sempiternal contemplation*.

What Is Wisdom?

Providing a satisfactory definition of wisdom is a difficult and daunting task, yet one necessary for understanding the interactions and intersections of wisdom and aging. It may be a useful first step here in developing a positive account of wisdom, to consider why an important, current account of wisdom seems problematic. Let us begin, then, with Sharon Ryan's 'Deep Rationality Theory':

Person S is wise at time t iff [if and only if] at time t:

- (1) S has a wide variety of epistemically justified beliefs on a wide variety of valuable academic subjects and on how to live rationally (epistemically, morally, and practically).
- (2) S has very few unjustified beliefs and is sensitive to his or her limitations.
- (3) S is deeply committed to both:
 - (a) acquiring wider, deeper, and more rational beliefs about reality (subjects listed in condition 1).
 - (b) living rationally (practically, emotionally, and morally)
 (Ryan 2012, p.108)

We believe that the Deep Rationality Theory of wisdom has at least four significant shortcomings: first, it gives too much prominence to the acquisition of justified beliefs; second, its condition that a wise person has skills in 'a wide variety of valuable academic subjects' is too restrictive; third, we expect more from a wise person than the commitments noted in condition (3); and fourth, the Deep Rationality account leaves out the virtues we expect of wise persons such as humility and a healthy integration of skills and insights over time, and not merely at an instant 'time t.' Let us go over these issues and then offer a more positive account of wisdom.

First: consider some of the persons we think of as wise, including Confucius, Buddha, Solon, Socrates, and Jesus (as portrayed in canonical sources). It seems that none of us think of them as wise on the grounds of their possessing impressive numbers of a variety of justified beliefs. Their beliefs and teachings (as traditionally understood) are rightly (in our view) revered, but this is instead a matter of *the kinds of beliefs they had and how they lived*. They thus leave us instructive examples for us to assess as we think about the meaning of life and, perhaps, they offer us

lives to emulate. If we expand the scope of those we consider wise to those figures presented in epics or fiction which enables us to follow the psychology of wise persons (for example, our own roll call of wise figures include Prospero in *The Tempest*, Father Zossima in *The Brothers Karamazov*, Elizabeth Bennett in *Pride and Prejudice*, and Gandalf in the work of J.R.R. Tolkien), we can perhaps even more clearly see that their wisdom is not, first and foremost, measured by the amount and variety of their justified beliefs. We seem instead drawn to these figures because of the way they assess complex, confusing, even dangerous conditions and think and act with care, resisting forces that would otherwise obscure their judgment, undermining their ability to think proportionately and reasonably. When we do admire them for their justified beliefs, it seems that we also admire and desire to emulate *the way they acquire their beliefs*. They acquire the beliefs they do through honest searching and discernment. The Deep Rationality Theory does note in its last line (3b) that the wise person must live ‘morally,’ but without that condition, we can imagine a person qualifying as a wise person on the Deep Rationality Theory even if she acquires masses of justified beliefs and avoids unjustified ones by means of the effective, systematic torturing of scholars, scientists, and explorers.

A second shortcoming of the Deep Rationality Theory is the condition that a wise person has skills in ‘a wide variety of valuable academic subjects.’ This suggests some kind of formal education that would rule out, in principle, that there are or could be children who are wise. True, a child might not be considered as fully and deeply wise as an adult, but we suggest that there is nothing absurd about the idea of a child or young person being wise *for her age*. Moreover, many figures who are widely deemed to be wise – such as Buddha, Jesus, Mohammad, and so on – are not persons who would (at least in an obvious way) be considered experts ‘on a wide variety of valuable academic subjects.’

Third, someone might be *committed* to ‘acquiring wider, deeper, and more rational beliefs’ and to ‘living rationally,’ and yet succeed at neither. Perhaps our would-be wise person suffers from *akrasia* or weakness of will. She makes commitments that she routinely fails to live up to. Granted, the Deep Rationality Theory rules out the hypocrite who merely pretends to have such commitments, but it does not rule out the weak-willed persons who have genuine commitments and perhaps suffer from serious guilt when they fail to follow through on what they are committed to. Apart from *akrasia*, we can also imagine a would-be wise person with the right commitments suffering from bad luck and never having the opportunity to pursue these goals. We are inclined to think that those we deem wise have followed through (or are following through) with living a life in which significant commitments to living wisely have been put into practice.

Finally, we believe that an account of wisdom needs to give more prominence to the virtues involved in being wise. There is no explicit identification of humility in the Deep Rationality Theory, for example, and it seems to us that those we recognize as wise as historical figures or in epic poetry and fiction, all seem to condemn or renounce arrogance and vanity. Humility cannot stand in as a sufficient condition for being wise, because someone might be humble and foolish. And yet, some awareness of a person's proper limitations seems to us to be elementary in an account of wisdom.

Let us now consider an alternative account of wisdom. In doing so, we will forego the analytic format and offer a more narrative account. Rather than highlight 'rationality' we advance what may be called the *Ordo Amoris* Model. The concept of an 'order of love' has roots in Plato and Aristotle and runs through Augustine, Aquinas, Thomas Reid, Bishop Butler, and in the twentieth-century Max Scheler and Dietrich von Hildebrand.¹ The Latin phrase *ordo amoris*, which comes from Augustine, stands for the view that there is a proper, fitting order of loves that is linked with values. We should, for example, find loving compassion and justice, friendship and family, the arts and courage, good and fitting in proportion to the value of each. In this tradition, *love* is understood in terms of pleasure, delight, approval, or positive, affective responses (these terms may be treated as roughly different aspects of love), the idea being that affirming the goodness of friendship can be understood as the claim that friendship merits pleasure, delight, and so on. This tradition, then, advances a rough ranking of loves. So, notwithstanding the spirit of E.M. Foster's claim that he would rather betray his country than his friend, we believe that loving justice surpasses or is of greater worth than the love of a friend. So, in a conflict, one should love and demonstrate such love in favoring justice over, say, a romantic friendship. We believe this tradition has sufficient intuitive common sense behind it to use it in this chapter. For example, we trust that most readers most of the time would find loving gambling, intoxication, and reckless driving over against loving justice, friendship, and family, absurdly disordered. So, assuming that we can have a grasp of the *ordo amoris* that is at least as clear as that we have of the use of terms like 'rationality,' 'practically,' 'morality,' in the Deep Rationality Theory, consider the following alternative account of wisdom:

Wise persons have the *ordo amoris* (they are affectively responsive to values in ways that are fitting and proportionate) and they act consistently (and successfully) in

¹ For background on the *Ordo Amoris* Model, see:

Chisholm, R.M. (1986). *Brentano and Intrinsic Value*. Cambridge: Cambridge University Press.
Von Hildebrand, D. (1972). *Ethics*. Chicago: Franciscan Herald Press.

light of the *ordo amoris* to the best of their ability. So, wise persons affectively prize and act on their love of justice, their approval of compassion, and so on, and they do not love (or, more strongly, they disapprove and perhaps even hate) injustice, cruelty, and merciless indifference to vulnerable, innocent persons whom one can aid. Wise persons are those who succeed in living such lives intentionally; they are aware of their limitations and eschew vanity and arrogance. Wise persons tend to (but do not necessarily) make themselves available to teach or advise others who do not realize or follow the *ordo amoris*. Wise persons are wise in a sustainable fashion (or they seek to be wise over time); they do not seek to be wise merely or only at an instant (at time *t*). It may sometimes be wise for a wise person to appear foolish in order to prevent some greater folly by others. But under ordinary, non-vicious conditions (e.g. not in the conditions of Hamlet's Denmark), a wise person does not employ deception and conceal their wisdom for reasons of self-advancement or exploitation of the innocent. Wise persons seek to the best of their ability to live lives that are integrated rather than fragmentary. A fragmented notion of personal identity might allow that a person may be wise in one area of life (politics, for example) but foolish in another domain (one's marriage). We believe that any claim that a person is wise who lives a life of fragmentation is only wise in a highly tainted, compromised way.

We believe that this *Ordo Amoris* Model is able to incorporate what is fitting in the Deep Rationality Theory. Thus, it seems sensible that wise persons who seek to cultivate the *ordo amoris* would seek to cultivate justified beliefs as opposed to unjustified ones (e.g., reckless, heedless beliefs). But which beliefs a wise person will seek out will be guided by the *ordo amoris* itself; so merely setting out to increase the number of our justified beliefs (e.g., about how many objects are on our desks) should not be deemed wise (unless we imagine some extraordinary thought experiment in which getting the number right will solve a murder case, say). By not including in our account of wisdom reference to knowledge acquired by way of academic sources and by not specifying that wisdom should be measured in terms of the amount of justified beliefs, we propose that we have an account that is not restrictive in terms of age or formal training. Our proposal does not rule out what we think should not be ruled out: children and young people can be wise, as can persons at any age (but particularly in old age) when they lose robust powers to acquire justified beliefs and shed unjustified ones.

Wisdom of the Ages

In this section, let us consider wisdom with respect to age. It will not have escaped readers that we are relying on the concept of an order of love that is not precisely drawn out with a detailed demarcation of values. We are trusting,

however, that there is a general agreement that a wise person's order of love – at any stage of life – would involve a proportionate self-love that includes prudence and the avoidance of heedless, dangerous risk of self and others for trivial reasons such as entertainment. At any age, wise persons desire to live justly (respecting the rights, needs, and well-being of others) and to attain a personal identity in which there is balance to concerns and interests of the self and to those around us. As a corollary to this, we suggest that, at any age, the person who lives a life of pomposity, vanity, self-promotion, and indifference to others is not only unwise but fails to live life fully, as Ilham Dilman observes:

It is by engagement with our surrounding and with others, through taking a genuine interest in things outside us and caring about others that *we come to ourselves* or *find our reality*. In being self-protective . . . seeking to compensate for our weaknesses, trying to get our own back on others, nursing grudges, thinking of our self-interest in what we do, seeking to boost our own importance, we fail to come to ourselves. We become restricted, confined, and considerably narrow in our give-and-take with other people. Our interactions are curbed by our ulterior motives. Our psychological wounds, needs, defences, and commitments . . . constrict our contacts with others. Our interactions have only one direction: we are not interested in giving, merely in feathering our psychological nest. We don't respond to the friendship others show us; we take it and use it to our psychological advantage. (Dilman 2011, p.144)

While we see this as an admirable portrait of a wise person's life at any stage of life, it should be noted that how wisdom is implemented in a person's life varies depending on age. So, the engagement in the life of others will differ in scope and depth for a child, a youth (someone in adolescence), a young, middle-aged, and elder person.² A very young person's engagement with others will (typically) lack the social, political, economic, and religious dimensions of the adult. Adults face the challenge of living wisely in terms of sexuality, family, friendships, and commitments over time that a child may anticipate but not live out. Still, 'wisdom,' on our view, is not used equivocally when we speak of a *wise child* and a *wise adult*, even though how this wisdom is realized will differ.

In many ethical traditions, West and East, there is some recognition of the virtues that differs depending on one's age or circumstances. In a

²We are assuming here a commonplace distinction of these age groups, and not relying on highly specific classifications, e.g., we are not adhering to the UN identity of a child as anyone who is 18 or younger, while an older person is anyone who is 60 or older.

famous passage in the Hebrew Bible (or the Christian Old Testament), we read:

To every thing there is a season, and a time to every purpose under the heaven: A time to be born, and a time to die; a time to plant, and a time to pluck up that which is planted; A time to kill, and a time to heal; a time to break down, and a time to build up. . . . (*The new Oxford annotated* 2010, Ecclesiastes 3:1–3, 17, 20)

In Confucius's *Analects*, he writes:

The Master said: When I was fifteen I set my heart on learning. At thirty I took my stand. At forty I was without confusion. At fifty I knew the command of Tian. At sixty I heard it with a compliant ear. At seventy I follow the desires of my heart and do not overstep the bounds. (2015, p.2.4)

We do not propose here a detailed portrait of the virtues that comprise wisdom at the different stages of life, but we do suggest that there are such stages, and that we often do work implicitly (and sometimes explicitly) with a shifting set of virtues that comprise wisdom at the different stages of life. So, in most modern democracies, it is thought that childhood should be a special time for being nurtured, for encouragement in the development of mind and body, for training and education, and play, whereas children should not be laborers or be soldiers (as the United Nations explicitly condemns both child labor and child soldiers). We now widely recognize the inappropriateness of 'child brides,' using children sexually, and so on.

We examine the role of wisdom in the aging process in the next section, but in ending this section, we note how sometimes our language reflects the depth of our character and the virtue of wisdom (and the virtues that are constitutive parts of wisdom). Spanish, for example, has two verbs for the infinitive 'to be.' The first, i.e., *estar*, is typically used with cases of being that are temporary, such as the phrase, 'Estoy feliz' or 'I'm happy.' Happiness here refers to the present state of the feelings of the speaker, saying nothing of her more permanent characteristics. The verb *ser*, however, deals with states of being that are generally more permanent. Though there are many exceptions, statements using *ser* speak to the character of the individual. For example, one might say 'Soy generosa' meaning 'I am generous' with the implied meaning being 'I am a generous person.' However, when *estar* is paired with what is typically considered a more permanent adjective, the meaning changes again. For example, if we want to say 'the girl is tall,' we would say 'La niña es alta.' Saying 'La niña está alta,' however, is understood as 'The

girl is tall *for her age.*' Just as our language can reflect the complexities of growth and development, wisdom's complexity is nuanced and understood differently through age. We may not only be tall for our age, but we may also be wise for our age. Growing, developing, and learning are all ways in which we might age, and wisdom varies with these changes.

Aging Wisely

Our concept of aging wisely will, in part, depend on our overall philosophy of life. Is it the case that, for example, secular naturalism is true or Buddhism or Christianity? Peter Berger offers this artful portrait of a mother comforting her child who is deeply troubled:

A child wakes up in the night, perhaps from a bad dream and finds himself surrounded by darkness, alone, beset by nameless threats. At such a moment the contours of trusted reality are blurred or invisible, and in the terror of incipient chaos the child cries out for his mother. It is hardly an exaggeration to say that, at this moment, the mother is being invoked as a high priestess of protective order. It is she (and, in many cases, she alone) who has the power to banish the chaos and to restore the benign shape of the world . . . She will speak or sing to the child and the content of this communication will invariably be the same – 'Don't be afraid – everything is in order, everything is all right. (Berger 1970, p.54)

Berger goes on to contend that if secular naturalism is true, and nothing in life is of intrinsic worth and the mother and child will be annihilated at death, everything is *not* all right.

Yet this common scene raises a far from ordinary question, which immediately introduces a religious dimension: *Is the mother lying to the child?* The answer, in the most profound sense, can be 'no' only if there is some truth in the religious interpretation of human existence. Conversely, if the 'natural' is the only reality there is, the mother is lying to the child – lying out of love, to be sure, and obviously not lying to the extent that her reassurance is grounded in the fact of this love – but, in the final analysis, lying all the same. *Why? Because the reassurance, transcending the immediately present two individuals and their situation, implies a statement about reality as such.* (Berger 1970, p.55)

We believe that Berger is right that how we raise our children and cultivate their and our attitude toward the aging process will very much depend on

our philosophy of nature, our understanding of the end of life. In [Chap. 7](#), we have considered aging in light of the great world religions. Rather than repeat our observations from that chapter, here we briefly contrast how aging is viewed from the standpoint of two profoundly different philosophies of nature: Platonism and Epicureanism. In the former, aging is seen as a process for one's eventual emancipation from this life. For Epicureanism, aging is a process that ends with annihilation of the individual. We then conclude with highlighting what we believe to be two important dimensions of aging wisely, quite independent of one's philosophy of nature.

Platonism

In the *Phaedo*, we learn that if we are to approach death properly, we must prepare for death throughout life as Socrates did, and then die with similar dignity. When Socrates asks Crito to fetch the poison for him, Crito hopes to buy his mentor more time. However, Socrates refuses this time. He explains that though many may resist drinking the poison, 'it is not fitting for me. I do not expect any benefit from drinking the poison a little later, except to become ridiculous in my own eyes for clinging to life, and be sparing of it when there is none left' (Plato 2012, pp. 116e5–117a3). Whether or not Socrates deserves his death sentence, he accepts his death calmly, talking among friends and encouraging his followers to accept their eventual deaths with equal dignity. Importantly, though Plato explains that death will provide the desired separation of the soul from the body, he does not advocate suicide. Life is still to be lived.

On the Platonic model, we ought to approach death calmly and as a means to attain knowledge. Plato emphasizes the importance of death in gaining knowledge. We attain pure knowledge through acquiring complete freedom of the soul. The only way to free completely the soul from the body is through death. When the body dies, the soul lives on and can survive among the forms. As a philosopher seeks wisdom, he necessarily needs true knowledge. The only way to do this – and to live this philosophy – is to prepare for the complete separation of the soul from the body. In other words, the philosopher 'trains[s] himself in life to live in a state as close to death as possible' (Plato 2012, p.67e1). Furthermore, as a true lover of wisdom, the philosopher fully accepts the value of death in his quest for knowledge. Without death, he cannot finish his quest, and consequently he will never be truly wise.

Epicureanism

For the Epicureans, the end or *telos* of a properly lived life is a state of pleasure that involves the removal of pain and freedom from all disturbances, or *ataraxia*. A critical part of achieving *ataraxia* is removing the fear of death: Epicurus explains further that the best person – the most virtuous and therefore the one living most pleasantly – ‘has pious opinions about the gods, is always fearless about death . . . understands that the limit of good things is easy to achieve completely . . . and that the limit of bad things either has a short duration or causes little trouble’ (Epicurus 1994, p.10.133). Thus, not fearing death plays an integral role in being virtuous.

Philodemus, a first-century BCE Epicurean, constructs the *tetrapharmakon*, translated as a four-fold remedy or cure for living a life with pain or anxiety. It consists in understanding that (1) God should not concern us, (2) Death is not to be feared, (3) What is good is easy to obtain, and (4) What is bad is easily avoided (Warren 2004, p.7). Importantly, without removing the fear of death, there is no way to achieve a state of *ataraxia*. The Epicurean wise person must not fear death. However, the Epicurean cannot age wisely by seeking death. Even though there may not be a ‘positive reason to continue to live the good life [after *ataraxia* has been achieved] . . . The default assumption . . . is that one will continue to live unless and until such a time when life becomes too painful even for the Epicurean wise man’ (Warren 2004, p.209). Thus, the Epicurean ages wisely by reducing anxiety throughout life, but especially reducing the fear of death.

This section could be expanded to contrast how aging and death would be viewed from the standpoint of Hegel, Spinoza, Kant, and so on. Rather than offer sketches of yet more alternatives, we conclude this chapter by highlighting two virtues that are sometimes underappreciated. The first involves a form of contemplation in which we seek to not be so caught up in the aging process that we lose an appreciation for the *ordo amoris* itself.

In *Walden Pond*, the American transcendentalist Henry David Thoreau wrote of the danger that one might live life chronologically yet without having a life (Thoreau 2004). The latter can come from not living life intentionally or freely, but mechanically according to prescribed and proscribed measures (that were imposed and not freely chosen). What is vital, according to Thoreau and philosophers like Peter Berger, A.E. Taylor, and others, is that we (at least at some times) adopt a contemplative state of mind in which we can appreciate the goods of life without being anxious

about our experience second by second. Rather than jump directly into Taylor's description of this contemplative state, consider Berger's proposal that in an experience familiar with all of this – our experience of play – we often set up a time that is distinct from ordinary clock time:

[P]lay sets up a separate universe of discourse, with its own rules, which suspends, 'for the duration,' the rules and general assumptions of the 'serious' world. One of the most important assumptions thus suspended is the time structure of ordinary social life. When one is playing, one is on a different time, no longer measured by the standard units of the larger society, but rather by the peculiar ones of the game in question. In the 'serious' world it may be 11 AM, on such and such a day, month, and year. But in the universe in which one is playing it may be the third round, the fourth act, the allegro movement, or the second kiss. In playing, one steps out of one time into another. (Berger 1970, p.58)

Berger goes on to contend that this experience gives us a hint of eternity. We will use the term 'sempiternal' instead, a term that in philosophical theology refers not to timelessness but a kind of removal from preoccupation with ordinary temporal succession and change.

Play always constructs an enclave with the 'serious' world of everyday social life, and an enclave within the latter's chronology as well. This is also true of play that creates pain rather than joy. It may be 11AM, say, but in the universe of the torturer it will be thumb-screws time again. Nevertheless one of the most pervasive features of play is that it is usually a joyful activity. Indeed, when it ceases to be joyful and becomes misery or even indifferent routine, we tend to think of this as a perversion of its intrinsic character. Joy is play's intention. When this intention is actually realized in joyful play, the time structure of the playful universe takes on a very specific quality – namely, it *becomes eternity*. (Berger 1970, p.58)

Building on this sense of removal from temporal succession, consider A.E. Taylor's account of what we are calling sempiternal contemplation.

At a higher level than that of mere animal enjoyment, such as we may get from basking before a good fire, or giving ourselves up to the delight of a hot bath, we know how curiously the consciousness of past and future falls away, when we are, for example, spending an evening of prolonged enjoyment in the company of wholly congenial friends. The past may be represented for us, if we stay to think of it at all, by whatever happened before the party began, the

future – but when we are truly enjoying ourselves we do not anticipate it – by what will happen when the gathering is over. The enjoyment of the social evening has, of course, before and after within itself; the party may last two or three hours. But while it lasts and while our enjoyment of it is steady and at the full, the first half-hour is not envisaged as past, nor the third as future, while the second is going on. It is from timepieces, or from the information of others, who were not entering into our enjoyment, that we discover this single ‘sensible present’ had duration as well as order. (Taylor 1951, p.89)

There are, of course, lives in which there is enormous suffering and little room for such contemplative experiences. Still, we propose that in a life where there is indeed some good, there is also a good to enjoying such goods in a way that is not held hostage to a sense of endless succession that we track in ordinary, calendar time. It may be that one of the things we can gain in such experiences is some relief from the anxiety of passing times and the danger of excessive nostalgia. Taylor takes note of the ‘cost’ of aging:

We cannot have the ripe wisdom, assured judgement, and reflective serenity of maturity at its best without leaving behind the ardours and impetuositities and adventures of act which belong to youth, and these, again, you cannot have without losing much of the naïf wonder, the readiness to be delighted by little things, the divine thoughtlessness of childhood. All are good, yet none can be enjoyed except in the season of life appropriate to each, and the enjoyment is always tinged at once by regret for what has had to be given up and unsatisfied aspiration after what cannot yet be. One could not be happy as the fable of Tithonus was designed to teach, in an immortality of elderliness, but one would be no less unsatisfied with an immortality of childhood, or youth, or mid-manhood. (Taylor 1951, pp. 94–95)

By stepping back from our in-the-moment sense of successiveness, we suggest that it is possible for an older person to appreciate the goods of childhood and youth from a sempiternal perspective.

But what might philosophical reflection on aging wisely offer when such sempiternal contemplation is not available on account of suffering, anxiety, and an irrepressible sense of loss that we are unable to pacify due to our philosophy of nature (taking comfort in Platonism or any of the great world religions that offer us a philosophy of life and death that may be edifying)? At this point, and in conclusion, we note that good of solidarity with others. Solidarity is of course not always good, but solidarity with those who are truly living out the order of love and love one another can offer to each other and those struggling with gaining any kind of wisdom, the good

of shared love. Robert Nozick offers this portrait of how one might respond to those who are suffering at any age, and how one might still offer some consolation:

After we have done all we can to help, we can share with them the fact of their suffering. They need not suffer alone; whether or not this makes the suffering less painful, it makes it more bearable. We also can share the fact of someone's dying, reducing temporarily the way death cuts off connection to others. Sharing someone's dying, we realize that someday we may share with others the fact of our dying. (Nozick 1990, p.22)

Concluding observation: We have advanced a philosophy of wisdom, defended the view that different stages of life can each embody wisdom, though how wisdom is realized will differ depending upon one's stage of life. We have gone on to note how the philosophy of aging and dying will be affected by one's philosophy of nature and the prospects of life after death. We have identified and commended what we are calling sempiternal contemplation as a good that can relieve us (to some extent) of the anxiety of ordinary time and succession. Finally, we identify the good of *loving solidarity with others* that can provide solace at the end of our lives, at whatever age we die. This loving solidarity is not only consoling at any age, it can also be inspiring as we grow older. For those of us fortunate enough to grow from childhood through youth to young adulthood, to middle age and then reach old age, there are abundant challenges, tragedies, and triumphs that can leave us disoriented without the sage advice, example, and loving support from those around us who are wise.

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16

Does Self-Identity Persist Into Old Age?

Helen Small

The alterations time brings to the human bodily form and its functioning are empirically observable facts: biological senescence involves an inevitable and irreversible deterioration in the organism as a consequence of lifelong processes of development, replication, repair, and non- or mis-repair at the cellular level. Human beings can and do routinely survive, to adapt Katherine Hawley's description, 'a [near] complete changeover of [their] parts' (2001, p. 3; also Hawley 2014): most of the body's cells replicate or are replaced many times over in the course of our lives, though certain brain cells (relating to the olfactory system and, evidence thus far suggests, to memory) persist without replicating, and the brain has some capacity to regenerate.¹ The ship-of-Theseus type arguments that follow from these facts about the human organism may be more complex and more intellectually interesting than they are sometimes made out to be by those moving quickly to dismiss physicalism as 'unexcitingly false' (Wiggins 1967, p. 57), but considerations of this sort are not where questions of self-identity are commonly felt to be most pressing.

¹The nonreplicating cells are found in two brain regions: the subventricular zone relating to the olfactory system and the hippocampus (granule cells) relating, potentially, to memory. My thanks to Irene Tracey and Jeremy Taylor for updating me.

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We are not, of course, identical with our bodies, and questions of personal identity cannot be sufficiently answered by deciding the identity of a physical body. The ontological grounding for self-identity claims (whether we are physicalists, mentalists, or any dualist station in between) requires some reflection, but it is the contention of this chapter that, politically and psychologically, the chief salience of disputes about identity persistence over time for a consideration of old age lies in how we apply the available criteria for personal identity and self-identity as we move between third person and first-person accounts of the identity of the human person. Whether they are in any reliable or codifiable way capable of being brought together is a question taken up at the end of the chapter.

Bodily Identity a Criterion for Personal Identity?

A basic point of disagreement in interpretation of the available ontological positions, across the mentalist and dualist spectrum, involves the claim that bodily identity is a necessary condition – if not a sufficient condition – for personal identity claims. This view, often associated with Bernard Williams (1956–1957 and 1960), is more obviously true with respect to third person identity criteria than for first-person identity criteria. How is someone to discern another person’s presence other than physically? This third-person restriction stands independent of materialist/anti-materialist theories of mind. (First-person identity claims involving psychological continuity, by contrast, may call on such theories, though some will argue that a physical body is neither a sufficient nor a necessary condition for self-identity: my perception that it is the same ‘I’ who thinks about identity theories today as the ‘I’ thinking about an earlier draft of this chapter yesterday makes no claim upon a physical body.)²

Among Williams’s reasons for stating that there are logical limits to a conception of personal identity without bodily continuity was an objection to the ‘implication’ of arguments *against* bodily continuity: namely, that we can imagine two persons exchanging bodies while leaving the identities of the persons concerned intact. Two objections follow. First, ‘there are many cases in which [such an interchange] does not seem to be

² This is the gist of Galen Strawson’s distinction, treated later in this chapter, between ‘human beings’ and ‘selves’: “inner” subjects of experience that are not identical with human beings’ (2009, p. 5).

conceivable at all'; secondly, 'when we are asked to distinguish a man's personality from his body, we do not really know what to distinguish from what' (1956–1957, p. 12). By way of exemplifying why the interchange may be inconceivable, Williams asks us to imagine the peasant who changes bodies with an emperor, but, try as he might, cannot 'smile the characteristic smile of the emperor' (12).

Coming from Williams, this is uncharacteristically weak. The difficulty of distinguishing 'what... from what' where personality and body are concerned is ambiguous: is it a general observation ('How do I distinguish personality from physicality?') or a targeted one ('How do I distinguish this personality from that particular body?')? The body might, on the general reading, be a condition for there being a personality, but not one linked to any particular body – in which case the interchange would be feasible. On the narrower reading, we are surely being asked to set more store by a gesture than it should bear. The emperor's smile does not make him the emperor, though it may characterize his deportment, here and there, over any number of years. Imagine that he suffers a stroke and can no longer smile as he once did. He remains no less the emperor. Change the third-person perspective to a first-person perspective, and the test of identity seems still weaker. Imagine that I, a peasant, wake up in the emperor's body. What do I imagine my reaction will be (before any opportunistic delight sets in)? (a) 'What has happened to my body?' or (b) 'This body has changed, who am I?' The answer can only be hypothetical, but the former response looks intuitively more likely. If that is right, the first-person view of the identity test lends support to the third-person argument. But what kind of support?

Effects of Ageing on Character as a Vehicle of Third-Person Identity

The smile of the emperor was not Williams's only means of assessing the bodily continuity criterion for personal identity, but it is one that displays nicely the effect of a distinction between third- and first-person criteria for human identity, and the potential for uncertainty about whether and in what sense they are complementary perspectives. One of the many shortcomings of Aristotle's account of the expressive features of old age is that he thought of the effects of time on human habits and traits almost entirely on a third-person basis and considered them destructive of character as a carrier of public identity. The *Rhetoric's* notoriously negative physiological-cum-psychological description of the

old presents age as a force corrosive of individuation, pulling those late in life towards general character-typing of a kind that has no equivalent in Aristotle's accounts there, and elsewhere, of men and women in their prime. *The Rhetoric's* account of old age has, as a result, been found prejudicial to a degree that undermines its credibility even as a guide to rhetoric (John Stuart Mill took Aristotle on old age as a vivid example of why empirical laws cannot be derived from observations circumscribed by time, place, and circumstance [1973–74, II, p. 862]).

A short extract will suffice:

[The old] have lived for many years; they have often been taken in, and often made mistakes; and life on the whole is a bad business. [...] They are cynical; that is, they tend to put the worse construction on everything. Further, their experience makes them distrustful and therefore suspicious of evil. [...] They are small-minded, because they have been humbled by life: their desires are set upon nothing more exalted or unusual than what will help them to keep alive. (Bk II, ch. 13, pp. 1389b–1390a) (1954, pp. 123–125; see also Aristotle 1984).

The specific tutelary purpose of the *Rhetoric* is partial exculpation for the negativity. Aristotle was aiming not at a description of real old men and women, but at a delineation of 'linguistic behavior to be expected' from the old as a generalized category of speakers: that is, 'the linguistic norms to be employed by the orator' who emulates them (Silk 1995, p. 178). We can, however, set aside much of the rhetorical typecasting (which looks at this historical range oddly arid) and find something worth further exploration in the *Rhetoric's* assumptions about how time acts with and upon habitual behaviour and attitudes as holders of identity.

Character is not simply given or achieved, for Aristotle: it must be worked out in, and as, a chronology of education, habituation, choice, and the living through of a sequence of actions that ends only with the agent's death. We do not have to be fully paid-up Aristotelians, and we certainly do not have to share Aristotle's pessimism about what age does to personal identity, to recognize that there is much here that chimes with recent work within physiology and neurology on how habits form, and why some may harden, though others weaken, with age (e.g. Sholz et al. 2009; Wan and Schlaug 2010); also much that fits with ordinary observations about how, over the years, an individual, living in these, rather than those, circumstances, becomes this, rather than that, sort of person, possessing these, not those, identifying features.

Effects of Ageing on Self-Identity Perception

Viewing character historically, as it emerged in close connection with practices of writing (so that the modern meanings of character, originally *χαρακτήρ*, still include ‘a cipher of the alphabet’ and ‘a distinctive mark or trait’), Amélie Rorty observes:

The qualities of characters are predictable and reliable manifestations of their dispositions, and it is by these dispositions that they are identified. . . . In a world of characters, the criteria of identification are not designed to isolate unique individuals; the criteria of reidentification are not criteria of individuation. What is of interest is the configuration of reliable traits, the range of habits and dispositions, the structure of their interaction under various sorts of circumstance and stress, as they age. (Rorty 1969, p. 304)

These things are not as entirely external as they may be made to seem. The term character has often been a meeting ground for physicalist and psychological accounts of the persistence (or otherwise) of human identity, because, for all their evident normative externalism, theories of character have built into them long-standing ways of thinking about the repeating or enduring quality of personal traits that matter not only for third-person perspectives on old age but for internal identity criteria that will include some awareness of one’s own bodily exterior, and some cognizance (however imperfect) of how one is viewed from the outside.

Clearly, third-person normative descriptions of how identity travels into old age only take us so far. Even the most neutral post-Aristotelian theories of life-stage characteristics can raise the ire of those wanting to locate the potential for resilience in old age rather than observe the enhanced vulnerability of the old to pressures on identity. If we are to have any hope of accounting for actual behaviour, rather than normative ‘expectations’, we need, Rorty suggests, much more diverse heuristic guidelines, including a willingness to employ the language of age and ageing more flexibly. ‘At any given time, at any given age, we are all ages at once [. . .] our dialectical relations to fellows impel us to what the world might wrongly call infantilism or sagacity’ (2004, p. 247; for fuller discussion see Small 2007, p. 103). In short, the ‘norms’ do not deserve their status as norms; they are in important respects untrue, and appeals to their authority too often serve to shore up social prejudices. They denote character from the outside, in ways that do damage operatively (for example, to public discourse about old age and its needs) but also psychologically, as they are internalized. We are all not only

capable of but continually *given to* behaving far above and far below the behavioural norms associated with our chronological ages, and at any given point in time, ‘chance, accidents, contingencies mark our interpretations, our reactions’ (251).

I am sympathetic to this attempt to draw some of the accrued authority from normatively-neutral accounts of how we change, and do not change, over time, but what interests me about Rorty’s argument in the current context is the degree to which it might itself be said to be normative – or to aspire to become normative. In place of ‘age-related’ patterns or models of behaviour, she asks us to consider ourselves as improvisors, not only capable of but routinely practising a high degree of resistance to externally imposed views of what is normal ‘for our age’. One objection to this is that it’s easier said than done. Social expectations of old age have force. (The same observation can, and has, often been made for other ages. See, e.g. Gullette 2004.) Another is that only so much improvisation may be possible for us before we cease to be sufficiently coherent as persons or selves with identities recognizable to others and to ourselves (and, in that sense, sufficiently persistent). Both objections require deeper consideration.

External Constraints on the Freedom to Shape Self-Identity

It is a distinctive aspect of Simone de Beauvoir’s account of old age in *La vieillesse* (1970) (and perhaps a reason why the book has not had greater popularity – though it has had influence – with cultural critics of old age) that she ascribes more than ‘merely’ cultural force to perceptions that old age transforms our physical and social reality – perceptions that, once apprehended from the first-person point of view, put the self under existential threat. Cultural–critical approaches to ageing typically argue that expectations of decline in old age are external constructions that we accept at our peril. Decline is not ‘the truth’ of ageing, Margaret Morganroth Gullette states (2004, p. 11): it is an ideologically freighted narrative, with a ‘furtive power . . . to instill belief in human obsolescence’ (29). This view has found endorsement from within recent philosophy, and it is probably fair to say that it represents the now dominant view of ageing within sociology and cultural criticism. ‘Part of the ageist ideology is that decline is inevitable’, Christine Overall observes (2003, p. 43), drawing on Gullette.

Overall points to the range in physical ability exhibited across the life course, and (like Gullette) she objects to the cultural tendency to elide diminishment of capacity in old age with 'debility' (43).

This weighs things far more heavily towards constructionism than Beauvoir is prepared to do. For Beauvoir, the experience of the person who contemplates their ageing face in the mirror, or who sees the physical facts of their ageing reflected in the perceptions of others, is not succumbing to a false narrative: he or she is facing a truth about their changing bodily state and about the social value placed upon them.

Whether we like it or not, in the end we submit to the outsider's point of view. . . . We must assume a reality that is certainly ourselves although it reaches us from the outside and although we cannot grasp it. There is an insoluble contradiction between the obvious clarity of the inward feeling that guarantees our unchanging quality and the objective certainty of our transformation. All we can do is to waver from the one to the other, never managing to hold them both firmly together. (1972, p. 290)

Old age is here a constraint on the freedom of the subject in a way that demarcates *La vieillesse* sharply from the account of constraints on women's freedom detailed in *Le deuxième sexe* (1949): the woman, understanding her oppression for what it is, is free to confer meaning on her life (her internal sense of her identity and external perceptions of her) in ways that have been falsely denied to her; the person moving into old age is not so free. To deny the reality of the constraint is to be in bad faith with oneself.

Some of Beauvoir's formulations are undoubtedly problematic, as when she reports her shock at hearing a 'young woman's laughter' erupt from a 'tall, sixty-year-old American woman' whom she had, until that moment, failed to recognize as a former friend. Time, as she describes it, has a 'shattering power' of destruction over the 'freshness' of the young – a power that strikes her with 'painful clarity' at such moments (290). It is a reasonable objection to the more emotive claims about old age in *La vieillesse* that they read as individual psychological reports rather than a basis for existential inquiry; on the other hand, this rather goes with the terrain of a phenomenological analysis that aims at being unburdened by theoretical preconceptions. If Beauvoir underestimates the degree of freedom that might be retained into late life by a woman in 1970s France, she nevertheless offers, on the basis of her own experience and the reported experiences of many

others across many cultures and many centuries, a serious challenge to cultural constructivism – insisting that time and the ageing process bring verifiable transformations, physical and mental. Such changes are culturally freighted, but ‘real’ in a sense that at once includes and goes beyond (or beneath) the cultural freighting.

Though she does not engage directly with Beauvoir, Mary Mothersill reaches a remarkably similar view when she offers her own report on old age, from, one would have thought, the quite different vantage point of late 1990s America, where the new gerontology was and is strongly wedded to modelling ‘successful ageing’. One of the contributions to be looked for from philosophy, as distinct from bioethics, she argues is a more robust discussion of how we should describe the toll ageing takes on our bodies and our cognitive capacities even when we are among the lucky ones not afflicted by grave impairments such as dementia:

If, as many [gerontologists] claim, there are pathogenic conditions that are ‘intrinsic to aging’ – arteriosclerosis is an example – then why *doesn’t* old age itself count as a disease or as a complex of diseases? Again, given that the capacities, physical and mental, whose decline is terminated only by death, *begin* in the teens and early twenties [or even earlier] . . . , why is it a mistake to think of aging as a continuous, life-long process that approaches death as a limit? And isn’t there, when you come to think of it, something redundant in the expression ‘successful aging’? Given the alternative, then as long as I keep chugging along, getting older and older and older, I’m ahead of the game, am I not? (1999, p. 16)

Like Beauvoir, Mothersill sees ‘ambivalence and emotional conflict’ (18) as rational responses to the complex of practical, political, physical, and social, problems bearing on third-person personal identity and first-person self-identity in old age. At the political level, most contemporary societies appear deeply conflicted about what is due to the greatly increased, still increasing, proportion of their populations over 80; at the personal level ‘[w]e do not know how to feel about a future that we anticipate and that most of us hope for’ (18). It enhances our difficulties that while good statistical information is available about general patterns, most of us have very little information of predictive value to go on in framing our personal expectations. Whether it would necessarily be a good thing to have more reliable information about ourselves can remain an open question (the answer may have much to do with individual temperament and circumstance).

Possible Time Limits to the Persistence of Recognizable Self-Identity

The second objection to Amélie Rorty's, in many ways right-minded and appealing, invitation to adopt an improvisatory stance towards our own identities, requires a move from the mixed subjective/objective terrain of phenomenological-cum-political accounts to consider first-person accounts of self-identity. I shall not review here the terms of the well-known debate between Bernard Williams and Thomas Nagel as to whether 'other things being equal' we have reason to want to live forever (Williams 1973, pp. 82–100; Nagel 1979) (I have treated it at length elsewhere [2007, ch. 7]), but two implications of Williams's argument are especially salient to the question in hand. Old age may have value for us, even if it is not positively attractive to us, he suggests, for at least two reasons. First, the experience of biological decline may have a decisive impact on our categorical desire to go on living; given that we are mortal, this deterioration of our capacities over time is not to be regretted, though it is also not something most of us will welcome. Ideally, most of us might well prefer a longer (even a much longer) life; but, as it is, our deterioration through old age may make our dying more acceptable to us than it would otherwise be. Second, the fact that we grow old and decline should not be thought of as a contingency, because the alternative – a life in which each of us went on forever – would be a 'meaningless' life, incompatible with the retention of self-identity. (For the full working-out of these claims see Small 2007, pp. 209–15.)

Most subsequent contributors to this (still live) debate have been far more interested in what Williams has to say about our attitudes to death than about our attitudes to ageing. Proponents of the view that our death, whenever it comes, is 'bad for us'³ have, moreover, typically excluded old age from the imagined scenario for immortality or greatly increased length of life. The rationale of the 'Struldbrug clause' (as we may call it, after Swift) is straightforward: unless one arrests degenerative change in the organism, that organism will sooner rather than later reach a condition in which no rational person would value survival. It is not a small objection to the exclusion clause that it pushes the terms for the exploration of mortality much more deeply into the realm of fantasy. These are no longer indisputably human lives we are talking about.

³ I am compacting Thomas Nagel's proposition that 'a bad end is in store for us all' (1979, p. 10).

The claim that identity will not survive bodily and psychological persistence over the *longue durée* is more difficult. Christine Overall (arguing that a longer life than even the luckiest of us currently enjoy is strongly desirable) confronts head-on Bernard Williams's assertion that the price of a greatly extended human lifespan would be an eventual, and unacceptable, loss of self-identity:

Williams believes that one's character cannot remain fixed throughout 'an endless series of very various experiences'. His mistake lies in regarding this absence of fixity as incompatible with the preservation and prolongation of one's identity. Consider that, even in our present nonmortal circumstances, a person can rationally desire not to be himself or, to put it less paradoxically and more positively, can rationally desire to undergo personal transformation and thereby become, relative to his old self, a 'new person'. . . . Does Williams have difficulty believing that any life other than the one that he has actually chosen to lead could possibly be satisfactory and desirable to him? If so, then his argument may simply be a reflection of his own particular preferences. (pp. 158–159)

We should surely ask for a distinction here between trivial and non-trivial transformations. Even the examples Overall offers of becoming 'a new person' (the reformed alcoholic, the religious convert, the survivor of a transformative 'near-death' experience [158]), important though they would no doubt be to the persons concerned and those close to them, may be thought to fall short of the requirements for a 'new' identity. The reformed life is not really discontinuous from the old life, though our ways of welcoming or disparaging such major alterations, when we observe them, seem to invite such metaphors. A reformed life has its meaning and its value, not least for the possessor, because it involves a significant assertion of agency in the business of deciding, consistently, to act differently with respect to particular criteria from the way one has acted in the past, and to adopt and hold to new ideals or motives or beliefs.

Overall then proffers a more technical argument (drawing on Robert Nozick's examination of the criteria for identity continuity [1981, p. 35]) that leaves behind the notion of the remade life, and makes a case in terms of serial transformations:

If one's current self can rationally aspire to become one's self 2, which can then aspire to become one's self 3, and so on indefinitely, then Williams's identity argument against the desirability of immortality is less convincing. In wanting to become immortal, an individual could, in effect, be wanting to undergo a series of transformations of self, a series that will be indefinitely long. In what way, then, does the person herself persist throughout these transformations?

Only insofar as each transformed self is desired and actively sought by the previous one, so that the transformed self grows out of the previous self, is casually generated by the previous self, and can be understood as a continuation of the characteristics of the previous self. (160)⁴

It is noteworthy that though Overall relaxes the criteria for first-person psychological identity here, she does not contemplate letting go of self-identity altogether. The appeal to serial continuity between self1 (S1), self2 (S2), self3 (S3) (and so on) requires, indeed, some deeper psychological identity than is present in these selves to be the vehicle for transformation. What should we make of the reliance on 'desire' as the driver of continuity? What happens if S1's desire for S2 goes awry, and action in that direction produces a state neither desired nor sought? The model is, from that perspective, oddly self-containing in its appeal to volition (the appeal to a desiring 'individual', in this context, all too evidently begs a question). Williams's concern for the coherence of self-identity is not obviously overturned by any of this: a self that gradually and continuously evolves will – given world enough and time – eventually contain no points of identity with what it was at some relevant point in the past. Body, character, and memory would all have altered too often and too far in the course of time to be recognizable on either a third-person or a first-person perspective. Under such conditions, the 'self' might be best described as a continuity function.

Overall seems to accept this: her efforts to find a way around the problem of whether, even on a very pliant model of self-identity and with chronological age divorced from physiological deterioration, 'boredom' would eventually set in (because we would have exhausted either the variety of available experience or our capacity to contain and make use of it) lead her at last to confess that she 'may be reaching the limits of my own capacity meaningfully to imagine a state of immortality' that would not amount to outgrowing oneself (171). At this point, however, the effort to imagine the longest possible *durée* becomes something of a distraction from the question of whether self-identity is or is not under threat from old age. The most relevant part of the 'how long could I last, in theory?' question for consideration of identity persistence through normal ageing is the way in which such scenarios assist us in thinking about whether our capacity to absorb change is not rather greater than the dominant view would allow for.

⁴ A similar objection is raised by McMahan (2002), who favours the concept of character evolving over time, and who makes the important point that 'personal identity is not a necessary condition of rational egoistic concern for the future' (a prudential concern, or as he puts it 'prudential unity relations' would suffice) (101). A reservation on that view is discussed below in relation to Strawson and Shaftesbury.

Differences of Existential Style?

A Thin View of Self

Would a still more radical rethinking of the ontic depth of the self be of help here? Galen Strawson, to take the most prominent philosopher to enter this terrain in recent years, argues that there may be different types of “‘existential” style’ (2009, p. 14; see also pp. 15, 221–222; and for an earlier version, widely cited by literary critics, 2004, p. 437).⁵ He distinguishes between Endurantist (or Diachronic) and Impermanentist (or Episodic) forms of self-experience on the one hand, and Narrative, and non-Narrative forms on the other. The Endurantist is strongly committed to the persistence of self-identity through time. The Impermanentist has, contrastingly, little sense of connection between the self as one experiences it in the present and the self that was ‘there in the past and will be there in the further future’, although such a one is ‘fully aware’ of his/her ‘long-term continuity as a human being’ (pp. 14–15). Narrative people tend to apprehend their lives as stories, often (though not necessarily) with an ethical overlay; the good life is then understood as a life in which one’s commitment to and development of certain ethical projects allows for expression of a coherent life story. Non-Narratives have no such investment in narrative self-representation. The Endurantist/Impermanentist distinction does not straightforwardly correspond with the Narrative/non-Narrative distinction, but, broadly speaking, Endurantists will tend to be Narratives, and Impermanentists non-Narratives.

Strawson has very little to say about old age, but he has a great deal to say about time as a dimension of our self-experience – and his view of time, like his account of the self, turns out to be a curiously delimited thing. The version of time that matters for self-experience, in his phenomenological (but strongly materialist) account, is simply the time frame in which one’s existence is present to oneself as a diachronic unity. Given that we sleep, are readily distracted, shift attention constantly, sometimes lose consciousness altogether, this unity may be experientially very limited indeed. Or, as Thomas Nagel puts it, in a respectful but intermittently perplexed review, ‘Strawson holds that our selves are much more short-lived than we normally

⁵ Also worth considering in this context, though pressure of space prohibits extended discussion, are J. David Velleman’s arguments against conceptions of the self that appeal to some ‘proper part that is both the source of [a person’s] autonomy and the target of his self-regard because . . . the basis of his identity’. When he writes that he ‘do[es] not believe in the self’, he means that he rejects such views, and would have us treat the ‘self’ as ‘just a word used to express reflexivity’ (2006, p. 354).

take them to be, and that the subjective experience of the self does not require that it persist beyond the lived present, which lasts [often] for less than a second' (2009, p. 33).

Pace Williams and many others, Strawson does not see the Impermanentist outlook as a recipe either for formal incoherence or for ethical trouble. He insists (in an earlier essay on the subject) that his own self-identification as Impermanentist and strongly non-Narrative does not impair his ability to possess an appropriate quasi-third-person regard for his own future:

I'm well aware that my past is mine in so far as I am a human being, and I fully accept that there's a sense in which it has special relevance to me* [that which I experience myself to be] now, including special emotional and moral relevance. At the same time I have no sense that I* was there in the past, and think it obvious that I* was not there, as a matter of metaphysical fact. As for my practical concern for my future, which I believe to be within the normal human range (low end), it is biologically – viscerally – grounded and autonomous in such a way that I can experience it as something immediately felt even though I have no significant sense that I* will be there in the future. (2004, p. 434)

There's more than a whiff in Strawson's prose of the Earl of Shaftesbury's cavalier disregard for the constitutive role of memory in Lockean accounts of the self. Strawson indeed quotes Shaftesbury approvingly: '[w]hat matter for memory? . . . let me lose *self* every hour, and be twenty successive selfs, or new selfs, 'tis all one to me: so I lose not my opinion' (1900, p. 136). The fact that Shaftesbury himself wrote of opinion in ways that suggest gathered attention well beyond the improvisational view of a moment may or may not be an objection. Opinion, as he used the term in the main, means informed judgement and taste – not capabilities one can conjure 'just like that'; here, however, he does seem to intend something closer to 'the making of judgements about one's immediate personal circumstances', in which case his view is not inconsistent with Strawson's.

Unlike Strawson, Shaftesbury explicitly brought age and decrepitude into consideration as pressures on this model of identity: they impose, he acknowledged, a limit on one's ability to deem oneself free from outward pressures on character and self-formation. With a fine twist of logic, he then invoked the reality of age and infirmity as all the more reason to think lightly of one's human (state of) being:

what is it to me, where my task is appointed to me, where my service is, how far it extends, how near ceasing and coming to that period to which, of its own accord,

and by the course of nature, in a few years it will come? Am I unserviceable now? If not now, I must be so however within a little. If I stay, but till age and infirmity do their part, what signifies it whether it be one cause or another that sends me out of the world? If I have still a part in it, I act; if not, I bid farewell. . . . What is this stir about an outward character? Either it can be kept or not be kept. If not, either I have a part still, or no part. If none, it is well, I am discharged. (pp. 62–63)

On this way of thinking, *all* projects are provisional in the sense that they are bounded by the time-limited character of one's life. This is probably a statement that a reader unpersuaded by the Strawson/Shafesbury view of the thinness of 'self' would accept. But it opens up some serious difficulties in the way of orienting oneself emotionally and ethically in the light of such a radically revised metaphysics.

Emotionally, Shaftesbury's easy way to the exit sign will not satisfy anyone who sets store by the idea not just of having plans and projects but of seeing some of them come to fruition. Such a person may suspect that disappointment cannot be as simply recalibrated as an error; it is, rather, a proper recognition that the project in question had (or has) value for oneself and one's sense of one's life. Ethically, it is unclear what grounds there are for confidence that a quasi-third person view of one's own future self or selves will give one a sufficient concern for the interests of that future self or selves. Third-person prudentialism may not be enough, if unsupported by a special affiliation to oneself that is robust beyond the small pockets of consciously unified mental awareness that Strawson is happy to recognize as self-experience. On the other hand, a person with such an outlook might feel less troubled than many people do by the potential for serious harm to the self that may come with age and time. Does the risk of dementia worry Strawson at all, one wonders? Presumably not. And that's a relief that many would be grateful for.

A Thicker View of Self

Setting a proper store on one's plans and projects (also on ideals, beliefs, and commitments) is one reason why some other recent philosophers have thought that we need a richer view of psychological continuity than allowed for by Locke⁶ and others in the Lockean tradition (as Strawson is, though

⁶ Locke's reflections on old age, in the *Essay Concerning Human Understanding*, are primarily confined to instancing brutal treatment of the old, in the section on 'Enormities practised without remorse' and a strikingly bleak account of the potential reduction of perception, in old age, to the level of 'the lowest

he stands in eccentric relation to it) (see esp. Parfit 1984, pp. 205–217; Frankfurt 1999, pp. 82–94 (89), 108–116, 129–141). Derek Parfit, perhaps most influentially, argues that Locke’s view of memory as a set of direct psychological connections is inadequate: X need remember having only *some*, not all, of the experiences of Y (Y being X 20-years-ago). We should also appeal to ‘other facts’:

[t]here are several other kinds of direct psychological connection. One such connection is that which holds between an intention and the later act in which this intention is carried out. Other such direct connections are those which hold when a belief, or a desire, or any other psychological feature, continues to be had. (1984, p. 205)

On Parfit’s view, any account of self-identity persistence limited to continuity of memory would be lacking in important motivational characteristics that make the person something more than just a container of knowledge about his or her own past experiences. The distinctiveness of one’s psychological connectedness with respect to desires, intentions, emotions and (last on Parfit’s list) character also matters, rightly, to most of us. We could tolerate a degree of erosion to self-connectedness; we could imagine shedding certain traits that were unimportant to us, or disvalued by us (‘my untidiness, laziness, fear of flying, nicotine addiction, and all my memories of my wretched life’ [299]), but we would be right to resist the removal of features we strongly value – or the addition of features we find repugnant.⁷

Even this more capacious view of the conditions for psychological continuity brings us to tricky terrain for the discussion of identity persistence in old age. One reason for the long history of philosophic pessimism, and autobiographical lament, over ageing is that the physical and cognitive changes that come with old age have seemed to those contemplating them to bring precisely the kinds of corrosion to psychological continuity that Parfit identifies as serious threats to self-identity. Age will

degree of animals’ (Bk. I, Ch. III, §9). He thought it a proper ambition of ‘superior spirits’ to seek to emulate Pascal, who ‘forgot nothing of what he had done, read, or thought in any part of his rational age’, till ‘health’ impaired his memory at the end. (Bk. II, Ch. X, §9) (1975, pp. 70–71, 154).

⁷ For a more extensive consideration of Parfit’s views with respect to their implications for old age and self-interest, see Small (2007, pp. 149–163). There are, for all the differences, obvious similarities between Parfit’s and Strawson’s loosening of the connections between one’s present self and one’s future or further-future selves, in the difficulties both theories put in the way of a sufficiently strong concern for one’s own potential condition in old age.

often (if not definitively) take away things that are vital to identity-persistence: energy to pursue our projects, that quality in ourselves that Beauvoir called (with elegant gesturalism) ‘elasticity’ and that some translators of Cicero render as ‘relish’ (‘youth enjoys [certain] pleasures with a keener relish’ [*fruitur libentius*], he wrote [1923, pp. 58–59]), also clarity of short-term and perhaps longer-term memory. The worst scenarios colouring many people’s perceptions of what may happen to erode self-identity in old age are the neurodegenerative diseases that cluster in late life, though they are not exclusively confined to it. If memory goes to the extent caused by such afflictions, we may not meet the most basic requirement for psychological continuity, let alone Parfit’s additional criteria for distinctiveness.

Relaxing Criteria for Identity in Cases of Dementia

Contemplating dementia accentuates the ethical and political importance of how, and on behalf of whom, one asserts certain criteria rather than others for self-identity. Cases of neurodegenerative disease, where agency in later life is in need of special ethical and political protections, are reminders that statements of identity presume not just a criterion of specification (‘identical with respect to what feature?’) but a *perspective* on the act of identification. Those who (I count myself among them) want to argue for the importance of respecting the margins of agency in dementia cases (Small 2007, pp. 119–132, and, esp. Jaworska 1999) need criteria for quality of life that are responsive to what may become a very considerably reduced ability to formulate, sustain and enact coherent interests and projects. Accounts of self-identity that rest heavily on psychological connectedness (however deeply conceived) may not yield the kind of generosity needed here in seeking protection for the rights and interests of people so seriously afflicted. We shall need instead an account of human identity that recognizes the ability to preserve values in the present moment – values which the person in question believes to be right, which relate to their sense of self, and the importance of which they understand as reaching beyond their own experience (altruism, for example, or a sense of humour). The fact that the dementia sufferer has lost the ability to conceive of his or her life as a whole and can no longer lay down new memories as part of a coherent narrative of self should not be a reason to deem this human being, from the outside, unrecognizable.

This is the gist of Agnieszka Jaworska's rebuttal of Ronald Dworkin's attempt to define criteria of well-being, as a basis for third-person prudential choices about insurance and life-extending health interventions, that would hinge on a distinction between critical interests (generated in relation to the patient's core values) and weaker experiential interests (arising in the present, involving their time-specific goals or desires) (Dworkin 1993, pp. 230–232). A more limited ability to formulate wishes and express values in relation to the present moment should be, she argues, a sufficient condition for the possession of agency. We should not insist upon the additional requirement, too strenuous in cases of advanced dementia though of clear importance in other contexts, that a person be able to originate critical interests through a correct first-person view of their own complete life.

Jaworska's description of a margin of agency may serve as a model for thinking about a margin of personal identity. Locating that margin would require discriminating, from the outside, between expressed wishes that are coherent, consistent with what the patient holds to be right, and important to their sense of self-worth, and those that are not. It would also require a willingness to give weight to such externally distinctive facets of behaviour and gesture as remain publicly visible – as Nigel Warburton puts it, 'aspects of character and emotion and patterns of bodily response (e.g. a way of smiling – perhaps a bodily memory) that preserve identity as viewed from without' (personal communication). These types of expression of character, emotion, response, one can speculate, may also be part of a residuum of self-identity experienced by the subject past the point where there is the capacity for articulate expression of one's values.

The Gap between Third- and First-Person Accounts

Such later-stage dementia situations are the extreme, but hardly the unusual, cases of identity-erosion in old age. They make clear what is true also with respect to more fortunate experiences of ageing: a problematic gap in our current philosophical literature and (more generally) our public discourse on the question of how we should connect our criteria for valuing personal identity in others as they age and our criteria for valuing self-identity as we ourselves age. The criteria for personal identity are, most third-person accounts agree, a mix of physical, mental, and social features, with a balance that often leans towards consideration of

the physical (body, behaviour, verbal reports of mental states, and so forth). It matters that these criteria are publicly accessible and assessable. Our first-person criteria for self-identity are not entirely public (in fact, may be largely private), and predominantly mental. These two different perspectives would seem to point towards rather different sets of values (for example, how to deal with individuals who suffer some form of mental impairment).

Whether those values should, or even can, be entirely reconciled is a further problem, beyond the logical difficulty of how coherently to connect them. It may be that our concern for ourselves is, almost by definition, qualitatively different from our concern for others – which need not mean better or stronger. A common worry, one we are rightly and often reminded of in the context of debates about legalizing euthanasia, is that some people will be tempted to ask for the shutting down of life-extending care for sick elderly relatives who are perceived as a burden, and/or whose continued existence is keeping the next generation from a financial inheritance. But there are also very many cases in which third person concern is more active on behalf of others than first-person concern (or what we imagine our first-person concern would be were our own quality of life so reduced). It may be harder for me to agree to the withholding of life-extending measures for a loved one, even a very ill relative in late life, than it would be to agree in principle to my own death ‘were this me’.⁸ There are, in other words, good as well as bad reasons why the two perspectives may not coincide, or may need both public and private accommodations for deeply conflicting imperatives.

Cases of grave cognitive impairment are a reminder that whatever modes of connection we find will have to be flexible: it is in the nature of such situations, I have argued, that, as they progress, the burden of identification falls increasingly on the observer. As the sufferer of Alzheimer’s or vascular dementia grows less capable of articulating their own perspective it becomes the ‘outsider’s’ responsibility to decide what aspects of identity persistence to recognize and to value. As mental capacity diminishes, in short, the relevance of third-person criteria looms larger; where mental capability is retained, first-person criteria will retain a stronger place.

⁸This problem is sharply articulated by Norman Daniels, when he describes his own reluctance to endorse an end to medical treatment for his ‘aged great aunt’, though he believes that he would not himself want to have his life actively prolonged were he in her state (1988, p. viii).

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17

Dementia and the Nature of Mind

Julian C. Hughes

Introduction

There are many reasons to discard the notion of ‘dementia’ – it is stigmatizing and so forth – and, in fact, this is exactly what the framers of the latest version of the American *Diagnostic and Statistical Manual* (DSM-5) have done. There, instead of ‘dementia’ you will find ‘major neurocognitive disorder’ (APA 2013). I do not wish to be distracted here by the debate about terminology (but see Hughes 2011a, pp. 12–27). An underlying thesis of this chapter, however, is relevant, namely that ‘dementia’ is a very inaccurate way to describe the reality for most people living with the condition. These people have not departed from their minds, as ‘dementia’ suggests they should have done. They have more or less severe problems with aspects of their ‘higher’ mental functioning, by which is meant their cognitive functions; and along with cognitive dysfunction there are other symptoms and signs, sometimes physical (e.g. parkinsonism in dementia with Lewy bodies), and sometimes behavioural (e.g. sexual disinhibition in fronto-temporal dementia). But actually most people with dementia retain considerable mental abilities, at least until the more severe stages of the diseases that make up ‘dementia’.

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I shall come back to this thesis. As a preliminary clarification, however, it is worth noting that 'dementia' is an umbrella term that picks out a syndrome which includes a host of different conditions. Alzheimer's disease is the most common form of dementia, accounting for about 50% of cases. Vascular dementia is probably the next most common, where the problems are caused by bleeds from, or blockages to, the blood vessels in the brain; in other words, big or small strokes. I have already mentioned dementia with Lewy bodies, where the cognitive dysfunction combines with hallucinations, sleep disturbances and parkinsonism (i.e. slowness and stiffness in the limbs and gait with tremor as in Parkinson's disease). Fronto-temporal degeneration is rare, but more common in those who develop dementia at a younger age. It typically affects behaviour, with disinhibition, but it can also have profound effects on language. Beyond these four main causes of dementia, which can combine, there are said to be more than a hundred other causes, from infections (such as HIV-AIDS), to trauma (boxing for example), to alcohol and so forth. But the details of the different types of dementia and their unique pathologies are beyond the scope of this chapter (see Hughes 2011b). The syndromal diagnosis of dementia, however, suggests significant cognitive impairment, starting in adult life (i.e. it is not a developmental problem), affecting the person's ability to manage everyday activities and not caused by any other pathology, such as an infection causing a more transient confusion, which is termed a delirium.

But to return to the earlier thesis, I should say something further about whether, or the extent to which, people in the more severe stages of dementia still retain their mental abilities. Many readers will know people with dementia whose state could be called pitiable: is there not a point at which it could be said that these people are truly 'demented', in other words, that they are 'out of their minds'? I suggest that, even in severe dementia, the person is minded, or must (at least) be regarded as being minded. But this depends on the extent to which it is possible to give a broad and plausible enough account of the nature of mind.

The aim of the chapter is not to give an account of the philosophy of mind. General accounts can be found in a variety of books. (I have tended to use Lowe [2000] and Matthews [2005]; but this is a matter of personal convenience.) Alternatively, I shall focus on two questions. First, does philosophy of mind give us insights into the nature of dementia? Secondly, what can we learn about mind (from the perspective of any particular theory) by studying people with dementia? I am not attempting to cover every theory in the philosophy of mind and I must apologize if this means that a cherished theory is not mentioned, or not given its due weight. But I shall discuss the

following approaches to the mind: dualist interactionism, eliminative materialism, functionalism, social constructionism and externalism. For each type of theory, my two questions will be applied. My conclusion will be that we need the broadest possible view of the mind if it is to accommodate the reality of living with dementia.

Dualist Interactionism

Dualism, the idea that human beings are made up of two separate substances – mental stuff and physical stuff – is the philosophy of mind linked to the work of René Descartes (1596–1650). Before succumbing to the temptation to say more about the work of Descartes, or about dualism, it is important to focus on the first of the questions motivating this chapter: does dualism give us insights into the nature of dementia? What if it were true that the person with dementia was, on the one hand, a material being, but was, on the other hand, more essentially, a mental being, or soul?

At first sight, it does not seem as if dualism will be particularly helpful. It does not, for instance, help to establish how there is a relationship between the body, including the brain, which is disintegrating, and the mind, which is increasingly dysfunctional. We know, for example, that recall memory or episodic memory – the memory for incidents – is associated with the part of the brain in the medial temporal lobe called the hippocampus. We know this because there is a correlation between loss of recall memory and atrophy (or shrinkage) of the hippocampus, which occurs in dementia. Association does not prove causation, but we also know that in patients who have had the hippocampus removed (for instance as a treatment for epilepsy) memory loss has resulted.

Similar observations have been made in connection with other parts of the brain. Most famously, Phineas Gage (1823–1860) survived an accident during which a large metal rod penetrated his skull as a result of an explosion. The rod destroyed parts of his left frontal lobe. Controversially, this was said to have led to a profound change in his personality and behaviour. He was described as being ‘no longer Gage’. Whatever the truth about Gage, numerous examples of how functions, including mental functions, are tied to particular parts of the brain do not help the cause of Cartesian dualism.

The same observations are made in dementia. The hippocampus atrophies and episodic memory is lost. The frontal part of the brain atrophies and the person becomes disinhibited. Damage to the visual cortex causes problems with vision; and so on. In fact, my phrasing of the last example demonstrates the *presupposition* that certain parts of the brain are linked to particular mental

functions: the visual cortex is for seeing; the auditory cortex for hearing and so on. Dualism would tend to pull apart – as two separate types of stuff – the mental and the physical. So, as a philosophy, it does not seem to be helpful to the study of dementia, where the scientific study of brain pathology is intended to establish the cause of the mental disturbances.

The Thinking Thing or Ghost in the Machine

There is a second way in which dualism is unhelpful in terms of the account it seems to give of dementia. Descartes established, according to his account, that the essential aspect of the human being was the thinking thing. Having found that he could doubt all else, he could not doubt the proposition ‘I am’ without a contradiction: there would have to be an ‘I’ to think ‘I am not’. So dualism suggests a picture of the inner thinking thing, the subjective hidden core of the person, as opposed to everything else which is outer: not just the brain and the body, but the whole world. And the picture painted is one (to use Gilbert Ryle’s (1900–1976) famous phrase) of ‘the Ghost in the Machine’. But this picture fuels an entirely unhelpful concern on the part of carers of people with dementia. What if the person, the essential ‘I’, is trapped in the failing machine unable to communicate his or her wishes, needs, feelings or desires? (Dualists do not have to be committed to this view, of course, but it is a real concern for some carers, seemingly supported by the simple dualist divide.) Dementia, on this view, is a double catastrophe: not only the loss of physical, outer world, capabilities, but at the same time the person condemned to a subjective hell of frustration, inwardly existing but with no outlet for conscious concerns. What if, as some carers sometimes put it, the person is fully aware of what is happening but is unable to express anything? Dualism – the picture of the inner and outer as separate spheres – fuels these fears of the soul trapped in the failing machine.

Still, slight reflection should persuade us that this problem, of an inner self unable to control the outer body, should not just be a concern in dementia. For it turns out to be a central problem, spotted by his contemporaries, for Descartes. Strict (substance) dualism gives no account of how immaterial stuff can have effects on material stuff. I might as well regard *myself* as trapped in my body, except that I seem, despite everything, to exercise agency over what happens in terms of my conscious bodily movements. The worry about dementia is that this breaks down; and then the subjective ‘I’ does indeed seem like a prisoner trapped in a dysfunctional machine.

So far, then, dualism seems to give us very few insights into dementia. It does not give us an accurate account of the relationship of the brain to mental capabilities and it suggests an unhelpful picture of the real 'I' imprisoned in the dysfunctional body. Two reflections might be productive.

Interaction and Subjectivity

First, of course, when pressed about how the mind and body interacted, Descartes famously had recourse to the pineal gland as the seat of interaction. However preposterous we might believe this dualist interactionism to be, we should recall that eminent thinkers in our own time have supported the idea that mind and brain can interact (Popper and Eccles 1977). But, perhaps more interestingly, we can also go back to the famous correspondence between Descartes and Princess Elizabeth of Bohemia (1618–1680). She repeatedly questioned Descartes about the relationship between the soul and the body. In the end, Descartes says, '... it is just by means of ordinary life and conversation... that one learns to conceive the union of soul and body' (Descartes 1954, p. 280).

This might seem like a cop-out and perhaps it was! But it also seems to gesture at something more profound. Wittgenstein, after all, commended the idea that it is only when language is not doing its ordinary work that it causes us problems: 'The confusions which occupy us arise when language is like an engine idling, not when it is doing work' (Wittgenstein 1968, §132).

Perhaps this can be linked to a second reflection, which is that, after all, dualism does take seriously something which is of immense importance to us, which is precisely our subjectivity. For even if the arguments for dualism are not persuasive, the dualist does point to something that is worthy of considerable wonder, namely that large parts of our lives are lived mentally, or inwardly. Even if our thoughts and feelings are *essentially public* – there is no such thing, following Wittgenstein (1968), as a purely *private language* – they are still, or should be, a source of surprise. It was the wonder of subjective experience that motivated the challenge set down by Hywell Lewis (1910–1992):

[d]o they seriously deny that there is an ingredient in our behaviour, and in that of other creatures, which it is not plausible to reduce to purely physiological terms? Do we not feel pain, do we not perceive coloured entities, whatever their status, do we not hear sounds? And however full the explanation may be at the physical and physiological levels of all that occurs in this way, there is also, over and above all that, something vital for the proper understanding of such situations. This is where the dualist takes his stance. (Lewis 1982, p. 5)

These reflections seem to suggest that there is both something ordinary about the thought that we are mental or subjective beings and that there is something extraordinary about it. We can take it for granted in our day-to-day lives, yet cannot but remark its strangeness when we have to note it. Albeit Lewis was talking about the irreducibility of mental states to physical states, at first blush this irreducibility is extraordinary much as the mental state itself is extraordinary. And this starts to sound like an attitude that might provide insights into the nature of dementia. The loss of aspects of our mental lives can be devastating; but our retained abilities, even into the severer stages of dementia, should remain a source of wonder. The person's subjective experience should not to be ignored.

Lucid Episodes

But what of the second question? What might we learn about mind by studying people with dementia? In severe dementia people lose their language skills, but even when very impaired they can occasionally still say things which are highly apposite. These have been defined as lucid episodes:

[e]pisodes in the care of patients with severe dementia where the patient unexpectedly speaks or acts in a way which surprises the carer because the patient seems to be much more aware of her or his situation and to function much more adequately than usual. (Normann et al. 1998)

These authors went on to say: 'Most episodes occurred spontaneously when the patient was the subject of individual attention, or in the grip of strong emotions triggered by dislike, music and prayer' (Normann et al. 1998). Recently, I was visiting a care home in which there was a good deal of noise in the lounge with a lot of shouting and incoherent speech between several residents with advanced dementia. Suddenly, in the midst of the chaos (no staff were on hand) one resident looked at me and said, 'Whatever happens to you, don't end up in a place like this!'. In one of our own National Health Service homes for people with severe dementia, some years ago, the chaplain, Audrey Ball, told this story about a lady called Ellen who had gradually lost most of her abilities:

As her illness progressed, Ellen could no longer receive the sacrament and was often distracted and fidgety. . . . We would sit and hold hands for a while and then I would say, 'Shall we say a prayer now?' 'That's the best', she never failed

to reply. On a day I shall never forget and before I could start a prayer, Ellen, in her gentle way, said her own prayer:

Dear God, You are all that matters,
Help us to be happy,
Help us to be welcoming,
We need each other. (Ball 2006)

Lucid episodes are perplexing because they seem to suggest that, in someone who otherwise seems unable to comprehend much of what is going on, there is more understanding than we might have realized. Such episodes might be taken to support the dualist idea that there is a ghost in the machine, as if there is 'someone' still locked in the dysfunctional body.

From a pathophysiological perspective this seems unlikely. First, dementia is not 'locked-in' syndrome. This is where the person has had a severe brain stem (or lower brain) stroke so that all muscular control has disappeared, but the upper brain still works. The remaining higher brain functions mean that the person can still think, see, hear, remember and so on, but is unable to communicate apart from (in some cases) by moving his or her eyes. This was the situation for Jean-Dominique Bauby, who famously dictated *The Diving Bell and the Butterfly* (Bauby 1997) by blinking. The book and the subsequent successful film have done much to highlight the condition and the extent to which it is possible for people who seem inaccessible still to have awareness, sensibilities, wishes, emotional needs and so forth.

But the person with dementia does not have locked-in syndrome. Their lower brain functions remain more or less intact and they are not paralyzed. Many people with dementia will develop swallowing problems and they may become immobile, but these are usually late complications which occur long after the upper brain, the cortex, already has significant pathology. The fact that dementia is a condition which mainly affects the cortex means that exactly the functions which Jean-Dominique Bauby required to dictate his book, such as language (including spelling), coordination, planning and orientation, are lost earlier in the condition. So the person with dementia is not someone like Bauby locked into a dysfunctional body. (I should add that, of course, there are some types of dementia where the neurological manifestations of the particular condition mean that physical losses of function can be to the fore; but by definition dementia refers to the loss of higher cortical functions.)

Secondly, the person with dementia is also not like someone with persistent vegetative state, where the cortex of the brain is massively compromised, where the person is unresponsive and in a coma. Rather, in dementia the

person still has, even late on, significant parts of the brain intact, albeit the brain pathology becomes extensive in some cases. From this pathophysiological perspective, therefore, it is not so surprising if (to put it simplistically) from time to time connections are made and functions which seemed missing emerge. But from this (simplistic) perspective such connections are the exception and not the norm. Is this the whole story?

If it were it would suggest that lucid episodes are stochastic events – things that happen by chance in a random fashion – but they are not. They occur in specific situations and contexts. The poignancy of the comments comes from the context. We could even suggest that the context supplies the meaningful connections. The lady in the home told me not to end up in a place like that at a moment of chaos and general confusion. We could postulate that the stress of the situation made it inevitable that she would speak out in this way: it was too intolerable not to do so. Ellen spoke her prayer in the context of a connection with a particular person who visited to provide spiritual support. The lucid speech was not random, but was context-specific.

What might we learn about mind, therefore, by studying people with dementia? Well, at least that it operates in a context, where the context can provide an impetus for meaning, even where meanings are generally being lost. Lucid episodes are not simply random stochastic events. They are meaningful communications, where the meaning stems from the interaction between the person and the environment, not just from internal events in the brain. Lucid episodes can be interpreted, from a dualistic stance, as evidence of the person locked into the dysfunctional machine. But the opposite seems more compelling: they show the person engaging still with his or her environment in a meaningful manner despite severe dementia. They give impetus to the idea that we should always be taking the whole person seriously. This is a negative achievement of dualism, but it should be combined with the idea that subjectivity must be taken seriously. And it gestures at a rather richer notion of the mind as something both individual to the person and yet as something contextually dependent: not as something hidden and inner, but as something involving the world despite its personal nature. It gives a picture of the person as essentially situated (Hughes 2001).

The Mind or the Soul?

Dualism sets the mind or soul up over against the body. As a tangential matter, it is worth briefly considering the words ‘mind’ and ‘soul’. Since the time of Descartes we are used to thinking of them in a fairly indiscriminate

manner: the picture of two types of stuff lumps words like ‘mind’, ‘soul’ or ‘spirit’ together. This lack of discrimination might chiefly reflect the tendency for us nowadays to be physicalists of one sort or another. That is, we tend to believe that there is only *one* sort of stuff, namely physical stuff. In which case, everything else – ‘mind’, ‘soul’, ‘spirit’ – is chimerical and can be disregarded or at least separated from our thoughts about what must be done for people with dementia.

Aristotle, like Descartes, spoke of there being both body and soul. But, as Eric Matthews points out, there are two important differences in the way that Aristotle and Descartes deal with these notions:

For Aristotle, the *substance*, the independently existing thing, was the human being as a whole, of which soul was the ‘form’ and body the ‘matter’. Neither form nor matter could exist separately from each other, since each could only function in connection with the other. For Descartes, however, . . . ‘mind’ and ‘body’ are *both* substances, and the human being as a whole is simply a composite of two things. Secondly, Descartes, unlike Aristotle, effectively identifies soul and mind. (Matthews 2005, p. 10)

For Aristotle the mind was simply one manifestation of the soul, albeit that which was typical of the human being. Other living things have souls typical of their own type of being: plants have vegetative souls, animals have perceptive souls. The soul for Aristotle, therefore, defines what it is to be the living thing that you are. For a human being, it defines the type of life that human beings live. This broader understanding of the soul might in the end be useful.

Eliminative Materialism

Materialism, or physicalism, can be defined by the idea that the mind amounts simply to states of the brain and the central nervous system. Hence we find David Armstrong (1926–2014) arguing: ‘If the mind is thought of as ‘that which has mental states’, then we can say that . . . the mind is simply the central nervous system’. (Armstrong 1968, p. 73). There are subtleties to the accounts given by materialists, who are sometimes called identity theorists. For instance, type-type identity theorists believe that ‘every *type* of mental state can be identified with some *type* of physical state’ (Lowe 2000, p. 48); whereas token-token identity theorists believe only that ‘every *token* mental state can be identified with some *token*

physical state' (*ibid.*). However, 'type-type identity theories have been called into question on the grounds that types of mental state are, plausibly, "multiply realisable" (*ibid.*). It is plausible, for instance, that two people in pain, where the pains seem highly similar, might yet have different neurological events or pathways causing their pains. Alternatively, token-token theorists suggest only that a *particular* mental state, such as *this* pain, will be associated with *this particular* physical state of my nervous system, but not that every type of pain of this sort is associated with just one type of physical state.

Eliminative materialism is not a type-type identity theory, but could be said to go one stage further in that the type-type theories do not want to deny the existence of mental states, whereas the eliminative materialists do.

Just as the march of scientific progress has swept away the primitive notions of witchcraft and alchemy, so too it will in time sweep away the primitive terminology which we use to describe and explain our states of mind and behaviour. . . . On this view, there really are not such states as beliefs, desires and intentions, any more than there are such things as witches or the elixir of life. (Lowe 2000, p. 62)

This is how Paul Churchland put it at the start of his seminal paper:

Eliminative materialism is the thesis that our commonsense conception of psychological phenomena constitutes a radically false theory, a theory so fundamentally defective that both the principles and the ontology of that theory will eventually be displaced, rather than smoothly reduced, by completed neuroscience. (Churchland 1981)

Ignoring some of the distinctions to be made between different accounts of materialism or physicalism, we can say that they have in common a tendency to encourage, support and to laud the achievements and virtues of neuroscience. Indeed, if we apply the first of our two questions – does physicalism, including eliminative materialism, give us insights into the nature of dementia? – One immediate answer is that it clearly does inasmuch as it stresses the role of the neurosciences in our understanding of dementia. It is difficult to deny, for instance, the advances in knowledge that we have as a consequence of neuroimaging. This extends now to being able to demonstrate the deposition of amyloid, which is thought to play a key pathological role, in the brains of people living with cognitive impairment and the difference in this deposition in various types of condition (Quigley, Colloby and O'Brien 2011). If we wish to

understand the nature of memory impairment, or the difficulties in visuospatial skills, or problems in performing certain tasks, physicalism suggests we must understand the underlying neurological states; and eliminative materialism suggests we should go further and, at least in our scientific accounts, only speak in terms of the neurological or brain deficits. Meanwhile, the advances in understanding dementia seem to confirm this approach: once the causal connection between the deficit in acetylcholine (a neurotransmitter which conveys information between neurons in the brain) and memory impairment was shown, the stage was set for the development of drugs to help rectify the deficit. The acetylcholinesterase inhibitors were the result and the improvements they have brought in terms of cognitive function have confirmed the approach. Mental events (or the lack of them) are underpinned by brain events: the metaphysics would seem to be correct.

Causal or Constitutive Accounts?

However, to turn to our second question, what can we learn (with physicalism in view) about mind by studying people with dementia? The obvious thing is that they are not just neurological (or biological) beings. We might wish to resort again to Hywell Lewis: ‘Do we not feel pain, do we not perceive coloured entities, . . . do we not hear sounds?’ (Lewis 1982, p. 5). Or we might wish to point again to the importance of context, as suggested by lucid episodes, and emphasize accordingly the importance of the psychosocial environment in terms of understanding the mental lives of people living with dementia. Of course, physicalists could easily mount arguments to rebuff these suggestions. But these suggestions point to a broader concern with accounts which seem to reduce our mental lives to purely physical events.

This is that physicalism seems to present us with a *causal* account of mental events at the expense of a *constitutive* account. In *causal* vein, we can say that the hippocampus is responsible for our ability to remember Adlestrop.¹ But

¹ As in the poem ‘Adlestrop’ by Edward Thomas (1878 – 1917) which commences:

‘Yes. I remember Adlestrop –
The name, because one afternoon
Of heat the express-train drew up there
Unwontedly. It was late June.’
(Gardner 1972, p. 847)

this does not capture the experience of such a memory; it does not capture what *constitutes* remembering Adlestrop, whether this refers to what happened when the poet remembered, or whether it refers to our ability to understand what it is to 'remember Adlestrop' even if we have not had the pleasure of visiting it. It is not just that we remember the poem: we understand the poem because we can *re-constitute*, through his poetry, what Edward Thomas remembered. Part of the poignancy of the poem 'Adlestrop' is that it evokes a whole world lost by the impending First World War. The social, cultural, historical embedding of the poem, it can be argued, goes way beyond what is happening in the hippocampus. The Eliminativists will counter that these broader concerns could (and will) be accounted for by the 'completed neuroscience'. Again, however, this is to miss the constitutive point: of course social influences depend on the causal things occurring in the brains of everyone involved in the relevant social circumstances. But absent the social, cultural and historical background of the poem, the poem has no poignancy because it loses its meaning, which is a shared phenomenon in public space. Moreover, without these background features we shall not be able to describe what constitutes the particular memory of Adlestrop.

To be fair, Paul Churchland recognized this and accepted that a certain class of mental concepts show the phenomenon of intentionality. Intentions, memories, understandings and other intentional mental states all point beyond themselves and are *about* or *of* something. These intentional mental states set up normative constraints: my understanding *of* something is correct or incorrect in a manner which does not depend on the understanding itself. There are (normative) criteria of correctness which determine whether what I understand or believe or intend or remember is veridical. But, according to Churchland, our normative concerns will simply have to be reconstituted at a neuroscientific level.

But people living with dementia, even severe dementia, show meaning in their gestures, in their bodily movements, in their incoherent utterances, where the meaning emerges in a specific context. A gesture or utterance (which may or may not be interpreted correctly) gains its veridical meaning according to normative criteria which are quite separate from the inner workings of the brain. Normativity is a public phenomenon. The possibility that we can interpret meaning even in the apparently random utterances and gestures of people with severe dementia suggests something about the mind, namely that it is a shared and public phenomenon, not a private internal entity. To this thought we shall return.

Functionalism

Functionalists can, in theory, be materialists or dualists. They are committed to a characterization of mental states ‘in terms of the *causal roles* they are thought to play in determining how a subject behaves in different circumstances’ (Lowe 2000, p. 45). On this account, thoughts, feelings and the like are not certain types of stuff, whether physical or mental, but represent causal roles in the mental life of the organism.

According to Jerry Fodor’s version of functionalism, mental states are connected causally and they can also be regarded as linguistic-type entities, which can combine to form a systematic language. Fodor calls this the ‘Language of Thought’ (Fodor 1976). Fodor sees functionalism as sitting between common sense folk psychology and biological explanations:

For, if Functionalism is true, then there is plausibly a level of explanation between common-sense belief/desire psychology . . . and neurological . . . explanation. . . .
(Fodor 1985)

In Fodor’s version of functionalism, which he calls the Representational Theory of Mind, the language of thought acts as a system of representations to explain our behaviours. And functionalism provides a useful paradigm for cognitive sciences generally and for cognitive neuropsychology in particular.

Immediately, then, in answering what insights functionalism might give us into the nature of dementia, we can say that it suggests a model by which we can understand the cognitive dysfunction that characterizes dementia. For example, we know that in order to be able to read, certain other mental functions must occur: the person must be able to see the letters, understand them as letters, form the letters into specific phonemes, put the phonemes into whole words, pass the words to the speech output centre and control the production of the spoken word or convert the words into text if copying and so forth. Each of these steps requires a mental representation, according to this way of thinking, to be passed around and converted as appropriate. Different lesions might produce different types of dysfunction. By understanding this we might be able to intervene to support the person in the area of difficulty. Once we understand, for instance, that the problem is one of producing language rather than understanding it, we can approach the person in a different manner, one conducive to helping them to express themselves by some other means. Functionalism encourages the view that

this is the right way to think of the minds of people with dementia, as computational systems running according to internal programmes and processes and relying on the ability of the mechanism to pass mental representations from one processing unit to another.

What, however, can we learn about this theory of mind by considering people with dementia? Well, first, people living with dementia are affected more profoundly by the external environment than might be expected according to a functional computer model of mental states. Cognitive function, activities of daily living and behaviour might all be worsened by a noisy environment. If people were more simply like machines controlled by internal programmes, this might not need to be the case. Of course, the working of a machine might be affected by its environment, but it is not clear why this would be the case in the way that it is for humans where we know, for instance, that emotions can affect performance. Emotional resonances should not affect mere machines. If we are to stick with the computer analogy, my emotional state does not affect the working of my computer, but it could crucially affect the reaction I would get from a person with dementia. At the very least this suggests the immense complexity of the computational machinery that makes up the human mind.

Secondly, the mind, for functionalists, is presented in computational terms, but people living with dementia are agents. As agents they make choices with other people, in dialogue, even in the absence of speech. Meaning emerges not solely from the processing of inner representations. These representations can only have meaning if they conform to the normative demands of the relevant criteria of correctness. But, if this is so, meaning requires the public realm where understandings are shared according to those normative demands.

Finally, as a related point, Fodor suggests that the mind can simply be conceived as internal mental representations standing in causal relationships to other mental representations. But such internal representations need make no reference at all to the external world, whereas significance and meaning are attributes of the world of persons. Fodor's language of thought only operates at a sub-personal level. The relevance of the external world of meaning and significance is thereby ignored. But the experience of living with dementia is that the external world of shared encounters and human meaningful interaction makes all the difference. Behaviours which are found challenging, for instance, become understandable by understanding the person, not as a computational machine, but as a feeling, social being situated in a context with a history and particular psychological and cultural background (Hughes and Beatty 2013). Functionalists would, no doubt, have responses to the points I have made, but real people with dementia seem to

impel us towards a broader view of the mind as part of a broader view of what it is to be a person in the first place.

Social Constructionism

A broader view is precisely what social constructionism offers. According to Rom Harré:

The central thesis of social constructionism is the claim that most psychological phenomena are created in and have their primal being in social encounters. (Harré 1993, p. 95)

An underlying assumption of social constructionism is that:

The terms in which the world is understood are social artefacts, products of historically situated interchanges among people. (Gergen 1985)

And common to all versions of social constructionism, according to Harré, is the thought that:

[a]ll psychological phenomena *and the beings in which they are realized* are produced discursively. (Harré 1992)

These philosophical ideas have been very influential in terms of understanding the nature of dementia. For instance, the concept of person-centred dementia care propounded by Tom Kitwood (1937–1998) is based on his idea that personhood is, ‘a standing or status that is bestowed upon one human being, by others, in the context of relationship and social being’ (Kitwood 1997, p. 8).

At the heart of Kitwood’s vision of dementia care was the concern that other people, through what he termed ‘malignant social psychology’, tended to undermine the standing of those with dementia *as persons*. The psychosocial environment could add to the pathology in the brain; but it could also make it better. Kitwood’s social constructionist credentials were straightforwardly demonstrated when he wrote that ‘virtually all the losses and difficulties of later life are socially constructed’ (Kitwood 1989).

The work of Kitwood and the Bradford Dementia Group, which he formed, has spread worldwide, in large measure through the use of Dementia Care Mapping, which is an observational tool used to assess and improve the quality

of care for people with dementia in the hope that this will improve the quality of their lives (Brooker 2005). We see here how a philosophy relating to the mind – social constructionism – has had a direct impact on our understanding of the nature of dementia.

Harré, who has spearheaded the cause of social constructionism in psychology in the guise of ‘discursive psychology’, has co-authored important papers with Steven Sabat in which they stress the importance of the psychosocial environment and establish the relevance of social constructionism to dementia (Sabat and Harré 1992), and also demonstrate the extent to which the person with dementia remains a ‘semiotic subject’ (Sabat and Harré 1994). By ‘semiotic subjects’ they mean:

[p]eople who can act intentionally in the light of their interpretations of the situations in which they find themselves, and who are capable of evaluating their actions and those of others according to public standards of propriety and rationality. (Sabat and Harré 1994)

Sabat (2001) went on to develop these thoughts in his seminal book *The Experience of Alzheimer’s Disease*. Through commentaries on conversations recorded verbatim with people with dementia, Sabat was able to show the extent to which people living with dementia, time and again, express a rich range of mental capabilities. (This was the thesis with which this chapter began.) They frequently demonstrated mental skills concerning which their formal tests would suggest they were incapable. The right approach, one which avoids positioning the person as dysfunctional, was shown to be beneficial by Sabat and, moreover, supported the claim by Harré (1994) that ‘Memories are created discursively . . . remembering is paradigmatically a social activity’.

Sabat’s work also allows us to answer our second question: what can we learn about mind by studying people with dementia? For he shows that detailed study of, or rather being with, people who live with dementia reveals the extent to which mental states depend on and reflect the dialogues or conversations in which they are engaged. Rather than think of dialogues as particular conversations, however, we should think more broadly of the narratives in which persons exist, to take into account the full set of psychosocial and spiritual factors which go to construct the horizons against which we see and experience real people.

This is not to say that the social constructionist approach cannot be criticized. Elsewhere (Hughes 2011a, pp. 168–180), I have pointed to an ambiguity in social constructionist writing as to whether it offers a causal or

constitutive account of intentional mental states. If it is a causal account, it does not seem to be broad enough, because it does not pay attention to the importance of the biological and neurocognitive functions of the brain – just those aspects which physicalism and functionalism highlight as critical to our understanding of mind. But if it is a constitutive account of intentional mental states it is deficient in the way it deals with normativity, for it makes normativity purely a matter of *actual* conversations, or public practices: normativity is no more than a purely social matter. Whereas, the account of the normativity of intentional mental states that is required, is one which does justice to the extent to which it is constitutive of those states, immanent in the language concerning those states and irreducible to anything else (Hughes 2011a, pp. 81–116). In part, this account of normativity depends on a theory of the externality of mind.

Externalism

Externalism . . . claims that mental (and linguistic) content depends upon, or is constituted by, states of the non-mental world. (Thornton 1998, p. 123)

Or, again, externalism suggests that mental content, ‘is not characterizable independently of that (the environment) which it represents’. (Luntley 1999, p. 9)

Externalism suggests we cannot characterize mental content without reference to things outside our minds. A memorable way to summarize the main tenets of externalism is to say:

meanings just ain’t in the head . . .
 meanings are in the mind . . .
 the mind just ain’t in the head.
 (McCulloch 2003, pp. 11–12)

The first of these claims can be called *content externalism* and ‘means that in accounting for meanings, we must advert to factors in the agent’s environment’ (McCulloch 2003, p. 12); the second is a *phenomenological* claim, suggesting that ‘meaning, and grasping meaning, are (conscious) mental phenomena’ (*ibid.*); and the third, which follows from the first two, can be called *phenomenological externalism*, meaning ‘that an adequate characterization of an agent’s consciousness must advert to factors in the agent’s environment’ (*ibid.*).

What insights into the nature of dementia do we gain from externalism? It certainly acts as an important corrective to dualism. The picture of the mind (or soul) trapped in the body is obliterated by the thought that the mind is not in the body anyway. The mind is extended, shared, in the world, in public space and constituted by worldly items or events. In which case, as suggested by social constructionism, my memories are not *just* mine, but are *in principle* shareable. Following John Locke (1632–1704), it is often argued that personhood requires some sort of continuity in terms of memories: I am the same person now as I was this morning because I can still remember what I was doing this morning. The argument is complex because it depends on what you mean by being the *same* person. Distinctions are made between qualitative and quantitative understandings of sameness (McMillan 2006). But the point here is that the Lockean argument can be seen as a threat to the standing of people with dementia *as persons* precisely because they cannot remember (Hughes 2001). Social constructionism and externalism offer some sort of buffer to this argument inasmuch as they suggest that memories can be held by others and personhood thus maintained. But, whereas social constructionism suggested that *actual* dialogues or conversations construct my mental states, externalism only requires that *in principle* such conversations are public and world-involving. Intentional mental states must be practices of the right sort: the sort that could be shareable, in which case they just would have the requisite normativity. So dementia is not to be seen as a condition in which the person's mental life is ineluctably inaccessible: lucid episodes do occur and, as the work of Kitwood and Sabat shows, the person's mental life responds to the psychosocial environment, which can be malignant or benign. There are philosophical reasons to think, therefore, that it is always sensible to treat the person as an agent situated in a world-involving narrative.

And what can we learn about the externality of mind by studying people with dementia? We can see manifestations of meaning in their gestures and hear them in their utterances, even in severe dementia where there may be language and communication problems. Understanding human meaning requires a background of shared practices in which the normativity of intentional mental states inheres as an immanent feature of the world. Our ability to communicate with people living with the severer stages of dementia, and their ability to communicate with us, is testimony to the reality of mind as an extended, essentially public, phenomenon. Ethnographic studies show how the person's very self is embodied and, thus, part of the world, able to convey meaning and to communicate (Kontos 2004). Movements which we might be inclined to dismiss as automatic and senseless may yet convey meaning and be of human concern (Dekkers 2010).

Conclusion

The various philosophical theories of mind considered in this chapter have each provided us with ways to think about people living with dementia. None of them is otiose, but the broader they are, the more useful they become. For people living with dementia, they themselves manifest meaning even in the severer stages of the condition. Or, at least, they do so if the psychosocial environment is facilitating. They can do this because of the inherently shared nature of mind, because our ability to interact in public space is the basis of all our meaningful communications, not just in dementia.

Thinking of the mind in dementia, despite the dysfunctional brain, pushes us to consider the nature of the person *as such* and the importance of our situatedness. This in turn reflects the ways in which the mind can be seen to exist in public space, as a potentially shared phenomenon. But this should not, after all, be shocking, because it is a matter of our quotidian experience that we share meanings, as well as hopes and fears. These abilities help to define the type of life that human beings live. They are how we are formed. We could say that they are manifestations of the human soul in that they define what it is to be the living things that we are.

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18

'This damnable, disgusting old age': Ageing and (Being) One's Body

Christopher Hamilton

Introduction: Ageing, Change and Decay

My title comes from Chekov's *Uncle Vanya* and my subject is the body in old age. At the beginning of Act II, staying in the country on the estate of Vanya, the brother of his first, now deceased, wife, Serebriakov, the aged, sick professor in pain and at the fag end of his career, finds himself in one scene alone with his young and beautiful wife Yeliena. They are both lost in the misery of their condition. She is in flight from her knowledge of the catastrophe she has introduced into her own life by marrying this man, unable to bear her own folly. He is lost in the bitter misery of his old age:

Serebriakov: This damnable, disgusting old age! The devil take it! Since I've aged so much I've become revolting even to myself. And you must find it revolting to look at me . . . all of you!

Yeliena: You talk of your old age in a tone of voice which suggests we're all to blame for it.

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A little later:

Serebriakov: I want to live, I love success, I like being a well-known figure, I like creating a stir – but here I feel like an exile. To spend every minute regretting the past, watching others succeed, fearing death . . . I can't! It's more than I can bear! And they won't even forgive me for getting old! (Chekov 1970 [1900], pp. 201–203)

Serebriakov is profoundly bitter and, although he is a deeply unpleasant character, there is something, at the same time, appealing about him: he gives himself up to the self-indulgent rage which is no doubt one of the deep temptations of old age and which those who are more morally and personally agreeable than he is hold at bay. He reminds us, from that point of view, that the refusal to resign oneself to the depredations of old age probably means more to us than we care to admit, intent as we are on telling ourselves that it is unreasonable and unpleasant for others to hear us moan about the utterly inevitable, bending our animal resistance to decay and death to the demands of a morality that tells us we have to accept what we cannot change because it serves no purpose to do anything else. To that extent, he has something to teach us, or of which he reminds us.

Be that as it may, and more importantly for our purposes, underlying Serebriakov's refusal of consolation, however we estimate it morally, lies something else. What that is is a discovery – a revelation: Serebriakov has discovered that *his body is reclaiming him*.

Part of that is a matter of the changes in the body as it ages. This may be, but need not be, a question of illness. We deceive ourselves if we do not acknowledge that these changes are unwelcome. Some are certainly haunted by this. Witness Flaubert, in a letter to Louise Colet, dated 13th December 1846 and written therefore when he was only 25 years old, indeed, the day after his 25th birthday:

During our life we are nothing but a series of alternating corruptions and putrefactions, each overwhelming the other. Today one loses a tooth, tomorrow some hair, a wound opens, an abscess forms, they produce blisters on your skin or let out your body fluids. If one adds to that corns on the feet, bad natural smells, secretions of every type and aspect, one is hardly left with a very inspiring picture of the human person. (Cited in: Nissim and Benoît 2008, p. 54)

Obviously enough, not all are haunted by the body's changes as they age as was Flaubert, who was, in any case, subject to premature ageing. But this is hardly the point, for no one can deny that, even in the very best of cases, the body gradually changes, deteriorates, and decays as one gets older.

But these bodily changes point to something of deeper philosophical import in the ageing process: the way in which, in ageing, as I put it above, the body reclaims one. The best philosophical discussion of this phenomenon of which I know is provided by Jean Améry, and it is with this that I shall begin to explore this issue.

Being a Body, Having a Body

Most of the time we take our body for granted. We are shocked out of this, for example, when we are ill or through physical injury, but otherwise we behave as if the body were something that was compliant with our aims and goals, with our needs, in short, as if it were to all intents and purposes invulnerable. Things must be so. We cannot be fully cognizant of our physical vulnerability in the world – of the fact, as Pascal so memorably put it, that 'man is no more than a reed, the weakest in nature; but he is a thinking reed. There is no need for the whole universe to take up arms to crush him: a vapour, a drop of water is enough to kill him' (Pascal 2011 [1669], p. 171). For, if we were, we would be paralyzed by an inability to act, overwhelmed by a sense of our fragility and precariousness in the world. But we are also shocked out of this attitude by ageing. Améry brings out marvellously how even the early signs of ageing noticed in the mirror – blemishes on the skin, for example, or the skin's gradual losing of its tautness – evoke a sense of being confronted by something alien to one: 'then suddenly the horror erupts that we are I and not-I, and as I-Not-I can put the usual I into question' (Améry 2010 [1968], p. 48).¹ The body starts to become, in the ageing process, something that *one does not have* but which *has one*, something that asserts itself over one as something foreign to one. This is not a matter of being ill, though that may make the process all the more evident. It is a matter of the body's changes, its deterioration.

¹ I have translated Améry's German more literally than does John Barlow in his English edition of Améry's book. The German reads: 'dann bricht plötzlich das Entsetzen auf, daß wir Ich und Nicht-Ich sind und als Ich-Nicht-Ich das gewohnte Ich in Frage stellen können'. Barlow (1994, p. 29) translates as: 'then we are suddenly confronted with the horror that we are both ego and non-ego and as this hybrid can call our customary ego into question'. To my mind, Barlow's English softens the deliberately hard edges of Améry's German, while also making the thought sound more theoretical than it does in the original, for example, by translating 'Ich' as 'ego', which, of course, follows common practice in the case of Freud. All further translations from Améry are mine, and I follow the same practice of providing, where possible, a more literal translation than does Barlow. I give, in the references, first the page(s) of the German edition, then of Barlow's translation.

But, as Améry brings out, this change, in which the body is experienced as alien, no longer so to speak, transparent to me, to my demands on it, is also and at the same time, a kind of horrified return to oneself. This, this body I see in the mirror, whose process of change goes its own way without taking the slightest notice of my wishes and desires, even though it is alien and alienates me from myself, also returns me to myself. Imaging a woman in front of the mirror, looking at her face now showing the signs of ageing, Améry writes:

For formerly, when this face, which one had been able to look at without displeasure, was a matter of course, when one could ‘forget’ it – did it ever exist for her at all? It had been part of the world that belonged to her and to which she belonged, part of an I that without ambiguity was at the same time I and world, that did not doubt itself because it was not alienated from itself. Only now, in this change, which sometimes, so it seems to her, becomes unrecognizable, is this alien face, because it is no longer directed to the world, because it is expelled from the world, completely hers. (Améry 2010 [1968], pp. 51–52; 1994, p. 32)

Améry goes on to say that, before the onset of ageing – more precisely: before one grasps that one is caught up in the ageing process, for we are all always ageing, of course – a person exists ‘*outside himself*, in space, which is part of him and belongs to him and which is inseparably bound up with his I’. But with the onset of ageing, a person ‘comes increasingly to a worldless I . . . [M]ore and more he becomes his own body’. The ageing person increasingly feels his body to be ‘something external and imposed and yet at the same time as that which is most his own, to which he is more and more reduced and to which he devotes increasing attention’ (Améry 2010 [1968], pp. 54–55; 1994, pp. 34–35).

Michel Serres (1985) has said that the body is a place at which the world meets itself, a kind of knot in materiality. That gives a sense of the body and the world as open to each other, not antagonistic to each other or closed off from each other. Consonant with this is the way in which Merleau-Ponty has spoken of flesh:

The flesh is not matter, in the sense of corpuscles of being [. . .] is not mind, is not substance. To designate it, we should need the old term ‘element,’ in the sense it was used to speak of water, air, earth, and fire, that is, in the sense of a *general thing*, midway between the spatio-temporal individual and the idea, a sort of incarnate principle that brings a style of being wherever there is a fragment of being. The flesh is in this sense an ‘element’ of Being. (Merleau-Ponty 1969 [1964], p. 139)

These are both ways of speaking of the phenomenology of the human body when it is simply taken for granted, something that one can forget, ignore. When the body reclaims one, when one starts to realize that one is being reduced to one's body, it seems no longer a point at which the world meets itself but, rather, something from which the world is withdrawing itself, or which is withdrawing itself from the world. Or again, it is no longer flesh in Merleau-Ponty's sense, flesh as an element, in the way water is an element. The water in the rivers and seas, which makes up the rain, which is present in wells and caverns, is, so to speak, open to the world because this quantity of water can flow into that at any moment and become one with it. Flesh, when it is an element, has a similar kind of transparency to the world, not, of course, in the sense that my flesh can become yours in the way this body of water can become one with that body of water, but in the sense that the world flows through it, opening me to the world and the world to me, as water is at one with the world, part of it. The body as flesh, in this sense, negotiates the world, moves in it in an unencumbered way, interacts with it thoughtlessly, turning itself and the world to its, to one's, aims. In ageing, the body is no longer flesh, flesh as an element: it is materiality, resistant, it has its own life and changes – the discolouring of the skin, the cheeks that begin to sag, the lines and furrows that appear on the face and so on. In ageing, the body *reclaims one* and *one becomes one's body*, not body as a point at which the world meets itself, not body as flesh, but body as *intransigent materiality*, as mass rather than energy, as Améry puts it. I am, in ageing, this, becoming this, this intransigent materiality, am being reduced to this, becoming, in a sense, *what I really am: mere body*. This, so says Améry (2010 [1968], p. 55; 1994, p. 35), is 'the most extreme human authenticity'.

Which, then, am I? Am I mere body, nothing but body, the worldless body, closed off from the world – a world, as Simone de Beauvoir (1985 [1970], p. 339) puts it, 'filled with traps . . . [that] bristles with threats' for the old? Or am I the body as flesh, a knot in the world, open to the world? We are tempted to say, I think: I am sometimes one and sometimes the other. I am worldless body when ill or injured, but open to the world when in good health. But that does not seem right. For sure, we may forget illness, once it is past, and perhaps we have to: since, as I said earlier, we usually take the body for granted, have to do so in order not to be paralyzed by a sense of our own vulnerability, after illness or injury we are returned, must be returned, to the body as open to the world, leaving behind the worldless I. But surely this return leaves traces. Surely we have a sense that we are both, in tension or contradiction with each other: I *have* a body, but I *am* a body, and illness, injury, and old age, these seen in others or experienced in myself, remind me that I am the latter and not just

the former. One lives with the consciousness that one is both, consciousness of the latter casting its eerie, dimly seen light on that of the former, as our mortality, to which I shall return, casts its uncanny light on our ordinary lives, so full of the refusal of our mortality as they are. I shall come back to this issue of the contradictory nature of the body later in this essay.

In old age, the worldless I, the worldless body predominates. This is what Serebriakov knows. It is because he knows that he is being reduced to his body, to his body as intransigent materiality, that he experiences, not only himself, but the world as he does. Relevant in this context is the character of Jaques in Shakespeare's *As You Like It*. He speaks of the seven ages of man. Of the penultimate, he says:

The sixth age shifts
 Into the lean and slipper'd pantaloon,
 With spectacles on nose and pouch on side,
 His youthful hose, well saved, a world too wide
 For his shrunk shank; and his big manly voice,
 Turning again toward childish treble, pipes
 And whistles in his sound.
 (Shakespeare 2013 [1623] II, vii, pp. 157–163)

This description of old age helps us, I think, to understand what Serebriakov knows. It is the phrase 'His youthful hose, well saved, a world too wide/For his shrunk shank' that is of particular importance. Clearly, the thought is that the withered legs of the old man no longer fill his trousers as they did when firm in youth. But, as ever with Shakespeare, the manner of expression is where the interest lies. In this case, what is important is the phrase 'a world too wide'. For Shakespeare clearly wants us to have a sense that, in old age, the world becomes too wide for a human being. If, let us say, as Stanley Cavell (1978, p. 68) suggests, middle age is the period when one realizes fully that life has started irretrievably, that the time for preparation is over, and that the world will take one for what one is, we could say that old age is when one grasps that the world will not take one seriously at all. This is a matter of grasping the complete independence of the world from one's will, the absolute certainty of its continuing without one. That absolute certainty, I want to suggest, is part of the sense that one is now one's body in the sense that one is reduced to one's body – hence the aptness of Améry's expression 'worldless I'. Hence, too, it is that Serebriakov speaks as he does of the world's ignoring him, of his no longer being a success, or well known, of his no longer creating a stir, of his being an exile. He is an exile in his own body, an exile all the more

dreadful because this body is both utterly what he is and wholly alien to him. He is exiled, so to speak, in his homeland, a homeland all the more terrible for its being foreign soil. That is, one central way to express the thought that in old age the world no longer takes any notice of one, that it is absolutely independent of one's will, is in terms of being reduced to one's body. Henri-Frédéric Amiel expresses it thus:

Everything is leaving me, hair, teeth, memory, will. I am taking part in my own unravelling [*décerclement*] and my defences are giving up gradually, my dried up barrel can hold nothing inside. Dispiritedness and indifference accelerate this demolition; for *I am withdrawing myself from that which is withdrawing from me*. In short, everything that naturally belongs to me and to which I belong, all my acquired riches, are being successively withdrawn from me. Premature dispossession, dreadful ordeal. (Cited in: Nissim and Benoît 2008, p. 11, my italics)

It is no coincidence from the present point of view that Amiel brings together the physical and the psychological, the body's decay, his reduction to the body, clearly being central in his sense of a loss of the world.

But what shall we say if Serebriakov had continued in good health and the world had carried on celebrating his achievements (if it ever had: Chekov leaves it deliberately ambiguous as to whether Serebriakov really had been the success he supposes himself to have been)? Surely then he would not have had a sense of being reduced to his body? Perhaps. But that is not the point, I think. Even if Serebriakov had gone on being lauded and praised in his old age, and even if he had not been ill, he would still have been reduced to his body because the increasing proximity of death in ageing is central to that reduction, a reduction that can be, to use a somewhat Heideggerian turn of phrase, covered up by success in the world, or by continued health, but not at all removed.

For even if success and health make old age easier to bear, as they surely do, from the present perspective that will appear to be something that masks the reality of our condition at such a stage of life. It is, as I say, the proximity of death that is crucial here: the world is too wide in old age because, unless one is distracted, one grasps the reality of death, that this is not a mere theoretical possibility, but an inescapable reality. Recently, I was speaking with an acquaintance of mine who is 90 years old: an intelligent, lively, still fairly physically active woman of great warmth of character, even now in pretty good health. We usually see each other once a year. But the last time I saw her she proposed that we meet sooner the next time. 'A year is a long time at my age,'

she remarked. Exactly *that* is the sense of being reduced to one's body that the old can have even when in good health and active. Being shrunk in old age may be a matter of being ill, or being ignored, as Serebriakov is. But illness or obscurity are, from the present perspective, a phenomenological manifestation of a deeper existential or ontological reality, one which concerns one's relation to the one's body and therewith the world.

Let us put this in terms of a distinction, drawn from the work of Stanley Cavell (2002), between knowing and acknowledging. We know many things that we do not or cannot (adequately) acknowledge. Our mortality is one, since we all know that we shall die but we do not, indeed cannot, adequately acknowledge this, except, perhaps, under very particular conditions: if, *per impossibile*, we lived acknowledging that we are mortal, human life would look very different indeed, and virtually everything that we value – success, fame, creating a stir, pleasure – would cease to be valuable to us or come to have a quite different value. The human form of life would grind to halt amid a recognition of the falsity or shallowness of so much by which we live. So it is, I want to suggest, with the recognition of oneself as a mere body, body as an intransigent materiality, the worldless I, in old age. The body understood in this way reveals what we in fact are in old age, but we do not, I want to suggest, indeed, cannot, fully acknowledge this, notwithstanding my acquaintance's comment, for, if we were to do so, our lives would become unrecognizable. Simone de Beauvoir, coming at the issue from the perspective of the disjunction between one's inner feeling for, experience of, oneself and what others see one as, which depends on the fact of one's chronological age, expresses a similar view: 'Old age is something beyond my life, outside it – something of which I cannot have any full inward experience'. Yet: '[W]e are obliged to *live* this old age we are incapable of *realizing*' (De Beauvoir 1985 [1970], pp. 324, 335).

That is, it is undeniable that we are mortal, just as it is undeniable that we know this and virtually always fail to acknowledge it, do not even know how to acknowledge – until right at the end, if then. But our ageing just is our mortality, which is not to say – this is part of my point – that this is how things always strike us, especially, perhaps, when we are young. There might, perhaps, be creatures somewhere that die but do not age and whose mortality is not a matter of ageing. But we are not such creatures. On the contrary, our mortality and our ageing are part of the same process, and they explain each other. My suggestion is that, in old age, we are always only a body but fail fully to acknowledge this, cannot adequately acknowledge this, because it is of a piece with our being always mortal and our failure to acknowledge this, our inability to acknowledge this. Serebriakov's rage is a rage against acknowledging what he knows.

This is the deepest reason why Serebriakov says that they will not even forgive him for getting old. What they will not forgive him for is showing them what they will become. The old bring us face to face with our own unbearable reality, something that we often disavow, of course, by imagining that old age is some kind of misfortune that only happens to others: we flee what we know, but cannot acknowledge, by taking the old to show us, not what we are, but to reassure us that we will remain young, that their fate is not ours. This is one of the deepest sources of fear of the old. No doubt much of the contemporary discussion of 'successful ageing' on the part of those who write about the old is well meant, and it is possibly helpful to them in various ways. But it also, I think, serves an unavowed larger cultural purpose of hiding from those younger the reality of their own condition. This desire to hide things can lead not simply to tragic but to comic consequences, as in the 'church people' from 'the Centre', particularly Janice, who, in Barbara Pym's comic *Quartet in Autumn*, insists on helping the aged Marcia:

'She's so *difficult*,' Janice complained to her friend, who was a medical social worker. 'People like that don't seem to want to be helped. And yet some of them are so grateful, it's lovely, really, makes it all worth while . . .' She sighed. Marcia certainly wasn't like that. (Pym 2013 [1977], p. 39)

I am not, of course, claiming that ageing or old age is always bad. That is not the point at all. It might be, it is to be hoped that it is, good for many, and we are right to want it to be good. The issue is one of a certain ontological reality which is manifested in consciousness to different degrees in different people at different times but which ageing or old age brings us up against, especially when that old age is characterized by illness. And it is this, as I have said, that Serebriakov rails against, this that he knows and refuses to acknowledge even as that acknowledgement is forced in upon him by his sick and pain-filled body.

His wife, we recall, reproached him by saying that he spoke of his old age in a tone of voice as if everyone else were to blame for it. To be with such a person is no doubt just about unbearable. But that should not blind us to why it is that he speaks in such a tone. In part, he is blaming them for being young, for their being so reminds him of what he has lost and makes his present condition all the more unbearable. Moreover, what he dimly senses is that he is lying to himself in resisting the acknowledgment of his reduction to his body. Yet he knows that everyone else, those around him, are invested in the same resistance, because they do not want to be recalled to what they are, what they will become. They do not want to see themselves in him, see him in themselves, and acknowledge that what he is lives in them, waiting as it

were to reclaim them. Hence the bad faith of Yeliena's comment 'Wait a little, have patience! In five or six years I shall be old, too.' In five or six years' time, she will still be young and beautiful, and knows it. Her fake empathy with her husband is an expression of her refusal to see herself in him, him in herself, even as she claims to be able to do so. Such bad faith is, of course, self-protective and masks itself as an openness to others.

This is why Serebriakov reacts as he does: somewhere, somehow, he knows, not simply that he is deluding himself, but that everyone else is deluding him too: all are complicit in his unavowed refusal of acknowledgement. This is why he blames them. The appalling thing is that he is in part right.

Two Objections

Let us consider two objections to what I have been arguing. First, it might be suggested that, contrary to what I have claimed, it is possible for an old person, whether in good or ill health, to acknowledge his or her reduction to the body in the sense we have been exploring. Surely, it might be said, there are such cases. Indeed, there is, I think, no reason to insist otherwise. I wish to leave it open that, in rare cases, some are able to acknowledge the reduction in question in a way that we see to be, in any sensible sense, adequate to the reality. The same might be said of an acknowledgement of mortality. But the fact remains that such acknowledgement is rare indeed and, even when it is a possibility for a person, it represents a kind of permanent spiritual struggle, not an achievement which, once obtained, can then be, as it were, held as a possession. Of course, this is not to say that those who fail adequately to acknowledge the worldless I in old age must be like Serebriakov, in some kind of rage. The failure might be expressed, rather, in fear, or in a turning away from facing the unpleasant reality. Human beings are deeply reluctant to face such realities, and probably the most common way of doing so is simply not to think about them.

Second, one might insist, is not the decay of the body compensated for by a certain *increased* connection with the world – call it wisdom or insight – quite contrary to my claim that old age brings with it a loss of the world as one shrinks to one's body? Well, if there is any real wisdom or insight in old age, I am inclined to think it comes precisely from seeing that the world is, indeed, wholly independent of the will, from grasping that it cares not at all for us. My own sense of things is that one's own forms of folly and idiocy remain stubbornly present throughout life, though of course opinions differ on that. But I would add that, in those whom I think of as wise – Samuel

Johnson, Dostoyevsky and some others – their wisdom seems to me to depend in significant part on their resigned acceptance to their folly, imperfectly realized acceptance it is true, but folly seen more or less for what it was, rather than its overcoming. Simone de Beauvoir (1985 [1970], pp. 351–352) seems to me to have it about right when she denounced what she called the 'mystical twaddle' of those 'moralists who for political or ideological reasons vindicate old age [and] claim that it sets the individual free from his body. According to them, by a kind of swing of the pendulum what the body loses the mind gains'. If the mind gains anything it is surely that it has to accept the losses of the body, and this takes hard work – 'perpetual victories and perpetual recoveries from defeat'. But that is not an increased connection with the world so much as a recognition of the world's indifference. Serebriakov refuses that recognition, which is why he is so unpleasant and so foolish. Had he been wise, let us say, he would not have railed, but that would have changed nothing in his loss: it would simply have made it bearable. That is not a gain for the spirit or some overall gain, despite the loss of the body: it is simply making the best of a bad job.

But if the world becomes wide in old age, and this is a width that success and health can help us ignore, then we should not forget that the world's being this way is also something we experience in ways other than ageing: illness² and injury, to which I have already referred, are the central examples, and some live with versions of these all the time in various forms of more or less permanent physical disability. Further, there is a clear parallel, often remarked on by the poets, between old age and infancy or childhood so far as the point about one's identity being that of (reduction to) the body goes. In these cases, the body exists in opposition to the world whose being escapes one's will. We see, in other words, a parallel vulnerability, a parallel worldless I, in infants as we do in the old. A friend of mine said to me that, when he and his wife had their first child, he suddenly grasped that *everything* in the world is dangerous. His comment did not invite any kind of literal-minded response to the effect that, well, after all, there must be some things that are not dangerous. And this is because his sense of the danger of the world was a sense of, precisely, the way in which his child was nothing but a body and, in this way, wholly exposed to a form of deep physical vulnerability. The world, in this sense, cares nothing for the child, who, left on his or her own, would

²Note, however, the dissimilarities between old age and illness that Simone de Beauvoir (1985 [1970], p. 316ff) mentions, specifically that illness is more apparent to the sick person than it is to others, while old age is more apparent to others than it is to the aged person, or ageing person. That is surely true in many cases, especially when ageing is not itself expressed, or does not announce itself, through illness.

simply die: the child is worldless, as the old are worldless in Améry's sense. This sense of things that parents have for their children, and which can certainly be shared by others, evokes a feeling for the beauty of this vulnerability, and thus of intense tenderness – precisely the intense tenderness we can feel towards infants and children and which is partly constitutive of the notion of their innocence that we have. In the old, as Serebriakov well knows, it is more likely to evoke disgust or revulsion.

The Mystery of the Body

Now, someone might say, in reply to what I have been arguing, that there seems something deeply mysterious about the idea, which I mentioned above, and to which I said I would return, that one both *is* one's body and one *has* one's body, and that these attitudes coexist in us in a kind of contradiction. How can one think of oneself as both *having* a body and *being* a body, how can one be both?

I think the answer is that human beings' relation to their body *is* deeply mysterious. The body is mysterious to us, not in the sense of a philosophical puzzle that might be removed by further study or by some theory or other, but in the sense that it expresses one aspect of human beings' strange way of being in the world. For we are creatures who are not, unlike the animals, fully at home in the world. For example, we are never fully at one with ourselves, but live out our temporality just as F. Scott Fitzgerald (2000 [1926], p. 174) suggests we do: 'So we beat on, boats against the current, borne ceaselessly back into the past'. As we move into the future, we experience our past as one of irretrievable loss, irrespective of whether the past was good or bad, simply because it is over: we become, so to speak, filled up with a lost past as we move into the future, and in this sense experience a kind of compression in our inner lives. One expression of this is the sense that ageing always brings of a closing down of opportunities in life because one has become a certain kind of person, filled up with this or that past which makes one fit for only certain things in life, and utterly incapable of others.³ Or again, we might say that human beings live at cross-purposes with themselves, craving utopian peace but finding it unbearable, unbearably boring, when they get it, as is memorably explored by Johnson in his *Rasselas, Prince of Abissinia*, in which

³ I have explored this at further length in Hamilton 2009.

the prince has all he could conceivably want in Happy Valley but is desperate to escape because of his crushing boredom.⁴ Or again, we might say that it is a mark of the human to wish to transcend the human, that it is part of our humanity to long to escape our humanity, a point never seen more clearly than by Montaigne. Or we might follow Hannah Arendt (1958, p. 181) in noting the difference between *who* a person is and *what* he is, the former revealing his true individuality, the latter being merely a set of characteristics, traits and the like that he shares with countless others. But it is the latter on which we rely to try to say *who* someone is, so we always end up being unable to describe the peculiar individuality of any person, even though it is revealed in action and speech.

These different aspects of human beings' way of being in the world do not say the same thing, of course, but they are all ways of seeking to express a certain bafflement, precisely that concerning our strange way of being in the world, our, let us say, dislocation from ourselves. So, I want to say, do my reflections on the body, the way in which one is one's body and yet one has a body. For, indeed, our embodiment is central to all those forms of bafflement I have just mentioned. It is the body's subjection to time that is central to our dislocated temporality; it is the body's strange needs that are crucial to making desire always potentially traumatic; it is the fragility of the body that makes us long for an invulnerability beyond the human; and it is the body that reveals *who* I am even as *who* I am cannot be described. So, I want to suggest, it is perhaps not surprising that the relation we have to the body is mysterious, since it lies at the root of so many other mysteries of human life. In this sense, my claiming that we *are* our body and yet *have* a body is not meant to be something, cannot be something, that we fully understand. What justifies the claim, if anything does, is that it is central to a reflective understanding of our experience, that is, that, granted that we experience our embodiment as mysterious, this is a helpful way of expressing it. That does not mean that other ways of expressing it may not also be helpful. Moreover, there is nothing here resembling proof, but rather an invitation to see whether a certain way of looking at things helps us, not so much clear up a mystery, as place it relative to what it can enlighten, see how it hangs together with other things that matter to us in various ways.

In my view, the idea that we are our body and yet have a body does this. Here is one way in which it does so, a way which concerns our sexuality. For, as it seems to me, our sexuality looks in two directions at the same time:

⁴ I have explored this theme further in Hamilton 2016.

towards the body as something I am and towards the body as something I have. To put it no doubt too blankly, but, I hope, without too much falsity: in the erotic encounter, the body as something one *is* invites the other into a response of tenderness, of acknowledgement of vulnerability, into a response of cherishing the individual who *is* this body, whereas the body as something one *has* invites the other into responding to the species life that is expressed in the body, the creaturely complicity that we all share, the body as something strong and powerful. It is this two-sided nature of the body in the sexual encounter, the body as at the same time something one is and something one has, which is one of the central reasons why erotic engagement is always so potentially fraught, caught up as it is in an interplay between strength and vulnerability. It is, that is, one of the reasons why sexual desire is transgressive and exciting. But sex totally devoid of a sense of the vulnerability of the other, or sex which fantasizes the complete invulnerability of the other, would be devoid of tenderness, and its model is pornography, which precisely is invested in such a fantasy.

The Ageing Body and the Face

Be that as it may, the body in ageing, the body as *mass*, to use that term of Améry's, cut off from the world, caught up in decay and faced with death, is experienced as an affront, even if not always as sharply as by Serebriakov or with his bitterness. It calls out for redemption. It is just this struggle to redeem the body that we see in the work of many artists, the most pre-eminent among whom, in the present context, is probably Rembrandt in the unparalleled series of self-portraits that he painted throughout his life. It helps us understand somewhat better the body in the ageing process if we look briefly at this aspect of Rembrandt's work, not least because he draws attention to what is the most significant part of the body in ageing: the face.

In an extraordinary essay on Rembrandt, which emphasizes the immense and heavy corporeality of the figures of Rembrandt's paintings, Jean Genet writes, with a particular concern for the self-portraits:

To want to be nothing is a phrase that one often hears. It is Christian: Is one to think that each person seeks to lose, to let dissolve whatever it is that singles him out as the banal individual he is, that which gives him his opacity, in order, on the day of his death, to present to God something purely transparent, not even iridescent? . . . In Rembrandt, all his work makes me think that it was not enough for him to get rid of all that encumbered him in order to achieve this

supposedly higher transparency, but to transform it, to modify it, to make it serve his work. Rid the subject of all that which is anecdotal and place it in a light of eternity. (Genet 2001, pp. 22–23)

That seems to me to capture superbly the experience we have in front of the self-portraits, especially when seen as a series. Consider, for example, the *Self-portrait at the Age of 63* (1669) in the National Gallery London. What is so striking here is the way in which Rembrandt sees himself as at once immensely corporeal and yet utterly stripped of the materiality of the world. Partly this is a matter of the finality contained in the gesture of the hands clasped in front of him. More importantly, it is in the tragedy of the look with which he pierces the viewer, laden with a deeply melancholy acceptance or resignation, a kind of redemptive affirmation of the material world in and through its resistance, specifically its resistance in the degradation it causes, or is, in an aged man. The skin is rendered with no pity whatsoever, revealed in its worn, uneven mass, in various ways distorting the eyes, which remain utterly focused. This timelessness of Rembrandt, writes Laura Cumming in a study of self-portraiture,

is not an illusion. Rembrandt deliberately painted himself out of time, set himself free from the moment... Rembrandt avoids spontaneity. His self-portraits are manifestly premeditated. They don't catch time so much as stop it altogether; he endures through the centuries. (Cumming 2009, pp. 89–90)

Cumming contrasts Rembrandt in this respect with his contemporary Frans Hals. But Rembrandt's redemptive vision of the body can also perhaps be better appreciated by comparing the painting I have briefly discussed with Tintoretto's self-portrait from 1588 in the Louvre, about which Sartre writes that, on the canvas we see

an ancient, exhausted amazement, frozen like his life, hardened like his arteries... Tintoretto hardly knows himself, and his portrait proves that he does not pay himself any attention: this amazed old man seeks himself among people, among things, outside himself... On this canvas, he gives himself the loneliness of a corpse... He pleads guilty... [with] this haunted look of an aged murderer... Yet what a look of resentment! In the moment of confessing he accuses. Whom? Mankind, surely... (Sartre 2005, p. 188)

There is no redemption here, no wish for redemption, nor even acceptance or resignation, as Sartre so clearly sees. Everything in this painting is about the eyes, massive, heavy, ringed by the aged skin of a man of at least 70 years of age. Tintoretto does not accept, in these eyes, his materiality: he

just looks at the affront that it is and revolts against it as part of the world against which he is rebelling.

The point is not, of course, one of criticizing either work: they are both masterpieces of the first order. The issue is rather that they articulate between them two distinct and opposed ways of responding to the massive materiality of the ageing body. But both, in their own way, are thoroughly realistic, where 'realistic' does not exclude stylization and the artful but precisely includes these as ways of helping us to see – parallel, perhaps, to the way in which, say, Shakespearean tragic discourse on the stage is thoroughly realistic while being, through being, artful to an extraordinary degree. Rembrandt speaks for the need we have to find a way to affirm the body in its ageing, affirm the way in which we are reduced to it in ageing. He does so by giving us a sense that the ageing body is not some mere biological necessity, but, rather, necessary in some deeper sense, that it is justified in being this way, fit that it should be this way. It is as if Rembrandt allowed us to see a kind of moral or ethical necessity in the body's ageing, an ethical necessity that made the physical degradation wholly fitting. Tintoretto, on the other hand, refuses this consolation, affirms us in our resistance to the ageing body, our rejection of it, the sheer affront that it is to us. We all of us face ageing caught somewhere between these attitudes.

But what can we learn from self-portraiture, in particular from the self-portraits of Rembrandt and Tintoretto, since we have mentioned them, about the role of the face in ageing? We recall, before anything else, that the face, our own face, is what we cannot see directly. We need a mirror or the like to do so. Fernando Pessoa writes:

Man shouldn't be able to see his own face – there's nothing more sinister. Nature gave him the gift of not being able to see it, and of not being able to stare into his own eyes.

Only in the water of rivers and ponds could he look at his face. And the very posture he had to assume was symbolic. He had to bend over, stoop down, to commit the ignominy of beholding himself.

The inventor of the mirror poisoned the human heart. (Pessoa 2002 [1998], p. 384)

We can never see our own face as others can. But is there something sinister in seeing one's own face, as Pessoa suggests? There might be, say, on account of the difference between seeing one's own face when one is old and seeing it in, for example, a photograph of one's younger self. That can be a shock, without doubt – sinister, indeed. But I think there is a deeper aspect to the issue.

The face, in ageing, is like a palimpsest, layers upon layers of material built up and evident in their archaeological significance as traces of one's life. Seeing that in oneself does generate, at any rate beyond a certain point of ageing, a very uncanny sensation as one looks at one's face. This sensation of the uncanny is parallel, I think, to the experience of the uncanny about which Freud writes in his great essay on that subject. In that essay, Freud suggests that the experience of the 'double' is one of those that generate the feeling of the uncanny, relating an incident from his own life in which he saw himself reflected in a mirror but took the reflection for someone else whose appearance he thoroughly disliked. Looking at one's own ageing face parallels this sense of the uncanny, I think, but it is not so much the experience of the double as the experience of the double into which are folded, shimmering through, a multitude of earlier faces, revealed in, even as they are concealed by, the lines, the changes in outline of flesh around the jaw and eyes, and so on. Of course, what is lacking here is the element of surprise, based on the mistaken assumption that one is looking at someone else, as in the kind of case Freud reports. But the uncanniness is there to be seen after all, I think, when one regards one's own face in the mirror. Yet – and this is crucial, I think – we are, in fact, very bad observers of our own face in the relevant regard. We live with the changes ageing wreaks in our face day by day and do not readily notice the layers upon layers of earlier faces that are there. So, it is not so much, as I said above, that the experience of looking at one's own face beyond a certain age gives one a sensation of the uncanny. It is rather that we experience such a sensation *if we only know how to look*. And it is just this that looking at the great self-portraits of Rembrandt and Tintoretto as well as many others can teach us. That is, they look at themselves as something uncanny, seeking to reveal the palimpsest that is there in their own face, and, in learning to look at them looking at themselves in that way, we can learn to look at ourselves in this way.

We can see this clearly in the case of our two artists, particularly perhaps that of Rembrandt, since we have the whole series of self-portraits. But even if we had only the one we are discussing, we would be able to see this. The folds and colours of the skin, the distension of the eyelids, the lines and furrows combined with the immense depth of feeling of the eyes, eyes as bright as those of a child but as deep as those of one who has witnessed and experienced much suffering, invite us into the uncanniness of his face, its archaeology, its layers of life. Tintoretto achieves the same effect by rather different means. In his case, it is the monumental weariness of the eyes that speak of a face filled up with the past, and somewhere, at the back of them, we sense a young man full of hope.

Beyond that, the art of (self-)portraiture has another important related, but distinct, thing to teach us about the face in ageing. The lines, furrows, irregularities, creases and so on of Rembrandt's skin in the portrait show us not only Rembrandt but also Rembrandt's *world*. In an essay on W. H. Auden, whose face when older was deeply creased by lines, Hannah Arendt (1975, p. 182) said that 'his face was marked by those famous deep wrinkles as though life itself had delineated a kind of face-scape to make manifest "the heart's invisible furies"'.⁵ Clearly this is meant, not in the spirit of a claim concerning a causal relation, but rather as a comment on something central to the totality of a person's being-in-the-world, the kind of thing, indeed, revealed in *who* he is but which cannot, as I mentioned earlier, be adequately described. *Who* I am is revealed in action and speech, but crucial here is my manner, one might say, my particular style: to understand *who* anyone is it is key to have a sense of *how* he is in the world, and someone's face is crucial to that, especially the face that ages. Hence Orwell (1968, p. 515) remarked: 'At 50, everyone has the face he deserves'. Or we might think of a comment in Camus' *La Chute* (Camus 2008 [1956], p. 62): '*Après un certain âge, tout homme est responsable de son visage*' – 'After a certain age, everyone has the face he deserves'. It would be easy to make these comments look absurd, say if one took them as falsifiable generalizations, but, taken in the right spirit, they capture something important about the human face in ageing – precisely something that lies at the root of our interest in portraiture. And in studying his or her own image, leaving us his or her self-portrait, the artist helps to learn to look at our face, and others' faces, in such a way as to be able to see how it is that we deserve the face we have because it reveals the spirit of *who* one is.

I do not deny that that is, in a way, mysterious. On the contrary, I might well stress the point. It is of a piece with a theme that I have emphasized in this essay, namely, that our relation to our body, shown especially by our ageing, is mysterious. After all, I just *have* this face, have it as it is as a matter of pure contingency. And yet, I *am* this face, not simply in that others identify me so precisely in it, but because it really evinces *who* I am, something I deserve and which bodes forth my very being-in-the-world. Or at any rate, it does this as I age.⁶

⁵ Arendt is quoting from Auden's poem 'The Capital'.

⁶ Very many thanks to Geoffrey Scarre for encouragement with, and helpful comments on, an earlier version of this paper.

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Part III

The Ethics of Aging

19

Aging, Getting Older, and the Good Life

Diane Jeske

In the Western developed countries, people are living longer lives than they used to. The average life span keeps increasing at a startling rate unknown to previous generations. Thus, in countries such as the United States and the United Kingdom, a larger and larger percentage of the population is old or elderly. These facts have given rise to pressing public policy issues: Who is responsible for caring for the elderly no longer able to care for themselves? How are we to fund the care of these elderly people? Given the limits on medical resources, at what point, if any, ought we to deny certain kinds of medical treatment to the elderly? How much, if any, of our resources ought we to devote to extending life or to intervening in the aging process?

Complicated questions about justice and fairness arise as we evaluate policies about the distribution of resources to the old versus the young(er). But even prior to the questions about justice and fairness are questions about value – if we are to determine who is to get certain precious and limited resources, or what research is to be funded, we have to determine at what we ought to be aiming. Thus, we need to determine the value of various ends, both comparatively and absolutely. So we have to ask

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whether, for example, intervening in the aging process or extending the lives of those who are already elderly is valuable and also whether it is more valuable than using our resources in some other way, in particular, to aid those who are not yet elderly.

This is, of course, where the debate gets really tricky, both in terms of sorting things out and in terms of getting people to enter into the debate with an open mind. We live in a society that is loath to make comparative judgments of the values of different sorts of lives for fear of being led down the dark path of Nazi-style extermination. Thus, there are some who will resist saying that it is better to have sight or hearing than to lack them or to be able to walk than to be in a wheelchair (even though none of them, I am quite sure, would voluntarily give up their sight or hearing or their ability to walk if they have them). Similarly, some of us are afraid to openly evaluate getting older and aging¹ for fear of the conclusions of such an evaluation and of how people will act on that evaluation.

Further, given the apparent inevitability of aging and of getting older – barring the apparently even worse alternative of dying young – we, as a culture, seem to be desperate to reassure ourselves that getting older is really quite wonderful. Television advertisements, for example, often depict older people as vibrant, active, and enjoying life in ways that were unavailable to their younger selves. Once we deal with the erectile dysfunction and incontinence that old age often brings, the message seems to be, life will be better than ever. To those of us in middle age, looking our old age in the face, we cannot but suspect that they do protest too much. After all, whenever we are encouraged to be positive about aging and getting older, it is as though we are encouraged to disavow the very facts of aging and of getting older. Think of some popular slogans: ‘X years old is the new Y years old!’ (substitute for X some age, 40 or above, and, for Y, the age exactly 10 years younger), ‘you’re only as old as you feel,’ ‘she’s 80 years young,’ and so on. So, it seems, if old age is to be that beach-walking, dancing, romantic existence in the TV ads, one has to conceive of oneself as young, that is, one must deny the very fact – being old – which supposedly makes this wise contentment possible.

Thus, a clear-eyed evaluation of the value of life after youth is hard to come by. In what follows, I want to try to be philosophical about the value and the disvalue of getting older and of aging.

But, of course, there are at least two different notions of what is involved in being philosophical about something such as old age. The first conception, let

¹ I discuss the distinction between aging and getting older in Section “Aging and Getting Old.”

us call it the analytic conception, involves making relevant distinctions, defining terms, offering theories about value and the good life, using thought experiments to isolate relevant factors and so on, and doing all of this with the aims of clarity and truth. The second conception, let us call it the therapeutic conception, aims to achieve an attitude of equilibrium and serenity through acceptance of unchangeable facts. This conception, in fact, aims for the wisdom so stereotypically associated with the elderly, a wisdom less cognitive than affective and attitudinal. If the analytic conception in its search for truth through theory construction and distinction making comes to the conclusion that old age just really sucks, then the therapeutic conception, it seems, would do best to avoid any association with the analytic conception if we are to avoid being grumpy old men and women.

If we are to address the tough policy questions that I mentioned at the outset, then we have to be philosophical in the analytic, not the therapeutic sense. And so that is what I will do in this chapter. In Sections “Aging and Getting Old” and “What is Value,” I will analyze the central terms – ‘aging’ and ‘value.’ In the section on value, I will distinguish between what has genuine objective value and what is subjectively valued by some person or persons. Then, in Sections “Aging and Attitudes” and “What Matters Objectively,” I will consider, first, people’s subjective valuation – both positive and negative – of aging and of getting older, and then turn to consider what about aging and/or getting older has objective value or disvalue. Section “The End is Coming” will focus on both the subjective and objective value/disvalue of getting nearer to death as we age. In the concluding Section “Analysis as Therapy,” I will consider whether being philosophical in the analytic sense about aging is, in any way, therapeutic.

In order to set the stage and to provide a useful running example, consider the following question:² Suppose that we have sufficient resources to keep only one of two people alive for exactly 10 years. The first individual, call her Yvette, is 30 years old, and the second, call her Olga, is 70 years old. Many people will immediately say that we ought to keep Yvette rather than Olga alive, and their reason will be that Olga has already had 40 more years of life than Yvette has had. Thus, they will appeal to considerations of fairness and equity – just as we should give the last cookie to Jimmy rather than to Johnny if Johnny has already had seven cookies while Jimmy has only had three, so we should give Yvette ten more years since Olga has already had 70 and Yvette has only had 30. But, in order to get beyond questions of justice and

² I would like to thank my colleague Ali Hasan for suggesting this thought experiment.

fairness to questions about value, we can consider a variation on the case: let's imagine that Olga has been in a coma for the last 40 years from which she now awakes, and so has really only had 30 years of living – the same number that Yvette has had. Whose 10 years of life will be more valuable, Yvette's or Olga's? I will employ various mutations of this example in order to make important distinctions and to try to figure out what really matters, both as a matter of subjective fact and as a matter of objective fact.

Aging and Getting Old

Before we can ask questions about the value or disvalue of aging, we need to be clear about what it is for something to age, and in particular what it is for a human person to age. Aging with respect to certain cheeses and wines is good in so far as it enhances their flavor, but aging with respect to milk is not good in so far as it curdles and becomes undrinkable. Clearly, human persons are quite different from wine or milk, and so we need to be clear about what we mean when we talk about the aging of human persons.

Aging as Getting Older (Chronological Aging)

In the case of Yvette and Olga, it is clear that Olga is older than Yvette – Olga was born, and thus came into existence, 70 years ago while Yvette was born only 30 years ago. In the sense of aging where we are merely talking about getting older – what I will call chronological aging – Olga has aged more than Yvette. Thus, the longer I exist, the older I am, and thus the more that I have aged in the chronological sense. In this sense, mayflies, which are born, mate, and die usually within the space of a day, age very little in the course of their existence: they never get very old. God, on the other hand, is exceedingly old – he has existed for an eternity and so is aged beyond measure.³ Human beings, statistically speaking, generally have ages somewhere between those of mayflies and that of God, although closer to that of mayflies in the whole scheme of things.

³ Of course, there are those who would say that we cannot apply the concept of chronological aging to God because God is outside of time. Getting older requires moving through time, from the beginning point in time of one's existence to the present moment, and this is something that God does not do. My remarks, then, presuppose what most laypeople, I think, presuppose about God, namely that He is in time. But nothing here hinges on what the correct understanding of God's relationship to time is.

Aging as a Process Involving Change (Aging as Process)

The fundamental sense of aging has given rise to a second, perhaps more prominent notion of aging. As a matter of contingent, empirical fact, most entities undergo a process of change as they get older, and often there is a characteristic process unique to a particular type of entity. We all know that wines and cheeses undergo a certain physical process of change as they get older, and we refer to this process as ‘aging.’ Mayflies, in their short existence, also undergo characteristic physical changes, and so might age, in this sense, quite dramatically over the course of a single day. God, on the other hand, although really old – as old as it is possible to be – doesn’t age at all in this second sense, because, supposedly, God is unchanging.⁴ Human beings age both mentally and physically – our bodies change over our life-span, and these physical bodily changes have psychological, emotional, and intellectual effects. Further, the accumulation of experience combined with memory and our capacity to learn causes our mental lives to alter as we age chronologically.

It is important to notice that aging as a process involving change is only contingently correlated with aging in the chronological sense. Let’s return to Yvette and Olga. In the real world, if someone were to be in a coma for 40 years, she would not only chronologically age but she would, at least physically, also undergo the process of aging – her skin would wrinkle and sag, her immune system would weaken, and, for Olga, as a woman, her reproductive system would undergo the process of menopause, thereby altering her body chemistry in significant ways. We can, however, imagine a type of coma in which the body ceases to change over the time during which the person remains in the coma. So we can imagine Olga being chronologically older than Yvette but being no more aged than Yvette, either physically or mentally (imagine Olga waking from the coma in the mental state she would have been in if she had woken from a brief nap 40 years ago). The movie and television series *Highlander* presupposes that its central character is an Immortal, and as an Immortal, the Highlander moves through centuries but always remains a fit, athletic 30-something in physical state and appearance.

So when we ask about the value or disvalue of aging, we need to be clear about whether we want to assess merely getting older, that is chronological aging, or the characteristic processes associated with human beings’ getting older, what I will call the process of aging. Often, we do not distinguish these

⁴ Again, whether it makes sense to suppose that God could be in time and yet not change is not of importance here.

two questions because, outside of philosophy and science fiction, getting older and undergoing the characteristic physical and mental changes that result from continued existence do not come apart. However, medical and other scientific technology is moving at an extremely rapid – some would say dangerous – pace. What were previously mere possibilities are, in many cases, now becoming actualities. In order to assess whether we ought to intervene in the aging process, we need to know what about that process is good and what about it is bad. We need to ask about the value of getting older accompanied by the process of aging versus the value of getting older accompanied by something other than what we now understand as the process of aging.

What Is Value?

And before we can determine what is good and what is bad about the process of aging and/or about chronological aging, we need to understand what it is for something to be good/bad, or, in other words, what it is for something to have either positive or negative value. This is important because there are different senses of value or good, and if we do not disambiguate we might get a very distorted picture not only of what has value but of what we mean when we say of something that it has value.

Intrinsic versus Instrumental Value

Something has intrinsic value if it is good for its own sake or as an end. Something has instrumental value if it is (either actually, possibly, or probably⁵) a means to something that is intrinsically valuable.⁶ Similarly, something is intrinsically bad if it is bad for its own sake, whereas something is instrumentally bad if it is a means to something that is intrinsically bad.

We can immediately see how this distinction matters to our evaluation of chronological aging. When we, as human persons, imagine getting older, we

⁵ One could define instrumental value in terms of any one of these, that is, we could say that X has instrumental value if it actually is a means to something of intrinsic value, or we could say that X has instrumental value if it either possibly or probably is a means to something of intrinsic value. Except when it becomes important for the issues at stake, I will simply elide these different views.

⁶ This definition is somewhat at odds with ordinary usage of the notion of instrumental value. According to the definition given, if X produces anything of intrinsic value, then it is instrumentally valuable, even if, on balance, the effects of X are negative. Ordinarily, it is probably the case that we would only describe some X as instrumentally valuable if the balance of its effects was good.

inevitably also imagine undergoing the characteristic processes of change involved in aging. So, for example, weakening and loss of memory are part of the aging process, and in so far as getting older brings about the process of aging, it will bring about weakening and loss of memory. If we decide that the latter are bad (instrumentally or intrinsically), then we will judge that getting older is bad. But this would only show that getting older is instrumentally bad, not whether it is intrinsically bad. To see this, consider the case of Yvette and Olga in which Olga ages chronologically while in the coma – she gets 40 years older –but does not undergo the process of aging. In this case chronological aging fails to have its standard consequence of the physical process of aging. We can also imagine that Olga’s chronological aging has no effects on her mentally so that she does not undergo the positive emotional maturing that sometimes results from getting older. Given that Olga’s getting older has, in this hypothetical case, no effects on her, either positive or negative, it is difficult to see why it matters that she is now further in time from when she was born.⁷

So we need to make sure that we distinguish between both chronological aging and the process of aging and their consequences and then determine of each whether it is intrinsically bad or good or merely instrumentally so.

Valuable versus Valued

There is a notion of value which is purely psychological. We can talk about what people value, where what we are talking about is what people care about or desire. Given that this is a matter of psychological fact, we might think that it would be easy to determine what people value – all we should need to do is to ask them, right? But it is not that easy, because we can distinguish between what people value for its own sake, and what they value only as a means to what they value for its own sake. However, most people do not, in thinking about what they care about, make this important distinction. We will see that this makes assessing people’s attitudes toward aging rather difficult.

⁷ I have ignored other effects of Olga’s 40 years in a coma, such as, for example, what has happened to her friends and family and what her relationships with them will now be like, or what sort of career she will now be able or unable to pursue. But these are not so much effects of chronological aging but rather of ‘being out of it,’ as it were. In any case, let us just assume that Olga is welcomed back into a loving circle of friends and family and that she takes up her old work as a skilled carpenter. Thus, we do not need to worry about Olga’s last 10 years as being plagued by loneliness, poverty, or loss of purpose.

Some philosophers insist that there is nothing to something's being valuable over and above its being valued by someone – such philosophers are subjectivists about value.⁸ Others, however, claim that some things are objectively intrinsically valuable, that is, their value is not dependent upon some person or persons' actually (or even hypothetically) subjectively valuing them. So, for example, some philosophers believe that using one's intellectual faculties is an objectively intrinsically valuable activity, even if one does not care about using one's intellectual faculties.⁹ Hedonists insist that pleasure is objectively intrinsically valuable. So, they will say, if some ascetic monk fails to care about pleasure and instead values the pain of deprivation for its own sake, then that monk is failing to care about what is genuinely valuable.

Because subjectivists about value insist that there is nothing to something's being valuable over and above some person's subjectively valuing it, I will restrict my discussion of the value of aging to a contrast between being objectively valuable and being, as a matter of fact, psychologically valued or cared about. I do not want to enter into a discussion about whether we ought to analyze the notion of value in purely subjective terms or not. However, even objectivists about value, such as myself, must acknowledge that there are facts about what people, as a matter of psychological fact, value, and so will need to distinguish between what is genuinely valuable and what people value, correctly or incorrectly. And if we are to figure out what has objective intrinsic value, we do best to start by trying to sort out what we ourselves subjectively value and then asking whether our subjective attitudes track objective value.

Aging and Attitudes

Once again, let's return to Yvette and Olga. We can consider two questions, the answers to which would reveal peoples' subjective attitudes toward chronological aging and toward the aging process: If both had 10 years remaining, would they choose to be Yvette or Olga or would they have no preference? If they had to choose whether to give the additional 10 years to one of the two women, would they give those years to Yvette or would they

⁸ For the classic statement of this position see Hume (1978). For a contemporary defense of a broadly Humean position, see Fumerton (1990). *Reason and morality: A defense of the egocentric perspective*. Ithaca, NY: Cornell University Press.

⁹ Aristotle, in his *Nicomachean Ethics*, can be seen as holding such a view. David Brink attributes such a position to John Stuart Mill. See Brink (2013). *Mill's progressive principles*. Oxford: Clarendon Press of Oxford University Press, Chapter 3.

give them to Olga? The answer to the first question gets at each of our attitudes to our own aging, either chronologically or in the process sense, while the second gets at each of our attitudes to the aging of others, either chronologically or in the process sense. We need to ask both questions, because we cannot assume that we have the same attitudes to our own aging as we have to the aging of others.

As I said above, it is hard to see why anyone would have a preference between being Olga or Yvette or in giving 10 years of life to Olga or to Yvette if Olga's aging process had stopped at the time that she went into her coma 40 years ago.¹⁰ In all ways, Olga is indistinguishable from her 30-year-old self, and so there seems to be no reason to choose to be one of these women rather than the other or to extend the life of one rather than the other merely in virtue of the difference in their chronological ages. So if people were to consider chronological aging apart from the aging process, I am strongly inclined to believe that they would be indifferent to it.

If, then, it is true that we live in a youth-worshipping culture, and it is difficult not to see this as true, it must be that what people subjectively value is not having undergone the aging process. It seems clear that people subjectively value looking young, feeling young, and gaze longingly at the youthful faces and bodies that are so prevalent in advertising and popular culture. People devote huge sums of money to anti-aging products such as cosmetics and many even undergo surgery in order to try to maintain a youthful look. So it seems quite clear that people subjectively disvalue the visible physical signs of the aging process and also the internal physical effects of aging.

But here it is crucial to ask them – and to ask ourselves – do we intrinsically or only instrumentally disvalue these physical effects of the aging process? In some cases the answer seems obvious. For example, as I have gotten older and as a result of too many years of road running, my joints have become a source of pain and discomfort, particularly in the morning or after any bout of physical exertion. I certainly subjectively disvalue pain both instrumentally and intrinsically: the pain hinders my ability to engage in certain activities such as running – so it is instrumentally bad – and the feeling of pain is bad in and of itself even apart from its bad consequences. So in so far as the aging process increases our daily quota of pain, we instrumentally disvalue it in the same way that we instrumentally disvalue tendonitis or a fall down the stairs. Thus, we will of course instrumentally value any medical

¹⁰ Once again, I am putting aside concerns about what may have happened to friends, family, career, and so on. See footnote 7.

advances that eliminate or reduce the pains that result from our bodies' undergoing the process of aging.

Our attitudes to other physical manifestations of the aging process, however, are harder to sort through. Why do we subjectively devalue, for example, the development of crows' feet at our eyes or the other wrinkles and sags that come with age? One obvious answer, of course, is that we think that these visible effects of aging render us less physically attractive to other people, and, on the whole, we are probably right in thinking this. Being physically attractive to others is obviously something we value instrumentally because physically attractive people get sex, mates, jobs, promotions, better tables at restaurants, fewer speeding tickets, and the benefit of the doubt. For many of us, however, our physical appearance was never something upon which we were able to trade, and so a decrease in physical attractiveness will have minimal instrumental badness for us.

Often it seems that we devalue the physical manifestations of aging because it provides evidence to others of how old we are in the chronological sense. This need not indicate that we devalue, either intrinsically or instrumentally, getting older, only that we devalue others' perceiving us as older in the chronological sense. So we believe that the negativity of others' reaction to us will be increased by their perception of us as chronologically old. But why might we value others less in virtue of their chronological age? What shameful fact about being chronologically older do we want to hide from those around us? I suspect that it has something to do with our feeling of outlasting our productive roles in society, and of then being consigned to a nursing care center. For some people, regardless of the quality of the care center, being moved into a care center remains a symbol of uselessness and resulting abandonment by society.¹¹

If this is our reason for wanting to appear younger, our worship of youth has, then, become exaggerated. Unless one is, for example, an athlete, or has defined oneself in terms of child-bearing, one's productiveness is likely to peak at some time in one's 40s or 50s – unlike in former centuries when one was lucky to even survive into one's 50s. But we worship the 20- and 30-year-olds. I think that it is interesting that our popular culture has, apparently, become quite confused on these issues and has, as a result,

¹¹ For some people, it is the isolation away from the rest of society that is troubling. My own grandmother, whom I was forced to move into a care center against her initial wishes, finally adjusted to the center, but she once said to me, 'It wouldn't be so bad here if there weren't so many old people.' As a matter of social policy, we should at least consider options for better integration of care centers into the larger community.

confused us. Actors – particularly those who are women – who are in their 20s or 30s portray people in positions of great power who are at the top of their professions, although recent years have seen more older actresses playing powerful women. Our attitudes toward looking chronologically older may very well change as and if this trend continues and increases.

One cannot avoid acknowledging that negative attitudes toward aging are stronger and more prevalent with respect to the aging of women than with respect to the aging of men.¹² The anti-aging cosmetics are primarily marketed to women, hair dye to cover gray hair is sold much more often to women than to men – men can look distinguished and sophisticated with gray hair but women just look like someone's grandmother¹³ – and older actors in Hollywood have always been far more prevalent in films than have been older actresses. Men who marry younger women are lucky while women who have romantic relationships with younger men are cougars. A whole host of feminist issues are involved here, but I do not have the space to consider them.

Before considering objective value, I want to point to issues that will be discussed in Section The End is Coming. One plausible story about why we subjectively devalue the outward signs of aging is that when we see or feel these effects of getting older and of aging, we are reminded that we are getting closer and closer to death. I know that when I look in the mirror and see myself getting older, I also see my grandmother and grandfather, to whom I bear a physical resemblance and whom I loved dearly, both of whom are now dead. Thus, my own mortality and sense of loss stare back from my bathroom mirror each morning and evening. Issues about how the increasing proximity of death affect both the subjective and objective value of aging will, as I said, be the topic of Section The End is Coming.

What Matters Objectively

When it comes to what has objective value, philosophers diverge, as they do on every matter they bother to consider. So in what follows, I will consider three prominent theories of value: hedonism, desire-satisfaction theory, and

¹² For further discussion of the issues concerning gender and aging, see the essays in Urban Walker (2000).

¹³ Recall the responses that were made to Barbara Bush in virtue of her unwillingness to cover her full head of gray hair.

objective state theory. I will also make some remarks about the implications for issues concerning research funding and saving lives.

Hedonism and Desire-Satisfaction Theory¹⁴

The Hedonist thesis is that all and only pleasure has intrinsic value. It is actually quite difficult to figure out what pleasure is, but I am not going to attempt to analyze that concept here.¹⁵ I am going to assume that we know what pleasure is so that we can consider how a Hedonist would view both chronological aging and aging as a process.

We can see how, if Hedonism were true, peoples' subjective valuing are connected to what has objective value. Often, we get pleasure from possessing, doing, or achieving that which we care about, and we get pain from possessing, doing, or achieving that which we disvalue (or from failing to possess, do, or achieve that which we value). And if we get pleasure from some object, activity, or state of affairs, we will often come to subjectively value it even if we didn't previously do so. So, having taken note of the fact that people in our society subjectively value youth, both in reality and appearance, it seems that what will bring them pleasure is at least appearing younger and staving off as many of the effects of the aging process as possible.

If Hedonism were true, should we give an extra 10 years of life to Yvette or should we give those 10 years to Olga? If the aging process were halted for Olga, it is not clear that we have any reason to favor one over the other. However, if Olga has aged in the standard manner, then we can see how we might have reason to favor Yvette – given the aches and pains of age, it might very well be that Yvette's life will, on balance, have more pleasure than Olga's. But this is to leave aside the mental aspect of aging. Some people mature and become better able to gain pleasure from ordinary activities, while in our youth we are sometimes not satisfied with anything less than dramatic, thrilling events. However, it is also true that aging can cause some people to feel resentment at what they perceive as the injustice dealt to them by the world, and, as a result, their worst qualities become exaggerated. Aging provides opportunities for gaining maturity, insight, and acceptance, but it is clearly not the case that everyone avails themselves of these opportunities

¹⁴ For a discussion of these theories as theories of well-being, see Crisp (n.d.).

¹⁵ For a discussion of Hedonism and the nature of pleasure, see Feldman (2004).

Now let's consider the Desire-Satisfaction Theory, which holds that all and only the satisfaction of intrinsic desires has intrinsic value, where S intrinsically desires some T if and only if S desires T for its own sake and not merely as a means to something else. According to Desire-Satisfaction Theory, then, what matters fundamentally is people getting what they care about for its own sake. People getting what will bring about what they care about intrinsically also matters, but only in so far as it leads to the satisfaction of intrinsic desires. In some cases, the Desire-Satisfaction Theory and Hedonism will assign intrinsic value to the same states of affairs, because, often, people intrinsically desire the experience of pleasure or they intrinsically desire doing or possessing that which gives them pleasure. However, people can have false beliefs about whether their desires have been satisfied, and so they may feel pleasure because they falsely believe that they have gotten or done what they wanted to get or do.

It does look as though the Desire-Satisfaction Theory gives us the same answers in the case of Yvette and Olga as the Hedonist theory did. People want to appear young and to feel young, so in the case where Olga, although chronologically older has not undergone the process of aging, there seems to be no reason to think that Yvette's 10 years would be more valuable than Olga's or vice versa. If, however, Olga has chronologically aged, then we can see why her 10 years may contain less desire-satisfaction: she can no longer be as physically appealing to others, cannot go for her morning run, cannot hop out of bed pain-free, where these are all things that she would like to do. Again, though, just as with Hedonism, we need to take into account the possible effects of the mental aging process: perhaps Olga has developed skills and interests that open up new paths for desire-satisfaction, perhaps she has gained maturity that allows her to make informed choices about how to pursue what she desires and about which desires she can rationally expect to satisfy. On the other hand, however, perhaps she has become set in her ways, unwilling to consider new opportunities and thereby form new desires that she could satisfy, instead simply sitting around and bemoaning the fact that she will never again run a marathon or turn heads as she walks down the street in high heels and a short skirt.

So what conclusions can we draw about the value of the life of the aged versus the life of the young, if either Hedonism or Desire-Satisfaction Theory were true? The answer seems to be, 'none.' Everything depends upon the individual in question: in some incarnations, Yvette's 10 years will be more valuable than Olga's while in other incarnations, Yvette's 10 years will be less valuable than Olga's. So how are we to make funding decisions? Well, we can certainly see why research aimed at reducing the physical pains and other

physical consequences of aging would be instrumentally valuable if successful: people would have more intrinsic desires satisfied and more instrumental desires, and that benefits everyone, the currently old and the currently young, because the latter will have more valuable years ahead of them.¹⁶

Objective State Theories

Some philosophers claim that what matters in a life, that is, what is intrinsically valuable, is something beyond or at least in addition to how people feel or whether they get what they happen to want. Such philosophers will insist that it matters what it happens to be that people want or from what they get pleasure. For example, some claim that using our intellectual capacities and talents has intrinsic value regardless of whether we want to use them or get pleasure from using them. Others will claim that using our intellectual capacities is valuable when we enjoy doing so or want to do so, but that enjoying using our intellectual capacities is more valuable than enjoying eating a bag of Cheetos. There are other candidates for intrinsically valuable states of affairs, the value of which is independent of how they make us feel and of what our attitudes are toward them (I am calling these ‘objective states’¹⁷): loving and being loved by another human being or perhaps even by any sentient creature capable of love, exercising our capacities for empathy and/or sympathy, developing our athletic capabilities, being a participant in a friendship, and so on. Again, some Objective State Theories will insist that these activities are only valuable when enjoyed, while others will deny this. What all Objective State Theories agree upon is that the value of a person’s life is a function of something more than or other than how the person feels and/or what she wants.

So if Olga has undergone the aging process, will her 10 years of life be more or less valuable than Yvette’s 10 years? On Olga’s behalf, we can point out that often the aging process brings emotional and intellectual maturity, developed skills, and deepened intimacy with loved ones. But, of course, there is an element of mental aging that I have not yet stressed: weakening of our intellectual capacities after a certain age, loss of memory, dementia.

¹⁶Of course, any such decisions about funding some project will involve choices about not funding other projects. So I do not want to be claiming that it will always be our best choice to fund research that reduces the physical effects of aging. Also, see again my remarks about instrumental value in footnotes 5 and 6.

¹⁷This is not an entirely apt term, because these objective states may very well essentially involve subjective states of humans or of other sentient creatures.

So our ability to engage in valuable activities is likely to peak sometime in mid-late middle-age and then rapidly deteriorate. And decreasing physical capabilities can reduce our ability to enjoy even intellectual pursuits: for example, eyesight weakens, and pain can distract us from our tasks. So, again, it seems that the value of 10 years depends upon the individual, although, again, we can assert that funding research that will successfully retard physical aging and mental aging such as memory loss and dementia will increase value for everyone. In particular, people will be able to make longer-term plans, meaningful relationships can be extended, and there will simply be far less pain.

Can we draw any general conclusions? I think that we can see how, as people become very elderly, it is highly unlikely, according to any of these theories of value, that their lives will have as much value as do those of younger people: they will experience greatly enhanced physical pain and thus less pleasure, failing intellectual capacities will impair their ability to engage in valuable activities, and they will find it difficult to satisfy their desires, especially if their desires involve doing things for themselves. But we can also see that alleviating the effects of the aging process, particularly for the middle-aged and those not yet extremely elderly, will yield great dividends: people will be better able to exercise their developed skills and talents and carry through on long-term projects while experiencing less physical pain and impairment.¹⁸ This also benefits the young in so far as they can form longer-term plans and have less anxiety about the aging process. Funding research into interventions in the aging process, then, will have great instrumental value, and should be prioritized over extending life for those already very old.

The End Is Coming

Until this point, I have purposely used the example of Yvette and Olga in which they do not differ with respect to their nearness to death: I had us imagine that we had the choice of giving one of them 10 years of life and no more. But I am sure that many of my readers will have been thinking: aging, both chronologically and as a process, is bad because, as we age, we get nearer to death. We all have a finite number of years (barring extreme advancements in medical technology), and so the older I am, the closer to death I get. The aging process involves the body weakening, and this process continues until the body can no longer function to sustain life, and, when that happens, we

¹⁸ For similar conclusions in a different context, see Farrelly (2008) and (2013).

cease to exist. (I am leaving aside consideration of the afterlife, which would complicate matters in ways far beyond the scope of this chapter.)

There is a philosophical literature on whether death is bad, and I do not want to enter into that debate here.¹⁹ However we answer this question, it is quite clear that the vast majority of us fear our deaths and mourn the fact of our own mortality. When I die, I cease to experience pleasure and I cease to engage in any valuable activities, because I cease to experience anything or to engage in any activities at all.²⁰ In normal cases, 70-year-old Olga is closer to death than is 30-year-old Yvette. Does this fact affect the value of the next year of Olga's life, making it less valuable than the next year of Yvette's life?

Here I think that almost everything depends upon the individual's psychology. For some people, considerations of mortality plague them, hindering their ability to enjoy activities, others simply put such thoughts aside and get on with life, and still others take enhanced pleasure given their awareness that they have limited time left. Of course, if a version of the Objective State Theory is correct, and some valuable activities require long-term planning, then, as we age, we are less able to engage in those valuable activities. But there is no reason to think that we cannot counterbalance this loss by engaging in other valuable activities and enjoying the fruition of our long-term projects and relationships.

Another way to see that the mere fact of the nearness of death does not alter the value of a life, consider the following example: imagine two versions of Yvette's 30th year on earth, exactly the same except at the end of one but not the other she unexpectedly dies of a massive heart attack. Aside from the pain of the heart attack, which we can easily stipulate away, it is difficult to see why Yvette's 30th year would have less value in the case where she dies at the end of it. Her life overall has less value, if we presuppose that from the age of 30 her life would have been valuable on balance, but that is not relevant to the question as to whether the nearness of death renders a given quantum of life less valuable. One possibility as to why we might think that Yvette's last year has less value if there are no years after it has to do with Yvette's

¹⁹ For a discussion of the badness of death, see McMahan (1988). Death and the value of life. *Ethics*, 99, 32–61.

²⁰ I can still have desires satisfied after I die – for example, if I want my children to lead happy lives, and they do so after I die, then my desire is satisfied – but I cannot be aware of this fact. There is a debate as to whether this fact undermines the desire-satisfaction theory of value or at least calls for some sort of alteration of the theory. This debate goes beyond the chapter, and I will simply point out that death will make it the case, for most of us, that a great number of our desires will cease to be satisfied, in particular, our very strong desire that we continue to exist and to be aware of our loved ones flourishing.

long-term projects. Suppose Yvette is a novelist who began a novel in the past year. If she dies, her novel remains unfinished, and it is not implausible to think that the work she expended on the novel is less valuable than it would have been in the context of being part of a finished novel. Notice, however, that this concern is actually absent in the normal aging context, because, as we age, we can plan for our approaching demise. So, if Herman Melville, at the age of 85, was considering two projects, *Moby Dick* and *Billy Budd*, he rationally ought to settle on the latter short novel. It is quite unfortunate that we will all lose out on the former, but he really ought to have begun that project much earlier in life.²¹

Maybe as we fund research regarding interventions into the aging process, we ought also to investigate ways to reduce anxiety over death. Such a reduction would increase the value of people's lives overall, at least for many of us. The only question is whether such research is likely to be successful. Barring wholesale indoctrination of false beliefs, I am inclined to doubt that it would be, and we do best to try to cope as best we can with our anxiety by focusing on valuable activities that we enjoy. Perhaps we can try to take advantage of our anxiety about our inevitable demise as motivation to get going – if you plan to write the great American novel, better get started soon! Unfortunately, for us mortals, our anxiety about our death may inevitably be a double-edged sword: as I think about death, I will feel that I must make the most of the time that I have, but then I worry that I need to fill up every moment in some worthwhile way, and it becomes really hard to just relax. And so we are faced with figuring out how to live in the present without forgetting that there will come a time when we will have no future.

Analysis as Therapy?

In the beginning of this chapter, I made a distinction between the analytic and the therapeutic conceptions of philosophy. I have engaged in the former, and so I want to end by asking whether doing so has any therapeutic benefits.

I am inclined to think that it does. When we think about competing theories of value, we are forced to reflect on the ways in which we have structured our own lives. We can then openly acknowledge what aging will deny to us, and then attempt to shift our focus and appreciation to what aging

²¹ I would like to thank Geoffrey Scarre for pointing out the difference in value between a life cut off abruptly with loose threads and one in which the threads come together to make a coherent whole.

has brought to us. But we can also reflect on the attitudes that we do have, such as those I discussed in Section “Aging and Attitudes,” trying to alter, if possible, those that do not serve us well – for example, instead of focusing on physical appearance as much, we should focus on strategies to reduce the aches and pains of aging so that we can continue to enjoy ourselves and engage in valuable activities and relationships. So at some point, we need to consider whether we ought to continue to subjectively value what we currently subjectively value, or, at the least, whether we would be better off if we could reorder our priorities. Even on a desire-satisfaction or hedonist theory, we need to recognize that we are not necessarily best off merely trying to satisfy the desires that we currently have or to take pleasure in the ways that we currently do – if we were to change our attitudes, we might be able to change what we want and/or what gives us pleasure, and doing so might allow us to satisfy more desires and/or get more pleasure as we age.

We also have to recognize that our current obsession with youth detracts from a great deal of value. We are living longer and are going to spend a greater and greater percentage of our lives being something other than young. The more that we can cultivate desires for long-term projects and relationships that arc over an entire life, the more valuable lives that we will lead, no matter what our theory of value, it seems. When those of us in mid- and late-life bemoan our age and aging, we are doing something with great instrumental disvalue: we are setting up younger people to have less valuable lives because they will attempt to cling to youth and will see their later lives as something to dread. Just as everyone – young and old – benefits from research aimed at addressing the deterioration, both mental and physical, of the aging process, so everyone – young and old – benefits from a less youth-obsessed cultural environment.²²

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Aging as Becoming Oneself: A Philosophical Ethics of Late Life

Thomas Rentsch

Toward a New Philosophy of Aging

Our life is a process of finitization – a process that we can only grasp within the perspective of a unique, finite institution of meaning. Aging is *the process of man becoming himself* within a finite, unique life-situation. We see that the phases of our life have their specific meaning out of their finitude and limitation. Internally, they form a highly complex arrangement. On the one hand, they develop highly specific modes of uniqueness – in the mother’s womb, as a baby, as a toddler, during childhood and adolescence, during the phase of maturity, in the many forms of becoming a person or of aging and becoming old. On the other hand, the different phases of our life flow into each other, for I am still the same physical entity as I was in my mother’s womb, the baby that was born, and I will remain so until the end of my life.

It can therefore be misleading and incorrect to separate out and schematically define the phases of one’s life. In the worst case, ‘age’ then becomes a nightmare scenario along with all its associations of disability – associations that have an almost ideological content. From the perspective of a critique of ideology, it is remarkable that we do not have similar negative ideological

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associations in relation to babies. It is quite self-evident that babies are helpless in many ways. In the case of the very old, this helplessness is often considered burdensome. But this asymmetry in our intuitive evaluation of life phases is not justified and, from an ethical perspective, worthy of criticism, for the gestures of help and sympathy that a small child enjoys are just as important and meaningful for our older fellow-humans (Rentsch 2014).

The tendency to repress and to devalue age (and hence the finitude that informs all the phases of our life) is especially stark due to the all-encompassing consumerist, fitness, or wellness ‘culture’ in which we live. Indeed, in many areas it has become dominant. Mythic and suggestive catch-phrases such as ‘the avalanche of aging,’ the ‘flood of retirees,’ or the ‘Methuselah conspiracy’ are widespread. Especially in the United States, an anti-aging ideology has developed, in which hostility toward the old, dreams of an eternal youth, and pharmacological and economic interests are fused. Who will discover the key to extending life by 100, 200, or even 300 years (and, naturally, to remain fit throughout this time)? Or, rather (this is not a joke), some research projects specify as their title and their goal: ‘the elimination of death’. These projects try to reach life-extension by technological enhancement of the human body in every aspect. I cannot go further into the criticism of the anti-aging movement here. Of course, it is completely rational and understandable to want to live healthier lives for longer and, in the western industrialized nations, we have indeed come very far in this respect. Yet, these developments have nothing to do with a demonization of aging, of finitude, or, indeed, of death.

Rather, we must – and this is the key ethical and philosophical thesis of my reflections – make the connection between finitude and meaning, between the limits of our life and the meaning of our life, much clearer in our child-rearing and our education, in politics, and in the media. I have been pursuing for some time now in my training sessions for ethics teachers and also in the volume *Gutes Leben im Alter: Die philosophischen Grundlagen* (Rentsch and Vollmann 2012) the project of a *clarification about life as a whole*. Although ‘clarification’ in this context is, significantly, almost synonymous with the concept of ‘sexual clarification’, my aim, from an ethical perspective, has been to clarify to people what life *as a whole* – that is, life that includes the experiences of sickness, disability, susceptibility to injury, finitude, mortality, and death – is.

Once again, we find that there is a peculiar ambivalence, extending from the ideological to the irrational, with regard to mortality and death in the public and the media in our societies. On the one hand, death is ever present. From morning till evening the news of war deaths, victims of suicide bombers, as also of deaths due to airplane crashes, car accidents, epidemics, and natural catastrophes, reaches us. Further, crime dramas with murder and

homicide in all their variety are the most popular television programs by far. If one wanted to, one could, given the number of channels on offer, see one murder after another from morning till late at night. In this way as well, death in the form of the crime movie is omnipresent in the media (in the form of the entertainment industry), just as present as it is repressed, evaded, and deferred in reality.

That horror is entertaining as art, whether performed on the stage or in a movie, is well known since the time of the earliest myths and legends. Indeed, in his 'Poetics' Aristotle was the first to analyze the phenomenon in his theory of tragedy as follows: there are scientific, logically analyzable problems – these problems are dealt with in the sciences. There are ethical, moral, practical, and political problems – these problems are dealt with in philosophy. Finally, there are unsolvable problems or human situations, which are aesthetically represented in all their catastrophic dimensions in the tragedies, because they enable the audience in the theater to experience something Aristotle called a *catharsis*, that is, an existential and emotional purification. One could now generously say, modern crime dramas also enable such a purification. This may be true at times. Nonetheless, I consider the ideological function of the presence of death in the media in the present to be far more dominant. There is a fundamental difference between perceiving death as an uninvolved observer or onlooker and experiencing the aging, mortality, and death of a fellow-human who is close to me and learning to sympathize with those life-situations. This is especially true when I have to experience, plan for, and come to terms with my own death. Hence, retrieving the experiences of aging, finitude, and dying from their repression through the omnipresence I have just described is an extremely challenging task, which cannot be accomplished in our society through just a few measures. Rather, as I noted, it is a long-term project of clarification, which will have to make a beginning at many levels.

The late modern society of the West stands before the great task of bringing back aging, advanced age, and mortality back into life and back into its common life. This also holds for the value we attach to the nursing profession, to our relationship with dementia and Alzheimer's -related sicknesses, indeed, it also holds for end-of-life care, for palliative medicine, and for the time and money that we are willing to spend for such key human needs. Furthermore, we could point to the asymmetry in our relationship with very small, young people as compared with our relationship with very old, invalid individuals. Whereas it is considered self-evident that we support babies in all their needs and emergencies, when it comes to advanced age we very quickly raise the question of whether such support is worth it, especially as regards its costs. We risk falling here unwittingly into the danger

of relativizing, of quantifying, human dignity, and hence the danger of infringing upon it, and that means, of violating it. The many reports from old-age homes about overextended and underpaid nursing professionals or about the limited time available for caring for individual residents' needs also attest to a worrying and problematic development.

Thus, our goal must now be – as it is in the project I developed about finitude, susceptibility to injury, mortality, and death– to initiate and further develop a similar project at the universities, in the training of ethics teachers, in schools, and in the public. Here too, in this the great social task of the next decades, we shall see that the classic modern achievements of the Enlightenment such as those of Kant, but also of Marx and Freud, are by no means fully exhausted. Rather, they confront us ever anew in different forms. Freud placed two primordial anthropological phenomena at the center of his analysis: sexual desire and the fear of death. Whereas the project of sexual clarification appears to be finished (here too I have my doubts, at any rate with respect to different cultures), the repression and taboo associated with finitude, aging, susceptibility to injury, and death is still dominant. The reference to psychoanalysis is only intended to make clear here that, in this project of a clarification of the limits and the meaning of our life, about age and age-related restrictions, we have to do with something that, to put it casually, we have bottled up, and that means, with something that has to do with our existential self-understanding. This is precisely why the project must be planned in such a way that it has a strong interdisciplinary component and foundation. Almost every subject that deals with the human being in some way can make a contribution here.

It is essential to reintroduce the topic of human aging into philosophy. The modern age and the Enlightenment addressed their normative demands to all rational beings. However, their universal ethics ignored the content of the conditions and the relative nature of human life, for example, the phases of life. Consequently, Immanuel Kant (1956) did not direct his unconditional categorical imperative to older or younger people, but rather formally and universally, as well as abstractly to all free, potentially moral beings. He makes no mention at all of the incarnation, the finitude, and the vulnerability of beings in the abstract ethics of reason.

In contrast, the older ancient tradition of ethics focused on happiness and asked, as did Aristotle (1984): How can human beings lead a good life (Greek: 'eu zen')? Ancient ethics was not concerned with a categorical imperative or a universal 'you ought' for all humans; but it concentrated on questions related to the success, the happiness of the life of every individual: his 'eudaimonia'. The ancient ethics of the good life thus had to take into consideration and respect the particular circumstances of a human life to be able to help achieve

an appropriate understanding. The ethics of the good life cannot refer to man in general, but must instead refer to a concrete man in order to gain valuable insight into the possibility of happiness.

An ethics of the stages of life was therefore developed in the tradition of ancient philosophy. If we want to deal with the problem of aging in modern society thoughtfully, we must have the courage to overcome the practical inadequacy of the modern ethics of reason: we must look back to ancient ethics and to the tradition of practical wisdom with a view to develop a culture that treats aging in a humane way.

Happiness and Communicative Praxis

The first fundamental view of ancient ethics was its principle that all human beings pursue happiness. All human beings want to be happy. In ancient ethics happiness (*eudaimonia*) does not mean something superficial, but a meaningful life. Therefore, the movements of human life can be understood as an attempt to lead a meaningful life. The result of the extensive discussion about happiness – let me put this simply – is that happiness is nothing special. Happiness is nothing extraordinary, to be kept apart from our normal actions. Basically, happiness comes about if we conduct ourselves satisfactorily in our ordinary activities. Connected with this view is a critique of the idea that happiness is the highest or the last goal, to be placed at the tip of a pyramid of aims that one vainly chases after. Rather we must begin with the intrinsic value of the supposed lower and inferior, but which are actually elementary and fundamental projects and fulfillments; for example, eating, drinking, sleeping, listening and seeing, talking with others, doing something meaningful, and going out.

In addition to their basic functions with regard to further complex and meaningful projects, such elementary aims also have an intrinsic value and modest core. To see all human action as a mere means directed at, and as function of, a final end – namely happiness – is a misunderstanding, because in this view all the different meaningful forms of successful life are not acknowledged as such. We must therefore go beyond this and grasp the diverse forms of the good, that is, of happiness. It does not necessarily follow from the statement that all human beings pursue happiness, that there is only one form of happiness. Given this, we can now ask about the specific forms of fulfillment for different stages of life.

In the tradition of the ethics of the good life, something else is clear. We become ourselves in a medium of communicative praxis through a common

life with others. In this sense, ancient practical philosophy defined the human being as a linguistic and political creature whose natural environment was the city. The process of becoming man is made possible by the communicative, social forms of fulfillment in a common life. This is clearly the case for childhood, early adulthood, education, and professional training. The question is, in what sense is this relevant to the phase of life in which we grow old?

Despite all the emphasis placed on the social essence of human beings, the existential sense of loneliness is a presupposition of the human condition. Indeed, only by being with other people are loneliness, subjectivity, and the awareness of individuality possible. The life of the individual is not completely absorbed into the communicative essence of man. On the contrary, every life is a unique whole, a singular totality that appears concretely in the limited bodily form of man. Plato already called the human body the principle of individuation. And the totality of life, which develops in time, should not be regarded as anything special or superior to ordinary life. Rather it appears only in practical situations.

Becoming Human

How can the developing human being be understood in his temporal finitude? Life forces us to give it a specific form, that is, an existential configuration of ourselves. We must continuously bring about this form in youth and old age on a daily basis. The extensive activity of this process can be called 'leading one's own life.' From the beginning of our lives we are discrete, physically constituted beings with the feature of uniqueness, that is, a factual irreplaceability and distinctiveness. We are always working on shaping this unique totality that we already are in our lives. Our life is first and foremost, whether we like it or not, the process of forming the singular totality we ourselves are.

The unique totality of every life appears to split concretely into a dialectical process of forming. On the one hand, individual actions are always movements in the context of the whole life, but situated in particular life situations, and they gain or lose their meaning in relation to this whole. On the other hand, the framework of this totality is modified by individual actions and meaningful projects in the local situation. Given this dialectic of uniqueness and totality, a conceptually irretrievable form of the world, individuality, constitutes itself as a concrete life form.

The totality of life can never be experienced outside the particular situation and outside the concrete stages of life; and singular situations can be grasped more closely only in the perspective of the totality. This statement

preserves the complete rigor we find in the perspective of a morally conceived unique totality of life. We can speak here of the ethical time of responsibility as the absolute time of a finite human life, the time that is really at stake.

In modern ethics, the ancient theme of the good and successful life has re-entered through the back door, namely, with the concept of identity or personal identity. Developmental psychologists such as Piaget (1978) and Kohlberg (1981), who, on the basis of their empirical investigations, showed the step-by-step formation of children's ability to make moral judgments, brought the fully enlightened philosophers of reason closer to the facts. 'Pure' reason develops in fragile vulnerable little bodies in difficult and continuously jeopardized processes and nowhere else. The formation of personal identity is linked to the process of moral development precisely because of man's natural dependency.

What is true of the genesis of the development of personal identity for childhood, youth, and young adulthood seems just as true for later life, which is, so to speak, the reverse of early development and thus requires an extension of the theory of moral development.

Life as a Task of Interpretation

How is becoming oneself constituted in time? It is not completed on reaching adulthood. On the contrary, this is when the complex processes of protecting and testing identity begins. We experience ourselves as identical essentially during and after decisive and impressionable experiences of change. The form of our life preserves its unmistakable quality because we experience profound changes in ourselves and must react to these transformations.

One look at the natural structure of our life in childhood and youth, adolescence and adulthood, aging, and the end of life makes this clear. These changes of a meaningful and enduring life are bound up with changes in our way of seeing the world. The point is that the unique totality of life represents a continuous task of interpretation; it develops, on the one hand, in accordance with the existential dialectic of the concrete individual situation and the concrete action. On the other hand, it progresses in accordance with the perspective of the totality of our existence, through the changes of life.

In growing up and maturing, one's perspective changes in a meaningfully experienced life. Human beings are not just to be understood as meaningful projects in themselves, but rather as beings who are capable of fundamental changes in perspective. They must be capable of this too, for the unique totality of life says that everything fundamental happens only once: every one

of us was a child, a young person, an adult only once; only once is there an entry into later life. These all occur without a chance to rehearse: life is a constant premiere. Every new opportunity in life is simultaneously a loss; every loss, a gain. Therefore, Kierkegaard (1946) says life can be understood backwards; living, however, must be done forwards.

The unique totality of life is socially obvious in the very objective irreplaceability of any individual in the lives of others: life experiences show that I can be no other person. This irreplaceability is, in practical terms, an in-exchangeability. In this aspect of life, we can see the reason for its seriousness: the common expression 'seriousness of life' ('life is serious business') refers to the absolute necessity to lead one's own life. I am a practical fulfillment of perspectives for others in my existential particularity, in the singularity of my individual life, and according to my genuine abilities. We become acquainted with certain natural forms of life – daughter or son, mother or father, sister or brother, grandparents. We are irreplaceable in these forms. We must therefore grasp the internal complexity and nuances of the unique totality of life in the course of life.

This irreplaceability in the lives of others varies according to the stages of life and changes during the development of identity. There is always the chance of fulfillment or of failure in which we have a stake – as a child, as a daughter, as a teacher, as a grandfather, as a sick person, as a healthy person, as a fragile person, as a youthful vigorous person, as an experienced or inexperienced person. In every instance, this depends on what we do or can be. The distinction or even isolation of generations which is characteristic of modern society can be analyzed as a communicative impoverishment of the forms of fulfillment in life that we owe to the differentiated irreplaceability of others. A moral understanding of life is measured most unmistakably by the ability to see the other as the other in his difference; it is measured by the strength and sensitivity to put oneself in position of someone else, to have the existential imagination to make clear to oneself as a young person that I am potentially this older person.

The Fundamental Ethical Meaning of Finitude

The unique totality of life has its concrete form in the bodily existence of man. This bodily existence does not coincide approximately with the surface of our skin, but rather we reach out to the world by acting, speaking, planning, and reflecting. The body is not a shell in which we are 'hidden'. It is not the outside of an inside. We do not sit 'inside' ourselves like a driver

of a body machine. Nor are we ethereal spiritual beings standing behind our bodies. Rather, the human body is the center of our dynamic reality where its natural basis and its communicative being are made possible and are mutually related. The question is: What do the demonstrated characteristics of the unique totality of life actually mean for the process of becoming oneself in old age?

In order to answer this question, we must consider philosophically the fundamental ethical meaning of human finitude, because the temporality of human life becomes more radical in old age as we shall see in a moment. We always exist as a temporally finite being, but the process of aging intensifies the experience of finitude. Finitude shows itself in the inability to repeat and the inability to retrieve the common and solitary life; it manifests itself in the irreversibility of the movement of life, in the unavoidability of the entry into and the exit from the stages of life, in the irrevocability of the past, in recalling significant attempts at a meaningful and conscious life that we failed to attain and in the unpredictability of the future. The finitude of life means that many aspects of our past remain hidden from us as humans, the future is evasive, and the present is a place in which we may experience such insecurity that it threatens our very autonomy.

Before I discuss the consequences of these reflections for an ethics of later life, I would like to emphasize that I think it is entirely wrong, considering the fact of aging, to develop a pessimistic or even tragic anthropology of the poverty of human existence. I would like to offer the view that normality, universality, and continuity of being human occurs in all the phases of life. It is wrong to think that the elderly and the very elderly are, as it were, an exotic foreign tribe in the midst of otherwise young, carefree, healthy human beings in love, happy and consuming rapturously. This distorted picture is superficial and mistaken insofar as vulnerability, the threat of suffering and defenselessness, and existential fragility shape all phases of a human being's life. We need not speak of the helpless baby. Instead, let us think of the problems of puberty, professional training in a frequently harsh and mercilessly competitive society, the large and complex problems of love, relationships, marriage, and education, just to mention a few. It then becomes clear that the constitutive orientation of meaning for human beings should be seen in the context of this fragility.

We should not forget normality, universality, and the continuity of the fragility of being human in our reflection on the peculiarity of aging: problems, crises, conflicts, fear, and dangers are just as characteristic of the life phases as is the chance for happiness. With this in mind, aging can be seen as an opportunity. In aging, one can continue to speak of the very specific

elements of becoming oneself. I will now discuss these elements as a radicalization of the human condition in order to shed light on the ethical implications.

Aging as the Radicalization of the Human Condition

The process of aging is the radicalization of the basic human condition, since aging can be grasped philosophically and anthropologically as an insistent manifestation of the human constitution of meaning. The abstract ethics of reason are of no assistance in explaining this point; the same can be said about metaphysics insofar as it concerns atemporal spiritual beings.

Therefore, we must seek a conceptual understanding of the reality of life if we want to describe the radicalization of the human situation and the appearance of the human constitution of meaning. First, the following aspects can be distinguished: physical aging, psychic aging, social aging, and cultural aging. The physical changes can be described during the aging process as the radicalization of the bodily constituted, basic condition of man. Parts of the body that had once functioned normally such as the joints and the heart, all begin to deteriorate, reminding us of the basis of a finite life: its dependence on nature. The human being has been defined as 'a deficient being' (Mängelwesen) because of an extremely long phase of helplessness as a small child after leaving the womb as well as his constitutive defenselessness: he is without a coat of hair, a victim of the climate without special protection or an organ which involves the instinct for preserving oneself, without reliable instincts for security. This deficiency increases with age. This is when the physical, social, and cultural components of the aging process appear. It is in accordance with the unique totality that is the human being, that aging concerns the singular totality of our entire situation in life.

Oscar Wilde (1966) addressed the issue of aging in his novel *The Picture of Dorian Gray*. He wrote the striking sentence: 'The tragedy of aging is not based on the fact that one is old but rather that one is young.' What does Oscar Wilde mean here? One takes a personal identity developed in one's youth into old age. The individual trusts this identity and creates it in his active years. Developed and regularly affirmed, this identity comes into conflict with the beginning of the physical fragility that becomes increasingly dominant. This fragility is opposed to the self-chosen and developed form of one's own existence, an identity arrived at through youth and adulthood, appearing clearly as it becomes threatened by the bodily process of aging.

The radicalization of the physically constituted basic condition of man is accompanied by psychological aging. It is connected to the finite temporality of life and the basic modifications of the life experience. The period of time life has been experienced, becomes ever longer, and yet the time left to live becomes ever shorter. So, the experience of becoming a body in the physical sense has an analogue in the process of becoming-conscious of time in relation to the experience of consciousness. This heightened awareness of time comes about through the disappearance of expected life and the increase of experienced life. Schopenhauer wrote, 'From the point of view of youth, life is an infinitely long future; from the point of view of old age, a very short past, so that it is represented to us at the beginning as things when we place opera glasses to our eyes and finally then the eyepiece. One must become old, that is, to have lived a long time, in order to recognize how short life is' (1988, p. 473).

In addition to becoming-a-body and becoming conscious of time, there is social and cultural aging. The ruptures in becoming-oneself and the radicalized experience of time are reinforced by the loss of partners, relatives, family members, and friends of one's own generation. Because of the communicative being of man, this aging is one of the most difficult aspects, that is, the acceptance of the loss of someone close is one of the most difficult existential tasks for human beings to come to grips with. The very elderly complain they can no longer converse with anyone because the familiar context of life and everyday things – the horizon of common experience and acquaintances – has disintegrated, insofar as becoming-oneself appears as an isolation and is accompanied by becoming estranged from the world.

The Ethical Implications

What are the ethical implications of all of this? Let us keep this basic question in mind. Our postmodern society is characterized by a phenomenal and terrible pace that is historically without precedent, and an acceleration of the process of development and trends toward innovations. Social and cultural estrangement is fostered by this high-speed civilization. The tendency to misunderstand one's own life-world is one result. Personal identities and normative systems together with impressionable experiences are developed in a social and cultural sphere that no longer exists. It has become remembered time. The rate of social change and historical transformation has increased to such an extent that it is quite commonplace to find old people can no longer

cope. It seems to me, as a young child growing up in the 1950s, that some aspects of present day life make intuitively unreasonable demands. Even if there were an easy and cheerful conformity and lively willingness to pick up new fads by the 'young elderly'; even if a steady decline in curiosity in interesting developments in society and culture were not observable, the legitimate and far-reaching experience of finitude can be superficially smoothed over but cannot ultimately be overcome.

It is through the radicalization of the physical and temporal human condition, through the appearance of physical, temporal, social, and cultural conditions of meaning of human life, that becoming a human being takes place in aging. From an ethical point of view, the question is what possible forms of fulfillment, of broken and endangered processes of becoming-oneself, are specific to the elderly?

Tradition developed this perspective with the concept of wisdom or the wisdom of old age which is unfortunately no longer common today. It developed this perspective in close connection with life: in no sense is it 'idealistic' nor does it gloss over or transfigure. Old age appears here essentially as a chance to gain insight first into the limited possibilities of man. There is no doubt about the continuous orientation toward fulfillment and happiness in old age. I would like to say, however, it is the increasing 'immediate' experience of this limitedness that allows us to understand our own lives as the forming of a singular totality, as really becoming-oneself. Growing old in many respects provides the chance for development of ethical insights that are less easily gained in earlier stages of life. One is able to intensely experience the finitude and the fragility of life. Man's dependency on communication and solidarity is manifold and can be experienced through loss. The experience of transience and the ease with which some forms of happiness slip away can lead to disillusionment, but may ultimately bring about a calm view, without deception – a state that Goethe called renunciation (*Entsagung*). This is not a pitiful renouncement, but is rather the highest form of existential sovereignty and human self-assertion.

The unique totality as a temporal and finite process of becoming-a-self is conceived ethically if the becoming oneself is understood as a becoming-final. Becoming-final means that life has attained its final form in old age and becomes its whole time – the whole time of life. This whole time of the singular totality of life is the ethical time, since it is the time in which guilt and responsibility, autonomy and solidarity, transgressions against the self, and fulfillment have become real. To consciously grasp finality means that the brevity of life and its entirety can be seen, experienced, and understood and there is a chance to distinguish between the important and the numerous unimportant things in human life.

Old age is grasped from a theological point of view as grace, and the becoming-final of the person is called the 'eternal life'. Since I am a philosopher, I cannot adopt this theological way of speaking. However, I think we might be able to preserve this sense if we understand old age as a time of life in which the crossing of finitude and meaning, fulfillment and limitedness can be recognized and understood.

Consequences for a Culture of Human Aging

After what we have just heard, we can formulate some consequences for a culture of human aging. We have described aging as a communicative, self-reflective process of forming a unique totality, a forming that is essentially highlighted by a change of view toward a meaningful and enduring life. Ancient ethics is preferable to the modern ethics of reason since it is closely related to life. Its focusing on happiness and fulfillment of man appears to me to be unparalleled. We could ask where should reason go if not there?

Furthermore, we have seen that the ancient form of questioning has returned in modern theories through the back door – the return of the repressed – as a questioning of the presuppositions of personal identity. Whereas modern ethical debate and moral philosophy discuss this form of questioning in connection with developmental psychology and especially in the field of child psychology and early human development, it follows that we should extend this form of questioning to life as a whole and, above all, to the later stages. It becomes clear that personal identity in this sense is absolutely unthinkable prior to or outside of morality. This can already be seen in the category of existential irreplaceability through and for others.

Old age shows itself to be like all other phases of life, a process that is in constant jeopardy but also rich in opportunities. In the past we would have said it is a *way* to preserve and to test identity, making it clear that this identity is not something static that is given once for all, but is linked to a dynamic event that we have characterized as becoming-a-body, becoming-conscious of time and, ultimately, ethically, as becoming-final. Given this background, the radicalization of the human condition implied in the keywords becoming a-body, becoming-conscious of time, and becoming-final, we can define this radicalization of the human condition with a view to the traditional category of wisdom as the time for developing a meaningful life. (Of course, we can and should develop such a meaningful life already a long time before.) If we understand the process of becoming-a-self in its finitude and finality, this leads to a more conscious life; more

conscious insofar as it follows from the insight into the crossing of finitude and meaning. Following Aristotle, we can say that true enduring happiness is based on this insight.

What Does Old Age Mean for Human Cultures?

With this in mind, I would like finally to address the question of the conditions of a culture of human aging, in which I turn the tables and ask: What does old age mean for human culture? What does a highly advanced modern society learn ethically from the fact of aging which can neither be done away with nor be repressed, and what does it learn from the presence of more and more older people? If we turn the tables from the point of view of ethics, we would not ask how a being who is restricted, disadvantaged, handicapped, useless, slow, and dependent on the help and conduct of others is able to cope with the end of old age in a modern, sophisticated, highly complex, rapidly changing society, but rather – and this is the ethical turn – what can this society learn from the fact and meaning of aging? Indeed, what must it learn?

It can and must learn a lesson in modesty. The principle of higher and higher, faster and faster, further and further, more and more complex, more and more perfect, more intense, more and more excessive, louder and louder, more and more informed, remains, ethically, existentially, and meaningfully, nothing more than a system designed to quantify.

However, trees do not grow to heaven. We require a consciousness of the human significance of men's finitude, limitation, and vulnerability, a consciousness of the worth of slowing-down, of pausing, of calmly looking backward, of oral communication, of genuine conversation between real people, and of being able to admit one was wrong. Slowing-down, pausing, and concrete oral communication are, paradoxically, the essential tools for defeating the process of perishing through the attainment of the profound. Only a calm look backward can help us achieve an emancipated clarification of life.

All other social processes of intensification and acceleration are bound to these human sense qualities. Preserving human dignity, not only by dealing with one's finitude in a composed way but gaining or understanding it, is precisely what every modern society can learn from aging as the only human process of becoming-the-self that we know. Listen to the elderly: they have something very important to tell us.

A meaning of life that is both ethically and morally demanding and truly sustainable does not just consist in the positive satisfaction of desire – incidentally, this is also the root of the fundamental distinction between

sex and love – but, rather, in the way we deal, both as individuals and as a group, with the many negative aspects that shape our existence, whether we wish them to or not. Against this background, aging, illness, suffering, and death can be understood as an opportunity to open up specific dimensions of meaning that are often overlooked: the dependence of each and every human on meaningful communication, on mutual assistance and sympathy, on solidarity and, decisively, on the conscious awareness of his or her own limitation. These dimensions belong to a stage of maturity and of reflected self-knowledge and hence, in essence, to a truly meaningful, self-reflexively aware existence. Consciously formulated in an emphatic way: these dimensions belong, from a philosophical perspective, to a knowledge of what is really real. We need to understand not only from a medical or ethical perspective but also from an existential perspective that health is not simply the absence of pain, disorders, and infirmity, of finitude and mortality, but rather, seen in a holistic perspective, the strength to live with them. As humans, we are psychosomatically irreducible wholes; we cannot be divided into the body and mind, into objectivity and subjectivity. Self-knowledge and the clarification and deepening of life are enabled and developed also and precisely by the experience of suffering, pain, and finitude.

This insight can be applied to the entire problem of the sense of suffering and dying. We can deepen this perspective of a transformed understanding of human life using key approaches from the philosophical tradition. For instance, using the classical ‘golden rule’ or a form of Kant’s categorical imperative, we can say: we should treat the sick, the suffering, and the dying as we ourselves would like to be treated in similar situations. This existential, individual principle, which concerns our moral self-understanding, must, on a social and ethical level, be given a *constitutional* status: as justice between generations. Respect for the irreducible dignity of humans, as our constitution states in a preamble to our entire legal order, cannot be reduced or quantified. This respect is due to the sick, the suffering, the dying, and the needy just as much as it is to the healthy, the young, or to children. An earnest, honest burial ceremony makes it poignantly clear that a human remains a person and thus deserves the irreducible dignity due to him in the human world even after his death. This is unrestricted true of the senile, the comatose, or the dying. What argument might convince us to restrict or, indeed, to deny them their dignity? No one would deny children who are helpless and constantly in need of assistance their personal dignity.

The finite constitution of meaning in the life-world is structured through interpersonal relationships between humans. The singular totality of the specific, unique, personal, individual is constituted through

communication and social interaction and can come into its own and become itself only in this way.

From this, it should be clear that finitude, mortality, and death belong irreducibly to the meaning of human life. Only the *connection between finitude and meaning* is far more extensive and internally more complex than is generally recognized. Limits are constitutive for us, when it comes to meaning: limits of the world, limits of life, limits of reason, and limits of language. Essential forms of human failure result from a misapprehension of the limits of life and of praxis. But these limits precisely open up the ground of meaning of our life-world.

Finitude and limitation in their role as constitutive for meaning shape our entire life, our entrance into the world, which in all its aspects – conception, pregnancy, birth, our existence as small children – is constituted inter-existentially (Rentsch² 1999). It is as true of being sick, suffering, and dying as it is of the existence of a small child that human personality and dignity cannot be objectified. The human is always more, much more than his concrete situation of becoming, or suffering, or passing away. He must be regarded and treated as a complete person – both in his coming to be and in passing away.

Hence, what is needed are efforts at an education and clarification that encompasses the entire society, efforts that aim at consciously taking up and integrating sickness, suffering, and death in the perspective of what it means for a human to become himself. Many doctors, assistants, and care-givers are constantly confronted by these aspects of life. We must recognize that it is the task of education and child-rearing, of ethics courses and the media to inform us about life as a whole, to provide clarification not only about aspects of sexuality but also about aging, sickness, disability, suffering and pain, and dying and death.

This new view of life (in truth, an ancient view that only needs to be regained) aims to take up repressed and deferred aspects into a deepened understanding of life and to understand them as irreducible aspects of the human world. Ultimately, this understanding must lead to a transformed self-understanding.

In conclusion, I would like to underscore: a philosophical and ethical analysis shows that we must strive for *a new culture of aging as well as of dying*. Aging and dying are far more complex and multifaceted processes than a universal ideology of the practicable lets appear. It is a task for society as a whole to develop this new culture, which places not availability but human respect and care that conveys solace and assurance in the center. In order to enable this new culture a project of education and clarification for society as a

whole is required. This project of education and clarification must already begin with child-rearing and in school – much earlier than has been thought so far. For when the reflection on finitude, mourning, and the reflexive look back at one's life, the process of finding meaning in the face of finitude begins in an acute stage of dying, it has begun, by any measure, too late. Aging and dying must be brought back into life.

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21

Filial Duties

Diane Jeske

In recent years more and more attention has been paid to the question of what adult children owe to their parents. In part this attention results from the growing literature on special obligations to friends, family, and other intimates. But it also results from the current demographic situation in the United States and other developed countries: the population is aging and the ratio of those over the age of 70 to those below is increasing dramatically. As the population ages, there are more and more people in need not only of medical care but also of help with the business of day-to-day living such as getting groceries, getting to appointments, and so on. Adult children often naturally assist their elderly parents with their day-to-day needs, they sometimes provide financial assistance, and they usually take the lead in managing and coordinating crisis situations, most prominently those in which elderly parents need to be transitioned out of their homes and into nursing care centers, either temporarily or permanently.

As a result of the pressures on public coffers due to the needs of the growing population of elderly, many have begun to wonder whether and to what extent we can, as a society, demand that adult children shoulder the burden of caring for their elderly parents. If we are going to enforce public policy

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imposing potentially heavy burdens of money, time, and/or effort upon a class of persons, it seems natural to explore whether such persons have a moral duty to do as we are forcing them to do. Thus, various issues concerning filial duties seem to have pressing significance for public policy. But whatever we say about filial duties, we cannot jump to any conclusions about public policy, unless we simply assume that we are always justified in enforcing moral duties and that all public policy must be based on pre-existent moral duties. Such assumptions would have implications far beyond questions about paying for elder care.

For most of us with elderly parents who are more than willing, without government enforcement, to do what we can for our parents, prolonged life-span and its attendant needs bring challenges independent of the formation of government policy. Many of us take our relationships with our parents to be among the central and most valuable aspects of our lives: we love and cherish our parents, and know that they love and cherish us in a way that no one else ever will or ever could. Their loss is one of the most devastating we will ever face. But the increasing frailty and dependence of the people who raised us inevitably transforms our relationship with them, and further transformations are caused by the ways in which we do or do not respond to their frailty and dependence. Stresses can cause tension in the strongest of relationships, and it is tragic if the prolongation of our parents' lives leads to straining the last years of our relationships with them.

Part of the strain comes from a heavy burden of guilt as a result of feeling that we are not doing enough for our parents. But this guilt is then coupled with resentment toward our parents as a result of their needs forcing us to alter our routines or even our life plans. Understanding our relationships with our parents and the moral implications of those relationships can play an important role in helping us to balance our own needs, the needs of our parents, and the needs of the relationship itself. Understanding parent/adult child relationships can also allow us to bring a proper focus on these relationships into our public policy debates, remembering that these relationships, in addition to money and medical care, are resources that need to be preserved. Instead of just trying to get someone to fund needed care, we can get a better idea of what is gained and lost by introducing various sorts of fiscal policies.

I will begin, in Section "Special Obligations", by considering some issues that arise for special duties in general and for filial duties in particular. Then, in Section "What Is A Parent", I will examine the concept of parenthood, distinguishing its various senses so that we can be clear about which relationships are at issue. In Section "Standard Accounts of Filial Duties", I will present the major theories that have been offered about the grounds of filial obligations and consider the standard objections raised against each theory.

In Section “The Intimate Relationship Account”, I will offer a defense of what has come to be known as the ‘friendship model’ of filial obligations (I will call it the ‘intimate relationship account’), arguing that the duties defended by this theory, while perhaps not the only ones that we owe to our parents, are often the most important, both intellectually and emotionally, in our real practical deliberations. Section “Implications for Public Policy” will briefly revisit the public policy issue in order to show that conclusions about filial obligations cannot be used to settle such legal and political issues one way or another.

Special Obligations

Filial duties¹ are understood to be a type of *special obligation*. Special obligations are owed to some subset of persons, and they are contrasted with the *natural duties* that each of us owes to all other persons simply in virtue of their status as persons. Special obligations, on the other hand, are owed to those in the subset not merely in virtue of their status as persons but also in virtue of their relationship to the agent who has the obligations.² So, for example, I have special obligations to my friends and to those to whom I have made promises, and at least part of the grounds of those obligations is, respectively, the friendship relation and the relation between promisor and promisee.

However, in order for an obligation to be a genuinely special obligation (at least in the way that I am understanding that notion here), it must be the case that the special (i.e., non-causal) relationship in which the agent stands to her obligee is a *fundamental* part of the grounds of the obligation. For consider the consequentialist justification of my reasons to take special care of my mother: the consequentialist tells me to maximize net intrinsic value and then posits that one way for me to do that is to pay special attention to those emotionally close to me such as my mother. My relationship to my mother is relevant to developing a strategy for maximizing value, but the fundamental

¹ I am using ‘duty’ and ‘obligation’ interchangeably. Some philosophers reserve the latter term for moral requirements which are voluntarily assumed. One issue facing defenders of filial duties/obligations is whether these moral requirements are, in some sense, voluntarily assumed, so I do not want to beg any questions by building any more into my terminology than I need. For discussion of the distinction between duties and obligations, see Simmons (1979, pp. 11–16).

² I am excluding causal relationships from the concept of relationship here, because all obligations must take some sort of causal relationship as part of the grounds of the obligation in so far as we can only do for others what we are in a causal position to do for them.

justification for my taking special care of her is that doing so will maximize value. Thus, consequentialists do not accept that we have any special obligations in the sense meant here. This is not to deny that consequentialists can tell a convincing story about each of us having stronger reasons to care for our parents than we have to care for strangers, but such reasons will be overridden whenever we could do more good by caring for persons other than our parents: there are no *additional* reasons stemming from the parent/child relationship that can weigh against the reason to maximize value.³

Given this, I think that it is important for any philosopher who offers an account of filial duties to make a convincing case as to why their account does not collapse into a consequentialist account and why we should think that the reasons that the account offers to us actually compete with our consequentialist reasons. In other words, our task is to offer a convincing account of filial duties as *fundamental* duties.⁴

Before examining accounts of filial duties as fundamental duties, we need to make a distinction between *non-deflationary* and *deflationary* accounts of filial duties. In order for an account of filial duties to be *non-deflationary*, the account must include among the grounds of our duties to our parents either that which is essential to the parent/child relationship or that which strongly supervenes on and only on the parent/child relationship. A non-deflationary account might include further conditions in the grounds of the duties, but something unique to the parent/child relationship must be present. On any such account, one would have such duties only to one's parents, but not everyone would have such duties to their parents unless the further conditions included in the grounds of the duty were satisfied. Alternatively, we could ground our duties to our parents on features of our relationships to our parents that are or can be present in parent/child relationships but are or can

³ For more discussion of these issues, see Jeske (n.d.).

⁴ It might seem that a consequentialist could defend special obligations by assigning intrinsic value to an agent A taking care of her, A's, parents, friends, children, etc. Then, it seems, I would have reason to take care of my parents that no one else has, because the state of affairs of my caring for my parents has intrinsic value and can only be achieved by my caring for my parents. However, this strategy will not succeed. Even though the state of affairs of you caring for my parents does not have the intrinsic value that the state of affairs of my caring for my parents has, you can promote intrinsic value by facilitating my being able to care for my parents. Thus, each of us has to countenance the possibility that he or she could promote more value by helping others to take care of their parents than by taking caring of his or her own parents. It seems that I will do better in consequentialist terms if I facilitated Laura's taking care of her mother and Albert's taking care of his father than if I focus solely on taking care of my mother. So assigning intrinsic value to each of us caring for his or her own parents will not allow the consequentialist to defend genuinely special obligations.

be present in other kinds of relationships as well. I will call these *deflationary accounts* because they deny that there is anything about the parent/child relationship *as such* which serves to ground duties. According to deflationary accounts, our special obligations to our parents are fundamental but they are not a *distinct* class of fundamental special obligations. It is not always clear whether some of the standard accounts are to be understood as deflationary or non-deflationary, but I think that plausible versions of them are in fact deflationary, as we will see.

What Is a Parent?

Before we can classify any account of filial duties as deflationary or non-deflationary, we need to have an account of parenthood. There are two basic sorts of accounts, what I will call the biological account and the custodial⁵ account, and then there is the account which is the combination of the two and that which is the disjunction of the two.

The biological account of parenthood is perhaps the most familiar. To say of Caroline that she is Laura's mother, according to the biological account, is to say that Caroline contributed an ovum, which was fertilized by Charles's sperm (thereby making him Laura's father) as a result of sexual intercourse between Charles and Caroline, and then Caroline carried Laura to term in her womb and gave birth to her. This story, however, can be modified in various ways, given technological and medical advancements. So Charles's sperm can now fertilize Caroline's ovum without any sexual intercourse occurring between the two of them, and this can happen with the ovum remaining in Caroline's body or taken out, fertilized, and then replaced in Caroline. What remains constant, even with this technology, however, is the contribution of DNA via ovum and sperm by Charles and Caroline. More complicated are cases in which Charles's sperm is used to fertilize some other woman's egg which is then implanted in Caroline, or in which Caroline's egg, fertilized by Charles, is implanted in another woman who then carries it to term and gives birth.⁶ I think that many people regard the contribution of

⁵ The term 'custodial' is properly a legal term, but I am not limiting custodial accounts to those that involve legal ascriptions of care-taking responsibilities. I understand a custodian of a child as the one who is, in some sense, responsible for raising that child.

⁶ What is possible in this realm is constantly changing, as the recent case of 'three-parent' children in Britain demonstrates. Three-parent children are the result of having one woman's mitochondrial genes implanted in another woman's ovum, where the latter woman's mitochondrial genes have been removed.

DNA via sperm or ovum as essential to biological parenthood. If we were to agree with this, then biological motherhood can come apart from the carrying of the fetus to term.

There is no necessary connection between providing biological material and either being responsible for raising a child or actually raising a child. Adoption is a legal transaction that has the result of non-biological parents becoming the custodial parents of a child in so far as they are now both socially and legally responsible for raising the child.⁷ We do not want, however, to identify just anyone who raises a child as being the parent, because people other than parents can take on the task of raising a child, and we can certainly ask what obligations a child would have to someone who raised her regardless of whether that individual was her parent or not. But the fact that we can make sense of someone stepping in and doing for Laura what her parents failed to do shows that the concept of being a parent to C is not the same as the concept of being the person who nurtured or raised C. Who Laura's custodial parents are is a function of law and social understandings.

So we can consider four accounts of what is necessary for P to be C's parent:

- 1) *Biological*: P has contributed genetic material – via sperm or ovum – to C.
- 2) *Custodial*: P is charged by her society with the responsibility for raising C.
- 3) *Biological + Custodial*: P has contributed genetic material to and is charged with the responsibility for raising C.
- 4) *Biological OR Custodial*: P has either contributed genetic material to or is charged with the responsibility for raising C.

So why should we think that facts about genetic contribution, responsibility for upbringing, or both in combination, ground duties, either on their own or in conjunction with some further feature of a relationship?

Our notion of biological parenthood is going to continue to evolve, but it is not necessary to go into more depth on this issue here. (Thanks to Geoffrey Scarre for reminding me just how complicated these issues really are.)

⁷ In the United States, we also have the notion of a foster parent, that is, the notion of a person who is assigned temporary legal custody of a child when no permanent placement for the child is available. The notion of custodial parenthood I am working with is the notion of a person legally and socially responsible for raising the child until she reaches adulthood, and so foster parents, considered as such, are not custodial parents in my sense. However, in long-term placements, foster parents may become custodial parents.

Standard Accounts of Filial Duties

Genetic Inheritance and Social Role Accounts

I will begin by considering two clearly non-deflationary accounts of filial duties. First let's consider Raymond A. Belliotti's (1986) attempt to ground filial duties on genetic inheritance. Belliotti claims that the genetic contributions of our parents play a large role in constituting our identities, and that we have moral duties to those who contribute in such a way to the constitution of our identities. As I have pointed out elsewhere,⁸ Belliotti's account has quite unpalatable consequences: it regards us as having moral duties to even entirely absentee parents merely in virtue of their having at some point allowed a sperm and ovum to come together. Why should we suppose that the mere fact of having contributed ovum or sperm to create me generates a duty on my part? My grandparents stand in the ancestral of the biological gifting relation (they biologically gave to my parents who then biologically gave to me) – why not take that relationship as grounding 'grandfilial' obligations? My point is just that it is not clear why one sort of biological gifting grounds duties while others do not, since my grandparents' contributions to my parents is also crucial to the constitution of my identity. Even putting that aside, however, the mere fact of giving me the genetics which form the basis of the person that I become does not seem sufficient to ground obligations. If two people have a wild night of sex, conceive a child which they then leave in a dumpster where it is found by kind people who raise the child, surely it is the latter people, if anyone, and certainly not the former, to whom the child has obligations. A perhaps even starker case is that of a child who is born of a mother having been raped. It seems morally repugnant to suggest that if Olivia is the result of her mother having been raped that she has any sort of obligations to the violent predator who fathered her.

Non-deflationary accounts that appeal to the custodial rather than the biological account of parenthood might seem more attractive. Familiar versions of these accounts⁹ appeal to the fact that acting as custodian for Laura (perhaps in conjunction with biological parenthood) is to fulfill the social role of being the parent of Laura, and social roles are partially constituted by the

⁸ See Jeske (1998).

⁹ See Hoff Sommers (1986), and Hardimon (1994). For my response to both, see Jeske (1998).

having of certain obligations. Laura, then, fulfills the role of being the daughter of her parents, and that role also is partially constituted by the having of filial obligations. Social roles are determined by cultural understandings, and so the nature and content of Laura's duties is a matter of the understandings and/or traditions of her culture.

There are two related worries about accounts of filial duties that appeal to social roles. First, why should we make our duties hostage to social practice? Why should the fact that people in my society have arranged things in a certain way impose a duty on me to conform to those practices? In some cultures, the social role of daughter or son is regarded as involving the filial obligation to marry the person of one's parents' choosing. In some cultures, the filial duty of a daughter is understood to involve submission to her parents to the point of acquiescing in the mutilation of her genitals. The mere fact of cultural roles doesn't seem to justify such requirements.

There are lots of potential responses to this worry. One could say that children have some obligation to conform to filial duties because social roles generate expectations, and it is generally bad if expectations are frustrated (see Hoff Sommers). Or one could follow Hardimon and claim that social roles ground obligations if and only if it is good that such roles be filled or that people would judge such roles acceptable upon reflection. But all of these answers appeal to something beyond the practices themselves, making it something other than the mere fact of the practices that justifies our acting in accord with them. If we appeal to the badness of people not fulfilling these roles with their attendant duties, then we are making a consequentialist argument rather than offering a non-deflationary account of special filial duties.

And this leads to the second worry about the appeal to social roles. There doesn't seem to be much doubt that assigning the responsibility for raising a child to some determinate person or persons is a good social practice, perhaps an essential one if the individuals in a society are to flourish. But even if this is a good social practice and the expectations of parents and children in a society are reasonable and fair, it remains a fact that particular individuals can still make a mess of their assigned social role. If Laura's parents spend their time partying and leave her to fend largely for herself from the age of six or so onward, it is difficult to understand why Laura owes anything to them merely because they are understood as having responsibility for raising her. So we need to look at accounts that appeal to features of the parent/child relationship beyond the mere fact of parenthood either biological or custodial.

Gratitude and Debt Accounts

The Gratitude and Debt Accounts of filial duty can appeal to either or to both of the custodial and biological accounts of parenthood. The basic idea of both accounts is that our parents have done us a good turn – they have given us life itself and/or they have raised us to responsible adulthood (if they have lived up to their custodial responsibilities) – and we owe them certain benefits in turn. The difference between the accounts is in how we are to understand what our parents have given us: are we to view it on the model of a gift/donation or on the model of a loan?

Before we consider the details of the two accounts, it is important to see that both are deflationary accounts. The conferral of a benefit, either as a gift or as a loan, can occur outside of the parent/child relationship. Even if our parents can confer benefits on us that no one else is capable of giving us, the account remains deflationary. After all, only I could give you an original painting by Diane Jeske painted especially for you, but my doing so would not generate a special kind of duty other than a duty of gratitude. Duties of gratitude and to repay debts are grounded by the conferral of benefits (in conjunction with their being conferred by the agent with certain kinds of intentions, as I suggest below), and the conferral of benefits occurs in a wide range of relationships.

The Debt Account conceives of what our parents have done for us – with respect to either biological material/life or nurturance/upbringing – on the model of a loan: our parents give us something and we need to repay the debt. Obviously, we cannot repay in kind given that we cannot give birth to or raise our parents to adulthood, so we must repay by providing some benefit of equal worth, perhaps, for example, by taking care of them in their time of dependency, that is, old age.

There are a lot of difficulties with the Debt Account: what sort of benefit to our parents would equal what they have given to us? Could we repay the debt and then be free of obligation to our parents once and for all? How can one ‘take out a loan’ that one was never in a position to consent to? Most importantly, I think, we need to recognize that when someone provides us with a benefit, whether that benefit is a gift/donation or a loan depends crucially upon the intentions of the one providing the benefit. Few parents, I would think, conceive of what they do for their children as a loan. For this reason, the Gratitude Account is more plausible.

The Gratitude Account has other advantages over the Debt Account as well. What we owe as a matter of gratitude is not some determinate amount;

rather, we are obligated, it seems, to do good for our benefactor, and, if they have benefited us greatly, it may well be the case that our obligation can never be discharged. Also, those who think that we have obligations of gratitude think that we have them regardless of whether we have asked for or consented to the benefit received. (However, I do think that duties of gratitude are more palatable if we presuppose that the one benefited at least was not trying to avoid the benefit so as to avoid being indebted to you.)

Many think that there is something problematic about a conception of obligations that can be acquired purely in virtue of what others do without our request or permission.¹⁰ However, even setting aside such so-called *voluntarist* worries,¹¹ there remains a serious problem with the Gratitude Account. If we have obligations of gratitude to our parents it is because (a) they provided us with biological material, (b) they nurtured us, or (c) they gave us both biological material and nurtured us. (Notice that I have substituted ‘nurturing’ for ‘being custodian of’ or ‘being charged with nurturing.’ It is difficult to see why we would have a reason to be grateful to someone for having the responsibility for raising us unless they actually fulfilled their responsibility.) Let’s consider nurturance first. Do we owe debts of gratitude to other people in virtue of their doing what they are morally required to do for us? Most of those who discuss filial duties and gratitude say ‘no,’ but go on to point out that many parents do more than merely nurture us – they love us and make great sacrifices in order to promote our good, that is, they go above and beyond what duty actually requires of them. Consider an analogous case: I have a colleague who was a full professor when I was hired as an assistant professor. It is part of what is required of senior colleagues that they mentor their junior colleagues. This particular colleague, however, put a lot of effort and care into reading my papers and encouraging me – he fulfilled his duty in a truly excellent way, and it is not implausible to suppose that I ought to be grateful to him and to reciprocate appropriately. In fact, in such a case, if the mere fulfillment of the duty is onerous enough and we know that many people fail at the task, it is not implausible to suppose that gratitude is still appropriate: surely a Jewish family would owe gratitude to those who sheltered them from the Nazis even if the latter had a duty to offer this aid and protection.

¹⁰ Nozick (1974, pp.90–95) raises this sort of worry in his arguments against the claim that we have a duty of fairness to contribute to just schemes organized by others if such schemes happen to benefit us.

¹¹ See Scheffler (1994), for his presentation of the voluntarist objection to associative or special obligations.

On the other hand, our parents' gift of genetic material does not seem like it is enough to ground duties of gratitude. Suppose that two people have a wild night of ecstatic sex, thoroughly enjoying themselves. As a result, they conceive a child. These two people were thinking about their own sensual pleasures, not about some future person. If someone accidentally benefits me without any thoughts about me and while pursuing their own self-interested ends, it is difficult to see why I owe them anything as a result.¹² (Again, the case of rape provides an even starker illustration of this point.) Even if the two parents come together with the intention of conceiving a child, what they do is certainly not onerous in most cases. In some cases, parents have to go to great lengths to conceive, but even then we need to ask what the parents are intending. Do they think, 'I must confer life as my biological child on some non-determinate future being,' or are they seeking something, that is, being a parent, for themselves?

To sum up, then, I think that if we accept that we have duties of gratitude more generally, it is plausible to suppose that we have them to parents who take great pains to raise us or who raise us well. It is less clear as to whether parents who have to work to conceive are thus owed gratitude. But, as I pointed out above, appeal to gratitude is to offer a deflationary account of filial duties in so far as people besides our parents can benefit us, and the good that most plausibly grounds our gratitude to our parents, nurturance, is one that can be provided by someone who meets neither the biological nor the custodial criterion of parenthood; for example, a neighbor might pick up the slack of a child's absentee parents. According to the gratitude account, it is the neighbor to whom the child would have the duties that most people have to their parents in virtue of having been nurtured by them.

Special Goods Accounts

According to Special Goods Accounts of filial duties, duties of children to their parents are grounded by the special goods that can only be produced for parents by their children or can only be produced for children by their parents. As Simon Keller puts it: 'the reason why you have special duties to your parents is that you are uniquely placed to provide them with these goods, and find yourself in a relationship in which they have provided (and

¹²Nozick (1974, p.95) offers us the following case: my best choice for exercise is to heave huge tomes into your home. Do we think that you have any duties to me for benefitting you by providing you with these books, even supposing that the books prove useful to you?

perhaps continue to provide) special goods to you.’¹³ As a result, you have duties to provide these special goods to your parents (and they have duties to provide special goods to you).

What are the special goods that parents can receive only from their children? Keller provides some examples: having their child keep in touch and show up for holiday celebrations, ‘a sense of continuity and transcendence’ as they watch their children grow and become adults, the ‘joy and wisdom’ gained from watching someone develop throughout the life course, and so on. Children also receive special goods from their parents: getting your parent’s point of view as you seek advice, an enhanced understanding of yourself, and so on. Both parents and children receive the special good of having someone specially invested in their well-being in a way that only a parent can show for a child or vice versa (Keller 2007, pp. 266–267).

I think that it is clear that Keller is trying to offer a non-deflationary account by grounding filial duties on goods that result *only* from the parent/child relationship, although they will not result from every parent/child relationship. However, I think that the special goods account is actually a deflationary account, given that the goods that Keller points to can arise in the relationship between a child and an adult who does not meet either the biological or the custodial criterion of parenthood. Recall the case that I gave above of a neighbor who steps in to raise a child in lieu of her absentee parents. Such a person is neither a biological nor a custodial parent – she does everything for the child that the child’s parents ought to be doing for her. I don’t see why such a relationship won’t generate at least many of the special goods that Keller discusses. So even if it is true that such goods most often arise in the parent/child relationship, it is possible for them to arise in other relationships as well.

The basic idea behind Keller’s account is that you have special duties to provide special goods to your parents because you are, as a matter of fact, the only one that can provide them with those goods. Now, while it is true that you are the only one that can, as an empirical matter, directly provide your parents with certain goods, it is still the case that others can facilitate your ability to provide your parents with those goods (see footnote 5). So a consequentialist will legitimately wonder why special goods generate special duties, rather than getting weighed in the consequentialist calculus with what Keller calls ‘generic goods.’ Keller admits that the ultimate evaluation of his view waits upon a determination ‘whether a certain sort of connection

¹³ In Keller (2007, p. 268).

between goods and duties . . . can ultimately be sustained' (2007, p. 274). I am suggesting that it is going to be very difficult to find such a connection that meets the challenge posed by the consequentialist.

After examining these prominent accounts of filial duties, I think that it's clear that the non-deflationary accounts – the biological and social roles accounts – are not particularly plausible or attractive. The two deflationary accounts – the special goods account and the gratitude account – are both more attractive. If one remains unconvinced by the concerns of the voluntarist, then one will find it plausible to suppose that many people owe duties of gratitude to their parents. The primary objection to this view (putting aside the voluntarist objection) is that one does not have duties of gratitude to those who do for you what duty requires them to do, but I suggested above that in many contexts we think gratitude can be appropriate and even required in such instances. Keller correctly points to the special goods that arise in many parent/child relationships, but needs to do more to show why his view does not collapse into a consequentialist account before it will be plausible.

But now I want to consider another deflationary account which avoids any voluntarist or consequentialist worries. I think that what is usually called the friendship account, but which I will call the intimate relationship account, offers an account of what are often the most salient special obligations in the parent/child relationship.

The Intimate Relationship Account

What is usually called the friendship account of filial duties was originally offered by Jane English (1979). I think that some of the criticisms to which it has been subject have been a result of misconceptions about the nature of friendship, and for this reason, and for others that I will make clear below, I will call this the intimate relationship account of special obligations. As its name implies, it is an account of special obligations arising from a general class of relationships that include relationships other than the parent/child relationship and does not include all parent/child relationships. So it is a straightforwardly deflationary account of filial duties. This ought not, however, be any objection to the view, given what we saw in the last section: of the other prominent accounts of filial duties, the non-deflationary ones are not at all plausible, while the deflationary ones, although problematic in certain ways, have at least some plausibility.

According to the intimate relationship account, special obligations are grounded directly by special relationships that can be characterized as intimate

in a particular sense. An intimate relationship is one with the following features: (i) the parties to the relationship have mutual positive attitudes toward one another that are variants of liking or loving one another, (ii) the parties to the relationship care about one another more than they care about any person merely as a person and their interaction must have evidenced this concern in some way, (iii) the parties to the relationship must have a level of knowledge about one another that goes beyond in some way what a stranger or mere acquaintance would have, and (iv) the parties to the relationship must want to share time with one another and must have had some sort of direct causal contact.¹⁴

The sort of relationship that I have described – one where the parties know one another, have spent time together, like or love one another, and have a special concern for one another that they have shown in their behavior to one another – is familiar to us all, I think, as friendship. But these features can characterize our relationships to people whom we do not typically refer to as ‘friends,’ at least not in the first instance. For example, all of (i)–(iv) are present in my relationship with my mother, even though I never refer to my mother as ‘my friend.’ Part of the reason for this, I think, is that my mother is a unique friend – she gave birth to and raised me, and she was my mother before she was my friend. But whether we use the term ‘friend’ or not, what is important is that our relationships to our parents can share the features that we regard as significant in characterizing a friendship.

Appeal to the character of the relationship that I stand in to my mother as the grounds of my special obligations to her avoids the voluntarist worry and the consequentialist worry. We may not choose our intimate relationships in one clear act, but we do have choice over how we interact with other people, including our parents. Sometimes the choices are so natural for us that we do not even notice them, but that does not render them other than choices. It is true that we simply find ourselves in a position to develop an intimate relationship with our parents, but that is equally true of any of our friendships which grow from being neighbors, being colleagues, and so on. So, unlike duties of gratitude, obligations grounded in intimacy arise not merely from the choices of others but from our own choices. The special obligations arising from intimate relationships are not grounded in the value of such relationships or in value that arises, either necessarily or contingently, from such relationships. Thus, there is no worry about this view collapsing into consequentialism.

¹⁴ For further discussion of intimacy, see Jeske (2008, Chapter 3).

As I said in the previous section, I don't want to deny that we can have duties of gratitude to our parents, just as we can have duties of gratitude to our friends. But if we focus only on what our parents have done for us, we are focusing on only a small portion of our relationship with them. (The same would be true if we looked at special goods, but I am less convinced that we can make a case for duties grounded by special goods.) Consider again the case of my colleague who did a great deal to get and keep my career on track when I was an assistant professor. If that were all that there were to our relationship, then I would owe him a duty of gratitude, given that what he did went beyond the call of duty, was onerous and time-consuming, and even fulfilling the duties that he did have was something that not many people would carry out in such an excellent manner. However, this colleague and I have become very good friends, so our relationship involves more than just an exchange of benefits. I would be morally amiss if, at a moral level, I understood what I owed this colleague in the same way as what I owed to an anonymous donor who endowed a scholarship that allowed me to attend college.

In relationships between friends, we do things for one another not, usually, because the other has done something nice for us, but because the other is our friend, where being friends involves the features I listed above. After all, suppose my friend asks me to help with a quite onerous task – it would never occur me to say that, at this point in our relationship, I have done more for him than he has done for me, so I really have no obligation to help him. Similarly, I would not think that, if the exchange of benefits had been roughly equal up until this point, I now had him in my debt. He ought to help me in the future because I am his friend, not because he owes me a debt of gratitude. Again, if friends do undertake particularly onerous tasks for us, we might think that we have a duty of gratitude to them, but in most friendships, it is the friendship itself that takes moral priority, as it were. What I mean by that is that we have duties to our friends because they are our friends, and part of what we owe to our friends is to care for them and to nurture our friendship with them. Doing so often requires putting aside any sense that our friend ought to be grateful for what we do, not because gratitude is not appropriate but, rather, because allowing such thoughts to be too salient can be damaging to our friendship.

I think that these considerations apply to parent/child relationships as well, when they meet the conditions of an intimate relationship. In probably most of the parent/child relationships that come to meet the conditions for intimacy, the parent bestowed important benefits on the child in her youth and continuing into her adulthood. As with many friendships, the provision

of such benefits can provide the foundation or impetus for the intimacy that follows, just as my colleague's career aid paved the way for the ensuing friendship between us. But when an intimate relationship is built on the foundations of benefits bestowed, we have duties based on the relationship itself to care for the other party and to promote our relationship with them. Overemphasizing the benefits that our parents have bestowed upon us is to shortchange the breadth and depth of our intimacy with them (in those cases in which we are intimate with them). Given our intimate relationship with them, we ought to care for them, regardless of what good they have done for us in the past.

I want to be clear that my argument is not that the gratitude account is faulty because it misconstrues our actual motivations or the motivations that we ought to have to care for our parents. I think that the grounds of duties need not correspond to the content of the thoughts that motivate us to act so as to fulfill those duties. For example, in most cases involving healthy and strong friendships, one acts on one's friend's behalf not out of any thoughts of duty but simply out of love and concern. We act for similar reasons on behalf of our parents when we have strong intimate relationships with them. In fact, duty may require us to habituate ourselves to act directly from love or concern because doing so will strengthen our relationship. What I *am* arguing is that, in our practical deliberations about how to act with respect to our parents in those cases where we do explicitly deliberate, we need to think first and foremost about the nature of the entire relationship that we have with them, not just about what they have done to benefit us. If we reverse that priority, we will have a distorted understanding of the full range and nature of our obligations to them, and of why we have those obligations.

Implications for Public Policy

I have argued that in the context of parent/child relationships, there are no duties or obligations unique to that context. In other words, I have argued that it is not plausible to offer a non-deflationary account of filial duties. If one accepts that we have duties of gratitude, then it is plausible to suppose that many adult children have such duties to their parents. And, more importantly, in many cases parents and their adult children have duties to each other grounded on the intimate relationship (friendship, if you are willing to use that term) they stand in to one another. Do these conclusions

have any implications for public policy? Do they support a government policy that coerces adult children into caring for their needy and aged parents?

An important implication of the conclusion that there are no duties unique to the context of parent/child relationships is that whatever duties adult children have to their parents are likely to be present in other relationships as well. So, for example, I will have duties of gratitude to colleagues, students, friends, and so on. And I have intimate relationships with persons other than my parents. Further, there will certainly be adult children who have no duties of gratitude to their parents (think of neglectful or abusive parents) and some adult children will fail to develop intimate relationships with their parents – sometimes this can be a result of parents and children just being too different intellectually and/or emotionally.

So if we were to justify public policy requiring adult children to provide care for their needy parents on the basis of the obligations that the former have to the latter, we would then have the same justification for public policy enforcing other duties of gratitude and of friendship/intimacy. Few people, however, would support laws requiring friends to help each other move, for example, or requiring me to provide help to the colleague who supported my career to such a great extent. Why should we suppose that we are justified in legally enforcing such duties in the parent/child context but not in those other contexts?

Simon Keller offers two considerations which some might take to support regarding the parent/child relationship differently within a legal context. First, he suggests that we have more discretion with how and whether we continue relationships with friends who are not our parents than we do with how and whether we continue relationships with our parents. Second, he suggests that we owe quite a bit more to our parents than to our non-parental friends, claiming that, for example, we have a duty to pay medical bills for our parents but not for our friends (118–119). Thus, one might conclude, the law can seize financial resources from adult children in order to aid their parents but not their friends, because such financial assistance is owed to parents but not to friends. Also, even if adult children opt out of relationships with their parents, the law can still force them to aid their parents because, unlike with other friends, we as a society are entitled to assume that they ought not to have opted out.

I don't think that either of these considerations supports legal differentiation between parent/child relationships and other friendships. First, I think that parent/child relationships are highly diverse and each one is complicated in ways that outsiders would have a difficult time understanding. For some people, their relationships with friends are deeper and more central to their

lives than are their relationships with their parents, and we cannot make any judgment to the effect that they have ordered their intimate relationships incorrectly. And, second, it simply seems wrong to me to suppose that we can never owe friends financial assistance for something like medical care. Certainly, if a neighbor raised me while my parents were off partying, then that neighbor would be a friend to whom as much, if not more, was owed than many people owe to their parents. And why suppose that if I can readily spare money to get a friend medical treatment which she needs that I don't have an obligation to give her that money?

This is not to say that there might not be very good consequentialist reasons for enforcing adult children's duties to parents but not to other friends: it is easier to track such relationships, and it gives us some way to meet overwhelming public financial demands. The consequentialist might even urge us to disseminate the view that people have fundamental duties to care for their parents if doing so would increase public support for forcing adult children to contribute to the care of their elderly parents. But the consequentialist needs to notice that the parents who are likely to need help from their children are those from the lower- and lower-middle classes. So they are also likely to be those parents who had less in the way of financial resources to aid their children as they raised them. Such socio-economic factors have a significant role to play in the later class position of those children. So social policy forcing care for elderly parents is likely to be social policy that makes heavy financial demands of those least likely to be able to bear them with equanimity. The overall results of such policies, then, are likely to be greater inequality, even less social mobility, and high concentration of wealth in very few hands. The consequences of such a state of affairs need to be taken into consideration.

We also have to keep in mind that bringing the law into intimate relationships can be destructive: this is one reason people often give for keeping friendships beyond the law in many ways. As we consider our consequentialist reasons for getting adult children to pay for the care of their aged parents, we also need to consider our reasons for not damaging highly valuable relationships that give meaning to many of our lives and support our self-understandings in significant ways. Relationships are resources, intrinsically valuable resources, and we do not want to lose sight of their value and the importance of preserving them in our concern to fill public coffers.¹⁵

¹⁵ I would like to thank Richard Fumerton and Geoffrey Scarre for helpful comments on earlier drafts of this chapter.

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22

What do the Old Owe the Young?

Søren Holm

Introduction

The question of what, if anything,¹ the old owe the young is of interest in a wide range of policy contexts from questions of environmental sustainability to issues of the proper academic retirement age. In the industrialised world we live in societies where the average life expectancy is increasing quite quickly and this, alongside changes in family structure and reproduction, has led to a demographic transition where the historic population pyramid has turned into a tall, rectangular tower block (van de Kaa 1987). The societal problems, and to a much lesser extent the opportunities that this development has produced are often discussed as the problems of an ageing society. And, in this context the question of what the old owe the young has renewed relevance. Not least because some of the public discussions are quite alarming and couched in terms such as an ageing or demographic ‘time

¹ In the following, the ‘if anything’ qualifier will not be stated explicitly, but will be assumed unless this is specifically indicated.

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bomb' (Morris 2013, but see Mullan 2002, and Spijker & MacInnes 2013 for a more nuanced analysis).

But, before we can start answering the question of what the old owe the young it is necessary first to clarify what the question actually means, and how it is related to other similar questions.

The first similar question we need to distinguish is the question of what (old) parents owe their children. This is a different question for at least two reasons: 1) parental obligations have a specific genesis, and may be additional to other obligations that the old owe the young; and 2) not every old person is, or has been a parent. We also need to distinguish the related question of what all adults or society owe to (small) children because children are vulnerable and are not competent decision-makers. Small children are only a small subset of 'the young'.

The second question we need to distinguish is the question of what we owe to future generations. Again there are at least two reasons for making the distinction: 1) the obligations of the old to the young are obligations of old people who exist now to young people who exist now, and not obligations to unspecified future generations²; and 2) perhaps more tentatively, the obligations I have as an old person may be different from the obligations I have as a member of a specific generation.³ However, because discussions about inter-generational equity intersect substantially with the question of what the old owe the young, we will return to this issue later.

It is also important to realise that we cannot even begin to answer the question of what the old owe the young, without making what could be broadly called anthropological assumptions, and in this case specifically assumptions about the typical life course of humans (Holm 2007 & 2013). Our answer will, necessarily, be based on these assumptions, and this can be easily seen if we consider how different the answer would have to be if we considered the question in the hypothetical context of conscious adult mayflies or conscious mature redwood trees. Conscious adult mayflies that only live for a day in order to reproduce can, presumably, not have any obligations to young mayflies, since they cannot in any way affect the life of young mayflies.⁴ And, conscious mature

² Complications arising in relation to obligations to future, non-existing people, for instance in relation to Parfit's Repugnant Conclusion, do not arise here.

³ We also need to note that assigning a person to a particular generation is arbitrary in a way that assigning a birth year is not. Generations do not have non-arbitrary start and end dates, and any uniform duration stipulated for 'a generation' is also arbitrary. A person born in 1963 may thus, plausibly, belong to several overlapping generations.

⁴ They may have obligations towards the next generation of mayflies, although they are not contemporaneous with the next generation, or more abstract obligations towards the species, but these are not obligations that can properly be described as between the old and the young.

redwood trees will presumably have a set of obligations that are more long lasting (because of their lifespan), but at the same much more limited (because of their lack of ability to move and other impediments to action) than old humans have. This shows that there is no answer to the generic question of what the old owe the young, but only possible answers to the specific question of what old humans owe young humans. It might be argued that these are extreme examples, but that it not really the case. Even if we consider the great apes that are in many ways much closer to us in overall life course and are undoubtedly conscious beings, they would have a different set of obligations. Humans are, typically capable of transmitting culture, knowledge and wealth/resources in ways that far exceed the similar capabilities of the great apes, so the specific obligations of old humans to young humans will differ radically from the obligations of old great apes to young great apes, simply because the typical human life course is different.

This then raises the issue of what set of anthropological assumptions we should use as the basis for our analysis. Choosing a sparse set of assumptions will make the conclusions more general, and perhaps more secure, whereas choosing a fuller set, for instance more fully reflecting the typical life course of human beings living now, might make the conclusions more relevant to the here and now. In the following the argument will primarily rely on a reasonably sparse set of assumptions, including 1) human beings have a life course where different activities are (typically) performed in different parts of the life course, 2) some human beings decide to reproduce and parent, 3) old human beings have lived a life that span about 2–3 generations, that is, the youngest people contemporaneously alive could be their grandchildren or great grandchildren. The argument will not make any general assumptions concerning whether or not the old experience a biological or social decline.

In many arguments we will also have to make explicit assumptions about what we could call the general trajectory of the society in which the old and the young live. Is the general trajectory with regard to resources and welfare stable, trending upwards or trending downwards during the period in which the old person has lived? Was, for instance, the level of education or health care the same when the old person was young as it is now?

Finally, the question of what the old owe the young may have to be specified by context. There may be extreme contexts where older persons might have or might accept specific obligations, without these obligations necessarily transferring to other more normal contexts. Let us imagine that we can show that if a group is facing potentially lethal starvation, and one possible solution is for some members of the group to voluntarily withdraw from the group, that is, effectively commit suicide in order to reduce the

need for food, then the old members have an obligation to sacrifice themselves in this way for the group.⁵ Then, it still requires substantial further argument to show that a similar obligation is held by old people who, for instance, incur large health care costs in a modern industrialised society (*pace* Hardwig 1997).

In what follows we will consider four answers to the question of what, if anything the old owe the young. The four answers are

1. Nothing, or nothing special
2. Intergenerational fairness or equity
3. The prudential life-span account
4. Neo-Aristotelean⁶ virtuous old age

But before moving to the possible answers to the question, we need to consider whether the question is ill posed. The question relies on a juxtaposition of two groups of people, ‘the old’ and ‘the young’ and asks us to consider what one group owes to the other. But in what sense do these groups actually exist and/or make sense as morally important groups? We know that people have different chronological ages, and we know that we classify people as old and young (and with different terms in between), but we also know that our classification has changed over time as average lifespan has increased (Thane 2002), and that our conception of what being old means has changed as well. Many of those who were ‘old’ in the early 1900s would not yet be classified as ‘old’ in the early 2000s. So, whereas chronological age is a natural given, being ‘old’ is not. On the other hand there are biological and social differences between the old and young at the group level which indicate that even if the classification of persons into these groups is partly conventional and arbitrary, it does track underlying and potentially important differences. However, even if we accept that the groups are meaningful, belonging to one of these groups might not be morally important and might not be an adequate basis for ascribing specific duties and obligations. As we will see below there are plausible arguments that the old do have specific obligations as a group, but it is more questionable whether this entails that every old

⁵ Such as in the ‘Eskimo parricide example’ prominent in discussions of cultural relativism (Narveson 1982).

⁶ Pseudo-Aristotelean is perhaps a more accurate term, since Aristotle himself had nothing good to say about old age, and in general saw old age as a threat to the fully virtuous life (see below). But pseudo-Aristotelean has so many possible unwanted connotations that I have decided to use the more neutral terminology of Neo-Aristotelean.

person holds these obligations. The old are a very heterogeneous group with an enormously varied set of life histories and experiences, and this makes it implausible that any obligations at the group level automatically entail personal obligations for all people ascribed to the group, unless we either 1) operate with an ethical theory that denies the importance of the past or 2) all of the obligations can be claimed to be universal and unconditional.

Nothing, or Nothing Special

In philosophical discussions about what obligations grown up children have towards their parents, one position is that grown up children have no automatic obligations towards their parents, because 1) receiving benefits during childhood does not in and of itself create any reciprocal obligations, 2) the parents may merely have been doing their duty in providing benefits so are not owed anything in return and 3) biological connection does not in and of itself create any obligation (Blustein 1982, Daniels 1988, English 1992). On this view grown up children only have obligations if they have decided to have an ongoing relationship with their parents and have voluntarily decided to take on specific obligations.

If we accept this line of argument and apply it to the question of what obligations the old have to the young, it seems to lead to the conclusion that whereas parents may have obligations towards their own children, for example, because they decided to bring them into the world, or obligations related to the social role of being a parent, old persons do not as such have any obligations towards young persons that they do not have towards persons who are not young. The old should obviously respect the equal rights of the young and allow them full participation in society, but they should do this simply because the young are also persons and citizens who have these rights in equal measure and not because they are young or belong to a different generation.

Equal rights and participation can be interpreted in two ways, either as a narrow, formal principle, or as a wider more substantive principle. On the first, narrow reading equal rights and participation does not depend on equal or adequate access to resources to enable effective participation in society. You have equal rights and participation if there are no formal restrictions that affect your right to participate.

On the wider reading, you only have equal rights and participation if you can effectively participate. The wider reading will thus create obligations on society to ensure effective participation of the young, and the old will have a

correlative duty not to prevent the young from equal participation (i.e. a duty not to establish a *de jure* or *de facto* gerontocracy). The wider reading may also generate particular obligations to ensure that the young possess the necessary resources and education to participate equally in society but these obligations would fall on everyone and not particularly on the old (Barry 1997).

In the following discussion of positions holding that the old have substantive obligations towards the young, we will assume that the narrow equal rights and participation conclusion has been established.

We may also reach the conclusion that the old do not owe the young anything, or very little by a slightly different route. It is generally acknowledged in the literature that old age is typically associated with increased bodily, economic and social frailty (Wenger et al. 1996, Bortz 2002), and that the old seen as a group are therefore vulnerable, for instance, in relation to elder abuse (Schröder-Butterfill & Marianti 2006). If we accept this characterisation of the old as a group,⁷ it seems that the question we should try to answer is not what this vulnerable group owes to another similarly or less vulnerable group, but the reverse question, that is, what do the young owe the old, for instance, in terms of protection. This question is, however, the topic of other chapters in this book so will not be pursued here.

Intergenerational Equity

The most prominent approach in the literature is to frame the question of what the old owe the young as a question of intergenerational equity or fairness.⁸ We conceive of a succession of generations and the question becomes what generation x owes to generation $x+1$, $x+2$. . . $x+n$? In the analysis of this question, the separate question of whether the index generation, generation x , was treated fairly by generation $x-1$. . . $x-n$ is often bracketed. But whenever we think of a particular generation, and does not ask the question of intergenerational fairness in the abstract, it clearly matters whether that particular generation was treated fairly by the preceding generations and received what it was owed.

⁷ We may have reasons not to accept this characterisation of the old, and instead see it as a form of implicit or covert discriminatory ageism (Pain 1997, Holm 2013), but here we will accept it for the sake of argument.

⁸ I will here use intergenerational fairness and intergenerational equity as synonymous.

If an in principle answer to the question of intergenerational equity can be found, or stipulated, the problem of how to achieve it becomes tractable within the general framework of welfare economics. Many have answered the question in terms of different accounts of sustainability, and there is a large economic and philosophical literature on what implications different ways of conceptualising sustainability has for intergenerational transfers of resources. The widely diverging definitions of 'sustainability' have led some to despair and to claim that the concept is useless. But that is probably overstating the case. As Barry points out the disagreement may be more about what it is we should sustain, than about the concept that there is something valuable that ought to be sustained:

The core concept of sustainability is, I suggest, that there is some X whose value should be maintained, in as far as it lies within our power to do so, into the indefinite future. This leaves it open for discussion what the content of X should be. (Barry 1997, p. 50)

In the present context the question of what the old owe the young will thus be the question of what generation n owe to generations $n+1$ and $n+2$, and the in principle answer in terms of sustainability will be the maintenance of X, whatever X might be, for example, ecological resources, wealth, welfare, utility etc.⁹ This answer can be further specified by applying Foley's well-known economic concept of fairness as envy-freeness (Foley 1967). An allocation is fair, iff everyone feels that his or her allocated share is at least as good as any other share. Applied to generations, a generation can be 'defined as behaving sustainably if it does not expect to be envied by future generations' (Woodward 2000, p. 581).

It is well known that defining fairness purely as envy-freeness is problematic. As Sen points out the Indian day labourer may not envy the rich, but that is not because he has received his fair share, but because he has wrongly internalised a belief that people with his social status does not deserve much (Sen 1985). In the intergenerational case this may be a less problematic issue, especially if it is defined according to the expectations of the current generation as to the attitudes of future generations. Unless the current generation can be sure that it can inculcate a feeling in future generations that they do not deserve much, the only way it can guarantee future envy-freeness is by guaranteeing the maintenance of X. Never the less, we could

⁹The disagreements about what X is to a large extent mirror underlying fundamental disagreements in ethical theory and providing a definite account of what X should be is therefore beyond the scope of this chapter.

also want to add the rider that future envy-freeness must not be secured by manipulating future preferences.

Because our question is restricted to generations that currently exist and therefore actually interact, the answer that the old owe the young to ensure that the young have fair access to whatever X we see as important is significantly more secure than the same answer to the more general question of responsibility to generations far into the future. Doubts about whether it is meaningful to talk about obligations to (far) future, unspecified generations of unknown size and composition¹⁰ may affect our confidence in any answer to the general question. But, these doubts do not in any way affect the analysis of what old persons living now, owe to young persons living now.

Rawls considers the question of intergenerational fairness in 'A Theory of Justice' in a section entitled 'The Problem of Justice between Generations' and defines it, not as a question of sustainability but as a question of just savings, that is, how much should each generation save for the next. He approaches an answer by assuming that the parties behind the veil of ignorance represent family lines, that is, have some interests in the welfare of the next generations, and that 'the principle adopted must be such that they wish all earlier generations to have followed it' (Rawls 1999, p. 255). We can then think of each generation initially reaching an agreement with adjoining generations about a specific amount of savings, and this being abstracted and generalised into a savings principle. It might be thought that Rawls maxi-min approach to choice between the veil of ignorance would necessarily lead to the conclusion that all generations should have the same level of welfare (see for instance Solow 1974), but Rawls rejects this:

It is a natural fact that generations are spread out in time and actual economic benefits flow only in one direction. The situation is unalterable, and so the question of justice does not arise. What is just or unjust is how institutions deal with natural limitations and the way they are set up to take advantage of historical possibilities. Obviously if all generations are to gain (except perhaps the earlier ones), the parties must agree to a savings principle that insures that each generation receives its due from its predecessors and does its fair share for those to come. (Rawls 1999, p. 254)

Both in relation to sustainability and just savings, a specific issue arises in relation to discounting to future benefits and burdens, because even very

¹⁰ If the Transhuman imaginaries come to fruition the entities in these future generations may, for instance, not be anything like us.

moderate levels of discounting can have very large effects if the time span is significant, and the choice of discount rate can therefore have significant implications for what one generation owes another in specific terms. If we discount future benefits at just 1% per year, 1 unit of benefit that accrues in 120 years' time (≈ 4 generations) will only be worth 0.3 units of benefit now. And, at a more usual discount rate of 3.5%, the net current value of a benefit in 30 years' time, a time span clearly relevant to what the old owe the young, is only 34% of what it is now.¹¹ Rawls think that we can ignore this issue, since he sees no rational grounds for pure time preference (Rawls 1999, Ch5, section 45), but this is a highly controversial view (for an in-depth discussion in relation to intergenerational equity see the contributions in Portney & Weyant 1999).

The Prudential Life-Span Account

Norman Daniels has put forward the prudential life-span account as an alternative Rawlsian solution to the allocation of (primarily) health care resources between the young and the old. The basic idea is that instead of seeing this as an intergenerational question, it should be conceptualised and solved as a question of the prudential distribution of resources over a life-time. The question thus becomes, how would prudential Rawlsian decision-makers design institutions to distribute health care resources over their lifespans, behind a veil of ignorance?

This approach can plausibly be extended to answer the more general question of how decision-makers would distribute resources over their lifespans, behind a veil of ignorance. And this might provide an answer to what the old owe the young.

Such an answer will have two elements: 1) an account of what share of available resources should be allocated to the segment of a life where the person is properly characterised as 'old',¹² and 2) an account of the conditions under which the old may have to compensate the young for 'overspending'.

¹¹ The UK Government's official discount rates for projects with long-term costs and benefits are

Period of years	0–30	31–75	76–125	126–200	201–300	301+
Discount rate	3.5%	3.0%	2.5%	2.0%	1.5%	1.0%

(HM Treasury 2003, Appendix 6)

¹² This is one of the questions that cannot be answered in the abstract, but only if we assume certain features as typical of human lives.

In relation to health care Daniels' argues that the decision-makers will seek to design institutions that achieve fair equality of opportunity in relation to a conception of an 'age-relative normal opportunity range' (Daniels 1988, p. 74). Given certain facts about the typical human life span and the effectiveness of health care interventions, this will lead to institutions that allocate more resources to earlier life stages than to later life stages. Some life-prolonging health care interventions will only be available for the young and middle aged and not for the old.

Daniels also, but more briefly, considers the issue of income distribution over the life span (income taken as a proxy for the Rawlsian primary goods and total income taken to be fixed by the difference principle and other considerations of justice). Given that prudential decision-makers behind the veil of ignorance do not have any knowledge of their own life plans, they need to put into place an income distribution which allows them to pursue whatever life plan they might have at a given stage of life, and which allows for change in life plans. Daniels argues that this will lead them to choose an 'Income (or Standard of Life) Preservation Principle' (Daniels 1988, p. 121) allocating roughly equal income slices to each stage of life. A similar result showing that consumption smoothing over the lifespan is the optimal fiscal strategy for the societal allocation of resources can be derived from standard economic theory (Calvo & Obstfeld 1988).

On this account the old only owe something to the young if they appropriate more income in their old age than they are entitled to, and what they owe is restitution and/or a change in the social institutions that enables them to appropriate more than they are entitled to.

A situation where the old do appropriate more income or consumption than they are entitled to can come about if societal arrangements for distribution of income over the lifespan, for example, pension arrangements and retirement dates are not responsive to increases in life expectancy (for the economic treatment of this issue see Andersen 2014). However, we cannot directly apply the Income (or Standard of Life) Preservation Principle to this situation in any actual society, since we have no reason to believe that the actual total incomes of individuals or the old as a group even approximates the total incomes that they are entitled to under considerations of justice.

The prudential life-span account thus provides an in principle answer to the question of what the old owe the young, but very little practical guidance outside the health care context.

It is, perhaps, worth noting a more general point about the lack of specific practical guidance following from the prudential life-span account, because it is a problem that will affect many accounts of fairness between the young and

the old. The problem is simply that unless we can specify the background conditions of justice for a particular society we become unable to say whether or not the old are entitled to what they have *ex ante*, that is, prior to our consideration of the question of fair distribution between the young and the old. We may be able to answer the abstract question, but we cannot answer the specific, practical question relating to this particular society.

Neo-Aristotelean Old Age

Aristotle defines a virtue in the following way in the *Nicomachean Ethics*:

So virtue is a purposive disposition, lying in a mean that is relative to us and determined by a rational principle, and by that which a prudent man would use to determine it. It is a mean between two kinds of vice, one of excess and the other of deficiency. (Aristotle 1976, p. 101–102, (1106b36–1107a3))

And he defends an account of the virtuous man, where someone is only truly virtuous if he integrates in his character all those virtues that are appropriate to him and his role in life, and where virtue is necessary for human flourishing.

Many cultures have held that the old are specifically virtuous and likely to possess the virtue of wisdom. But Aristotle himself has no truck with such ideas. For him neither the young nor the old are, or can, be virtuous. Virtue only belongs to men in their prime and in the *Rhetoric* Aristotle has a long diatribe against the character of ‘elderly men’:

They are small-minded, because they have been humbled by life: their desires are set upon nothing more exalted or unusual than what will help them to keep alive. They are not generous, because money is one of the things they must have, and at the same time their experience has taught them how hard it is to get and how easy to lose. They are cowardly, and are always anticipating danger; unlike that of the young, who are warm-blooded, their temperament is chilly; old age has paved the way for cowardice; fear is, in fact, a form of chill.

[...]

Their sensual passions have either altogether gone or have lost their vigour: consequently they do not feel their passions much, and their actions are inspired less by what they do feel than by the love of gain. Hence men at this time of life are often supposed to have a self-controlled character; the fact is that their passions have slackened, and they are slaves to the love of gain. They guide their

lives by reasoning more than by moral feeling; reasoning being directed to utility and moral feeling to moral goodness. (Aristotle 2004, p. 85–86 (1389b24–1390a18))

But what can we say of the virtues and flourishing of the old, if we discount Aristotle's rather jaundiced account? In developing a neo-Aristotelean account of flourishing in old age we will try two radically different approaches, one based on Aristotle's basic aretaic framework but discarding his own views of the possibility of virtue in old age, and one taking its point of departure in take our point of departure in the new natural law tradition.

If we assume that the old can be virtuous, are there then any specific virtues that the old should endeavour to cultivate? All of the classical intellectual virtues (theoretical knowledge (*episteme*), practical knowledge (*techne*), practical wisdom (*phronesis*), intellect (*nous*) and wisdom (*sophia*)) are valuable during the whole of adult life, and one should presumably not wait until old age to cultivate wisdom or practical knowledge. Although, if a person has not yet become wise etc. when he enters old age, he should still strive to attain these virtues.

So are there any non-intellectual virtues that are particularly appropriate to old age?¹³ Or, any more specific versions of the intellectual virtues? Let us first note that the old person who possesses the intellectual virtues is (*pace* Aristotle) in a better position to exercise the virtues and act rightly, because she has a larger bank of experience to draw upon. But this still does not give us any distinctive virtues for old age.

The feminist philosopher Sara Ruddick has suggested that the virtues of old age are relational and include curiosity, capacity for delight, concern for others, capacity to forgive, capacity to accept, adjust and appreciate, and 'wise independence' (Ruddick 1999).

This list of virtues can to some extent be seen as a list of good responses to the biological and social deprecations and challenges of old age in modern society, but it is debatable whether they are all virtues in an Aristotelean sense and to what extent they should be cultivated by healthy and prosperous old people. So we still need to ask whether there are any obligations that the old would have in a context where they stayed healthy and socially integrated.

¹³ We are not trying to find virtues that are unique to old age, just virtues that are either more likely to be cultivated in old age, or more likely to be valuable in old age.

There are two features that characterise old age, independent of any biological and social decline: 1) When you are old you have already lived a long time, and is likely to have a more diverse range of experiences; and 2) the amount of life you can reasonably expect to have in the future is more limited. Can we plausibly derive virtues from 1 and in response to 2?

Having lived longer and through many stages of life may provide a better opportunity to situate yourself in relation to a full human life, and better understand how each stage of life fits into the overall narrative arch from birth to death. The character disposition that would respond to this epistemic advantage is perhaps a specific version of *phronesis*, *in casu* the ability to judge correctly whether claims made about or on behalf of a specific age group are correct. When the young are maligned, the middle aged demand more, or the old feel nostalgic the person in possession of the virtue of *gerontophronesis* is able to rise above her own situatedness to judge the validity of the claim and to choose the appropriate response. This is undoubtedly not something that comes natural, but a virtue that need to be cultivated by attention to the many different ways in which people move through life.

If we take our point of departure not in Aristotle's virtue theory, but in modern developments of his teleological ideas, that is, the new natural law framework, we get a quite different approach. There are a number of versions of new natural law, but here we will focus on what is arguably the most well-known, that is, John Finnis' identification of seven basic goods in human life: life, knowledge, friendship, play, aesthetic experience, spirituality/religion and practical reasonableness (Finnis 1980).¹⁴ How should the old interact with these goods and what are the implications for how the old ought to act in relation to the young?¹⁵

Finnis claims that it is only by pursuing a combination of all of the basic goods that a person can flourish fully. Just as other segments of life, being old may present challenges in relation to all of the seven basic goods, and these challenges will in the individual case partly be determined by choices made in the past that have contributed to forming who and what I am. Within the scope of this chapter we are not able to give a full account of the proper response to these challenges for each of the seven basic goods, and there is already a substantial literature on some of them in relation to end-of-life

¹⁴ I do not take this to be the definitive list of basic goods, and almost all non-religious philosophers are deeply sceptical about the sixth good, but an in-depth discussion of the basic goods is outside the scope of this chapter.

¹⁵ Within a neo-Aristotelean framework it may not be appropriate to talk about 'owing' or 'obligation', but more appropriate to talk about the right disposition and the appropriate (because virtuous) action.

decision making (see the exchange between John Finnis and John Harris in Keown 1997). So, we will here focus on just two of the basic goods, knowledge and friendship.

The old have, by definition, lived a long time and have had the opportunity to accumulate knowledge, in terms of both ‘knowing that’ and ‘knowing how’. Some of this knowledge may have become obsolete, and there may be important new knowledge that they have not yet acquired. But, the old are still likely to know many things that the young do not yet know, and which it would be valuable for them to know. Given that it is wrong to thwart the pursuit of any of the basic goods in other people, this creates a minimal obligation to help and share knowledge with any young person who pursues knowledge, and may plausibly create obligations to actively engage with young people to ensure that important knowledge is transmitted and not lost.

People often lose friends in old age, simply because their friends die. But this clearly does not entail that the basic good of friendship is closed to them, even if they have lost all their friends. Friendship can still be pursued with other old people, or with the young. This again, minimally implies an openness to respond positively to offers of friendship from the young.

A more general conclusion can be drawn from these two brief expositions. Pursuing the basic goods of human life is eminently possible in old age and will often involve interaction with the young. One central virtue of the old can therefore perhaps be described as openness towards the young.

What Do the Old Owe the Young?

So, what, if anything, do the old owe the young? The analysis in this chapter has shown that the old do have a set of both formal and substantive obligations towards the young. Some are owed simply because the young are also persons and citizens, some because the specifics of human life and human societies place the old in a particular position in relation to the young. Not surprisingly different ways of analysing the question gives rise to different answers, but as we have seen there is some significant commonality between the answers. Let us briefly summarise these obligations. The old owe the young:

- Equal respect and equal rights
- Fairness
 - Equal societal participation

- Fair distribution of resources and consumption
- Fair (*geronto-phronetic*) assessment of claims
- The benefit of their friendship and knowledge

It is important to see that all of these obligations can, and should be reciprocated by the young. The young, for instance, owe the old equal respect and equal rights, and they owe them to respond appropriately to offers of friendship. There is a significant symmetry at play here which may be obscured if we think of persons primarily by their age group as young or old, and not primarily as persons.

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23

Benefactors or Burdens? The Social Role of the Old

Andreas Kruse

Introduction: Weaknesses and Strengths of Human Existence in Old Age

In old age, people are increasingly confronted with not just vulnerability, but also the transience and finiteness of their existence. Out of this confrontation grow the demands on the individuals themselves – namely the timely self-adjusting to this aspect of the *conditio humana*, as well as the reflected dealing herewith, which is also to be understood in the sense of the self-design of existence.

This confrontation also encompasses demands on society and culture – whereby one aspect is the medical-rehabilitative, nursing and social support of the elderly, and the other a public discourse in which the dignity of human life in the light of vulnerability, transience and finitude is particularly emphasised. The latter demand illustrates quite plainly the necessity to replace the concept of ‘forever young’ with another opposing one, that is, as comprehensive as possible a concept which recognises both the strengths and the weaknesses of human existence, as well as encouraging a respectful understanding of human life. It is only against the background of such an approach to existence that a differentiated view of age becomes possible, one

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which, in addition to the physical limitations, perceives the mental and spiritual potentials that emerge in old age – under the precondition that old people, even if their vulnerability and transience become ever more clearly recognisable, will still be given the opportunity to interact with other people and to express this mental and spiritual potential.

This also demonstrates how important it is that age is not interpreted solely in the sense of (physical) weaknesses and requirements which are directed at society, but also in the sense of (mental and spiritual) strengths which are connected (or may be connected) to this and which are an asset for society. These strengths predominantly become a social and cultural gain when older people's need or motivation to shape the public space, to worry about and care for other (especially young) people is respected and taken seriously. It is the exchange of received and given care which is so important for the preservation of the quality of life and well-being in old age.

These statements are also intended to make clear that a differentiated, yet comprehensive, approach to age connects two perspectives: the vulnerability perspective and the potentiality perspective. The integration of these two perspectives in considering and addressing an old person also leads to a more nuanced and broader view of the care and the care structures in a society: on the one hand, we see old people as those who require care; on the other hand, we perceive them as those who provide care, as those who take an active part in the care structures ('caring communities') or at least could, were we to let them.

This chapter will first define 'active ageing'. At the heart of the definition are the activities which provide meaning to the individual on a personal level, independent and autonomous living and the acceptance of shared responsibility. The chapter argues that from the point of view of the individual, the experience of being respected and valued as well as needed by other people is a central influencing factor when it comes to achieving a sense of contentment with one's life and of well-being. In addition, this definition of 'active ageing' itself demonstrates how important it is that people even in old age not only receive help but are also able to give help: the balance between help given and help received is similarly of great significance for contentment and well-being. In a further step, central psychological qualities of old age are considered in detail. These include generativity, ego-integrity and gerotranscendence.

Generativity refers to the motive of the older person to work for subsequent generations, supporting them in their personal development and enriching their experience; this is achieved through instrumental as well as emotional and intellectual forms of support. I-integrity means the older

person looking back over their life, reviewing their readiness and ability to accept the positive as well as negative sides of their own biography; this forms the basis for an affirming perspective on life which is also defined by an acceptance of the person's own finitude and transience. Gerotranscendence finally describes the individual's ability to see beyond themselves, that is, to grasp that their own life stands in relation to things which point beyond their own physical existence. This refers not only to a cosmic relationship but also to life as it continues in subsequent generations, after their own death. I shall argue that these psychological qualities of old age should be interpreted in terms of development potentials which also persist when an individual's physical (and in part also cognitive) vulnerability comes more and more to the fore. For it is essential to integrate the perspective of vulnerability (i.e. the perception of physical and in part also cognitive damage) and the perspective of potential (i.e. the perception of psychological qualities in old age) to achieve a comprehensive view of old age. This also means giving up a perspective which stresses *only* vulnerability or *only* potential in old age.

Finally, the results of a comprehensive study are discussed in which very old people were given the opportunity to describe their central themes of life and types of care in detail and to illustrate these with examples. These results show how important it is to observe vulnerability and potential together and to develop an understanding of care structures which views old people as care-receivers on the one hand, and as care-givers on the other.

Active Ageing in Individual and Societal Perspective

Associating successful ageing with maintenance of activity has a long tradition in gerontology. Already in the 1960s, in the context of the classical controversy over propositions of disengagement theory, decreases in social roles and functions were interpreted as primarily reflecting prevalent misconceptions of old age and ageing, ageist stereotypes and attitudes that contaminate external perception as well as self-conceptions and development of competences. Although this line of reasoning obviously neglects the significance of economic, political and social structures, as well as differences between individuals, the hypothesised relationships between role activity, self-concept and satisfaction with life are still important for understanding positive or successful ageing.

More recent gerontological theories make clear that role-activity in younger ages is a significant moderator of the relationship between older

people's actual activity in specific social roles, satisfaction with these roles and satisfaction with life. From the perspective of continuity theory (Atchley 1989) what predicts satisfaction and well-being is not the number of available roles and activities but the possibility of establishing self-consistency via maintaining or substituting activities important for the self: those older people who in younger ages identified themselves with specific social roles regularly benefit from continued role activity, whereas others sometimes benefit from disengagement. Likewise, socio-emotional selectivity theory (Carstensen et al. 1999) explains how decreases in social contacts and social roles can have different outcomes depending on how older people succeed in satisfying individual motives for emotion-regulation, identity and information. Following this perspective the aforementioned motives change gradually over the lifespan. Because of a more limited future time perspective, emotional meaningful relationships become more and instrumental relationships become less important. Since people select among available relationships and activities, decreases in social roles sometimes reflect processes of optimisation.

The modern understanding of active ageing not least developed from a shift in research focus from questions of old age to questions of ageing. Human development is conceptualised as a life-long process, a dynamic and continuous interplay of age-connected and age-independent developmental factors, with people explicitly conceived of as agents of their own development. Taking a primarily individual perspective, modern concepts of active ageing can be understood as preventive concepts: by continuous engagement in personally meaningful relationships and contexts and systematic use of chances and opportunities, physical, psychological and social losses and deficits can be prevented or at least substantially delayed. Referring to a more comprehensive understanding of productivity – that is, considering intellectual, emotional and motivational expressions of productivity in higher age-groups – it can be further argued that even when suffering from severe physical losses and lack of independency, people still have options to use capabilities and options to be productive for others or society as a whole (Kessler et al. 2014). Taking a primarily societal perspective, modern concepts of active ageing can be understood as a means to use the life competencies of the old as a human capital for society (Kalache & Gatti 2003). Particularly when the age profile of a population is rising, social prosperity cannot be maintained by utilisation alone of the potentials of younger people. As a consequence of an ageing labour force, companies' competitiveness depends more and more on their ability to recognise, support and effectively use older employees' potentials for innovation and creativity. In order better to make use of the work-related competencies of

older employees, it is necessary to create appropriate conditions within the working environment. These conditions include relieving older employees of primarily speed-orientated jobs and instead assigning those which require the competencies born of experience of the operations of the company, including mentoring roles. That means that older employees take on increasing responsibility for the training and induction of younger employees, thus making available their knowledge for intergenerational transfer within the company. This is why generational teams or generational tandems are a significant prerequisite for growing creativity and productivity.

However, the discourse regarding competencies in old age should not be limited to the world of work; rather, older people can bring their competencies to bear in broad areas of civil society – and do so in many highly creative and productive ways.

The significance of active ageing for meeting the challenges of an ageing population has been elucidated from an individual, as well as from a societal perspective. Taking an individual perspective, maintaining activity in later years is linked to successful ageing because of empirical relationships to positive self-perception, satisfaction with life and the development of competencies, whereas, from a societal perspective, active ageing implies usage of older people's life competencies as a human capital of society – a societal imperative, particularly in times of demographic change, but also more basically substantiated in an ethics of responsibility, intergenerational solidarity and equity. However, inspired by theoretical contributions and empirical results suggesting a distinction between a 'third' and a 'fourth age' (Baltes & Smith 2003), that is, one period primarily associated with the successful compensation of losses and maintained adaptive capacity and one period primarily associated with increased losses, deficits and enhanced vulnerability, discussion of old age potential for society has tended to focus one-sidedly on the 'young old', whereas actual and possible contributions of the 'old old' to social cohesion and development of society are regularly overlooked or ignored in public and scientific discourse.

Taking an anthropological perspective, I argue that a comprehensive understanding of old age must consider potentials *and* vulnerability, aspirations, possibilities and the limits of self-design and world-design, that is, how the ageing person participates in society and takes responsibility for self and others, not only in the so-called third, but also in the fourth age (Kruse & Schmitt 2015). This chapter is intended to show how, even in very old age, shared responsibility, particularly in the form of intergenerational engagement, is both a potential for society and an important individual motivation. Even if in old age physical (and in part also cognitive) vulnerability is increasingly obvious,

this must not lead to the assumption that older people can no longer contribute to the development of human capital and to our cultural heritage (Carstensen & Löckenhoff 2004). The passing on of collective and personal knowledge, an instrumental and emotional commitment to the following generations, a readiness to speak with younger people about topics of central significance for life in old age, including hopes and fears about one's personal future as well as those concerning the future of mankind, are significant contributions to the development of human capital and cultural heritage. A readiness to allow younger people to participate in the personal management and handling of chronic illnesses, pain and a need for help and support can also be perceived as a contribution of this kind. The expression 'Suffering is learning – for ourselves as for others', traced back to Dionysius of Halicarnassus (54 B.C. to 7 A.D.), expresses this particular cultural potential of old age.

The discussion of prominent perspectives on personality development in old age draws attention to the importance of intergenerational contact and identification with the succeeding generations for the understanding of self and the world in very old age, not only in terms of continued development (Erikson 1982), but also in terms of a shift in meta-perspective as a potential endpoint of personality development reached only in very old age. Theoretical contributions and empirical results suggest that generativity – here understood as the readiness of the individual to work for younger generations and to promote their personal development – does not involve, as has sometimes been thought, a painful mid-life psychosocial crisis in which one confronts a future of diminishing personal importance; and indeed generativity is more a lifelong concern than a life-stage specific developmental task (McAdams et al. 2006). Proceeding from the background of the aforementioned contributions, it can be hypothesised that the understanding of self and world in very old age – as reflected in the concepts of life structures (Levinson 1986) – is basically informed by aspirations, possibilities and the limits of participation and shared responsibility, not least in intergenerational relationships.

Generativity

From both an individual and a societal perspective, leading a good life in old age involves social participation. According to Hannah Arendt (1958), this means maintaining appropriate access to the public sphere, that is, having opportunities to establish and maintain social relationships, to work for the fulfilment of interests and preferences of self and others, to take responsibility and to actively contribute to the further development of society. Most people

interpret these kinds of opportunities as a source of belongingness, purpose and meaning in life, subjective well-being and quality of life (George 2006). I understand the individual's ability and motivation to empathise with other people, to contribute to the fulfilment of other people's needs and to engage with society as a whole, sharing in a joint responsibility as a basis for increasing the human capital of a society and thus as a contribution to social solidarity.

In my own research, I use the psychological construct of generativity, which was described by Erik H. Erikson as the central topic of the seventh of eight psychosocial crises in the lifelong development of ego-identity. Here I assume that generativity does not – as assumed by Erikson – appear as a significant motive only in middle age but also in older and old age. Considering the fact that in older and old age the inner struggle with one's own finitude and transience once again increases in significance, it may be assumed that generativity again also increases because one's experience of finitude and transience comes up against the question of the extent to which we are able even after our own death to continue living in future generations – even if only symbolically.

According to Erikson (1963), the realisation of generativity becomes an important developmental task in middle adulthood in the seventh of a total of eight psychosocial crises. Generativity can be defined as 'concern in establishing and guiding the next generation' (p. 267). As such, generativity is related to, but also conceptually distinguished from, the concepts of empathy, altruism and intergenerational solidarity. In our understanding, the term 'empathy' accentuates the capacity to be affected by and share the emotional state of another, whereas the term 'altruism' refers to behaviour that benefits a recipient at a cost to the actor (de Waal 2008). Intergenerational solidarity can be defined in terms of social cohesion between generations. Generativity can reflect individual needs, social norms or both. Ideally, generative behaviour proceeds from an empathic understanding of the needs, interests and preferences of the younger generation. However, concerns for the next generation do not necessarily reflect the perspectives of younger people. Even if generative behaviour is frequently traced back to the readiness of older and old people to work for the good of future generations, engagement for younger generations can reflect selfish, as well as altruistic motives. Basically, generativity is motivated by a sense of intergenerational solidarity – by the desire to maintain and strengthen intergenerational ties. However, generative behaviour is not always requested and accepted by younger people.

Erikson emphasised how the term relates to productivity and creativity, even though his understanding of generativity primarily focused on family relationships, particularly on the bearing and raising of children. However, in

his psychoanalytically inspired biographies of Martin Luther (Erikson 1958) and Mahatma Gandhi (Erikson 1969), he already considered extra-familial realisations of generativity in the public sphere that might be regarded as the most productive and creative forms of generativity. Today, generativity is no longer understood as a concept 'within' the individual, but as a relational and multiply contextualised construct that links the person to the social world.

My understanding of generativity follows the conceptual and methodological framework provided by McAdams (McAdams et al. 2006). From this perspective, there are two motivational sources of generativity, namely, cultural demand and inner desire. The structures that permit opportunities for generativity within a society also reveal much about the structure of a society and its normative development requirements on each individual (Riley et al. 1992). In this context, it should also be considered that cultural demand for generativity can substantially change over time; thus against the background of demographic change, the interest in the possibilities and preconditions of development and the effective use of the strengths and potentials of old age has grown worldwide. However, generativity is not only prompted by society, as it is not just societies that benefit from generative action. 'Inner desire', as a second motivational source of generativity, refers to two complementary basic human needs: a 'need to be needed' in the context of one's meaningful relations to others, and a need for 'symbolic immortality' achieved by investing resources and potentials into things that outlive the self. The aforementioned motivational sources are reflected in two further facets of generativity, namely, a conscious concern for the next generation and a commitment to take responsibility for it. The translation of concern and commitment into generative action depends on what has been described by Erikson (Erikson et al. 1986) as 'belief in the species', that is, the placing of 'hope in the advancement and betterment of human life in succeeding generations, even in the face of strong evidence of human destructiveness and deprivation' (McAdams & de St.Aubin 1992). Moreover, generativity is conceived within the larger context of the life-story theory of adult identity. From this perspective, adults construct and try to live out a 'generativity script' which not only reflects past generative action, but is also important for current generative concerns and commitments.

That generativity is an important individual concern not only in middle adulthood but also in younger and particularly older age groups, and that it should be understood not merely as an age-dependent developmental task but as a component in broader forms of shared social responsibility, are ideas supported by a study which I carried out myself and which is described more fully in Section "Themes of life and types of care: an empirical approach".

Going beyond the theoretical contributions of Erikson and McAdams, I argue that generativity is an important concern not only in the third, but also in the fourth age; sometimes increasing vulnerability might even trigger additional motives for generativity. In the context of my research on the quality of life of people suffering from dementia (Kruse 2010), I found evidence that generativity is an important individual concern for a substantial number of participants. Generativity concerns in these people became apparent particularly in their own reports about the disease. Patients intended to give closely related people insights into vulnerability not only to enable them to understand the losses of control, challenging behaviours and variation in emotions (which care-givers often attribute to the inadequacy of their own behaviour), but also to offer insights into the processes for coping with this limit situation of human life.

Developmental Necessities and Respective Potentials of Old Age: Ego-integrity and Gerotranscendence

In presenting his ‘philosophy of the present’, George Herbert Mead wrote ‘We speak of the past as final and irrevocable. There is nothing that is less so . . . the past (or some meaningful structure of the past) is as hypothetical as the future’ (Mead 1932, p. 12). Life is organised and structured by people themselves, even in adolescence people begin to create a coherent life story which – in normal circumstances – increasingly becomes a definite story, a basis for reconstructing and understanding the past, for interpreting and evaluating the present, as well as for anticipating the future, setting aims, making plans, goal pursuit and goal adjustment (Birren & Schroots 2006). In psychology, there has long been controversy as to whether self-consistency is an even more important need than self-respect and self-enhancement, since coping with stress and challenges or more general self-regulation processes seem impossible without establishing and maintaining at least some kind of continuity (Seih et al. 2013).

Ego-Integrity

Following the lifespan developmental theory of Erikson (Erikson et al. 1986), establishing ego-integrity in the context of life-review is an indispensable task at the end of human life; if people do not succeed in confronting

this task, it is expected they will suffer from despair and a feeling of disgust towards themselves. This last psychosocial crisis is initiated by changes in the situation of older people at the end of life and further reinforced by social demand. Ego-integrity is conceptualised as a positive ending point of lifelong identity development, with identity defined as the awareness of self-sameness and continuity. Reaching ego-integrity implies the ability to accept one's life as a whole, including lost opportunities and unfulfilled aspirations and expectations: 'In brief, successful resolution of the eighth stage takes place when the individual can accept what has gone before as inevitable and satisfying, and can also accept without fear that death will probably occur in the not too distant future. This will result in ego-integrity. If a person feels that his or her life has been a failure, and that it is too late to start in a new direction, then he or she will be filled with despair' (Brown & Lewis 2003, p. 416).

In this context, two aspects of identity become particularly important: (a) Identity – in the sense of the understanding a person has of himself or herself and his/her own development – is established in the context of narration. Adults define themselves and their position in society in terms of a life story that provides life with unity, purpose and meaning. Specific events and developments do not have an impact on individual identity in itself, instead they are selected from a multitude of possible relevant events and developments (which moreover can be interpreted and evaluated in very different ways) and integrated into a coherent story (which, starting from early adulthood, increasingly becomes a definite story) which then forms the principal basis for the understanding of not only recent, but also past events and developments. (b) Identity develops and becomes important in social interaction. Although referring to an individual understanding a person has of himself or herself, identity in old age cannot be understood without considering social representations of old age and ageing, societal expectations and the availability of social roles and opportunity structures, for example, in the sense of a 'generalised other' or a 'Me' representing societal expectations and values (Mead 1934). As a consequence, processes of social change can have a profound impact on individual identity.

The philosophy of Emmanuel Lévinas (see Lévinas 1991) accentuates the unconditional demand of the other as having priority over one's own demands. The privileged position of the subject is given up here in favour of the primordial encounter with the other; the revelation of the other is seen not as a consequence, but as a basic cause of subjectivity. Following Lévinas, responsibility for the other is a precondition of our experience of self and world. The subject is seen as subjected to the other. This approach to

anthropology constitutes a remarkable basis for a comprehensive understanding of the life situation of older people who, by realising kindly intended care, might find it possible to accept and creatively live their own vulnerability and finitude – with deepened self-reflection bringing to light knowledge and insights which can be brought into, and enrich, social relationships (particularly with younger generations).

Gerotranscendence

In a posthumous, extended version of Erik Erikson's *The Life Cycle Completed* (1998), his wife and collaborator, Joan Erikson, further developed the theory of lifelong development of the ego-identity by adding a ninth stage which, she believed, had been overlooked in the original theory. Reflecting on her own experience of ageing, the later years of her husband and her perusal of her husband's annotated copy of the book, she stated that 'old age in one's 80s and 90s brings with it new demands, re-evaluations and daily difficulties. These concerns can only be adequately discussed, and confronted, by designating a new ninth stage to clarify the challenges' (Erikson 1998, p. 105).

Following the extension by Joan Erikson, the ninth psychosocial crisis can be described as again confronting the previously resolved crisis, now accentuating no longer the syntonetic, but instead the diastolic pole of the respective continuum. The term 'syntonetic pole' means that the individual identifies with all characteristics and is able to assume them as a part of himself or herself. The term 'diastolic pole' means that the individual is not able to identify with the characteristics and interprets them as something foreign. Joan Erikson speaks here of a 'continuum' since there are individuals who interpret and assume some characteristics as a part of themselves and others as not: these seem 'foreign' to them since they are not in harmony with their own self-definition. Joan Erikson placed the dystonic element first in order (e.g. 'mistrust' in the earliest psychosocial crisis) 'to underscore its prominence and potency' (Erikson 1998, p. 196):

With the first stage, basic trust versus basic mistrust, for example, placing the syntonetic element (i.e. trust) first, supports the potential for development in that the infant develops an ego strength of trust if and when this stage is favourably resolved. In later life, with a growing awareness of mental and physical decline, the increasingly frail older person may begin to lose trust in his or her ability to maintain independence, and so there is again a crisis involving the same feature. (Brown & Lewis 2003, p. 418)

By integrating the dystonic elements in a consistent and acceptable view of self and world, older people have the potential for further psychological growth which is conceptualised by drawing extensively on the theory of gerotranscendence (Tornstam 1989). This theory suggests that living into old age and facing its challenges can initiate further personality growth in terms of a shift in meta-perspective from a materialistic and rational view, to a more cosmic and transcendent one, regularly accompanied by an increase in life satisfaction.

The theory of gerotranscendence postulates an age-increasing willingness to incorporate one's own life into comprehensive (or 'full') terms of reference, placing one's own existence in a more comprehensive order. This may be a cosmic order but can also be the order of the generations: in the latter case the individual is convinced that he or she will – symbolically – live on in future generations even once he or she is dead. In addition the individual is also convinced that members of previous generations live on in himself or herself. Being beyond oneself – as the key element of gerotranscendence – encompasses the feeling of being absorbed into other people's lives (especially into the life of younger generations), as well as the feeling of being embedded in an extensive context or cosmic order. When characterising gerotranscendence, it is helpful to take up the distinction between life time (*Lebenszeit*) and universal time (*Weltzeit*) that has been introduced by Blumenberg (1986). Differentiating between individual life time and cosmic universal time is highlighting the human being's motive for 'transcendence' that can be defined as the motive for feeling embedded in a cosmic order in which he or she can trust. Gerotranscendence is also discussed in the context of religiosity or spirituality – empirical results point to the increasing willingness of the elderly to interpret their own lives from a universal perspective in cases of a positively evaluated religious socialisation. The universal perspective in this case not only refers to a cosmic transcendence but also includes the advance towards generativity, the identification with younger people's lives enabling one to feel with them, share their concerns, motivate and support them.

Life Issues and Life Structures

Life issues are dominant concerns, goals, attitudes and perspectives that are formed in the context of continuous involvement in the tasks, challenges and possibilities of changing life situations. Following Hans Thomae (1996), the total structure of life issues is the preferable reference point of a comprehensive analysis of individual behaviour and experience; that is, behaviour and

experience in a specific situation cannot be understood adequately without a knowledge of basic beliefs, concerns and goals. Life issues do not constitute stable personality traits. Instead, they are conceptualised as dynamic qualities where personality is understood as a process. Life issues condense biographical experience, but nevertheless can – and regularly do – change under the impression of new experience.

Analysis of life issues basically ensues from a biographical perspective, seeking to identify processes that brought about ‘chronic’ (outlasting) thematic structures, as well as processes that initiated changes in the respective structures and the degree of openness of a given personality for new experiences which might initiate further changes in the thematic structure. This understanding of life issues comes close to the construct of life structures introduced by Daniel Levinson (1986). By this Levinson intends the underlying pattern or design of a person’s life at a given time. He clarifies the meaning of this concept by contrasting it with the concept of personality structure: theories of the latter are described as ways of conceptualising answers to the question ‘What kind of person am I?’, whereas theories of the former are described as conceptualising answers to a different question, namely, ‘What is my life like now?’. Constituting a ‘mediating zone between personality structure and social structure’, the concept of life structure takes both a developmental and a socialisation perspective on human development:

Because the life structure is not solely a property of the individual, its evolution cannot be understood from an intra-organismic, developmental perspective. Because the life structure is not simply a matter of externally imposed events and roles, its evolution cannot be understood simply from a socialisation perspective. It is necessary, instead, to create a new perspective that combines development and socialisation and that draws equally on biology, psychology and social sciences, as well as on the humanities. (Levinson 1986, p. 13)

The central components of the life structure make up the subjective meaningful relationships of the individual to ‘various others’ in the external world. ‘Various others’ can take the form of other people, a group, an institution, a culture or a particular place. According to Levinson, significant relationships require the following condition as a starting point: there is a high level of investment of the self in the relationship, and, furthermore, the self experiences enrichment in the relationship, for example, encouragement and stimulation, as a result of which it can adjust itself further. Consequently, ‘The central components are those that have the greatest significance for the self and the evolving life course’ (Levinson 1986, p. 13).

Themes of Life and Types of Care: An Empirical Approach

Let me now turn to a study in which I analysed the themes of life and types of care in old and very old age (Kruse & Schmitt 2015). The results of this study are presented here in detail because they illustrate how important the integration of the vulnerability and potential perspectives are in the experience of very old people, how much they want care structures in which they receive support whilst, at the same time, give support. The results also make clear quite how much experiences of loneliness and the lack of design possibilities of the social world are perceived as a burden and a loss in the quality of life.

The fourth stage of life (85 years of age and older) is, in gerontology research, primarily analysed and discussed from the perspective of vulnerability. However, in my study of the very old, the focus is on two different questions: first, to what extent do those people in their fourth stage of life look for opportunities for civic engagement, that is, to committing themselves to helping and supporting others? And second, in which broader thematic context do they make this commitment?

A total of 400 people, 264 women and 136 men, aged 85 years and older participated in the survey; 260 (65%) were between 85 and 89 years, 108 (27%) between 90 and 94 years, and 32 (8%) between 95 and 99 years old. Of them, 232 participants (58%) were widowed, 120 (30%) married, 28 (7%) single and 20 (5%) divorced. Educational status was high for 27%, middle for 48%, rather low for 17% and low for 8% of the sample. Among the participants, 74% lived in private households, 11% in a residential home and 15% in a nursing home. Further, 69% came from urban areas, 31% from rural areas. At the time of the interview, 21% of the participants depended on care. It should be noted that this sample was not a representative random sample of old age. This was an extensive study in which the participants were limited to those whose physical and mental health permitted them to take part in an interview lasting several hours. For this reason the proportion of people in need of extensive help or care was lower in this sample than would be the case in a representative sample. Of the study participants, 51% considered themselves as engaged for other people (time used for this engagement ranged from 4 to 14 hours a week). Among them, 16% stated that they had never been committed to civic engagement, 54% reported commitment until the fourth age (from 80/85 years), 18% until the third age (from 60/65 years) and 12% started new civic engagement in the ninth decade. The criterion for inclusion was the ability and willingness to participate in an interview focusing on biography and intergenerational relationships; an exclusion criterion was evidence of dementia (in eight cases, interviews had to be terminated and other subjects substituted).

Life Issues

Figure 23.1 gives an overview of the life issues reconstructed from narratives of participants

- (1) Importance of social contact and shared responsibility – as aspects of world design – for self-understanding in very old age:

Ratings of life issues in Figure 23.1 apparently point to the subjective significance of managing social contacts and taking shared responsibility in the succession of generations: pleasure and fulfilment in emotionally meaningful encounters with other people (life issue 1); pleasure and fulfilment in

1. Pleasure and fulfilment in emotionally meaningful encounters with other people (76%)
2. Intense preoccupation with the life situation and development of persons close to oneself – particularly members of own family and succeeding generations (72%)
3. Pleasure and fulfilment in engagement for other people (61%)
4. Need to be needed and respected – particularly by successive generations (60%)
5. Worry about loss of autonomy (self-responsibility and independence) (59%)
6. Commitment for preservation of (relative) health and (relative) independence (55%)
7. Belief in own knowledge and experience as enriching and helpful for successive generations (44%)
8. Self-reflection, intense preoccupation with own development and self-consistency (41%)
9. Phases of loneliness (39%)
10. Lacking or greatly reduced control of body and somatic functions, worry about further bodily symptoms (36%)
11. Intense preoccupation with change of residence (preservation of independence, participation, well-being) (34%)
12. Phases of despondency (31%)
13. Chronic or temporary pain and striving for control (30%)
14. Intense preoccupation with finitude of own existence (30%)
15. Intense preoccupation with after-life, embedded in religious and spiritual contexts (28%)
16. Worry about lack of financial security (24%)
17. Unfulfilled need to engage for other people (23%)
18. Lack of respect, approval and attention from family members (23%)
19. Self-doubts concerning attractiveness for other people (20%)
20. Intense preoccupation with dying and place of death (19%)
21. Taking pleasure in own activities, feelings of fulfilment in activity (18%)
22. Perceived cognitive decline and worry about getting dementia (17%)
23. Intense preoccupation with life and fate of personally significant groups and places (e.g. hometown) (15%)
24. Lack of respect and attention from others, also disengagement from other people, conflicts and incomprehension (13%)
25. Unfulfilled need for sympathetic and profound communication with successive generations (12%)
26. Intense preoccupation with humanity creation (11%)
27. Intense preoccupation with life of decedents who have been and still are important for own life (10%)

Fig. 23.1 Life issues reconstructed from the narration of very old people

engagement for other people (life issue 3); and phases of loneliness (life issue 9) unambiguously reflect the possibilities and limits of managing contacts, an intense preoccupation with the life situation and development of persons close to oneself – particularly members of one's own family (life issue 2); need to be needed and respected – particularly by successive generations (life issue 4); and phases of despondency (life issue 12) refer to shared responsibility in the succession of generations. Altogether, subjects' self-conception gives prominence to the motive for generativity in their own subjective experience. The assumption that the significance of social relationships and shared responsibility for self-understanding decreases in old age (as people increasingly disengage from relationships) is obviously not supported by our empirical findings. Instead, social relationships seem to have a profound impact on identity and the valuation of life in old age. Here, notably, the principal aim is not the mere association with other people but the doing something for them, whether that be offering instrumental support or expressing sympathy. This motivation is particularly decisive in life issue 4 (need to be needed and respected – particularly by successive generations). With respect to the social and cultural understanding of the oldest age, it seems obvious that people explicitly want to co-create their social networks, to be perceived as an active part of these networks and to be respected as such.

I have given percentage figures here in order to make clear how high the proportion was of interviewees who addressed the subject introduced in each case or who responded to it. This is intended to create an empirical basis for answering the question of which subjects old and very old people principally identify with and which types of concerns or commitments they find particularly important. The percentage figures show that a majority of old and very old people experience a fruitful relationship with subsequent generations – primarily with young people – as a matter of great personal significance. In addition, each person's own experience is defined in terms of what he or she can do oneself to support and promote the situation of others. Numerous forms of concern or commitment were reported, also making clear that old and very old people practise very concrete forms of supporting other, and especially young, people. The fact that the members of the sample group understood themselves as being responsible members within the succession of generations, that is, that they not only received help but also wanted to give help, underlines once again the significance of generativity for experience in old and very old age.

However, the results reported here also point to a substantial proportion of old and very old people for whom a connection to other people and active commitment within social networks is *not* a subject of great personal significance in their lives. It must be considered that life themes and lifestyles

demonstrate a high degree of continuity over large sections of a person's life span. Those people who have shown a low level of commitment to other people in earlier periods of their lives and who have tended to live apart from others will continue to do this in old age. The low intensity of social contacts, specifically the low level of commitment to other people, does not necessarily go hand in hand in this case with a lower level of satisfaction with life and a lower degree of well-being. Nevertheless, from a social perspective it would be desirable to have as many old and very old people as possible integrated within social networks in which they not only receive help but – so far as possible – also reciprocate, because by providing help in return they are able to make a contribution to human capital. In addition, the exchange of support received and provided is to a great extent responsible for maintaining a sense of contentment and of well-being. However, no 'moral obligation' to social commitment in old age should be drawn from these assertions.

(2) Limits of participation in very old age:

Life issues in [Figure 23.1](#) also point to the limits of participation. These are evident in worry about lack of financial security (life issue 16) and intense preoccupation with dying and place of death (life issue 21), which also always constitute a barrier for participation. Further limits are addressed in terms of the uncertainty of status in social relationships. Here, particularly the unfulfilled need to engage for other people (life issue 17) and lack of respect, approval and attention from family members (life issue 18) must be mentioned, as well as self-doubts concerning attractiveness to other people (life issue 19).

(3) Significance of self-design in very old age:

The possibilities of self-design are primarily reflected in pleasure and fulfilment in engagement for other people (life issue 3); worry about loss of autonomy (life issue 5); and chronic or temporary pain and striving for control (life issue 13), the latter also alluding to the topic of biographical references and life review. Particularly the life issue of self-reflection, intense preoccupation with own development and self-consistency (life issue 8) supports the assumption that, also in very old age, questions of one's own identity are particularly important, with the respective preoccupation acted out against the background of manifold experiences in the biography and actual situation, as well as feelings and thoughts associated with the individual's own finitude (life issues 15 and 18). This preoccupation points to continued identity development in very old age, the respective insights arising from which can be transmitted to

succeeding generations and therefore form an important basis for generativity as also suggested by life issue 7, that is, belief in one's own knowledge and experience as enriching and helpful for successive generations.

(4) Increases in vulnerability as a borderline experience in very old age:

Ratings of life issues further elucidate perceived vulnerability, for example, in the context of chronic or temporary pain (life issue 13); perceived cognitive decline and worry about contracting dementia (life issue 22); and particularly, lacking or greatly reduced control of body and somatic functions, worry about further bodily symptoms (life issue 10). The aforementioned life issues are thereby associated with attempts to cope with vulnerability or striving for control of consequences, respectively. Here, physical and cognitive vulnerability are regularly experienced as a task and challenge set for the individual by actual circumstances. Consequently, increased vulnerability must not be interpreted simply as unalterable destiny.

Experience of vulnerability is not only expressed in the context of losses in health and functional impairment. Vulnerability is further reflected implicitly in lack of respect, approval and attention from family members (life issue 18) and self-doubts concerning attractiveness for other people (life issue 19). From the perspective of the persons concerned, vulnerability not only affects aspects of self-design, but moreover has severe implications for (social) world-design.

Patterns of Shared Responsibility

Figure 23.2 gives an overview of the patterns of shared responsibility reconstructed from narratives of participants

Shared responsibility of the very old is often directed towards succeeding generations, in many cases towards younger relatives. Here, taking responsibility concerns both instrumental and emotional support.

Gerontological theories suggest that in very old age there is also significant motivation for shared responsibility. This assumption is clearly supported by our study's empirical data. Shared responsibility continues to shape human lives, although its expression varies with decreased physical resources. Inclusion in social relationships, exchanges with other people, being engaged for others, the experience of being respected and needed and an attitude towards life characterised by shared responsibility are further significant aspects of a personally satisfying and meaningful life in very old age.

1. Intense preoccupation with life of successive generations of the family (85%)
2. Supporting compassionate conversations with successive generations of the family (78%)
3. Intense preoccupation with the fate of successive generations (72%)
4. Supporting neighbours in everyday life (68%)
5. Supporting relatives in everyday life (65%)
6. Supporting younger people's educational training (58%)
7. Transmitting knowledge purposefully to younger people (54%)
8. Financial support of successive generations of the family (49%)
9. Preoccupation with future of country and society (48%)
10. Joining leisure time of younger people (41%)
11. Visiting those who are ill or in need of care (38%)
12. Existential conversation, particularly with younger people (33%)
13. Postponing needs to avoid becoming a stressful burden for relatives (29%)
14. Voluntary donations for charity, clubs, organisations (27%)
15. Setting a pattern for others (24%)
16. Church-related engagement (23%)
17. Preoccupation with future of faith and church (19%)
18. Political engagement (voluntary engagement in communities and parties) (17%)
19. Praying for other people (16%)
20. Visits in hospitals and nursing homes (12%)

Fig. 23.2 Patterns of shared responsibility reconstructed from the narration of very old people

Limits of participation are cited by a small number of participants. In contrast, most participants feel integrated, respected and needed by others. Limits of participation, although mentioned only by a small number of participants, are regularly associated with reduced well-being and valuation of life, quite often also with self-doubt. The negative effects of such limits also point to the significance of social inclusion, social exchange and the opportunities to live a life of shared responsibility. Worry about a loss of autonomy in very old age seems to be a pivotal motivation for active endeavours to maintain self-responsibility and independence. Even in the highest age groups, people are not through with their lives because of vulnerability, transience and finitude. In contrast, the need for self-design is still eminent, with the process of introversion – in the sense of increased preoccupation with the self – becoming more and more important.

Analysis of life issues and patterns of shared responsibility further suggest that the motive of shared responsibility is particularly evident in intergenerational relationships. The need for exchange with members of succeeding generations is particularly pronounced in very old age. Consequently, also in very old age, the limits of participation have severe implications for well-being, valuation and quality of life. The same is true for the assumption that vulnerability in very old age is subjectively experienced and that coping with vulnerability also from the perspective of the 'oldest old' is perceived as

an eminent psychological task. In very old age, vulnerability is not simply increased but also subjectively experienced as such. From the perspective of the very old, vulnerability is one of the paramount psychological challenges in life. This implies strong requirements on (a) the social environment, which has to respond to vulnerability with respect and openness, thereby avoiding any kind of discrimination, (b) the design of the physical environment, which has to be considerate of people's special needs and (c) medical, rehabilitative, nursing and psychotherapeutic resources.

Altogether, empirical results can be interpreted as indicating that the anthropology of very old age must link perspectives of vulnerability and potentiality. Participants not only perceived themselves as vulnerable, but also recognised own potentials of self-design and world-design. The results point to the necessity to communicate more differentiated images of ageing which avoid one-sided accentuation of physical loss and instead focus also on competences, lifetime achievement and respect – in existing social networks of older people, as well as in public spaces (society, culture, the care system, politics).

In my view, the results of our research elucidate the societal obligation to shape the public sphere on behalf of both older and younger generations in a way that – following Hannah Arendt (1958) – maximises opportunities for intergenerational encounters involving diverse perspectives, varied discourse and possibilities for combined action, thereby enabling people to make new beginnings – and this with the confidence of being recognised and accepted in their particularity and being appreciated for their willingness to engage. The establishing, maintaining and strengthening of such opportunities would be a substantial contribution to an age-friendly culture that puts older people – their resources as well as their values, needs and interests – equally with younger people in the centre of things, enabling members of all generations to share social responsibilities and participate fully in affairs. If such a culture is still more a vision than reality, it is nevertheless a highly desirable goal.

Age-Friendly Culture

Development of an age-friendly culture depends on the development of a comprehensive perception of old age and ageing which respects the richness of the person as a whole and is not limited only to physical processes. Older people need differentiated conceptions of old age and ageing for the anticipation of developmental tasks, developing the necessary resources and using effectively existing resources in coping processes. Younger people also benefit from this comprehensive perception of old age and ageing in terms of adaptive

self-regulation, goal pursuit and goal adjustment. Moreover, younger people need this comprehensive perception of old age and ageing for understanding and adequately meeting everyday interaction partners' specific limits, needs, strengths and potentials.

Let me ask finally: What exactly is understood by an 'age-friendly culture'?

First of all, I understand age-friendly culture in terms of the involvement of older people in the social, political and cultural discourse, as well as in social and cultural progress. Only too frequently in public discourse there is a tendency to talk *about* the elderly, but not *with* them. This is an expression of the neglect of older people, if not hidden discrimination. Talking *about* the elderly, but not talking *to* them, conveys the assumption that older people are not perceived as active, co-responsible parts of society and that their potential is not being taken seriously. In an age-friendly culture, elderly women and men are equally heard, are treated with as much respect as younger people. An age-friendly culture does not generalise about the group of older people, but respects the 'uniqueness of being' (to quote Hannah Arendt again here) of older women and men.

The intergenerational perspective addresses a second feature of an age-friendly culture: fruitful exchange between the generations must become a significantly stronger theme in images of old age communicated in society (primarily by the media). Above all, it must be stressed that all generations profit mutually from this exchange. It is frequently assumed that old people are primarily receivers of help but do not themselves give help. This assumption can be refuted if one considers the intense commitment which already exists today of older people within the family and the neighbourhood, and also in groups and associations. It should be considered here that much of this commitment on the part of older people tends to be a 'silent' commitment which does not take place in groups and associations but, much less conspicuously, in the local neighbourhood and in close relationships which have grown up over many years. This form of involvement in intergenerational relationships is a particularly significant form of participation because it avoids a segregation of the generations, bringing young and old together in close and frequent contact.

An age-friendly culture articulates the vital interest in the potentials of age (which can, of course, vary considerably from person to person) and creates an environment that is conducive to the realisation of such potentials. One thing to be mentioned here is the introduction of the flexible retirement age in the world of work (which is not to be construed as a relinquishment of legally defined age limits), as well as the removal of all age limits in the field of civic engagement. Important, too, are the opportunity structures,

such as community centres, where the generations can meet, enrich and support each other.

A significant component of age-friendly environments is physical accessibility. This includes designing the physical space to take account of increased sensory, motor and cognitive vulnerability in old age. 'Preventative environmental design' can help to avoid falls and injuries by taking into account increased vulnerability in old age, as well as significantly reducing the risk of increasing social withdrawal due to limitations in mobility. Further, age-friendly environmental design includes designing accessible transport as well as equipping residential areas with a sufficient number of services and social centres which can be used not merely by old people but by members of all generations. These include primarily multigenerational centres which address the needs of different generations and thus promote interaction between them.

In the case of severe physical and cognitive losses in an older person, an age-friendly culture respects the individual's uniqueness, expresses respect for his or her dignity, avoids trying to determine externally the quality of life and seeks to preserve the fundamental right of participation, as well as provide expert and ethically sound medical care. A 'grading' of human dignity is thus avoided, as is an age-determined 'downgrading' of the extent and quality of the medical and other care. Decisive for this provision must be the diagnosis made by an expert, and not the age of the individual concerned.

An age-friendly culture is determined to reduce social inequality among the group of older people and to ensure that every person – regardless of education, income or social class – receives the social and medical services which are known to be necessary for his or her specific life situation. Of course, an age-friendly culture does not deny the rights, claims and needs of younger people either; rather it endeavours to identify and recognise the rights, claims and needs of *all* the generations, whereby no one single generation is preferred or disadvantaged.

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24

Virtue, Ageing and Failing

Mary Margaret McCabe

The Dustiness of Us

It is a modern orthodoxy that we are all just stuff, dust to dust. Well, many might say, not *just* stuff – we *really* are stuff *arranged as natural organisms*, organisms whose nature and development is explained in evolutionary terms.¹ Such stuffy organisms might be explained from two perspectives. From the point of view of the species, they have the nature that they have as a result of adaptation (so that how they are, by nature, is a result of their species' having survived – so how they are, by nature, is somehow *effective*, explained in terms of their success).² From the point of view of the individual member of the species, it lives the life cycle of the (evolving) species to which it belongs, where value and significance attaches not to the individual but to the species as a whole. From the individual's point of view, value consists merely in the maximising of benefit, parochial, individual and fleeting.³ When we think about *us*, about the human beings we are, then, should our lives and our value be explained in just such a way?

¹ See e.g. Papineau (2006).

² See e.g. Dennett (2006).

³ This is a crude version of a highly complex story, of course. See here, for example, two quite different accounts of how this might play out: on nature and goodness Foot (2001); on effectiveness, Singer (2015).

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This seems to be extraordinarily at odds with what we *feel* about things – we feel that we have special and unique importance; we ache for individual immortality;⁴ we *care* about others, not because they are other species members, but because they are other particular individuals, related somehow or other to us, as individuals.⁵ Indeed great swathes of our cultures engage with our obstinate individuality in the face of the universalities of what we might call the natural world. And one place where this obstinacy may loom largest is when we may start to think that this individuality is at risk – at the stages of our lives when mortality seems most pressing; at times of serious illness, perhaps, or as age exerts its weary pressure on our physical existence.⁶

For the dustiness of us often invites a horticultural metaphor (still in thrall to nature) about flourishing – this is what it is to live a good life⁷ – and about fading and withering beyond the age of reproduction⁸ – this is what it is to age and decay. I was given a Gloire de Dijon rose the other day, stunning in its fragrance and colour; but now it has withered. What shall I do with it? Throw it in the bin, it has lost its bloom and its scent, and retains only the memory of the rose it once was. Perhaps we wither too, sere old age reducing us to a residue of what we once were. And this seems to produce a set of values (whatever sort of thing we might say values are) – if we are as flowers, then our flourishing is worth having, but our withering robs us of value. As in roses, so in humans: age is an inevitable decline, a fading into incompetence and uselessness, against which we seek pointlessly to stay young.⁹

The metaphysics of this may be complex. If we are just members of some species, *who* we are may be determined by the species alone: on this (simplistic) account the species *counts us* as continuous subjects, while our properties may change:¹⁰ so a human being (Elizabeth I, say) was once young (and red-haired, say); then old (and white-haired, say); and after that continued no longer (she was dead and the colour of her hair no longer an issue). But this sorting into species-members, again, tells us little about us, nor about how we

⁴ See e.g. the extended discussion of immortality in Plato's *Phaedo* and the different kinds of consolation offered by Epicurus, see Warren (2004) and compare Nagel (1979), but compare e.g. Williams (1973), Johnston (2010) and Galloway (2012).

⁵ See e.g. Nussbaum on this issue in ancient ethics (1986) or Williams' famous remark about 'one thought too many' (1981).

⁶ Consider here 'illness' narratives: e.g. Mantel (2009), or a philosophical version, Carel (2008).

⁷ See e.g. Hursthouse (1999).

⁸ On the differences here between the sexes see e.g. Walker, ed. (1999).

⁹ See here Walker (1999).

¹⁰ See Strawson (1959).

may feel the questions about continuity and decay are rather more urgent than this dessicated example allows. More particularly, it tells us little about the conditions when such a sequence may be falsified (between youth and age there may be discontinuity – suppose that there were no connections of memory or psychological consistency between the person entitled Elizabeth I of England in 1602 and the disinherited daughter of Henry VIII in 1535, would we speak then of the later Elizabeth’s former self? Or would we wonder whether the depredations of her old age had themselves interfered with the succession?¹¹), when the change represented by the predicate terms is so radical that continuity of the subject herself is under challenge.¹² But these challenges are just what the changes into old age may produce. To this I shall return; but first let us consider cases less outré.

Developing Virtue

Socrates’ question ‘How best to live?’ encourages us to think about ethical and moral value in terms of a whole life, and in terms of virtue and vice within it. His question has found renewed interest in recent years, focusing attention less on the outcomes of particular actions or on the moral responsibility of the agent and more on a wider time frame – the value of a life – and within it on the character of the agent who lives it.¹³ A concern for whole lives, indeed, might discourage the horticultural metaphor: after all, if youth is when we flourish and ageing fades away from the zenith of our lives, still our age takes up, as we live longer and longer, more and more of our life-span. Instead, then, thinking about whole lives might encourage thought about the person who lives *all* of such a life, and about how the life they live may be valuable. This, in turn, suggests that the value of the life may somehow depend on the person who lives it, and on whether they live it well or badly. This sequence of thought underlies much of the recent return to the ancient interest in virtue¹⁴ – in living our lives *well*, in developing ourselves to be agents as good

¹¹ Compare e.g. the early account of this in Grice (1941).

¹² Compare and contrast the more bizarre examples of Parfitt (1984) and others (e.g. Hofstadter and Dennett (1982) with Schechtman’s more prosaic account (2001).

¹³ On ‘how best to live?’ see Williams (1985); on character and lives see e.g. Hursthouse (1999), Crisp (1996).

¹⁴ It begins with Plato and his Socrates (e.g. *Meno* or *Republic*); then Aristotle, *Nicomachean Ethics*, *Eudemean Ethics*; recent interest in the 20th and 21st C e.g. Anscombe (1958), MacIntyre (1981), Crisp (1996) Hursthouse (1999), Annas (2011).

as we can possibly be, in thinking about value in terms of the fixed and settled dispositions we acquire over the years. And that interest fits well, we might think, with reflection on ageing and its value and significance.

As particular individuals, of course, we change over our lives in ways quite different from each other (I may become fat, you thin; I may colour my hair, you may develop a pallor). The universality of our natural processes just form a background to those changes, one might suppose. But we change, too, in ways that are less outright contingent – we acquire character and attributes that may remain fixed over much of the remainder of our lives. Those aspects of character define and determine us: and they stick with us, sometimes come what may.¹⁵ Character, in turn, is often taken to be connected to value, and to a particular view of the value of our lives, explained by the dispositions that we may seek to develop throughout them (rather than in terms of the goods we may accumulate, or even the acts we may perform, in the course of them).¹⁶ Some of these aspects of character are virtues (or vices): they are acquired and strong dispositions, especially directed towards our moral lives. And they are often dispositions to which we aspire, to the development of which we attend, think, make effort and sacrifice.¹⁷

But the development of these dispositions, the virtues, is a complex matter: indeed, it is, one might plausibly argue, constitutive of those dispositions we think of as virtues that they arrive in us, not by accident, nor either by nature when we are born, but that they are reached by development. Aristotle¹⁸ encourages us to think about it like this: that in seeking to be brave or kind or thoughtful, we start out by habit or blind obedience to the dictates of others (from childhood we are expected to behave in courageous or kindly ways), by imitation (we copy the brave actions of our heroines and heroes),¹⁹ through attitude (we take the development of courage, or self-control or tolerance seriously, to be something that we seek to instill in ourselves),²⁰ and through reflection (we make inevitable mistakes, but learn to adapt and improve by thinking about the mistakes we have made). Eventually, we might hope, the

¹⁵ Compare Williams' account of this in terms of projects (1981).

¹⁶ See e.g. Foot (2001) or Crisp (1996). For more sceptical or nuanced approaches, see e.g. Williams (1985) or Goldie (2012).

¹⁷ See Annas (2011) for one view of the condition of aspiration (which she models on the aspiration characteristic of a craft).

¹⁸ E.g. *Nicomachean Ethics* 2.1; and on this see especially Burnyeat (1980). Plato's *Meno* sets the agenda, and *Republic* amplifies it.

¹⁹ Compare Plato's worries about adverse role models, *Republic* book 3.

²⁰ See Annas (2011) on the vital role of aspiration in the development of virtue.

virtue itself becomes our fixed character (*we are* brave or kind or tolerant). But the disposition or the capacity or the virtue we develop thus is not inert. Rather, it may be understood as a kind of acute sensitivity to occasion, to the particular and the immediate, so that when we are – if we ever become – virtuous, we find that we see things in a different way from before, and that this seeing is itself immediate, unforced, not even reflective but somehow automatic.²¹ And then when someone may be thought to see like that, sometimes she may act, or decide, or refrain, or advise, as a matter of course – without, indeed, always needing to consider in great detail what is the right thing or the wrong course of action, but with an immediate judgment, because that immediate judgment just is the output of her virtue.²² Virtue, fully developed like this, ingrained and often unhesitating, is – as philosophers have suggested from Plato onwards²³ – a second nature.²⁴

The development of such a second nature, however, is a long process, full of mistakes and failures and backslidings and distractions. The process towards virtue, thus understood, may take a lifetime, and even that may not be enough. The possibility of virtue, furthermore, is itself reliant on a robust account of that development. But suppose that we think that virtue accounts for value, that ethical accounts such as these are good ones, just because they think of value as belonging in the first place to agents, rather than in the first place to acts or outcomes,²⁵ and just because they can be seen to make sense in terms of a deep commitment and a worthy endeavour. If we suppose that, then we might think that virtues are especially the dispositions of old age, of the time when our subjection to temptation has perhaps altered and become (or been made) more manageable²⁶ and when our ethical commitments have become settled and stable – and when the long process of development has just had *time*. Indeed we might reasonably think that virtue theory is especially the ethical theory that best accounts for the ways in which human life develops and changes and persists. Virtue comes slow, and late, if it comes at all.

²¹ Both Plato (e.g. *Republic* 423-4) and Aristotle (e.g. *Nicomachean Ethics* 1142a27-29) suggest that we can think of the developed character in terms of the perception of goodness or value; see also e.g. McDowell (1998), McNaughten (1991).

²² Annas compares the crafts or skills (2011).

²³ McCabe (2015, ch. 11).

²⁴ McDowell (1998).

²⁵ See e.g. Crisp (1996), Hursthouse (1999) or compare Smart and Williams on the workings of utilitarianism (1973).

²⁶ Compare Cephalus' remarks in Plato's *Republic* 329 ff.

Wisdom

The human condition, I have already suggested, is ineluctably particular. This means, of course, that it is possessed by individual humans; but because human beings are peculiar creatures with consciousness and a point of view, a point of interest from where they are, the human condition is one of being situated in particular circumstances, made unique by the person occupying them.²⁷ This makes things pretty difficult for us – when we come to figure out what to do now or next or overall we face new conditions and situations, and it is hard to see how we could ever apply to where we find ourselves in the particular occasion the sorts of universal truths that rationality promises. Practical circumstance is a constant struggle to relate universals to particulars, rules to situations, the present point of view here to the view from nowhere at all. How do we do that? How do we make good judgments for the particular case?²⁸

Perhaps one of the most significant virtues, in the context of ageing, may be wisdom – the virtue of good judgment, of moral sensitivity, of practical wisdom – and the virtue of many of the paradigms of old age, serious or otherwise: from the ancient figures of Nestor or Socrates to Yoda or Ruth Bader Ginsburg.²⁹ The acquisition of wisdom is long and complex; but let us imagine what it would be like, were it finally acquired. It would be, I think, an acute kind of moral sensibility, an immediate capacity to see what is appropriate in a particular situation, a capacity of good judgment, properly some kind of second nature. It is not, then, a database of information, not a wealth of intelligent things to say, nor even an expertise. Wisdom of this kind grows from experience and thought, from both misery and happiness and from both success and failure. It is, notably, a virtue of old age. It is the virtue sought by Socrates when he questioned the Athenians over and over again about moral value, a virtue which frightened them enough to put him to death. It is the virtue that goes with tragedy, because it arises from that peculiarly tragic human capacity for reflection.³⁰ And it is a virtue that goes with our attachments, as well as with our location in a wider social whole; it is both contextualised and somehow systematic, while

²⁷ See Walker (2007).

²⁸ See Dancy (2004).

²⁹ It is regrettable how few figures of the old, wise woman are unambiguous in either ancient or contemporary culture.

³⁰ Perhaps an extreme case is the old Oedipus at *Oedipus at Colonus* (my thanks to Andrew Ford).

retaining its capacity for dealing with the exigent particular too (to the question of context I shall return).³¹

The Sense of Self

This picture may, of course, be one of outrageous sentiment. Age often goes with rage, the preliminary fury at the dying of the light.³² It may also go with a terrible debilitating subservience, with a loss of power or dignity or role or place in the lives of those we loved.³³ It goes too, with loss – with the effects of survival itself, as those we love start to die and we are left alone, without our peers.³⁴ The thought that there are virtues of age should not be thought to bring with it, then, a sentimental view that virtue of this kind can make everything else fine, or that it can render us ultimately lucky, or happy, or even with a place among those we love. But it is indeed an aspect of value that not only requires time, but also flourishes in ways that are different from those suggested by the horticultural metaphor: the second nature of virtue is, in the way it is formed, to some degree proof against the idea that flourishing is the prerogative of youth. At its best, perhaps, it is an arrival at the beginnings of self-knowledge and understanding: our sense of ourselves may here develop as the virtue does.

This, of course, may provide no consolation at all for the way that as age progresses, death and dying become more imminent and more threatening. Indeed if our sense of self becomes more acute with age, then that self may be more precious to us, less easy after all to think of extinct – whatever we may think *in abstracto* of arguments to suggest we should not care.³⁵ As we become – as virtue theory might be thought to suggest, and perhaps as the phenomena support – *more* ourselves, then those selves may matter more and more. So creeping mortality does not make us accepting of death – in ways that the sentimental view might suppose – but outraged by it, mounting a solitary battle against our own demise. There is nothing to say that the virtues of courage or of tolerance or of wisdom will teach us self-abnegation too. Recall the story of

³¹ Compare some contemporary approaches to epistemology that privilege wisdom or understanding: e.g. Fricker (2009), Zagzebski (1996), Walker (2007) Kvanvig (2007).

³² Dylan Thomas, 'Do not go gentle into that good night' (1937).

³³ Compare Turgenev's grim picture in *Fathers and Sons* (1862).

³⁴ Williams (1973).

³⁵ On Epicurus, *Letter to Menoecus*, see Warren (2004) and Nagel (1979).

Admetus who, on being told he was about to die, was offered the opportunity to find someone else to die instead of him – he thought his parents would willingly do so, given their old age, but they sent him smartly away, telling him firmly that they valued the life they had left all the more, the less there was of it. . . .³⁶

Again the metaphysics of this view may matter. If virtue is a developing of a nature, and this development is, as I have described it, of a well-formed self, then we need to have an account to give of the subject of that development, the self that is formed.³⁷ It is, indeed, a feature of virtue ethics that is sometimes ignored, that it carries complex metaphysical commitment.³⁸ For what account should we give of the person whose development takes place over a life? How are we to be sure that the self persists throughout that development – especially if that is, as I have described it, subject to change of all kinds, some of it radical, some of it so thoroughgoing that we may find it hard to insist that the person at the end of it is the same person as the one who began it? It is, that is to say, a particular danger of accounts of virtue that they may both rely on the idea of a persistent self and on the thought that this very same self may acquire a new, second nature. Examples abound in discussions of personal identity: if we suppose that personal continuity requires psychological continuity, how are we to make such a person proof against the risk of radical change?³⁹

Consider, for example, a chronic invalid who, over a lifetime of suffering, develops the courage to deal with pain and indignity and despair, and who seems to be, as his friends and relations say, a ‘completely different person’ from the person who once railed against his misfortune. Are there indeed grounds to say that he is *in fact* a completely different person, one whose character is now completely changed and virtuous? Some would argue that we need a complex account of psychological continuity here – offered perhaps by continuity of memory:⁴⁰ this man at least remembers – with some regret or embarrassment, perhaps – the bitter early days of his illness, and it is that continuity of memory which allows us to praise him as having developed such courage from such an unpromising start. We might tell a similar tale about the development of a vice: someone who started out their lives full of promise and good intentions over

³⁶ Euripides *Alcestis* 614 ff.

³⁷ The self may be scalar; or the identity of persons may not be what matters, rather than some kind of psychological continuity – see e.g. Parfit (1984), Williams (1981).

³⁸ Plato and Aristotle saw this readily: compare the interwoven metaphysics and ethics of the *Republic* or the complex relations between Aristotle’s ethical works and his *Physics* or his *Metaphysics*.

³⁹ See e.g. the thought-experiments in Parfit (1984) or in Hofstadter and Dennett (1982).

⁴⁰ John Locke, *Essay concerning Human Understanding*, 2.27.9.

time becomes turned away – just as in the case of a virtue, by circumstance (she is passed over for promotion, say), by habit (she complains about others ignoring her) and even by reflection (she develops well-articulated grounds for feeling disadvantaged) – into a character of mean-spiritedness and envy.⁴¹ Here too, the person settles into that character, and she may be unrecognisable as connected to the bright girl she once was. Here too, nonetheless, she may remember the course of her life, and this memory will provide psychological connectedness throughout.

Memory is patchy and unreliable, of course, and it seems to be too unpredictable to provide us with the sort of determinate continuity that we would think should underpin the slow development of character (to this question, urgent in the context of ageing, I shall return). The appeal to memory might be modified by supposing that the overall continuity of a life is ensured by the nested continuity of different parts of it. So while I recall what happened last year, and recognise my own part in it, my recollection of what happened the year before is hazier.⁴² But when I was remembering last year, the year before was clear enough for continuity; and we may give the same account across many series of years – so even if my current memory is insufficient for continuity on its own, the collection of remembered relations between the parts of my life are sufficient to render the life itself continuous and somehow unitary.⁴³ This will allow, then, for the importance – for an account of the development of virtue as we age – of gradual development alongside continuity, and will allow us to insist that the person who has this virtue is indeed the person who set out on the path to acquire it, long ago.⁴⁴

In the context of developing virtue, however, this account of the continuity of the person, despite what may be their patchy or even failing memory (again, to this I shall return), seems rather thin. Especially, it fails to account for the evaluative component of that development: and fails, therefore, to account for the ways in which the ageing of *this* person can be explained as a flourishing of virtue. For the condition of memory may be merely, one might say, cognitive, merely the dispassionate recalling of some information from the past. Of course the idea that it is remembered puts the person in question in the central role: so it is a condition on the connections with my past that

⁴¹ Compare the complex accounts of the deterioration of character to be found in Plato (*Republic* 8 & 9).

⁴² See here Grice (1941).

⁴³ Parfit (1984).

⁴⁴ Here perhaps identity is scalar, but so too is virtue, and also, perhaps, interests – see below and McMahan (2002).

they should be my memories, not someone else's, nor merely stored information (I do, in some way, know that I am the person who was impossibly rude at that meeting: but I know it, rather than recalling it as if I were there). But the cognitive view alone still makes this account too sparse.

Instead, some have argued,⁴⁵ we need a rather different account – one which focuses not so much on the haphazard workings of memory, but rather on something well-constructed for persistence through a life: a narrative account of the life in question, a biographical or autobiographical view of how this developed self stays together throughout change and the slow development of character.⁴⁶ And indeed this narrative account of the self is very well suited to an account of how lives may be described in terms of the development of virtue or vice: that development has, indeed, a narrative at its heart – a view of how it was that these circumstances and those incidents and the other habits came about, how they were thought about and evaluated, and how the person may project the same attitudes into the future. The narrative runs in both directions,⁴⁷ if we think about lives in terms of virtues and vices – for it both looks back at how things were and what we did, but anticipates how we might do things better (or worse, for that matter, in the case of truly reflective vices).⁴⁸ If we think of ageing in the manner offered to us by the virtues, we might well think of the person who ages as determined by the narrative account we might give of their lives, where that account includes, or even has at its centre, the developed virtues (and vices) that characterise them in their maturity and old age.

The narrative account of identity is parasitic on memory, of course, since the telling of the tale is itself dependent on the elements of the story's being accessible to the person who gives the narrative. But it shapes the memories in ways that the serial account does not. And it does so in ways that are congenial to our thinking about how the self may settle into its character – into its virtues, its vices and its other ethical characteristics. So here the notion of the self bootstraps on the account to be given of development.⁴⁹ But if the narrative is ethically loaded in this manner, then perhaps it should be affectively loaded too. As Schechtman has argued, describing this as 'empathic access',⁵⁰ we need

⁴⁵ But see the counterarguments e.g. of Galen Strawson (2004).

⁴⁶ E.g. Taylor (1989).

⁴⁷ See Schechtman (2001).

⁴⁸ The genre of 'illness narratives' is a complex version of this approach: e.g. Diamond (1999), Mantel (2009).

⁴⁹ There is no commitment here to substance dualism, even if some great virtue theorists have indeed been dualists – notably Plato.

⁵⁰ Schechtman (2001).

to think about how an individual may identify with themselves in their own past, or may fail to do so, about how the projects of old seem indeed, to the person telling the tale, to be affectively alien, or their own. So the content of the narrative is personal, ethically committed and emotionally committed, too – in just such a way as we would expect the life, described by the person developing virtue, would be constructed. The life accounted for by virtue, then, will be sympathetic to the narrative and empathic view of identity; and a narrative account of a life is congenial for putting the development of character, of virtue and vice, at its centre.

If all of this is true, then the demand that virtue theory makes on metaphysics, that we must supply a subject of change continuing somehow throughout the radical process of character-formation, may find a suitable response in the rich account of personal continuity that appeals to narrative, empathic accounts. And there is an additional advantage, that the dangers of narrative – usually supposed to ground objections to narrative theory – are in fact well matched to the vices of character that the narrative may portray.⁵¹ For, of course, narrative or biography or autobiography selects and even confabulates: we tell an attractive story even to ourselves, straying from the virtue of truth-telling into a more comfortable picture of ourselves as the hero of the story we tell. Conversely the painful honesty of a virtuous narrative may itself conform to the integrity of its teller.

This, of course, may have more to say to us, as we shall see: if we are all telling our own narratives, can we all be the heroes of the story? Or is the role of narrative a more complex matter? We might think that confabulation is revealing of the nature of narrative itself. For narrative is constrained and elaborated, not in solipsistic mode – not just each of us, telling an autobiography – but rather in a shared fashion: we tell the narrative to others, or as if to others; and we expect others to hear. The identities we develop, like the virtues and vices and characters that we come to inhabit, are not solitary, but somehow or other part of a communal story, the product of different attitudes of others, all the time engaging with our own story and theirs. Narrative, like identity, is not to be understood as a basic feature of the world of the individual alone, to which others are tacked on later: but rather as part of a complex social process, as stories are repeated and retold and revised and embellished, even with the best will in the world (or perhaps this just is the

⁵¹ Compare, for example, the narrator Humbert in Vladimir Nabokov's *Lolita* (1955) (my thanks to Patrick McGrath).

best will of the world). This may have repercussions as we think about virtue and character and age some more.

Let Me Not Be Mad: Age as a Tragedy of Reflection

I have suggested that age may bring reflectiveness; and that this very reflectiveness is involved in the development of character, and itself may be the foundation for the virtue of wisdom. But reflectiveness may be dangerous. Consider that extraordinary dissertation on the tragedies of character and old age, Shakespeare's *King Lear*. We see the man rush towards his own disaster, trusting where he should not, doubting where he should not – and watching the play from the security of the audience we deplore his folly. But folly becomes tragedy – not by courtesy of the littered bodies – but by virtue of Lear's own understanding of his own actions, and of his own downfall:

Fool:	If thou wert my fool, nuncle, I'd have thee beaten for being old before thy time.
Lear:	How's that?
Fool:	Thou shouldst not have been old till thou hadst been wise.
Lear:	O, let me not be mad, not mad, sweet heaven
Keep me in temper:	I would not be mad!

Shakespeare, *King Lear* Act 1 Scene 5.

Lear's frantic cry anticipates the beginning of his self-understanding, as well as his despair. His self-understanding, as he finally reaches it, is his tragedy, at the same time as it is the key to understanding who he has become.⁵² Oedipus, too: when he realises that it is he himself who has done all these things (murdered his father, married his mother), that is the moment when *tragedy* overcomes him – even though the disaster was long in the making.⁵³

Tragedy records the life irretrievably marred; and essential to it is that the victim (the hero) of the tragedy somehow knows it, has a reflective view of what it is that has happened, and what it means to him. So, *Sophie's Choice* is about what it is to Sophie that the meaning of her life is transformed in this

⁵² Act 4 Scene 3.

⁵³ Sophocles, *Oedipus Tyrannus* 1183 ff.

way (even if the reader only knows this late on in the narrative).⁵⁴ For her life to have such meaning is particular to her – and its particularity and its reflectiveness go together. This ability to reflect on the particular, moreover, seems to be itself a feature of human nature: something essential to us. So are we to say that this too flourishes and withers with age? Is Lear's his last rage against the night?

There is, perhaps, a harsh reality here. One of the afflictions of age is the decline of memory, sometimes slow and irritating, sometimes faster and terrifying, as in the onset of Alzheimer's disease, and sometimes sudden and fractured, as with the effects of radical stroke. The events, or series of events, may go unnoticed by their subject; or they may be dreadfully present to consciousness. That, we might think in the face of Lear's howl, is better so – Lear's tragedy lies in his recognition of what he has done, where he has failed and how he is in the face of it. So even if reflection is something which in general makes us think about our own development and the testing of our character, so that reflection is the means to the virtues of age, reflection is also the source of the tragedy of old age, the recognition of what we have become. More: the recognition that we may be losing what makes us ourselves – our sense of who we are and who is around us, our memory of recent events, even our grasp on our own development of character – is intimately involved with the thought that memory is partly what makes us ourselves. Our failing sense of our own continuity, thus exposed to reflection, is itself a source of tragedy. That it is beyond our control, and that we may be aware of that too, makes things worse still.

Rethinking Narrative: Solipsism and Community

So if memory is a condition of personal identity, then it renders the special cognitive afflictions of old age more acute. Where memory fails in radical ways – whether gradually or by a sudden fracture – perhaps the person fails too. Perhaps in that circumstance some of the banal remarks about the aged ('she is no longer herself, no longer who she once was') turn out to be literally true: perhaps here indeed identity is radically scalar – it may fade, or diminish, or cease altogether, maybe long before death intervenes.⁵⁵ When memory fractures, that is, the person and her virtues and vices somehow

⁵⁴ Styron (1979).

⁵⁵ See Parfit (1984), McMahan (2002).

fracture too; and this may render problematic a great deal about that person's future, their place in their society and their family, their command on the attention of others and even their concern for themselves. Indeed the accounts of persistent identity I have discussed all have the solipsistic feature of requiring the cognitive and emotive engagement of the person concerned, whether by thinking of persistence in terms of narrative or by requiring empathic engagement. In this they match, indeed, the ordinary ways in which we speak; and they are mirrored in some of the anguish felt and expressed by those who deal with dementia in those they hold dear.

This causes, however, moral upheaval. If character and persistence are vitally connected, and if persistence is damaged by failures of cognitive continuity, what are we to say of the moral standing of someone whose persistence is damaged in this way? We might think that memory may fail but character does not; so that the moral standing which rests on character persists (and so much the worse for memory as a condition for persistence). Or we might think that there are times when character does indeed seem to fail too, in which case our moral attitude to the person in question might change too (so much the worse, we might think, for a moral account that rests on character). Or, more plausibly, we might think that some obligations remain, but others alter, in the face of irretrievable loss of the character that was what we valued in this person in particular. Indeed, one account of what happens with irretrievable fracture is that this – not what is recorded as the failure of vital signs – is death.⁵⁶

It is clear enough that these questions about persistence and character reflect what happens in ordinary situations: they reflect the ways in which those who have loved people with these kinds of cognitive failure, whether gradual or sudden, continue to love them, even while they suffer from the grief of losing them. In such situations often the concern of others is not etiolated or changed, even if it is also darkened by grief. So we might wonder whether this should change how we account for what is happening, change how solipsistic should be the conditions for survival or change.

At this point we should return to the contrast between memory and narrative as accounts of persistence. I suggested that there might be a close connection between narrative accounts of identity and an account of moral value that sees the developing agent, the person of character and possibly virtue, at the centre of moral evaluation. We might think that – as with

⁵⁶ There is a further question here about when we might think that a person is *dying* rather than just ageing.

memory – narrative will just fail when cognitive faculties do, so that when the person is no longer able to speak, or to articulate their own story, their narrative identity breaks. Thus we encounter the same problems when thinking about ageing as we would find on the view that explains persistence in terms, merely, of nested memories: identity here risks discontinuity altogether. And it may indeed be true that some kinds of cognitive failure do indeed constitute the fracture of the person; that is indeed the source of the grief we feel at the loss of memory of others: not just the memory, but the very person is lost too.

But once again matters may be rather more complex. The view that speechlessness and inarticulacy terminates identity, when identity is understood in narrative terms, may think about narrative just as a story told into a vacuum – so that narrative is essentially solipsistic. That, of course, is just not the case. In our ordinary accounts of narrative, after all, and even when there is a single voice, it is not told into the void – even an autobiography is told to someone, whom we expect to listen and hear. The story of Odysseus, for example, is told after dinner to an admiring audience, and their role in the thing is simply to admire and be amazed. But the role of the audience is at least richer than that: in the experience of tragedy, for example, we may feel pity and fear, or in drama we may feel empathy. The story of Lear is told to his companions; and told too to the audience as they watch – and the tragedy derives from our participating fully in the account – watching it as it unravels, and seeing disaster unfold. Even in the third person there is emotive content in narrative.

We might say more still about the role of the second person, when we think about the role of narrative in therapeutic contexts.⁵⁷ Here the force of narrative is that it is indeed told to another, where the role of the other is not only as an auditor, but also as sympathiser and analyst and critic. All of these roles, however impartial they seek to be, do indeed have a stance on the narrative, and they are fundamental not only to the making of the narrative but also in therapeutic contexts, to changing and rethinking it in a collaborative way. It is a mistake, thus, to take narrative as a solipsistic activity, and a mistake to think that its empathic content is limited to the subject of the narrative itself.

The same may be true for the more commonplace narratives of identity in the banal exchanges of ordinary life. The speaker and the hearer are jointly engaged with what is said, with the story told and heard, with

⁵⁷ See here e.g. Hurwitz and Greenhalgh (1998).

version and interpretation. We do it all the time, all day, in all sorts of exchanges. What is more, the run of the narrative may be shared – speaker and hearer may alternate, each contributing and adding or correcting or agreeing and disagreeing. In ordinary circumstances the narratives we make of ourselves are made with others, in shared contexts and conversations and lives lived with one another. Narrative, that is to say, is a joint exercise.⁵⁸

What kind of difference might that make to our accounts of the role of narrative in personal identity, or the role of narrative in cases where the first-personal element is somehow damaged or failing? If narrative is a joint enterprise, we might think that the relations involved in the narrative account of identity are not merely first-personal.⁵⁹ What is more, if narrative is joint, we might think that the question of empathic access is a little more complex than merely *my own* sense that it was I who did these things so long ago. The narrative, by contrast, may tell a joint story, and reveal shared reasons⁶⁰ and a communal sense of who we each are. Identity, on this account, is not individual, but social (that might seem, after all, a commonplace that the more outlandish thought-experiments of the discussions of identity obscure). Equally, if it is a central feature of narratives that they expose the character of the narrator, so too it is a feature of narrative that the audience is prone to moral judgment about that character, may praise and blame, making intimately connected the moral content of the speaking and of the hearing.

It is a commonplace of the discussions of dementia that dementia involves a gradual diminution of the self, and a growing sense in the observer that the person is disappearing from view. Here – as, indeed at the beginning of life⁶¹ – we might readily see that identity is scalar; but we might also see that the responsibility for maintaining it – for the talk about the rights and dignities of someone who is no longer able to speak for themselves – lies not on the subject of the narrative alone, but on the community within which they live. If our social lives become so fragmented and solitary that this cannot be maintained, we may lose sight of a central plank in our understanding of ourselves. If, conversely, we concede that the narrative sense of identity is a joint enterprise, we may come to understand that the perspectives it embodies are shared, not only for the merely factual history of the person in question, but for the moral content of that history too. The characters of the story, that

⁵⁸ Walker (1999) (2007).

⁵⁹ Darwall (2006).

⁶⁰ See e.g. Korsgaard (2009), Walker (2007).

⁶¹ See work in progress on the metaphysics of pregnancy by Elseltijn Kingma, and McMahan (2002).

is to say, survive not only when they can speak for themselves, but also when others may speak to them and for them. The failure of memory, in the context of a joint narrative, may not constitute the ultimate failure of the person.

Recapitulation

The renaissance of virtue theory in contemporary ethics has a great deal to contribute to a discussion of the values of ageing, set against the ways in which ageing is often treated as fading or merely progressive incompetence. For here value is seen to reside in a whole life, and in the character of the person who lives it. But such an account of value owes us, I have suggested, an account of the persistence of the person who lives that life, and whose character may develop in ways the virtues describe. Prominent accounts of the persistence of persons – explained by psychological continuity through memory, or through narrative – may give us accounts of persistence that fit well with virtue theory, since they do indeed explain the very reflective features that may be found in accounts of how virtuous character develops. But in the discussion of ageing, these accounts, which may support a scalar view of personal identity, may also underpin a view that ageing is in part fading altogether from the person one once was. These accounts are, on the whole, restricted to the first person – to accounts given by the remembering self of the self that remembers. Instead, I have suggested, we may think that the scope of narrative accounts ranges wider, and includes the possibility that joint narratives may preserve the person even in the face of fractured memory and aphasia. The account of the virtues of old age should be set, then, in the context of a life lived with others; part of the tragedy of old age is to see the aged as failing to survive, alone.

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Ethical Issues in Dementia Care

Chris Gilleard and Paul Higgs

Introduction

More than most other chronic diseases of later life, the diagnosis of dementia heralds a future of progressive disablement. People developing dementia find themselves becoming increasingly dependent upon others, making care a critical element in their lives. As the public health profile of dementia has risen, so too has the awareness of the numerous ethical issues that arise during its course (Nuffield Council on Bioethics 2009, Strech et al. 2013). The aim of this chapter is to provide a framework for and an interrogation of these issues. We consider four themes that more or less follow the progress of the disorder, recognising that some of the issues that emerge at one stage in the progress of the condition may later be submerged only to re-emerge in changed form at subsequent stages. Granted that the progress of the condition varies and the problems posed rarely follow quite so orderly a sequence, still we hope that adopting a 'stage like' approach to the ethics of dementia care can illuminate more than it obscures.

We begin with the issues arising in making a diagnosis of dementia, or major cognitive impairment, as it is now known in the American Psychiatric Association's latest diagnostic manual, DSM-V (APA 2014). Making and communicating that diagnosis to the person suffering from dementia and to

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members of their family, with all the implications concerned that follow from the diagnosis, present the first serious ethical challenge – what is the right thing to do, whom to tell, what to say and when to say it. The next set of ethical issues arises when the person with dementia and their family begin to re-negotiate or re-construct their relationship – and the innumerable problems of knowing what to do for the best. The initiation and negotiations surrounding formal care provide a new set of dilemmas particularly those concerning decisions to transfer care from the ‘life-world’ of the family to the ‘system-world’ of health and social care services.¹ One of the hardest decisions is whether or when to transfer care from the home to an institution and the moral and ethical issues that ensue after such transfers. In the final section, we address end-stage care in dementia, what might be deemed its ‘terminal embodiment’ and what if anything might constitute a ‘good death’ with dementia.

Beginning the Journey – Diagnostic Dilemmas

During the course of the 1980s, the pre-modern term ‘senility’ and its later equivalent ‘senile dementia’ were largely replaced by the appellation ‘Alzheimer’s disease and related disorders’ (Small et al. 1997). While senility and senile dementia had been terms employed by lay persons and professionals alike, Alzheimer’s disease became a matter of diagnostic distinction, necessitating clinical skills and specialist tests beyond those normally accessible to staff working in primary care or social services let alone the general public (McKhan et al. 2011). The new degree of diagnostic precision that emerged during that time reflected a renewed interest in pharmacological treatments, following the ‘cholinergic’ hypothesis of dementia which closely mirrored in broad outline that other eponymous neurological disorder of later life, Parkinson’s disease (Francis et al. 1999, Perry, 1986). Though the early claims of therapeutic success of ‘anti-dementia’ drugs have since been moderated, the investment in research accompanying those therapeutic endeavours has helped drive research into ever more sophisticated methods of identifying early signs of dementia, including the search for so-called pre-symptomatic bio-markers of disease (Hu et al. 2010, Ray et al. 2007, Schneider, Hampel & Buerger 2009).

¹ For a useful review of Habermas’ distinction between life-world and system-world, see Baxter (1987).

At the same time as research was being pursued into potential biomarkers for dementia, Alzheimer's became a topic of growing public-health concern. Once confined to national studies of prevalence and incidence and the need for expanding service provision, epidemiological research now extends across national barriers analysing the social and healthcare costs arising from dementia set within the new context of global ageing (Alzheimer Europe 2014, OECD 2015, WHO 2012). Exemplifying this global reach, Alzheimer's Disease International has become a powerful international non-governmental organisation with branches in over 40 countries spread across all six continents, influencing the direction of research, care and therapeutic practice (ADI 2014).

Accompanying the 'Alzheimerisation' and 'globalisation' of dementia has been a raised public awareness of the condition. Several surveys indicate that older people now fear developing Alzheimer's/dementia more than any other chronic disease (Cantegreil-Kallen & Pin 2012, Laforce & McLean 2005, MetLife Foundation 2006). There is a dilemma between the public health agenda of raising awareness of dementia, the limited clinical experience of success in halting or significantly modifying its progress and the growing public anxiety about dementia. Given its gloomy prognosis, concerns have been voiced over the value of detecting and diagnosing dementia at an early stage and many physicians report fears of disclosing the diagnosis in case of the upset it may cause (Bradford et al. 2009, Carpenter & Dave 2004). Given the uncertainty surrounding the empirical consequences of disclosure/non-disclosure, reviewers have called for more research into the preferences of older people and their families (Bamford et al. 2004). Several such studies have been conducted which seem to show a consistently strong preference for people wanting to know. This suggests that clinicians may be more reluctant passing on the 'bad news' of diagnoses of dementia than their patients are in receiving it (van den Dungen et al. 2014).

Research also shows that some people do not want to know – while others say they would want to know, but without letting friends or family know (Hellström & Torres 2013). Disclosing the diagnosis can be thought of less as an event than a process of meaning making. It is an indeterminate process in the sense that it is not possible always to know what knowing one has dementia – or knowing one's partner or parent has dementia – means beyond the fact that it is not good news. In their review of research in this area, van de Dungen and colleagues identified several distinct reasons why people wanted to know, ranging from having the opportunity to plan for the future, to seeking out treatments and even to exercising their right to plan their own suicide (van den Dungen et al. 2014, p. 1613). Should clinicians always respect people's wishes and disclose the diagnosis or should they reserve the right to choose when or

whether to disclose? Is it a matter of choosing between 'patient autonomy' and 'best interests' or is it, as the Nuffield Centre report suggests, less a question of 'early' but of 'timely' communication, that is choosing when is the right time to do least harm and create most benefit, both to the person and to his or her family (Nuffield Centre of Bioethics 2009, p. 3.16).

Among the ethical dilemmas surrounding communicating the diagnosis nowhere has there been more controversy than in discussing people's rights to use this information to plan their own 'pre-emptive' suicide or enact an advanced directive to have their future life ended once it has reached some agreed-upon definition of being 'incapacitated' (Cooley 2007, Davis 2014, Dresser 2002). While it can be argued that there are many practical as well as ethical issues following an advanced directive requesting assisted suicide in the event of severe mental incapacity that render such plans all but unrealisable (Latham 2010), the ethical issues raised by so-called pre-emptive suicide are becoming more complex as potential new biomarkers of dementia appear well before any clinical signs of mental impairment (Bateman et al. 2012, Coupé et al. 2015). It could be argued that no one other than the individual himself or herself has the right to choose whether or not their life is worth living. Respect for decisional autonomy – of the individual's right, once given the diagnosis of dementia, to choose whether to live or die – is usually placed ahead of all other criteria for decision-making in medicine (Hope, Slowther & Eccles 2009). It is not absolute, however. Some clinicians doubt whether anyone with a diagnosis of even early dementia can be considered 'completely' capable of rational judgement, even if they are not judged 'incapacitated' (Rabins 2007). Hence expressing such ideas may be deemed less the rational decision of a moral agent than the symptomatic expression of a troubled mind. With the development of pre-clinical biomarkers, however, such arguments hold less sway. But still problems arise, even if one could place absolute reliance upon such biomarkers. This includes the right of one's present 'about to develop dementia' self to determine the future of one's future 'already developed dementia' self as well as the right of one's present 'already demented' self to be subject to conditions imposed by a prior unremembered 'about to develop dementia' self (Post 1995). While earliness rather than timeliness should be chosen to ensure the least constraint on decisional autonomy, the earlier the knowledge gained the greater temporal distance there will be between the concerns of one's present and those of one's future self. Decisions may be taken based upon an imagined future self, before for example discovering that what once seemed so frightening and intolerable becomes, with experience and with care, less so. We will return to this issue when considering care in 'end-stage' dementia.

Negotiating Treatment and Care

The problem of the autonomy of the person with diagnosed dementia arises even more insistently when determining the best plans for care in the aftermath of the diagnosis. At stake are the potentially competing interests of clinicians, the person with the diagnosis and those most intimately involved in living with or being close to such persons, all of whom may formulate their own interpretation of 'best interests' (Kirtley & Williamson 2016). The early studies of the social relationships of dementia focused upon the experiences of the caregivers and neglected the person with dementia (Cotrell & Schulz 1993). The struggle in coming to terms with the diagnosis, the changes brought about by the person's dementia and the effects these have on family relationships were regular research themes, but explored primarily from the perspective of the family member or members providing care (Graham & Bassett 2006). Although attention has shifted to include the experiences of people who have developed dementia, especially during the earlier stages of the condition, these studies remain in the minority (De Boer et al. 2007, Steeman et al. 2006).

First-person reports suggest that feelings of anxiety and uncertainty predominate, alongside an expressed need to hold on as much as possible to one's sense of autonomy, meaningfulness and security (Steeman et al. 2007). 'Shifting between adaptation to and compensation of changes and losses on the one hand and the attempt to maintain identity, normality and daily routines on the other hand' (von Kutzleben et al. 2012, p. 387), the person with dementia's early struggle can be framed as one between retaining what Ricoeur termed the *idem* of self-sameness, while sustaining what he termed the *ipse* of self-directedness (cf. Ricoeur 1992). Helping people with such struggles poses several questions about what is the best thing to do. This extends to treatment. If dementia accompanies rather than causes death, halting its course may not prove an unequivocal good, in the way that halting the progress of cancer or heart disease does. Being mildly or moderately demented may result in more sustained suffering than ensues once dementia progresses and the sufferer's awareness of his or her incapacity becomes blunted.

When anti-dementia drugs were first being seriously researched, an Italian psychiatrist involved in these drug trials raised questions of the desirability of drugs that would 'maintain' the person with dementia, preventing their progress to more severe stages without achieving any remission. What, he asked, is really 'clinically relevant' and who should decide? (Spagnoli 1991). The hopes of so many, patients and their families, drug companies and governments, clinicians and researchers, continue to rest upon the discovery

of effective treatments. It can be hard for any to resist the desire for the 'newest' medicines that offer the hope of 'improvement' if not cure, and maintenance if not improvement. A future self, unrecognisable to both one's present self and one's family, may seem worse; loss of awareness of one's mental state rather than offering relief may seem part of a less desirable self than anything now affecting the person.

Yet it may be hard to determine whether such treatment is in the person's best interests. Commenting on the pharmaceutical industry's active promotion of anti-dementia drugs, one Norwegian physician wrote:

The message was that as soon as the diagnosis is set, medication should start. But what is it that we are offering? A medicine that has proved effective in only ten percent of cases, and then delays the cognitive impairment by only six months on average. An increase in dose from five to ten mg gives no extra effect, only more adverse effects... At the same time one in sixteen will experience such serious side effects during treatment that it has to be stopped. What other medicine would be accepted by the Medicines Agency on the basis such figures? (M. Johansen, cited in Moser 2008, p. 108)

Given the evidence of limited clinical efficacy, most approved anti-dementia drugs are targeted at achieving such relatively modest ends. Beyond the benevolence attributed (by carers perhaps more than by persons with dementia) to such prescriptions, it is by no means clear that any other more substantive aims are ever achieved (Schwarzkopf et al. 2013, Schneider et al. 2014). Medication seems to play very little part in the concerns or experiences of people being treated (von Kutzleben et al. 2012, p. 385), while there is little evidence that such medication lightens the 'burdens' affecting the caregiving relationship (Lingler et al. 2005), reduces rates of dependency or institutionalisation (AD2000 Collaborative Group 2004) or greatly improves the observed quality of life of people with dementia (Schölzel-Dorenbos et al. 2007). Yet is it ethical for clinicians to resist issuing such prescriptions on the grounds of 'best interests'?

Perhaps the costs of such medicines should be considered alongside their putative benefits. Apart from assessing the impact on cognition and daily living skills, the typical treatment trial usually focuses upon the presence and degree of unwanted side effects, such as constipation, dizziness or nausea, in judging overall effectiveness. Few trials provide answers to the kind of problem posed by Spagnoli, whether the observed benefits measured by the tests have negative consequences such as prolonging the struggle and suffering of the person with dementia, by establishing an extended period of sustained awareness of their dementia. If matters remain stable, as far as friends or family can judge, should

the clinician repeat the prescriptions, only stopping if the carers complain? Does the act of prescribing not signify care and withholding prescribing not caring, and is it perfectly acceptable so long as it avoids any adverse side effects?

Similar questions can be asked of other everyday practices of care. The question of truth telling does not end with diagnosis and some would argue that it may be neither possible nor desirable for carers always to be truth tellers. Re-negotiating reality when a partner or parent has developed some cognitive impairment may involve telling some white lies, or failing always to be truthful (Schermer 2007). The 'reality' of dementia may be relational, truth and lies matters to be negotiated. The Nuffield Council report on the ethics of dementia suggested: 'The interests of the person with dementia, including their autonomy interests, are closely linked to the interests of those close to them, and particularly to the interests of their family and friends who are caring for them' (Nuffield Council of Bioethics 2009, p. 2.32). If such a position of 'relational' rather than 'decisional' autonomy is accepted, families seem equally entitled to interpret their circumstances – including those of the person with dementia – in the light of the interests of all concerned. This might well include not always being 'truthful' and on occasion maintaining some 'white lies'.²

In the presence of not just unequal access to, but unequal retention of, relevant information, who determines the meaning of 'best interests'? Research into the processes whereby family members are transformed, in their own eyes, into 'caregivers' alludes to the bitter sweet consequences of this shift in perspective. While the status of becoming, or 'self-identifying' as a 'caregiver' may help re-frame the relationship for the carer, by giving added distance from the person with dementia or by conferring a sense of solidarity with other carers, it also irretrievably alters the nature of the bond between carer and cared for. One person is confirmed as the 'dependent', while the other is empowered to take over 'responsibility' for the relationship and, thereby, for the person with dementia (O'Connor 2007, p. 172). In such circumstances, should one insist upon an individual's decisional autonomy, on the person with dementia's 'right' to re-negotiate this relationship? On the other hand, how harmful is it to cede much of one's identity to others especially when those others are people who, still loving, are also (or once were) most loved?

Models of 'training' family members in caregiving and coping skills, such as the successful programmes developed by Mittelman et al. (1996) may have as their unintended consequences the indirect effect of also 'training' the person

² Relational autonomy may take precedence, particularly in strongly 'familialist' societies such as those found in many Asian countries (Krishna 2012).

with dementia to accept being someone to be helped, and by being helped, becoming a person more helpless than they had previously considered themselves to be. While it may be helpful for families caring for people with dementia to 'understand' their relative's deficits in terms of the diagnosis, those benefits may be bought at the cost of reducing the person with dementia's identity as an autonomous and rational agent. By assuming that rights and respect depend upon the person's autonomy and rationality – their status as Kantian rational persons – while 're-interpreting' these terms to suit the ethics and interests of care (and thereby of the carer), such 'person-centred' care can seem little more than an attempt to maintain the 'white lie' of autonomy while strengthening the relational reality of 'carer' and 'cared for'.

Care can be precautionary as well as assistive, designed to prevent the person being cared for from coming to harm, losing their dignity or, on occasion, causing harm to others. Such precautionary acts may well not 'respect the person's autonomy' or even credit the person with 'rationality' but are concerned with dignity and keeping the person safe. They express the carer's concerns for the 'best interests' of the person with dementia just as much as 'enabling' acts of assistance. Whether or not the Nuffield Council's concept of relational autonomy is any more than a play on words, what it usefully points out is the necessity of enabling, when and where necessary, the transfer of responsibility for the person with dementia away from their present self and its flawed agency toward its social re-realisation within the care relationship. Assuming that such transfers come at no cost to the autonomy and rationality attributed to the person with dementia is more than a matter of just another little 'white lie'. It recognises that the moral imperatives of care and the transfer of moral agency that this involves always come at a price.

Transferring Care

When the responsibilities for care are transferred out of the life-world of hearth and home to the formal systems of health and social care services, one step further in the shifting balance of autonomy and dependency is taken. This is another transition scarcely less reversible than when family become not just family but caregivers. Arguably it marks an even more profound change in 'relational autonomy' as the person's own interests, expressed within the existing network of family relationships – their 'life-world' – are re-realised as the considerations of 'best interests' interpreted by strangers – by staff in health and social care services. While such a transfer of care does not mean ignoring the

person's 'decisional' or the family's 'relational' autonomy, it shifts those forms of autonomy away from the top of the decision-making tree, elevating decision-making on the grounds of best interests interpreted by strangers who now care.

Some of the ethical dilemmas in transferring and relocating care to the formal care setting of the nursing home are met within domiciliary long-term care, but in the latter instance, the person with dementia retains the status of home owner or tenant. Within the law, the person with dementia retains certain residential rights that are forfeited after moving into a nursing home. They become at best a notional tenant, with a tenant's limited rights of residency. Even the most extensive and intrusive client home care plan cannot revoke the person's status as homeowner or tenant, while even the most liberal nursing home care regime cannot ignore the responsibilities it holds *qua* nursing home.

The request that formal care be provided in the person's home usually indicates that the person or their family recognises that they need additional help for the person with dementia to be safe. When that decision is mutually recognised and agreed, the process is relatively straightforward to initiate even if problems may arise subsequently over the fulfilment of the service contract. Such problems constitute practical rather than ethical dilemmas, such as delimiting what exactly constitutes the domiciliary care worker's tasks, and obviously differ in cases where such care is mediated through public authorities as opposed to private arrangements. Arguably, so long as the person with dementia remains the householder (whether as owner or tenant) he or she must be credited with sufficient autonomy to prevent service providers imposing decisions based purely on their objective judgements of 'best interests'. If, however, such householders refuse entry to care workers, it can be argued that not only are such decisions against the person's best interests, they also reflect the incapacity or incompetence of the person with dementia – their ability to serve as the moral agents of their own care. Under such circumstances, failure to gain entry or otherwise intervene can be deemed 'neglect' on the part of the service provider. In short, acting upon the apparent decisional autonomy of the person refusing entry to the care worker may represent less acknowledgement of their decisional autonomy as a 'professional' failure to recognise incapacity and consequent decisional failure to use a 'best interests' standard.

When a person is deemed to lack capacity (as for example under the 2005 Mental Capacity Act for England & Wales), failure to act upon a 'best interests' standard can be judged criminal negligence. In such circumstances, a 'best interests' standard may well lead to the decision to seek nursing home care or similar institutional provision. Hospitalisation, worsening health of the person's spouse or partner, domestic crises faced by adult children carers

and repeated difficulties in gaining access or ensuring safety by the formal carers can all precipitate nursing home admission. Such developments are sadly common; most people with dementia will at some point or other enter a nursing home (Luppa et al. 2008). This decision is made most often by others and rarely involves the active decision of the person himself or herself. This is increasingly the case as such decisions are reached at a point much later in the progress of dementia, when people with dementia are judged no longer capable to determine what is in their best interests (Afram et al. 2014, Kraijo et al. 2015). Entry into care then determines most subsequent care decisions as accountability and responsibility are placed in the hands of strangers (Williams et al. 2012, p. 56).

What follows are the dilemmas faced by formal carers in determining best interests. While seeking to respect the dignity and autonomy of the person with dementia, such judgements are incorporated within a best interests standard. Loretta Kopelman has described the best interests standard as using 'the best available information to assess the . . . incapacitated person's immediate and long-term interests and set as their *prima facie* duty that option . . . that maximises the person's overall or long term benefits and minimizes burdens' (Kopelman 2007, p. 188). While the decision to institutionalise an older person with dementia will frequently consider that to be in his or her best interests, it may also be because family and services consider it in their best interests as they no longer feel competent fit or safe enough to exercise the necessary moral agency over the welfare of the person with dementia. While some might consider that such a decision could be deferred were the carers better supported, more resilient, physically or emotionally stronger – on the grounds that living in one's own home is always to be preferred to living in an institution – in the end best interests decisions can only be made within the particular context of care that the person with dementia faces. Such a consequentialist position thereafter applies to all subsequent decisions in care, taking into account the individual resident and their family but also considering the level of resources available to the home, the needs of other residents and the rights of the staff who work in the home. Transfer of care into the nursing home effectively recalibrates decision-making to the best interests standards of formal care. Even if this involves the person with dementia and his or her family, any such involvement remains subject to a decision-making process framed by the best interests standards noted above.

Determining 'best interests' under such circumstances poses complex questions for carers. Decisions over the use of 'restraints', a phenomenon observed in many nursing homes, illustrate such dilemmas (Gastmans & Milison 2006). The decision to impose some form of physical restraint usually takes account

the best interests of the resident, judged by the balance of costs and benefits arising from their use, but set within the context of the institution. The benefits – preventing aggression toward others, preventing falls, keeping the person in an upright position or preventing the person from wandering – are typically represented as keeping the person safe from harm, or from behaving in an anti-social or undignified manner (Evans & Fitzgerald 2002). Other ‘indirect’ benefits arising from the institutional context might include relieving the pressure on staff to attend to others, preventing other residents from being harmed or enabling care tasks to be performed. The costs include the risk of other harms arising to the person restrained – either physical (such as bruising, chafing or muscle weakening), psychological (such as increased agitation, emotional distress and fear) or moral (such as the loss of autonomy and dignity and the harm of objectification). Other less extreme ‘restraining practices’ exist such as holding a person’s arms or legs to wash or shower them, putting up bed-rails at night or forcing the person into the toilet to clean them where similar consequentialist considerations apply. Good practice would suggest that such considerations should be discussed with the person’s family and with other members of the team, to avoid ‘best interests’ becoming simply what best suits the carer at that particular time and that adequate records should be kept of all such decisions regarding the use of restraining devices.

Care and Dignity

Many practices of nursing home care reflect these kinds of concerns – whether they be ‘hiding’ medication in hot drinks or inside residents’ meals, locking doors or attaching alarms to alert staff in case the person leaves the premises. Considerations of residents’ health and safety compete with the restrictions such practices pose on the person’s autonomy or the infringements made to their dignity. While the dominance of a best interests model reflects the person’s incapacity and limited autonomy, the existence of significant incapacity or incompetence does not necessarily lead to any less rights to human dignity. While some have argued that the term dignity has little meaning or purchase in health and social care, over and above that commanded by respect for persons or for their autonomy, others have argued that dignity represents a distinct and ineradicable virtue attached to each and every human being, beyond that of autonomy or personhood (Cochrane 2010, Macklin 2003, Nordenfelt 2003, 2009). Nordenfelt distinguishes between what he calls *Menschenwürde* as a form of dignity ‘belonging to every human being to the same degree throughout

life. It cannot be taken away from anyone and it cannot be attributed to any creature by fiat' and other forms of 'attributed' dignity that are in various ways qualified or matters of degree (Nordenfelt 2009, p. 39).

This distinction is helpful as *menschenwürde* risks otherwise becoming a vacuous term better avoided or otherwise a simple reformulation of the Kantian concept of personhood (Cochrane 2010). While the latter may remedy some of the problems of the former version, by specifying that possessors of dignity are 'ends in themselves', Cochrane rejects it on the grounds that its application is restricted to those who qualify as autonomous rational and thereby moral agents, excluding all those who lack or have limited autonomy, rationality and capacity to act as moral agents, such as persons with dementia.

If the grounds for possessing dignity are not founded upon the Kantian criteria of personhood as rationality, but upon *menschenwürde*, that is, the possession of a generic humanity, the equally Kantian obligation to aid such others still applies. Care is given to preserve people's intrinsic dignity as human beings. But the basis of intrinsic, non-specific 'species' based dignity may seem itself too generic, offering little in the way that is specific to the interests or concerns of the individual person with dementia. Nordenfelt argues that there is another aspect of dignity that equally applies to care and that gives it more precision, the dignity attributed to a person's identity (Nordenfelt 2009, p. 33).

This 'dignity of identity' is an attributional rather than an intrinsic aspect of dignity; it is attributed to a person by others and so can be taken away, in part or fully, either by other persons or by other factors including accidents, illnesses and other natural causes (Nordenfelt 2009, p. 36). Unlike other attributional elements such as moral worth or merit, the dignity of identity depends upon the person being respected as an individual. Nordenfelt draws upon the effects that losing – or being denied – this form of dignity can have on a person's self-image and the accompanying humiliation this entails. He extends this concept of the dignity of identity to people with moderate or severe dementia, who may not be conscious of their humiliation or whose self-image may not be sensitive to what to others would deem depersonalising treatment (Nordenfelt 2009, p. 38). Even a dead body can be treated in an undignified way, out of disrespect for the person they were and not just the fact of their having once been a human being. The dignity of identity that persons deserve, as individuals, is not based solely upon the subjective experience of humiliation, but equally on the objective signs of such humiliation – the humiliation that other, cognitively intact, moral agents would be likely to experience.

Nordenfelt's careful analysis of human dignity goes some way to addressing Macklin's criticism of the term as fundamentally vacuous, while extending its

application beyond the confines that Kantian criteria of personhood or moral agency might demand. To make decisions around caregiving, including decisions that restrict or restrain the person with dementia, subject to the criteria that they should both serve best interests and preserve the person's 'dignity of identity' seems one possible framework within which care practices can be reviewed. Such a framework works both ways. It requires the best interests and the dignity of the carer to be respected as well as those of the person being cared for. Many conflicts over care threaten one or the other and in doing so risk harming both. Abuse within the residential care setting, for example, can be seen as belittling the dignity of the carer as well as that of the person being cared for, even if the latter's interests are the more severely harmed. While all decisions in care are subject to particular pressures and contingencies, the joint criteria of best interests and maintaining the dignity of identity of carer and cared for might prove a useful framework for resolving such conflicts in the institutional setting and perhaps equally, in domiciliary care.

End-Stage Care

At some point, care moves beyond the realms of negotiating best interests to a much more one-sided relationship when decision-making lies largely in the hands, hearts and minds of the care staff. Such advanced or 'end-stage' dementia care is almost invariably the responsibility of health and social care personnel. Statistics on the place of death of people dying with dementia as a cited cause of death suggest that between 92% (Netherlands) and 60% (England) of people with dementia die in nursing homes, but only between 4% (England) and 15% (Switzerland) die at home (Hedinger et al. 2014, Houttekier et al. 2010). While the problems of people during this terminal or end stage of dementia are not unique to those suffering from dementia, they are compounded by the pre-existing limitations in communicating and understanding their experiences, feelings and wishes of people with dementia, before any 'terminal' phase of decline (Chen et al. 2007).

Several issues in care arise at such advanced stages of dementia (Mitchell et al. 2009). One concerns the validity of 'advanced directives' in determining end-of-life/end-stage care decisions; a second concerns whether and/or when to withdraw or withhold 'care and treatment' of potentially life threatening medical conditions arising during end stage of dementia, while a third concerns the use of potentially lethal interventions (typically sedation) in the management of end-stage symptoms such as agitation, breathlessness and

pain. We will consider each of these issues in turn, while recognising that despite their distinct association with 'end-stage' care, all involve the inter-linked ethical issues of 'best interests', 'dignity' and 'duty' that we have referred to in previous sections.

Despite public exhortations to do so, in practice little use is made of advanced directives in nursing home care. When concerns in the USA were raised over the non-involvement of patients and family in all aspects of medical care, including issuing advanced directives, attempts were made, through the 1990 Patient Self-Determination Act (PSDA), to ensure that 'healthcare institutions, including long-term facilities, recognize and honor patients' written advance directives' (Teno et al. 1997, p. 939). The immediate outcome was an increasing number of DNR instructions (instructions not to resuscitate a patient or resident in the event of cardiac or respiratory failure). The more general aim of ensuring that residents had a detailed clearly framed advanced care plan failed (Perkins 2007). The limited take up and mounting scepticism over the relevance of advance directives proved so widespread that some now argue that '[i]t's time to let go: advance directives should be allowed to die in peace' (Dawson & Wrigley 2010, p. 23).

While legislation now supports the use of advanced directives in a number of countries beyond the USA, nearly all go no further than endorsing a person's stated wish to refuse treatment. Only in the Netherlands is there legislation endorsing positive requests for active interventions, including euthanasia (den Hartogh 2013). The implication behind such legislation might imply that there is, toward the end of life, a virtue, if not a duty, in hastening one's death (Hardwig 1997). One dilemma presented by advanced directives written before people with dementia develop a lack of capacity resulting from the severity of their condition is the philosophical problem of personal identity. Do we remain the same person, the same self, to a sufficient degree that our past 'competent' self holds moral agency over our future 'incompetent self'? This dilemma can be framed as a conflict of interests and/or a conflict of wills. Based upon the concept of 'precedent autonomy' (Davis 2002, Dworkin 1993), the interests of a previously competent person are considered to possess greater moral authority because they reflect a fuller more reasoned expression of the person's interests, while in advanced stage dementia any such interests can only be 'interpreted' since the person's capacity to articulate any consistent set of interests will be, at the least, impaired. Davis has referred to this principle of crediting precedent autonomy as reflecting a 'higher order' preference.

A second version of this argument is that even expressed as a conflict of wills, Frankfurt's notion of 'second-order volitions' means that the 'good

will' of the rational person trumps the 'wanton' will of the non-rational (incompetent) person, because it demonstrates *moral* agency (Frankfurt 1971). The desire to over-ride or reject one's desire to live, at some future point, reflects a greater moral agency (or higher order preference) over and above the 'unthinking' wanton-ness of life – that may be all that can be expressed at such a late stage of dementia.

Even were such arguments to be accepted, a further dilemma arises, one already alluded to, in the case of advanced directives for euthanasia. To what extent are healthcare staff (including personal care assistants) obliged to follow all or any of the past instructions of the residents they currently look after? The decision, say, to prescribe medication rests with the prescribing agent not with the recipient; likewise the responsibility for initiating resuscitation or tube feeding. In such cases an individual resident's precedent autonomy – even when clearly evidenced in advanced directives or past statements made – does not over-ride clinical responsibility. While clinical responsibility requires consideration of 'best interests' whether as expressed by the person in the past or by his or her family in the present, such considerations do not themselves have priority over that of the clinicians whose responsibility subsumes but is not over-ridden by the authority even of a past competent self or present competent relatives.

In contrast to negatively framed directives not to intervene, positive directives – including positive directives requesting euthanasia – have no legal nor indeed much moral force. Even in countries where euthanasia is permitted, and positively expressed advanced directives accepted, there is still considerable reluctance to enact such directives. A more detailed outline of why can be found in Gastmans (2013). What of negatively framed requests – such as DNRs, withholding antibiotics or foregoing hospital admission? Arguably the same principles apply – that responsibility for withdrawing or withholding care rests with the clinical or care staff, once a person is judged lacking in the capacity for decisional autonomy. While there is no doubt that such persons were capable at the time of making their advanced directive, such requests are just that, requests not orders. Responsibility is held by those authorised to provide such interventions not those requesting them. However, unlike the case of advanced directives requesting euthanasia, it is more common for staff to carry out DNR orders, to withhold antibiotics or not hospitalise residents with severe end-stage dementia, whether or not such advanced directives exist.

'Thou shall not kill', as the Victorian poet Arthur Clough wrote, 'but needst not strive officiously to keep alive'. Care in end-stage dementia is rarely predicated upon ensuring the person remains alive; its main aim is to reduce

suffering and the indignities of endless distress. Decisions to withdraw or withhold treatment are framed alike as care – rather than its withdrawal. Care in such circumstances is seen as not ‘officially striving’ to keep the person alive, but comforting and protecting the person from the indignity of extended suffering. Common symptoms of end-stage dementia include agitation, breathlessness, eating problems and infections, all of which may invoke ‘burdensome’ interventions including hospitalisation, parenteral therapy and tube feeding (Mitchell et al. 2009). The decision to withhold such interventions rests with staff; staff in turn have a responsibility to consult with family and where present any patient advance directives, but as noted, their decision-making retains primacy and consequently their judgement of best interests.

While the withdrawal or withholding of interventions may hasten death, such decisions may reduce the adverse effects of ‘burdensome’ care. The dilemmas of withholding treatment are evidently seen as less problematic than those involving actively hastening death through euthanasia. But what of the decision to positively treat the person with end-stage dementia with the aim of relieving suffering while necessarily shortening life? The case of ‘sedation unto death’ for people with advanced dementia is a particularly stark example. As with most decisions in end-stage dementia, the best interests model provides the framework. However, while ‘letting die’ may seem in the person’s best interests as well as being consistent with clinical judgement, palliative sedation that may hasten death presents the problem of ‘double effect’ where a good effect is intended with possible negative effects foreseen, tolerated but not intended (Rousseau 2000, p. 1064). Although such decisions are most often encountered in palliative care settings, in cases of terminal cancer, they are not unknown in ‘end-stage’ nursing home care (Anquinet et al. 2013). As ‘palliative care’ models are applied with increasing frequency to persons with advanced, end-stage dementia, and as more light is cast on the relative frequency with which ‘terminal’ symptoms as agitation, pain and respiratory distress occur, more attention is being paid to minimising suffering and maximising comfort, including the wider use of various forms of sedation, including parenteral opioids, morphine and anxiolytics (Hendriks et al. 2015, van der Maaden et al. 2015).

Conclusions

The risk of developing dementia (or major cognitive impairment) increases with age. The condition is, at present, progressive and leads to greater dependency to the point that care by others is usually needed for many

activities of daily living, such as bathing, dressing, feeding and using the toilet. Not only is such assistive care needed; precautionary care is also required to prevent the person with dementia from coming to, or causing others, harm. Such care is inevitably intrusive. It may often be experienced by the person with dementia as neither necessary nor assistive, especially when these care practices involve such intimacies as bathing, dressing and washing with their potential to humiliate, offend or infantilise the person. In consequence dementia care is particularly subject to conflicts and dilemmas that raise both ethical and practical problems for those with any sort of caregiving responsibilities. Although these dilemmas can be easily encapsulated by 'the four *prima facie* principles [of medical ethics] . . . respect for autonomy, beneficence, non-maleficence, and justice' (Gillon 1994, p. 184) determining what each principle means and how it should be prioritised in the case of dementia care is the real difficulty.

Before care practices and the ethical issues that follow come to dominate the picture, the diagnosis of dementia and its communication to the person with dementia and his or her family already present ethical and practical dilemmas. These include whom to tell, and when and how to tell them. As Alzheimer's disease has risen in the public consciousness as a chronic debilitating condition that is feared more than any other disease by older people themselves, and as the possibilities increase of detecting ever earlier biomarkers of the condition before it impacts on the person himself or herself, so the dilemmas of communicating the diagnosis will become ever more acute. While few now reject the necessity of communicating the diagnosis to the person and his or her family, there is less agreement over when and how to do this. In this chapter we began by addressing some of the ethical issues raised by such considerations, and followed this up with further considerations over how to renegotiate the relationship between the person with dementia and their informal familial carers in order to better enable them to care and the person still to flourish. Such decisions come with their own costs and benefits which may be unevenly divided between the person with dementia and their partner or relative. But however families manage to negotiate care, these negotiations remain always provisional. At some point or other the interventions of others are needed – interventions not just in providing additional treatment or accessing services but interventions that constitute alternative or supplementary systems of formal care.

Decisions over care gradually change from those that stress the decisional autonomy of the newly diagnosed person faced with the early signs and symptoms of dementia to the relational autonomy of the carer and cared in negotiating a joint path through the problems of growing dependency and

compromised mental capacity of the person with dementia, to eventually the decisional problems facing formal care services trying to provide dignified care in the best interests of the person or resident with dementia. What constitutes best interests becomes less a matter of inquiry or consensus – less a co-construction than a responsibility one-sidedly maintained by the attributions, practices and concerns of the care staff of the institution where most people with dementia will spend their last months (or years). And in such circumstances, as Holm has observed ‘no amount of rules will ever be able to relieve the care-giver of his or her obligation to personally assess the desires and decisions of demented and possibly incompetent patients and ethically choose which to respect and which to counteract’ (Holm 2001, p. 158). Crediting carers as moral agents, persons possessing a good will, a sense of duty and a capacity to feel for those for whom they care needs to be balanced with a recognition of their best interests, too.

How best to end care? When we come to discuss the issues facing those looking after people with end-stage dementia – employing the term more or less as outlined by Mitchell et al. (2009) – we can observe two types of ethical dilemma. The first relates to the conflict over whether the person whose autonomy is respected should be their former self, represented for example by advanced directives or a living will, or through the eyes and experiences of his or her family and friends, or the self that is currently suffering advanced or end-stage dementia. The second is whether, once the person with dementia has become largely dependent upon the care of strangers, his or her autonomy or authority, however conceived, can at most only play a role secondary to that of the staff employed to care for the person. If that is the case, the question becomes what considerations should determine the decisions of the staff (or team) and their understanding of the ‘best interests’ standard. Taken out of the hands of the person with advanced dementia, any such representations of best interests will be combined with ‘clinical’ judgement of the likely consequences of any such decisions.

Unless there are major changes within the professions and within long-term care systems, even if the law enables advanced directives to be carried out for positive euthanasia, as it currently does in the Netherlands, the system of prioritising best interests in the context of clinical judgement seems likely to remain. This means a system that strives, above all else, to ensure comfort and minimise indignity, through to the end. There is clearly a need for improved knowledge of advanced dementia and the effectiveness of interventions designed to reduce personal suffering and ease the passage toward the end of life. There is arguably less need to find improved reasons to care.

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Part IV

The Future of Aging

26

Health Care for Old Age: Rights, Duties and Expectations

Anita Silvers and Mary V. Rorty

Introduction

In April 1776, the philosopher David Hume, then aged 65, wrote a brief essay called ‘My Own Life.’ Hume noted that a year-long ‘disorder in my bowels’ seemed to him to be both incurable and mortal. Nevertheless, to characterize him as suffering from it would be incorrect. He wrote as follows:

[I] have, notwithstanding the great decline of my person, never suffered a moment’s abatement of my spirits; insomuch, that were I to name a period of my life, which I should most choose to pass over again, I might be tempted to point to this later period. (Hume 1776)

Despite enduring the difficulties of deterioration associated with old age, Hume appears to have remained philosophical – in the popular sense of this term¹ – to the end of his life.

¹ In the popular sense, to be philosophical is, in U.S. usage, to be ‘rationally or sensibly calm, patient, or composed,’ and in U.K. usage to be ‘calm and stoical, especially in the face of difficulties or disappointments’. See entry on [Dictionary.com](http://dictionary.reference.com/browse/philosophical?s=t) at <http://dictionary.reference.com/browse/philosophical?s=t>

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In this chapter we compare Hume's assessment of the late period of life to the prevailing valuation of old age in our contemporary culture, and to current expectations for achieving well-being as an old person today. Our critique of what we (Rorty & Silvers 2012, Silvers 1999, 2013, 2015) and other scholars of aging (Cumming & Henry 1961, Havinghurst 1961, von Faber et. al. 2001, Phelan & Larson 2002, Katz & Marshall 2003, Katz 2013) take to be the prevailing current cultural conceptualization of oldness is directed at a view that affects the more comfortably situated segments of the twenty-first-century U.S. population, as well as populations of other nations where medical care is influenced by the U.S. youth-oriented perspective on old age. Our aim is to answer a correlative question, namely, how elders should fare in regard to medical treatment in a society where the approach to health in old age is affected by this view. Although the conceptualizations we explore are most evident in affluent Anglophone societies, our recommendations can be extrapolated to other elders as well.

Old Age: Best of Times? Worst of Times?

Whereas Hume valued the distancing from everyday ambitions and concerns that advanced age brought to him, today attribution of value seems to be just the reverse Hume believed himself to be within a few months of his death, and in fact he had less than four months to live, dying in August 1776. He testified to being tranquil, illustrating his attitude with such thoughts as these:

though I see many symptoms of my literary reputation's breaking out at last with additional lustre, I knew that I could have but few years to enjoy it.
(Hume 1776)

and

a man of sixty-five, by dying, cuts off only a few years of infirmities.
(Hume 1776)

Except for individuals pre-disposed to philosophical musing,² however, these reasons seem hardly likely to persuade people of the positive value of

² Mary Mothersill's 1999 Presidential Address for the American Philosophical Association, titled 'Old Age,' is a wonderful example of the Humean view's stimulating effect on philosophers.

experiencing old age. They mostly mention what even Hume himself appears to count as negative aspects of that period of life, namely the extinguishing of pleasure in the prospects of long-term improvements in life, and the accumulation of disorders and debilitation.

Hume's most notable positive reason for giving preference to his experience of old age is his observation that

It is difficult to be more detached from life than I am at present. (Hume 1776)

Even the prospect of greater fame, with the pleasures such an elevation in status would bring, was unenticing for Hume in his old age. Notably, Hume celebrated what people usually regret in prospect when they think about themselves becoming old. It is disengagement from the ambitions and activities of everyday life, not social recognition and participation,³ that Hume valued.

Twenty-first-century readers may not be persuaded that Hume's praise of old age was prompted purely by the estimable quality of his experience of being old. Indeed, people today may be suspicious of or cynical about Hume's assessment, dismissing it as being merely a product of adaptive valuing. Adaptive values are those shaped by realistic expectations of what individuals, given their actual situations, can achieve. Adaptive valuing does not drive conviction about what ideally ought to be, or what to opt for under ideal circumstances. Indeed, judgments that are the outcome of adaptive valuing sometimes are discounted as being flawed choices. According to this complaint, adaptive valuing is compromised for abandoning ideals and instead capitulating to considerations of practical constraint.

To illustrate, the 'happy slave' argument points out that individuals whose situations are detestable nevertheless may testify to being content, not because they genuinely feel so but because they have lost hope and dare not even dream of improvement. If, in a population, such dubious resignation becomes widespread, insufficient energy can be found for social improvement. Such an outcome for elders would be neither morally nor politically desirable.

Especially toward the ends of their lives, old people can become acclimated to physiological deprivation and social disregard. They may feel

³ Our philosophical accounts of Hume's and Emmanuel's adaptive valuations of quality of life in old age are not meant to track the two contending psychosocial theories of personal development in old age: the disengagement theory and the activity theory. For example, what sociologists mean by 'detachment' is not what Hume means by 'detached from life.' Nevertheless, applied to these theories, our analysis suggests how to make the descriptive aspects of these theories compatible.

hopeless because no practicable route to improve their situation is evident to them. They may be so habituated to impediments and constraints in their day-to-day living as to believe these to be natural and inescapable for individuals at their time of life, and therefore unchallengeable. Aged individuals may claim to be, and genuinely may feel, reconciled to distancing or even dissolving ambitions to engage with the challenges of daily life. Their hopes to improve quality of life may have faded with age or been overwhelmed by acute or chronic illness. Such acquiescence to terms of deprivation nevertheless is easily construed as a concession, perhaps one that should not be widespread.

From a twenty-first-century point of view, Hume's adaptive abandoning of engaged activity and (implicitly) of effort to improve his situation may seem to signal a less than admirable lack of determination. Distancing one's self from life could mean abandoning laudable biological and social aims, including those that inspire pursuit of medical knowledge and social justice, pursuit of which improves elders' lives today. Hume's stance may strike twenty-first-century readers as inadequate because he does not seem to want to seek a cure, or even to extend his years, detaching from life rather than attempting medical remedies or otherwise struggling to live.

A contrasting opinion about adaptive valuing, however, avoids impugning such assessments for having lowered expectations. Instead, adaptive assessment is commended for aiming at achievable goals. And not every contemporary beneficiary of scientific and social progress would find Hume's opting for detachment from living to be ill-advised. To illustrate, twenty-first-century physician and philosopher Ezekiel Emmanuel announced, in a widely disseminated magazine article published in 2014, that he wishes to die at 75 (an age that at that time was nearly two decades in his future).

Emmanuel's motivation adapts to what he believes to be the dreadful realities of life in old age. He echoes Hume only to a limited extent, for he proposes to avoid being (very) old rather than to undergo the late-life experience Hume praised.

Hume is grateful for experiencing that time of life, notwithstanding the infirmities of age that elderly people typically must endure, while Emmanuel wants to escape that same physical and mental decline to which a long life would make him vulnerable by intentionally living less long. Whereas Hume values old age as a time of consolatory disengagement from the demands of the ordinary ambitions around which younger people's daily lives are organized, Emmanuel describes such detachment as a state of deprivation brought about by increased difficulty in effectual execution of the activities through which we relate to other people, and they to us.

Emmanuel writes that late life is a time of

... faltering and declining, a state that may not be worse than death but is nonetheless deprived. It robs us of our creativity and ability to contribute to work, society, the world. It transforms how people experience us, relate to us, and, most important, remember us. We are no longer remembered as vibrant and engaged but as feeble, ineffectual, even pathetic. (Emmanuel 2014)

To effect his escape from prolonged enfeeblement, Emmanuel proposes not to seek curative medical care from the time he reaches age 75, so as to permit any life threatening problems to which his aged body might become prone to take their course without therapeutic rescue. Thus he agrees with Hume that old age is a time of physical and mental decline but devises a different adaptive strategy – instead of abandoning ambition, abandoning life itself.

To summarize, Hume celebrates the quality of the last segment of his life despite experiencing ‘the great decline of my person,’ whereas Emmanuel fears this same time of life. Hume expresses his praise of the period of old age in unconditional value terms, no matter that his categorical claim may be mere camouflage for an adaptive, and therefore conditionally compromised, valuation. Emmanuel, on the other hand, proclaims his aversion to a period of life when he may be deprived of his earlier physical and mental perfection, no longer can engage vibrantly in activities other people admire, and will become vulnerable to condescending treatment and even abuse owing to growing febleness.

Something odd about the relation of Emmanuel’s reasons to his resolution is at play, however. The intensity of his aversion to the prospect of decline in old age is striking. He is almost phobic about a future where he no longer can be a ‘prototype of a hyperactive Emmanuel,’ and about coming to resemble his octogenarian father in that ‘his walking, his talking, his humor got slower.’

Describing his program for detaching from life, Emmanuel commits to refusal of life-extending measures and preventative screenings. He pledges:

I will accept only palliative – not curative – treatments if I am suffering pain or other disability. (Emmanuel 2014)

But merely to palliate a painful condition rather than effecting a cure actually seems pointless in principle. Surely there are many impairing conditions that are more efficiently cured, and with no greater risk, than if they are permitted to remain chronically in need of palliation, unless of course the cure is so lengthy that an elderly patient is likely to die from

other causes before the cure succeeds. Pointlessly refusing to accept cures can be as misguided as futilely pursuing cures.

Regardless of the advances in restorative and regenerative medicine the twenty-first century has brought, or may in future bring, old people in our era still find themselves at a point in their life span where their horizon is very short and options for the future unpromising. Yet, given today's ardent and not infrequently proper confidence in medicine's ability to extend and also improve people's lives, Hume's placing positive value on the last part of his life may be unconvincing because wrongly pervaded by resignation to the defects of old age. Should Hume's judgment be welcomed by elders today as reflecting the inspiration of that cumulated wisdom we should hope for ourselves upon reaching old age? Or is Hume merely attempting to make the best of a hopeless situation? Is Hume's appreciation of detachment from the activities and ambitions of his previous life, 'notwithstanding the great decline of his person,' an adaptation that is preferable to Emmanuel's repudiation of such a result of aging? Or is it inferior to Emmanuel's depreciation of detachment due to his inability to see past the prospect of decline?

Twenty-First-Century Deterrents to Tranquil Disengagement from Daily Life

In our own era, resignation regarding the inevitable depredations of old age – whether resulting in a Humean positive assessment of late life or an Emmanuelian gloomy forecast – clashes with the layperson's faith that in principle science knows no limit to human physiology being subject to beneficial medical intervention, and thereby to the good people may achieve through programs of preventative, palliative, curative, restorative and even enhancing medical treatment. Diminutions of capacity – for example, reductions of agility, mobility, balance, visual or auditory acuity, dexterity, memory – are deemed pathological rather than natural. Remedies abound: diet or nutrition programs, exercise regimens, vitamins targeted for the 'silver' generation, age-reversing cosmetic creams, and of course a multiplicity of pharmaceutical and surgical interventions. Initiation of many of these age-defying and age-reversing regimens well before the late period of life is proclaimed advisable. Physicians urge preventative care, and commercial advertising suggests that aging and its associated changes may be optional, escapable or reversible simply by dialing a phone number to make an appointment or place an order for a pill or potion or mechanical device.

Mature individuals, whose bodies are inclined to develop such flaws, are expected to seek both over-the-counter and prescription medication in order to function and achieve at the level characteristic of people in the so-called prime of life. The possibilities science and technology may offer to delay the onset of breakdown owing to old age allow for plausibly depicting the typical 'mature' citizen as smiling in advertisements showing models who look (and may well be) 50 rather than 80 and seem to be engaging in energetic recreation – boating, cycling, hiking or golfing. And, advertising suggests, the healthy albeit aged male should be instantly ready to have sex and therefore should keep a supply of prescription medication for erectile dysfunction handy. Debate about allowing an equivalent pharmaceutical to facilitate sexual pleasure for older females is currently growing in intensity (Jervis 2015).

The call to maintain elderly people's attachment to the activities of species-typical daily life, rather than to distance themselves from the full range of activities and concomitant ambitions of daily life, is pervasive. The assumptions are that the old want to function in conditions designed or otherwise appropriate for younger people, and furthermore that the old should be required to function under such unsuitable conditions even if they do not desire to or cannot do so.

To facilitate old people's participation, interest in universal design, a program of product design that extends usability to the elderly, exists but is far from prevalent (National Center for Universal Design). For example, designers and marketers can visit the Massachusetts Institute of Technology and try on the 'Age Gain Now Empathy System,' a full body suit that cramps the neck and shoulder, impedes reaching and bending, throws off the wearer's center of gravity, stiffens the fingers, and comes with a helmet that makes the head feel heavy and a visor that blurs vision. Attempting to function while wearing this suit is supposed to enable commercial product purveyors to comprehend the functional limitations of old age so they can create camouflaging products (Singer 2011, pp. 1 & 9).

Yet even old people 'don't like products . . . that telegraph agedness,' according to the article. The Director of the MIT Age Lab, Joseph Coughlin, advises that items designed for the elderly need to have broad appeal across age groups. 'With any luck, if I am successful,' he says, 'retailers won't know they are putting things on the shelves for older adults' (Singer 2011, p. 9).

Despite such efforts to enable elders to blend into the population unnoticed, in twenty-first-century culture – at least in affluent societies – becoming old is less and less likely to be a topic of neutral discussion and more and more apt to be posed as a problem not only for individuals but for society as a whole. For example, bioethicist Emmanuel's description of the noncontributing, faltering,

uncreative and disregarded self he expects to transform into upon crossing the threshold of his 75th year is far from an even-handed account of the last period of the last span. Both intentional disrespect, and implicit disregard, of elderly individuals who do not retain youthful (or at least middle-aged) fitness is not uncommon.

In an article responding to Emmanuel's declaration, cultural commentator Suzanne Gordon observes:

All of this ranting about facing reality isn't really about puncturing the myths of American immortalism. It's about perpetuating yet another version of the American idea of success – extending it, as you do, to the end of life. As you rail against 'American immortals' what you actually delineate is not a version of the good life or death, but what aging means to 'American competitiveness,' people who cannot conceive of a life lived without races to win, mountains to climb, prizes to covet, money to be made, achievements to catalogue, and more unworkable policies to propose. (Gordon 2014)

In a culture that coaxes aged individuals to think and act young, and to pursue medical repairs to hold on to youth, the struggles of elderly people to maintain necessary activities of daily living are a deterrent to achieving the tranquility that Hume's argument for preferring old age to other periods of his life celebrates. Consider the account of life as an old person today, as portrayed in a 2015 *New York Times* feature story (Leland 2015). Several of the old-old (over 85 years) New York City dwellers whose stories are explored also seem detached from life, but not happily so.

A 91 year old asks 'What's the good of living any more, at this point – for me? . . . What do I look forward to?' She was happy to make ninety but does not especially want to make 100. She does not want her longevity to burden her children. She does not want to suffer, saying 'All of us at our age, my age, we say we want to die fast' (Leland 2015).

She is depicted as saddened and tired out by the difficulties of doing things she once took for granted. The long-term care residence where she intended to spend her remaining life closed, forcing her to move. Accessible transportation is unreliable at best, so she is isolated from family and friends. Even getting into a taxi's elevated back seat to go to a doctor's appointment is a struggle. The paratransit van she scheduled for this purpose never showed up, a common problem for elderly and disabled users of this specialized public transportation system.

For twenty-first-century elders like most of the persons portrayed in this article, ill-suited housing, transportation or other difficult-to-use arrangements

for executing necessary activities impose a troubling, not a tranquil, disengagement with daily life. Parenthetically, such daily struggles seem not to have roiled Hume's late life, for, despite his 'great decline,' he reports retaining 'the same ardor as ever in study, and the same gayety in company' (Hume 1776).

Granted that the quality of life for twenty-first-century elders is more likely to resemble Emmanuel's disparaging characterization than Hume's constructive one. Nevertheless, it is premature to dismiss Hume's testimony about the benefit of experiencing detachment in old age for being deceptively buoyant. To decide whether elderly people have claims to curative health care that can prolong their lives – and if so whether they should pursue such care – we need to get a fix on who is old and what it is that makes them so.

Chronology and Biology: Condition-Based Definitions of Old Age

When does old age start? For health-care-related policy purposes, membership in a population group or class commonly is delineated in terms of meeting specified conditions. Membership in the elderly population may be defined in terms of satisfying a chronological standard. Thus, for example, in the U.S. Medicare health insurance is provided, with hospital insurance premium fees (Part A) waived, for individuals who are at least 65 years old, are citizens or residents of at least 5 years duration, and have worked and paid Medicare taxes for at least 10 years.

The creation of the Medicare program in 1965 under Title XVIII of the Social Security Act was motivated by employment practice of the era (which referenced such a chronological condition). At that time, health-care insurance as an employment benefit ceased at retirement, mandatory retirement at 65 was the order of the day, and premiums for private health insurance for elders were nearly three times those for young people. As a result, more than a third of older Americans had no health coverage (Pearson 1965).

Even though setting a mandatory retirement age as a condition of employment now is banned for most types of jobs, the chronological age when Medicare eligibility is attained has become a condition that signifies entry into the 'older Americans' population group for purposes of assuring at least minimal access to health care. But we cannot take this chronological marker as independently definitive of old age, for to invoke Medicare's chronological threshold of old age in order to justify the age used to determine Medicare eligibility is patently circular. That is, if Medicare eligibility at 65 has become

definitive of being old, this eligibility condition cannot be itself invoked to argue that at 65 Americans need Medicare because this is when infirmities of old age most often start.

Furthermore, judgments of who is old are affected by people's points of view, including life expectancy in the era in which they live. During the eighteenth century, life expectancy in England was less than 50 years (Johansson 2010). So Hume's 65 years counted as impressive longevity in his time. But in the second decade of the twenty-first century, 85 years may be the new 65. Or more precisely the perception – represented in the eighteenth century by the 65th birthday – that an individual is having an exceptionally long life now more usually is delayed until the vicinity of a person's 85th anniversary of birth.

Indeed, even the influence of eligibility standards for Medicare and other social insurance support for elders is much less determinative of when old age begins today. In the U.S. today, Hume at 65 likely would appear to be merely approaching the threshold of old age and probably not yet to have crossed into it. In a survey of U.S. adults, respondents as a whole said old age begins at 68 years. And thinking that someone is old can be affected by chronological standpoint as well as typical length of life. The subset of survey respondents over 65 years said old age begins at 75 years old, while the subset of respondents under 30 said having lived 60 years marks the start of being old (Jones 2012).

There is similar variability globally. A UK survey shows that people over 80 years thought that old age set in at 68 years, while people under 25 years selected 54 years for that same transition (Jones 2012). In the first attempt at an international definition, the United Nations (UN) designates age 60 as the threshold of old age (Kowal 2001). The World Health Organization (WHO) set 50 for as the transition into old age for a study of elder life in Africa because it is at this age that people (and especially women) are likely to exit their child-raising roles (WHO n.d.).

Perhaps being old should be defined instead in terms of individuals' biological condition rather than their total years of life? Biological properties associated with being old include wrinkles owing to loss of elasticity of the skin; grey or white hair or loss of hair; reduced hearing, vision, mobility, flexibility, agility, reaction time and balance; deficits in cognition including memory; and diminution of reproductive function. Medical diagnoses of pathological biological conditions also sometimes are invoked to delineate membership in a population class. Thus, for example, in the U.S. children can qualify to receive special educational benefits if they have been diagnosed with certain medical conditions such as dyslexia, autism, Tourette's Syndrome

or blindness (Mahler *n.d.*). Can old age be similarly diagnosed by being equated with specified pathological conditions?

In regard to biological changes associated with old age, not every individual undergoes these changes at the same time in life. Graying of hair can begin as early as age ten, but more commonly starts slowly in the mid-twenties and becomes prominent at least by mid-fifty. Nor is every biological decrement associated with aging equally debilitating for everyone. Some people, for example, are devastated by the appearance of silver hair, while others glory in it. Similarly, some people regret reduced reproductive capability while for others the change is liberating.

Further, progress in such research fields as regenerative medicine (to replace worn-out or injured body parts with new organic ones) and bioengineered prosthetics (to manufacture nonorganic replacement body parts) promise to make more and more bioengineered corporeal renewal available. Like chronological conditions which are proposed as sufficient or definitive to establish onset of old age, but which vary relative to culture or economic contexts, neutral and pathological biological conditions thus also seem too inconstant to define where in the human life span old age lies, although some may be fairly taken to signify that the individual is growing old.

Chronology – that is, having attained a specified age – or biology – that is, being in certain biological states or having certain medical diagnoses – are the prevailing candidates for condition-invoking definitions of old age. Both these approaches are sometimes relied on to determine when old age is and thereby to facilitate the recognition that one's self has become old. But both invoke standards that are extremely variable from one cultural, social, political or economic site to another, or from one biological or medical theory to another. Nor do they coordinate reliably, as individuals often satisfy one standard of being old because they meet its condition but do not exhibit the eligibility condition prescribed by another standard, as is illustrated by the aforementioned lack of coordination between chronological age and biological signs of aging.

The lack of stability of chronological definitions of old age is especially troublesome where aging subjects' options are shaped by multicultural social contexts, or even by multinational political or commercial considerations. The lack of stability of biological definitions of old age is especially troubling where aging subjects' choices are influenced by an increasing multitude of medical theories. On both these views, assignment to the old, or the old-old, population categories can be unsettled – and indeed a matter of dissidence or formal contention – not the least because relative to rapidly changing cultural, social, political and economic contexts. It is important for people

planning their care for their old age to have reliable understanding of when that part of their life begins, for from the standpoint of old age one's expectations about one's life may differ importantly from the standpoint(s) of earlier periods. So it seems prudent to look elsewhere than to mere chronology or current theories of biology for an alternatively based definition.

Declining Powers: (Dys)Functional-Based Definitions of Old Age

When is old age? How do people know when they now are in that time of life? There is great variation in how individuals' functional development in youth and their functional decline in later life affect human activity and achievement (Taylor 2009). But people generally acknowledge old age to have set in when due to advanced years they experience curtailment of physical and social functioning, often accompanied by consciousness of loss. In other words, feeling old (and especially feeling old because one is treated as old) seems to happen or at least to be greatly intensified when people age out of functionally nonproblematic or productive roles.

Initially, there may seem to be little difference between diagnostic condition-based approaches to delineating old age and functional approaches to doing the same. For example, medical conditions affecting function, such as a spinal injury resulting in the inability to stand or to lift ten pounds, might be evidence of qualification for work-related disability insurance benefits or early retirement. But in such cases it is the degree of actual dysfunction, not the potential dysfunction suggested by a medical diagnosis, that is dispositive.

To illustrate, while a first step in achieving disability status that suffices for U.S. disability insurance benefits may be diagnosis of a medical condition so severe that sufferers usually cannot be employed, eligibility for benefits ultimately rests on direct evidence that the individual is in practice too dysfunctional to remain employed. In such circumstances, it is not unusual for employers who offer early access to pensions to arrange for a person's early retirement – sometimes even against the individual's own desires, because retirement strips people of their work identities and thus introduces a risk of being labeled a burden to the population still at work.

The desirable standard for human functioning most often is expressed in normative terms about what is typical of and thus desirable for the human species, on the ground that the species would have died out if inadequate functioning were humans' typical mode. On this way of thinking, what is

statistically typical of the species, or of a subgroup of the species, is presumed to be optimal or at least effective for maintaining the species or the prominence of a dominant subgroup within the species. This view relies on reports about individuals' biological condition being 'typical.' Those statistical descriptions are elided with judgments that typical persons should be designated as normal, so they also serve normatively to assert that the subjects' biological components are properly formed and their physiological processes are working well.

We can see the influence that being typical exercises by noting that, while functional decline is natural to the aging process, whether a very old and thereby functionally compromised person is thought of as normal will be the result, at least to some extent, of the number of individuals of similar age and biological condition in the population. As in the twenty-first century 65 is no longer an unusual age to attain, being 65 also no longer commands the same degree of attention to atypically long living accorded that length of life in the context of eighteenth-century populations.⁴

Within a conceptual frame that equates normality with typicality, people with unusual biological properties or traits are readily thought of as malfunctioning, in part because a popularized (mis)understanding of evolutionary development throws suspicion on atypical biological conditions as being maladaptive or else unnatural in some respect. So what is advanced as being a detached scientifically descriptive approach to defining normal health often turns out to be a covertly partisan criterion that imposes the functional modes standard for the most populous or otherwise dominant kind of human on everyone else. Historically, such seemingly scientific definitions have been applied to condemn females and racial minorities, among others, for being biologically defective.

Old people's day-to-day experience during the last stage of the human life span is far from typical for the entire human population, although the process may be typical for the late period of human life. But the part of the population experiencing that period is never a majority. Inexorably declining in functional power and dexterity is typical of humans; but precisely because old age is characterized by decline as other periods of life are not, claims about burdensome greedy geezers (Silvers 2013) who have had their fair opportunities to enjoy life also have been invoked to justify abuse, neglect, exclusion and segregation of old people.

⁴ It is worthwhile noting that pre-twentieth-century life expectancy was strongly tied to economic class, so attaining 65 years was much less unusual for wealthy people than for workers.

A second prominent approach to identifying old age in terms of declining function is candidly, rather than stealthily, normative. The aspirational policy that guides the mandate of the WHO, a UN agency charged with pursuing 'the attainment by all people of the highest possible level of health,' illustrates important relationships among advanced age, state of health and well-being. Depredations of biological aging on health exacerbate and accelerate decline of function, and as functional constriction impacts an individual's day-to-day experience of life more and more noticeably, people come to self-identify as being old.

The WHO constitution defines health as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' (WHO 1948). According to views like this, we should not think of health as merely the organism's natural biological state undisturbed by disease. Instead 'health is a positive concept emphasizing social and personal resources, as well as physical capacities' (WHO 1986).

For aged individuals, having one's health cannot be having the health of younger people, so what, for them, can having one's health be? Being old ordinarily is depicted in terms of ebbing strength, eclipsed optimism, depressed initiative and doubts about personal worth (Leland 2015). Conjoining this characterization of being old with the conceptualization that to be healthy is to function as typical members of the species makes being old, by definition, a time of losing one's hold on normal health.

Restoration of normal species functioning or at least maintenance of current functioning is the usual aim of medical interventions. But what if neither aim is sustainable because functional losses not only are inescapable when individuals grow old but also are definitive of the experience of being old? This is not to say that every human experiences such losses, but only to observe that by functional definition everyone who counts as being old has done so. The state of the very rare individual of greatly advanced years who has not (yet) done so usually is acknowledged by expressions like 'young at heart' or 'ageless,' that is, as not yet experiencing oldness.

For humans (and other animals) to be elderly is to have embarked upon the time in their lives when maintaining effective bodily functioning becomes harder and harder, and eventually impossible. Of course, some individuals experience such limitation even before they reach old age. Deterioration and diseases associated mainly with the aged may manifest in forms with much earlier onset. About 5% of Alzheimer's patients develop progressive symptoms before 65 years of age, for example, and a few do so between age 30 and 40, although such cases are quite uncommon.

Of course, degenerative diseases such as spinal muscular atrophy or Huntington's cause similar declines of functionality in people who have lived many fewer years than the long lives we associate with elderly people. Systematic degradation of functional power and prowess therefore is a property shared by old people and (at least some) younger disabled people. Should just younger disabled people, or disabled people whether young or old, or neither group have access to medical intervention and social support to mitigate functional deficits?

Are the Old Just People Who Have Failed to Stay Young?

How can the texture of their daily living be endurable – let alone desirable – to old people if membership in the population of old persons means definitively that such individuals are in irreversible physical or mental decline with prospects that do not offer room for hope (unless a person has faith that an afterlife follows)?⁵ It sometimes seems as if the popular twenty-first-century response to this challenge reduces to attempts to define the conceptual connection between old age and deteriorating powers away by insisting that humans of very advanced years can preserve or retrieve youthful health.

A captivating idea that is a signature of our contemporary culture urges old people to pursue a program of healthy aging. To age successfully is to prevent disease, maintain full function and continue to execute the activities of admired social roles. This notion denies the conceptual overlap between being old and being disabled, suggesting that acquiring functional limitations in late life is just an empirical matter that elders who take proper care of themselves are able to overcome.

The healthy aging prescription too easily can promote expectations of not aging at all – that is, of retaining the same functionality as in earlier periods of life. To illustrate the influence of this proposal, in the U.S. marketplace it is hard to escape advertising that invites elderly men to keep medication for erectile dysfunction on hand so they are instantly ready to perform sexually

⁵ Although our characterization of old age is focused on the experience of elders who do not believe in an afterlife, the recommendations in our conclusion are equally applicable to achieving just treatment for old people whose religious convictions convince them that they will or may have an existence after their body's death.

whenever the opportunity presents itself. Such portrayals suggest people need not change when they grow old and their health in old age should remain as it was in earlier phases of life.

If elders remain in the same health states as younger people, they will not use health care with more frequency than they did in youth. On reflection, however, this promise proves deceptive. Like the components of any well-used mechanism, people's physical components wear out, buckle, or warp or otherwise deform despite being maintained meticulously and receiving the best of health care. Medical services may delay such degeneration, or replace deteriorated parts, and possibly the patient's renewed productivity may offset the price of treatment. Eventually, however, the promise of effective renewal must fade away, which revives the puzzle about the prudence of pursuing youth-like health in old age.

The Roman philosopher Cicero famously contended that there is a special character to health when one becomes old (Cicero 44 B.C.). Upon feeling discomfort, distress, dizziness or pain, younger people ordinarily ask how long before they feel well and what steps will hasten healing. But not the aged, for whom, according to Cicero, such feelings characteristically induce fear that their last days are about to arrive. That is to say, to be old is to be aware of – and often acutely apprehensive about – having a severely fore-shortened future.

For working age adults, health is understood in terms of species-typical biological functionality in the performance of important social roles. For children, health can be related to the same standard, measured in terms of their potential to develop biological functionality rather than to current possession of it, as well as their potential to execute adults' social functions when they have matured sufficiently to do so. But biological functionality, and therefore health, declines rather than develops for the old.

Moreover, the WHO definition attributes both biological and social components to health. Initial attempts to explain the role of social factors conceived of these mainly as causes that directly depress or support individuals' biological condition. To illustrate, starvation of people does direct biological damage to their bodies' cells. As thinking about the idea of health grew more perspicacious and nuanced during the last part of the twentieth century, however, acknowledgement of the influences of social organization became a presupposition of the concept.

Another reason for recognizing the social dimension of health is the importance of supportive or accommodating environments on elderly persons' well-being. In social contexts structured by one-size-fits-all arrangements, biologically atypical individuals are much more likely to suffer constricted

capacity to function and to have their differences condemned as pathological than in societies that respond to individuals' biological distinctiveness with flexibility, inclusive access and support. Elderly people also suffer deprivation of social as well as physiological functionality, as when aged individuals are retired from activities of community contribution and remanded to dependencies reminiscent of childhood. Further, for the old the resilience to maintain stability both in one's self and in one's social connections eventually slips away.

Is Leaving Life a Duty of the Old?

Whether they are elderly, in mid-life, still children or even not yet born, individuals who diverge from species-typicality owing to physical or mental deficits are vulnerable to being deemed too unhealthy and therefore burdensome for society to sustain (Saxton 1998). Emmanuel is not alone in proposing that people in decline should eschew health care, or even be denied life-extending medical intervention if they do not refuse it themselves. For example, former Colorado Governor Richard Lamm achieved what likely was unwanted notoriety by recommending that old or very ill people not receive curative treatment. In 1993, the *New York Times* referenced Lamm's account of his policy proposal:

After saying that society should be talking about the ethical implications, Mr. Lamm said, according to the excerpts: 'We've got a duty to die and get out of the way with all of our machines and artificial hearts and everything else like that and let the other society, our kids, build a reasonable life.' In his letter last month, Mr. Lamm wrote that he never said 'the elderly or the terminally ill have a duty to die,' and he added, 'I was essentially raising a general statement about the human condition, not beating up on the elderly.' (N.Y. Times editors 1993)

Although Emmanuel's focus is on the badness for the individual of old age's ineluctable decline, he also assumes a societally slanted perspective. He argues, for example, that in the 8 years between 1998 and 2006 the percentage of Americans aged 80 or older who had a 'functional limitation' nearly doubled, from about a quarter of that population to about half. Researchers recently have found, he adds as a warning against continuing such a trend, that there has been an 'increase in the absolute number of years lost to disability as life expectancy rises' (Emmanuel 2014).

We should note, however, that this conclusion is suspect, for there is no straightforward inference from having a functional limitation to losing a year

to disability. That notion might make sense for working age people for whom functional limitation precludes employment. Of course many productively employed working age individuals have functional limitations due to disability that, when properly accommodated, do not result in disengagement from work. Nor need retired people's similar functional limitations require their detachment from the activities of daily life if they too are properly accommodated. Conceptual confusion of the kind represented in claims about 'years lost to disability' undercuts the suggestion that somehow physical or mental declines associated with age rob society of old people's productivity. This could be the case only if people generally worked till they drop, but that is unusual in view of retirement plans commonly found in developed nations these days.

Critics of using medical knowledge to prolong old people's lives often invoke intergenerational social, political or economic fairness as reasons for doing so. The first argument is that old people should get out of the way (and perhaps be got out of the way if they do not see their duty clearly) in order to enable younger people to assume leadership roles in families and in society as a whole. The second is that the costs of caring for the old are unfair to all who are not old. People are burdened with care for elderly parents, and society as a whole is burdened by the enormity of the cost of medical resources consumed by individuals who are old (Hardwig 1997, Callahan 2013). Moreover, old people are no longer productive or creative; they do not contribute to others sufficiently to repay the costs of their care.

As for the first reason for elders to refrain from extending life or even from accepting care, old people who are as enfeebled as the argument makes them out are hardly likely to stand in younger, more productive people's way. As for the second reason, in weighing the fairness of the burdens of elder care, we can balance the years a parent spent in caring for a child against those a child may be called upon to spend while a parent needs care. As for costs for old people's medical care, there should be no doubt that medical costs are out of control. Treatment of elderly patients is a favorite site for the practice of unwarranted inflating of costs and plain fraud (U.S. Department of Health and Human Services *n.d.*). But remedying problems arising from the structure of the health-care system by sacrificing their access to care cannot be a duty of the elderly, who are not responsible for, or in authority over, how the system operates. The complaint that they are 'greedy geezers' inequitably demonizes elders by suggesting that their lives and well-being are less valuable than those of other people who also seek achievable cures (Silvers 2013).

Yet another often advanced reason for limiting or eliminating elders' access to health care, broadly construed to include social as well as physiological

support for well-being, is that old people already have enjoyed a full life and so should allow younger ones the same opportunities. Here an illegitimate inference from whole to parts may have been made. While the segment of the population that has reached old age may have accumulated more fullness of life than a similar number of youths, it is not the case that each member of the elder cohort has had a fuller life, or more than or even the same amount of opportunity as younger people. It is only recently, for example, that women have enjoyed more equitable access to fulfilling scientific and commercial careers, and disabled people to universities and workplaces. Elders who were the targets of biased exclusions in earlier years surely deserve full support – including adequate health care – to build out in later years the careers and explore the enjoyments unfairly denied to them earlier in life.

Is there any reason why all elders – not just those who suffered from discrimination in earlier life – should not enjoy the basic social services support they need to execute activities necessary to engage with daily life?

Conclusion

To be disabled is to endure unusual somatic or cognitive limitations that compromise one's ability to execute some of the core activities of daily life. To be aware that one is old is to experience progressively increasing limitations of this kind, and, as well, to know that one has an inescapably foreshortened future. Thus, to be old is to be disabled, or to be at higher risk of becoming disabled than for populations at earlier stages of life.

No less than for disabled people who are young, an individual's being old should not invite or excuse disregard or other forms of discrimination based on disability. In the past half century, the ubiquity of harmful bias based on disability, and the personal and social harm such discrimination does, has risen to world-wide attention. The United Nations Convention on the Rights of People With Disabilities (UNCRPD), adopted in December 2006, addresses many support systems important for daily living where, owing to their functional limitations, disabled people have historically been denied opportunity for equitable benefit and sometimes have been banned from any participation at all, owing to their disabilities (United Nations 2006).

In addition to general anti-discrimination provisions, such as equal recognition before the law (Article 12) and access to justice (Article 13), the UNCRPD's Article 25 assigns the right to people with disabilities to access health services of the same quality, range and standard as those to which nondisabled people have access. Old people are definitively individuals with

or at high risk of disabling functional limitations. The principle expressed by Article 25 thus assigns an equitable right to health care to the elderly despite their being at a stage of life characterized by functional decline. The text of Article 26, which provides for establishment of rehabilitation and social service support for people with functional limitations, explicitly establishes its application to old as well as young people, here again notwithstanding their late period of life.

In sum, from the global perspective the CRPD represents, their having reached the late period of the human life span cannot justify inferior medical treatment of elderly individuals, or withholding specialized services they are known to need. Nor, and this is the essence of disability rights, can disregard of the needs they have due to being old be excused by invoking the various deficits that come with old age. Old people are as deserving of good health care and other social supports as other humans, despite the foreshortening of their prospective attachment to life.

Inescapably, however, to be old is to be – by definition and thus more generally and more acutely than for the populations at other life stages – running out of time. Using Hume's language for describing this experience, in addition to declining function, people at this life stage should expect increasing detachment from the activities and ambitions they previously engaged with in daily life. We explored the reasons for two apparently contrasting adaptive strategies for addressing this special limitation, Hume's tranquil acceptance and Emmanuel's self-imposed proposed escape.

We have construed them as articulating antithetical adaptive strategies, as if the testimonies of the two philosophers were on a par. But Hume extolled the quality of his actual day-to-day lived experience during the last period of his life, while Emmanuel condemns the quality of a life he presumes he will experience but has not yet lived.

Unlike Hume, who proclaims his indifference to experiencing an elevation of his fame, Emmanuel's model for an acceptable way of living remains firmly anchored in, rather than distanced from, his current self's ambitions. Further, and perhaps most telling, his current bias against old people, whom his present-day self disdains, infects his judgment about the value of his future self, and almost every other aged self – both present and future – as well. Of course, he leaves his future self some ways out. Perhaps he will be one of the very rare individuals he acknowledges are able to maintain their social value despite the functional deficits attendant on great age. Or perhaps he will have changed his mind when he perceives old age as an 'insider,' the standpoint from which Hume's evaluation of the quality of his late life is made.

Adaptive valuing that furthers injustice does not deserve our assent. Bias against the elderly fuels fraud that victimizes them financially and body-bruising, self-confidence crushing abuse. Expressions of bias can have this result, even if the agents of this kind of thinking do not themselves execute patently wrongful acts. How much better, before one's own late life sets in, to refrain from adapting one's valuing to biased-fed fears so vehemently as to insist that living as an old person generally must be worse than not living at all.

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How Long Should People Work? The Debate Over the Retiring Age

Audrey L. Anton

The Question

If this weren't a philosophy of aging chapter, a reader might expect it to be rife with calculations concerning economic projections and diagrams of populations and the worker/dependent ratio. If this weren't a philosophy chapter, the answer to the title question would surely be a specific number – an age by which it is prudent to continue working or an age before which elders ought to be retired. Given that this *is* a philosophy chapter, I must concede that no such number will be revealed. Instead, I aim to provide reasonable, morally grounded answers to the question, depending on precisely what we take the question to be asking and the normative framework from which we ask it.

We must understand the background assumptions the term 'should' represents. The philosophically interesting sense of the term 'should' implies *moral normativity*. This notion excludes senses like guessing (e.g., 'That should be enough gas to make the trip.'). conditionals (e.g., 'Should you require anything else, please let me know.'). and likelihood or probabilities (e.g., 'He should be tired by now after all that running around.'). I read this question as addressing how long we are *morally obligated* or *morally permitted* to work. Therefore, the question is ambiguous; there are two different interpretations possible

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depending on which is the case (obligation or permission). The obligation interpretation suggests that some types of early retirement are morally wrong. Similarly, the permission interpretation suggests that working beyond a certain point might be prohibited. In the spirit of being thorough, let's investigate both interpretations.

In asking these questions, we shall have to consider the variety of normative obligations and permissions at stake in the debate. While these concepts are typically segregated as they are discussed in the context of which normative theory best expresses morality, I intend to use them collaboratively in answering both interpretations of the question. I do not mean to endorse any specific normative theory in this chapter. Instead, I hope to provide a pluralistic justification for my answers to the question that will be widely intuitive and, hopefully, instructive as we move forward in this debate.

An additional caveat is in order. As I am most familiar with certain markets in particular and the economic situation in the United States in general, I shall rely heavily on that familiarity in many of my examples. Whenever possible, I note how my comments can translate into different systems.

My pluralistic analysis is as follows. In this chapter, I suggest that we are obligated to work as long as it takes to secure our financial solvency in the reasonably foreseeable future (provided that we are able to do so), taking into account that our ability to save might be slightly compromised by our obligation to contribute to a collective fund from which we may benefit, should we experience unpredictable hardship. We are permitted to work beyond that point on the condition that we fulfill our obligations as employees according to the fair and measured standards of those to whom we are beholden (employers, consumers, etc.). However, given certain markets for human capital, it might be supererogatory to opt not to exercise this right for the greater good of a community and future generations.

Normative Frameworks

Consequentialist theories determine the right action based on the consequences that it brings in comparison to alternative courses of action. According to one type of consequentialism, ethical egoism, the right thing to do is whichever action yields the best consequences for an individual. Other consequentialist theories are communal, such as utilitarianism. According to a utilitarian theory, the right action is that which yields the best consequences for the most people. It is clear how each of these theories

might yield a different answer to the same question, simply because each focuses on different interested parties.

I follow the majority of ethicists in dismissing ethical egoism as a viable framework from which to decide questions such as the one in this chapter. For, an egoistic reading of the question seems more about *prudence* than *morality*. While it is important to calculate one's own interests in life, the fact that one's own interests must be weighed against those of others seems fundamental to moral normativity.

Yet, I feel compelled to view utilitarianism skeptically. It might be the case that, according to a utilitarian framework, one's own interests are *never* important enough to ground right action given that there will always be multiple people's interests that could be served instead of the interest of the individual.¹ I prefer to leave some room for personal growth, satisfaction, and well-being as valuable pursuits, which can be morally permissible.² Second, it is often objected that utilitarianism leaves open the possibility of harming those who do not deserve it. It might be the case that such harm is unavoidable. However, there is a world of difference between some harm being unavoidable and using harm as an instrument. Thus, many prefer deontic frameworks.

Deontological theories determine right action by some value of the agent, a principle, or the action itself. For instance, duty-based theories aim to identify obligations individuals have to one another. On such views, an action is permissible only if it does not conflict with one's duties and an action is right only if it constitutes fulfillment of one's obligations. Such theories must address what it means for duties to conflict. For example, traditional Kantianism (a popular duty-based theory) distinguishes between perfect and imperfect duties. Perfect duties are those that place demands on us always and ought never to be neglected. Kant provides the example of the duty to never intentionally deceive (*On a Supposed Right to Lie from Philanthropy* in Kant 1996, pp. 605–616).³ Imperfect duties are those that are not always binding and may be fulfilled at the discretion of an agent. For instance, Kant thinks we have an imperfect duty to be generous; however, some of us can be more generous than others and at different times. Moreover, generosity is not always appropriate (e.g., when the Ku Klux Klan asks for a donation). Kant uses this

¹ This is often referred to as the *demands too much* objection to utilitarianism. Some utilitarians, such as Peter Singer (1972), bite the proverbial bullet regarding this objection, insisting that we demand too little from ourselves.

² Cf Wolf (1982).

³ Perfect duties are often called *negative duties* because they consist in prohibitions to action, which one can manage to obey constantly, even while asleep.

distinction to mitigate between conflicts of duty: perfect duties never conflict with each other; when they conflict with imperfect duties, the perfect duty should be honored, and when imperfect duties conflict with each other it is up to the discretion of the agent to determine which should be honored at that moment and how (Kant 1996). Other duty theorists like W. D. Ross suggest that all duties are *prima facie* and, in times of conflict, our intuitions reveal to us which duty should take precedence (Ross 1930).

Similarly, rights-based theories (also considered a species of deontology) identify the rights agents have and determine permissible acts as those that do not violate the rights of others. Any time an agent possesses a right, a corresponding obligation is placed on other agents to honor the agent's right. Rights can be considered negative or positive, and some theorists (such as political libertarians) believe only in the former. Negative rights are rights to *not* experience certain treatment (the right *not* to be murdered, or the right *not* to be raped). Positive rights involve entitlements to resources, such as an education. Positive rights can be tricky, as it is not always clear whose obligation it is to provide the resources owed. For our purposes, we can assume the obligation is collective (and, therefore, able to be discharged by a community). It is important to note that while one's rights must be protected, there is no obligation to exercise the rights that one has. For instance, I might have the right to travel the world; however, if I do not travel the world, I am not violating any obligation to myself.

As previously mentioned in my concerns about utilitarianism, a major difference between consequentialisms and deontologies is the idea of constraints. It might turn out that, on a consequentialist view, no action type is, in principle, prohibited. For instance, there might come a time when murdering an innocent person is the right thing to do because, in this particular circumstance, it yields the best consequences.⁴ However, a deontological theory that prohibits the execution of innocent people simply

⁴ For example, a consequentialist might justify geronticide if faced with a scarcity of resources with no hope of increasing the bounty. She might argue that there exist only sufficient resources to sustain a certain portion of the population and, since the older citizens have already lived longer than the others, they should be cut off from resources. For instance, John Hardwig (1997) argues that many of us might face a duty to die. While Hardwig claims to make his case without any theoretical background assumptions, it is evident that his is a consequentialist argument since he focuses on *situations* and *circumstances* where one has a duty to die because continuing to live would be too much of a burden on others. Therefore, this duty comes out of the fact that dying would yield the best consequences. It is important to note that the term 'duty' does not automatically make the issue a deontological one. Consequentialists can believe in duties too; they just believe those duties depend upon certain facts about possible outcomes of competing courses of action. See also Battin (1987).

would not endorse (or condone) such a solution. On such theories, if it is wrong to execute the innocent today, it will still be wrong tomorrow. The wrongness of the act is inherent to the act. Therefore, once certain deontic facts are determined or identified, a constraint is placed concerning such behavior. Such behavior is proscribed, come what may.⁵

With a virtue ethic approach, instead of trying to determine what makes an action right or permissible, the virtue ethicist tries to determine how to be a good person in general. The presumption is that the only (or best) way to know whether an action is right, permissible, or wrong is to be the kind of person who has keen moral perception. We might have this obligation because there is no universal formula for actions. Even if there were such a formula, using it would still require time and thought, and life rarely gives us such opportunities. The virtue ethicists maintain that the answer to questions of what to do will come out of being the kind of person who, at some level, *just knows* what to do.

Virtue theories often yield similar prescriptions as do consequentialisms and deontologies. Perhaps the virtuous person considers primarily consequences of different courses of action. However, virtue ethicists such as Aristotle put constraints on behavior. For example, Aristotle believed that one should die before performing certain acts, regardless of the consequences.⁶ Still, Aristotle also believes that some action types are right or wrong depending on the circumstances. He suggests this of honesty (Aristotle 1984, *Nicomachean Ethics* Book 4 Chapter 7). Unlike Kant, who believed that there are no circumstances under which it is permissible to lie, Aristotle considered honesty situation-sensitive, as the virtuous person knows when and how much to reveal the truth.

There are two common ethical doctrines that will be helpful to our inquiry. The first is the *ought-implies-can* principle. This principle (often attributed to Kant) holds that if one ought to do something (i.e., if one is obligated to do something), then it must be possible for that person to do that thing. Otherwise, the incapacity nullifies the duty. The second is a principle of justice introduced by John Rawls (1971): *the veil of ignorance*.

⁵ Another common way of expressing this idea is often attributed to deontologist Immanuel Kant (however, derivations are found in the literature centuries earlier): the right thing must be done *may the heavens fall* (the common phrase is often expressed in Latin: *Fiat justitia ruat caelum*).

⁶ The example Aristotle gives is difficult for us to interpret, as it comes from a play written by Euripides that is no longer extant. It appears that the character, Alcmaeon, commits matricide, which Aristotle suggests is something one should die before doing (Aristotle 1984, *Nicomachean Ethics* 1110b5). Aristotle also says there are some actions that are always wrong (such as adultery) and cannot be performed in a virtuous way as they are, in principle, vicious (Aristotle 1984, *Nicomachean Ethics* 11107a9-20).

When considering what is fair treatment between disparate groups, one ought to imagine oneself behind a veil of ignorance, or a theoretical position from which a person will be randomly allocated to one of the groups in question. Rawls believed that the uncertainty of whether one would suffer a severe disadvantage motivates us to treat *the disadvantaged* fairly.

These are the major normative frameworks and doctrines we should keep in mind when considering what we mean by ‘should’ when we ask, *how long should we work?* Let us keep these in mind when trying to answer the two interpretations of the question noted earlier. Before we can answer the main question of this chapter, there is one more caveat to be made; we must consider ageism, both in general and in the workforce, so as to eschew false conclusions, which could stem from prejudicial lines of inquiry.

Ageism

Contemporary answers to our main question are wrought with prejudices, which are rarely noted, but frequently rationalized. For instance, some suggest that elderly drivers have their driving skills tested more regularly. Like all prejudices, this one seems to those who hold it to be founded in experience. It just *seems* as though the elderly perpetrate the majority of dangerous driving. Yet, even if it were true that the elderly perpetrated the majority of dangerous driving, the fact that they are elderly is not necessarily the explanation.⁷ It is likely that the drivers have acquired disabilities that impair their driving. But we do not make all disabled persons undergo annual driving exams. Therefore, any such ‘justification’ for excessive and frequent testing of older drivers is discriminatory.⁸

Prejudices come from generalizations (or *stereotypes*), and generalizations are particularly tricky with the elderly. A generalization is a judgment about any member of a class based on observations of a subset of members of the class (Jackson 2013). In a way, we cannot live without them – generalizations

⁷ As it happens, it is not the case that seniors are the most dangerous drivers on the road: ‘In 2007, the National Highway Traffic Safety Administration (NHTSA) released a report showing that teenage motorists represent a disproportionately higher percentage of traffic fatalities than all other age groups. For example, while drivers between the ages of 15 and 20 comprised only 8.5% of the driving population in 2007, they represented 12.7% of accident-related fatalities. Moreover, they represented 15.4% of all single-vehicle crashes.’ (Phillips 2015).

⁸ For compelling discussions against ageism, see McNamara and Williamson (2012), Macnicol (2006), and Macnicol (2010).

stem from inductive thinking, which is how we learn and make judgments in any empirical matters (Allport 1979). As is with the case of inductive reasoning, generalizations may mislead us. This is especially the case when the subset observed is relatively small and when the class itself is rather diverse.

This is the case with ageism. First, few people who are not themselves elderly know many elderly people intimately. Most know their grandparents growing up. Some of us live far away from our grandparents, meaning infrequent exposure. For many people, that might be the extent of their knowledge of the elderly (that and stereotypes they see on television or read about).⁹ We tend to socialize with people close to our own age – those within the same cohort (Macnicol 2006, p. 3). Therefore, our sample of closely examined elders is inadequate.

In addition, the oldest cohort in a society is typically the most heterogeneous.¹⁰ This is true in just about every respect. For instance, the diversity of intellectual capabilities, physical capabilities, and creative capabilities is most prominent in the older portion of society. People develop (and lose) abilities at radically diverse rates, which means that the longer a group is observed, the more disparate the abilities will be. To use a metaphor, at the start of a long race, runners are typically packed in tightly. However, as the race progresses, runners become more spaced out. For instance, a single runner can be on a stretch of road and see no other runners even if the runner is, technically, in the middle of the pack. And so it is also for capabilities in old age. Furthermore, disparate opinions and attitudes result from very different life experiences and coping mechanisms. This is why, for example, it is ageist to consider *the elderly* cranky, cheap, loud, pushy, impatient, etc. It might make sense to suggest that children, in general, are impulsive. It might be more likely that a child will behave impulsively than

⁹ In 2011 I taught a special topics course on Aging and Philosophy at Denison University. Prior to the start of the course, I asked the students to raise their hand if they knew the number of elders (defined, for their purposes, as people over the age of 65) that I named. I explained that ‘knowing’ an elder didn’t mean one had to know everything about the person, but rather they had to know the person’s name and they must talk to the elder more than once and on a more-than-superficial level (e.g., the elderly greeter at Wal-Mart does not count). As an example, I suggested they consider this level of familiarity as one that ranges similarly to how familiar they all were with one another (the class had exclusively freshmen, and it was apparent that some knew each other more or less than did others). Almost the entire class raised their hand when the number was 1–3. That percentage dropped to approximately 10% when I asked about knowing as many as 4–6 elders. If my memory serves me correctly, nobody in the room (save for myself) knew more than 6. When asked the same question of people their parents’ age, their own age, and the age of young children, the result was overwhelmingly more positive. Many students explained that the figure was too high to count in those instances.

¹⁰ See Grigsby (1996) as well as Light, Grigsby and Bligh (1996).

that the child will not. Such homogeneity among the very young can be explained by their relatively uniform relation to the starting line, figuratively speaking. Impulse control is something developed in later childhood. However, it would be wrong to say that *the elderly* are impulsive – even if one has witnessed 20 impulsive elders! To call *the elderly* grumpy, mean, or impatient is tantamount to calling *the women* emotional, *the Jewish people* cheap, or *the blacks* poor at swimming. For reasons I hope are obvious, such judgments are not only flawed and inaccurate epistemically, they are also immoral; they lead to discriminatory treatment.

Discrimination is the unfair treatment of a person because of some *irrelevant feature* of that person. For instance, it is not discrimination to refuse to hire someone for the position of professor if that person has yet to complete a B.A./B.S. It would be discrimination (and wrong) to refuse to hire someone, for instance, because she was gay.¹¹

It is often suggested that ageism is just like racism, sexism, and homophobia. There are many interesting points on both sides of this debate. Those who include ageism with these other prejudices point out that the elderly suffer the same types of discrimination as members of the other groups do. On the other hand, the opposition likes to point out that, unlike race and gender, all people can expect to be members of the class ‘elderly’ someday (provided they are so lucky). This distinction is an important one, though I doubt it invalidates the claim that ageism deserves similar attention. The fact that those perpetrating the ageist offenses may themselves be victims someday is irrelevant. Hate is rarely (if ever) rational; self-hate is a prime example (Macnicol 2006, p. 8). The existence of self-hate is empirically obvious. There are anti-Semitic Jews and homophobic homosexuals. Their strange predicament hardly softens the blow of their poor treatment of others.

In answering the question of this chapter (both interpretations), we must take care to avoid ageism. Many answers given publicly may not be so well motivated. For instance, it is often argued (and I think, persuasively so) that mandatory retirement ages are discriminatory. What about being a certain age means an employee no longer deserves his or her job? Do we magically lose all competencies the morning of our 65th birthday? Certainly not. Yet mandatory retirement ages are still prescribed and honored. Similarly,

¹¹ Interestingly, discrimination does not seem to require that the reason reflect reality. For instance, it is equally discriminatory to refuse to hire Bob because one *thinks* he is gay, even though he is not, as it would be to reject his candidacy because one thinks he is gay (and he actually is). The fact that the motivation is related to irrelevant ‘features’ (merely perceived or otherwise) constitutes discrimination (Jackson 2013).

we must take care to avoid common irrational generalizations, for example, that those over 65 are greedy, are lazy, and just don't want to work anymore; they don't care whether they've contributed enough to justify what they collect; or they don't care about taking resources away from children. These are just a few of the generalizations readily accepted in the mainstream that we must recognize as both unfair and unfounded in order to adequately answer the main question of this chapter.

How Long *Must* We Work?

There is a sense in which the question of this chapter can be understood as considering whether there is an obligation to work for a certain amount of time and, if so, how much time one must work. There are several good reasons for posing the question this way.

Retirement, as a stage in life, is relatively new (Thane 2005). It used to be the case that most people worked until they died. The only reasons one might cease working intentionally were 1) the person suffered some debilitation that rendered work impossible or 2) the person was so wealthy that the person needn't work to support themselves and their family.

Until recently, it was typical that whatever could debilitate you often also killed you. At the time, medicine was not sufficiently advanced to save people from heart attacks, aneurisms, strokes, or the like. Even on the rare occasion when a person survived such events, the lingering effects soon did them in. Therefore, most retirement taken due to disability was short-lived.

Obviously, few people ever amass such funds that they needn't work to support themselves or their families. Whenever such a phenomenon occurred, I suspect one of two things happened. Either the person continued to work for a number of reasons (e.g., it was what one does, the person loved their job, the person felt a desire to not only leave their family comfortable, but *very* comfortable), or the person 'retired.' I place scare quotes around the term purposely here because I suspect such people didn't necessarily view themselves as *retiring*, or consciously desisting a career trajectory. It is, to my mind, more likely that they viewed themselves as just *wealthy*, and a luxury of being wealthy is that one can take all of the *leisure* one wants. If work *just is* the means to the end of having sufficient resources, then the point of work disappears when one has an excessive amount of resources.

Of course, these phenomena are common today as well. Not everyone works for a calling. Those of us who do not have little incentive to work more than we must. Even those of us who do have passion for our work might wish

to retire if we grow concerned that we won't be able to fulfill other dreams, should we continue to work. These possibilities are timeless and found in every generation. What is different nowadays is that people often live to an age when they are able to continue working, but they are uninterested in doing so. What's more, it is equally likely that we will live to an age when we acquire a disability and must stop working as a result, but modern medicine and technology can keep us alive for a much longer time (at a much greater expense) after acquiring the disability.¹²

Chronic conditions not only make it less likely that we will be able to work, they also make it harder to judge whether we will be financially solvent when we do stop working. The amount of funds it takes to sustain one's life and lifestyle is dramatically different if the person acquires a disability. For instance, if I save based on the estimate that I will need \$50,000 per annum to live out my days comfortably at the standard to which I am accustomed provided that none of my needs change, and it costs more than \$50,000 to live in a nursing home, then should my needs change enough where I need round-the-clock care, I am instantly destitute. This calculation is complicated by the fact that debilitating conditions rarely give advance notice.

These facts have created a sense of responsibility to work longer. First, we acknowledge that even if we do retire healthy and never acquire a disability, we are likely to live longer (in this stage of retirement) than previous generations. That means we must inflate the math. We must account for not only inflation and the occasional unexpected expense, but also for the chance that we might become centenarians. The mere fact that we live longer compels us to work longer. Second, insurance is important. Given the prevalence of acquired disabilities in old age, it is most prudent to not only save sufficient funds to support a *healthy* version of yourself for 30 years, but also a version of yourself with a chronic (and expensive) condition.¹³ Third, just which chronic (and expensive) condition one acquires (if it is only one) is a mystery, and some conditions (e.g., hypertension) cost less to treat than others (e.g., dementia). The onset of such expenses matters as well. Therefore, the insurance we feel we need should cover a wide range of possibilities.

¹² Hooyman and Kiyak (2011) estimate that more than 80% of persons over the age of 70 have at least one chronic condition or illness, with multiple such conditions being common (pp. 105–109).

¹³ I acknowledge that the expense of a disability for individuals is relative to where they live. Countries with socialized medicine might be set up such that the taxpayer carries much of the financial burden. Still, this difference only shifts the object of our question. Instead of considering how an individual prepares for such possibilities, we would wonder how a society could manage such costs. Naturally, any answer to that inquiry would likely involve raising the retirement age.

Fourth, the price of treatment is not set in stone. Medical advances occur regularly and, typically, such advances do nothing to help the cost of care. Add to this concern about pharmaceutical prices and judging for ‘inflation’ becomes nearly impossible.

This sense of responsibility is compatible with all of our normative frameworks. It is compatible with ethical egoism as it is for the benefit of one’s future self that one plan well today. *Prima facie*, it is compatible with utilitarianism in that the opposite – not planning and saving for such possibilities – would leave the burden with multiple other people (children, friends, taxpayers).¹⁴ Regardless of whether or not one plans for Parkinson’s Disease, it costs just as much and the treatment is just as necessary. Someone must pay those bills. And the person with Parkinson’s cannot go back to work and pay them herself. A sense of responsibility to support oneself is also compatible with deontologies – especially those espousing autonomy as a value in and of itself. Finally, self-sufficiency would seem to be a virtue for which we all should strive to some degree.

That we are responsible for ourselves to some degree is apparent. Just what those responsibilities are, and when others share in those responsibilities, is unclear. Given that the responsibilities supervene on facts about a future that hasn’t yet arrived, we can only make our best educated guess. We can look to family history, personal history, and current research (e.g., the prevalence of certain conditions among certain age groups). We (or our government) can invest and diversify our portfolio to handle market changes and unexpected inflation. Either individuals should have good health insurance or a country should have socialized medicine equipped to service all its elders in the event of sickness and disability. After all of this number crunching, we can look at our salaries, what we are able to save, and make a decision as to the date by when we will have saved enough. Even with such prudent calculations, a lot can go awry. Here, it is necessary to assume a Rawlsian veil of ignorance. Many of us will not calculate accurately, but of no fault of our own. Therefore, some social safety net is needed to support those whose predictions do not come true.¹⁵

¹⁴ I say *prima facie* here because, as is the case with most versions of consequentialism in general, *a fortiori* utilitarianism, the actual circumstances dictate what is right or permissible. Under different circumstances, it might yield more utility that such a person not work into old age. For instance, if the job market is such that the upcoming generation cannot get jobs unless the elders retire, *and* the working people are willing to support financially retired elders, it might yield more utility, strangely enough, to retire.

¹⁵ For a measured account of whether Social Security is well founded on normative prudential and deontic principles, see Achenbaum (1986).

The likelihood of need is complicated by inflation given the extreme gap that often exists between initial calculation and eventual need. For instance, if one were to save \$1,000 US per month starting in 2015, in 20 years, that individual will have \$240,000 plus interest. As I sit now, in 2015, looking at that figure, it seems to me like a lot of money. However, I have no idea whether that will be sufficient funds in 20 years to provide the care for, say, Parkinson's. So, why not save more, just in case, you might ask? The answer is simple. That might be all an individual can save given their current salary in 2015. Attempting to pay for one's future medical expenses (especially if we are talking about the distant future) is doubly difficult in that the individual might be trying to save for medical treatment at 2035 prices on a 2015 salary.

For reasons such as the above, many societies construct a *pay as you go* system. For instance, in the United States, social security is such a system. People currently employed pay social security, and that money is *immediately* applied to the expenses of those who are not working and in desperate need and those who are entitled to it because they previously paid in for other people. Naturally, most of these people are retired elders. Current workers' contributions are noted, and a comparable payout will be earmarked for them, should they live long enough to be in a similar position. The reason for such a system is as explained above: it would be impractical to expect people to save for the present cost of expenses on salaries as they were 20 or 30 years ago. This system works well in a population consisting of the traditional proportion of age groups and employed cohorts. For instance, in a society where most of the people are very young and, as one increases the age of a cohort, the numbers gradually drop off until a small portion of the population remains in the 'old old' cohort, more people will pay into social security than will be able to collect from it. This makes up the difference for the fact that many people will ultimately pay less than they will need when they become eligible. If fewer people are collecting than had previously been contributing, the financial cost of inflation is absorbed nicely.

This system worked beautifully in the United States until recently. Just about everyone could afford to retire around age 65 and live comfortably on their savings, social security, and other pensions or investments. For this reason, many people opted to do so, even if they were in perfect health. Whether it was because they had other ambitions in life, disliked their jobs, or simply could not continue to work, people began to enter the 'stage' of life we now call retirement. With the average life span rising, some found that they were retired for as long as (or longer than) they were employed.

This factor adds strain on the program. If we live longer but retire at the same age, we collect from the current workers longer. But *those* workers soon join us as retirees. Therefore, more people are relying on the funds of the same amount of workers.

That was the first challenge. Now, it seems the United States is not even relying on the funds of the same amount, but rather *fewer* workers than before. This is the case because not only is the population as a whole living longer, different cohorts are different sizes in the United States. The *baby boomers* outnumber the constituents of other cohorts, and they are currently approaching retirement age. Therefore, even more people than before will be relying on social security *and* even fewer people will be working to pay into it. What's worse, the economic crisis of 2008 left many people unemployed. Those people not only lost wages (which meant they could not save for their own future) they were no longer paying into social security. What was once a beautifully orchestrated system has suffered many challenges and is in great need of repair.

One solution for problems such as this is for people to work longer. After all, it is apparent that some of us retire before it is absolutely necessary. If we work longer, more of the population will be paying into social security and for a longer time. For this reason, many suggest we raise the age by when one is eligible for benefits by five to even ten years. Such a solution would definitely be prudent and it would certainly help fill the coffers of social security. However, there are some reasons against this proposal. For instance, despite the fact that some of us are able to work longer, many people are not. For a lot of people, it is around age 65 that their skill set and capabilities for their line of work bottom out. For example, very physically taxing work such as manual labor often takes its toll earlier in life than, say, being a college professor does. If we raise the retirement age to 75, it might be easy for the professor to comply with the new statutes, whereas the construction worker might have to retire prior to being eligible for full benefits. What's more, the construction worker *needs* those benefits, since the very thing that prevents him or her from continuing work is a medical condition. The college professor is, by and large, more likely to be healthy than the construction worker. When both are 75, the healthier one will collect more, which seems to many to be unjust. For reasons such as this, one might advocate keeping the retirement age exactly where it is.

However, this does not solve the problem of many people collecting social security who do not, necessarily, need it. While some safety nets exist that wouldn't allow us to be out on the street, are we being irresponsible when we rely on them? These safety nets aren't designed to support all of us. If we

retire when we are eligible *and* when we no longer can work, then, effectively, *we all retire*. It is as if we are training for tightrope walking, and some of us just let ourselves fall into the net. Perhaps the net is there in case we fall. But, perhaps the net is not capable of holding all of us if we fall at the same time. Does this mean we have an obligation to try not to fall? Does it mean that we have an obligation to do whatever we can to avoid using the safety net? At present, we are operating as though there is a magic formula we have yet to discover that will help us calculate a number representing the age by when we have all paid our dues and thus done enough to make the safety net strong enough to support us all, should we all leap from the tightrope to a leisurely existence in the hammock below, which will cradle us indefinitely. Perhaps this is true. Perhaps we have just not cracked the code. Or, perhaps, this dream is as it sounds – too good to be true.

It might be ageist to try to solve these problems with an arbitrary age requirement, as the oldest portion of any population is the most heterogeneous when it comes to abilities and health (Macnicol 2006, pp. 13–14). A preferable solution might take into account ability. Following *ought implies can*, we ought not require of people what they cannot do. We must admit that some jobs remain equally taxing throughout decades, whereas other jobs come with a shorter shelf life. In addition, even less taxing jobs do not protect one from a stroke or other condition that would render any work impossible. Therefore, fairness would suggest that, by and large, nobody should retire simply because of age. Perhaps we should all only retire when we can either 1) support ourselves financially without collecting social security or 2) are incapable of work.

This suggestion also makes sense because Sam the construction worker doesn't get paid as much as Pat the banker. Sam can only manage the job of construction for 25 years. Pat could easily work for 40 years. All ethical theories (save egoism) would suggest here that we ought to work indefinitely and retire only when we must (like we used to in 'the old days'). This way, we can fund not only our own retirement, but also that of the less fortunate members of society.

I recognize how unpopular a solution this is. We are used to considering ourselves more than others (or, at the very least, more than *all* of the others), and a sudden shift like my suggestion is bound to leave us all lamenting the loss of our personal net utility. Furthermore, if we follow virtue ethicists in believing that there is meaning to life tied up with multiple projects and sources of value, asking *everyone* to retire *only* when they can no longer work is also asking many people to live lives with insufficient meaning. In fact, many people view the phase of their lives when they work as instrumental.

As Aristotle suggests, sometimes we work hard (or fight wars) *so that* we may have leisure (Aristotle 1984, *Politics* Book 8 and *Nicomachean Ethics* Book 10 Chapter 7). The above suggestion asks those people to pursue purely instrumental goods, thus divesting their lives of any meaning. Asking people to live life without meaning so that other people can stay alive (and, presumably, do the same) strikes me as contrary to morality. It might not be permissible to expect people to work indefinitely.

On the other hand, working until one's death or incapacitation might also be immoral. This is the concern we must now raise as we consider the alternative way of reading this chapter's question: *by when ought we to stop working?*

Until When *May* We Work?¹⁶

I shall illustrate the concerns associated with this interpretation of the question with anecdotes from academia; however, I believe these points can be applied by extension to similar markets.¹⁷ I first became aware of the movement to 'retire already' when I read a piece by Prof. Laurie Fendrich. In it, Fendrich argues that, 'academics who don't retire are greedy, selfish, and bad for students' (2014). Fendrich points out that since a law was passed in the United States in 1994 outlawing mandatory retirement for professors after age 70, a considerable percentage of professors are electing to work beyond that age.¹⁸ However, Fendrich felt that she had a moral obligation to 'clear the way' for the next generation of professors. She gives two distinct lines of utilitarian arguments in favor of her position: one that I believe rests on ageism, and another that I believe is sincere and somewhat compelling.

Let us begin with the first. Fendrich argues that 'Despite the boomer claim that 70 is the new 50, and the actuarial fact that those who live in industrialized countries and make it to the age of 65 have a life expectancy reaching well into the 80s, 70 remains what it has always been – old. By the one measure that should count for college faculty – how college students perceive their professors – it is definitively old' (2014). This may be true.

¹⁶ For evidence that more people are choosing to work longer, see Munnell (2015).

¹⁷ For evidence that more professors are choosing to work longer, see Jaschik (2013).

¹⁸ The number of professors aged 65 and older more than doubled between 2000 and 2011, according to Audrey Williams (cited in Fendrich 2014). Fendrich also cites a study by Fidelity Investments (2013), which found that '74 percent of these boomers plan to delay retirement past the age of 65, or never retire at all.'

However, it boils down to a plea for enabling. What it suggests is that the typical college-age student is ageist, and therefore, we ought to cater to their perceptions. This conclusion does not follow from its premise. First, as professors are becoming painfully aware, the model of catering to student demands isn't working. Colleges and universities operating under a 'consumer' model have taken student evaluations to heart (since, on the consumer model, the customer is always right). As many students' suggestions are born of frustrations concerning the difficulty of learning, these institutions respond by lowering their standards, which means students simply receive an inferior education. In the spirit of Fendrich's tag line, this practice of accepting student input is 'bad for students.' There is a reason why parents of toddlers don't ask them what they want for dinner; after months of a diet comprised exclusively of cake and ice cream, the whole family has diabetes.

My point is that the inclusion of elders in any enterprise might be good for that enterprise, contrary to the impressions of the younger people involved.¹⁹ There is a lot to be said for institutional memory, experience, and mentorship that any corporation or organization enjoys as a result of keeping older employees. These benefits might appear to be outweighed by the costs of higher salaries, higher medical insurance costs (in certain countries), and higher retirement matching obligations by the employing entity; however, some benefits are difficult to measure in pecuniary figures, and may even be incommensurable with money.

Aside from the argument that we should give the people what they want, Fendrich argues from anecdotal experience that older professors are ineffective for reasons that do not stem solely from student impressions and expectations. Fendrich claims that older professors tend not to know how to use e-mail, don't keep current with their field, and fail to fully engage department and university responsibilities. She would be correct to say that older people ought to retire for these reasons, if it were fair to suggest these are universal occurrences. But as we saw earlier, the heterogeneity of the old entails that such sweeping generalizations ought to be avoided.

However, Fendrich is correct that one might have a duty to retire for the following reasons. First, one only has a *right* to a job so long as that person fulfills their obligations to that job. No employer is morally obligated to retain employees who fail to do their jobs. However, it is true that in some

¹⁹For example, Macnicol (2006) notes that 'a youthful population carries considerable social costs: youth correlates with high levels of crime, single parenthood, unemployment, suicides, homicides, drug abuse, traumatic deaths of all kinds, moter [sic] vehicle accidents, high health and education expenditure, and so on' (p. 4).

arenas (academe being a prime example), older workers are treated as though their positions are guaranteed unless the employee commits an egregious offense (one which is likely to land them in prison, in which case their incarceration, not their employers, determines their exit from the field). Academia is the clearest case of a system that would allow for this to happen. However, I argue that it is not just because of the tenure system (a system I favor for reasons concerning academic freedom). Many workplaces informally adopt the tenure model. Some might do it out of respect for the elders. Others might do it to avoid potential discrimination lawsuits (founded or not). Regardless of the motive of this practice, employees who hold on to older dysfunctional workers are doing them a favor; it is not morally (and, most often it is not legally) required that they do so.

Second, in such instances, it is the case that the population served suffers from the employees' ineptitude. An employer who continues to carry such 'dead weight' cannot use those funds to hire another (or perhaps several other) employee(s) who would better serve the target population. Therefore, inept workers do not have a moral right to continue to work, which entails that their employers have no obligation to continue their employment. Furthermore, on utilitarian grounds, the majority of people involved would receive more utility if such persons were replaced by superior workers.

The above argument only applies to inept workers. However, what makes us think that a worker necessarily becomes inept after age 70 (Fendrich's marker for when professors should already be retired)? Fendrich acknowledges that exceptions are to be made: 'Some professors, especially in the humanities, become more brilliant as they grow older – coming up with their best ideas and delivering sagacity to their students. And some research scientists haul in the big bucks even when they're old. But those cases are much rarer than older professors vainly like to think' (2014). This may be the case, but it may not. It may also be true that the majority of people believe they are doing a better job than they actually are. However, I am doubtful that such inflated self-estimations are unique to the older employee.

In addition to her argument that older professors' refusal to retire harms students, Fendrich also suggests that this phenomenon creates a backlog of employment that can harm a generation of 'wannabe professors.' The reason behind this (and I believe it translates to other fields) is that in specialized positions whose numbers are static, jobs only open up when a current worker is fired, retires, or dies. Colleges and universities are great examples. Few places are growing their faculty. In fact, many institutions are supplementing faculty more and more with part-time faculty (often called *adjuncts*). These part-timers are poorly compensated, which means they

must spread themselves thin and work for multiple institutions simultaneously just to pay the bills. Such workers are not given service or research obligations (they are not being sufficiently compensated for such requirements). Therefore, these workers do not contribute to the community beyond the classroom (whereas permanent faculty do). Furthermore, it can be difficult for such workers to stay current in their fields, as their employment situation leaves them little or no time for research. In effect, the continued reliance on adjuncts seems to almost guarantee that the majority of professors will be what Fendrich complains older professors are: distracted teachers who are out of touch with their field and contribute nothing to the institutional community.

Again, there may be exceptions to this rule. However, the situation strikes me as a systematized incentive to teach a lot and do nothing else (perhaps ‘incentive’ is too strong, as many adjuncts would love to research and serve, but simply have no time to do so because they are teaching the equivalent of two or three times a normal teaching load). When a practice is systematic, the exceptions are just that – exceptional.

Fendrich cites the trend of postponing (or foregoing) retirement as responsible for this shift to adjunct dependency. I suspect she is right in some regards.²⁰ As long as such professors remain employed, their tenure line is unavailable for upcoming assistant professors. As Fendrich points out, there is a backlog of candidates²¹ for such positions: ‘Young faculty members aspiring to full-time tenure-track jobs as well as newly minted doctorate holders have a right to be worried, if not resentful, as they watch older faculty clinging to jobs, blocking their chance of entering what remains of the ever-diminishing pool of full-time academic jobs. By delaying retirement, older faculty members, in effect, tell the younger generation of wannabe professors to table their aspirations to teach full time, or maybe even to give them up entirely’ (2014).

²⁰ I believe this is one of a cluster of reasons, another one being that the recent bloat of financially savvy administrators, who frequently point out the ‘savings’ an institution collects by using adjuncts instead of hiring new assistant professors – who are, typically, in their 30s (on average, graduate students earn their Ph.D.’s at the age of 33 or 34 (O’Shaughnessy 2012, Fendrich 2014 (respectively))), and those landing tenure-track jobs tend to do so in their mid-to-late 30s (Fendrich 2014)). I suspect that the shift to adjunct workers is financially motivated, which does mean that more expensive tenured positions would exacerbate the trend; however, I doubt the trend would have been averted if older professors had continued to retire at the same rate as they had been previously.

²¹ According to Andrew Hacker and Claudia Dreifus (cited by O’Shaughnessy), America produced over 100,000 doctoral degrees between 2005 and 2009, but only 16,000 new professorships were created (2014).

What does this mean for a duty to retire? If we are utilitarians, it might mean that older professors (and, by extension, older workers in fields suffering similar bottlenecks) do have a duty to retire (since they do not deserve to be fired and we have ruled out geronticide, and these three possibilities exhaust the possibilities for jobs to open up). It might just be for the greater good that a generation of workers is not passed over. In the interest of continuity, mentorship, and institutional memory, it would behoove institutions to have a steady flow of full-time invested employees of varying ages and years of experience at the helm. Otherwise, these older workers will eventually die and be replaced by either part-time workers or young professionals who will be completely without mentors – as if their field had come into existence only moments prior. This next generation would have to learn everything ‘the hard way’ at their own expense as well as at the expense of the populations they serve.

It might be going too far to suggest that an entire generation of workers be sacrificial lambs to our utilitarian calculus. What’s worse, there is little justification for demanding that sacrifice of any one generation over another. Demanding that all older persons should ‘step aside’ for the younger generation might be privileging the younger generation arbitrarily, thus rendering the ‘solution’ an expression of ageism.

If we are Kantians about the situation, we might say one of two things. We might first say that an individual has an imperfect duty to develop her talents. So long as one is doing that (even into one’s senescence), one is doing something morally good and permissible. There is no perfect duty to step aside for the next generation. On the other hand, there might be a competing imperfect duty to promote the flourishing of positive institutions.

If we are strict negative rights theorists, we might say that the skilled worker has a right to retain her position as long as she fulfills her obligations in the initial contract of employment. So long as this is the case, she is entitled to her job and its associated benefits. One may be permitted not to exercise this right, but no one is obligated either way.

If we are virtue ethicists, our answers, again, will depend on individual cases. We might say that one must flourish in one’s talents and capacities as much as possible. On the other hand, the virtue ethicist recognizes the need to positively contribute to the greater good. Provided an individual has sufficient means to support herself, she may be doing the virtuous thing by stepping aside in some way. That being said, it does not mean that the virtuous person must sit and wait to die. It might mean that the virtuous person converts her ‘work’ into a matter of volunteering. She might willingly mentor the next generation. She might continue to work on independent

projects in her field. In such instance, the virtuous person continues to work, but she also ceases to *work for* her employer.

Given our commitment to avoiding ageism, I think utilitarianism will not be useful in prescribing a solution for bottleneck problems. The fact that all theories would suggest inept workers exit their fields will hardly suffice to solve the entire problem, as I suspect that there are significantly fewer inept older workers than initial ageist presumptions would have us suppose. This means that adept workers retain the right to continue working; however, some might go above and beyond duty by ‘bowing out’ voluntarily. After all, there is no moral obligation to exercise a right simply because one has it. Naturally, a virtuous person would know whether such a move is wise. If virtue requires wisdom, and wisdom requires time and experience, the virtuous people in a society are likely to be the very people faced with this decision.

Conclusion

How long *should* we work? It all depends. Most normative moral theories acknowledge that we have a moral obligation (whether that be grounded in utility, duty, rights, or as a matter of flourishing) to try to be self-sufficient and autonomous. On all accounts, this means that we ought to work as long as it takes to fulfill that responsibility. However, we must acknowledge that there is an epistemic barrier (the unpredictability of the future) that warrants a certain amount of sympathy and aid if we fail to fulfill that responsibility due to innocent miscalculation. In addition, we must acknowledge that certain individuals might be forced to retire prior to securing sufficient funds due to disability, illness, or chronic poor compensation. For example, I predict that the “adjuncts” currently being exploited in the name of profit margins will require financial support later on in life because, while employed, they were not paid enough to save for retirement. If we believe people have the positive right to assistance in such instances (and many ethical theories support this), we, as a community, must provide for these people’s care. This burden can only be shouldered by collective contributions to a social safety net. Therefore, there is a duty to work until financially solvent for the foreseeable future, unless one is not able to do so (in which case, per the *ought implies can* principle, the obligation is dissolved). It is for the greater good that we all try to fulfill this responsibility. Fulfilling this responsibility is also an expression of our self-fulfillment and flourishing as moral agents. Once we have fulfilled this obligation to ourselves and others, we are permitted to engage in other pursuits that give our lives meaning, even if such pursuits generate no revenue.

On the other hand, it might not be prudent to work indefinitely, *even if* one is capable of doing so. There is a magical sweet spot that each individual must do her due diligence in identifying. While those who are able to continue working beyond that point have a right to do so according to deontic contractual principles, a utilitarian perspective might demand that people not exercise this right. Given our concerns about ageism and utilitarianism, we might revise this claim to say that it is demanded (on consequentialist grounds) that *some portion* of the population not exercise this right. A virtuous person, we presume, would know when it is fitting to exercise that right and when it is morally prudent to relinquish one's position (though, this need not mean that the agent desist from all activity). In addition, the virtuous person would recognize whether there were alternative pursuits that retirement afforded her that were worthwhile (or, perhaps even *more worthwhile* than continuing her work).

In short, one ought to work as long as it is necessary to be self-sufficient, provided this is even possible. Once at that point, the individual may elect to exercise her right to continue working; however, circumstantial considerations such as the greater good for the economy, institutions, and future generations might compel a morally upright worker to abstain from future employment. Such a move might be supererogatory: it might go above and beyond the call of duty to relinquish one's position for the greater good. If this is the case, then an adept worker is not morally required to retire *ever*, though it might be nice of her to do so anyway.

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The Transhumanist Prospect: Developing Technology to Extend the Human Lifespan

Christopher Wareham

Introduction

Transhumanists such as Aubrey de Grey, Ray Kurzweil, David Pearce, and Nick Bostrom advocate humankind's transcendence of biological barriers to well-being. To achieve this they propose extensive development and use of enhancement technologies to improve the flawed human condition. A central goal of transhumanism, which I will refer to as the 'transhumanist prospect', is radical enhancement of human lifespans and control over the aging process.

The function of this contribution is primarily descriptive: I will outline the transhumanist stance on aging as well as philosophical and ethical debates about the transhumanist prospect. In doing so, I will not attempt to justify final conclusions concerning the acceptability of the transhumanist prospect. Nor will I definitively assess the arguments for and against particular modes and means of extending the human lifespan. My aims instead are to point to controversial premises in transhumanist thinking and to provide what I regard as useful distinctions.

I proceed as follows: first, I distinguish two strands of transhumanist thought from views that are merely pro-enhancement. Second, I home in

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on transhumanism with respect to aging, detailing some of the *ends* to which transhumanists aspire. Third, I delineate five modes of modulating or undermining the aging process and give an indication of the technological *means* seen as likely to further transhumanist ends. Finally, I give an overview of the types of ethical objections posed against the transhumanist prospect.

The Meanings of Transhumanism

Due to its pop status and wide variety of adherents, transhumanism is very difficult to pin down as a discrete view. There are, for example, libertarian transhumanists, egalitarian transhumanists, as well as Mormon transhumanists, Islamic Transhumanists, and so on. Faced with this lack of unity, I will not attempt a full survey of views of all those who identify themselves as transhumanists. Rather I will focus on two core strands of transhumanist claims discernible in scholarly literature: the ‘change humans’ strand and the ‘change humanism’ strand. I distinguish these from a third category of theorists who are broadly in favour of enhancement, but who do not endorse transhumanist claims about human nature and morality.

Change Humans

The prefix ‘trans-’ means, roughly, to change, or go beyond. However, there is some ambiguity about that which transhumanism aims to transcend. At least two non-mutually exclusive options present themselves. On one view, which I will call the ‘change humans’ strand, transhumanism aspires to change human nature itself and contribute to the existence of post-humans.

Bostrom, one of the clearest and most prolific articulators of transhumanism, justifies the ideal of changing humans as follows:

Transhumanists view human nature as a work-in-progress, a half-baked beginning that we can learn to remold in desirable ways . . . Transhumanists hope that by responsible use of science, technology, and other rational means we shall eventually manage to become post-human, beings with vastly greater capacities than present human beings have. (Bostrom 2003, p. 493)

Such aims are generally based on humanist morality and conceptions of the good. Humanism is famously associated with Protagoras’s maxim that ‘man is the measure of all things’ (Bostock 1988). The focus is on human values, such as agency, sentience, and well-being.

It is important to emphasise that, despite their name, neither humanism nor transhumanism are necessarily anthropocentric views. Rather, the well-being in question can be more broadly construed to include that of animals, as well as human creations such as artificial moral agents (Wareham 2011).

For transhumanists in the ‘change humans’ sense, the proper application of these values provides grounds for changing human nature. For example, we might think that the well-being of, and distribution of well-being amongst, persons is what matters, but feel that these ends are best served by changing our biological nature, say, through mind-uploading (discussed later) or enhancing human moral thinking (Persson & Savulescu 2008).

Change Humanism

An alternative understanding of transhumanism, which I will call the ‘change humanism’ strand, aspires to go beyond the humanist ethical viewpoint altogether. While humanism is a common starting point, some hold that ultimately humanist morality itself ought to be transcended. This is regarded as a consequence of, and motivation for, changing human nature.

One way in which changes to morality are thought likely to be a *consequence* of changing human nature relies on the view that morality is interest-based. That is, morality exists in order to harmonise cooperation so that persons can protect and further their interests (Buchanan 2009). Buchanan argues that changing human nature may result in changes to our needs and interests. If we accept interest-based morality, modifications to the terms of moral cooperation may be required. For example, massive unequal improvements in cognitive functioning may entail that it is no longer in the interests of post-humans to cooperate with normal humans as moral equals. This challenges what Buchanan calls the Moral Equality Assumption – the view that all persons have the same moral worth. Denying this assumption might entail two or more tiers of moral status (DeGrazia 2012). Post-humans may legitimately regard themselves as having higher moral status, undermining a fundamental pillar of humanist morality.

While such changes to morality have a somewhat dystopian flavour, transhumanists argue that other potential changes are sufficiently desirable to *motivate* altering human nature. They postulate that, through the use of technology humans or post-humans may access domains of value that cannot be conceived from our current lowly standpoint. Bostrom argues that,

We should leave room in our thinking for the possibility that as we develop greater capacities, we shall come to discover values that will strike us as being of

a far higher order than those we can realize as un-enhanced biological humans beings. (Bostrom 2003)

For transhumanists, the possibility of discovering such higher order post-humanist values motivates the changes to human nature advocated by transhumanism.

Pro-enhancement

Understanding transhumanism in the above ways makes it possible to distinguish transhumanists from another group with similar claims. This group includes those who favour enhancement, but are uninterested in debates about changing the human species or regard it as unlikely or false that morality itself will change.

This group seems well-represented by John Harris. Harris, for instance, argues that the question of ‘whether any proposed changes amount to changes in human nature, or to involve further evolution, seems ethically uninteresting’ (Harris 2007, p. 37). While accepting many transhumanist claims in favour of enhancement, Harris is critical of the transhumanist ‘agenda’ of giving rise to post-humans. The focus, instead should be on ‘improving life, health, life expectancy, and so on’ (Harris 2007, pp. 38–39). Whether or not this gives rise to post-humans is beside the point.

There is considerable overlap between transhumanist claims and those of enhancement enthusiasts like Harris. Nonetheless, the above considerations point to a seldom-made distinction: while it is true that all transhumanists favour enhancement, it is mistaken to hold that all those who favour enhancement technologies are transhumanists.

In this section I have provided a brief overview of transhumanist philosophy. In the following section I focus and expand on those features of transhumanist theory that inform their philosophy of aging.

Aging and Transhumanist Ends

Below I focus on three key features of transhumanist philosophy with respect to aging: the desire for control, the focus on enhancement, and the rejection of human nature. I place each of these features in context before discussing their special application to aging and life extension.

Aging and Control

The Transhumanist Declaration is perhaps the clearest statement of transhumanist ends. It asserts, *inter alia*, the moral right of humans to exercise control over their own lives through the use of biotechnologies (Bostrom 2005a). This desire for control over one's own self and life is deeply rooted in the enlightenment values of liberty and autonomy. Transhumanists wish to extend the existing domain of autonomous control to include our choices with respect to human biology. They advocate, for instance 'morphological freedom' – the idea that we should be allowed radical freedom over the form of our bodies (Sandberg 2013).

An important point concerning the transhumanist emphasis on liberty and autonomy is that it does not commit them to a libertarian political viewpoint. As it is in the wider realm of political ethics, the implications of valuing liberty are the subject of dispute. Transhumanists are not always opposed to coercive state control, redistribution, or government intervention in markets. Indeed, some transhumanists propose that state-funded health care should be a mechanism for providing life-extending enhancements (Mackey 2003, p. 194).

Given the focus on control, it is unsurprising that aging is of particular concern in transhumanist theory. Aging and death are generally regarded as inevitable and inescapable. They are the epitome of unchosen biology. The supposed inevitability of aging is thus in direct conflict with the desire for control over biological processes and transcendence of biological limitations. Aging is the best example of a flawed human condition that requires enhancement.

Consequently, a key aim of transhumanism is control of the aging process, resulting in much longer and perhaps indefinite lifespans. Nonetheless, given the types of living hell imaginable, the idea that transhumanists regard living forever as *necessarily* desirable would be a gross straw man. Instead Bostrom and others are clear that the aim is the extension of *healthy* lifespan (Bostrom 2005b). In addition to asserting the desirability of full control of when we die, transhumanists wish to control the conditions of our survival.

Aging, Health, and Enhancement

A second and related feature of transhumanism that pertains to aging is the movement's focus on *enhancement*. The broader transhumanist goal involves the use of technology to enhance human lives, and, as discussed in the next sub-section, the human species.

The precise meaning of enhancement is disputed (Bess 2010). At base enhancement simply means improvement or augmentation. However, the improvement that transhumanists have in mind is not simply the development and provision of therapies for diseases and disabilities. Rather, transhumanists advocate the desirability of making people 'better than well'.

This goal is generally regarded as out of sync with the traditional goals of medical technology, namely the restoration and maintenance of health. Perhaps the most prominent definition of health is as 'species-typical normal functioning' (Daniels 2000). Erik Parens proposes that the restoration of normal functioning should guide us in deciding which interventions are ethical (Parens 1998). Transhumanists, on the other hand, explicitly propose that humans should exceed the level of normal functioning through the use of enhancement technologies.

Interestingly, there is some controversy about whether aging should itself be regarded as a disease (De Winter 2015). Although it is normal for members of the human species to age, the aged tend to exhibit sub-normal functioning in a number of physical attributes. Indeed such decreased function is one way aging is measured by scientists. If aging is a disease, then perhaps transhumanist attempts to combat it conform to the traditional aims of medicine.

However, while it is not uncommon for transhumanists to suggest that aging should be 'cured', the debate about its status as disease is orthogonal to their aims. Transhumanists are not concerned with the distinction between treatments and enhancements. Instead they are concerned with improvements to well-being, a category to which treatments for diseases belong, but do not come close to exhausting. As such, aging is a prime example of a human condition upon which we have a prudential and moral imperative to improve, regardless of whether it is classified as a disease (De Grey 2004). Biological aging is associated with increased disease and degraded mental and bodily function. Worse still, aging is the leading cause of death in the developed world (De Grey & Rae 2007). The impediment to well-being imposed by aging causes transhumanists to seek enhancement of the lifespan through undermining biological aging.

While asserting the individual's moral right to control the timing of her death, as discussed in the previous sub-section, transhumanists emphasise the importance of increasing *healthy* lifespan, or healthspan. They are, for instance, concerned that life-extending enhancements would ward off what has been called the 'Struldrug effect' of longer life accompanied by prolonged

health decline (Wareham 2012a). In *Gulliver's Travels*, Jonathan Swift has Gulliver write of the Struldbrugs:

Besides the usual Deformities in extreme old age, they acquired an additional Ghastliness in Proportion to their Number of Years, which is not to be described. (Swift 2005, p. 199)

These characters age normally, but continue their age-related decline long after the 'normal' lifespan. As a result they experience horrifying decrepitude.

For transhumanists, a longer life that extended the period of ill health and disease associated with aging would not be regarded as an enhancement, and so would not form part of the transhumanist prospect.

Aging and Human Nature

The most controversial facet of transhumanism is its take on the idea of human nature. To the extent that human nature is acknowledged as existing, it is identified with the biological nature of the human species. Transhumanists explicitly aim to improve on the human species itself. In the project of enhancing humans, transhumanists advocate the directed evolution of the human species, so as to rid the germline of biologically caused frailties and errors. Ultimately the biology of our species must be altered in order to achieve post-human status.

Of course, this idea is not unique to transhumanists. The self-evolution of the human species is a goal shared with the controversial eugenics and social Darwinist movements popular in the nineteenth and early twentieth centuries (Koch 2010). Arguably, though, transhumanist ideals of human nature are more pluralistic and open-ended than the narrow visions of human perfection that dominated the eugenics movements. Transhumanism, or at least the scholarly instantiations of it, holds that there are potentially indefinite valuable physical forms and modes of being. Bostrom for instance points out that

Our own current mode of being... spans but a minute subspace of what is possible or permitted by the physical constraints of the universe. It is not farfetched to suppose that there are parts of this larger space that represent extremely valuable ways of living, feeling, and thinking. (Bostrom 2003, p. 494)

Human nature as it stands is regarded as a limitation on the possible ways of being. As such, it is incumbent upon humans to explore more potential domains of value by changing our biology altogether.

A key instance of the transhumanist rejection of human nature is the desire to intervene in the biology of aging. Bostrom and Roache argue that undermining the natural tendency to age and die would allow us to increase the value of human lives. This is in part because a longer, healthier life tends to be better than a shorter, less healthy life. However, a less obvious consideration is that

[P]rojects reflect a belief about when one is likely to die. If we could reasonably expect from an early age to live indefinitely, we could embark on projects designed to keep us occupied for hundreds or thousands of years. Such projects could lead to the radically extended life the sort of cohesion that more ephemeral projects lead to current lives. (Bostrom & Roache 2008, p. 125)

The increased life expectancy of post-humans will allow them to take on grander and potentially more meaningful projects. This is one way in which modifying the natural, biological lifespan might contribute to a more valuable existence.

Transhumanist Modes and Means of Fighting Against Aging

Having discussed the ends to which transhumanist philosophy aspires, I outline some of the ways in which, and means whereby, these goals are thought likely to be achieved. I distinguish between several *modes* of intervening in the aging process: transhumanists foresee that biological aging may be *slowed*, made *negligible*, *arrested*, *reversed*, or even *escaped* entirely. I discuss evidence for technological interventions that may allow us to modulate aging in each of these modes.

Slowed Aging

Slowed aging, or decelerated senescence, involves retarding the degradation of bodily functioning that characterises the biological aging process. It is the only mode of extending maximum lifespan that has been consistently observed in a wide variety of laboratory subjects, including primates.

The only interventions to date that are known to consistently decrease the rate of biological aging and to increase maximum lifespan are calorie restriction and calorie restriction mimetics – drugs thought to mimic calorie restriction. Caloric restriction involves a significant reduction of food intake

without malnutrition and has been known for more than 80 years to have life-extending effects (McCay et al. 1935).

A wealth of evidence is becoming available on the effects of caloric restriction on primates such as rhesus monkeys, increasing the likelihood that the anti-aging effects of CR will be applicable to humans (Colman et al. 2009). Indeed, it has been suggested that CR is responsible for the anti-aging effects – including reduced instances of cardiovascular and Alzheimer’s diseases – observed in one of the world’s longest living groups, the Okinawan centenarians (Willcox et al. 2007). There are also a number of trials on human subjects both in progress and completed that are furnishing greater information about the potential to retard human aging and the effects thereof (Rochon et al. 2011).

Transhumanists, though, are divided about the prospects for slowed aging in general and calorie restriction in particular. While already feasible, calorie restriction is certainly not pleasant. And while calorie restriction mimetics may soon be developed, estimates about their impact on life expectancy differ widely. Miller suggests a life expectancy at birth of as much as 112 years (Miller 2002), while de Grey claims that the increase achieved might be a year or two at most (De Grey 2005b). Nonetheless, slowing aging using calorie restriction and calorie restriction mimetics remains the best-researched and most consistent method of extending organisms’ lifespans.

Negligible Aging

The idea of negligible aging is advocated by the group Strategies for Engineering Negligible Senescence (SENS). Its most famous co-founder, Aubrey de Grey, is an avowed transhumanist and is quoted as speculating that ‘the first person to live to 1000 might be 60 already’ (Miller & Wilsson 2006, p. 18).

SENS adopts an engineering paradigm with respect to aging. De Grey argues that just like machines, human parts become damaged until they must be replaced or repaired. The SENS programme points to ‘seven deadly things’, including nuclear and mitochondrial mutations, which, if corrected, would undermine the aging process. In this way the human body could be engineered to last longer. In de Grey’s words, SENS advocates ‘a collection of piecemeal interventions to repair specific categories of molecular and cellular damage’ (De Grey 2005a, p. S51).

A core idea proposed by de Grey is ‘escape velocity’: the idea that since science is continually evolving, the longer subjects are able to live, the greater the likelihood that interventions will be developed that will enable the slowing, halting, and possibly reversal of the effects of aging (De Grey 2004). So, the

longer we live, the more likely it is that a cure for the things that cause death will become available. The prospect of escape velocity has led de Grey to suggest that the first person to live to 1000 is likely to be born only 10 years after the first person to reach 150 years of age (De Grey 2004).

There are divergent views about the scientific plausibility of de Grey's ideas. Many commentators have noted that the SENS programme has yet to deliver any interventions that extend the lifespan in any organism and numerous scientists of aging have distanced themselves from his controversial ideas (Warner et al. 2005). Nonetheless, with its bold predictions and programmatic approach to extending lifespan, proponents of engineering negligible senescence retain strong support within the transhumanist movement.

Arrested Aging

A third mode advocated by transhumanists is to stop biological aging altogether. One way to achieve this end may be to arrest human biological processes until such time as the aging process can be better controlled. To this end, transhumanists such as de Grey, Raymond Kurzweil, Max More, and Natasha Vita-More have advocated and allegedly signed on to cryopreservation programmes (Wikipedia Contributors 2015). That is, they have opted to be 'frozen'. The hope is that cryopreservation will be an effective backup plan: If death occurs before the technology to prevent it becomes available, the 'freezes', as Shaw calls them, will be frozen and reanimated when a cure for death is found (Shaw 2009).

Transhumanists enthusiastic about cryonics are given hope by a number of recorded instances in which animals and humans have been frozen and then revived. There is also significant ongoing research on animal subjects that suggests reanimation is at least possible (Best 2008). As it stands, though, the science of cryopreservation is not at a particularly advanced stage. Animals do not survive freezing long without brain damage and the freezing process causes damage to tissues and membranes (Behringer et al. 2003).

In addition to these technical limitations, cryonics gives rise to numerous practical and ethical difficulties: who would be responsible for bringing the revived person up to speed? Is it morally permissible to bring someone into a world in which all their loved ones have died? Should one be allowed to opt for freezing before one dies?¹ Even if the scientific difficulties can be surmounted,

¹ See Shaw (2009) for a discussion.

then, much ethical discussion is required before human cryonics can be considered a desirable means of achieving the transhumanist prospect.

Reversed Aging

The Spanish explorer Juan Ponce de Leon's ill-fated quest for a fountain of youth is one oft-cited instantiation of the dream of reversing aging. Ponce de Leon searched for the fountain in Florida in the hope of achieving immortality, only to meet his death from an arrow wound at the age of 47. In addition to featuring in history, the desire to reverse the aging process is a staple of fantasy and science fiction. In recent years the credibility of such a reversal has been increased on the back of studies of telomere length and the impact of the enzyme telomerase.

Telomeres are, roughly, parts of the cell that decrease in length each time a cell replicates (Shiels et al. 1999). This decreased length is assumed by replicated cells, so that the copied cells will have even shorter telomeres. After a number of divisions, telomeres erode away and the cell can no longer replicate. Telomere length is thus thought to be an important biomarker of the aging process. Just as we can tell the age of a tree by counting its rings, so might we be able to tell the biological age of an organism by measuring the length of its telomeres (Mather et al. 2011).

It is well known that Dolly, the offspring of the first cloned sheep, died prematurely. One of the explanations for this is thought to be the fact that the cloned cells had the same telomere length as those of the mother sheep (Shiels et al. 1999). As a result, although Dolly was recently born, she was biologically older, resulting in her premature death. This hypothesis has contributed to an interest in altering telomere length. Perhaps if we could control the length of telomeres, we could control and even reverse the aging process. Some success has been achieved in this direction. In 2011, for example, scientists managed to turn back the biological clock by reducing the telomere length of rats (Jaskelioff et al. 2011). This increased their lifespan substantially.

Focus on telomere length appears to be the best-evidenced avenue for reversing the aging process. However, it is unlikely that this novel strategy will find application in humans in the near future.

Escaping Aging

The most conjectural route to longer life is to escape the biological aging process altogether. It is thought that the interaction of, and increasingly blurred distinction between, humans and machines will make it possible to

‘upload’ our minds to machines (Agar 2010). The prospect is that we will be able to convert frail biological matter to living and potentially indestructible information. From this point, enthusiasts claim, our ageless minds may be free to explore a virtual world. Alternatively we may choose to download our minds into bodily forms of many types, be they mechanical or biological.

Pioneering projects such as the EU-funded Human Brain Project provide transhumanists with optimism that the goal of achieving immortality through uploading can be achieved. The Human Brain Project estimated that it would successfully simulate a rat brain by 2014, and reverse-engineer a human brain by the year 2023 (Markram 2012). Speaking of the project, its supervisor Henry Markram reportedly suggested that ‘if we build [the simulated brain] correctly, it should speak and have an intelligence and behave very much as a human does’.

However, there is no evidence as yet that the human brain can be duplicated. Indeed, philosophers such as John Searle and Ned Block have argued that it is in principle impossible for human understanding to be duplicated on or by machines (Searle 1980; Block 1981). If so, the idea that humans may escape aging by uploading consciousness is doomed to remain in the realms of science fiction.

Ethical Objections to the Transhumanist Prospect

All of the above modes and means raise ethical quandaries, a few of which I have mentioned. However, there are a number of general objections to the transhumanist goal of interfering with the aging process. Below I outline some of these. My intention here is not to provide a complete survey, but instead to point to some of the key types of objections made against the transhumanist goal of manipulating and ultimately defeating the aging process.

Aging, Human Nature, and the Life Cycle

It is common to criticise technologies, medical procedures, or sexual practices on the grounds that they are unnatural. What is natural is good, or fine-tuned, and the technology, procedure, or practice is a perversion of that goodness. This critique is particularly apt in the case of transhumanism – a movement whose central goal is the transcendence of nature.

In reply to this critique, transhumanists typically accuse opponents of falling afoul of the well-known fallacy of appealing to nature. They argue that

conservatives move from a factual ('is') premise about what humans are, to a moral ('ought') premise about what humans ought to be or do. Without an intervening premise, this move is invalid (Blackford 2006).

For transhumanists and other enhancement enthusiasts, by contrast, the good and the natural can and do come apart. In support of this idea opponents of the appeal to nature cite ubiquitous natural impediments to well-being. Powell and Buchanan provide an extensive list of these, which includes inter alia

[T]he birth canal, which passes through the female pelvis thanks to selection's hasty re-arrangement of hominid posture, dramatically increasing the risks of childbirth. (Powell & Buchanan 2011, p. 5)

Nature's many harmful quirks effectively rubbish the idea that what is natural is always good.

The idea that interfering with the aging process is unnatural and therefore bad or immoral is, as it stands, fallacious. However, it is perhaps possible to extract more nuanced critiques of transhumanism based on human nature.²

Arguably Kass provides such a critique of the transhumanist prospect with respect to aging. Kass holds that there are valuable aspects of the natural human life cycle:

The 'lived time' of our natural lives has a trajectory and a shape, its meaning derived in part from the fact that we live as links in the chain of generations. For this reason, our flourishing as individuals might depend, in large measure, on the goodness of the natural human life cycle, roughly three multiples of a generation: a time of coming of age; a time of flourishing, ruling and replacing of self; and a time of savoring and understanding. (Kass 2003, p. 26)

Different phases of life have different challenges and rewards, which may contribute to human flourishing. Discarding biological aging in accordance with transhumanist ends may thus remove an important source of human meaning. Importantly we do not have to regard any of these sources as *necessary* for a good life in order to see that they can *contribute* to a better life.

This idea is similar to, though distinguishable from, Velleman's claim that a life's narrative structure influences how well it is regarded as having gone (Velleman 1991). For instance, if a life goes from worse to better, it is regarded as having gone better than a life that goes from better to worse, even if the total good contained in the life is the same.

² See for example Agar (2010).

The argument against the transhumanist desire to defeat the aging process is that it risks regarding as pathological many things that can contribute to the value of life. In so doing transhumanists risk throwing the baby out with the bathwater: valuable aspects of aging and the structured life cycle may be discarded along with the deleterious aspects of the aging process.

Aging and Evolution

Evolution has an impact on how organisms age, as demonstrated by the fact that different organisms age at different rates and have different lifespans (Rando 2006). As a result transhumanists propose that genes that impact on the aging process should be modified (De Grey & Rae 2007).

Such modifications may affect the germline so that altered genes are passed on to offspring. Critics argue that this is likely to have unforeseen consequences for future generations. Walter Glannon, for instance, claims that the genes that cause aging may have evolved for the purposes of survival earlier in life. Modifying these genes may therefore cause disease and death earlier in life (Glannon 2002). As a result, Glannon advocates precautionary reasoning: we should not modify the germline in case doing so has negative unforeseen consequences.

In response, Holm and Harris argue that precautionary reasoning inadequately takes into account the potential benefits of genetic modification and the known pitfalls of aging. If we do not know what the balance of benefits and harms will be, there seems little reason to favour the more passive course (Holm & Harris 2002).

An Expressivist Objection: The Human Condition as a Harmed Condition

Michael Hauskeller has presented what might be interpreted as an expressivist objection to transhumanism. Expressivist objections work, not by showing that a certain practice or view is itself wrong or immoral, but by arguing that the practice may result in offence, or that it symbolically expresses a negative attitude, even if that attitude is not the intention.

For example, an expressivist argument against prenatal genetic testing (PGD) for disabilities holds not that PGD is intrinsically immoral or itself has bad consequences, but instead that it may symbolically devalue the lives

of people with disabilities, or that people with disabilities may take it as expressing a judgement that their lives are not worth living (Holm 2008).³

In this vein, Hauskeller can be understood as implying that transhumanists are guilty of seeing humanity as a kind of harmed condition. The presumption that humans need to be cured risks exhibiting a kind of contempt for humanity (Hauskeller 2015).

This objection finds particular application in the case of aging. If we come to see aging as a type of harm, there is a danger that our attitudes to the aged will be inappropriate responses to what might be a normal and perhaps inevitable part of life. Even if the idea that aging is normal is misguided, an attitude of disgust, revulsion, or contempt for aging may symbolically devalue the aged and cause offence.

Individual Welfare, Identity, and Boredom

The transhumanist end of achieving immortality has also been criticised on the basis that substantial extensions to life would not be valuable for the person whose life is extended. Bernard Williams' famous discussion of the play *The Makropulos Case* is frequently cited in support of this claim (Williams 1973).

Thanks to an elixir, the play's protagonist, Elina Makropulos, lives at the biological age of 42 for 300 years before opting to destroy the life-extending drug. Williams argues (without specific reference to transhumanism) that the transhumanist goal of personal immortality either cannot be achieved, or that its achievement would not be good. Either the person that survives indefinitely will experience radical changes in her identity, such that it is inaccurate to say that the same person exists forever, or, in remaining the same person with the same purposes, she will become terribly bored. The upshot of Williams' argument is that the things that are good for one cannot be good forever. Conversely, while living forever may be good if identity changes, it would not be good *for one*.

Against this, transhumanists and other proponents of life extension have contended that boredom is by no means an inevitable result (Wareham 2012b). They have also latched onto Parfit's idea that identity is not necessarily

³ Similarly, expressivist arguments in favour of a claim or practice do not hold that the claim or practice is true or fit for purpose, but instead that it symbolically expresses the right values. For example, the expressivist argument in favour of democracy holds not that democratic procedures ensure autonomy, equality, or good outcomes, but that the act of voting symbolically expresses values like solidarity.

what matters in questions concerning well-being (Parfit 1984). Even if I am not related to a future self by an identity relation, I may nonetheless have an interest in this future self's continued survival (Harris 2004, p. 531).

Social Good

Perhaps the most serious ethical criticisms of the transhumanist prospect concern its apparent neglect of the demographic implications of living longer. Immortal lives potentially have at least two major demographic implications. First, the fact that people die less frequently may result in populations growing larger (Singer 1991; Wareham 2015). Second, and less discussed, more immortals mean a much older society.

Transhumanist responses to the first problem tend to be rather optimistic. Respondents point to dropping birth rates in the developed world, the possibility of colonising other planets, and new food technologies (Bostrom & Roache 2008). However, defending the ethics of a technology on the basis of poorly understood demographic trends is unsatisfactory. Similarly, pointing to other technologies, as yet undeveloped, and themselves likely to be ethically controversial, is an inadequate method of defending against a serious ethical concern.

The second set of problems stems from an aging population. Building on concerns about present aging populations, theorists such as Francis Fukuyama point to troubling implications of a society that has defeated aging: ending aging could result in a less healthy population of elderly people that is economically dependent on a diminishing population of youths, and which is less innovative and more conservative (Fukuyama 2002). The degree of life extension aimed for by transhumanists may entail that the political and economic problems raised by existing aging societies will be multiplied many times over (McConnel & Turner 2005).

Again, transhumanist responses to this problem tend to be unconvincing. Bostrom and Roache, for instance, argue that impacting on the aging process will make it possible for people to work longer, offsetting economic problems (Bostrom & Roache 2008). However, this contention downplays non-biological influences on economic dependency. It is plausible, for instance, that people accustomed to the idea of retiring at particular ages will not adjust well to having to work longer despite increased lifespans. Indeed, resistance to even small increases in retirement ages is already common. Similarly, given the rapid advances postulated, it is likely that individuals have inadequate financial preparation for a radically extended lifespan.

These objections on the basis of potential social problems are not, as they stand, fatal to the desirability of the transhumanist prospect. However, responses to these objections tend to betray a complacency that transhumanists would do well to avoid.

Distribution of Longer Life: Priorities and Fairness

Two further objections to life extension concern the priority accorded to research on aging and the fair distribution of life-extending drugs. These concerns can be distinguished. I will refer to the first problem as the 'Priority objection' and to the second as the 'Unfairness objection' and discuss them in turn.

The Priority objection holds that we should prioritise those interventions that are the most cost-effective, for instance, those that add the most healthy life years for the lowest price. Posed against the transhumanist prospect, the Priority objection holds that greater gains in healthy lifespan will be achieved at a lower price by pursuing means other than interventions that increase maximum lifespan. For instance, many healthy life years may be added by providing malaria nets for a relatively low price. On the other hand, providing life-extending cancer drugs to the elderly can be extremely expensive and may provide relatively small benefits in terms of healthy lifespan (Ehni & Marckmann 2009).

However, one implication of the Priority objection is that if extensions to maximum healthy lifespan are cost-effective, we should pursue them. Invoking this idea, De Grey and Rae claim that aging is the greatest cause of mortality in the developed world and is the major risk factor for a host of maladies such as cancers, cardiovascular diseases, and Alzheimer's disease (De Grey & Rae 2007). On this basis they and other transhumanists argue that combating aging may be far more cost-effective than strategies that target age-associated diseases individually.

If the economic premises of such arguments are correct, they have some force against the Priority objection to the transhumanist prospect. However, focusing only on maximising benefits has the utilitarian consequence that it may be more cost-effective to extend maximum lifespan rather than improve the health of those who will die long before they reach a normal lifespan. Those with short lifespans will not be helped, while those with longer lifespans will gain even greater advantages. The apparent injustice of this outcome leads directly to the Unfairness objection. Instead of a focus on maximising benefits, this objection emphasises arriving at a fair distribution of benefits.

The Unfairness objection appears to be motivated by an egalitarian premise that might be termed the ‘equal healthspan intuition’. According to the equal healthspan intuition, ‘other things being equal, it would be fairer if people lived lives of similar length and levels of health’ (Wareham 2016). The implication is that emphasis should be placed on closing gaps in healthy lifespan, rather than on maximising increases in healthy lifespan. As such, policies and decisions that close the existing healthspan gap that exists between the poor and the rich should be regarded as ethically preferable to policies and decisions that widen this gap, even if the latter are more cost-effective.

Opponents of the transhumanist prospect claim that anti-aging strategies will inevitably widen the existing healthspan gap. The rich, who already live longer, have greater resources and so will benefit more from life-extending technologies as they become available (Temkin 2008). Far from being a utopian vision, the transhumanist prospect is an unequal dystopia in which the rich and powerful live indefinitely long, healthy lives, while the world’s poor continue to suffer. This potential unfairness has even led to suggestions that research on anti-aging technologies should be banned (Pijnenburg & Leget 2007).

If anti-aging technologies are to be regarded as fair in the sense with which proponents of the Unfairness objection are concerned, it is necessary to show that they will also benefit those who have shorter lifespans, including those in the developing world. This, in turn, requires evidence that anti-aging technologies will target diseases that impact on the world’s poor, and that these technologies will not be prohibitively expensive (Wareham 2016). In part because most transhumanist means discussed previously are still in the early phases of development, transhumanists cannot be confident that these conditions are likely to hold.

Conclusion

In the foregoing paragraphs I have surveyed philosophical and ethical disputes about transhumanist claims concerning aging. I discussed how the desire to undermine or defeat biological aging fits into the general transhumanist ideology of transcending and controlling our biological nature through enhancement technologies. Thereafter I outlined some of the *modes* of interfering with the aging process, such as reversing aging, and some of the biotechnological *means*, such as adjusting telomere length. Finally I discussed some general ethical objections to the transhumanist prospect.

Throughout, I have attempted to provide what I regard as useful distinctions. In the first section, I distinguished between conceptions of transhumanism and suggested that a pro-enhancement stance should not be conflated with transhumanism. In the second section, I characterised three transhumanist ends that converge with respect to aging: freedom and self-control, making individuals better than well, and surmounting the limitations of human nature. In the third section, I differentiated between five modes of intervening in or escaping the aging process. In the fourth section, I outlined several types of ethical objections related to the transhumanist prospect.

As mentioned at the beginning of this chapter, I have not argued for any conclusions concerning the attractiveness of the transhumanist prospect. Many will nonetheless find transhumanist ideas about aging unpalatable, immoral, or false. It should be clear, though, that rejecting transhumanism does not entail rejecting the desirability of extending the human lifespan. Methodologically, it seems like a better idea to assess the ethical implications of the technologies themselves rather than tarring them with the brush of a single potentially flawed ideology.

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