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Suffering from or in Old Age? The Existential Gravity of Ageing

Frits de Lange[1]

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Abstract
'Ageing is a disease, disease is suffering, and suffering should be minimized.' Old age as an equivalent of suffering to be eliminated, is a well-known scheme of thought in contemporary culture. This 'suffering from old age' argument, however, as is argued in the first section of this article, obscures and denies the reality and complexity of the human condition and the place of suffering in it. Old age is to be understood as the radicalization and intensification of the human condition. Suffering *in* old age, as argued in the second part, can therefore best be conceived in terms of existential threats to the integrity of the self. It entails the embodied experience of the broken dialogue between the self and the world, often perceived as a *lack of control* and as *loss*. Suffering, perceived in this way, seems to be permanent to the human condition. It induces the search for meaning. In the context of unavoidable suffering, a 'presence approach', instead of an interventionist attitude, is required.

Keywords Ageing · Suffering · Existential gerontology · Self

In introducing the paradoxical vocabulary of 'illuminating the dark side of ageing' and 'despair', the organizers of the 2020 McDonald Centre Conference on Ageing and Despair apparently are trying to reintroduce some of that 'existential gravity' into the public discourse on ageing. I suppose, they don't want to shift aside gerontological perspectives on 'positive', or 'successful ageing', or show the pessimistic flipside to the sunny expectations of transhumanist life extenders. It's not a matter of pessimism against optimism that is at stake here, darkness against light, a glass that is half-full or half-empty. The question on the table, as I understand it, goes deeper: *is ageing still an existential affair?* Should words such as meaning and meaninglessness, absurdity, hope, fear, death anxiety, courage to be etc. still be part of the public discourse on ageing or do they belong to the private sphere of lovers of poetry and adherents of old-time religion? Should first person singular language about suffering

✉ Frits de Lange
fdelange@pthu.nl

[1] Protestant Theological University, Groningen, The Netherlands

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be the object of rigorous academic reflection or only be regarded as the personal expression of how some older adults experience their current life situation?

In this article I shall be making a case for an existential approach of ageing, inspired by twentieth century phenomenological thinkers. Though other vocabularies dominate current philosophical discourse, I believe this philosophical approach, rooted broadly in Western religious humanist traditions, fathoms the depths of human experience in such a profound way, that gerontology will impoverish itself by not taking it into account.[1]

I start with some observations on suffering of one of the representatives of this tradition, the philosopher Simone Weil (1909 – 1943). Her perspective appears to be alien to contemporary scientistic outlooks. I present biologist Aubrey de Grey and his view on ageing and suffering as an example. Suffering is reduced to physical pain, and ageing is considered as the accumulation of suffering. Both are expected to be technologically eliminated in the near future. This reductionist understanding of suffering will then be confronted with the existential approach of the phenomenologists Maurice Merleau Ponty (1908 – 1961) and Bernard Waldenfels, who depict suffering in particular as the bodily experience of meaninglessness, and of Helen K. Black's, 2006 research conducted among older adults, where suffering is presented in terms of a loss of integrity of the self. In my conclusion, I ask what both perspectives mean concretely for those who are confronted with inevitable suffering in old age, and for those supporting them. In that context, an interventionist strategy makes no sense; only a shared search for meaning will be adequate.

Suffering and affliction (Simone Weil)

Simone Weil has given one the most penetrating philosophical accounts of suffering I know. She names the most pervasive kind of suffering 'affliction' (*malheur*), as distinct from 'simple suffering' (*souffrance*). Affliction is "quite a different thing from simple suffering. It takes possession of the soul and marks it through and through with its own particular mark, the mark of slavery. … Affliction is an uprooting of life, a more or less attenuated equivalent of death, made irresistibly present to the soul by the attack or immediate apprehension of physical pain" (Weil, 1951, 118).

Affliction always goes together with physical pain but is more encompassing. "Pain that is only physical is a very unimportant matter and leaves no trace in the soul. Toothache is an example. An hour or two of violent pain caused by a decayed tooth is nothing once it is over." But still, if "physical suffering is very prolonged or frequent, it is often an affliction. … There is not real affliction unless the event that has seized and uprooted a life attacks it, directly or indirectly, in all its parts, social, psychological, and physical. The social factor is essential. There is not really affliction unless there is social degradation or the fear of it in some form or another" (Weil, 1951, 119).

[1] This is not meant in an exclusive way. Other penetrating reflections on old age and the end of life from philosophers like the Stoa, Cicero, Montaigne or Spinoza are enriching gerontology as well.

Deep suffering isolates people. They are unable to find words for how they feel, others cannot understand what they are going through. They feel rejected from the human community. And that feeling is probably justified: "everybody despises the afflicted to some extent, although practically no one is conscious of it." Suffering reifies, imprisons you in your body, takes away your human dignity. Deep suffering also makes people feel guilty, despising themselves, feeling themselves too much of a burden. "Extreme affliction, which means physical pain, distress of soul, and social degradation, all at the same time, is a nail whose point is applied at the very centre of the soul, whose head is all necessity spreading throughout space and time" (Weil, 1951, 134–135).

Simone Weil offers a phenomenologically rich description of what deep suffering does to people. All she wants is to find a humane response to its enigma, knowing that the hope to defeat it is vain. Suffering belongs to the natural scheme of things, as a consequence of the mechanical necessities of this universe. The only way to counter deep suffering is to find a dignified attitude toward it. Keep loving, be present and surround the sufferer with attention and compassion, as once tried by the biblical friends of Job. Since "… if the soul stops loving it falls, even in this life, into something almost equivalent to hell" (Weil, 1951, 121).

Ageing is a Disease

Such language of suffering and despair is rather absent in contemporary discourse on ageing. I suggest this is so because in our technological culture a reductionist, hedonist understanding of suffering has emerged in which old age is regarded as an inconvenience to be eliminated.[2] *We don't need to despair any longer of ageing, as soon as we eliminate the suffering of ageing.* Old age becomes synonymous with unnecessary suffering and should therefore no longer be considered a meaningful stage of life in its own right. The idea is pervasive in contemporary discourse, even when it is not expressed as radically as in transhumanism.[3]

I shall conclude the first part of my contribution by defending the opposite, contending that, as far as we can see, both ageing and suffering indissolubly belong to the human condition. Therefore, the question remains, how to respond to inevitable suffering *in* ageing, acknowledging that old age is still a meaningful trajectory in the life course. The second part of my contribution offers some thoughts on that. But first: the suffering *from* old age.

"Ageing is a disease, disease is suffering, and suffering should be minimized." I'm quoting Aubrey de Grey from a 2015 interview in the train that will bring him

[2] Half a century ago, Ivan Illich (1926 – 2002) made already the same point: "Professionally organized medicine has come to function as a domineering moral enterprise that advertises industrial expansion as a war against all suffering. It has thereby undermined the ability of individuals to face their reality, to express their own values, and to accept inevitable and often irremediable pain and impairment, decline and death." (Illich, 1976, 12).

[3] For a sophisticated assessment of the pro's and contra's of a classification of ageing as a disease, however without the transhumanist agenda that it finally will be curable, cf. Caplan, 1992.

to Groningen University, where he is going to deliver a lecture that I will attend to (Van Verschuer, 2015). His research foundation *Strategies for Engineered Negligible Senescence* (SENS) investigates the proposal, that even if we do not know the underlying mechanisms of ageing, if we can engineer the reversal of all the major molecular and cellular changes that occur with age, we will be able to reverse ageing and rejuvenate ourselves. Its next Annual Conference is settled for May 2022 in Berlin, under the title *Undoing Aging 2022* and according to the foundation's website it will be "focused on the cellular and molecular repair of age-related damage as the basis of therapies to bring aging under full medical control."[4] The basic research question is why the cells of various tissues in our body gradually lose their regenerative ability to repair themselves. There are seven major types of molecular and cellular damage that eventually become bad for us—including cells being lost without replacement and mutations in our chromosomes. Each of these is potentially fixable by technology that either exists already or is being developed actively (De Grey, 2004).

According to De Grey,"[w]hen we get these therapies, we will no longer all get frail and decrepit and dependent as we get older, and eventually succumb to the innumerable ghastly progressive diseases of old age. We will still die, of course—from crossing the road carelessly, being bitten by snakes, catching a new flu variant et cetera—but not in the drawn-out way in which most of us die at present." "There are many stories trying to convince that is it good to age and die", De Grey tells the Dutch interviewer on his way to Groningen. "They are eagerly sold because they teach us to live with our mortality. But they are myths, invented to set us at rest" (De Grey, 2004).

De Grey delivered his lecture for an audience of natural scientists, on the occasion of a memorial dedicated to one of Groningen University's distinguished physicists. But even this audience raised critical questions like: How about the meaning of life when it is no longer finite? Won't we become tired of ourselves after a couple of hundred years? Will we have to change partners? Will we still need and have children? Will we still be creative and come up with new ideas?—the same, well-known objections De Grey easily countered, one after the other, with "We're gonna fix it". Only the physicist's widow, in her advanced eighties, present at the occasion, was able to bring him to silence, when she stood up and acclaimed: "But Mr de Grey, I have had a beautiful life, I don't even want to become hundred."

It is easy to make a caricature of De Grey and his exaggerated expectations ("I think the first person to live to 1,000 might be 60 already.") The real problem is not whether he can make his promises come true, but the programme hidden in this short sentence, still echoing in my memory: 'We're gonna fix it'. *Existential questions are translated into practical problems, for which a technological solution is sought.* This also applies to suffering. The technological reduction of suffering is mediated by a hedonist ethic, defining good and evil in terms of experiential pleasure and pain. Suffering is interpreted as physical pain, "an experience below 'hedonic zero' ", as

[4] Undoing Aging. May 26 – 28, 2022, Berlin. Conference Announcement. https://www.undoing-aging.org/ Accessed 22 February 2021.

the transhumanist David Pearce words it in an internet article titled 'Transhumanism Can Eliminate Suffering'. Pearse's expectations are fully in line with Article 1 of the Transhumanist Declaration: "We envision the possibility of broadening human potential by overcoming aging, cognitive shortcomings, involuntary suffering, and our confinement to planet Earth."[5] He frankly expresses his hedonist ethics: "It's hard to convey in words the frightfulness of unrelieved physical pain. Millions of people with chronic pain syndromes suffer severe physical pain each day. However, a revolution in reproductive medicine is imminent. We'll shortly be able to choose the genetically-shaped pain thresholds of our future children." He concludes that, as "we shall soon be able to choose our own level of pain-sensitivity", "the burden of suffering can be dramatically diminished."[6]

Transhumanist scientism doesn't operate only in the obscure corners of the internet. The popularity of bestselling author Yuval Noah Harari reveals how the trust in technological answers for existential questions spreads around the globe. Harari's work is popular in Silicon Valley, and his outlook inspires the laboratories of Google, Facebook, Apple and Microsoft.[7] "In the twenty-first century humans are likely to make a serious bid for immortality." In the first chapter of his *Homo Deus*, Harari bluntly confesses his reductionist faith in technology: "Humans don't die because a figure in a black cloak taps them on the shoulder, or because God decreed it, or because mortality is an essential part of some great cosmic plan. Humans always die due to some technical glitch. The heart stops pumping blood. The heart stops pumping blood because not enough oxygen reaches the heart muscle. Cancerous cells spread because a chance genetic mutation rewrote their instructions. Germs settled in my lungs because somebody sneezed on the subway. And what is responsible for all these technical problems? Other technical problems. … Nothing metaphysical about it. It is all technical problems. And every technical problem has a technical solution. We don't need to wait for the Second Coming in order to overcome death. A couple of geeks in a lab can do it." And when they make significant progress, Harari expects that the real battle will shift from the laboratories to the parliaments, courthouses and streets. "Once the scientific efforts are crowned with success, they will trigger bitter political conflicts. All the wars and conflicts might turn to be but a pale prelude for the real struggle ahead of us: the struggle for eternal youth.' (Harari, 2015, 29).

[5] Transhumanist Declaration. (n.d.) https://humanityplus.org/philosophy/transhumanist-declaration/ Accessed 4 December 2020.

[6] Pearce 2012.There also the expectation: 'If a technological Singularity really is near, the abolition of suffering is feasible this century.'.

[7] Transhumanist Ray Kurzweil, technical director at Google, has already invested in immortality research for decades. Cf. his personal website, https://www.kurzweilai.net/pbs-news-hour-inventor-ray-kurzweil-sees-immortality-in-our-future.

Old Age Without Old Age

'Ageing is a disease, disease is suffering, suffering should be minimized—so ageing should be eliminated.' The argument that ageing is a bad thing to be avoided is evident in transhumanism but can also be assumed at the background of other, less radical discourses in the field of ageing, both in science and popular culture. Ageing is a kind of suffering we should try to escape. The emergence of gerontology as a scientific discipline in the early twentieth century was permeated by the sentiment that later life is a tragedy to be avoided. Gerontology no longer took ageing for granted as a fact of life but conceptualized it as a problem to be solved (Katz, 1996). Gerontological paradigms that are explicitly normative, such as "successful," "healthy," "active," and productive ageing offer an optimistic and activist view of what old age can be. It tells people that, whoever they are, successful ageing—defined almost exclusively in terms of physical and mental vigour—can be attained through individual choice and effort. With their focus on prevention, old age policies of governments and international health organizations joined in a powerful political coalition, willingly adopt these paradigms, glad that their strategies have been scientifically legitimated by gerontological science. Emphasis is laid on self-management, prevention, and empowerment. In the "risk society" old age is considered to be a personal risk, instead of a common fate.

Nonetheless, it is noteworthy that, however justified these political strategies may be in their aim to slow down old age's decay, the models of successful, productive, healthy, or active ageing have a strong *anti-ageing* tendency.[8] The oldest old especially are at risk of being neglected by a policy that is focused on keeping the vital senior vital. "[H]ow can we respect age if we do everything in our power to deny it?" critical gerontologists Martha Holstein and Meredith Minkler (2003, 695) ask. "What most assume as a matter of course in youth and middle age—that is, health and activity—cannot be the critical measure of success in old age," they rightly object. As Chris Gilleard (2007, 82) writes: "Successful old age is old age without old age."

Positivistic gerontology and health care policy presently join together in trying to concentrate the bulk of the physical and mental decline of old age into the shortest period ('compression of morbidity', Fries, 2005).[9] They work on better aging ('How can we make you live healthily up to 100?') but refrain from asking what—if anything—makes frail old age, dependency on others and an accumulation of chronic diseases, still worth living.

[8] Rowe & Kahn, 1987. Cf. also Rowe & Kahn, 1998. For a critical evaluation, cf. Dillaway & Barnes, 2009 and Asquith, 2009. In the following, I borrow some lines from De Lange 2015.

[9] Fries 2005. In his seminal article, Fries predicted that the compression of mortality towards older ages could be followed by a 'compression of morbidity' – i.e. a rectangularization also of the morbidity curve. He postulated that chronic diseases and markers of aging (such as raised blood pressure and cholesterol levels as well as lowered vital capacity) could be postponed through changes in lifestyle, thus raising the age of first disability or major infirmity to very near the end of life, which he set at an average maximum length of 85 years.

The distinction between a Third and a Fourth age, introduced by the gerontologist Neugarten in 1974 and taken up by the historian Peter Laslett in his seminal book *A Fresh Map of Life* (1989), now common in gerontology (Baltes & Smith, 2003, 124), does more than just introduce a further chronological differentiation within the stages of an extending life. The Fourth Age is an embarrassing rest category of the Third Age, a shadowland of diminishment and the portal to death, the result of our inability to eliminate the imparities at the end of life and to push the vital and healthy Third Age until the very moment of death. In Laslett's terms, the Fourth Age is "an unwanted condition of half life" whose "onset and hence … duration should be put off for as long as possible by appropriate behavior during the Third Age" (Laslett, 1989, 2, 154, cf. De Lange, 2015, 5).

As long as the compression of morbidity does not result in the rectangularization of the life curve, however, the Fourth Age attracts all the fears and anxieties of old age of former times. Life expectancy has risen, especially in the developed countries, and today's 70-year-olds are comparable to 65-year-olds of thirty years ago. More and more people are ageing successfully. But the good news about ageing is news of the Third Age. The not-so-good or bad news concerns the Fourth Age. The gain in longevity has negative consequences for the quality of life for the oldest old. In a critical evaluation of Fries' theory of the compression of morbidity, Crimmins and Beltrán-Sánchez (2010, 83) argue "that there is substantial evidence that we have done little to date to eliminate or delay disease or the physiological changes that are linked to age." Empirical data show that "where reduction in mortality occurs because of longer survival with disease, the length of life with disease is increased". They conclude: "The compression of morbidity is a compelling idea. People aspire to live out their lives in good health and to die a good death without suffering, disease, and loss of functioning. However, compression of morbidity may be as illusory as immortality. We do not appear to be moving to a world where we die without experiencing disease, functioning loss, and disability."

Transhumanists and—let's call them—happy gerontologists may reply that this is only a transitional phenomenon and that biotechnology will produce more positive results. The prospects of a radical modification of the human condition, however, are not very realistic, given the complexity of the relationship between genetics and ageing. We will have to reckon with the inherent incompleteness in the overall biogenetic architecture of the human life. Our biogenetic makeup—chronically incomplete—simply reaches its limits at the end of the lifespan. Good exercise, healthy food, social support, and loving relationships do help one grow old more comfortable. Healthy lifestyles can help to reduce the negative impact of injury and illness. Though injury or illness cannot be eliminated, living a healthy life can make a person more resilient to such events. But it does not guarantee an old age without suffering. One runs the risk of getting one or multiple degenerative diseases—such as the typical illnesses of cancer, heart disease, diabetes, arthritis, strokes,

Parkinson's, mental disorders, or, the most feared, dementia[10]—and then all of a sudden, as the result of a silly fall in the bathroom, one can collapse from frailty into the Fourth Age—bad luck that can happen to anyone. One can prepare for a good old age, but one can never be sure of avoiding its bad aspects; that is what makes frailty so frightful.

The Fourth Age is the bitter fruit of an apparently victorious pact between gerontology and policy in pushing the physical and mental infirmities of old age further backwards in the life-span, allowing a vital Third Age for many older adults without the decrepitude of old age.[11] The Fourth Age, as Gilleard and Higgs write, acts as a metaphorical "black hole" of ageing. As long as it looms on the horizon of the life-span, the ambitions of successful ageing gerontology, focusing on preventive care and policy, are defeated. The oldest old are scientifically and politically abandoned.[12]

Concluding this first section of my paper, I think we should be wary of cheap criticism of transhumanism and 'positive gerontology'. We watched enormous progress in medicine, palliative care and anaesthesia, since Simone Weil wrote her lines on suffering in the last century. Healthy life expectancy, at least in the northern hemisphere, increased significantly. And without adhering to the transhumanists, why shouldn't we support vigorously the scientific efforts to extend healthy life expectancy? It seems to echo the eschatological vision of Isaiah and Zachariah:

> "No more shall there be in it an infant that lives but a few days, or an old person who does not live out a lifetime; for one who dies at a hundred years will be considered a youth, and one who falls short of a hundred will be considered accursed" (Isa. 65:20, NRSV). "Old men and old women shall again sit in the streets of Jerusalem, each with staff in hand because of their great age. And the streets of the city shall be full of boys and girls playing in its streets" (Zach. 8:4–5, NRSV).

And even if one has philosophical reservations with utilitarian and hedonist ethics, one should agree with its aim to minimize physical suffering as much as possible.

[10] The prevalence of dementia increases dramatically for the oldest old. In longitudinal surveys, almost half of the 90-year-olds suffer from some form of dementia (Baltes & Smith, 2003,7) Cf. the alarming statistics of Alzheimer's Disease International at www.alz.co.uk.

[11] "If reflexivity is the marker of modern social relations empowering the agency of the third age, then the fourth age is marked by its negation. There are no chosen choices in the fourth age" (Gilleard & Higgs, 2010, 126).

[12] Cf. the critical question posed by Baltes and Smith, "whether the continuing major investments into extending the life span into the fourth age actually reduce the opportunities of an increasing number of people to live and die in dignity," and their suggestion of "some reorientation of aging policy" (Baltes & Smith, 2003, 129). Cf. also McHugh, 2003, 180, 181: "So-called positive views signify cloaked denials and repressions of the facts of human ageing and old age, are rife with happy delusions that adulate youth and productive adulthood, and fail to accord meaning to the third age and beyond.… Embedded in the ideal of successful ageing is a deep-seated fear of our decline and erasure, projected outward in the form of disdain and disgust for 'old' people who do not 'measure up' and who tumble down the spiral of 'bad' old age.".

Also, one should join any justified optimism about technological means that can reduce and alleviate pain. However, we should oppose the poverty of the reductionist outlook behind it, because it does not help us understand and support older adults in their distress. By suggesting that their suffering is in principle manageable as a technical matter, it witholds them—and those close to them—from the common struggle to face it, finding meaning in it and consenting to the inevitable and often irremediable painful aspects of human life. Therefore, we must refuse technological answers to existential questions. I think that Christian theology should stand shoulder to shoulder with secular humanism against this strategy and should work together by developing a richer, alternative vocabulary. There is evidently an ethical and pastoral urgency behind this, with the demography of the coming century in mind. We cannot abandon the future ageing masses and leave them with the futuristic dreams of transhumanism.

But it won't be easy when it comes to metaphysics. Take the question: is it good to die? I remember a similar conference on ageing where a paper had been presented defending the value of finiteness and mortality. The argument was: If we wouldn't age and would no longer die, we won't be human anymore. The UK philosopher John Harris, known for his strong utilitarian plea for human enhancement, present at that conference, raised his voice and shouted: *So what?* It will be difficult to counter his position with noncircular arguments, other than that we want to stay human because we want to stay human.

Existential Gerontology

I think we will need an inside perspective on the suffering in ageing. An *existential gerontology*, which does not just speak objectively about old age and suffering as gerontological and biomedical concepts but does justice to the lived experience of older adults. Only then we can assist them in finding a meaningful relationship with their own ageing. The question of *meaning* is central here. What does it mean to be old, what does it mean to suffer from the loss of health, mobility and loved ones, from being threathened by the fear of dementia, or facing one's personal extinction in imminent death? In the search for meaning we try to relate what happens to us to a bigger picture with which we fit in and to which we consent or concur. I think we can come close to the heart of suffering when it is perceived as the pain of meaninglessness.

Specifically in the practice and theory of psychotherapy, where these questions are taken into account, an existential approach has proved itself valuable. In an open ended dialogue between counseler and counselee, ultimate concerns of death, personal responsibility, loneliness, and meaninglessness are articulated as dynamic personal conflicts. "If we must die, if we constitute our own world, if each is ultimately

alone in an indifferent universe, then what meaning does life have? Why do we live? How shall we live?" (Yalom, 1980, 9).[13]

I use the term 'existential' here broadly, without referring to any particular existentialist philosophy (De Lange, 2013).'Existential' as a philosophical perspective, as I understand it, stands for *the recognition that we are situated subjects, embodied 'beings-in-the-world', living in time.* Existential philosophy has a strong preference for phenomenology as its method. Following Edmund Husserl, phenomenology tries to get access to lived reality, leaving aside the objectivation of reality by a disengaged Cartesian subject. By suspending our conceptual grip on the world, we give reality a chance to show itself.

We then experience how our perceiving self is inextricably connected to the perceived world. Husserl's student, Maurice Merleau-Ponty (1945), took phenomenology a step further. He refrained from drawing far-reaching ontological conclusions about life's overall meaninglessness, or—as existentialist philosophers like Albert Camus phrased it—its "absurdity". His phenomenology of embodiment and temporality led him to recognize a fundamental ontological ambiguity: Human life is a tussle between light and darkness, sense and non-sense. According to Merleau-Ponty, meaninglessness is experienced when the embodied dialogue between ourselves and our surroundings is disturbed. There is nothing that "speaks" to us anymore and makes an appeal to our apprehension. Expressed in a language of embodiment: We cannot find an appropriate attitude to the world anymore. "Meaning" in a phenomenological sense is not a cognitive-reflexive concept but refers to the primordial experience that the world and I, we (still) somehow correspond. Growing old 'successfully' then is about conquering meaning in the face of impending meaninglessness in old age, when our moral agency and social identity are under pressure. An existential ethics of ageing inquires how a meaningful dialogue between frail and vulnerable human bodies and minds on the one hand and "the world" into which they are "thrown" on the other can be kept going as long as possible, until the very last breath.

Bernhard Waldenfels, a student of Merleau-Ponty, took up the challenge to find an adequate conceptual vocabulary for the character and the dynamics of this relationship in what he calls a responsive phenomenology.[14] Waldenfels depicts human beings as quintessentially responsive. We respond to the world with all registers of our bodily experience, with gazes and gestures, words and silence. Our agency thus starts not in ourselves but outside us. Its origin lies elsewhere. "When responding, we are always incited, attracted, threatened, challenged, or appealed [to] by a something or a somebody." Responsiveness refers to a fundamental ontological dimension of the human predicament. The inevitability of responding is an important aspect of responsivity. We cannot not respond to the call of the Other. We remain embodied

[13] In existential psychotherapy the work of Victor Frankl (1905 – 1997) and his seminal book *Man's Search for Meaning* (1946) has been groundbreaking. Cf. for the psychological mechanisms that deal with death anxiety in particular Solomon et al., 2015.

[14] Waldenfels, 2007. For a broader reconstruction of his thought, cf. De Lange, 2020.

beings until the moment of our death, responding to the Other in its strangeness, trying to maintain a meaningful dialogue between ourselves and the world.[15]

In everyday situations, our responsivity is highly ritualized through conventions and habits. The demands of our body, the world, and others on the one hand, and our response on the other, seem to interact playfully like a harmonious dancing couple. There is a sense of an ordered world, and a sense of an integrated self, responding to it.

But then we get sick, or someone we love dies, our presence is no longer appreciated, doors are closed. We are struck by an overwhelming otherness or alienness (*Fremdheit*), a disruptive violence we don't know to respond to. I think we are close to the heart of suffering, if we phrase it in terms of the broken dialogue between the self and the world. Suffering is the felt impossibility "to go on", the experience no longer being able to respond to the pain, the needs, the whims of our body. Or the experience that the world has become an inhospitable place for me, and that I am a burden to it. Suffering is the embodied experience of the broken dialogue between the self and the Other.

Soul Pain

Helen K. Black's book about 'The Meaning of Suffering in Old Age', *Soul Pain* (2006), can be read as a mature fruit of the approach presented. In her book, she interviewed 40 persons aged 70 and above and analysed their narratives. They speak about their sufferings in metaphors like threat or attack, injustice, or as a loss. They experience suffering as an endangered relationship between their selves and the world. Black starts by exploring the long history of research on suffering from different disciplinary perspectives: in medicine, psychology, social sciences, and religion. She acknowledges the importance of these outside approaches and also refers to excellent studies which have explored decline, fear, illness, loneliness, and grief in old age. However, to do justice to what suffering does to people and assist them in living a meaningful life nevertheless, an inside perspective is necessary, which takes into account their lived experience.[16] Therefore, she gives voice to older adults and their first-person experience narratives. Understanding suffering starts with listening carefully.

In analysing their stories, Helen Black discovers how cultural contexts determine the communication of suffering, how gender plays a role in its expression, how suffering always implies embodied pain; how pain is also experienced in witnessing the physical agony of others; how suffering entails social degradation and alienation; how each person copes in a unique way with his or her suffering, depending on the

[15] Though rigorously phenomenological, Waldenfels' philosophy reveals a theological touch by taking up the same strong appeal-response-character recognizable in the anthropology of the Hebrew Bible (Chrétien, 2004).

[16] "The infusion of the experience of suffering into daily chores and thoughts, and as narrated by the sufferer in old age, has rarely been addressed as a central focus of study." (Black, 2006, 10f.).

life she or he lived until now. Her reflections acknowledge the complexity and multidimensionality of suffering. Nevertheless, despite the uniqueness of the stories of the older adults, she perceives emerging patterns in the respondents' narratives.

Drawing her lines together she notices that the stories she analysed shared some patterns: suffering is perceived as a *lack of control* over one's self, one's body, or the circumstances of life. A second pattern is suffering as the *loss* of something precious that has gone and cannot be regained. The loss of a loved one that is grieved. Or, when ill, the mourning of the loss of mobility or strength. Or thinking of the imminent death: loss of the joys of this world, leaving beloved others behind, and loss of future. In these two patterns, lack of control and loss, the breakdown of the dialogue between self and world, as perceived in phenomenology, can be recognized.

Lack of control refers to a special kind of loss, the loss of the self.[17] In highlighting the threatened self and its loss of agency and identity, Black explains why Simone Weil could write that: "he who is branded by affliction will keep only half his soul", and that 'Affliction is an uprooting of life, a more or less attenuated equivalent of death": deep suffering ultimately leads to the destruction and annihilation of the self, no longer capable to respond to any otherness.

Helen Black deliberately resists giving a definition of suffering in her book. "A general theory of suffering cannot hold the depths and breadth of personal suffering. Individual narratives (among other formats such as art, literature, and patient cases) disclose the elusive and ineffable qualities of suffering," she writes. She nevertheless grants outsider-descriptions that speak to the all-encompassing nature of suffering as a threat to the integrity of the self. Suffering as – descriptions Black (2006, 1) positively refers to—"the state of severe distress associated with events that threaten the intactness of the person" (Cassell, 1991); "a threat to our composure, our integrity, and the fulfilment of our intentions" (Reich, 1989); and "as involving threats that constitute an alienation of our being" (Van Hooft, 1998). All of these accounts rightly reflect the violation experienced in suffering. But only in the preface of Black's book (2006, x), significantly, we encounter her (sort of) definition of the indefinable: "I define suffering as the visceral awareness of the self's vulnerability to be broken or diminished at any time and in many ways."

I think this indeed comes close to the heart of what suffering does unto us: it endangers, breaks, destroys our selves.[18] Strikingly, there is no specific reference to age, neither in this "definition", nor broadly in Black's analysis of the suffering of the older adults given a voice in her book. They don't suffer from old age; they suffer in their old age. What makes suffering in old age distinctive is only "the persistent

[17] Black (2006, 188) emphasizes that "suffering as loss was ultimately relational.".

[18] This shows itself in particular in the fear of dementia. "[A] person's experience of their dementia is characterised by a series of existential threats: the extent to which a person sees their life as meaningful may be compromised; their independence will be eroded; their identity is threatened; their relationships altered; and, inevitably, even their most basic abilities will be taken away from them over time." (Cheston and Christopher, 2019, 136) According to these authors, the threat of losing oneself in dementia is literally 'existential', because our fear of mortality and personal extinction under 'normal' circumstances is kept away by an esteemed self-identity and a sense of meaning and purpose (as contended by the Terror Management Theory).

awareness that time is running out; finding meaning in suffering and life has a particular urgency. Because of this, issues of suffering are issues of identity of self and important others in the face of finitude." (Black, 2006, 188) Old people perhaps live more with dying than younger adults; but they are both equally finite and mortal. They struggle to find a meaningful relationship to life as in all the previous stages of life.[19] What do I still live for? What do I endure all this for? What have I lived for? Was it good what I lived for? I guess Helen Black is right: there is nothing special in suffering in old age. Old age can be considered a radicalization and intensification of the human condition, and in that sense has specific meaning. In this phase of life, the fundamental human responsivity is experienced in its extremes and the awareness that a self may be broken is more acute than ever before. Being disconnected from themselves, from others, from God, the older adults have the impression of literally 'falling to pieces'(Black, 2006, 190).

In Conclusion: Presence versus Intervention

What we should try to do, compassionately, is to help people avoiding the total, traumatic break down of their selves and alleviate the pain of their souls. But can we ever prevent suffering? Eliminating the sheer possibility of suffering in old age would come down to altering fundamentally the physical conditions and mental wiring of the human species. That's exactly what the transhumanist project is aiming at. As long as this remains a scenario that will not be realized or realizable in a foreseeable future, we'd better prepare ourselves to an old age that implies more or less inevitable suffering.

Technological activism ("we're gonna fix it!") alleviates physical pain, but remains helpless when it comes to the experience of meaninglessness. In a greying society, in which a longer survival still implies that the extension of a life with disease, we should invest in theories and practices that will stimulate the search for meaning in the midst of unavoidable suffering. Those who suffer in old age will have to struggle with the "mechanical necessities of the universe". Perhaps they will be able to adopt the humility of consenting wholeheartily—as Simone Weil once unconditionally did – to them. Those who support the sufferer, will have to admit that in such situations the longing for social management and medical-technological control becomes senseless. An interventionist attitude no longer applies, or even will work contraproductive. The moment that persons have to accept their situation as definitively their own, it alienates the sufferer from his or her suffering, by

[19] 'In old age man [sic] experiences fundamental paradigms of existence in a new and different way; some of them are accentuated. They were all present in former periods of his life'. (Längle, 2001, 211). Cf. also the remarkable observation that the five sections (Existence and the Passage of Time; Stranger to Oneself; The Look of Others; Not to Understand the World Anymore; To Live with Dying] of one of the most penetrating phenomenological analyses of ageing by Jean Amery (1994) "are concerned with concepts and theories that are not specific to aging—that in a certain sense disregard aging, neglect its specificity, and, in the end, need to rely on concepts whose incomprehensibility Améry himself consistently exposes: death and dying." (Goebel, 2014).

suggesting – in vain – that it might be taken away. Only a "presence approach" will bring some consolation in those circumstances. It breaks the isolation of the sufferer by 'being there for him', and trying to endure the unbearable in togetherness, as an attentive and compassionate neighbor, as once the friends of the biblical Job did.[20]

What Chester and Christopher (2019, 136) conclude about what to do with people suffering from dementia fully applies to all (still) undeletable forms of suffering in old age: "In effect, what we need to do is simple. We must support people in such a way that they continue to see themselves as good, valuable individuals, surrounded by those they love and who also love them. Ultimately, those with dementia need to hold onto the sense that they are both changed yet still the same person they have always been. This is a profoundly human challenge. It is one that we must all strive to meet."

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[20] In the 'ethic of care', developed in the context of professional health care, the 'presence approach' is opposed to 'the repertoire of intervention'. Van Heijst (2011, 121) observes that "[h]ealth care professionals are so focused on healing that they tend to focus too much on the intervention and show little interest in the painful things that they cannot solve. They are alert to what is curable, but absent for the rest." Also: "By concentrating on what can still be done instead of accepting what cannot be resolved, professionals try to overcome their own feelings of powerlessness." (Van Heijst, 2011, 88). The presence theory takes its starting point instead in the intuition "that professionals should carry out their work in such a way that people in their care experience the professionals as 'being there for them'." (Van Heijst, 2011, 91). Both repertoires are needed. "The repertoire of intervention seems to be specially appropriate when someone's suffering is not multi-causal and is curable, while the repertoire of presence is more suited to cases where the distress is complex, chronic, or terminal, or when the cause of the suffering is hard to find." (Van Heijst, 2011, 118).

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