



Virtuous aging and existential vulnerability



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ABSTRACT

In its efforts to overcome problematic views that associate aging with inevitable decline, contemporary gerontology shows a tendency to focus predominantly on age-related vulnerabilities that science may try to remedy and control. However, gerontology should also offer languages to address vulnerabilities that cannot be remedied because they intrinsically belong to the human condition. After all, these are increasingly radically encountered in later life and should therefore be reflected upon in the study of aging. Humanistic gerontology seems to be the most promising field to look for languages capable of contemplating such existential vulnerabilities. The potential contribution of philosophy in this field remains underdeveloped so far, however. This article therefore aims to introduce insights from the philosophical tradition to (humanistic) gerontology. More specifically, it focuses on the tradition of virtue ethics, arguing that virtue is a particularly relevant notion to explore in dealing with existential vulnerability in later life. The notion of virtue is clarified by discussing a selection of philosophical perspectives on this topic, by Aristotle, MacIntyre and Swanton. Next a brief overview will be given of some of the ways the notion of virtue has found its way into gerontological discourse so far. The article ends with an analysis of the merits of virtue-ethical discourse for the study of aging and later life, and pleads for more inclusion of philosophical ideas such as virtue in gerontology, as these can enrich our conceptual frameworks and help us relate to deep existential questions regarding the experience of aging.

Introduction

Cultural gerontologists and critical aging scholars have rightly objected to the stereotypical equation of aging with decline, dependence and vulnerability (Cruikshank, 2003; Gullette, 2004, 2011), and have unmasked the cultural dynamics of ageism underlying this association. These cultural critiques, however, should not lead us to negate the existential reality that the experience of aging confronts us increasingly with the vulnerability and finitude of the human condition (Baars, 2012, 2016). Whereas some forms of vulnerability encountered in later life are indeed caused by malignant and contingent dynamics of ageism, other types of vulnerability are intrinsic to our human existence, because they flow from our interdependence and finitude as human beings. Unfortunately, contemporary cultural aging discourses offer us insufficient resources to learn how we can respond to precisely these second types of vulnerability in a meaningful way (Cole, 1992; Laceulle, 2016; Laceulle & Baars, 2014). In order to qualify as ‘meaningful’ here, our response should enable us to integrate our confrontation with such existential experiences of vulnerability in our life narratives and our self-images. Through this integration, a meaningful response enables us to heal the fractures that come with these existential experiences of vulnerability, without ignoring the scars they leave behind.

In this article, I will argue that a humanistic, philosophical perspective revolving around the notion of virtue can provide gerontology with a useful framework to develop meaningful ways of dealing with existential experiences of vulnerability. First, for the purpose of conceptual clarification a distinction will be drawn between two types of vulnerability – contingent and existential – and it will be argued that these need decidedly different approaches in the study of aging. Second, the philosophical discourse on virtue will be introduced, followed by a brief discussion of its merits and potential problems. Third, this philosophical virtue-ethical discourse will be related to the context of aging, by briefly exploring some of the ways in which the concept of virtue has so far been applied in gerontology. Finally, in the discussion the argument of the paper will be drawn together, by summing up the reasons and considerations based on which a virtue ethical perspective can be of use for gerontology, in rethinking meaningful ways to deal with the existential vulnerability increasingly radically confronted in later life.

Existential and contingent vulnerability

In gerontological discourse, the vulnerability of later life is often discussed in terms of *frailty* (Gilleard & Higgs, 2011; Grenier, 2012). I prefer to use the term ‘vulnerability’ instead, because conceptualizations of frailty tend to focus so strongly on adverse health outcomes,

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describing a process whereby disabilities increase over time (Fried et al., 2001; Gobbens, Luijckx, Wijnen-Sponselee, Van Assen, & Schols, 2011). My focus on *existential* vulnerability in this article aims specifically to transcend the predominantly health-oriented focus of gerontological frailty-discourses, by highlighting elements of the human condition that cannot sufficiently be recognized from a health-dominated perspective, such as meanings, value-orientations and relationships. In its most general sense, the term ‘existential’ refers to the basic experiential dimension of human’s ‘being-in-the-world’. It relates to those elements of our lives that intrinsically belong to the human condition, such as our sociality, our embodiment, and our inclination to strive for transcendence and meaning in our lives. The term gained currency under the influence of existentialist philosophers such as Kierkegaard, 1843/1959, Heidegger, 1927/1996, Sartre (1956, 1948) and De Beauvoir (1972), who emphasized the agential responsibility of people to search and create their own meaning in a world without inherent meaningful ordering. The term existential vulnerability pertains to what De Beauvoir (1948) and Nussbaum (2001) termed the “tragic” dimension of human existence, a dimension which we can never escape from because it intrinsically belongs to the human condition. Although there is certainly overlap between existential vulnerability and a broad conceptualization of frailty (the loss of a loved one, for instance, counts both as an instance of existential vulnerability and as an instance of social frailty), in its predominant focus on health the scientific frailty discourse tends to overlook other important aspects of existential vulnerability, particularly when it comes to the theme of meaning, and the values and relationships that are constitutive of who we are.

For the purpose of conceptual clarification, I propose to contrast existential vulnerability with what I call contingent vulnerability. This category includes those types of vulnerability experienced in later life that are caused by the structural and systemic arrangements influencing the lives of older people (Baars, Dannefer, Phillipson, & Walker, 2006; Phillipson, 2013), or by oppressive and marginalizing cultural master narratives about aging (Cruikshank, 2003; Gilleard & Higgs, 2011; Gullette, 2004). These contingent vulnerabilities influencing the life circumstances of older individuals in late modernity are not related to the inevitable fragility and interdependence of the human condition, but to individual, social, structural and systemic factors that are in principle modifiable (Baars & Phillipson, 2013). Typically, contingent vulnerabilities (associated with financial security, care arrangements, health risks or ageism in different forms for instance) are relegated to the realm of individual responsibility, which is exemplary of late modernity’s worrisome “tendency to inflate the idea of individual independence” (Baars, 2012, p. 149). This tendency results in a denial of the many ways in which human beings live *interdependent* lives and are embedded in specific socio-cultural contexts, which in turn complicates acknowledging the potential for value and meaning that later life harbors. In this sense, contingent vulnerabilities can also have existential impact.

To distinguish existential vulnerability from contingent vulnerability, it is clarifying to mention a taxonomy of three sources of vulnerability suggested by Mackenzie, Rogers, and Dodds (2014). These sources include: 1) *inherent* vulnerability, which refers to sources of vulnerability that are inherent to the human condition, such as human relations of interdependence or the finitude of life; 2) *situational* vulnerability, which refers to sources of vulnerability that are specific to the personal, social, political, cultural, or environmental situation that people are in, such as socio-economic circumstances, globalized risk environments, unequal access to health care or different amounts of social and cultural capital; and 3) *pathogenic* vulnerability, which is a subset of situational vulnerability that specifically refers to varieties of situational influences that are troublesome in a moral sense, such as abusive relationships or social oppression and injustice. Of these three, what I describe as existential vulnerability shows most similarity with inherent vulnerability, whereas what I have termed contingent vulnerability encompasses both situational and pathogenic vulnerability. I

prefer the term ‘existential’ over ‘inherent’ because the former more clearly indicates that we are dealing with forms of vulnerability that are associated with our *existence* as humans ‘being-in-the-world’ (Heidegger, 1927/1996), which are connected with the realms of meaning, personal identity, value and relationships.

When it comes to studying vulnerability, gerontology has a strong tradition of research addressing the contingent vulnerabilities that threaten later life. In social and critical gerontology, this research interest has resulted in the development of research agendas and programs that aim to identify underlying structural and systemic causes of these vulnerabilities, and suggestions for policy adaptations to ensure more social justice (Estes, 1999; Estes & Phillipson, 2003; Phillipson, 2013; Walker, 2006). Thus, the primary response of gerontology has been geared towards *remediating* the identified vulnerabilities - and rightly so, because these contingent factors negatively influence the life world of older people in multiple ways and thereby impede their potential to lead a good life. In medical science, too, emphasis lies strongly on *preventing* vulnerabilities to occur, or provide the best remedy for *repairing* them once they have emerged.

By contrast, existential vulnerability cannot be remedied or prevented. Instead, people need to find a helpful way to *relate to* instances of existential vulnerability that may threaten their sense of meaning in life, their sense of belongingness, their sense of value and self-worth, et cetera, and develop an attitude or mode of behavior that helps them accept and integrate these situations. It is important to emphasize that existential vulnerability is by no means exclusively experienced in later life, given its connection with human existence as such. However, old age does come with an increase in the probability of being confronted with irremediable experiences from the category of existential vulnerability. Examples of situations that appear more frequently in later life and can give rise to experiences of existential vulnerability include, for instance, grieving the loss of significant others; changing roles, aspirations and priorities in life due to a shrinking time horizon; looking back upon one’s life and acknowledging shadow sides of one’s personality; or facing spiritual issues in the face of nearing death. Ultimately, the balance of experiences may turn out to be positive or negative, depending on what life events one encounters and how strong one’s resilience to adversity turns out to be (Ryff et al., 2012). Much seems to depend on the successful *integration* of existential vulnerability in our life narrative and self-image, and the *attitude* people develop towards it, as will be argued later.

It is my contention that in relating to existential vulnerability in later life, gerontology needs a different approach from the critical-analytical, problem-solving mode that is applied to contingent vulnerabilities. It makes sense to assume that humanistic gerontology has valuable perspectives to offer in this regard, given its focus on meaning, creativity, wisdom, personal and spiritual development, et cetera (Cole, Ray, & Kastenbaum, 2010). However, the potential contribution of *philosophy* in this field has remained relatively underdeveloped so far. In the following section, I will introduce the concept of virtue ethics as an important moral-philosophical strand of thinking that provides valuable insights when it comes to dealing with existential vulnerability in a meaningful way.

Introducing virtue

In moral philosophy, virtue ethics is often introduced as a ‘third way’, a critical perspective against prevailing deontological (duty-oriented) and/or consequentialist (outcome-oriented) strands of thinking about morality. In contrast with the latter’s focus on rules and universalizing principles, virtue ethics calls our attention to the importance of character dispositions and the practice of good habits throughout life. In this sense virtue ethics shifts our attention away from the question “what to do?” towards the question “who to be?” (Schneewind, 1990). Virtue ethics thus focuses on moral agents and their character development, rather than on moral legitimization of

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