



Bearing the Burdens we (don't Tend to) Bare

Independence as 'One More Opportunity for me to Fail'

Ashley John Moyse¹

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Abstract

The burdens of older life, during what Peter Laslett calls the fourth-age, exaggerate feelings of fear and desire while resourcing despair. Some such burdens are borne from human corporeality. Others are socially constructed and afflict older persons further. A typology of burdens is introduced, identifying reflexive, transitive, and accusative burdens. The reflexive dirge of the person grieving their losses of competence, self-sufficiency, and independence includes a transitive counterpart, where a person's self-perceived burden includes also the sense that one has become a burden to others. The accusative burden is experienced when persons are marked by others, catastrophically, as a burden. Regardless, these burdens must be given attention while attending to the ideations that prioritise independence but risk despair. Thus the relation between burdened self-image, despair, and late modern and policy preoccupations with independence will further focus such attention. Specifically, the prominence of independence in narratives of successful ageing will be interrogated, while inviting theological reflection on the reality of dependence and the nature of bodily life, together. That the Christian theological tradition teaches that human beings are bodies and are mutually dependent presses back against dogmas that prioritise independence and other icons of discrete subjectivity. Pointing toward Dietrich Bonhoeffer's understanding of vicarious representative action, the reader is invited to consider again the kind of language in policy and for practice that might humanise persons in exchanges of responsible care(giving) and mutual dependence throughout the life course.

Keywords Burden · Dependence · Dietrich Bonhoeffer · Independence · Responsibility · Vicarious representative action

✉ Ashley John Moyse
Ashley.Moyse@theology.ox.ac.uk

¹ McDonald Centre for Theology, Ethics and Public Life, Faculty of Theology and Religion, University of Oxford, Oxford, UK

In his *A Short History of Decay* Emil Cioran (2018) writes of the “Decrepit Man”: “The time is past when he thought of himself in terms of a dawn; behold him resting on an anemic matter, open to his true duty, the duty of studying his loss and rushing into it ... behold him on the threshold of a new epoch” (p.96).” While those persons whose ageing bodies have obliged such learning and haste, the new epoch can bring with it a vulnerability to despair. For Cioran, the *anaemic matter* of an ageing body, “Having reached the intimacy of [its] autumn, ... wavers between Appearance and Nothingness” (p.96). However, the body in later life also speaks quite actively (and at times quite loudly), revealing in the sounds of creaking and cracking, the actualities of frailty and finitude. It therefore calls out for attention—claiming not only oneself but also others to heed its summons. In this way, the body bares—that is, it *reveals*—the burdens of ageing, which persons (and others) must learn to bear, in the sense of *carry*. But we, ageing persons, as our bodies, can also labour diligently to conceal such burdens too—and we often do, not wanting to be(come) a burden on others.

However, not all burdens are borne from flesh and finitude. Some burdens are constructed, and laid upon the shoulders of ageing persons further conditioned by preoccupations with independence. Nevertheless, both burdens must be given attention. Both burdens must be confessed, and thus given due attention, whilst seeking to transform them for the humanity of persons in later life—a humanity strengthened by responsible sociality.

The following argument aims to do just this. Engaging with various disciplinary insights, ranging from qualitative social and health sciences to philosophy and theology, I will proceed, critically testing a dominant liberal, or late modern, interpretation of later life—showing it to contribute markedly to the existential despair experienced by some persons in later life. Such despair is a persistent pessimism that entraps persons to think the present situation is without end (except, perhaps, by voluntary death), and no further experience of life remains (Marcel, 1949). Or, to introduce a Nietzschean definition, despair is a persistent passion that sees life as it is as a life that ought not to be (Nietzsche, 1968, 2006). The critical testing, and the experiences of existential despair, will include a response, introducing a Christian anthropology and ethics that emerges, in part, from a reading of the German Lutheran theologian Dietrich Bonhoeffer.

Stepwise, I discuss first a late modern anthropology, or understanding of human being, that predominates in our thinking and acting in the world; a kind of disembodied ideal of human being overshadowed by the actualities of frailty and finitude. Then I discuss the burdened self-image as illuminated by the experiences and expression of the ageing persons who are limited by the actualities of corporeality and impacted by socially constructed burdens of our late modernity that risk becoming potent and coercive. Thirdly, I focus further on the inclusion of independence as a policy measure that aims toward successful ageing, but sustains a hope for a particular way of being (an anthropology) that renders persons vulnerable to despair. Finally, while dissenting from a late modern anthropology, I confess the offenses incumbent to particular narratives that prioritize independence and pessimistically position a later life that is both frail and fraught. Drawing upon the Bonhoeffer’s reflections on *the structure of responsible life* that remain attentive to the actualities,

or realities, of bodily life together, I will point toward a theological anthropology, or interpretation of human being, and ethics that might interface with ageing-ethics and policy, while offering a different way into and for the good of later life—offering a narrative that a radical sociality might enable persons to learn to bear the burdens we (don't) bare (and to dissent from an independence that leaves persons vulnerable to despair).

The Long Shadow of the Fourth Age

A characteristic of a modern anthropology is often found among policy recommendations for what persons refer to as successful or health ageing: it revolves around the idea, or norm, of independence. Persons formed by a modern narrative that prioritizes independence thus learn to emphasize self-sufficiency.

Such persons, by way of the repetitions of a modern narrative, are taught that it is right and good to exercise one's independence, which can correspond to the freedom to reason and to act in the world without constraint or coercion (i.e., autonomy). However, autonomy and independence can be differentiated, as one might read in self-determination theory (Chirkov et al., 2003). Distinctions held, independence regards the “circumstances of not relying on others for support, help, or supplies” (Chirkov et al., 2003, p.98) while autonomy reflects an individual's freedom from “constraints placed on her behavior as a result of exploitative, unequal, or oppressive conditions” (Giddens, 1991, p.213). The opposite of the former is dependence and the latter is heteronomy. These opposites disclose a locus of relation between independence and autonomy. In both of the antonyms, particular persons relate to others, whether persons or institutions or otherwise, as those or as that which might constrain one's freedoms and determine one's behaviour or access to opportunities. Thus, whether dependence or heteronomy, or perhaps both, the capacity to exercise self-determinative control over the experiences and expressions of one's life remains at risk. And such control is considered essential, or basic, by those for whom independence and autonomy are values to secure.

Independence, autonomy, and control might be considered further under the notion of agency, which some might regard as the power or capacity to act (see Ahearn, 2001). Such an understanding, while contested (see Gilleard & Higgs, 2010), remains a common understanding, and concurrent with the way the World Health Organization, for example, delimits its Active Ageing policies and programming. As Diego Romaioli and Alberta Contarello (2019) explain the WHO position

The concept of ‘active ageing’ refers to an ongoing involvement of older people in activities and plays a key role in a global strategy for the management of ageing populations. The notion of activity is understood as an active/passive distinction which emphasises the enhancement or diminishment of *measurable powers of activity*. Active ageing is part of a policy vision that will enable the expanding older population to remain healthy (thus reducing the burden on health and social care systems) and to stay employed longer (thus reducing pension costs). (Romaioli and Contarello, 2019, p.212n1. Emphasis is mine)

Both independence and autonomy feed into the understanding many might have regarding agency as the power to initiate action while the desires to maintain such capacity are cultivated by the repetition of such values in policies or programs and the tenets of a modern anthropology.

That the terms remain highly subjective, contextual, and definitionally in flux among older persons, however, adds further fodder to the challenges at delimiting clear meaning (Plath, 2008). Yet, for the purposes of this paper, we accept colloquial interpretations of autonomy and independence can and often do conflate or show significant overlap between these terms. The persons conditioned by a modern anthropology do learn that opportunity, choice, and control over the circumstances of one's life are essential (even "innate, instinctual, and unquestionable" [Portacolone, 2011, p.815]) characteristics of agency and that which inhibits such freedoms is a problem to be overcome or to be liberated from. For those persons confronting inhibitions of human finitude, for example, control over the landscapes of disease, including what some regard as the pathology of ageing, is thought possible and that persons in later life will be enabled to maintain a freedom from a constellation of phenomena like frailty, pain, and suffering. Independence is considered as essential to exert or to take advantage of such control and to exercise autonomy.

Put differently, a familiar modern anthropology trains persons to value autonomy and to aim toward independence as the corresponding ideal. These values have also shaped policy responses to the challenges of ageing, for example. Such policies foreground independence and individual industry (to pursue available options and to control one's experiences), accordingly. Independence and autonomy have thus risen together as anthropological orthodoxy in late modernity.

Independence is, thus, read often in policy statements concerning successful or healthy ageing. Self-sufficiency/self-reliance and control, among other characteristics of agency or synonyms of autonomy, are corollary aims that narrate the good life for *independent* persons conditioned by our later modern imaginaries. (One need only to look at research which reveals the way older persons, including those experiencing frailties, value independence [Gabriel & Bowling, 2004; Tester et al., 2004] and resist care from others for various reasons that correspond to valuations of independence [Coyne et al., 1988; Plath, 2008] and a persistent patriarchy that divides some from others, the weak from the strong (Robinson, 2020)). Policy thus reiterates such aims and hierarchies of being when calling forth 'independence' to guide actionable programming and practices—programming and practices by which persons are further conditioned, in a kind of positive feedback loop, to choose and to consume and to fulfil one's self.

The third age typology or classification of later life seems to emphasize the opportunities available to and the agential successes of those persons that prove capable to secure or to maintain these aims. Such life is defined, so it is argued, by personal fulfilment through the administration of choice over and the freedom to pursue the opportunities made available to persons. 'Independence' in policy statements concerning successful or healthy ageing serve as a synonym of such fulfilment that can be secured through the commodities proffered by a technologically-determined and consumer market-driven health-industrial-complex that advertises the promises of self-sufficiency and control as the pathways toward successful, healthy ageing and

rejuvenation (Stark, 2020). These reiterate the aims that narrate the 'good life' for persons whose lives have been shaped by a modern imaginary where independence and control are correlating concepts or coinhering ideals.

Yet when these same persons experience threats to or the loss of these characteristics (aims or values) of agency, whether expressed as independence, control, self-sufficiency, or the like, experiences of despair emerge. Introducing an aetiology of despair, Friedrich Nietzsche (1968) argues that by the failure to secure the aims of our desires such aims prove aimless and the world which persons thought meaningful in relation to such aims proves meaningless—promoting despair. When others consider the threat to or the loss of these characteristics, the same diagnosis applies and despair is made further evident. Thus, an existential weight is placed upon persons, whether by their own self-image or by others, as the aims that render meaning for persons prove aimless or illusory. For persons in later life who are (or fear) losing capacities that correspond to independence, control, and self-sufficiency, despair can emerge introducing an existential weight that is experienced by these persons as they confront what Peter Laslett (1987) calls the fourth age. (For further discussion of the "fourth age imaginary," see Gilleard & Higgs, 2010; Higgs & Gilleard, 2015).

While some offer a definitive age when persons enter this stage of life, i.e., beginning around eighty-five years of age (Suzman, Willis & Manton 1992), Laslett (1987, 1991) argues this strata of a life-stage is delimited, rather, by the disvalues of a modern imagination, including dependency, decrepitude, and death. Conditions of living rather than a chronology of years-lived delineate the journey toward and into fourth age experiences. Whether a distant fear or as an existential stressor, the aims that render meaning for a modern imaginary are either threatened or lost in this life-stage, regardless of chronological age. Put differently, the inability to control our life circumstances and to secure self-[nouns] (i.e., self-reliance, self-sufficiency, self-determination, etc.) excites both fear and anguish, burdening one's being while leading to despair. "Suffering," as the experience of despair, "... is ... the state in which people are subject[ed]... to loss or defects that prevent them from achieving their specific opportunities" (Sørensen, 2010, p.141)—prevented from achieving, for example, the aims or ideals of the third age.

One could highlight several examples where such despair might emerge in our late modern milieu. For example, Jean Améry's (1994) reflections on ageing outline the cost that advanced age brings to the human body, mind, and spirit. He suggested frail older adults come to rest, and are forced, by the depredations of ageing, to make do without (principally, to make do without the capacities to master their world and to shape it to their desires). Similarly, scholars in palliative care and health care research have observed that persons confronting unrelenting prognoses and irremediable diagnoses are also forced, by the devastations of disease and dysfunction, to make do without (Pearlman et al., 2005.; and Quill et al., 2006; Ganzini et al., 2009; Dees et al., 2011). Finally, economists Anne Case and Angus Deaton have observed that a subsection of the US population have been forced to make do without as diminishing employment and economic opportunities become fodder for anguish (Case & Deaton, 2015, 2020). While experiences of vocational purpose are lost, life becomes burdensome and meaningfulness is obscured, if not experienced as altogether lost. Whether frail, dying, or economically distressed, persons

in such states of crisis discover themselves to be in a world they no longer understand, experiencing their lives as without the capacities to engage with it—a kind of fourth age experience. They find themselves in situations beyond their control; that control they've laboured to strengthen, to exercise, and to secure by commodity and consent. Beyond control, they turn toward despair. Such despair, as these authors above seem to suggest, generates behaviours that anticipate suicide or other, often tragic, outcomes that impede or greatly curtail or even completely inhibit human flourishing.

And here is where the aims of industry, policy, healthcare practitioners, and all of us who are growing older can likely agree: to flourish as a human being is good. So, many of these advances to extend the healthful experiences of later life persons are good too. Yet the fourth age casts a long shadow over the third age (“Hence when participants speak of the value of independence and its central relevance to active ageing, they tend to do so against the backdrop of the subjective spectre of dependency—of being an unwanted ‘burden’ on others” (Stenner et al., 2011, p.273), contributing to stigmas and stereotypes that serve as fodder for despairing ideations and the cultivation of burdens that are not only borne of ageing bodies but also of social imaginaries (of freedom, control, and the like) that can, ironically, coerce and constrain experiences of later life.

I'm not convinced, however, that the promises and powers of our late modern imagination to extend third age experiences into later life do anything to curtail a story about “being independent”, about agency or subjectivity, that leaves us vulnerable to despair. That is to say, while Karen Blixen (using her *nom de plum* Isak Dineson) was attributed to have said “I think all sorrows can be borne if you put them into a story and tell a story about them,” I am not convinced that our late modern story does well to offer us such strength. Instead, I am concerned a story of late modern agency leaves persons coerced by delusions of independence (of absolute subjectivity). It is a story which leaves persons vulnerable to despair (Moyse, 2019a). It marginalises experiences of corporeal burdens and the fear-inducing perceptions of being or becoming a burden to others by its predictable re-assertion of late modern values and concomitant policy aims. Yet it, and the policy aims it cultivates, remains overshadowed by the looming darkness of the fourth-age.

A Typology of Burdens that Constrain Later Life

For many, even while age-specific disability rates seem to be falling among older persons (Crimmins, 2004; Christensen et al., 2009; Schoeni et al., 2008), ageing is expected to include or does involve experiences of diminished everyday competence (Torres & Hammerström, 2006) and such existential limitations increase with age (Baars, 2012, pp.205–206, 243–244). In addition to the physical encumbrances, not excluding psycho-emotional distresses and cognitive decline, the age-related loss such declines and limitations determine also can be debilitating ontologically. In fact, as Els van Wijngaarden and her colleagues (Van Wijngaarden et al., 2014), have observed, the vulnerability to despair the burden of ageing, even in the absence

of severe disease, resources a readiness to terminate the life of which persons have grown tired.

Studies examined in “Experiences and motivations underlying wishes to die in older people who are tired of living” point out that age-related losses include the suffering corresponding to “physical decline and ongoing deterioration of walking, vision, hearing, speaking and sensory abilities, cognitive decline, incontinence and impotence. ... [deepen] feelings of powerlessness, growing dependency on others, and loss of privacy and control” (Van Wijngaarden et al., 2014, p197). Loss of control is thus experienced by older persons as a loss while they rush into it, to draw us back to Cioran’s imagery from the opening paragraph again. Loss of connectedness correlates: as Van Wijngaarden et al. (2014) have also noted, “the sense of being no longer valued, needed or significant provokes feelings of worthlessness, invisibility to others, and detachment from community” (p.202).

In another essay, Van Wijngaarden et al. (2015) suggest the burden of ageing excites “significant feelings of disconnectedness, reflected in feelings of loneliness, not mattering, fear of dependence, self-estrangement, and alienation” (p.260). Such feelings accompany the self-perception of burden, which delimits the experiences of ourselves *as* old—experiences which, for each one entering later life, are personally or subjectively unfamiliar and uncharted.

Such experiences, however, are not simply an existential self-perception of being and becoming older. Such experiences also include the gaze from others, who might be perceived as voyeurs of our declining agency—contributing to experiences of shame and anxiety (or dread) (Chasteen, 2000; Lynch, 2000; Levy, 2003; Ron, 2007; Shaw & Langman, 2017). As such persons can come to regard themselves as once, but no longer, viewed as an individual imbued with the reason and will to possess the world, to control one’s life; once, but no longer, viewed by self and others as capable to guarantee self-actualization, achieving what was thought essential and meaningful. One’s health, as delimited by an aged and ever-ageing body, often limits such agency while persons are situated further by frailty and finitude; or worse, excluded in ways from which they cannot struggle to reject or to revoke. Such persons, it seems, respond in foreseeable ways. Such persons, disciplined to think about the world (and themselves in it) according to a modern imaginary, come to realize “the world does not have the value that [they] once thought it had” (Nietzsche, 1968, p.22). Thus, as Nietzsche concludes, it seems to be a world without value—“worthless” (p. 22). Or to draw upon the observations of Van Wijngaarden and her colleagues (Van Wijngaarden et al., 2015), such persons come to a point of pessimism, experiencing desperation and assessing that “*life-as-it-is* [the old life] should stop as soon as possible because of the unbearable burden it embodies” (p.260. Emphasis is mine).

But an important question yet remains: what does *burden* mean?

Burden is meant to connote a weight that is carried. It is a familiar connotation. Perhaps it is even fitting, when considering the experiences of bodily life as we grow older: with the depredations of ageing, the burden of one’s body can, after all, be experienced as a heavy weight one must overcome to sit up in bed, to stand from sitting, and to ambulate from place to place. But defining burden this way, as a weight to carry, continues with figurative allusions, like a distress that is emotionally

difficult to carry, or a source of great worry. Our fears and desires can heighten this distress, making relevant the various synonyms of burden, such as “affliction, cross, [or] trial” (OED). Such nouns are intended to denote something onerous or troublesome, as “something wearisome or grievous” (Warnes, 1993, p.298).

The physical and psychological wearisomeness experienced by persons in later life is a recurrent theme. That is to say, the bodily trials of ageing are described as a burden, reflexively (Warnes, 1993, p.305). But the reflexive dirge of the person grieving their losses of competence, self-sufficiency, and independence includes a transitive counterpart. This is where a person’s self-perceived burden includes not only the “loss of self-efficacy and independence due to physical deterioration,” but also the sense that one has “become a burden to others” (Ching, 2007, p.22). People not only experience the burdens of finitude, but also they wrestle with the ideations that come to regard themselves as a burden for others to bear.

Self-perceived burden, the reflexive and transitive expressions of burden, resource “a general sense of suffering,” and risks “clinical depression, a diminished will to live, and a [perceived] loss of dignity” (McPherson et al., 2007, p.418). This perceived burdensomeness can result in “shame, low self-esteem, and self-hatred” (Jahn et al., 2013, p.452). It is a relevant factor in death-hastening ideations and acts among aging persons, including withdrawing and refusing medical treatment through to suicide and medically mediated death.

But another response is also common: concealing burden. The attempt to “minimize their own needs,” which includes behaviours like “concealing their feelings or symptoms, not bothering others, withdrawing so as not to cause upset, and to try and do as much as they could for themselves even when this caused discomfort” serves as a vestige of the unencumbered subject. Consider the words of Christine McPherson and her colleagues’ participant, ID13: “I can hide it. I can mask it. ... I had learned you could mask a little bit, or you can pretend a little bit, ... being a great pretender, not in an intentional, misleading way, but protective” (McPherson et al., 2007, p.423). It is not uncommon for frail ageing or sickly persons to conceal the perturbations that make daily life difficult, to protect themselves from feeling like a burden and to protect others from experiencing care-giver burden.

In fact, as McPherson et al. (2007) observed, “Almost all participants had difficulty asking for and accepting help from others, and were reluctant to do so even when needs emerged” (p.423). Many see it as a failure when they are unable to perform the social roles that have defined them to date. As ID13 would suggest, transitioning from being an independent and caregiving mother, to a person whose children must give care: “It’s a very difficult transition” (p.421).

To be(come) a burden on others is assumed as a disvalue. To become a burden, the impact one might have on others, whether relatives, health care professionals, or care volunteers, is in fact feared (Van Wijngaarden et al., 2015, p.206).

Such fear might be rightly placed: it certainly reflects the difficulty of admitting burden’s further usage, which is likely familiar given the *burden narrative* of old age. It is a narrative not about the subjective experiences of growing old, of the hardship experienced when becoming dependent on others against one’s will, but the weighted impact of ageing that others claim for themselves or for society.

As Andrea Charise's (2012) "Let the reader think of the burden: old age and the crisis of capacity" argues, catastrophic metaphors are part of a familiar, but unfortunate and coercive, discourse that positions persons of older ages as complicit others: "The ominous rhetoric of rising, swamping, tides, and disease—amplified by the authoritative tones of medical and health policy expertise—conceives of population ageing as an imminent catastrophe. Conceived *en masse*, the aged are naturalized as a liquid cataclysm whose volume exceeds the nation's ability to contain, or even guard against, an abstracted human burden" (Charise, 2012, p.3). The burden narrative, catastrophically retold, functions by producing 'the older aged population' as a peculiar and delimited political and consumer reference class that threatens both social and economic covenants. Such narratives function as *accusative burdens*, which add further fodder to the burden self-image—an image, as we learned above, that doesn't need any further assistance in demoralizing and debilitating human lives.

The accusations introduce burden as a charge laid "upon (a person)," a sense of *burden* included in the OED. It functions when older adults are indicted as the object rather than recognized as the subject of burden. "What happens is that the agents carrying the burdens are misidentified: the more graphic the portrayal of the wearisomeness of old age, poverty or sickness, the greater the sense of grievous load upon others" (Warnes, 1993, p.329). Once again, "they" are thus catastrophized with metaphors describing the ageing population as a tsunami or a rising tide, which "threatens to swamp our health-care system, economy, and quality of life" (as quoted by Charise, 2012, pp.1–2; c.f. Barusch, 2013). Accusative burdens, such as these, reflect those *burdens* often applied to older adults in two ways: first, the financial load incurred by income supports as well as health and social care costs; second, burden is applied to both care-giving efforts and stresses (Warnes, 1993). When applied to a population, i.e., the fourth age, or to a dependent, i.e., an ageing parent, "whatever the intention, *burden* is often demeaning, carrying the implication that the person, and more often the group is a nuisance, wearisome or costly to support" (Warnes, 1993, pp.297–298).

Burden in such circumstances is used to connote a sense that such irritants are too much, that ageing might trigger socio-economic and/or intergenerational crises, while goading public reactions that call for such liabilities to be reduced or eliminated (McMaughan et al., 2013). Put differently, the ageing population that threatens such potential catastrophe, so it is argued, demands remediating attention. The accusative assumption is that the burden of societal ageing should be a source of global moral concern, and generative of "remorse rather than pride" (Walker, 1990, p.378). Thus, as the burden narrative gains further prominence, lives of decline and frailty are narrated as problems to resolve, or are considered as worthless, while youth and agility are praised. The latter should be considered normative, while the former put to an end, as the controversial *Ending Aging* contends (deGrey & Rae, 2007).

And so, people already subjected to the weight of reflexive and transitive burden are further weighed down by the accusative burden, which only risks validating and exaggerating one's burdened self-image. The ageing and aged population, this objective reference class, is increasingly risking economic and intergenerational distress, and marked by others as a burden. That is the accusative burden.

Yet what unites such burdens? What is common among them?

At the very least, a common concern regards the weight that diminishing independence bears on the well-being of those who are growing old. In studying the experiences of burden among older persons, it becomes clear that individual agency, which includes expressions of independence, self-sufficiency, and the like, is considered deeply integral to one's identity. However, as a deeply held desire and a necessary condition of late modern human being, the weight corresponding to a particular preoccupation with individualistic and unconditional notion of independence (and corresponding instrumental attitudes in economics) seems to oppose human flourishing.

Independence as Ideal and Affliction

The experience of ageing concerns several things; for Jean Amery, as we enter what some might refer as the fourth age, and *become* old, we lose access to space and the world. That is, with a rather pessimistic realism, Amery suggests that the world, for ageing persons, becomes progressively inhospitable or inadmissible—like mountains we can no longer climb (Amery 1994). Put differently, the frail older person, as Amery observes, becomes “a stratified mass of time” (p.20) who is increasingly aware of her physicality—but with increasing limitations, it is a physicality that becomes progressively inert.

For some, like oncologist and bioethicist Ezekial Emanuel, the inertia of older age offers him warrant to will the timing of his death. In an article published in *The Atlantic*, we learn Emanuel hopes to die at 75, because, by that time (of senescence), he argues “creativity, originality, and productivity are pretty much gone for the vast, vast majority of us” (Emanuel, 2014, para.25). The losses one experiences or fears, as in Emanuel's case, become fodder for ideations of voluntary dying.

While the ageing person might experience increasing losses and decreasing motility, they are also met by “society and everyone's demand for social *self*-preservation” (Amery 1994, 46). The ideals of independence, however, confront the realizations that ageing bodies, especially those encumbered by illnesses and frailties, are not self-sufficient, self-determining, and strong. Rather, ageing persons can experience, with older age, their bodies as deficient, dependent, and delicate. Rather, such persons can discover the body as it is increasingly burdened “more frequently every day” by age-related deprivations (p.42). Chris Gilleard and Paul Higgs (2018) refer to this experience as “age's ‘corporealisation’—the emergence of bodily signs of ageing” (p.6). As the body becomes increasingly ever-present to such persons in new ways, like the discomfiting pressures of arthritic joints, or the distressing fatigue of muscles working to ambulate up a flight of stairs, or the disorienting figments floating in one's field of vision—many such experiences are remediable; yet others remain persistent and irremediable “existential limitations” (Baars, 2012, pp.243–244) that “cut us off from the world” (Amery 1994, p.34).

Such a depiction of older age, while quite possibly overly negative to some, might find analogous descriptions in ageing studies literature. For example, “the body

drop” experienced by ageing persons, as Kevin McKee and Marynn Gott (2002) have discussed, highlights the perceived failings of the ideal agent that compound experiences of burdensomeness. “Events such as a fall, an episode of incontinence, or of erectile dysfunction are examples of such ‘body drops.’ ... the humiliation felt by older people who see such episodes as symbolic of their own, age-associated ‘failings’ *to maintain themselves*,” in the world resource the perceived burdensomeness of ageing (Gilleard & Higgs, 2018, p.8). Further fears concerning the potential loss of one’s mind, a pre-eminent feature of autonomy and socio-economic utility, especially for an information age, with evidence of age-related cognitive decline, add to a sense of bodily betrayal leaving persons vulnerable, risking further removal from the world—such experience of senescence is disconcerting because it is a “challenge to our relatively disembodied concerns and projects; and [opposing anthropological orthodoxies] it does so in circumstances not of our own choosing” (Gilleard & Higgs, 2018, p.6) Thus, experiences of loss and fears of further forfeiture begin to take effect. For the ageing, experiences of agency are constrained by finitude, and capacities once thought basic recede into memory or become conditioned by fear.

Such images and experiences bristle against the icons of modern subjectivity. This is reflected in the self-confidence of late modern humanity not only to strive for but also to secure control over the world, including ourselves by will, reason, and technique (Moyse, 2021). The anthropocentric confidence, however, is destabilised by frailty and finitude. The forerunners of death, whether disease or decay, are jolting to many; self-sufficiency, self-confidence, and strength, vital competencies of the modern will, are confounded by the arresting dependencies which older age introduces and, at times, obliges.

Constrained, therefore, to rest as a mass of time rather than to revel in the world, as Amery (1994) describes, older persons are introduced to a reality, which encumbers independence and challenges functional depictions of dignity and meaningfulness. Confronted as such, many are set toward a despair, as described above.

Ageing, it seems, brings to the foreground both desire and fear. Ageing bodies, encumbered by unfettered discomforts and recurrent aches, revealing both frailty and finitude, bring to mind the accumulation of possessions, or desired functions, as well as the fear of losing them without expectations for their return—exciting anguish through which persons despair (Marcel, 1949, 2010; O’Callaghan, 1989). Yet often with uncritical usage, or clarified delimitation, ageing persons are confronted with the promotion of *independence* in old age, which is, as noted above, a commonly cited principle and policy aim. As Chih Hoong Sin (2007) comments, discussions in ageing research, especially those where successful ageing, ageing well, and healthy ageing is prioritized, often retain independence in later life as a value to secure. Meanwhile, its opposite, dependence, retains a stigma and resources justifications for rationing the provision of services in accordance with economic demands (Plath, 2009).

As Debbie Plath (2009) clarifies, with positive connotation, independence in the United Kingdom, is “associated with pride in the ability to manage alone and control one’s own life in older age” (p.218). It is a concept closely associated with “increased [consumer] choice and control by older people” (p.218). Independence

is presented as a policy that answers the problems of an ageing society and concerns over the “situation of service dependency among older people that has developed in the past” (p.218). Such policy inclusion does not disregard more nuanced concepts of independence that are socially inclusive, but the enduring and correlating concepts of “freedom versus control; of autonomy and respect; and of dignity and choice;” do persist; such concepts “do not chime well,” as Sarah-Jane Fenton has commented, “with notions of need for support and enablement” (Fenton, 2014, p.3)—they do not chime well with those for whom the ideals of successful ageing are but fodder for despair; or, as Ina Jaffe stated despairingly in a NPR *Morning Edition* segment concerning phrases such as “successful ageing,” of which independence is a well-trod marker of achievement: “I think it just means there’s one more opportunity for me to fail” (Jaffe and NPR Staff, 2014).

The ideal of independence and the spectre of dependence haunts the third age, within which, in our late modern society, ageing persons are nurtured by images and icons of independence. The ideal of independence is captured by self-sufficiency, self-reliance, and not being a burden. Such individualist independence plagues many in the West as they grow ever older, as many are compelled by the depredations of ageing to consider themselves now in terms of dusk rather than dawn. Persons who have learned to understand independence as an individualistic ideal, tied to functional capacities, with positive notions of freedom of choice and of autonomy, confront the tyranny of an ageing body, paradoxically, where dependence is demanded.

Yet, drawing from Cioran (2018) once again, “[W]e want to force the past, we want to act retroactively, to protest against the irreversible” (p.32). And so, in a concert of regret and despair, many persons, both older and younger, learn to lament dependence, to fear being cared for, and to see the *mass of time* as a burden unsuited to human flourishing. Thus, persons in the modern West learn to confront their experiences of ageing remembering past competencies while abiding late modern ideals and in step with policy.

And many press on.

Pressing on for some, however, is as a repetition of late modern ideals that consider everything to be a mere “contingent limitation” that can be remediated and resolved (Baars, 2012, p.243). Such repetition nurtures a growing perspective, as American theologian Brent Waters (2020) has observed, that the body is also a mere remediable problem:

an unwanted constraint against the will, and medicine should be dedicated to overcoming the limits of being embodied. Physicians are not expected to help patients to manage and come to terms with their finitude and mortality, but to wage an incessant war against these constraints with a growing arsenal of sophisticated technological weapons. The body should be an artifact of medical and technological ingenuity instead of an arbitrary given. The body, in short, is a problem to be solved (para.4).

Yet such thinking does not reduce the risk for despair. And for many ageing persons, they remain vulnerable to a despair which can overwhelm with its “subjective torment” (Cioran, 1992, p.37). Such despair provokes these persons confronting the actualities of later life, according to the ideals of the modern rational will, to decide

to control further that *problematic* life which is considered as a life no longer worth living.

Responsibility for the Realities of Corporeal Life

Reflecting on the homophones in the title, let me first consider the revelation (the baring) of burdens in later life. The body, whether our own or that of our fellows, often goes unnoticed when we are young. The body remains unnoticed until, in sickness, or with injury, it is corporealised (Gilleard & Higgs, 2018), becoming “terribly energetic and often so noticeable” (Barth, 2004, p.345). Amery (1994) plays up on this bodily ignorance, which is resolved as we take on time (viz. grow older), as he narrates. But with ageing, as frailties materialise, disturbances become routine, even unremitting. Even in mid-life such disturbances can be chronic—at least it is becoming so for me, with a persistent ache in an arthritic hip and renewed pain in fingers once broken but left largely unattended in my youth. In aging, as in illness, the body is realized (Amery 1994). The reflexive burdens of human corporeality demand our attention.

The attention bodily burdens demand is an attention to an individual person's essence—to one's bodily nature (Bonhoeffer, 2004). After all, as the Christian tradition teaches, “a human being *is* a human body” (Bonhoeffer, 2004, p.76. Emphasis is mine). This means, then, that “A human being does not ‘have’ a body or ‘have’ a soul; instead a human being ‘is’ body and soul” (Bonhoeffer, 2004, p.77). Thus when the body is speaking through its aches and pains, whether acute or chronic, our very nature is calling out for attention, baring a particular moral reality of an individual person (Moyses, 2019b).

However, that body of the individual person that demands attention claims others' attention as well. That is to say, the revelations of an ageing body and the incumbent strains experienced by particular persons ought to be given attention, not only by these individual persons themselves, but also by both domestic and qualified carers, from spouses, partners, and children, to nurses and physicians, among other health professionals and volunteers. Rather than being a source of transitive burden, however, the gaze by others ought to be considered differently. But these other persons have ageing bodies and incumbent strains too! (Haider Warraich's [2017] *Modern Death* details such strains among carers in his “When guardians are burdened” [pp.171–190]). We must attend to such strains that reflexively burden us and our fellows. Such attention, however, must not become a repetition of the kinds of self-[nouns] a modern anthropology champions but extended, merely, to one's family or narrow circle of caregivers (as though a family is but an analogue of the individual, repeating a familiar phrase, “We will take care of our own”)—risk for overwhelming despair persists in such situations; as caregivers suffer their own experiences of burden, the care for the other's body demanding attention also suffers while the aims of a modern agency, i.e., burdenlessness, prove aimless.

It is for this reason that Warraich (2017) reminds his reader, for example, “One in four American adults provide informal caregiving at any moment. ...the overwhelming majority of caregivers are female, and 85 percent of them are related

to the patient. ... Caregivers suffer not only in resources but also in health: ... experience[ing] increased rates of depression, anxiety, and insomnia and an increased risk of suicide” (pp.178–179). One might suggest, therefore, that the kind of ethics of responsible action that follows would only perpetuate caregiver burdens and harms, while affirming the concern persons have regarding transitive burdens. But such a suggestion can only be made when the dominant anthropology persists, where independence is valued and a society, including health care personnel, for example, fails to practice *caregiving* too. Warraich raises such a rebuttal this way: “despite being so intimately plugged into the [healthcare] system, too many times they [caregivers] are so invested in the well-being of another that they forget about themselves. But perhaps the greater problem is not that caregivers are ignoring their healthcare but that healthcare ignores caregivers” (p.179).

Physicians and nurses, for example, might lament (as Warraich does) that they will have no legal recourse to “address their [viz. caregivers’] needs unless they also happen to be a patient” (p.179). Yet they could, at the very least, enquire with due concern and attention to the other, seeking to know how such caregivers are doing—a small act of compassion that might help another to bear a burden. (Meryl Comer reflected on the twenty years of caring for her husband who suffered dementia, with only one particular physician asking her about her well-being: “When you have a disease that always wins no matter what one does, you need someone to make you feel what you are doing matters” [p.180–181]).

What one needs when despair threatens human being, is a readiness to express concern, to love, and to act responsibly *for* another—whether sick or well, cared for or carer. What is needed are those with “taste and tact,” as Richard Kearney (2020) describes practical wisdom: “Wisdom, in the end, is about taste and tact. That’s what we mean, isn’t it, when we say that someone *sensible* is someone *sensitive*: they have ‘the touch,’ as healer, teacher, artist, lover. They are attentive, careful, tentative. They get it. To have the right touch is to touch and be touched wisely. Touching well is living well. Hermeneutics begins there, in the flesh” (Kearney, 2020, p.100). Such wisdom helps not only to reveal but also to carry persons through the struggles of a present moment and toward the unclarity of the future—baring and bearing the burdens of human life, together.

What one needs, therefore, as Gabriel Marcel knows well, is an “enduring spiritual community” that might strengthen one to attend to, to care for, and to remain cautious before “what in a sense he always knew but ran away from” (McKinnon 2011, p.186). For us in this essay, we need the interior strength to confront dependence—the reality of dependence experienced by others as well as ourselves—against a potent modern narrative history and incumbent social performance (as illumined by accusative burdens) that consider particular meanings of independence (i.e., self-sufficiency, individual choice, and control) as dogma. We must learn again to see ourselves realistically, not as self-sufficient gods, but as human beings, dependent on a network of complex relations where touching well might be humanising: “It is not the isolated individual but the responsible person who ... [sic] truly *live*” (Bonhoeffer, 2005, pp.258–259). (Such learning can occur at any age; but attending to the reality of this humanising network of inter-relating and mutually dependent persons can become an expert attending, if you will. If such schooling would begin when

younger, it might be, when old, our expert understanding of dependence could be experienced as a strength instead of as undesirable fodder for despair [c.f., Wright, 2005]).

Even while considering the need to be attentive to one's own body, attending to the will to be healthy for oneself, the relation between persons persists (Barth, 2004). One must care for oneself so that one might be available to give of oneself for others. And when one cannot exercise such care for oneself, another can bear such caring attention on her behalf. The sociality of practicing the will for health, together, even when inundated by the forerunner of death, viz. illness, ensures that the one *and* the other can flourish as human beings—can bare their respective and correlating humanity. Such attention and caring in responsible communities ensures the mutual dependence one has with another, thus fulfilling the essential correlation between persons that is humanising. The practice of such correlation throughout one's life stages, readies each one particular person to give and to receive due care, and thus, the capacities, or rather competencies, to relate as one to her fellows in both healthfulness and sickness, in youth and in later life—readying us to bear the burdens of our fellows. It is in this way that the relation of responsibility, of burden-bearing, that Bonhoeffer is introducing is a radical social initiative.

It is a social initiative where attention to the demands of bodily life, to the barring of human corporeality (viz. inter-corporeality), must become a bearing together. And for the Christian, bearing is imperative—life together is essential: “Christians must bear the burden of one another. ... Only as a burden is the other really a brother or sister and not just an object to be controlled” (Bonhoeffer, 1996, p.100). Only by way of such bearing might persons become as icons of God, in Jesus Christ, and therefore bare their humanity. For it was, as the Christian tradition proclaims, the humanity of God “who suffered and endured human beings in the body of Jesus Christ. ... as a mother carries her child, as a shepherd the lost lamb. ... In suffering and enduring human beings, God maintained community with them” (p.100–101). Only by way of such corporate bearing, might persons, together, be enabled to protest a programme of techno-capital means introduced by a healthcare marketplace committed to maintain a distance between one and one's fellows as idealised policies of independence prioritise a kind of static description of successful ageing according to a modern anthropological orthodoxy against the actualities of real life—of finite, mortal, intercorporeality and mutual, fleshly dependence.

That the sounds and slogans of the bodies of many persons in later life summon others to the “structure of responsible life” in a society offers evidence for the kind of ethics that Bonhoeffer advocates while opposing others where individualisms and independencies of various kinds persist—after all, his *Stellvertretung* (vicarious representative action) becomes “most evident in those relationships in which a person is literally required to act on behalf of others” (Bonhoeffer, 2005, p.257). Refusing such action, such bearing, is to “deny the law of Christ” (Bonhoeffer, 1996, p.101)—love your neighbour and pursue her advantage.

Acting on behalf of others, loving and seeking the advantage of others, means for one to “stand in their place. ... incorporat[ing] the selves of several people in his own self” (Bonhoeffer, 2005, p.258). Such standing in one's place is what it means to bear another. And in addition to his Christology, which orients his understanding

of bearing (Bonhoeffer, 2004, pp.213–224), Bonhoeffer gives examples of fathers, as well as statesmen, and instructors, to offer sociological confirmation of his claims in this regard. He also turns to medical professionals to give examples. Regarding a father (or mother or guardian to be more exacting), he “acts on behalf of his children by working, providing, intervening, struggling, and suffering for them. In so doing, he really stands in their place” (Bonhoeffer, 2005, p.258). Any attempt by this father to live as though he were an isolated individual, independent of others, especially his children, “is a denial of the fact that he is actually responsible” (p.258)—a responsibility, like all others, which he cannot altogether escape.

Such a vision of responsibility reflects a shared rather than individualistic agency implicit to Bonhoeffer’s understanding of human being. Bonhoeffer’s reflections on the social phenomenon of friendship might offer some insight. The character of friendship is marked by *Stellvertretung* as an interceding for one another. Such intercession and self-offering are to be understood and practiced as need-determined, mutual, and non-competitive—expressed by a self-implicating and concrete correlation (Robinson, 2015). While several examples Bonhoeffer provides to exemplify *Stellvertretung* are often rich in power relations and risk patriarchy, the relation of ageing persons to partners, peers, kin, and other carers might correspond better to friendship marked by mutual responsibility, even if asymmetrical due to frailty or illness. Moreover, *Stellvertretung* as friendship, must also be conformed to an understanding of freedom, which might “release others from all [one’s] attempts to control, coerce, and dominate them with [one’s] love” (Bonhoeffer, 1996, p.44). Such friendship, as such, is not a self-centred and unmediated exercise of dominance over another but an attentive exchange where correlating persons, by a mediated repetition of Christ in and for the world, are taught and enabled to disclose their needs, desires, sins, and ideations so that each might learn not only to attend to such disclosure out of love but also to situate the vocation of friendship where fidelity for the wellbeing of each other might be promised (and practiced).

Devoting oneself to the flourishing of another, often many others, in this way is vicarious representative action. Such devotion anchors and bolsters friendships, but not only friendships. Consider, for example, the medical professional. The concrete case of a physician and a patient introduces a relationship where the responsibility of the physician to give due care for the benefit of the patient is obvious. But the physician is not responsible only to the patient. She is responsible to many patients and to the whole of the profession, for which she executes her service. Only then might she fulfil her vocation (Bonhoeffer, 2005, p.293). Accordingly, as a physician she “must recognize and fulfill my concrete responsibility as a physician no longer only at a patient’s bedside, but, for example, in taking a public stance against a measure that poses a threat to medical science, or human life, or science in general” (p.293). Any attempt of the physician to abandon her responsibilities through their denial, or a “myopic self-limitation,” is careless and negligent (p.293).

But devotion to one’s real responsibilities, thus to those for whom one is claimed to exercise responsibility (bearing), is the vocation of human being. Devotion, therefore, to the flourishing of those for whom one exercises responsibility is not a devotion to acquire idealized abstractions or to secure particular objects of a so-called ‘good’. Instead, such devotion is to “the affirmation of human beings and

their reality” (p.262). Affirmation of human beings and their reality leads us to that familiar pericope in Matthew’s gospel (25:31–46), where the reader is reminded that “action in accordance with Christ is action in accord with reality” (Bonhoeffer, 2005, p.263). Bonhoeffer, continues saying, “Action in accordance with Christ is in accord with reality because it allows the world to be world and reckons with the world as world, while never forgetting that the world is loved, judged, and reconciled in Jesus Christ by God. ... No one is commissioned to leap over the world and turn it into the kingdom of God” (p.264, 267).

Thus, to act accordingly, to be responsible, is to attend to real (bodily and disclosed) needs rather than abstracted desires or projections. One is to become responsible to the “*domain of concrete responsibility*” (Bonhoeffer, 2005, p.276). And concretely, to be sure, there is no escaping the other! She is, and they are, the occasion for persons to exercise humanity and to be humanised in accord. Caring responsibly, and accordingly, limited by our creatureliness, “clothes the naked. It feeds the hungry. It comforts the sorrowful. It shelters the destitute. It serves those that harm it. It binds up that which is wounded. It has become all things to all men” (Simons, 1956, p.307). Vicarious responsible action is concrete in these ways. “The attention of responsible people,” therefore, as Bonhoeffer (2005) contends, “is directed to concrete neighbors in their concrete reality. Their behavior is not fixed in advance once and for all by a principle, but develops together with the given situation” (p.261). Developing together, the aim is not toward an unrealistic ideal or disincarnated “absolute good” (like independence, which is included in successful ageing campaigns and policy statements), but to act meaningfully “*in accord with reality* [das Wirklichkeitsgemäße]” (p.261). Neither ideal nor policy but reality bares, or reveals and constitutes, the truth and limits of our responsible human action (of our bearing).

Conclusions: Confessing Trespasses, Interrupting Independence

Human beings don’t merely experience the depredations of finitude, which bare (as in reveal) the bodily burdens through crepitus and creaking, incontinence and infarctions, among other sounds or slogans of ageing corporeality. Older persons also suffer those burdens which are conditioned by ideations of self-sufficiency and placed upon them by narratives, programmes, and policies enamoured by independence and its analogues. Of these latter burdens, my position is plain: we must dissent and confess independence as “one more opportunity for me to fail.” Put differently, ignoring the realities of corporeality in later life by chiding dependence while prioritising third-age independence as an ideal for ‘successful ageing’, are the trespasses raised in the paper. These are trespasses disciplined by a modern preoccupation with self-sufficiency and control, which are analogues of a particular (and often familiar) understanding of *independence*. These trespasses are admitted by many, including persons in later life, conditioned and constrained by a late modern imagination, and given assent, repeatedly, in policy and practice. Of these former burdens, we must learn to recognise them as realistic, bodily phenomena that must inform our human response and humanising responsibilities. To do otherwise is to ignore reality in

favour of disincarnate abstractions or ideals. These too must be dissented and confessed. And such burdens must be borne, or carried. To carry such burdens, together, is the way of correction and reconciliation. Such correction and reconciliation goads persons who have suffered under a misconceived anthropology that prioritises independence (and who have inflicted such misconceptions upon others) to live differently; to see of their dependence, as with that dependence of another, the quintessence of being human. So enabled, persons might also, together, learn to labour diligently in mutual dependence to seek the wellbeing of all others—so supported, persons might learn to seek the wellbeing of persons in later life and for the humanity of each one of us.

Dissenting late modern ideations, a Christian anthropology confesses: we are mortal bodies; we are mutually dependent upon each other. These two statements also illuminate our trespasses. Such trespasses require an interrupting narrative history, an alternative social ethics, that shapes the way persons who might encounter, experience, or contribute to reflexive, transitive, and accusative burdens might be strengthened for living a human life through older age and unto death; and, reciprocally, for the humanity of those who extend care for such persons in later life. Such confessions are as an interrupting narrative history, which might strengthen society to bear the burdens persons (don't tend to) bare for the humanity of all, old and young, cared for and carer.

For persons in later life, including those whose frailty and finitude introduce impulsive demands to be heard daily, while according the reality of human life (including the needs for food, and water, and sleep, etc.), we must respect and guide their lives, as with our own, toward human being and toward an attention to the actualities of living a human bodily life ordered responsively between deficiencies and excesses (Barth, 2004, p.348). But the depredations of ageing and persistence of pain, illness, and the like, experienced as real frailties of older life, for example, do not constitute a slip or hierarchy in existential status, an insight also gained by those working in feminist and disability studies (Robinson 2020). Instead, a human person lives the “healthy and sick life of her soul and her body and with the life of the body” (Barth, 2004, p.358). But the healthy and sick life of any given person is not to be lived in isolation, as though an independent individual. Rather, the healthy and sick life of persons is to be lived responsibly in relation to the network of correlating others—“relating from one person to another” (Bonhoeffer, 2005, p.259).

Thus, coordinated and coordinating with others, human life, as Bonhoeffer's *Stellvertretung* grounded by his theological anthropology suggests, is to be shared. The burden of living is to be a social endeavour of forbearance, “enduring and suffering” each other (Bonhoeffer, 1996, pp.100–102). The practical implications of such an ethics press back against ideals of independence. In fact, learning to “bear one another's burdens” actively conforms a society where humans can flourish as humans through all the life stages and bodily realities—where in strength and in weakness we learn to bear each other—even unto death. For Bonhoeffer, such a society is evidenced in the communities of faith:

... the strong and the weak in faith are bound together in one community. The weak must not judge the strong; the strong must not despise the weak. The

weak must not guard against pride, the strong against indifference. Neither must seek their own rights. If the strong persons fall, the weak ones must keep their hearts from gloating over the misfortune. If the weak fall, the strong must help them up again in a friendly manner. The one needs as much patience as the other. 'Woe to the one who is alone and falls and does not have another to help! [Eccles. 4:10] (Bonhoeffer, 1996, pp.101–102).

Michael Banner's (2014) repeated examination of such communities in which persons with particular limitations live alongside carers, in an exchange of humanising responsibilities of one with and for another, might be instructive and reflective of this kind of 'help!'—providing opportunity not only to observe models of mutual dependence but also the practices that humanise persons in exchanges of responsible care(giving) throughout the life course.

Ultimately, the task of bearing one another's burdens (both physical frailties and existential trespasses discussed above) is to be understood as a communal task to be borne. The Christian tradition teaches persons that we are not isolated individuals but fellows journeying through the life-course together with Christ, and for some consciously so. Of course, while some, even many, outside the Christian tradition might not yet be convinced by a theological anthropology that chides a late modern interpretation of human being, the implications for a wider society to journey likewise are not insignificant. (One might turn to Joshua Hordern's study of compassion to see how civic and professional life might be influenced by theological ethics [Hordern, 2020]). After all, the above has argued a liberal or late modern interpretation of human being risks exciting experiences of burden and contributing to the vulnerability to despair in later life. It is thus vital to ask again what ageing persons, both young and old, and what policy makers too, believe independence to mean, relative to the actualities of later life. It is also important to cultivate relationships of vicarious responsible action where persons might be freed not only to bare but also to bear the corporeal and constructed burdens one might encounter in later life. By doing so, we might be able to search together, not only for policy language but also incumbent health care practices that might enable and nurture a more responsible (co-bearing) humanism where each of us might, meaningfully and realistically, bare our mutual dependence.

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