

## Aging: Learning to Live a Finite Life

Jan Baars

In late modern societies, aging is challenged by major paradoxes that drain its meaning as a dignified phase or process of life. Biodemographic research tells us that life expectancies in these relatively affluent societies have almost doubled over the last 150 years ([Oeppen & Vaupel, 2002](#)). After the initial decline in infant mortality, there has been a further boost: Most of the additional years added to life since the last decades of the 20th century were at older ages ([Vaupel, 2010](#)). However, this remarkable development has not led to much appreciation or genuine interest in what these new horizons of aging might add to our lives.

In spite of rising life expectancies, people are called “old(er)” at an *earlier* age. Although the pension systems that originated in the first half of the 20th century defined the beginning of “old age” around the age of 65 years, over the last decades, organizations such as the AARP have been declaring its onset at the age of 50 years. The labor markets of the United States and the European Union have even created the category of “older workers” for those who are older than 40 years ([Henretta, 2001](#); [Guillemard & Argoud, 2004](#)). “Normal,” seemingly ageless adulthood is increasingly invaded by a culture of acceleration, competitiveness, and illusionary perfection with little tolerance for the im-



perfections and vulnerabilities of finite life ([Baars, 2015](#); [Virilio, 2012](#)).

This results in an awkward construction of the life course, as some 30 years of normal adulthood are followed by a depreciated old age that can last almost twice as long. These developments are accompanied, on the one hand, by a “decline ideology” ([Gullette, 1997](#)) reducing aging to an irreversible decline that appears to be more adequate for the terminal stages of life than for the extended process of late modern aging. The programs that have, on the other hand, challenged this ideology emphasize values and attitudes that are typical of normal adulthood such as “productivity,” “activity,” and “success” ([The Gerontologist, 2015](#)). These programs, however, run the risk of defying aging and marginalizing those older people who cannot live up to these standards; for them, the decline ideology would still appear to hold.

As the postponement of mortality has been an important factor in the rise of life expectancies this has, given a finite life span, led to a concentration of death among the oldest of the population. Whereas historical research, for instance, on parish registers, funeral orations, and official statistics in Europe from the 16th into the 20th century has shown that death was much closer to people of all ages, finitude in the sense of mortality has increasingly been driven out of normal life ([Imhof, 1986](#)). However, we do not die because we have become old but because we have been born as finite human beings: death is given with life. It appears that a culture that takes pride in progress through technology has difficulty to accept the progress that has been made so far and is highly annoyed by the continuing, all too vulnerable finitude of the masters of progress.

There is a worrying lack of perspectives that embrace and explore aging's potential for meaning beyond decline narratives and age-defying narratives ([Laceulle & Baars, 2014](#)). One of the basic problems appears to be the late modern inability to face and appreciate what it means to live a finite life and to identify with those who remind us of this inescapable condition. It has become hard to identify with growing old and being old ([Weiss & Lang, 2012](#)). Growing older appears to have no meaning of itself: it has become either a continuation or a depletion of youthful normal adulthood, ending with a medicalized death that is largely left to professionals.

Regrettably, professional culture has become a part of the problem. The ways in which professional work has been organized in late modern societies allow for little time to digress from the targets and tasks that dominate the agendas. However, this hectic instrumentalism continues to conflict with ideals and needs of both professionals and clients, especially when the goal of the system is to care for vulnerable and finite human beings. A recent account of this painful conflict has been given by Atul [Gawande \(2014\)](#). This interesting and moving narrative confirms the diagnosis that the overwhelming majority of what we call the "health care system" aims at the delivery of technologically sophisticated *cure*: a problem-solving *pit-stop service* that will enable the patient to return to his or her activities as quickly as possible ([Baars, 2006](#)). Even if returning to an active life has become elusive, the cure system appears unable to offer anything beyond the instrumentalist agenda of other possible treatments.

Although effective medical treatment does involve instrumental approaches, there is, at least, a serious unbalance between instrumental tasks and the need for sensitive, attentive care as a supportive context for any instrumental cure but especially for those who cannot be expected to be cured anymore. One could criticize Gawande for his neglect of a social context that leads to other major problems such as unequal access to medical treatment, but this neglect gives even sharper contours to the crucial limitations of a

highly sophisticated technological apparatus that is in full force. This sophistication begins, however, to show some serious flaws when somebody from the inside looks at it from the outside and sees “a hospital built to ensure survival at all costs and unclear how to do otherwise” ([Gawande 2014](#), p. 253).

Unfortunately, these problems are not the fault of an isolated professional domain; the self-perpetuating instrumentalism of the health care system is just one example of the ways in which late modern expert systems target problems that have been defined in their terms, with little time for anything else ([Baars, 2015](#)). If, however, efforts to alleviate suffering remain *merely* instrumental they may cause much unnecessary suffering, because human beings do not merely need maintenance or repair: they need to be recognized as human beings. We need approaches that make it possible to appreciate technology, professional cultures, and organizational systems as means to ends; they are not meaningful in themselves but only insofar as they serve the needs of finite—vulnerable, creative, and unique—human beings.

Although aging and old age have in a relatively short time become—even in quantitative terms—such an important part of the late modern life course, thinking about the meaning of these developments has not kept up. We “still lack an appropriate language for addressing basic moral and spiritual issues in our aging society” ([Cole & Ray, 2010](#), p. 1). This basic deficit in

approaching aging has much to do with a lacking recognition of the vulnerabilities and limitations but also of the creativity and fulfillment that are inherent in finite life. However, even approaching these issues has become challenging because aging, the most important experiential source of knowledge about what it is to live a finite life, is neglected by the same culture that needs its wisdom: A culture that reduces human vulnerability to biomedical and budgetary problems and its creativity to career-oriented ideals such as productivity and success. In such a situation, it may be good to think again about the meaning of finitude, finite life, and the experiential potential of aging.

### Philosophy As an Art of Living With Death



One of the questions that initiated Western philosophy has been that of a possible reconciliation with death. Metaphysical responses to this question have focused on eternal ideas, the eternal life of the spirit, or the difference between finitude and infinity. This elaborate attention for death during almost 2,500 years, from Plato to

Heidegger, has been accompanied by a relative neglect of aging. Thoughtful work on aging has not been absent, but it has been rare and what has been published over the centuries has not received much attention ([Dohmen & Baars, 2016](#)). That “death” became such a dominant issue can partly be explained by the historical findings that were mentioned before: death was closer to people of all ages. Instead of associating old people primarily with death it made more sense to associate them with an exemplary life.

The idea that those who have lived for a relatively long time must be interesting to listen to has been a source of the wisdom traditions. In the Western tradition of “philosophy,” the “love for wisdom,” it was taken for granted that it would take a respectable amount of life experience to qualify as a “wise” person. However, reaching a relatively high age would not guarantee wisdom: the quality of the arguments and insights should be decisive, not the age of the speaker. This qualified relation between wisdom and aging has gradually been abandoned for increasingly specialized work in academic philosophy where aging has almost disappeared as a subject.

Thanks to authors such as Pierre [Hadot \(1995\)](#), there has relatively recently been a rediscovery of more practically oriented traditions that were kept alive in the philosophical schools of ancient Greece and Rome where philosophy was taught as a *way* or an *art* of living. Central to these

teachings and exercises were practical matters such as leadership or public speaking but also Socratic questions such as: What is the difference between truth and manipulation? What is a virtuous life? What is friendship? And also: How to live with death? Although the emphasis on creativity and expression justifies the term “art of living,” this was primarily a search for a *good life* in communities of teachers, students, and friends. This practical orientation of philosophy has remained important throughout its history, in which life’s basic questions have been articulated and rearticulated ([Baars, 2012](#); [Kekes, 2002](#); [Nehamas, 1998](#)).

Asking and exploring what “being human,” death, or “aging” actually mean will clearly be influenced by different historical and cultural backgrounds. But there will also be continuity. Especially a continuity of taking such questions seriously, thinking and debating about them without being satisfied with the easy answer that “everybody will have his or her own opinion.” For somebody who has become used to the individualized and commercialized culture of late modern societies, it is easy to misunderstand what a reflective art of living might mean, but it has little to do with branded lifestyles, copious dining, expensive wines, or luxury resorts. This is more about trying to find better ways to articulate the questions and answers that come up when somebody tries to understand something of what is going on in her or his life: *Wondering* is the principle and beginning of philosophy as Plato emphasized

in his dialogue *Theaetetus* (155c-d). This wondering, questioning, and debating the experiences of human life has produced many fruitful perspectives, some of which are of special interest for aging such as thinking about finitude and death.

Often, the prospect of death has ignited thinking about a final life; insofar, there is an experiential connection with aging. As several authors have noted the transformation of an abstract statistical knowledge about life expectancies into a personal expectation of death is one of the experiences that initiate or intensify later life ([Carstensen, 2009](#); [Manheimer, 1999](#); [Tornstam, 1997](#)). As we shall see, however, the meaning of a final life is much broader than the prospect of death.

Epicurean and Stoic philosophers on the art of living have warned their audiences not to spoil life out of a fear of death that would disturb the richness of the present with its fleeting moments of fulfillment. Early modern thinkers, such as Petrarch (1304–1374) and Montaigne (1533–1592), have underlined the message that fear of death can be avoided because death is *unavoidable*. For them, the meaning of fear was that it might help to avoid the danger that fear focuses on; but in the case of death, this does not make sense. Stoics like Seneca (4 BC–65 AD) are used to looking death in the face and have little compassion with those who complain that they have to die. They see this behaviour as a waste of time: Seneca stresses that he does not expe-

rience his life as short, because he does not allow time to be taken from him as do those *occupati* who let themselves be carried away by the course of events and the many things to do. Those who waste the time of their lives would not really deserve to live any longer: if they were granted a longer life, they would still not know how to enjoy it. These words may sound harsh, but the beginning of the Stoic art of life is the *acceptance* of the inevitability of death. More Epicurean is the strategy to *ignore* death because it would not be a part of life. According to Epicurus, we will never meet death, because as long as we live, death is absent, and when death arrives, we are not there anymore. In his *Tractatus Logico-Philosophicus*, Wittgenstein (1889–1951) repeats this Epicurean statement: “Death is not an event in life: we do not live to experience death” (1974: 6.4311). However, death is part of our lives as soon as we *know* that we will die: This knowledge has consequences, even if we repress or deny it.

Living a finite life implies that, in principle, every moment counts. However, the awareness that life is finite and that the remaining time of life is becoming increasingly precious appears to be raised when persons experience that they are becoming “older” or when they are confronted with a life-threatening disease, an accident or a catastrophe ([Hagestad, 1996](#)). Carstensen has contributed important empirical findings that illustrate this affinity between aging and the future time perspective that has also been at the

core of the discourse on finite life ([Cars-  
tensen, 2009](#); [Dittmann-Kohli, 2007](#)). This  
research documents at the same time  
the tendency to reserve these questions  
for those who find themselves outside  
of normal active life. The ques-  
tion arises again whether this tendency is not a  
way to deny the constitutive finitude of  
life instead of facing it, regarding aging as  
a source of experience, knowledge, and  
wisdom about a shared finite life.

### **Aging: Learning to Face Finitude in Life**

There is a widely spread idea that “finitude” or a “finite life” only means that we have to die: finitude would be the same as *mortality*. However, one of the basic messages of the art of living a finite life is to “practice dying.” The classical source of this phrase is Plato’s work *Phaedo* (67d) where he says that the true philosopher practices distancing the soul from the body. Here I will refrain from commenting on the idea of (dis)embodiment and aging and only notice that *practicing dying* is different from death as the opposite of life: it is a way of *living*. Its essence is to integrate experiences of human finitude in life. This does not mean that we would *like* to lose friends, partners, or abilities but that such experiences are inevitable in life and that, for instance, anticipating loss can make us aware of the richness of present finite life.

An important difference between the premodern art of living and modern ap-

proaches is that the first more strongly acknowledges that life cannot be controlled, whereas it has been the ambition of modernity to attain technological control over anything that might disturb us or hold us back. Obviously, aging people have benefited in many respects from the development of technologies; just think of improving hearing, eyesight, and the cure of many diseases that used to be fatal. Although there is still much to be expected from this control-oriented approach, there is also an important lesson to learn from the premodern perspective that is still alive in surviving wisdom traditions: the ability to accept finitude in life. Instead of answering failing control with more of the same, as we have seen in Gawande’s outcry, we must learn to balance control with the acceptance of its limits.

People who have lived relatively long are in a better position than younger adults to understand that finite life implies going through uncontrollable change. Although we are able to initiate change and to influence some of the ways in which we change, living also implies going through changes that are beyond our grasp. We cannot stop change from happening: it is given with our existence and the real force behind our concepts of time (Baars, in press). Situations change and we change with them: Growing up and growing older are unthinkable without continuous change, and older people can more easily assess how profound these changes may be.

Sometimes change can be so intense that the person concerned becomes confronted with his or her life as such: with the fact that the life he or she was accustomed to has come to an end. Although life continues, it will never be the same again. Temporal orientations that were taken for granted become more sharply articulated: What used to be typical of the present has become past and the future seems even more uncertain than it used to be. In principle, this applies to life as such, but these aspects become more clearly visible in such situation that the philosopher–psychiatrist Karl Jaspers (1883–1969) has called “limit-situations” (*Grenzsituationen*; [Jaspers, 1971](#)). We can think of the loss of partners or friends, a failure to attain important goals in life or the loss of personal capacities. Maybe the loss of meaning in life is the most threatening manifestation of finitude in life: Relatively high rates of suicide among older people worldwide may be an indication that meaninglessness can be worse than the fear of death ([O’Connell, Chin, Cunningham, & Lawlor, 2004](#)).

Limit situations need to be actively answered by personal change, and in this way, they will change *us* as we have to move beyond familiar horizons, entering unknown and insecure territory. Jaspers maintains that such situations are typically accompanied by anxiety or guilt, but it is worth to consider whether limit situations do not also include more positive events such as experiences of falling in love, becoming a (grand)parent, or accepting an

important new challenge. It is important to acknowledge the *dignity* of suffering but also to say that if we are not suffering that much, this does not mean that we fail to lead a fully human life. The occurrence of limit situations does not depend on age: they are part of human life. We can try to avoid or postpone them, but we cannot eradicate them from our lives, and as we live longer, we will likely have encountered our share of them. The ways in which we confront them over the years will play an important formative role in aging: to learn to let go, take distance, re-appreciate situations, and integrate experiences into the awareness of a finite life appears to be central to aging as an evolving art of living that might also be vitally important for younger people.

Life’s finitude can also be approached from its beginning. Hannah Arendt (1906–1975) has given many examples of the interconnection between limitations and openings as she interprets being born as a limited but unique being as a promise of unforeseen possibilities. In her work, the human condition is characterized not by death, but by “natality”: we are not in the world to die but to be *reborn*. A crucial role is played by our innate creativity but also by the “power to forgive” ([Arendt, 1958](#), p. 236); for the exiled Jewish philosopher Arendt who had witnessed the Holocaust not an easy task but still an essential one. According to Arendt, human beings are endowed with the capacity to wonder, to begin, to start something new, or to do the unexpected. In that sense,

each day is also a *new* day that breaks out of reproductive cycles. Natality is not only something that happens at birth, but it qualifies human lives from birth to death, inspiring life with hope, creativity, critique, rebirth, and the emergence of new horizons. Here, personal uniqueness interacts with hope and transcendence.

Actually, we find similar statements in Heidegger's *Being and Time* (1996): he also emphasized that our existence is one of being born and reborn (*gebürtig*), but he insisted that only facing death could bring our existence to a radical understanding of our authentic possibilities. However, Arendt also meant to give a more socially based approach than Heidegger: we are not *thrown* as a *project* (*geworfener Entwurf*) into the inauthenticity of "Them," as Heidegger puts it in his neglect of inter-human relationships, but we are *born* from others into a world of others. We can create but cannot create ourselves ([Baars, 2012](#)). Natality implies not only the uniqueness of each human being but also his or her social embeddedness. Indeed, we are born from and within interhuman relationships, remain completely dependent on care for many years, and remain strongly oriented toward others, even or especially when we miss them in loneliness.

### **Beyond Existentialism: A Shared World of Finite Lives**

Opening up a perspective to understand aging, not as a pathological but as an existential process of living in finite time

need not be squeezed into the narrows of existential-*ism*. Typical of this perspective is that it begins with an extreme form of alienation from the world such as anxiety (Heidegger) or nausea (Sartre) which is meant to throw the individual back on his own naked existence. The consequence of these approaches is that the social world is widely neglected. Heidegger, for instance, does mention "being-with" (*Mitsein*) but although he elaborates on a strong familiarity with things and tools, the social world is largely identified with inauthenticity. The influence of Kierkegaardian ideas of authentic inner speechlessness has led in most existentialist thought to an opposition between a call for existential authenticity and a social world of inauthenticity that would be dominated by empty talk, vanity, curiosity, gossip, noise, and superficiality.

This is an extreme form of a more general tendency in modernity to create an opposition between individual interests and "the world outside." A telling example can be found in the concept "human condition" that has been used since early modernity to speak about old age and death. The original Latin concept *conditio humana* was first used by the skeptic thinker Pierre Charron (1541–1603) in his influential book about human wisdom *De la Sagesse* (1603/1653), written in a historical context in which meaningful structures of life that had been normative for ages had fallen apart. In this new, modern perspective on their "condition," humans are thrown back on themselves and declared



to be “independent,” but they are also portrayed as beings who have to struggle in isolation, more or less heroically, with the major questions of life and death. In contrast to this highly strung individualism that we encounter throughout modernity, we can observe that individual lives are from the beginning to the very end intertwined with the lives of other people.

A long-term perspective as is inherent in aging can teach us that life cannot be understood without taking account of relationships with others in manifold social contexts of reproduction, education, work, care, or intergenerational relations. Considering this constitutive importance of others for our lives, I have proposed to rephrase the traditional expression and state that aging is part of our “interhuman condition” ([Baars, 2012](#)). Moreover, the necessary respect for cultural pluralism urges us to admit that there is not one identical “human condition.” We can still, however, speak meaningfully of an *interhuman* condition taking shape in life worlds that share this basic characteristic of being interrelated and interdependent, but they can be very different from each other.

This social embeddedness is not per se a threat to individual autonomy but rather a constitutive context in which it can be fostered, supported, or crushed. There are inevitably important situations in life where I am the only one who can and must decide because I must *lead* my life— which is not the same as controlling it—taking

responsibility for the consequences of my decisions. However, the fact that *I* have to decide does not imply that such situations are not also social: my unemployment or poverty may be caused by structural developments in the labor market; others may influence my decisions and be affected by them; they may expect me to decide in a certain way or to speak out for them. Moreover, personhood is not just some innate constancy of character. It refers not only to a particularly complex and dynamic self-reference or self-awareness but also to identification by others and, sometimes, irreplaceability for others.

Although situations of practical dependence in aging often lead to oppositions between “dependence” and “independence,” this last concept remains deeply problematic. Recent discussions of “relational autonomy” offer more insight into the nuances that are necessary to acknowledge the socially mediated individuality of finite lives ([Mackenzie & Stoljar, 2000](#)). Finite lives are only possible as part of an interhuman condition that does, of course, not deny that interhuman relations may fail to live up to their expectations or become even destructive. Doing justice to the interhuman condition requires an ethical perspective of mutual recognition, including conflict and struggle ([Honneth, 1995](#)).

## The Vulnerable Strength of the Interhuman Condition

Public opinions about aging often show a tendency to create a contrast between normal adults, who would be able to endure long periods of stress without any problem, and persons who are labeled as old(er) soon as they have reached a certain age. Such opinions undermine not only the position of “the older worker” on the labor market but also conceal the consequences of long-term overburdening of young adults. However, vulnerability is not restricted to older people or small children but is a characteristic of finite life. The pleasures and fulfilments of life can only be had at the price of death; human freedom opens the door to evil and the intense happiness that we can find in relationships may be joined by equally intense suffering. This fundamental condition concerns life in all its phases and situations.

The answer that has been cultivated throughout modernity is to enlarge scientific understanding and increase technological control over anything that would threaten this vulnerability. Often causes of misery can be removed and we should do so if possible: the interhuman condition is characterized not only by its shared vulnerability but also by the strength of its humane responses. If these responses are not given, we can rightly say that something important or even essential is missing, for our basic condition is not a state of splendid isolation but interhuman from the beginning to the end.

This implies, however, a change of the way in which we approach life’s problems: even highly sophisticated technologies remain instruments that need to be embedded in empathic ways of acknowledging a shared vulnerability: if this basic vulnerability is not faced and acknowledged this can easily lead to a depreciation of those who must live their helplessness. A lack of awareness of one’s own fundamental vulnerability can easily lead to an insensitivity that will impede the quality of care or professional treatment. The instrumentalism of the health cure system that was discussed earlier represents a case in point.

Sensitivity to a shared vulnerability is constitutive of the quality and particular strength of the interhuman condition and shapes how we take part in life. A sense of possible harm is indispensable for responsible actions, and to face the possible—ultimately inevitable—death of others and ourselves may contribute to a fuller appreciation of the presence of the other and the fullness of our lives. We cannot assume that certain people whom we love and rely on will always be around, as some sort of fitted furniture of the life world.

The reality of finite life is that it is uncontrollable: we can try, but we cannot *make* somebody trust, like or love us. The other can come to me in freedom, or not, and this constitutes a profound meaning of relationships. We are dependent on others for real friendship, love, or genuine attention. Being aware of this interconnection

is essential to discover the strength of accepting the vulnerability of finite life: not withholding an altruistic act although it might be misinterpreted; expressing love although it may not be answered; or still wanting to learn and discover even if we know that we probably won't have much time left. Accepting the uncertainty of finite life may paradoxically open it; not accepting uncertainty and vulnerability implies that life will be restricted to what just seems to be controllable.

### **Aging: Increasing Vulnerability and Biographical Complexity**

Approaching aging from the perspective of a finite life may not only help to accept later life with all its unknown possibilities, problems, and promises as an important part of human life but also to acknowledge aging as a process of learning how to live a finite life. Because finitude and vulnerability belong to human life as such, we need to be cautious to determine what their specific meaning is for aging. Often, generalizing images of "old people" or old age are used for rhetorical reasons: to emphasize their being a burden or to highlight their abilities to triumph in activities that would even be major challenges for young adults such as running marathons or climbing the highest mountains. Contemporary gerontological research tells us that the ways in which aging processes develop defy easy generalizations, because they are constituted in extremely complex ways, involving environmental and genetic characteristics as well as

individual agency and chance. However, we can distinguish two general processes that characterize aging as a developing finite life: (a) increasing vulnerability and (b) increasing biographical complexity.

As we live longer, the vulnerability of our lives will increase although this cannot be pinned down to chronological age. This general process should not be reduced to functional decline: Even anticipating, experiencing, and accommodating functional decline involve a broad spectrum of human life. Moreover, aging is not just the experience of an individual but needs also to be situated within the interhuman condition. Even if one would live healthily into an extremely high age this may not simply be a success story, as it will probably imply losing partners, friends with whom one has shared important experiences; even losing children or grandchildren.

A longer life implies an increasing biographical complexity. We inevitably begin our lives in specific circumstances: with this body, with those parents, at that time, and in that part of the world. Major formative circumstances such as globalization or inequalities will continue to have an important formative impact ([Baars, Dannefer, Phillipson, & Walker, 2006](#)), but they are met by the formative activity of the person. This interplay results in an increasingly unique biographical complexity that does not, however, imply that these individual trajectories were freely chosen. Clearly, older people are in an eminent position to understand more of the nu-

ances and major contradictions that have been typical of the times they have lived through but also to develop more insight in challenges that are typical of finite life. To digest such increasing biographical complexity may lead to a deepening of experiences and understanding that has in many traditions been referred to as *wisdom* ([Edmondson, 2015](#)).

What are the implications of such increasing biographical complexity? Foremost, it requires a modesty regarding the many broad generalizations about “the elderly adults” or “seniors” that conflict with the unique complexities of their lives and their biographical identities. This basic characteristic of human aging challenges generalizations that pin people down to something abstract as a number of years, a chronic disease, or a disability. Counter-evidence can often be found nearby: the more we become interested in a person, the greater the complexity of his or her identity appears to be, and the more hesitant we become to put a label on them. However, in the many large-scale inventories of the elderly adults and their characteristics their voices have become very thin while much is said *about* them and too little *by* them.

This discourse about the unique aspects of finite life does not result in a plea to *document* personal uniqueness in an autobiographical retrospection that seeks descriptive completeness in telling the story of one’s life. Whereas the retrospective attention for situations of the past,

such as one’s childhood, is an important part of living a finite life, the main thrust of the discourse of finitude is directed toward the future: the *closure* of past situations finds its meaning in *opening*. This reopening of past experiences makes it possible that desires, fantasies, and past wishes become revitalized and play a role again in actual life. In this way, the inspiration of the child, the adolescent, and all the other figures from the past may, in a sense, remain part of the person and continue to take part in his or her life. Even in situations of approaching death, when *this* life is running out of a future, this last limit may still lead to a further opening of the meanings of one’s life or give a new perspective on intergenerational bonds, the future of man-kind, or the spirituality of human life as such.

## Conclusions

Thinking about finitude turns out to be intensely life affirming. Facing the limitations that are given with a finite life is first of all a confrontation with its realities. Stoics such as Seneca argue that the best way to *live with death* is to simply accept it: there is no point to fear death because it cannot be avoided. Fearing it would merely disturb the fullness of finite life as it is lived here and now. Finitude involves, however, much more than mortality: A finite life is foremost a life of on-going change. On the one hand, aging consists of uncontrollable changes that happen to us: we can neither hold on to the present nor control the future. Some of these changes have

such a strong positive or negative impact that life will, as we tend to say, never be the same again. On the other hand, such changes require active responding that needs to be learned in real life: to learn to let go, take distance, re-appreciate situations, and integrate experiences into the awareness of a finite life appears to be central to aging as an evolving art of living. Hannah Arendt would say that the meaning of a finite life is not that we must die but that we are born as a promise of unforeseen possibilities: to begin again and be reborn.

Thinking about finitude has often led to individualistic or existentialist perspectives; the introduction of the concept interhuman condition is meant to correct this individualism but also to highlight that this basic condition is not only marked by a shared vulnerability but also by the strength of humane responses.

A superficial association between aging and finitude in the limited sense of mortality tends to occlude the finitude that pervades human life as we live it. Negative generalizations about aging can easily become a way to exorcise human vulnerability from the supposed normalcy of young and adult life, to reserve it for those who have reached a higher age. This superficial and harmful view of life also affects those who are disabled, mentally handicapped, or chronically ill: they are denied a dignified place in the world of those around whom everything seems to revolve.

As people age, they will have more opportunity to gain a deeper understanding of human life than younger adults. Unfortunately, it has become difficult to appreciate aging as an inspiring source of experience, knowledge, and wisdom and to learn from its lived experience. The most important experiential source of knowledge about what it is to live a finite life is neglected by the same culture that needs its wisdom. The idea that life becomes less meaningful and residual beyond hectic adulthood drains not only aging of its meanings but is also a threat to the dignity of finite life. Finitude is a permanent condition of life and is deeply connected with the uniqueness of situations and human lives. Although a human being may seem nothing more than a short, ego-centric breath in a huge cosmic wind, it is only in the short breath of human lives that everything of importance manifests itself and all questions arise. After all, it is a miracle that we exist at all.

## Referencies

- Arendt, H. (1958). *The human condition*. Chicago: University of Chicago Press.
- Baars, J. (2006). Beyond neo-modernism, anti-modernism, and post-modernism: Basic categories for contemporary critical gerontology. In J. Baars, D. Dannefer, C. Phillipson & A. Walker (Eds.), *Aging, globalization, and inequality: The new critical gerontology* (pp. 17–42). Amityville, NY: Baywood.

- Baars, J. (2012). *Aging and the art of living*. Baltimore: Johns Hopkins University Press.
- Baars, J. (2015). Time in late modern aging. In J. Twigg & W. Martin (Eds.), *Routledge handbook of cultural gerontology* (pp. 397–403). New York: Routledge.
- Baars, J. (in press). Concepts of time in age and aging. In G. Scarre (Ed.), *The Palgrave handbook of philosophy of aging*, London: Palgrave.
- Baars, J., Dannefer, D., Phillipson, Ch., & Walker, A. (Eds.) (2006). *Aging, Globalization, and Inequality: The New Critical Gerontology*. Amityville, NY: Baywood.
- Carstensen, L. L. (2009). *A long bright future*. New York: Broadway.
- Cole, T. R. & Ray, R. (2010). The humanistic study of aging past and present, or why gerontology still needs interpretive inquiry. In T. R. Cole, R. Ray & R. Kastenbaum (Eds.), *A guide to humanistic studies in aging* (pp. 1–29). Baltimore: Johns Hopkins University Press.
- Dittmann-Kohli, F. (2007). Temporal references in the construction of self-identity: A life-span approach. In J. Baars & H. Visser (Eds.), *Aging and time: Multi-disciplinary perspectives* (pp. 83–119). Amityville, NY: Baywood.
- Dohmen, J., & Baars, J. (Eds.) (2016). *De Kunst van het Ouder Worden. De Grote Filosofen over Ouderdom [The art of aging. The great philosophers about old age*. (9th ed.). Amsterdam: Ambo.
- Edmondson, R. (2015). *Ageing, Insight and Wisdom*. Bristol: Policy Press.
- Gawande, A. (2014). *Being mortal*. New York: Metropolitan.
- Guillemard, A.-M., & Argoud, D. (2004). France: A country with a deep early exit culture. In T. Maltby et al. (Eds.) *Ageing and the Transition to Retirement: A Comparative Analysis of European Welfare States* (pp. 165–185). Aldershot: Ashgate.
- Gullette, M. M. (1997). *Declining to decline. Cultural combat and the politics of midlife*. Charlottesville: University of Virginia Press.
- Hadot, P. (1995). *Philosophy as a way of life*. Oxford, UK: Blackwell.
- Hagestad, G. O. (1996). On-time, off-time, out of time? Reflections on continuity and discontinuity from an illness process. In V. L. Bengtson (Ed.), *Adulthood and aging: Research on continuities and discontinuities* (pp. 204–223). New York: Springer.
- Heidegger, M. (1996). *Being and time*. Albany: SUNY Press.
- Henretta, J. C. (2001). Work and retirement. In R. H. Binstock & L. H. George (Eds.), *Handbook of Aging and the Social Sciences*

- (5th ed., pp. 255–272). San Diego, CA: Academic Press.
- Honneth, A. (1995). *The struggle for recognition: The moral grammar of social conflict*. Cambridge, UK: Polity Press.
- Imhof, A. E. (1986). Life course patterns of women and their husbands: 16th to 20th century. In A. Sørensen et al. et al. (Eds.), *Human development and the life course* (pp. 247–270). London: Lawrence Erlbaum.
- Jaspers, K. (1971). *Philosophy of existence*. Philadelphia: University of Pennsylvania Press.
- Kekes, J. (2002). *The art of life*. Ithaca, NY: Cornell University Press.
- Laceulle, H., & Baars J. (2014). Self-realization and cultural narratives about later life. *Journal of Aging Studies*, 31, 34–44. doi:10.1016/j.jaging.2014.08.005
- Mackenzie, C., & Stoljar, N. (Eds.) (2000). *Relational autonomy. Feminist perspectives on autonomy, agency, and the social self*. New York/Oxford: Oxford University Press.
- Manheimer, R. J. (1999). *A map to the end of time: Wayfarings with friends and philosophers*. New York: Norton.
- Nehamas, A. (1998). *The art of living: Socratic reflections from Plato to Foucault*. London: University of California Press.
- O’Connell, H., Chin, A.-V., Cunningham, C., & Lawlor, B. A. (2004). Recent developments: Suicide in older people. *British Medical Journal*, 329, 895–899.
- Oeppen, J., & Vaupel, J. (2002). Broken limits to life expectancy. *Science*, 296, 1029–1031.
- The Gerontologist. (2015). Special issue: Successful aging, 55, 5–168.
- Tornstam, L. (1997). *Gerotranscendence: A developmental theory of positive aging*. New York: Basic Books.
- Vaupel, J. W. (2010). Biodemography of human ageing. *Nature*, 464, 536–542. doi:10.1038/nature08984
- Virilio, P. (2012). *The great accelerator*. Oxford, UK: Polity.
- Weiss, D., & Lang, F. R. (2012). “They” are old but “I” feel younger: Age-group dissociation as a self-protective strategy in old age. *Psychology and Aging*, 27, 153–163. doi:10.1037/a0024887
- Wittgenstein, L. (1974). *Tractatus Logico-Philosophicus*. New York: Routledge.