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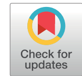
Suffering: The darker side of ageing



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ABSTRACT

Much of the literature on ageing is presaged upon a model of advocacy that seeks to combat what is seen as the negative stereotyping of old age and old people. One consequence is that ageing studies has difficulty in confronting the darker side of ageing except in so far as age associated disability and distress can be attributed to extrinsic disadvantage, such as low income, poor housing and inadequate services. The pain and suffering associated with age itself tend to be neglected as subject experiences. This paper seeks to shed some light on these topics, considered under the general heading of 'suffering'. Suffering can be viewed from the perspective of moral philosophy of medicine and of the social sciences. Serving as a witness to suffering has been proposed as the basis for an ethics of human dignity and as a call upon the collective moral agency of the community. Whether or not one accepts such an ethical viewpoint, it seems important for students of ageing to acknowledge document and explore the place of suffering in later life.

Introduction

Much of the literature on ageing is presaged upon a model of advocacy that seeks to combat what is seen as the negative stereotyping of old age and old people. One consequence is that ageing studies has difficulty in confronting the darker side of ageing except in so far as age associated disability and distress can be attributed to extrinsic disadvantage, such as low income, poor housing and inadequate services. The pain and suffering associated with age tend to be neglected as subject experiences. Although the 'problems' of ageing and old age are frequently addressed, the gerontological research community represents these largely as matters arising from exclusions and inequalities accumulated over the life course, occasioned by the conditions of later life or reflections of the inadequacies of services that are provided to individuals in later life. The possibility that ageing might be inherently deleterious and that old age, *qua* old age, is an undesirable state is virtually excluded from the discipline's collective consciousness. Instead, regular polemics are published decrying the 'ageism' of various institutions, from the workplace to the market, from healthcare to housing, with the assumption that such ideologically guided misrepresentations of old age should be combatted with, and can be defeated by empirically objective data, data that once gathered must inevitably convey a more accurate, fairer image of old age and old people than that that pictured by ageism's unconscious and unthinking allies. The slogan of 'speaking truth to power' seems to serve as the discipline's dominant ideology.

At the same time those who promote too positive an image of age are also criticised, in this case for denying the 'realities' of old age. Such over-optimistic representations, it is claimed, risk further marginalising those who are already marginalised, those who fail to age 'productively', in effect penalising those who cannot succeed (Holstein, 2011: 239). Caught between the essentialism implicit in any attack on ideological representations of the world, and the desire to capture and convey the diversity and variety of old age, the goal of gerontological research seeks to achieve what renaissance writers called a 'good' old age (Gilleard, 2013). By this is meant, not no old age, but an old age defined by personal content, physical health and social well-being where each and every person can become as thoroughly (authentically, virtuously) old as it is possible for a person to be. Even when caution is called for in not over-idealising later life, there remains a marked reluctance to consider old age as anything but a desirable end; to consider it not simply as a source of disability or impairment, but also as a harbinger of abjection, indecency – in short, of suffering.

Erik Erikson complained about the misuse of what he saw as 'his' view of identity, that it was being treated as if it were some kind of achievement to be tucked under a person's belt as an acquired and valued status. Rather, he pointed out, it should be more properly be conceived of as a continual process of becoming, of sometimes failing to become, of accommodating and of sometimes failing to accommodate to the wider world in which we realise our social being (Hoare, 2013). Just as Erikson felt that much psychosocial research ignored the 'downside' of identity, I want in this paper to suggest that gerontology – and ageing studies in general – have been equally prone to ignore or treat as merely superficial the downside of old age and its capacity to be

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the site of distress, disgust and despair.[1]

While life and the course lives take can elicit such feelings quite independently of a person's age, the argument presented in this paper is that approaching and/or reaching old age brings into focus aspects of life that are rarely present at earlier periods. This includes not just a growing proximity to death and the likely chronicity of many health conditions, but the narrowing of life's opportunities and the intractability of a long life's miseries. Of course, for some people later life can prove a time for new directions, for opportunities to do things not done before, to undertake new friendships, new enterprises, new romantic partnerships and new collaborations. Such examples however are defined by their exceptionality. Any significant aesthetic, athletic, emotional, sexual or social achievements late in life becomes newsworthy, precisely because of their seeming reversal of the expected trajectory that a life takes. Most seventy, eighty or ninety year olds neither experience nor perhaps wish for such adventures. This is not to claim such things are impossible but simply that they form exceptions – events that counter the stream that later life usually takes.

My intent in considering the darker aspects of old age is neither to normalise nor to pathologise them, and certainly not to confound them by offering counter-examples of 'successful ageing'. At the same time, I do not wish to belittle the achievements of those who do realise 'success' and develop new 'styles' of living in later life. Rather the aim of this paper is to call for more attention to be paid to the sufferings of old age, for the discipline as a whole to act as a witness of that suffering and for it to be better represented and rendered in some sense at least a meaningful area of study, without resorting to the kind of theodicy that treats it as some kind of necessary 'journey' or 'becoming'. In so doing, the paper seeks common ground with those writers who have sought to explore the suffering of those experiencing severe illness, impairment and adversity, including its 'unbearability' (Dees et al., 2011; Saetersdal, 1997; Struhkamp, 2005; Verhofstadt, Thienpont & Peters, 2017). Setting the sufferings of old age within this broader framework, the aim is to acknowledge that even when access is improved, income secured and inclusion realised for the mass of older people, there remain the everyday humiliations of the aged body, the confrontations with pain and impossibility, and the existential despair that can be representative of both the social being and the subjectivities of older people.

While recognition has been given by gerontologists to the fact that "we cannot evade what is considered the dark side of aging" (Holstein, 2011: 238), the sufferings of old age are still 'infrequently discussed' in the gerontological literature (Black & Rubinstein, 2004: S17; Schulz et al., 2007: 5). This paradox can be seen as one that in some way seems inherent to ageing itself. Whether viewed as process or status, age is both familiar and yet alien, integral to and yet set apart from the course and segmentation of everyday life. Finding a framework (or frameworks) for acknowledging and representing the sufferings of age is worth undertaking even if, or perhaps particularly because, such suffering may prove an intractable accompaniment of agedness. It is no longer enough to conclude the tale of life with the idea of living happily into old age; those of us who are citizens of the developed economies of the world are living lives that more often than not extend well past that point. It is time to consider the more fateful consequences of such extensions and their accompanying extremities.

Suffering: a philosophical preface

Before addressing the particular sufferings of old age, it is helpful to consider the idea of suffering itself and the ways it has been understood. Medicine is often concerned with suffering and its alleviation. Its framing of suffering as a 'diagnosable condition' capable of being 'treated', is a position that has been well articulated by the late Eric Cassell, (Cassell, 1999). Such approaches imply a degree of empiricism that may pre-empt further consideration of suffering's ontological status. This section will consequently defer engaging with the more 'medicalised' approaches toward suffering, to concentrate instead upon suffering as a 'thing-in-itself', a 'disvalued and unwanted state of mind body or spirit' that 'range[s] widely over an indefinitely large territory of afflictions, symptoms and complaints' (Shweder, Much, Mahapatra, & Park, 1997: 121).

There have been many attempts to categorise explanations of suffering (for an overview of some of the anthropological literature, see Shweder et al., 1997) but attempts to understand what suffering is – and not why it occurs – are less common. The philosopher most associated with the examination of suffering and its centrality to human life is Arthur Schopenhauer (1788–1860). Schopenhauer considered suffering as both the reflection of the active or positive experience of pain and misery coupled with the absence or loss of pleasure and well-being (Schopenhauer, 2006). For Schopenhauer, this coupling of pain with the absence of pleasure provided the constant backdrop to humanity's existence. Yet despite this pessimistic view, he nevertheless saw the existence of human suffering as the justification for human morality. Only through experiencing the other's suffering *in the same way as they experience their own*, he felt, could individuals surmount what otherwise was their fate, that of unbounded egoism.

In his essay, '*On the Basis of Morality*', Schopenhauer wrote: "it is the everyday phenomenon of compassion, of the immediate participation, independent of all ulterior considerations, primarily in the suffering of another, and thus in the prevention or elimination of it…. As soon as compassion is aroused, the weal and woe of another are nearest to my heart in exactly the same way … as otherwise only my own are. Hence the difference between him and me is now no longer absolute." (Schopenhauer, 1995: 144). Just as our own suffering moves us to seek its alleviation, so does our experience of another's misery provide us with the same kind of incentive to alleviate his or her suffering. For Schopenhauer, it is this sense of compassion that alone can overcome our egoism, revealing our status as members of a common, suffering humanity.

Emanuel Levinas has outlined a similar case for making sense of suffering, in two essays, '*Useless Suffering*' and 'An *Ethics of Suffering*', (Levinas, 1988, 1994). Levinas believed, like Schopenhauer, that only by others bearing witness to suffering can meaning be given to it. From such bearing witness, he argued, can an ethics of suffering be constituted? Unlike Schopenhauer, however, he saw this not as the resolution of the problem of individual egoism and the dominance of the urge for self-preservation, but as the resolution of what otherwise was the senselessness of subjective suffering. From the individual, subjective experience of suffering, Levinas argued, it was impossible to create any meaning, let alone any morality. Suffering inculcates only alienation and passivity. The person who suffers can do nothing but suffer, unable either to accept or accommodate it (Levinas, 1994: 130). By serving as a witness to the suffering of others, however, a moral meaning can be created that establishes a common consciousness of human dignity and of human limitation. Levinas' principal concern is not about analysing or interrogating the unnameable, undefinable nature of suffering, precisely because he regarded the experience as incapable of further analysis (Levinas, 1994: 128). Rather, he sought to distinguish between the unanalysable, subjective dimension of suffering and its objective appearance to the other. In this relationship between the one who suffers and the one who observes that suffering, and only in that inter-subjective location, he argues, can sense be made out of suffering.

The medical ethicist, Bustan is uncomfortable with this formulation (Bustan, 2016). He finds it impossible to envisage an escape from the intrinsically self-absorbing quality of suffering. While acknowledging that suffering "encompasses a wide range of experiences – pain, torment, distress, agony and misery" for him, it differs from other feelings "in that…it has no object that can fully …represent the experience of it"

[1] Of course there have been exceptions – see for example the 2009 special issue of the Journal of Aging Studies devoted to 'narratives of suffering' (Black, 2009).

(Bustan, 2016: 382). He quotes Paul Ricoeur who wrote "I suffer without there being 'something' I suffer from' (cited in Bustan, op. cit.), noting that suffering thereby implies both a feeling and a condition without any external reference. This double meaning, he suggests, poses a dilemma in any framing of an ethical stance toward suffering, since it brings together two aspects of suffering that are conceptually and experientially separate – in the first case a domain of being and feeling that is "essentially solitary and private" and in the second, a condition that can be attributed to "the objective dimension of the collective realm" neither of which can be determined outside their own frame of reference (Bustan, 2016: 383–4). While both aspects (the subjective and the objective, the experience and the condition) are represented within the perspective that is espoused by Levinas and Schopenhauer, Bustan argues that neither provide any external grounds for either moral or political action (Bustan, 2016: 414–5).

Bustan raises further questions over the nature of suffering; over its inherently subjective point of reference (without reference to such subjectivity, no objective recognition is possible) and its capacity to confound/turn the inside private self into the social or collective being (only by being observed can suffering be acknowledged). Suffering is, he acknowledges, both at the same time: it possesses a 'dual nature' – personal and subjective at the same time as social and objective (Bustan, 2016: 383). Its collective representation has been captured in Bourdieu's call to political action, through the various essays that make up the edited volume "*The Weight of the World: Social Suffering in Contemporary Society*" (Bourdieu et al., 1999). Each essay consists of an interview with a particular person chosen to present their personal suffering as indicative of what he terms "the new forms of social suffering that characterise contemporary societies" (Bourdieu et al., 1999). This deliberate elision of the personal with the political is of course a trope carried over from the cultural change of the 'sixties', but Bourdieu's unique focus upon 'suffering' as the medium through which these two perspectives are conjoined puts much conceptual weight upon the capacity of suffering to be a matter of both personal and social concern.

Social suffering represents a confluence between personal misery and social oppression. It bears some similarity with the idea of the abject, as both a condition a person may find him or her self in, and as the condition that a whole class of persons may represent, whose 'suffering' arises from socially structured forms of abjection (Bataille, 1999). 'Abject' necessarily defines the position of the other – whether as a class of person or as an individual – who cannot escape the indecencies of life, so one can consider those who suffer – individually and as a class – as being equally representative of an 'other'. The distinction between suffering and abjection, however, lies in the inescapable subjectivity associated with the former and the necessary objectivity attached to the latter. While the decision to stand alongside or oppose the conditions of those whose circumstances are abject may be political, it is not necessarily a moral or ethical stance. On the other hand, standing 'beside' or 'alongside' suffering, serving as a witness to the suffering of others lies at the heart of what Bustan has called an 'ethics of suffering'; it cannot not be ethical.

Framing suffering as suffering with and through those who suffer is not only a matter of moral positioning. It also represents one way of thinking about and addressing the matter of 'social suffering' within the social sciences. According to the British sociologist, Iain Wilkinson, the overriding aim of social science research into human suffering has been "to 'bear witness' to human affliction so as to raise moral objections to social practices, cultural conventions, legal decisions or political processes that do harm to people" through what he terms a 'politics of recognition' (Wilkinson, 2013: 124). Wilkinson frames the task of the social sciences as that of addressing suffering through the prism of its social meanings (Wilkinson, 2013: 136). With the modernisation of society and its attendant loss of religious faith, he suggests, a greater struggle has emerged to make collective sense of, and hence frame appropriate collective responses to social suffering, whether arising from momentous events or from continuing social inequities and injustices. Given the decline in the numbers of people holding the kind of all-encompassing explanations of suffering that were offered by traditional religions (the traditional theodicies) he suggests that contemporary struggles to find meaning and devise responses to social suffering now constitute critical elements in what he rather ungainly calls 'sociodicy' (Morgan & Wilkinson, 2001: 204).

This shift from abandoning any theodicy of suffering to the search for a secular, social-scientific understanding offers the potential for establishing a substantive place for suffering within social thought. The risks attached to privileging the purely 'documental' witnessing of suffering, while neglecting exploring its 'analytical' aspects, that Wilkinson draws attention to (Wilkinson, 2013: 124) has already been noted by Susan Sontag, in her essay "*Regarding The Pain Of Others*". Here she decries the all too frequent presentation of human suffering as a compound of news and entertainment, noting how "[t]he hunt for more dramatic (as they're often described) images drives the photographic enterprise, and is part of the normality of a culture in which shock has become a leading stimulus of consumption and source of value" (Sontag, 2003: 20). But she also recognises another angle: "It is felt that …one has no right to experience the suffering of others at a distance, denuded of its raw power; that we pay too high a human (or moral) price for those hitherto admired qualities of vision—the standing back from the aggressiveness of the world which frees us for observation and for elective attention. But this is only to describe the function of the mind itself"… [for t] here is, as she notes, "nothing wrong with standing back and thinking" (Sontag, 2003: 92). While such a caveat might apply equally to ageing studies/gerontology, the point surely is this last one – the value of 'standing back and thinking'. The analytical is not the same as the explicable any more than understanding suffering implies excusing it. Analysing and understanding suffering is not an excuse for inaction. That said, the analysis of suffering and of our *response* to suffering provide two equally valid routes to its understanding.

Suffering: objective and subjective

As these authors have all pointed out, suffering observed serves as a visible source of concern, a trigger eliciting the moral imperative to care. While some of the more overt signs of subjective distress may add urgency to that imperative (such as the cries of an infant, the beseeching pleas of the beggar or the groans of the recently injured) the moral imperative of care can be elicited even in the absence of overt signs. When witnessing the suffering of another, for example, hearing an infant loudly crying, a resident in a nursing home repeatedly calling out "help me", or an adult on the pavement, screaming with pain, does our response differ depending upon whether or not we assume such signs are indicative of subjective suffering? If we believe that the distress expressed is false, for example, or exaggerated, or in some way deliberately performed for an audience, is not our response muted, more hesitant? We may ask ourselves – or our companions – is the child 'merely' crying for attention, is the beggar merely groaning to gain our money and sympathy, is the old person 'mindlessly' calling out in their confusion. And what of those who appear to be in insufferable conditions, yet who show no evident signs of distress – children lying half naked and silent on a muddy rain soaked pavement, patients staring blankly into space in a hospital dormitory or an elderly dishevelled man haphazardly picking through the trash cans or sitting in a public library half asleep in front of an unread newspaper?

Arguments about the validity of applying the concept of suffering to persons or beings in the absence or apparent absence of subjectivity – of conscious distress – have been made by a number of philosophers (Carruthers, 2004). While it can be argued that such a position makes sense – that is that persons or beings may be considered to be suffering despite their showing no subjective sense of distress – that does not necessarily mean that such suffering will be the object of others' concern, that they will necessarily elicit the moral imperative of care. Still,

it is difficult to shake off the conviction that what we observe as suffering is what elicits such an imperative, not what arises directly from the mental state of the person. The feeling that no person should have to live in such circumstances, to objectively suffer such circumstances is itself sufficient to lead to interventions – that may or may not be welcomed or rebuffed. Pity, not compassion, may be the better basis for moral action. The older person with mental illness may feel his or her circumstances are satisfactory and reject being brought to 'a place of safety'; the person with dementia may be unaware of the state of his or her body or his or her home and refuse entry to or hit out at anyone offering to clean him or her up. Still, as observers of such person's conditions we may yet feel that 'something should be done'.

The absence of subjective suffering, then, does not prevent a person's condition from being judged 'insufferable'. But what of a person whose subjective suffering seems unwarranted or excessive – whose subjective suffering seems out of place with the apparent tolerability of their circumstances? In such instances, as in the earlier scenario where the individual seems to deny any need for help, it is common to attribute this disparity to either characterological flaws or mental disorder. The person is either an eccentric character ('prone to exaggerate' or 'hysterical') or is mentally abnormal (depressed, delusional, hysterical). Responses to suffering that seems to be excessively or inordinately subjective, and lacking any obvious, objective correlate may still elicit care and concern even if they are likely to elicit such feelings with a degree, at least, of ambivalence on the part of those witnessing such 'excessive' or 'exaggerated' suffering. This ambivalence is, in large part, because there appear to be no external circumstances through which the imperative to care can be realised – that nothing (objectively) seems to be done since there appears to be no cause of such suffering. In such case, this particular form of 'senseless' suffering is hard to tolerate or even to observe with either pity or compassion.

What of the suffering subject? What can we know of those who have been treated as if they were suffering despite their not being conscious of distress? Or those who have felt burdened by huge distress or despair, but can offer no external cause or explanation for their distress? Accounts of late life depression might seem to offer some insight into the latter circumstances, but the '*belle indifference*' of the former is harder to explore. While it is possible to envisage 'suffering without subjectivity'- that it makes sense – how and indeed whether it is realised is less evident (Carruthers, 2004: 124). While others might feel pity or compassion for example for an elderly fellow passenger, who dribbles or snores in their sleep on the bus or the train, that they should seem so abject, so undignified and yet so unaware, the absence of any awareness of that abject state by the snorer or dribbler implies that they may not then be suffering, even if later they were to awake and find themselves with saliva running down their chin or if they were to wake with a start upon hearing themselves snore. In the latter case, the realisation of their abject abandon may cause them to suffer the humiliation of what they had done (like the drunk who comes to consciousness of their soiled state) as their past is captured in their present consciousness. But absent such coming to consciousness, such realisation, does the sleeping, drunken or unaware person still suffer, or is it that the observer suffers on their behalf? Arguably subjective and objective suffering have their own distinct domains, even as we make the suffering of others our own in what might be termed 'the moral imperative of care' (Higgs & Gilleard, 2016). But without some reference to the tractability and temporality of suffering, what actions are elicited and what feelings evoked remain ambivalent.

Suffering: tractable and intractable

If the moral imperative of care is elicited by some combination of objective and subjective signs of suffering, the organisation of collective responses and the integration of emotional responses to suffering are necessarily framed by assumptions over the origins and duration of suffering and the possibilities for its amelioration. In this section I consider the intersection between these two assumptions, concentrating particularly upon the question of the durability and the intractability of suffering. What constitutes the difference between terminable sufferings of external origin that appear clearly amenable to intervention – what might be considered forms of social suffering – and those potentially interminable, intractable sufferings of internal origin – sufferings bred in the bone? These conditions are especially related to age: the longer the life, the more suffering tends toward the latter. Many of the misfortunes of infancy – such as infections, nutritional deficiencies and parental mistreatment or neglect – seem to originate in social conditions of ignorance, poverty and want. As such they are eminently remediable and evident improvements in survival, in growth and in childhood health have been observed consistently as the conditions of infancy and childhood have steadily improved (Omran, 2005: 742–3). By contrast, the problems of chronic ill health, multiple morbidity and late life mortality accumulate with increasing agedness and show few signs of significant amelioration: indeed despite much medical textbook rhetoric, ageing and pathology seem more clearly conjoined than ever (Janac, Clarke, & Gems, 2017).

Not that age is a totalising influence. Infants may be born with impairments that require constant adaptation, and for some, no adaptation may eliminate their suffering: equally adults may sail through old age with few if any chronic illnesses, dying quickly and without obvious signs of extended suffering. Some diseases of infancy may prove incurable just as some diseases of later life may be cured or their malignant effects ameliorated by treatment. Tractable and intractable suffering are not so tightly bound to age; but they are nevertheless connected. Ageing is hardly a benign phenomenon, in so far as it represents in Bernard Strehler's terms, a process or processes of change that are 'intrinsic', 'universal' 'progressive' and 'deleterious' (Strehler, 1962: 456). As such it would seem to fall into the 'internal' and 'intractable' quadrant of suffering. Since many (if not all) of the diseases of later life – like Alzheimer's, heart disease, kidney failure and Parkinson's disease – can be understood as 'degenerative conditions' they too are largely of internal origin and follow a course that is progressive deleterious and tending toward a worsening. Thus the suffering occasioned both by ageing and by the diseases of ageing share common features likely to cause more suffering than would be occasioned by the illnesses and trauma of childhood and adolescence.

Granted that the very idea of 'intractability' carries with it few prospects of relief, perhaps the more germane question one needs to address is what evidence there is that illness and disease in later life are externally induced? Is suffering in later life any less if it is attributed to externally induced disease than if it is located from within, as an ontological condition of being aged? Here one might expect some help from empirical studies of various ailments and illnesses and the suffering they occasion to those afflicted by them– and to those who observe such sufferings. However the bio-medical literature generally eschews subjectivity, contenting itself to observe signs and symptoms, treatments and outcomes and putative aetiologies located without reference to the person as a 'suffering subject'. Although attempts to objectify the subjectivity of suffering have been made, in terms of ratings or questionnaires designed to assess and evaluate suffering, "there is only little research on this topic" (Brunner et al., 2017). What research there is in this area suggests three relatively robust findings. In the first place, self-reported suffering seems to be associated with, but can be distinguished from pain (in the sense of the latter's intensity and unpleasantness); secondly, self-reported suffering is associated with subjective anticipation of more or worse to come, particularly fear and hopelessness about what lies in wait; and thirdly, that suffering is connected with perceived (existential) threats to the integrity of the person or self (Baines & Norlander, 2000; Boston, Bruce, & Schreiber, 2011; Brunner et al., 2017; Bustan et al., 2015; Fishbain, Lewis, & Gao, 2015; Krikorian, Limonero, & Corey, 2013). Whatever the cause, it seems it is the unshakeable internal presence of disease that promises to engulf the person which is the hardest to bear. Old age has long

symbolised that fate.

The agonies of failure and the paradox of age

Suffering is not just a matter of physical pain; it poses a threat to the integrity of the self. The notion of integrity has itself been associated with the achievement of a long life, expressed most coherently in Erikson's model of the development of integrity as the crowning actualisation of age, in the sense of experiencing life's completeness or wholeness, (Erikson, 1982, 1984). If suffering is associated with threats to integrity, and 'successful' ageing is realised through and within a sense of integrity, perhaps the failure to realise integrity with age is a mark both of suffering and of failing to age well? Is this the paradox of age, that it brings us closer to suffering just as it brings us closer to realising what Erikson would term 'human virtue'? (Erikson, 1984:). Might reaching and living beyond integrity make such suffering, as Schopenhauer claimed, "the direct and immediate object of life" (Schopenhauer, 2006: 1) something that is only fully realised by one "who lives to see two or three generations …like a man [sic] who sits some time in the conjuror's booth …and witnesses the performance twice or thrice in succession. The tricks were meant to be seen only once; and when they are no longer a novelty and cease to deceive, their effect is gone" (Schopenhauer, 2006: 4)?

In this sense, Erikson and Schopenhauer both give credit to a long life (and thus, old age) as the formation of worldly wisdom. The nature of that wisdom differs however, between Erikson's restless optimism and Schopenhauer's stubborn pessimism. Both assume that old age – or living a long life – adds up to something qualitatively distinct from the mere accumulation of advantage and disadvantage, the sum total of life's successes and failures. Perhaps that sum of human experience, however it adds up, offers a kind of universal virtue, even if (or because, in Schopenhauer's thinking), 'at the end of life, suffering is widespread' (Krikorian et al., 2013: 1). Such empirically grounded observations may be interpreted in one of two ways, that the experiences at the end of life constitute the fruit of that life or the pain at life's extension. Now that it is no longer deemed acceptable in many countries to die of old age our endings have to be marked out as the result of disease: and disease is necessarily a source of suffering. In that sense, death not old age is the failure; the failure to stay alive, whose roots are physiological, personal and social. The wisdom implicit in reconciling life's suffering – the sense of sharing in "the shortcomings of humanity" (Schopenhauer, 2006: 16) – represents for both optimist and pessimist the acquisition of a virtue. But while suffering at the end of life may be indifferent to any aetiological conditions the prospect of its ending is clearly more painful for some than to others (Abraham, Kutner, & Beaty, 2006). In that sense there are limits to any universal sharing; any common bond arising from such 'shortcomings'. Common endings are not equal.

Schopenhauerian views of suffering fail to take into consideration such inequalities. Even if old age were a universal destiny, the sufferings of old age would not thereby be equally and fairly a collective achievement. Bustan has recently made a related point in his discussion of suffering as 'a premise for social and political thought' (Bustan, 2016). Rather than taking issue with variability in the experience of suffering, however, the premises of his essay concern the limits that suffering imposes upon aspirations for and the realisation of solidarity or universality. If, as one Dutch survey suggests, the majority of people who already had or were considering making 'advance directives' chose to specify a wish to have their life ended through euthanasia, in such circumstances when advance directive are applied, rather than to continue living (Van Wijmen, Rurup, Pasman, Kaspers, & Onwuteaka-Philipsen, 2010: 121) unbearable suffering seems to serve as a reason to escape both selfhood and the collective. Although the Dutch population may be in no way representative of humanity as a whole, these findings suggest that there lies a paradox, not just in how the ills of old age are viewed, but what suffering elicits in terms of collective choice. The fact that suffering is both intra- and inter-psychic may not render it more social, as Levinas has claimed, but merely multiplies its pain.

Conclusions

No point or stage in life is constituted solely by suffering; nor, *pace* Schopenhauer, is human subjectivity. What distinguish moments of joy from moments of suffering are neither their frequency nor their quantity but their connection to temporality and the experience of time. Moments of joy seem more elusive, more fragile; the wish that they may last forever co-exists with a knowledge that they can only fade. In contrast, suffering is felt as unending. It is less the intensity of the moment that marks suffering out so much as its capacity to imprison the person; to foreshadow an endless, intractable condition stretching over a person's existence. Rather than being defined by its limits, it is its seeming endlessness that makes suffering so difficult to bear.

Suffering is as central to medical practice as it is to moral philosophy. More so, perhaps, since medicine's explicit goal has long been the relief of human suffering. Suffering has become even more central in recent times as the result of two developments, first through the rise of palliative medicine as a distinct medical specialty (Clark, 2008), and second through the sanctioning, in various states, of medical euthanasia presaged upon the presence of 'unbearable suffering' (Pasman, Rurup, Willems, & Onwuteaka-Philipsen, 2009). Recently, a sociology of suffering has begun to be established, that seeks to direct sociological thought and analysis toward ways of both witnessing and relieving social suffering (Bourdieu et al., 1999). While philosophers have addressed suffering from a broader perspective, seeking to find ethical replacements for what has been called the traditional 'positive' model of suffering (Davies, 2010), the more 'applied' disciplines have had less trouble in placing suffering clearly in the category of 'bads' with practices aimed at its relief as 'goods', whether clinical or collective.

Gerontology has chosen largely to avoid the topic. When and where it has not, it has allied itself more or less with the position of medicine. Although that alliance has proved a source of some uneasiness, few seem to have considered making suffering a central concern in gerontology (or ageing studies). This paper has set out to critique this position. It puts forward the case for the active exploration of suffering as represented in or embodied by age and agedness. Not only is such a position justifiable on the empirical grounds that suffering arises with increasing frequency particularly in the extremes of ageing, but it can be considered critical to the discipline itself, for if ageing studies is to move beyond the reflex of resisting saying anything bad about ageing and agedness and insist upon the relentless reiterations of critiques of 'pervasive ageism' and 'ageist ideology' much of that suffering will go unacknowledged, unwitnessed or framed in a manner that implies an inherent tractability. Suffering however is not lessened by ignoring it; it risks making it worse. Treating suffering as synonymous with pain or social disadvantage reduces its relevance and implies a framework of meaning and signification that denies the very claim of unbearability.

Suffering exists across multiple registers, from totalising personal and subjective experience to external, collective sources of misery and shame. It is a matter of practical as well as of philosophical concern, whether in studying disease processes and outcomes, quality of life, or in determining decisions concerning end of life care. Its theoretical importance is integral for ageing studies, both in confronting the social imaginary of a dark old age and in the broader ontological considerations of the social and subjective status that is granted to deep old age. Whether Levinas was right to argue that not subjective suffering but bearing witness to the suffering of others gives meaning to what is otherwise the meaninglessness of suffering, documenting and exploring the sufferings of old age seem goals worth pursuing however difficult or painful they might prove to those who serve as witness.

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