

# Chapter 4

## Beyond Control. Dependence and Passivity in Old Age



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Living as a human being means aging. The process of aging belongs to the essential features of life. It starts at the very beginning of our existence, in a certain sense even before birth. Aging means development, irreversible change in the course of time. It implies remaining identical with oneself without remaining the same. Developmental psychology sees life and individual identity as the unfolding of a process which runs through a series of different phases, each one following a previous one and leading to a subsequent one (Erikson 1980).

As people grow old, they risk becoming increasingly dependent upon the help of others in managing their daily lives and in coping with health problems. For many, this is hard to accept. In a society which values independence as highly as ours, to become dependent and to lose one's self-sufficiency seems tantamount to a loss of dignity. Yet, being dependent upon the help of others is a constitutive feature of human life. Due to their bodily existence and social character, human beings are necessarily interdependent – not only in old age. In a similar way, growing old can go hand-in-hand with a shift from activity to passivity, to the receptive dimension of life. This shift is not only a loss of former capacities, but can be understood as gaining existential depth and an increase in sensibility for those aspects of life that simply happen outside of our control and without our decision. In the following, I will argue that autonomy and dependence as well as activity and passivity are constitutive anthropological phenomena and that it is only in accepting the tension between these poles that human life can thrive.

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## 4.1 Longevity and the Dream of Age without Aging

Aging is a multi-faceted phenomenon which includes processes of gain and processes of loss, experiences of competence and experiences of deficit. Whereas the biographical phase of the “young old” (the so-called third age) is generally characterized by relatively good health, the pursuit of all kinds of activities, independence, and competence on a high level, the phase of the “old old” (the so-called fourth age) often confronts with experiences of loss, of weakening, and of a growing need of support of others in mastering the challenges of everyday life (Laslett 1989). Yet, both kinds of processes can lead to a transformation and maturation.<sup>1</sup>

In the context of modern longevity,<sup>2</sup> being old usually means to have reached the phase of an age of about 80 years and more. Many older people reach this age today in relatively good health. It is a fact that the demographic development of the last century has led to an increase in average life expectancy which is made up in a large part of healthy years, whereas morbidity has been compressed at the end of a long life (Höpflinger and Hugentobler 2003; Kruse 2014, 27–29).

Nevertheless, old age inevitably brings with it a decline in physical and mental capacities and in health, thus making older persons increasingly dependent on the help and support of others. In contrast to the third age, which is often praised as a time of unprecedented freedom and possibilities, old age is associated primarily with negative experiences to be avoided for as long as possible: increased vulnerability, multimorbidity, frailty, a growing risk of developing some sort of dementia. Even though most people generally want to live a long life, many of them would rather prefer not to reach this phase of old age with all that goes with it.

Age without aging seems to be the dream of contemporary society (Maio 2011), and “successful aging” as the dominant normative concept of aging seems to combine the two contrasting ideals of growing old and staying “young forever.”<sup>3</sup> In such a perspective, old age with its likely concomitants becomes the epitome of human existence in the mode of deficiency and is associated with a loss of meaning of life<sup>4</sup> and of dignity.<sup>5</sup>

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<sup>1</sup> See Kruse, Chap. 3 in this volume.

<sup>2</sup> James E. Birren (1959) speaks of a new type of human being: *homo longaevus*.

<sup>3</sup> According to George J. Agich, “there appears a latent assumption that successful aging consists in being as much like a middle-aged person as possible” (2003, 53).

<sup>4</sup> Peter Gross diagnoses a “darkness of meaninglessness in which old age is ashamed of its very existence” (2013, 23).

<sup>5</sup> For Paul B. Baltes (2003), old age with its high risk of dementia includes the danger of a “dignity drain.”

## 4.2 Dependence

More than two decades ago, Margret M. Baltes in a publication summarizing 20 years of her psycho-gerontological research remarked that “one of the most pressing problems of old age is dependence” (Baltes 1996, 1). Dependence means that somebody is not self-sufficient, that he or she needs the help and support (any kind of help and support) of others: of persons, of institutions, or of society at large. Since human beings by their very nature are limited, vulnerable, and in need of social relations, they cannot satisfy all their needs by themselves, but need the help, support, and complement of others. Such dependence can manifest itself in different forms: psychological and emotional, medical, economic, political, technical. In complex societies with a high level of division of labor, individuals are particularly dependent on others in many areas (Fine and Glendinning 2005, 604, 612). In such a context, life is only possible as a shared life with others in a society characterized by a close-knit network of interdependence. Thus, to be dependent on others is normal, is a constitutive feature of human life.

Even though dependence is a phenomenon of all life stages, it is not always equally visible. It is obvious that little children are heavily dependent on their parents. In times of illness, we are particularly aware of the fact that we depend on the help of others who, as doctors, nurses, or family members, care for us. And again, the phase of old age with its possible concomitant phenomena of multimorbidity and frailty makes it evident that human beings are dependent and must rely on the help and support of others. But what might be especially obvious in specific biographical situations holds true for life in general. Daniel Callahan is right in emphasizing that “the goal of remaining independent can only be achieved for a time. Sooner or later, for a longer or a shorter period, we will all be dependent upon others. At the least, it is a risk that is ever with us, an inescapable part of life” (Callahan 1993, 142). So why should dependence be a pressing problem for old age if it is a constitutive feature of life in general and in all its phases?

## 4.3 Devaluation of Dependence

Western culture has a long tradition of devaluation of dependence which goes all the way back to ancient Greek philosophy. For example, Aristotle was convinced that a virtuous man “dislikes any recognition of the need for aid from and consolation by others. He ‘is ashamed to receive benefits, because it is a mark of a superior to offer benefits, of an inferior to receive them’ (Nicomachean Ethics IV 1124b 9+10)” (MacIntyre 1999, 7). Alasdair MacIntyre comments that the tradition of Western moral philosophy has neglected an adequate anthropological reflection of the bodily dimension of our existence that makes us inevitably dependent on the help of others. He notes: “When the ill, the injured and the otherwise disabled are presented in the pages of moral philosophy books, it is almost always exclusively as possible subjects

of benevolence by moral agents who are themselves presented as though they were continuously rational, healthy and untroubled” (MacIntyre 1999, 2, 4).

In Western societies, the dominant values to be realized in everyday practice are independence, self-reliance, autonomy, individualism.<sup>6</sup> “The cultural belief system dictates that dependence is something to be outgrown, not to be sanctioned” (Baltes 1996, 7). Dependence is associated with weakness, incompetence, and loss of control, i.e., with entirely negative connotations. And it is assumed that it inevitably leads to a loss of personal dignity. Martha B. Holstein and colleagues argue:

Dependence has been strongly associated with weakness, incapacity, neediness and a lack of dignity; insofar as individuals are able to resist dependence, they are able to maintain their dignity and self-respect. But this strong emphasis on autonomy as independence has had a very negative impact on aging and aged persons, who find themselves increasingly in need of assistance to bathe, to go to the bathroom, dress, eat, and get about. It is seen to be shameful and embarrassing to admit that you can no longer perform all these tasks unassisted (Holstein et al. 2011, 12).

There are other forms of dependence which are not devaluated in the same way, because they are not perceived as such or do not make us feel weak or deficient. When I have a technical problem with my car which I cannot solve by myself, I am dependent on the car mechanic and his professional competence to fix it. But I neither feel weak nor have I lost control over the problem. I know exactly how to go about finding a solution: I take the necessary decisions, contact a garage, and finally pay the bill for the repair work done by the mechanic. In such a situation, it is normal to rely on the competence of the specialist to do the necessary repair work.<sup>7</sup>

On the other hand, if somebody suffers from dementia and needs extensive care because he or she is no longer capable of looking for him- or herself, this form of dependence is indeed considered a pressing problem because it is the result of a major mental or neurological deficiency. In modern societies, such deficiencies are associated with weakness, incompetence, loss of dignity and of meaning of life – phenomena which are considered shameful and instill fear because they make impossible the execution of autonomy and self-confidence. The statement of Paul B. Baltes is typical of such an attitude: “Dementia, especially Alzheimer’s disease, leads to a gradual deterioration in many basic human characteristics, including abilities for intentionality, independence, identity, and social integration. These characteristics play a key role in defining human dignity” (Baltes 2003, 17). And since dementia leads to such a deterioration of what are considered normal characteristics of a truly human life, the dependence it brings with it is abhorred as the opposite of one of the most central values of Western culture: autonomy, understood as inde-

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<sup>6</sup>Fine and Glendinning (2005, 613) point to the fact that “in advanced liberal democracies, acknowledgment of the reality of dependence is denied through the promotion of an ideal of individual autonomy.”

<sup>7</sup>Martha B. Holstein et al. (2011) point out that the socioeconomic status of a person plays an important role: “The privileged have their dependence needs met almost invisibly – meals appear, beds are made, bills paid, suits pressed – and in socially acceptable ways that honor norms of independence. They are ‘normalized’ and do not face threats to their adult status. The 84-year-old woman in a wheelchair is visibly dependent and is out of the mainstream, an anomaly.”

pendence and self-sufficiency.<sup>8</sup> What seems to be particularly difficult to handle for many people is the feeling that being dependent automatically means to become a burden to others. Nobody wants to be such a burden.<sup>9</sup>

#### 4.4 Reductionist Anthropology

In his study *Dependence and Autonomy in Old Age*, George J. Agich (2003) has highlighted the problems that are evoked if the ideal of autonomy as negative freedom, i.e., as non-interference by others, becomes the central value in a culture of “counter-dependence” (Christiansen 1983).<sup>10</sup> Such an ideal fundamentally misunderstands the bodily and social nature of human existence, which inevitably means that human beings are dependent upon each other. This is especially true with old people and with regard to the everyday reality of long-term care, where autonomy as independence cannot be an adequate ultimate criterion for ethical judgments. Agich rightly makes the point

that dependence is an essential feature of human existence and that autonomy must be reinterpreted to accommodate social arrangements such as family, friendship, and community associations that make possible autonomous human existence in the first place [...]. Viewed positively, autonomy involves a dialectic of independence and dependence that takes place within a social space characterized by interdependence. Dependence consequently ceases to be a universal problem to be erased or resolved (Agich 2003, 96).

To conceptualize human life as something that can only thrive and be meaningful under the condition of self-reliance and independence is clinging to a myth<sup>11</sup> and giving in to self-deception.<sup>12</sup> There is no such human life. Life can only be realized and develop its potential in dependence on others (Teising 2017, 46). There is not an antagonistic either-or between independence and dependence, as if the former

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<sup>8</sup>Martha B. Holstein and colleagues speak of “Americans’ obsessive fixation on independence and aversion to dependence in any form” (2011, xvii).

<sup>9</sup>Thomas Klie points out that it is the greatest fear, particularly of old people, to be a burden to their close relatives, but also to society at large (2014, 134). Cf. also the book by Sabine Pleschberger (2005) with the typical title *Nur nicht zur Last fallen (Just don’t become a burden to others!)*.

<sup>10</sup>“The attitude of counter-dependence assumes that any form of dependence is tantamount to a degrading submission. This view is understandable given the dominance of the concept of autonomy as negative freedom, namely, the idea that individual freedom consists fundamentally in the noninterference of others in the life of the individual” (Agich 2003, 7).

<sup>11</sup>Daniel Callahan is convinced that “the threat of dependence lies in the insult to a self that has created a myth about itself, a myth of separation and transcendence. But it is a myth. We are not separate and transcendent, even if we can achieve these states now and then in our lives. The inevitability of aging and illness means that our individual transcendence of dependency cannot be, and will not be, permanent. It is a profound error to think we are somehow lessened as persons because dependency will happen to us, as if that condition itself *necessarily* robbed us of some crucial part of the self. It does not” (Callahan 1993, 144).

<sup>12</sup>Martin Teising (2017, 29–34) and Martha B. Holstein et al. (2011, 152) characterize this overemphasis on independence and self-sufficiency as a typically masculine attitude.

should be strived for and the latter avoided as much as possible. The crucial question is rather how we learn to keep a dialectic dynamic between independence and dependence throughout our life (Baltes 1996, xv).

Not to take seriously the aspect of dependence as a constitutive feature of human existence would mean ending up with a reductionist anthropology. Daniel Callahan puts it like this: “To be a self is to live with the perpetual tension of dependence and independence. The former is as much a part of us as the latter. The latter may just feel better, and surely flatters us more. It still remains only half the story of our lives, however” (Callahan 1993, 144).

In order to tell the whole story of our lives, MacIntyre suggests that “the virtues of independent rational agency need for their adequate exercise to be accompanied by [...] the virtues of acknowledged dependence” (MacIntyre 1999, 119). In the same sense in the German gerontological discourse, Andreas Kruse has identified “consciously acknowledged dependence” as one of the four central categories of an ethical interpretation and a psychologically mature development of old age (Kruse 2005).<sup>13</sup>

#### 4.5 Dimensions of the Meaning of Dependence

We have noted that Western society tends to disregard dependence as a fundamental feature of human life, thus risking to lose sight of a constitutive element of the human condition. Such disregard is dangerous, because it supports a social culture which has negative effects, particularly on the weakest and most vulnerable members of society. Harry R. Moody comments:

A superficial reading of dependency risks making us oblivious to our common human fate: we were all once dependent, we will be so again, and we are so in manifold ways even at this moment. The blindness of adulthood is an intoxication with the illusion of independence [...]. Perpetuating narcissistic illusions of independence – including non-interference – carries tremendous moral risks for a culture that idolizes independence and autonomy in every sphere of life, as ours does (Moody 1998, 121).

If this is the case, what then could be positive aspects of dependence? In what sense could dependence be understood not only as a loss but as a gain as well? The following arguments are not intended to give an exhaustive answer to this question, but rather indicate the kind of perspectives that open up once a purely negative evaluation of dependence has been overcome and the potential of dependence is seriously contemplated.

First, from a psychological perspective, Margret M. Baltes has argued that in old age, consciously accepted dependence might be an optimizing strategy in the face of diverse losses in that it initiates and secures social contact. Moreover, it might have a compensatory function in so far as it allows the old person to rely on external

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<sup>13</sup>The four categories are: independence, consciously accepted dependence, self-responsibility, and shared responsibility (Kruse 2005).

resources, thereby conserving energy which then can be invested in activities that are particularly desirable. “Dependent behavior could present self-selected adaptive measures by which the elderly uses his or her environment as a way to bolster other still remaining competencies” (Baltes 1996, xv, 147).<sup>14</sup> In a similar vein, Baltes’ colleague Andreas Kruse repeatedly explained that old people who accept vulnerability and dependence and try to handle them responsibly can, through this experience, develop a high level of psychological, intellectual, spiritual, and social creativity (Kruse 2007, 137).

Furthermore, the experience of dependence on others as a basic feature of all human life can lead to a profound appreciation of social relations. It can hone the awareness that “human beings can only exist because and insofar as they are in relationship. Relationships are not something which adds to the reality of being a human; they are its very essence” (Härle 2005, 435)<sup>15</sup> and are at the core of what makes life meaningful. Understanding dependence as a constitutive feature of all human life and a part of the human condition in general also has the positive effect of seeing all humans as equal – precisely in their neediness. Such a perspective gives the dependent elderly a standing equal to that of all other persons. And it sensitizes those who, in a professional or private context, support dependent older people in not thinking that they are different, better, less vulnerable, or in a more dignified position. It is precisely as dependent persons that all human beings are equally invested with human dignity.

In addition, being dependent means having to rely upon the help and support of others. It implies an awareness that we live not only from our own resources, but from much that we obtain elsewhere. The experience of dependence can make us aware of the fact that life finds its fulfillment in an attitude of reception and gratitude for all we receive without having to produce or accomplish it ourselves (Sauter 2011, 298). Jean-Pierre Wils puts it like this: “We ‘receive’ most of that, out of which we live and act” (Wils 2004, 45). That is why we are deeply dependent.<sup>16</sup> To be so is no blemish; it is rather a distinction (Rieger 2008, 69).<sup>17</sup>

From an ethical perspective, Jean-Pierre Wils has pointed out that it is primarily the experience of dependence and passivity that puts us in a morally qualified relation to others and makes us aware of our moral responsibility for each other. Thus, physical (inter-)dependence as beings with a vulnerable and needy body lies at the bottom of our moral concern and ethical reflection – not a mental impulse or a consideration of personal preferences (Wils 2004, 52–54). What we need, therefore, is a conscious acceptance of our shared dependence and vulnerability (MacIntyre

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<sup>14</sup>Baltes sees in this respect a close tie to the well-known model of selective optimization with compensation (Baltes 1996, 145).

<sup>15</sup>George J. Agich thinks along similar lines when he says: “Sociality is an essential feature of being a person [...]. We partly live our lives with and through others” (Agich 2003, 126–146).

<sup>16</sup>In this sense, Fulbert Steffensky suggests that life which is dependent on others is richer than life which tries to be self-sufficient. “Independence as an ideal means self-condemnation to one’s own poorness” (2002, 81).

<sup>17</sup>See de Lange, Chap. 12, and Remmers, Chap. 13 in this volume.

1999; Kruse 2005) as the basis for a humane and ethically sensitive culture. Such a culture calls for policies “that take care as a central fact of human life and dependency rather than independence as the heart of the human condition” (Holstein et al. 2011, 119).

A final point: The experience of dependence as a fundamental aspect of human existence could support an attitude of moderation and modesty in dealing with other people and the world in general. From a sociological point of view, Peter Gross sees in such an attitude one of the most important contributions of the elderly to modern societies. It could be a helpful corrective to the aggressive and hyperactive drive so characteristic of modern society (Gross 2013).

These points make obvious that dependence (and particularly dependence in old age) is not just a pressing problem and a negative experience to be avoided for as long as possible, but rather a constitutive phenomenon of human life with its own positive potential, a phenomenon which in itself represents a “premorbid” situation (Martin and Post 1992, 56) and which should be acknowledged in the light not only of its problematic aspects, but also of its possible gains. Thus, personal development in old age “does not mean growing from dependent to independent, but rather balancing dependency and independence and relying on agency when needed or connectedness when asked for” (Baltes 1996, 10).

## 4.6 Passivity

The experience of dependence often brings with it the related experience of passivity. Like dependence, passivity is something that is not highly valued by modern societies which are predominantly orientated to the ideal of activity. Even in gerontology today, one of the leading normative concepts is active aging.<sup>18</sup>

This accent on activity tends to overlook the fact that human existence is characterized by a fundamental dimension of passivity. This dimension becomes perceptible in experiences such as birth and death, sickness and luck, love and help that we receive. This passive dimension of human existence can be recognized in the sheer givenness of our body with its strengths and weaknesses. According to Jean-Pierre Wils, human existence is marked by a basic passivity which precedes and limits all autonomy of action (Wils 2004, 45).

Like dependence, passivity is a constitutive feature of human life in all its stages. Yet, the relevance of passivity increases as a person gets older. There is a certain shift of emphasis in old age from activity to passivity or receptivity. Leopold Rosenmayr identifies openness for the passive dimension of life as a particular aspect of maturescence in old age. Maturescence is, unlike maturity, not a state, but an ongoing process. In Rosenmayr’s view, persons can never reach a definitive state

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<sup>18</sup>The Counsel of the European Union, e.g., suggested in 2010 that its member states should make the concept of active aging a political priority for the following years. 2012 was declared the “European Year for Active Aging.”



of maturity, not even in old age; they can only continue in the never-ending process of maturation (Rosenmayr 1990, 159).

Passivity as a fundamental anthropological phenomenon is not a negative attitude. It should not be mistaken for a mere lack of energy or activity. It is rather a manifestation of an inner freedom to accept reality as it is without feeling the need to change it or influence it according to our own wishes or ideals. Passivity means an openness and inner freedom to face in a constructive way whatever confronts us, even if it is nothing we would have wished and even if it is beyond our control. In the terminology of the classical philosophical tradition: Passivity means *resignatio*. Hermann Hesse spoke of passivity in old age as *vita contemplativa* (Hesse 1972, 205), a philosophical attitude toward life which is at the same time characterized by detachment and participation, by interest and freedom to let things go. It is a kind of “active passivity” in a spirit of serenity (Strässle 2013, 36). Such an attitude is not a sign of weakness, but rather a virtue and a possible gain in old age. According to Daniel Callahan (1993, 151), “a person who has learned how to let life go may have not only a richer and more flexible life, but also one that better prepares him for his decline” in potential suffering and death at the end of life.<sup>19</sup>

## 4.7 Conclusion

In this contribution, I have argued that dependence and passivity are two phenomena which are constitutive features of human life. They manifest themselves in all stages of life, even if in different forms. However, it cannot be denied that experiences of dependence and passivity increase in old age.

In a society which tends to devalue both phenomena as manifestations of weakness and deficiency, it is of great importance to overcome this negative understanding of dependence and passivity. We need to rediscover its positive potential for a non-reductionist anthropology in general, and for a fair assessment of the situation of old age in particular. It must become clear again that dependence and passivity are as much fundamental elements of a meaningful human existence as the striving for autonomy and activity (Wils 2004, 55).

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<sup>19</sup>Against the background of the rather negative evaluation of passivity in Western society, Wilhelm Schmid defends its relevance in general, and with regard to old age in particular. He ironically states: “At least in old age the human right to remain passive can be claimed” (Schmid 2004, 420).

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