

Paul Ricoeur and the Challenges of Autonomy while Dying

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Here are applied concepts from the work of Paul Ricoeur to discuss the philosophical and ethical aspects of “medical aid in dying” (MAID). Because Ricoeur made a personal vow to “live up to death,” how he anticipated his own death and how he experienced his own dying as told in *Living Up to Death*, become for us an *example narrative*. (Two other contemporary example stories are added.) Along the way, Ricoeur’s “apprenticeships” of aging, dying and death introduce matters of concern for those seeking MAID—including autonomy, suffering, suicide and the compassion of others. Ricoeur did not himself specifically write about the Death with Dignity movement nor did he seek MAID. However, what he did write about the meaning of our human mortality does shed light on the option of autonomy while dying.

Keywords: autonomy, suffering, capacity, suicide, Ricoeur’s vow, compassion, example narratives

Introduction

For some time, several decades, there has been in the United States and Canada a “Death with Dignity” movement that has advocated for the morality of “aid-in-dying.” In Canada and in several States, legislation has been passed permitting *medical-aid-in dying* (MAID), providing guidelines for individuals to seek life-ending medications when their circumstances permit. Already in Switzerland and the Netherlands, MAID has been legalized.

The purpose of this paper is to discuss the philosophical dimensions of MAID, applying concepts articulated by Paul Ricoeur.

One premise is that the principles that the Death with Dignity movement espouse fit well within Ricoeur’s own vow “To Live up to Death,” as he explains in *Memory, History, Forgetting*: not “for” Death but “up to” Death, or perhaps “up to” the moment of his death.^[1] Ricoeur’s vow mirrors the dictum of the Hospice movement in the US: “to help you live until you die.” When this became a system for medical care at the end of life, Hospice focused on “Quality of Life” over the course of one’s dying; the aim of Hospice is a “palliation” that keeps mortality in view. (This is different and distinct from the medical field of “palliative care” wherein “pain control” also entails “relieving” suffering, but not necessarily at the end of life.) Because a Death with Dignity is presupposed to be both pain- and suffering-free, how Ricoeur defines suffering should be taken into account.

“Suffering,” Ricoeur writes in *Oneself as Another*, “is not defined solely by physical pain, not even by mental pain, but by the reduction, even the destruction, of the capacity for acting, of being-able-to-act, experienced as a violation of self-integrity.”^[2]

This definition is important for our discussion of *autonomy* because its core concept is *capacity*. For those seeking MAID, capacity entails not only capability but also *choice*—which leads to having one’s decisions and one’s choices honored—and *consent*—of both the individual seeking MAID and the two

physician's writing the prescriptions—all reinforcing the individual's desire to *control* the time, place, and manner of his/her death. All of these (capability, choice, consent and control) are elements of the role of autonomy at the end of life.

Another way that Ricoeur's concerns overlap with what matters at the end of life has to do with the challenges in medical ethics of "telling the truth to the dying."^[3] In keeping with an ethical double imperative from Kant as Ricoeur discusses it, this moment when one is told the (medical) "truth" that one is considered to be dying, is one of both ethical and existential import. This communication is to strike a balance between the rules of accuracy of medical knowledge and consideration for the person to whom the medical professional is speaking. For the person being told, there is both symbolically and functionally what Ricoeur called a crossing of "the threshold of death"^[4] from "living" into "dying." In a word, the horizons of one's expectations about living will have changed, perhaps with the consequence that one is confronted with what one has been dreading about dying.

For the pronouncing physician the concern for the patient is commonly put this way: This "truth-telling" is often qualified in terms of *hope*, i.e., if one knew that one was dying, the medical thinking goes, it might diminish or even remove "all" hope. This consideration prompts both a reluctance on the part of the physician and a mincing of words when speaking with the patient. Most often the "truth" the physician tells is put this way: *There is nothing more I can do for you*. That is, the terminal prognosis is put in terms of the limits of *medical* capabilities.

Yet there is, or can be, an element of empowerment to having been told this truth. To be admitted to Hospice, one must have been given a prognosis of "six months or less" to live. Similarly, to be able to access the processes that would provide one with MAID, one must have a medically determined prognosis of six months or less. This is one way in which Hospice end-of-life care and MAID are similar. Each turns on the exercise of autonomy when one realizes that one is facing the end of life.

Aspects of the Death with Dignity Movement

The driving premise of the Death with Dignity movement is that one should have *control* over one's dying. This premise of control is core because of its appeal to those who would find the indefiniteness of the time, place, and process of a "natural" death to be unacceptable, even unbearable. Indeed, dying is often an experience of expanding helplessness, of there being less and less one can control.

MAID has the aim of enabling one to exercise one's autonomy even while that is being eroded in the course of one's dying. The benefit to the person is having the life-ending means on hand for one to choose to use—or not. The challenge for the prescribing physicians is their professional shift from an aim and an Oath that focuses on providing medical care that is "life" supporting to supporting the choice of the person seeking life-ending medications.

This is not an easy professional adjustment. For one thing, granted that MAID makes the death of the patient an autonomous act, however, the counter argument goes, how does this make it any less a *suicide*? Would doctors be participating in a medically sanctioned suicide?

MAID laws and guidelines attempt to address this ambiguity in at least three ways. The first was mentioned above: requiring a prognosis of six months or less to live. Plus, to obtain life-ending medications, one must enter into a process of assessment by at least two physicians willing to cooperate in providing MAID. This process can take some time, for many reasons, one being that neither physician can, by law, be one's "primary," which is to say, familiar with the patient. Finally, one of the most important criteria for acceptance of MAID is that one be deemed *not* to be *clinically depressed*. That is, one must be deemed not to be suicidal if one is to be eligible for MAID.

Ricoeur's Vow and the Death with Dignity Movement

To gain a sense of how Ricoeur might speak with those advocating or seeking Death with Dignity, we would need to concentrate Ricoeur's extensive discussion on the significance of human mortality into a framework more reasonable and brief. I propose to do this in three steps. First, to begin with Ricoeur's vow, then to proceed to two accounts of his dying in the book with his vow as its title, *Living Up to Death* (LUtD). In one, we will listen for what Ricoeur has to say with his dying in prospect. In the other, we will read an account of his dying provided by one of his caregivers. This is in effect to propose that Ricoeur made his vow not just as a personal statement but also as a "teaching moment" for us.

This is not too farfetched a claim. In *Oneself as Another* (OaA) he spoke to the role that *fiction* might play as a way one can become aware of one's mortality and anticipate one's dying in preparation for one's facing the reality of one's dying itself. Specifically, in OaA,^[5] Ricoeur related the value of fiction to what he called the "apprenticeship of dying."^[6] Although the chronicle of Ricoeur's dying is not fiction, it is a *narrative* that could serve as "exemplary in one way or another." On the one hand, we can take from Ricoeur's dying elements that Death with Dignity providers might aim for their patients to *avoid* by choosing MAID. On the other hand, Ricoeur's dying was his own, autonomous choice, and in that way instructive.

Ricoeur's Vow

This is how Ricoeur explains his vow in *Memory, History, Forgetting* (MHF):

Does not the *Angst* that places its seal upon the always imminent threat of dying mask the joy of the spark of life? ... Should not this jubilation [that accompanies "the phenomenon of birth"] be opposed to what does indeed seem to be an obsession of metaphysics with the problem of death ..., [an obsession that results in] "the banalization of dying" ... "Must we not, then, listen to Spinoza: 'Free man thinks of nothing less than of death and his wisdom is a meditation not on death but on life?'"^[7] Does not the jubilation produced by the vow—which I take as my own—to remain alive until... and not for death, put into relief by contrast the existentiell, partial, and unavoidably one-sided aspect of Heideggerian resoluteness in the face of dying?^[8]

Here Ricoeur is framing his vow in juxtaposition not only to Heidegger but also the long philosophical tradition of parsing "the problem of death." This makes his vow less personal for being more abstract. Which leads me to ask: could there perhaps be another, more down-to-earth way of understanding the meaning of Ricoeur's vow to himself?

We can find one insight in Marie de Hennezel's *The Art of Growing Old*^[9] where she cites an interview Ricoeur gave to *La Croix* in 2003. There he identified the "two principal dangers" of aging as "sadness and boredom." The sadness we might reasonably link to the accumulation of losses and grief as we age.^[10] But the other aspect, boredom, we would do well to take equally as seriously, for it is 'this boredom that emanates from so many old people in our institutions as they wait sadly for death.'^[11] De Hennezel recalled Ricoeur's advice to counter these two "dangers:" 'Be attentive and open to everything new that happens. Remain capable of what Descartes called admiration. To me,' he said, 'that is the wisdom of old age.'

Thus there is an "apprenticeship of aging"^[12] for Ricoeur that entails a way of aging that could lead to the kind of wisdom that is "attentive and open to everything new that happens." De Hennezel calls this "the ability to marvel." To this we might add the ability to *hope* when faced with one's life coming to an end. In the margins of LUtD, Ricoeur notes hope's opposite. He uses a term from Gabriel Marcel for which there is no direct English translation: *inespoir*. *Inespoir* is not quite despair, and yet it might have elements of the kind of boredom Ricoeur spoke of in *La Croix*—a kind of hopelessness afflicting those 'waiting sadly for death' and a boredom of having 'seen it all before.'

But from what might we derive our hope as we age? Living still longer? No. It would seem for Ricoeur that the longer we live, the more we are challenged to marvel and to hope so that we do not fall into the sadness and boredom that results in our merely waiting for death. The alternative Ricoeur chose was to be determined to “live up to death”—paradoxically as it might seem, for the joy of it.

That, at least, was the intent of his making his vow. In LUTD we see how this vow shaped his proceeding from the apprenticeship of aging to the apprenticeship of dying.

Living Up to Death 1

Ricoeur titles the beginning chapter of *Living Up to Death* “Up to Death: Mourning and Cheerfulness.” (7f) When Ricoeur speaks about *mortality*, he does in terms of the tension he has articulated earlier in MHF, that between *wanting to live* and *having to die*, which here he phrases: “being obliged-to-die one day, having to die.” (11) Taking the perspective of the dying person, which he rarely does, he wrote: “Seen from within, finitude goes toward a limit beginning from the inside and not toward a boundary that our gaze can cross, leading to the question: *quid* afterward?” (11) He adds: “The idea that I must die one day, I do not know when, or how, carries too flimsy a certitude...” (12) That is, my mortality, my having-to-die, is too “abstract” to be of much comfort as I am actually dying.

Even though Ricoeur realizes that “dying is an event,” he says, “my dying tomorrow is on the same side as my being already dead tomorrow.” (12) That is, abstract. Yet Ricoeur has his own sense of how dying has about it a kind of *sacred liminality*: “the internal gaze that distinguishes the dying person consists in the emergence of the *Essential* within the very framework of the time of agony.” (14) He elaborates: “the Essential ... is the religious; [it is] that which is common to every religion... at the threshold of death....” (14) From this he concludes: “dying is transcultural, it is transconfessional, transreligious....”(16)

Perhaps the most unique point to be gained from what Ricoeur writes here is that dying, even in the anticipation in our imagination of what dying might be like, entails “a work of mourning.” (10) “To see myself dead before being dead, and to apply to myself in anticipation a survivor’s question.” The curious way Ricoeur puts this, consistently in his work, is to underscore how, for him, one’s dying is accomplished in the company of another who will survive me. Which is to say, dying is done *with*....

In my view, Ricoeur has less a personal view of dying than an *interpersonal* one. Another way this becomes evident can be seen in this thought: “To think of myself as one of these dying people is to imagine myself as the dying person I shall be to those who attend my dying.” (12, 13) He has an empathic appreciation for those who provide end-of-life care: “To be present at a death is more precise, more poignant than simply surviving.” (13)

Ricoeur’s appreciation of end-of-life caregivers concerns what they experience. For Ricoeur, death is “an anticipated agony.” (13) “I shall force myself to free the inevitable anticipation of dying and of its agony from the image of the dying person looked at by the other.” (13) What end-of-life caregivers witness is how the dying person continues to want to be living, to think of themselves as still living. He writes: “so long as they remain lucid ill dying people do not see themselves as dying, as soon to be dead, but as still living.” (13, 14) In fact, because “being dead” is such an unimaginable prospect, the dying find themselves “in between.” This is characteristic of the liminality wherein they vacillate, alternating between a “wanting to live” and a “having to die” in a manner that is not abstract, but rather real and present. This liminality might have about it what Ricoeur has called a “time of agony,” but it is also a *process* towards transcendence.

We can see this benefit when we read how Ricoeur appreciates what it is like to be with..., to attend

to someone who is dying. He says: "The gaze that sees the dying person as still living, as calling on the deepest resources of life, as borne by the emergence of the Essential in his experience of still-living... is the gaze of compassion and not that of the spectator anticipating the already-dead." (17) Compassion "is a struggling with, an accompanying" of one "who is struggling for life until death...." (17) "One can speak of sharing"—"but sharing of what? Of the movement of transcendence...." (17)

In the next paragraph, Ricoeur acknowledges that "cultivating a compassionate, accompanying look" has its "professional" aspects as well as its "deontological aspect," e.g., "between those two extremes" of "heroic treatment measures and passive, even active euthanasia." However, he underscores, "there is also a properly ethical dimension, concerning the capacity to accompany in imagination and in sympathy the still living dying person's struggle, still living until dead." (18)

Living Up to Death 2

In the previous section, we listened to Ricoeur speak in his own words. In this section, we will listen to one of his principal caregivers describe the course of Ricoeur's dying.

From Catherine Goldenstein we read an account of what Ricoeur experienced as he entered into his own "apprenticeship of dying." In her LUTD "Postface" (94f) she tells that in "the summer of 2003... a sudden rise in blood pressure caused him to lose his sight in one eye, which caused, as one can imagine, not only difficulty reading but a loss of equilibrium when it came to walking." Nonetheless, Ricoeur continued to complete the final editing of *The Course of Recognition*. Then: "In May 2004, a weakening of his heart led to pulmonary edema whose severity his physicians tried to lessen up to his last night, at home.... But age took its toll on his body. Even though having entered what he himself called a 'lucid depression,'^[13] he tried as long as possible to 'be there, alive' through reading, etc." (94-95)

Although in theory the apprenticeship of dying entails a kind of passivity, at the very least a decline in activity, how Ricoeur described what he anticipated came to pass as being caught in the dialectic of "wanting to live" to "having to die." Increasingly as time went by his vow of "living up to death" meant realizing that he had reached the time of "transcendence" he had earlier described. By June 2004, "he decided to continue to write, but now in what he called 'fragments,' [for] 'to become capable of dying' was his present concern." (95)

Goldenstein reports that in September 2004, when he began (in medical terms) to be actively dying, it was a "difficult period for him." (95) Among other things, he realized that he was not "acting" as he had known "acting" to be. "Starting in September his sense of getting closer to death grew. ... He told her: 'I know it is coming, I am in the process of disappearing'... She commented: "This was a difficult period for him: to the humiliation of finding himself so weak, dependent, 'suffering' and not 'acting,' [to experiencing sleepiness and fatigue] was added [what he called] the 'anxiety about nothingness....' [She adds that he had:] the sense of solitude of someone on the way out, but always repeating beyond such torments his will to 'honor life' until death." (95, 96)

Thus the turn of becoming *capable* of dying entailed a kind of realization on Ricoeur's part. It likely was less a decision than a consequence of an acceptance: If having previously affirmed that life was a "time of privileges" and that living necessitates a kind of resistance to our being mortal, now, under the apprenticeship of dying, Ricoeur's recognition that "I too must die"^[14] took on an undeniable immediacy.

Evaluating Ricoeur's Death vs Violent Death, Suicide and Murder

Obviously, Ricoeur did not choose MAID for himself. Yet what he says about what might be anticipated while dying (agony, suffering, and losses) fits with what those who consider choosing MAID might be fearing. Moreover, if for many, aging too often leads to a kind of torpor of sadness

and boredom, no wonder that MAID would hold out attractive, even fascinating possibilities.

Yet precisely because of the dimensions of autonomy in MAID, it is important for us to consider at least two comments Ricoeur made about suicide.

Above I mentioned a quote from Marcel that Ricoeur had put in the margin; it was about Marcel's term *inespoir*. Here I want to include how Ricoeur completed that thought: "Suicide: *signature* on this verdict".^[15] This fits in spiritual terms with what doctors' medical concerns might be for people coming to them for assistance-in-dying.

Then there is this lengthy spiral in *Memory, History, Forgetting*,^[16] where Ricoeur writes:

Loss and mourning display... unprecedented forms that contribute to our most intimate apprenticeship of death. There is, in fact, one form of death that is never encountered in a pure form, if one may call it so, except in the sphere of public existence: violent death, murder. ... Violent death cannot be hastily numbered among those entirely given and at hand. It signifies something essential concerning death in general and, in the final analysis, concerning our own death. The death of those close to us upon which we prefer to meditate is, in fact, an 'easy' death, even if it is disfigured by the horror of agony. Even then it comes as a deliverance, an easing of pain, as the face of the deceased gives us to see, in accordance with the secret wish of the survivors. Violent death cannot be tamed so easily. In the same way, suicide as murder turned against oneself, when it touches us, repeats the hard lesson. What lesson? That, perhaps, every death is a sort of murder.

It is not too much to infer from this commentary on the apprenticeship of death that there is for Ricoeur a kind of spectrum of experiences: from the "easy," every day death that is common, and commonly treated by medicine and the palliative care of Hospice; to MAID, which seeks to mitigate medically the violence of an autonomous ending of one's own life; then to the extra-legal means some people seek either to end their own life with violence or, albeit with professed merciful motivations, to end the life of another with violence. This is to say, Ricoeur sees levels of analogical commonality along this spectrum and draws this lesson: "perhaps, every death is a sort of murder."

To see suicide in this way is to see it as an individual act, a personal exercise of one's autonomy. This differs somewhat from the Death with Dignity movement's advocacy, which is for *assistance* in dying. This would make the legal enabling of one's ending one's own life to entail less an independence than an *interdependence*. Autonomy within a Death with Dignity frame of practice in this way fits a turn Ricoeur reaches in OaA when he concludes the following about autonomy:

In what way does this backward approach to autonomy that we are practicing here allow us to reconcile the idea of autonomy with these marks of receptiveness, passivity, even powerlessness? By showing that the rule of autonomy that is a piece with the rule of justice and the rule of reciprocity can no longer be a *self-sufficient* autonomy. Dependency as 'externality,' related to the dialogue condition of autonomy, in a sense takes over from dependency as 'interiority' revealed in these three aporias.^[17]

Which is to say that Ricoeur's sense of autonomy has qualities of *mutuality* similar to his concept of "narrative identity" in *The Course of Recognition*. In a word, our autonomy at the end of life could be better thought of as "related to the dialogue condition of autonomy."

Stories, Illustrations

To be clear, the Death with Dignity movement does not support an individual's suicidal action. Death with Dignity enlists others than the terminally ill person in giving that person assistance in dying.

Moreover, what Death with Dignity espouses is *medical* assistance, not merely the “aid” of another person in dying.

It may be helpful to illustrate this difference by comparing two stories taken from recent articles in the *Los Angeles Times*. One speaks to an incidence of “aid-in-dying”—which led to a charge of murder. The other narrates a woman’s choice for MAID.

On the one hand, Nicholas Goldberg (in his column on January 26, 2023) tells the story of Ellen Gilland, who “walked into [her husband’s] 11th floor hospital room in Daytona Beach, FL, ... pulled out a gun and shot him dead....” “But she did so at his own request.” “[T]here was an agreement made between 76-year-old Gilland and her 77-year-old husband, Jerry, about three weeks earlier. He was terminally ill and they agreed that if his condition worsened, he wanted to die. Originally the plan was that he would kill himself with the gun, but when the time came, he didn’t have the strength.” “In the early plan, she was going to kill herself, too... but she didn’t follow through.”

Goldberg, without “suggesting that any of this was acceptable behavior,” wanted to make the point that “it is exactly the kind of thing that happens in a society where suffering or dying people can’t legally end their own lives when they decide it’s time.” He adds: “Florida doesn’t have a death with dignity law that permits physician-assisted suicide for people with less than six months to live, as California does.”

Which brings us, on the other hand, to the story of Gabriella Walsh (told by Marisa Gerber in the August 3, 2023 edition of the LA Times). “She settled [on a Saturday in July], dressing that morning in a flower crown and a T-shirt with a picture of a dragonfly, an image that had comforted her in recent weeks. She took a deep inhale from a bottle of lavender oil and listened to a playlist of sea sounds. Earlier in the morning, friends and family nuzzled up against her bed. Rest easy, they told her, and keep wandering.” “‘I feel like I’m going on a trip,’ she said calmly.” “Within two hours, she would drink a fatal dose of medications prescribed under California’s death-with-dignity law, which allows some terminally ill patients to request drugs to end their lives.” With the assistance of her hospice RN and a death doula, she drank the vial of drugs and died. She was 64.

It is fair to say that Ricoeur would see Ms. Walsh’s death as an “easy” one, accomplished with assistance by people who were “compassionate” and “accompanying.” The contrast between these two stories illustrates the virtue espoused by Death with Dignity advocates.

Conclusion: Returning to Freedom and Nature

Ricoeur wrote about the significance of human mortality—and the option of suicide—virtually throughout his life. Having referenced texts he wrote at the ending of his life, I want to conclude by noticing what he wrote when he was a younger man.

Near the end of Ricoeur’s *Freedom and Nature* is a chapter, “The Way of Consent.” This is a rich and intricate argument with many more implications for MAID than could reasonably be applied here. For that reason, I am only going to take a “slice” of it, a “core sample,” if you will, from one page, 466. There Ricoeur is speaking not to consent but to refusal. He says: “Such grasping of the awareness of refusal is facilitated by a direct and concrete meditation on the true condition of man and his misery.” Given this, “Suicide presents itself to [freedom] as one of the highest possibilities: it is in effect the only real total action of which we are capable with respect to our own life.” “‘Die at the right time,’ proclaimed Nietzsche. ... But suicide is not the only expression of refusal. There might be a courage to exist in the absurd and face up to it.”

What I would take from this too brief excerpt is this: Those who choose MAID are making an autonomous choice to end their own life—a suicidal action to “die at the right time.” Nietzschean.

However, for Ricoeur there is another form of “refusal” which entails an inner choice not to be overcome by the multitude of absurdities experienced at the end of one’s life. That choice, Ricoeur might say, would be a more “Orphic” consent. Although he did not claim this explicitly for himself, for his own death in these terms, it is reasonable to conclude that this was what he intended by his vow “to live up to death” – for the joy of it. And it fits with how he chose his own life to end.

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Notes

- [1] RICOEUR, P.: *Memory, History, Forgetting*. Blamey, K. and Pellauer, D., trs. The University of Chicago Press 2006, p. 357.
- [2] RICOEUR, P.: *Oneself as Another*. Blamey, K., tr. The University of Chicago Press 1994, p. 190.
- [3] RICOEUR, P.: *Oneself as Another*, p. 269.
- [4] RICOEUR, P.: *Living Up to Death*, p. 14.
- [5] RICOEUR, P.: *Oneself as Another*, p. 162.
- [6] Ricoeur says: “As for death, do not the narratives provided by literature serve to soften the sting of anguish in the face of the unknown, of nothingness, by giving it in imagination the shape of this or that death, exemplary in one way or another? Thus fiction has a role to play in the apprenticeship of dying.” (*Oneself as Another* 1992, 162)
- Ricoeur had two other “apprenticeships” which are relevant to discussing the end of life. One was that of “aging” and the other that of “death,” which he considered in speaking about violence and suicide. Both are relevant to MAID because statistically the overwhelming numbers of people seeing MAID are advanced in years. And, as I’ve mentioned, ethical concerns to safeguard against medically assisted suicide have been legally taken. Although there is not space here to elaborate on each of these apprenticeships, the wise reader will look for them and notice how they arise in Ricoeur’s work.
- [7] *Ethics*, part 4, prop 67.
- [8] RICOEUR, P.: *Memory, History, Forgetting*, p. 357.
- [9] Marie de Hennezel’s *The Art of Growing Old* (2010, 138).
- [10] Ricoeur is quoted as saying that the emotion of sadness cannot be ‘controlled, but one can ‘consent to feel sadness, what the Fathers of the Church call *acedia*.’ Below I speculate that *acedia* was what Ricoeur himself felt as he was dying.
- [11] I would add from my personal experience as a hospice chaplain that I’ve heard many dying describe the experience as “boring.” *What’s the point?* many ask. The potential of the boredom of dying also prompts some to seek MAID.
- [12] Interestingly, Ricoeur mentions the “practical wisdom” entailed in the “apprenticeship of aging” in the context of his discussion of “telling the truth to the dying.” (*Oneself as Another*, p. 269).
- [13] Knowing what he said about aging, we might reasonably conclude that this “lucid depression” was a form of *acedia* for him. Above I referenced this from Marie de Hennezel’s interview of Ricoeur

in *The Art of Growing Old*, pg 138. This is appropriate, too, because, as Goldenstein reports, “his meditation on death” which was going to become *Memory, History, Forgetting*, was “begun as an ascetic exercise” as he “accompanied” his wife, Simone, as she was dying in 1997. (RICOEUR, P.: *Living Up to Death*, p. 92)

[14] RICOEUR, P.: *Memory, History, Forgetting*, p. 361.

[15] RICOEUR, P.: *Living Up to Death*, p. 37.

[16] RICOEUR, P.: *Memory, History, Forgetting*, p. 360.

[17] RICOEUR, P.: *Oneself as Another*, p. 275.

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