**Fearing Death as Fearing the Loss of One’s Life: Lessons from Alzheimer’s Disease**

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**1. Introduction**

Creating a single coherent sentence or paragraph is very difficult. Typewriting had been second-nature to me, with the process itself even pleasant since I was so facile at it. Now, it is so miserable a chore that I avoid it as much as possible. And all of these things take ridiculous amounts of time. Moreover, the expectation for the future is grim. . . As to how my symptoms affect me, do not think I am just being frivolous if I say, “they drive me crazy.”

-Dr. M[[1]](#footnote-1)

Dr. M was a professor and poet, described as “a person of astoundingly powerful intellect, whose literary skills during most of her adult life were such that her prose and poetry could literally leave you breathless.”[[2]](#footnote-2) She wrote these words shortly after being diagnosed with Alzheimer’s disease. What might she have meant by them? Frustration, hope, confusion, embarrassment, shame, anger, depression, fear—as people diagnosed with Alzheimer’s cope with the changes their affliction brings, most respond with a gamut of such emotions. Alzheimer’s undermines the various competences one uses to live in the world. These competences are so basic that losing them often disrupts one’s ability to effectively perform even simple activities. Moreover, such losses often diminish one’s ability to perform the actions or participate in the activities crucial to one’s sense of self—those activities most important to one. In these ways, Alzheimer’s makes it difficult, sometimes impossible, for one to *be* oneself, at least as one conceives of oneself. And the disease promises further deterioration in the future. Faced with such a situation, feeling so emotionally turbulent, it is no wonder Dr. M described herself as being driven “crazy” by Alzheimer’s.

I’m interested in how Dr. M and other similarly circumstanced people respond to Alzheimer’s because I believe these responses illuminate certain aspects of how we relate to our own agency that bear on various philosophical questions. Here, I’m concerned with whether it is rational to fear death. This, of course, is an old question. Many philosophers, often inspired by Epicurus, have argued that death isn’t a fitting object of fear. Recently, Kai Draper has taken up this position and developed it in a novel way.[[3]](#footnote-3) I disagree with Draper and these other philosophers. Death, it seems to me, is a fitting object of fear. In this paper, I consider why Alzheimer’s patients might fear their disease as a way of drawing out an aspect of death that appears to merit fear: losing one’s agency and practical identity. I develop these thoughts in dialogue with Draper’s argument, which I mean to challenge; however, as I indicate in the last section of the paper, my thinking has wider implications for many Epicurean views against the rationality of fearing death.

**2. Draper’s argument**

Before looking at Draper’s argument, we should get clear on his terminology. First, when Draper talks about death he isn’t concerned with the process of dying. Draper understands ‘death’ as “either the event of annihilation (i.e., ceasing to exist) that follows the dying process, or as ‘being dead,’ the perpetual posthumous nonexistence that begins with annihilation.”[[4]](#footnote-4) Second, Draper is interested in *self-interested* fear. In other words, the question is whether it is rational to fear one’s death *for oneself,* not for other people who could be affected by it. Third, Draper understands ‘fear’ in the following way:

“Fear” is the name of a specific emotion, one that typically takes as an object something that is at least believed to be a menacing evil. Its physiological expressions include (among others) sweating, diminished blood flow to the extremities, and rapid heartbeat, and its primary psychological expression is an inclination to flee or otherwise avoid its object.[[5]](#footnote-5)

Draper thus employs a rather robust conception of fear, which involves both physiological and psychological effects.

Finally, central to Draper’s argument against the rationality of fearing death is a distinction between comparative and absolute bads. Something is absolutely bad if it is intrinsically bad for an individual. In other words, something is absolutely bad if it is bad for an individual solely in virtue of its obtaining. For instance, consider pain. An individual is simply worse off in virtue of being in pain, regardless of whether that pain could be worse. Draper contrasts absolute bads with comparative bads. He gives the following example:

…suppose that I am receiving a massage, a wonderful massage from Bjorn at Bjorn and Sven’s House of Swedish Massage. Suppose further that were I not enjoying that massage, I would be enjoying an even better massage from Bjorn’s even more talented partner, Sven. Then Bjorn’s giving me a wonderful massage is comparatively bad—worse, because less good (in the absolute sense of “good”) than the alternative.[[6]](#footnote-6)

It seems that something is comparatively bad if it is bad in virtue of its ruling out some (absolutely) better state of affairs that could have obtained.[[7]](#footnote-7)

Of course, this means that most things, including absolute bads, are comparatively bad. Clearly, then, comparative bads aren’t necessarily fitting objects of fear. It certainly seems irrational to fear Bjorn’s massage. But Draper makes a stronger claim: he claims that something that is merely comparatively bad *never* merits fear. In other words, for something to possibly merit fear it must be an absolute bad in addition to being a comparative bad, or it must have absolutely bad consequences. And this claim plays an important role in his argument against the rationality of fearing death, because Draper holds that death is merely comparatively bad. Here is Draper’s argument as he presents it:

P1: If neither death nor its consequences can be absolutely bad for the one who dies, then one’s own death cannot merit self-interested fear.

P2: Neither death nor its consequences can be absolutely bad for the one who dies.

C: Thus, one’s own death cannot merit self-interested fear.[[8]](#footnote-8)

I’m primarily concerned with rejecting Draper’s first premise, and so I will focus on what motivates Draper to adopt it, putting aside his second premise.

Draper establishes his first premise by considering two cases in which if fear is merited at all, it is only in virtue of the presence of some absolute bad. He writes:

Consider two examples. Suppose I am approached by a big snarling dog. Then fear on my part might well be rational, but not if that fear is directed entirely at the possibility that a dog bite will cost me a lot of money in medical bills, with the ultimate consequence that I will not be able to afford a fine wine that I had hoped to enjoy. Or suppose that I learn that an unexpected financial loss will prevent me from taking a long-awaited and much deserved vacation in Barcelona. Then disappointment might well be reasonable, but being frightened by such a misfortune would be unfitting.[[9]](#footnote-9)

In the first case, fear is only merited insofar as its object is the pain the dog’s bite would cause. Pain, of course, is an absolute bad. One *can* rationally fear the dog bite, then. However, if one feared the dog bite due to some mere comparative bad associated with it, Draper notes, such as missing out on some fine wine, then that fear no longer seems fitting. And in the second case, the unexpected financial loss is irrational to fear if one fears it because of the mere comparative bad of missing out on a trip to Barcelona. Perhaps one could rationally fear the financial loss if one feared it for the starvation it might bring, but starvation would presumably be an absolute bad.

Draper generalizes from these two cases, taking them to suggest that no mere comparative bad can merit fear. And from this he deduces his first premise: if neither death nor its consequences can be absolutely bad for one, then one’s own death isn’t a fitting object of fear. I’m doubtful about Draper’s generalization, however; there appear to be mere comparative bads that merit fear.

**3. The loss of agency and practical identity as a comparative bad that merits fear**

Imagine the following case:

Loiselle has been diagnosed with Alzheimer’s disease. She is toward the end of its early-stages. She is aware that her cognitive capacities are slipping and of what will happen to her as her disease progresses. As Loiselle feels her dementia progress, she worries more and more about the shape her future will take. And at times, particularly those more lucid moments in the wake of her demented episodes, Loiselle feels an immense fear toward her fate. In these moments she becomes distressed. She dreads what will become of her as the disease progresses. Loiselle also partakes in a number of self-protective activities, such as denial, making excuses for her confusion and practical failures, and avoiding certain situations in which it is salient to her that her disease is progressing.

Loiselle’s fear of her creeping dementia seems appropriate; her disease and the fate it promises both seem to be fitting objects of fear. It is common for Alzheimer’s patients to feel fear as their disease progresses, and our reaction to news of this fear is usually only sympathetic. Rarely (if ever) does one hear of anyone criticizing the irrationality of an Alzheimer’s patient’s fear. Of course, this isn’t to say fearing Alzheimer’s disease is necessarily rational. Much like Draper’s dog bite case, why Loiselle fears her disease is going to be relevant to our assessment of her fear’s rationality. If Loiselle fears her disease simply because it will mean foregoing a fine bottle of wine, for instance, perhaps her fear isn’t fitting. Why, then, might it be rational for Loiselle to fear her Alzheimer’s and its progression?

I believe one reason Alzheimer’s patients sometimes fear their disease is the loss of agency and practical identity it threatens. What does such a loss involve? I discuss it more in the next section. For now, though, we can understand losing agency as losing various competences that are integral to one’s ability to deliberate; one’s ability to enact one’s values, cares, and desires; or one’s ability to critically engage with those values, cares, and desires. And the loss of agency, at least when severe enough, brings with it a loss in practical identity. By ‘practical identity’ I mean something like one’s sense of one’s own identity as an agent, or, to borrow Christine Korsgaard’s phrase, “a description under which you value yourself.”[[10]](#footnote-10) Agency is crucial to forming practical identities. However, it is also crucial for maintaining them. Practical identities bring with them standards for action. For instance, if one identifies as a poet (at least under a certain description), then one should write poetry, and one should use language in complicated and creative ways. If one doesn’t, or cannot, meet these standards, one is failing to be a poet. It is in this way that the loss of one’s agency can threaten one with the loss of who one is, at least as one conceives of oneself.

In the next section, I consider why it might be rational to fear such a loss. For now, though, it seems plausible to suggest that it would be rational if Loiselle feared her Alzheimer’s because of the loss of agency and practical identity it threatens. Such losses are perhaps the most salient feature of Alzheimer’s disease. And given how central they are to the character of Alzheimer’s, it seems if we normally consider the fear an Alzheimer’s patient feels toward her disease to be fitting, we should probably accept the loss of agency and practical identity it represents as a good reason for that fear.

Losing one’s agency and practical identity, though, appears to be a mere comparative bad. Consider, for instance, the following case, which Draper takes to be an instance of a mere comparative bad:

Some very powerful entity will keep me alive forever. However, beginning tomorrow, I will receive daily doses of an anesthetic so that each day I am conscious only at midnight and only for a single second. I will not find my brief moments of consciousness pleasant or unpleasant, nor will they provide me with the opportunity to accomplish anything of even the slightest significance. When awake, I will be in the condition of someone who, although conscious, has not yet gathered his wits about him and so cannot even recognize his circumstances.[[11]](#footnote-11)

Draper offers the following analysis of the case:

It seems implausible… to suggest that in [this case] I am the victim of some absolute evil that merits fear… I suspect that most of us would say the main problem with my future in [this case] is that it contains nothing that is of value for me. It is the deprivation of all the usual benefits of life that makes the prospect of immortality without enjoyment or significant activity seem so bleak.[[12]](#footnote-12)

If the foregoing case is merely a comparative bad that doesn’t merit fear, for Draper, then Alzheimer’s disease, at least insofar as it simply represents a loss of agency and practical identity, should likewise be a mere comparative bad that doesn’t merit fear.[[13]](#footnote-13) Draper describes his case as one in which a person’s “future…contains nothing that is of value.” And he suggests this situation is only bad because it rules out a better state of affairs, perhaps where one’s future contains some value. The loss of one’s agency and practical identity that accompanies Alzheimer’s, while not as dramatic as being anesthetized for eternity, could be described similarly, perhaps as a situation in which the value of one’s future is severely diminished. This loss, then, doesn’t appear to be bad simply in virtue of its obtaining. Rather, it appears to be a mere comparative bad: losing one’s agency and practical identity rules out a better state of affairs that could have obtained, namely a situation in which one retains one’s agency and practical identity to a greater degree.

It seems, then, that losing one’s agency and practical identity is a mere comparative bad. However, it also seems to be a fitting object of fear. I’m thus skeptical of Draper’s generalization that no mere comparative bad can be a fitting object of fear. And without this generalization, Draper hasn’t established his first premise.[[14]](#footnote-14)

**4. Why fear the loss of agency and practical identity?**

So far, I’ve taken for granted that the loss of agency and practical identity that Alzheimer’s represents is a fitting object of fear. This seems like a plausible suggestion. As I’ve mentioned, such loss seems like one of the most salient features of Alzheimer’s disease, and we normally consider Alzheimer’s rational to fear. Nevertheless, one might wonder why such a loss merits fear if it does. In this section I endeavor to answer this question. That is, I try to motivate the view that fearing the loss of one’s agency and practical identity is rational by determining why it might merit fear. I do this by reflecting on what it is like to live with Alzheimer’s disease, as reported by those who have it.

I don’t mean to say here, though, that the loss of agency and practical identity is the only possible explanation for the fear people with Alzheimer’s feel. Confusion, feeling vulnerable, becoming lost, being confronted by seeming strangers—all of these might be sources of fear in their own right, and I don’t mean to diminish their relevance for people with Alzheimer’s. Moreover, I don’t wish to claim that *all* people with Alzheimer’s fear their disease and its progression, nor that all fear the loss of their agency and practical identity. I also don’t wish to claim that people with Alzheimer’s *ought* to fear their disease or the losses it brings.[[15]](#footnote-15) My claim is simply that *some* people with Alzheimer’s seem to fear their disease because of the loss of agency and practical identity it represents, and such a loss seems rational to fear.

Such losses haunted Dr. M, the professor and poet whom you’ll remember describing herself being “driven crazy” by her symptoms. Reflecting on a comment Dr. M made about not feeling like herself because of her inability to effectively use language, Steven Sabat, a psychologist who worked with Dr. M over a number of years, writes:

All her life she expressed herself artfully and effortlessly, never having had the experience of being any other way until being struck by [Alzheimer’s]. Her verbal ability was an extremely important aspect of her sense of self going back to the days of her youth. As a result of the profoundly negative impact of [Alzheimer’s] on her ability to use words, it comes as no surprise that she says, “I don’t feel myself.” Her personal present was dominated just as much by the memory of her lifelong gift of literary and verbal expression and of what she therefore “should” be able to do, as it was by her clear awareness of and torment about how it was affected by Alzheimer’s.[[16]](#footnote-16)

Bill, who had a career as a magazine editor and who seemed to pride himself on his work and competence at it, had a similar experience to Dr. M. He was diagnosed with Alzheimer’s at 54, and describes the onset of his symptoms and his response to them as follows:

I was a duty officer and I had to write the weekly memo that went out to the Washington staff and the three regional branch posts in India. I started to slip a tape recorder into staff meetings because I couldn’t take notes or remember. This was also about the time my spelling went wonky, so I bought a pocket speller. I still need it and use it even for basic words. The problems were very unsettling and led me to retreat into a shell of internal anguish.[[17]](#footnote-17)

Both Bill and Dr. M lived lives focused around their careers, and both of their careers required (and rewarded) the sophisticated use of language and various organizational capacities. Their facility with language and the competence they displayed in their careers were sources of pride for each; both Bill and Dr. M valued these aspects of themselves. With the onset of Alzheimer’s disease, both lost abilities that were crucial to their work. It is no wonder Bill found his symptoms a cause for anguish, or that early on in the experience of her disease Dr. M found her future to appear so “grim.” Not only were certain of their competences diminishing, but without these competences they couldn’t as effectively perform the actions and duties that gave them their sense of self. By diminishing their agency, Alzheimer’s also threatened who they were, their practical identity.

Lisa Snyder, a social worker at the Shiley-Marcos Alzheimer’s Disease Research Center, reflects similarly on her experience interviewing Jean, another Alzheimer’s patient. Referring specifically to Jeans’ fear, Snyder writes:

Throughout our conversation, I was learning about Jean through her description of her history, feelings, thoughts, and behaviors. A self was unfolding and taking form. I had no historical relationship with who she was, and I had no expectations of who she was supposed to be. Yet in my mind she was becoming known to me at the same time that she feared becoming unknown to herself. Like most people, Jean’s sense of identity was influenced by her ability to do the things that were important to her, and it was this aspect of her self-concept that was most affected by her early-stage symptoms.[[18]](#footnote-18)

Dr. M, Bill, and Jean all demonstrate a point I made in the previous section about the relationship between losing one’s agency and losing one’s practical identity. Playing certain roles, being a certain kind of person, involves participating in certain activities or performing certain kinds of actions. So, when Alzheimer’s undermines one’s ability to undertake these endeavors, it also undermines one’s ability to be a certain kind of person.[[19]](#footnote-19) For instance, recall Dr. M above. By Dr. M’s standards, she shouldhave been able to use language in sophisticated ways. Of course, on the face of it, it is clear that she *shouldn’t* be able to use language in such ways. After all, her Alzheimer’s disease was particularly acute in the way it affected her language capacities. Nevertheless, Dr. M held herself to such a standard because she identified as a poet and academic. Such identities carry with them constitutive norms. That is, *being* a poet (at least as Dr. M understood that identity) means using language in certain sophisticated ways. And so, by failing to use language in such ways, Dr. M was failing to be a poet; by her standards, she was failing to be who she was. Our agency and our practical identity are intertwined. This is the way in which Alzheimer’s, by undermining one’s agency, one’s basic competences, can also undermine one’s sense of identity.

And it is no surprise that these sorts of losses were so salient to Dr. M, Bill, and Jean, or that these sorts of losses are so central to such patients’ relationships to their disease. One can only understate how important our agency and our sense of identity are to us. We care a great deal about who we are, about what we do, and about how and whether what we do and who we are relate in the right way.

Harry Frankfurt has noted that caring about something itself grounds some of the value that the object of care has for us, because caring about things, he writes, “serves to connect us actively to our lives in ways which are creative of ourselves and which expose us to distinctive possibilities for necessity and for freedom.”[[20]](#footnote-20) For instance, that Bill cared about his career was itself valuable to Bill, because caring about it functioned as an entrée into his own life and was partly constitutive of the person he conceived himself to be. Something similar could be said about our agency and our practical identities. Our ability to perform certain actions and participate in certain activities, and our occupying certain practical standpoints, inhabiting certain identities, also seem “to connect us actively to our lives in ways which are creative of ourselves and which expose us to distinctive possibilities for necessity and for freedom.” It thus seems fitting that one might fear the loss of one’s agency and practical identity. Exercising our agency in particular ways and having a particular practical identity is what it means to have a life in a certain sense. The threat of being deprived of our agency and practical identity, then, threatens our lives as we know them and care about them.

Of course, it may not be the case that the loss of any degree of agency or any aspect of one’s practical identity merits fear. If someone identifies as a casual runner and undergoes a knee injury such that she can no longer safely run, this seems to be a loss of agency and practical identity. Nevertheless, it might not merit fear. Whether a loss of agency and practical identity merits fear seems to depend on how central the loss is to one’s life. By contrast, consider the fear one might feel toward the prospect of losing one’s partner of many years. Admittedly, there are many things worth fearing about this situation. One might fear for the partner himself, or the practical consequences of the loss. But it nevertheless seems reasonable to suggest that this situation might additionally elicit fear for oneself, and that this fear might in part be constituted by the fact that losing one’s partner represents a loss of one’s very identity. In a sense, after a loss of such magnitude one’s life ceases to be recognizably one’s own.

My suggestion, then, is that the loss of one’s agency and practical identity, at least when substantial enough, is rational to fear, because such a loss threatens one’s life as one knows and cares about it.[[21]](#footnote-21) The thought is that having a life, at least in a certain ethical sense familiar to human beings, involves actively relating to one’s existence, particularly what one does, who one is, and how one’s activities and actions relate to who one is. Caring about these things simply seems to be a feature of being a person. Such care opens one up to fear when these objects are threatened. And it thus seems fitting that an Alzheimer’s patient might fear her disease and its progression because of the way it threatens her agency and practical identity.

**5. Is it rational to fear death?**

It seems, then, that it is rational to fear the loss of one’s agency and practical identity. But as we saw earlier, such a loss appears to be a mere comparative bad. It thus seems that mere comparative bads can merit fear. This gives us reason to doubt the first premise of Draper’s argument against the rationality of fearing death. But this doesn’t show that death isa fitting object of fear; it only gives us grounds to doubt Draper’s claim that death isn’t a fitting object of fear. Still, I take it that it is rational to fear death. Death involves a complete loss of one’s agency and practical identity. It threatens one’s life in the foregoing ethical sense completely, by threatening one’s entire existence. Perhaps the easiest way to lose oneself is to die, to cease to exist. If the loss of agency and practical identity is a fitting object of fear, then, and if death involves such a loss, death, like Alzheimer’s, must be a fitting object of fear.[[22]](#footnote-22)

There is an important disanalogy between death and Alzheimer’s disease, however. This disanalogy highlights a distinction that one might worry has some bearing on my claims. When one has Alzheimer’s, one *experiences* one’s loss of agency and practical identity. Death, on the other hand, involves no such experience. We might distinguish between losing agency and practical identity itself, then, and the experience of losing one’s agency and practical identity.

How might this distinction bear on my position? To start, it seems the experience of losing one’s agency and practical identity, insofar as it is emotionally painful, is absolutely bad. Alzheimer’s, then, plausibly involves an absolute bad, while death doesn’t. But I haven’t intended to deny that Alzheimer’s might involve some absolute bads, and my argument doesn’t rely on Alzheimer’s and death being perfectly analogous. My argument is only that one aspect of Alzheimer’s that makes it a fitting object of fear is the loss of agency and practical identity itself. Since death also involves such a loss, it seems death too can merit fear.

Nevertheless, there seem to be two potential worries that might arise for my argument, given the distinction between the loss of one’s agency and practical identity and the experience of that loss. First, one might worry about whether Alzheimer’s patients actually fear the loss of agency and practical identity itself. Perhaps they simply fear the experience of the loss. And second, one might worry about whether it is rational to fear the loss of agency and practical identity itself—perhaps it is only rational to fear the experience of that loss. I’ll consider each of these worries in turn.

Might it be the case that Alzheimer’s patients only fear the *experience* of losing their agency and practical identities? I certainly don’t want to deny that Alzheimer’s patients might fear this experience. However, I take the cases I’ve adduced to suggest they might also fear the loss of agency and practical identity itself. Bill’s anguish doesn’t seem directed merely at how difficult his future experiences will be; his anguish seems to partly be about losing something important to him—his life as he knows it and wants it to be. Similarly, it seems plausible to understand Dr. M’s comment about her future looking “grim” as being about more than just upcoming bad experiences. She seems to be evaluating a future state of affairs. Moreover, the claim that it is only the experience of losing one’s agency and practical identity that explains the fear Alzheimer’s patients feel seems to risk putting the cart before the horse. The experience of losing one’s agency and practical identity isn’t physically painful, it’s emotionally painful. Why is it emotionally painful, though? At least partly because our agency and practical identity are important to us. But this is why I suggested we might fear their loss. Furthermore, part of the emotional pain of experiencing the loss of one’s agency and practical identity mightvery well involve the fear of (further) losing one’s agency and practical identity itself.

Of course, it could be that Alzheimer’s disease isn’t a fitting object of fear if one fears it solely because of the loss of agency and practical identity it represents—this was our second worry. If one fears Alzheimer’s disease because of the loss of agency and practical identity itself, that is, one might be like the person who fears a dog’s bite not because of the pain it will cause but because it will mean foregoing fine wine at a later date. I’m unsure, though, on what grounds one might hold that the loss of agency and practical identity doesn’t itself merit fear.

Perhaps one might hold that only future experiences merit fear. This is similar to the familiar Epicurean argument that death isn’t bad, and thus doesn’t merit fear, because *no one* is around for one’s own death. But it is unclear why we should limit fear to future experiences. As many have noted, it seems that the fact that one won’t exist at the time of one’s death is at least part of what makes it so frightening.[[23]](#footnote-23) Death completely annihilates one’s practical standpoint, one’s identity as an agent. In this sense, death represents a sort of absence of experience. And that seems worth fearing. I think a focus on undergoing experiences here misses the point. We are more than mere vessels for experiences; we are active participants in our lives. We actively relate to states of affairs. Fear is prospective, and the prospect of losing our agency and practical identity seems to merit fear because of the way we relate to them now. This is borne out by the fear we seem to sometimes observe in Alzheimer’s patients.

**6. Conclusion**

I doubt these thoughts would satisfy Draper, or other similarly minded philosophers, though. There seems to be a fundamental difference in perspective here. Consider how Draper’s argument unfolds. He argues that death is a mere comparative bad, and then establishes a general principle that nothing merely comparatively bad merits fear. He establishes this principle through examples in which mere comparative bads seem clearly not to merit fear. But why isn’t death a counter-example to Draper’s general principle? It is a mere comparative bad, according to Draper, and it certainly seems to merit fear.

In closing, then, I’d like to make a broader dialectical point. To do this, I’ll draw on a distinction Christine Korsgaard makes between two aspects of persons. She draws this distinction to make a historical point about moral philosophy. She writes:

A person is both active and passive, both an agent and a subject of experiences. Utilitarian and Kantian moral philosophers, however, characteristically place a different emphasis on these two aspects of our nature. The utilitarian emphasizes the passive side of our nature, our capacity to be pleased or satisfied, and is concerned with what happens to us. The Kantian emphasizes our agency, and is concerned with what we do.[[24]](#footnote-24)

I’m not here concerned with Kantians and utilitarians. But given how influenced discussions of death have been by Epicureans, and given that Epicureans are traditionally hedonists, who focus on pleasure and pain, it seems a difference in emphasis, like the one found in the debates surrounding moral issues, might also be observed in the debates surrounding death. I take myself, in this paper, to be offering an agency-oriented argument for the rationality of fearing death. That is, my focus is on persons as active creatures. Draper, on the other hand, seems to offer an account of why it isn’t rational to fear death that focuses on us as subjects of experience. Draper argues that nothing merely comparatively bad merits fear. The idea seems to be that any state of affairs that is only bad in virtue of ruling out a better state of affairs doesn’t merit fear in virtue of being less good than the alternative. The person who might potentially fear the comparatively bad state of affairs, in this situation, is treated as a passive subject of the experience the state of affairs represents. A focus on this person’s agency, however, could change the story. When the person becomes an active participant with regard to the future state of affairs, that is, there might be good reason for that person to fear the comparatively bad situation. I attempted to dramatize this point above with Alzheimer’s disease.

I only have the space to gesture at the foregoing thoughts. However, I hope to make a simple point regarding them. When considering the question of whether it is rational to fear death, it is important to keep in mind that we are more than mere passive subjects of experience. We are also agents. And the value that objects have is partly a matter of how we relate to them in our agential capacity.[[25]](#footnote-25)

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1. Steven Sabat, *The Experience of Alzheimer’s Disease: Life through a Tangled Veil* (Oxford, UK: Blackwell Publishers: 2001), 115. [↑](#footnote-ref-1)
2. Ibid., 115. [↑](#footnote-ref-2)
3. Kai Draper, “Death and Rational Emotion,” in *The Oxford Handbook of Philosophy of Death,* eds. Ben Bradley, Fred Feldman, and Jens Johansson (Oxford: Oxford University Press, 2012), 297-316. [↑](#footnote-ref-3)
4. Ibid., 298. [↑](#footnote-ref-4)
5. Ibid., 302. [↑](#footnote-ref-5)
6. Ibid., 299. [↑](#footnote-ref-6)
7. Elsewhere, Draper defines comparative bads as follows: “To be comparatively bad for an individual I, a state of affairs S must be worse for I than the absence of S. This means that (relative to the absence of S) the costs to I of S exceed any benefits for I that S might have.” (Kai Draper, “Epicurus on the Value of Death,” in *The Metaphysics and Ethics of Death: New Essays*, ed. James Stacey Taylor (Oxford: Oxford University Press, 2013), 73.) Here, though, it is unclear what Draper means by “the absence of S.” It doesn’t seem like I’m worse off getting Bjorn’s massage than I am not getting his massage. Thus, it doesn’t seem like it is just the absence of Bjorn’s massage that makes me better off; it is the absence of that massage replaced by some other state of affairs that is qualitatively better, namely Sven’s massage. [↑](#footnote-ref-7)
8. Draper, “Death and Rational Emotion”, 303. [↑](#footnote-ref-8)
9. Ibid., 303. [↑](#footnote-ref-9)
10. Christine Korsgaard, *The Sources of Normativity* (Cambridge, UK: Cambridge University Press, 1996), 101. [↑](#footnote-ref-10)
11. Draper, “Death and Rational Emotion”, 304. [↑](#footnote-ref-11)
12. Ibid., 305. [↑](#footnote-ref-12)
13. It is important to note that I’m not here talking about the *experience* of losing one’s agency and practical identity, which might be absolutely bad. I’m interested in the loss itself. I discuss this distinction in section 5 below. [↑](#footnote-ref-13)
14. It might be worth noting, however, that even if the loss of one’s agency and practical identity were absolutely bad, we’d still have grounds to doubt Draper’s argument. As will come out below, I take death to involve such a loss of agency and practical identity. If this loss is an absolute bad, then death involves an absolute bad, and is thus a fitting object of fear. [↑](#footnote-ref-14)
15. An object being a rational object of fear doesn’t imply that one ought to fear it. There may be many practical benefits, such as peace and calm, that count against fearing it. [↑](#footnote-ref-15)
16. Sabat, *The Experience of Alzheimer’s*, 246-247. [↑](#footnote-ref-16)
17. Lisa Snyder, *Speaking Our Minds: What it’s Like to Have Alzheimer’s* (Baltimore: Health Professions Press, 2009), 39. [↑](#footnote-ref-17)
18. Ibid., 74. [↑](#footnote-ref-18)
19. Here I’m again drawing on Korsgaard, *Sources of Normativity*, 100-102. [↑](#footnote-ref-19)
20. Harry Frankfurt, “The Importance of What We Care About,” in *The Importance of What We Care About* (Cambridge, UK: Cambridge University Press, 1988), 93. [↑](#footnote-ref-20)
21. There might be room for argument about what counts as a substantial loss, and there are going to be unclear cases. Still, it seems that there are recognizably substantial losses of agency and practical identity, as exemplified by Alzheimer’s disease. [↑](#footnote-ref-21)
22. It is worth noting that my argument for the rationality of fearing death doesn’t depend on whether the loss of one’s agency and practical identity is a mere comparative bad or an absolute bad. Strictly speaking, then, my argument can be made independently of Draper’s framework. [↑](#footnote-ref-22)
23. See, for instance, Samuel Scheffler’s recent discussion of this point (pp. 83-110) in *Death and the Afterlife* (New York, NY: Oxford University Press, 2013). [↑](#footnote-ref-23)
24. Christine Korsgaard, “Personal Identity and the Unity of Agency: A Kantian Response to Parfit,” in *Creating the Kingdom of Ends* (Cambridge, UK: Cambridge University Press, 1996), 363. [↑](#footnote-ref-24)
25. Special thanks are due to UCR’s Agency Workshop, John Martin Fischer, and especially Monique Wonderly for many discussions of the ideas here, and for many helpful comments on earlier drafts of this paper. Thanks also to Karl Ekendahl for useful feedback on a late draft of this paper. [↑](#footnote-ref-25)