

St. Athanasius Theological Seminary

A Program Under the Coptic Orthodox Diocese of the Southern United States



Pastoral Theology II - (Counseling)

Aging, end of Life, suicide

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1 have been young, and now am old; yet 1 have not seen the righteous forsaken, nor his descendants begging bread. (Psalm 37:25)

Aging

- With changing interests, some view it as "the passage from the pursuit of wealth to the maintenance of health"
- Physical, emotional, and cognitive changes
- In gerontology, divided into:
 - Young-Old: age 65-75
 - Old-Old: age 75 and older
- In the U.S.: In 1900, 4% of the US population was older than 65 years. In 2012 it was 13.7 %, and by 2050, it is projected to be about 20%

Biological Aspects

- Cellular level: degenerative changes
- Decrease in immunological functions
- Less muscle, more fat
- Bones: osteoporosis, decreased height
- Skin wrinkling & pigmentation, graying hair
- Decreased acuity of hearing and vision
- Diminished encoding (transfer of short term to long term memory)
- Decreased cerebral and cardiac blood flow
- Slowed intestinal absorption
- Decreased kidney function (glomerular filtration rate)

Psychosocial Aspects

- Retirement
- Nursing home placement/long term care
- Loss of family members, friends
- Decreased activity acceptance vs. struggle
- Need of caregiver: chronic illness, dementia
- Financial resources
- Family interpersonal struggles
- Focus on the past vs. thinking of "the end"
- Loneliness, depression, suicide
- Erikson's stage: Ego Integrity vs. Despair

Personality and Old Age - Theories

- Freud: Increasing control of the ego and id autonomy vs. regression
- Erikson: the central conflict is between integrity

 the sense of satisfaction with life vs. despair –
 losing the sense of meaning of life.
- Kohut: coping with narcissistic injury while attempting to adapt to biological and psychological losses. Maintenance of selfesteem.
- Neugarten: giving up the position of authority, reconciliation with others, coping with grief

Mental Illness in Older Age

- Higher incidence of depression, hopelessness, and suicide (highest group)
- Neurocognitive disorders (dementia)
- Interplay between medical illness and mental illness – e.g. heart disease, stroke & depression
- Grief/bereavement and depression
- Decreased "brain reserve" → delirium
- Psychotic disorders accompanying other disorders – e.g. dementia, Parkinson's

Select Types of Neurocognitive Disorders (Dementias)

Due to:

- Alzheimer's Disease (most common)
- Frontotemporal disease (Pick's disease)
- Lewy Bodies
- Vascular disease
- HIV
- Head Injury
- Substance-induced
- Parkinson's, Huntington's, or multiple causes
 (Note: features [symptoms] vary with cause)

Spiritual Aspects

- Variable, but older people are often more likely to think of the spiritual – "gerotranscendance" (Lars Tornstam)
- Different role in church: coach vs. passive
- Experience and wisdom (usually!): "The silver-haired head is a crown of glory, If it is found in the way of righteousness." (Proverbs 16:31)
- HOPE faith basis. Calmness vs. fear
- Spiritual health is closely related to mental health and psychological coping¹
- 24 studies in the research literature have found that religiously involved people had fewer depressive symptoms and less depression or less anxiety².

^{1.} Anderson RS: On being human: the spiritual saga of a creaturely soul. Fortress Press, MN, USA 175–194 (1998).

^{2.} Lavretsky H. Aging Health. 2010;6(6):749-769.

End of Life - Thanatology

- Θάνατος thanatos (Gk = death)
- "Dying may also be seen as a developmental concomitant of living, a part of the birth-to-death continuum"¹
- Compare: "Even though our outward man is perishing, yet the inward man is being renewed day by day...that mortality may be swallowed up by life" (2 Cor 4:16; 5:4)
- Legal definition of death (AMA and ABA): (1)
 irretrievable cessation of circulatory and respiratory
 functions or (2) irretrievable cessation of all functions
 of the entire brain, including the brainstem.

^{1.} Sadock, B. Synopsis of Psychiatry, 11th Edition

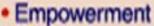
End of Life - Thanatology

- Elisabeth Kübler-Ross, a psychiatrist and thanatologist, made a comprehensive and useful organization of reactions to impending death.
- Three aspects of death: 1. irriversibility/finality,
 2. non-functionality, 3. universality. Children begin to understand these aspects at various ages (4 10)
- Stages: no established sequence is applicable to all people, but generally five stages are recognized: Shock & denial, anger, bargaining, depression, acceptance.

NORMAL FUNCTIONING

Stages of the **Grief Cycle**

RETURN TO MEANINGUL LIFE



- Security
- Self-esteem
- Meaning





- Avoidance
- Confusion
- Fear
- Numbness
- Blame

Anger

- Frustration
- Anxiety
- Imitation
- Embarrassment
- Shame

Acceptance

- Exploring options
- A new plan in place

Dialogue and Bargaining

- Reaching out to others
- Desire to tell one's story
- Struggle to find meaning for what has happened

Depression and **Detachment:**

- Overwhelmed
- Blahs
- Lack of Energy
- Helplessness



Bereavement vs. Depression

- Controversy in the DSM-5: removing "the bereavement exclusion".
- Bereavement exclusion: it is considered bereavement, not depression, if it lasts less than 2 months after the loss, has no suicidal ideation, functional impairment, severe worthlessness, or psychotic symptoms.
- Rationale for removing above exclusion: a person who meets the criteria for major depressive disorder (MDD) will no longer be denied that diagnosis, solely because the person recently lost a loved one
- Suggested subtypes of bereavement/grief: delayed, complicated, anticipatory, traumatic, chronic.

Meaning of Life

- Secular approaches: accomplishments, love, family, helping others, legacy.
- Biblical: above is OK but:
 - Here: doing God's will. Obedience. Fulfillment. Joy.
 - Hereafter: eternal life
- Anger against God? God's perspective vs. ours.
- The "prince of this world" is determined and identified – the Devil (John 12,14,16)
- Living in Christ: a foretaste of eternity (John 10:10)
- Faith and endurance to life's storms, "O you of little faith" (Matt 8:26)
- Examples to remember: Fr. Bishoy Kamel, Fr. Mikhail Ibrahim's losses, Hudson Taylor, Horacio Spafford, Joseph Scriven, St. Rebecca & her 5 children

Death: Our Duty

- Remember: it is appointed for men to die once, but after this the judgment (Heb 9:27).
- No one is here to stay! "What is your life? It is even a vapor that appears for a little time and then vanishes away" (James 4:14)
- Distractions setting the mind on things above (Col 3:2), redeeming the time (Eph 5:16)
- Wisdom: "Teach us to number our days that we may gain a heart of wisdom" (Ps 90:12)
- Be alert, ready for counselor and flock:
 - "Therefore let us not sleep, as others do, but let us watch and be sober." (1 Thes 5:6)
 - Parable of the wise and unwise virgins (Matt 25)
- Understand that God's time is the best time
- Comfort one another (1 Thes 4:18)

End of Life – Faith, Hope, and Joy

- Why are you cast down, O my soul? And why are you disquieted within me? Hope in God; for I shall yet praise Him, the help of my countenance and my God (Ps 43:5)
- For to me, to live is Christ, and to die is gain...I am hard-pressed between the two, having a desire to depart and be with Christ, which is far better. Nevertheless to remain in the flesh is more needful for you (Phil 1:21, 23-24)
- Eye has not seen, nor ear heard, nor have entered into the heart of man the things which God has prepared for those who love Him (1 Cor 2:9). O death, Where is your sting?! (1 Cor 15:55)
- I have fought the good fight, I have finished the race, I have kept the faith. Finally, there is laid up for me the crown of righteousness, which the Lord, the righteous Judge, will give to me on that Day, and not to me only but also to all who have loved His appearing (2 Tim 4:7-8)
- For there is no death for Your servants, but a departure (Litany of the Departed)



HE WILL WIPE EVERY TEAR FROM THEIR EYES. THERE WILL BE NO MORE DEATH OR MOURNING OR CRYING OR PAIN, FOR THE OLD ORDER OF THINGS HAS PASSED AWAY.

Revelation 21:4

End of Life - Euthanasia

- 'Euthanasia' (Gk) 'happy death.
- Means: medical intervention in discontinuing the life of patients with terminal illness or those who suffer severe pain from incurable diseases.
- General basis: mercy and relief from suffering
- Main tenets: quality/dignity of life, patient's desire, or patient's best interest (e.g. if patient is unconscious)
- Has been legally approved in some states

End of Life - Euthanasia

Our faith:

- Human life is a gift from God. He gives it, He takes it away – "The LORD brings death and makes alive; he brings down to the grave and raises up" (1 Sam 2:6)
- The acceptance of the principle of a patient's right to discontinue his/her life leads to acceptance of suicide
- Sin, not sickness, destroys human dignity.
- Euthanasia vs. removing life support: in euthanasia, the person is alive, but no hope for cure. But in "brain death" – the person is practically deceased, with artificial support.

Uniform Determination of Death Act

- Adopted since 1981. Intended "to provide a comprehensive and medically sound basis for determining death in all situations"
- Determination of Death: An individual who has sustained either (1) irreversible cessation of circulatory and respiratory functions, or (2) irreversible cessation of all functions of the entire brain, including the brain stem, is dead.
- Legal & ethical implications: life support, organ donation, etc.

Brain Death

- Loss of higher functions (cognition) and brain stem functions (no spontaneous respiration, no corneal reflexes, fixed pupils), and no response to pain.
- In critical cases, "irreversibility" legally requires examination by two physicians
- In the U.S., a flat EEG is not required to certify brain death, but advocated by some clinicians.
- Different from "vegetative state" (related to consciousness, responsiveness, arousal) – can last weeks, months, or be persistent.

Persistent Vegetative State*

- No awareness of self or environment
- No interaction
- No meaningful response to stimuli
- No receptive or expressive language
- Preserved brainstem functions
- Bowel and bladder incontinence
- Some facial grimacing, some preservation of reflexes (cranial, spinal)

^{*} Sadock, B. Synopsis of Psychiatry, 11th Edition

Terminal Illness and Suffering

- We are not "super heroes" but God always provides: "God is faithful, who will not allow you to be tempted beyond what you are able, but with the temptation will also make the way of escape, that you may be able to bear it." (1 Cor 10:13)
- "For in that He Himself has suffered, being tempted, He is able to aid those who are tempted." (Heb 2:18)
- Inspiration from godly examples: Fr. Bishoy Kamel, Fawzia Is-haq, Pope Shenouda III, others.

Pain and Suffering

- Enigmatic since antiquity! Countless explanations given.
 → "You do not understand now..." (John 13:7)
- Why me? → the Jesus prayer (Lord Jesus Christ, Son of the living God, have mercy on me, the sinner)
- Bitterness against God is Satan's joy. God is sovereign.
- Biblical understanding is essential in reaching out to those in pain:

Problem	Approach		
Being in a corrupt, fallen world	Endurance, perseverance		
Own sin – discipline	Acceptance, repentance		
The Devil's envy	Spiritual warfare		
Test of faith	Obedience		

Suicide

- It is the 10th leading cause of death in the U.S. (now, ahead of motor vehicle accidents)
- Higher incidence in mountain states (the Rockies), and lowest in the Northeast & D.C.
- In the U.S., the overall rate is 12 per 100K and has increased in the past decade: in 2014, there were 42,773 suicides (source – CDC). In 2015, rate was 14 per 100,000
- "Predicting" vs. suspecting. There are known risk factors and protective factors.
- It is a leading cause of lawsuits against psychiatrists.

Suicide

- Commonsense indicators: making a will, expressing suicidal ideation, writing a suicide note, recent purchase of a gun
- Other indicators:
 - Isolative behavior, withdrawal
 - Loneliness
 - Focus on the past
 - Visiting a primary care doctor within the last 3 weeks
 - Lack of humor especially if it is a change

Suicide – Risk Factors

- Previous suicide attempts
- Age: two peaks: young adulthood and old age
- Gender: male to female ratio:
 - Completed suicide 4:1
 - Attempts 1:3
- Divorce, living alone
- Family history of suicide
- Race: highest in whites and native Americans, lowest in blacks
- Mental illness (varies with type of illness), substance abuse
- Physical illness especially chronic pain, cancer, early heart disease, stroke, paralysis
- Profession: highest in physicians (400/year), policemen
- LGBT especially post transgender procedures

Suicide: Associations

- Stressful life event: job loss, sudden death of a loved one, arrest/legal trouble, etc.
- Suicide in the vicinity close friend, peer
- Economic instability, war
- Traumatic experience (e.g. abuse)
- In children bullying
- Social media, types of music
- Protestant vs. Catholic/Orthodox
- Country of origin (highest in eastern Europe, east Asia; lowest in Mediterranean countries)*

Suicide – Protective Factors

- The opposites of risk factors, e.g. female, black, married, no substance abuse, etc.
- Belief in God or religious belief condemning suicide
- Better understanding of meaning of life having positive goals
- Family/friend support; having a caregiver 24/7
- Connectedness to parents
- Openness rather than withdrawal
- Access to health or psychiatric treatment
- Life skills, resilience

Two Scenarios: Real Stories with Patients

Patient 1: white male in his 60's

Me: Do you have any suicidal thoughts

Patient: I think about it a lot

Me: do you have any beliefs that condemn suicide?

Patient: I don't believe in God

Me: What if you died and found out, too late, that you were wrong?

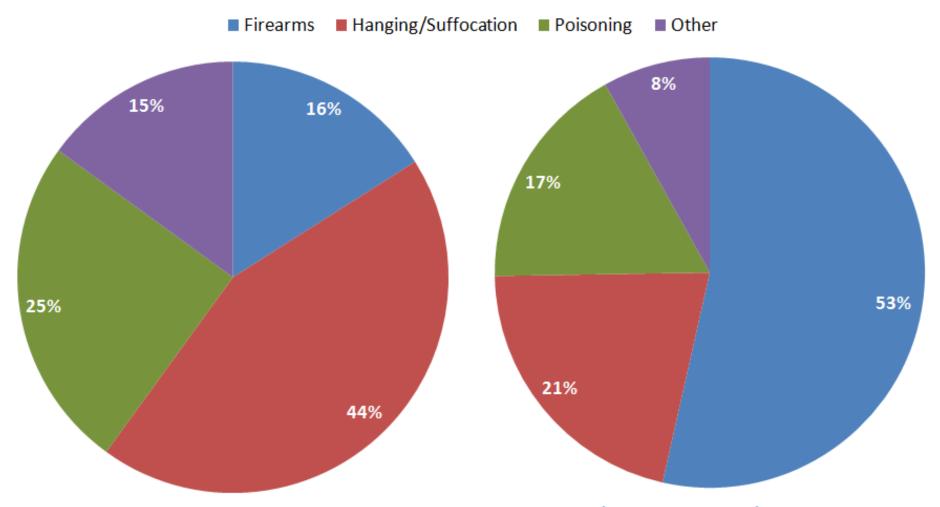
Patient: I've never thought about it this way!

Two Scenarios: Real Stories with Patients

Patient 2: Black female in her late 70's:

- Me: You're depressed. Do you think about suicide?
- Patient: I would never do it!
- Me: Why not?!
- Patient: Dr. Fam...there is a lake of fire [Rev 20:15], and I'm <u>NOT</u> planning to go there!

Percentage of Total Suicides by Method, United States vs Canada, 2000-2007

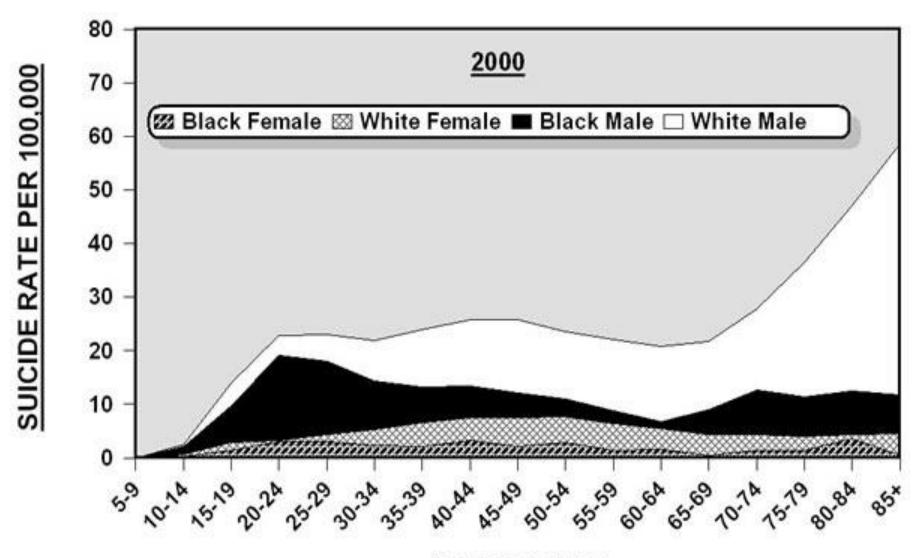


Canada: 11.5 Suicides per 100,000

United States: 11.0 Suicides per 100,000

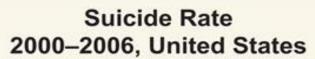
Data Sources

U.S. Centers for Disease Control WISQARS Database Canada: Centre for Suicide Prevention (Data for 2000-2003)

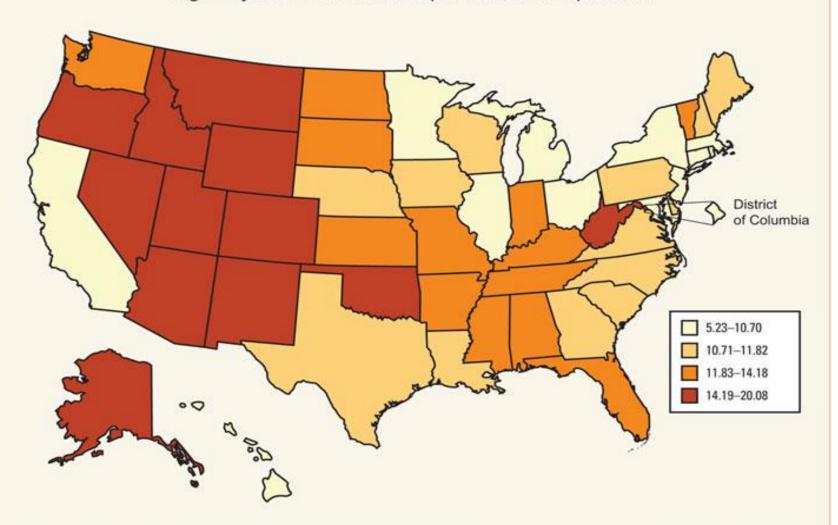


AGE GROUPS

Source: National Institute of Mental Health
Data: Centers for Disease Control And Prevention, National Center For Health Statistics



Age-adjusted Death Rates per 100,000 Population



Note: Reports for All Ages include those of unknown age.

Data courtesy of CDC

Statistics by Country: Vary Each Year

International Suicide Rates

(per 100,000 population/per year)

Rank	Country	Males	Females	Total	Year
1	Lithuania	70.1	14.0	40.2	2004
2	Belarus	63.3	10.3	35.1	2003
3	Russia	61.6	10.7	34.3	2004
4	Kazakhstan	51.0	8.9	29.2	2003
5	Hungary	44.9	12.0	27.7	2003
6	Guyana	42.5	12.1	27.2	2003
7	Slovenia	37.9	13.9	25.6	2004
8	Latvia	42.9	8.5	24.3	2004
9	Japan	35.6	12.8	24.0	2004
10	South Korea	32.5	15.0	23.8	2004

Source: World Health Organization

Mental Illness and Suicide

- Treatable or preventable
- Variations by type of illness highest in:
 - Substance abuse (especially alcohol & depressants)
 - Depression and bipolar disorder
 - PTSD
 - Anxiety/panic fuel for taking action
 - Early dementia (anticipating incapacitation)
 - OCD
- Some genetic markers have been found relevant (note difference between genetic and hereditary)
- Many scales and questionnaires developed to help in assessment of suicidality
- Association with a lab result (5-HIAA in the spinal fluid)

Edwin Shneidman (1918-2009)

- American clinical psychologist, father of the science of suicidology
- Founder of American Association of Suicidology in 1968
- Worked at Los Angeles VA
- Extensively studied suicide notes at the coroner's office.
- Co-founder of the Los Angeles Suicide Prevention Center in 1958
- Dedicated career for research on suicide
- Wrote many books and articles on suicide and the suicidal mind
- Known for his "Ten Commonalities of Suicide"



Shneidman's 10 Commonalities of Suicide

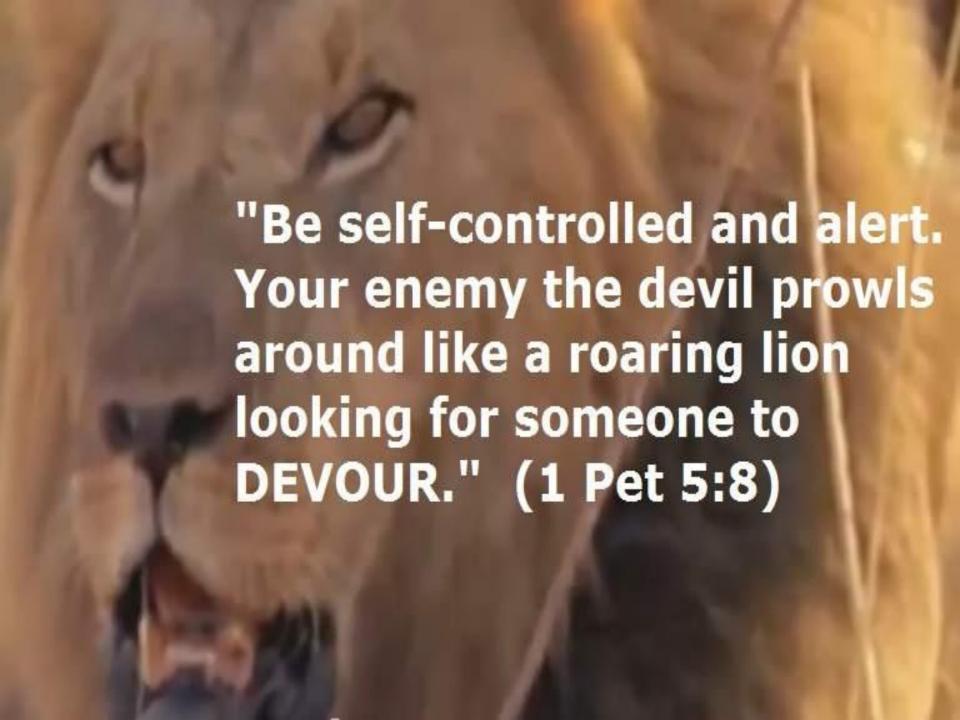
- 1. Common purpose: to seek a solution for intense suffering
- 2. Common goal: cessation of consciousness
- 3. Common stimulus: "psych-ache" meaning unbearable pain
- 4. Common stressor: frustrated psychological needs (e.g. for nurturance or understanding)
- 5. Common emotion: hopelessness, helplessness

Shneidman's 10 Commonalities of Suicide

- 6. Common cognition: ambivalence wishing to die and to cry for help at the same time
- 7. Common perception: constriction feeling trapped, having no option
- 8. Common action: escape ("egression") running away
- 9. Common interpersonal act: communication of intention (giving a clue, hint, or plea)
- 10. Common pattern: lifelong styles, e.g. blackand-white thinking, coping threshold, etc.

Suicide: Spiritual Reflection

- Insight and wisdom come from God
- Spiritual warfare is real Satan wants to destroy (John 10:10; 1 Peter 5:8). Even saints have had their battles - 2 Cor 1:8
- Mental illness can affect judgment treatment is necessary. <u>REFER TO A HOSPITAL OR DOCTOR!</u>
- Alcohol releases inhibitions, impairs judgment
- Supporting our loved ones is a God-given task
- Perfect hope and purpose is found only in Jesus Christ
- God's word especially Psalms and gospels, is indispensable in times of crisis



he thief comes only to steal and ki and destroy I have come that they may have life and have it to the full



JOHN 10:10 NIV

