THE SPIRITUAL DIMENSION IN END OF LIFE CARE

PSYCHIATRIC PERSPECTIVE ON MANAGEMENT OF SUFFERING AND LIFE ENHANCEMENT

Ned H. Cassem, MD
Chair, MGH Psychiatry
Professor, Harvard Medical School

NETHERLANDS: REASONS FOR REQUESTING EUTHANASIA

• LOSS OF DIGNITY 57%
• PAIN* 46%
• UNWORTHY DYING 46%
• BEING DEPENDENT ON OTHERS 33%
• TIRED OF LIFE 23%
  – *PAIN AS ONLY SYMPTOM 5%
NETHERLANDS: REASONS FOR REQUESTING EUTHANASIA

- THE SUFFERING THAT CAUSES REQUESTS FOR EUTHANASIA AND ASSISTED SUICIDE IS PRIMARILY PSYCHOSOCIAL AND SPIRITUAL

COPING AT THE END OF LIFE

- LIVING WITH THE DISABILITY
- THE MAINTENANCE OF MORALE
- THE SEARCH FOR MEANING

- Avery Weisman, *The Vulnerable Self*
POSITIVE GOALS & MAINTENANCE OF MORALE

• ERIC CASSELL: A UNIQUE LIFE LIVED IS A WORK OF ART

THE INTERACTIVE PROCESS (TWO TEAMS)

• THE PATIENT AND KEY LOVED ONES

• THE CAREGIVERS
THE RESOURCES

• THE PATIENT: INNER
  – “COPING SKILLS”
  – EMOTIONAL “STRENGTH”
  – SMARTS
  – “INNER LIFE” DIMENSION

• THE PATIENT: OUTER
  – KEY LOVED ONES
  – VARIOUS GROUPS
    • SOCIAL, RECREATIONAL
    • WORK
    • CULTURAL
    • RELIGIOUS
    • SPIRITUAL
THE RESOURCES

• THE CAREGIVER: INNER
  – EXPERIENCE
  – KNOWLEDGE: GENERAL AND SPECIALIZED
  – COMPASSION, EMPATHIC CAPACITY
  – EMOTIONAL DEPTH, MATURITY
  – HUMILITY

THE RESOURCES

• THE CAREGIVER: OUTER
  – MENTORS, CONSULTANTS
  – MEDLINE
  – THE TEAM
  – OWN PASSIONS, INVESTMENTS
  – KEY LOVED ONES
  – PATIENT & LOVED ONES
  – VARIOUS GROUPS
COPING WITH MEDICAL ILLNESS

• LIVING WITH THE DISABILITY

• THE MAINTENANCE OF MORALE

• THE SEARCH FOR MEANING

– Avery Weisman, *The Vulnerable Self*

EMPHASIZE THE NORMAL OVER THE DISEASED

• POSITIVE TRAITS, VIRTUES, CONTRIBUTIONS

• NORMAL STYLE & PERSONALITY, CHARACTER TRAITS

• THE UNIQUENESS OF EACH PERSON
COPING AT THE END OF LIFE: A MULTIAXIAL APPROACH

- AXIS I: CLINICAL DISORDERS
- AXIS II: PERSONALITY DISORDERS
- AXIS III: GENERAL MEDICAL CONDITIONS
- AXIS IV: PSYCHOSOCIAL AND ENVIRONMENTAL PROBLEMS
- AXIS V: GLOBAL FUNCTIONING

EMPHASIZE THE NORMAL OVER THE DISEASED

- POSITIVE TRAITS, VIRTUES, CONTRIBUTIONS
- NORMAL STYLE & PERSONALITY, CHARACTER TRAITS
- THE UNIQUENESS OF EACH PERSON
PRE-AXIS I CLINICAL ISSUES

• DEALING WITH LOSS OF SELF (ESTEEM): DAMAGE REPAIR & RESTORATION

• DEALING WITH LOSS OF OTHERS: BEREAVEMENT

SELF ESTEEM: DEFINING THE PATIENT

• WHO AM I?
• WHO WAS I AT THE TOP OF MY GAME?
• WHAT DEFINES ME?
DEFINING THE PATIENT

• ACCOMPLISHMENTS
  – POSITIVE
    • PROWESS
    • AWARDS
    • STATUS, RANK
    • STATUS
  – AMBIVALENT, “NAUGHTY”
    • THE “CUT UP,” “PRACTICAL JOKER,”
    • THE “BLACK SHEEP”
  – NEGATIVE: SHAME

• FAMILY, LOVED ONES
  – CLOSEST, MOST SIMILAR, MOST OPPOSITE
  – SAVED, WAS SAVED BY
  – CORE ANECDOTES
  – LETTERS TO/FROM, OF GRATITUDE, OF PRAISE
• ENEMIES
DEFINING THE PATIENT

• PASSIONS
  – FAVORITES
    • MUSIC (FORMAL, EASY, SACRED)
    • BOOKS, JOURNALS, PAPER, POEMS, MOVIES
    • AUTHORS, NEWSCASTERS, ACTOR(ESSES)
    • SPORTS PERFORMED/SPECTATOR
    • HOBBIES, CARS, RESTAURANTS
    • TRAVEL, VACATIONS
    • GROUPS, CAUSES, CHARITIES
  – ADDICTIONS
  – AVersions

• OFTEN BEST DONE TOGETHER WITH LOVED ONES
• MANY TIMES, DESPITE THE YEARS, THIS IS NEW GROUND
• OF GREAT POTENTIAL WHEN PATIENT NO LONGER ABLE TO SPEAK BUT REMAINS AWARE
PSYCHOTHERAPY PERSPECTIVE ON DYING

• DEATH IS A MINOR PROBLEM

• WHAT YOU DO UNTIL THAT TIME IS A MAJOR PROBLEM, AND WE CAN WORK ON THAT

-- Lawrence LeShan

PSYCHOTHERAPY PERSPECTIVE ON DYING

• AT THE END OF LIFE LIVING IS THE CHALLENGE, AS IT HAS BEEN THROUGHOUT ONE’S LIFE
PSYCHOTHERAPY PERSPECTIVE ON ILLNESS/INJURY

• WITH ILLNESS OR DISABILITY, LIVING IS THE CHALLENGE, AS IT HAS BEEN THROUGHOUT LIFE
• HOW DO I LIVE ILL?

POSITIVE GOALS & MAINTENANCE OF MORALE

• HOW DO I CONDUCT MYSELF?
• WHAT ARE MY (NEW) GOALS?
• DO I HAVE A NEW MISSION?
• WHO AM I NOW? HOW CAN I MATTER?
• HOW BEST PREPARE MY LOVED ONES TO LIVE WITH ME CHANGED?
THE SPIRITUAL DIMENSION IN END OF LIFE CARE

• AXIS I: CLINICAL DISORDERS
• AXIS II: PERSONALITY DISORDERS
• AXIS III: GENERAL MEDICAL CONDITIONS
• AXIS IV: PSYCHOSOCIAL AND ENVIRONMENTAL PROBLEMS
• AXIS V: GLOBAL FUNCTIONING

THE SPIRITUAL DIMENSION IN END OF LIFE CARE

• AXIS I: CLINICAL DISORDERS
• MAJOR DEPRESSION
  – MORE LIKELY AS ILLNESS BECOMES MORE SEVERE
  – SUICIDAL IDEATION IS MORE LIKELY CAUSED BY MAJOR DEPRESSION
  – IS NEVER NORMAL OR APPROPRIATE
THE SPIRITUAL DIMENSION IN END OF LIFE CARE

- AXIS I: CLINICAL DISORDERS
- ANXIETY DISORDERS
  - PANIC, GAD, PHOBIA
  - PTSD
  - REACTIVE: DEATHS OF PARENTS, LOVED ONES, FRIENDS; MEDIA

THE SPIRITUAL DIMENSION IN END OF LIFE CARE

- AXIS I: CLINICAL DISORDERS
- DELIRIUM
- DEMENTIA
- SUBSTANCE ABUSE
- ETC.
THE SPIRITUAL DIMENSION IN END OF LIFE CARE

- AXIS I: CLINICAL DISORDERS
- **AXIS II: PERSONALITY DISORDERS**
- AXIS III: GENERAL MEDICAL CONDITIONS
- AXIS IV: PSYCHOSOCIAL AND ENVIRONMENTAL PROBLEMS
- AXIS V: GLOBAL FUNCTIONING

AXIS II: PERSONALITY DISORDERS

- PARANOID
- SCHIZOTYPAL
- BORDERLINE
- NARCISSISTIC
- DEPENDENT
- OBSESSIVE-COMPULSIVE
- SCHIZOID
- ANTISOCIAL
- HISTRIONIC
- AVOIDANT
AXIS II: PERSONALITY DISORDERS

• IN ADJUSTING TO CHRONIC ILLNESS, IT IS ROUTINELY DIFFICULT TO PLACE DEPENDENCY IN PERSPECTIVE

BEING DEPENDENT ON OTHERS

• IMPORTANT: MATURITY IS REQUIRED TO BE ABLE TO DEPEND ON A PERSON ONE TRUSTS

• CAN THIS BE A GIFT TO THE LOVED ONE WHO WANTS TO HELP?
FORCES ON THE WISH TO CONTROL ONE’S LIFE

• **INCREASE IT:**
  - SUFFERING
  - EXCESSIVE USE OF TECHNOLOGY
  - NARCISSISM

• **DECREASE IT:**
  - TRUST
  - AGGRESSIVE PALLIATION
  - HUMOR

THE SPIRITUAL DIMENSION IN END OF LIFE CARE

• **AXIS I:** CLINICAL DISORDERS
• **AXIS II:** PERSONALITY DISORDERS
• **AXIS III:** GENERAL MEDICAL CONDITIONS
• **AXIS IV:** PSYCHOSOCIAL AND ENVIRONMENTAL PROBLEMS
• **AXIS V:** GLOBAL FUNCTIONING
PALLIATIVE CARE: CHAPTER TITLES

- PAIN CONTROL
- NAUSEA/VOMIT
- HICCUPS
- ANOREXIA, NUTRITION
- GI: INCONTINENCE, OBSTRUCTION, CONSTIPATION, DIARRHEA
- DYSPHAGIA, MOUTH CARE
- URINARY TRACT
- SKIN: BED SORES, PRURITIS
- TUMOR: FUNGATING, ODOR, BLEEDING, DRAINING, FISTULAS

PALLIATIVE CARE: CHAPTER TITLES

- PLEURAL EFFUSIONS
- DEHYDRATION
- WEAK, FATIGUE
- SPASTICITY
- CORD COMPRESSION
- INFECTIONS, FEVERS, SWEATS
- ANEMIA, TRANSFUSIONS
- EDEMA, ASCITES, HEPATIC ENCEPHALOPATHY
- DYSPNEA, COUGH, “DEATH RATTLE”
THE SPIRITUAL DIMENSION IN END OF LIFE CARE

• WITH CHRONIC ILLNESS OR INJURY
  THE USE OF MEDICAL TECHNOLOGY IS DIRECTED AT THE
  REDUCTION OF DISABILITY AND THE MAXIMIZATION OF FUNCTION

THE SPIRITUAL DIMENSION IN END OF LIFE CARE

• AXIS I: CLINICAL DISORDERS
• AXIS II: PERSONALITY DISORDERS
• AXIS III: GENERAL MEDICAL CONDITIONS
• AXIS IV: PSYCHOSOCIAL AND ENVIRONMENTAL PROBLEMS
• AXIS V: GLOBAL FUNCTIONING
THE SPIRITUAL DIMENSION IN END OF LIFE CARE: AXIS IV

• AREAS OF PSYCHOSOCIAL STRESS
  – PRIMARY SUPPORT GROUP
  – SOCIAL ENVIRONMENT
  – EDUCATIONAL
  – OCCUPATIONAL
  – ECONOMIC
  – HEALTH CARE SERVICES
  – LEGAL SYSTEM, CRIME--and . . ?

THE SPIRITUAL DIMENSION IN END OF LIFE CARE: AXIS IV

• AREAS OF PSYCHOSOCIAL STRESS
  – PRIMARY SUPPORT GROUP
  – SOCIAL ENVIRONMENT
  – EDUCATIONAL
  – OCCUPATIONAL
  – ECONOMIC
  – HEALTH CARE SERVICES
  – LEGAL SYSTEM, CRIME
  – FAITH, RELIGIOUS NETWORK
THE SEARCH FOR MEANING

- MEANING: DEEPER QUESTIONS, INNER LIFE
- THIS IS AN EXAMINATION IS A PSYCHODYNAMIC PROCESS, NOT THEOLOGY
- OBSTACLES:
  - PHYSICIANS ARE HOSTILE AS SCIENTISTS
  - PSYCHIATRISTS ARE THE MOST HOSTILE

POSITIVE GOALS & MAINTENANCE OF MORALE

- FOR CAREGIVERS:
  - COMMITMENT TO NON-ABANDONMENT
  - BASIC RESPECT/REVERENCE FOR THE SUFFERING IMPRINTED BY OATH
  - IF NECESSARY, NAKED PRESENCE (BASED ON FAITH IN ONESELF AND PROFESSIONAL CALL)
HOPE IN TRANSITION

• HOPE FOR MORE PLEASURE
  – SEX, MUSCLE/FORFIGURE,
  – CUISINES, WEALTH
  – LASTING PRODUCTIONS; WORKS
  – SUCCESS OF OFFSPRING, STUDENTS,
    MENTEES

• HOPE FOR MORE TIME INTACT
  – WITH BEST HEALTH POSSIBLE
  – IF LESS HEALTH, A LITTLE MORE TIME

HOPE IN TRANSITION

• HOPE THAT I CAN LEARN TO LIVE *ILL*

• HOPE MY SURVIVORS WILL BENEFIT
  – BECAUSE I LOVED THEM
  – BECAUSE I WAS LOYAL, FAITHFUL,
    HONEST
  – BECAUSE I REINFORCED THEIR GOOD
    QUALITIES AND, BECAUSE OF THIS,
  – EVEN BE SUSTAINED IN THEIR CRISES
POSITIVE GOALS & MAINTENANCE OF MORALE

• HOW DO I CONDUCT MYSELF?
• WHAT ARE MY (NEW) GOALS?
• DO I HAVE A NEW MISSION?
• WHO AM I NOW? HOW CAN I MATTER?
• HOW BEST PREPARE MY LOVED ONES TO LIVE WITH ME CHANGED?

POSITIVE GOALS & MAINTENANCE OF MORALE

• HOW DO I LEARN TO LIVE ILL, DISABLED, DISFIGURED?
• WHAT GIFTS CAN I GIVE?
• CAN THIS NEW TYPE OF LIFE BE MY FINEST HOUR?
THE SPIRITUAL DIMENSION IN END OF LIFE CARE

- PERSONAL RELATIONSHIP WITH GOD (FAITH)

- RELATIONSHIPS WITH COMMUNITY OF BELIEVERS
THE SEARCH FOR MEANING

• OBSTACLES:
  – PHYSICIANS ARE HOSTILE AS SCIENTISTS
  – PSYCHIATRISTS AND PSYCHOLOGISTS ARE THE MOST HOSTILE AND DISPARAGING BECAUSE OF TRAINING, THEORISTS, MENTORS

EXAMINING FAITH AS A RELATIONSHIP WITH GOD

• OPENING QUESTION, E.G.
  – “HAVE YOU EVER SENSED THE EXISTENCE OF SOME SUPREME POWER, OR EXPERIENCED A RELATIONSHIP WITH GOD?”
  – “IS FAITH IMPORTANT IN YOUR LIFE?”
THE SEARCH FOR MEANING

• MEANING: INNER LIFE, DEEPER QUESTIONS

• THIS EXAMINATION IS A PSYCHODYNAMIC PROCESS, NOT THEOLOGY

EXAMINING FAITH AS A RELATIONSHIP WITH GOD

• WHAT SORT OF A PERSON IS GOD?
• QUALITIES?
  – CARING -- COLD?
  – CLOSE -- ALOOF, DISTANT?
  – FORGIVING -- PUNITIVE?
EXAMINING FAITH AS A RELATIONSHIP WITH GOD

• WHAT IS COMMUNICATION LIKE? (PRAYER)
  – IS THE TALK FAMILIAR? FORMAL?
  – FEEL HEARD?
  – PRAYERS LIKE “DEAD LETTERS”?
  – IS CONVERSATION TWO-WAY? ANY ANSWERS FROM GOD? IF SO, HOW DO YOU KNOW?

EXAMINING FAITH AS A RELATIONSHIP WITH GOD

• WHAT ABOUT DOUBT?
  – HOW DO YOU HANDLE IT?
  – ANY CRises OF FAITH IN YOUR LIFE?
  – “DOUBT IS THE SHADOW CAST BY FAITH” (Gregory Baum)
EXAMINING FAITH AS A RELATIONSHIP WITH GOD

• THE MYSTERY OF EVIL: WHAT IS GOD’S POSITION ON YOUR ILLNESS?
  – AGENCY, CAUSE?
  – PUNISHMENT?
  – YOUR REACTION? ACCEPTANCE (LIKE JOB?) ANGER AND DEFIANCE (LIKE PROMETHEUS?)

EXAMINING FAITH AS A RELATIONSHIP WITH GOD

• SENSE OF GOD’S ATTITUDE TO YOUR MISTAKES, LIMITATIONS, FAILURES, SINS?
• DOES GOD TOLERATE? RESENT? FORGIVE? FORGIVE AND STILL CARE/LOVE YOU?
• FEELING OF ESTRANGEMENT?
• NEED RECONCILIATION?
EXAMINING FAITH AS A RELATIONSHIP WITH GOD

• HOW DO YOU VIEW DEATH? SCARED? STOIC? WELCOME IT? FEEL PREPARED?

• ANYTHING AFTER?

THE SEARCH FOR MEANING

• EXAMINATION OF PATIENT’S FAITH
  – WHAT SORT OF A PERSON IS GOD?
  – COMMUNICATION? 1-WAY? 2-WAY?
  – DOUBT? (THE SHADOW CAST BY FAITH)
  – EVIL? WHAT IS GOD’S POSITION ON YOUR ILLNESS?
  – GUILT? PUNISHMENT?
  – DEATH? ANYTHING AFTER?
  – COMMUNITY OF BELIEVERS?
THE SPIRITUAL DIMENSION IN END OF LIFE CARE

• PERSONAL RELATIONSHIP WITH GOD (FAITH)

• RELATIONSHIPS WITH COMMUNITY OF BELIEVERS

EXAMINING PHILOSOPHY OF LIFE

• INTRODUCTION
  – WISH TO UNDERSTAND PERSON BETTER
  – IMPORTANT
  – HOW THEY VIEW SELVES, OTHERS, THE WORLD, THEIR LIFE WITHIN THAT WORLD
EXAMINING PHILOSOPHY OF LIFE

• HOW WOULD YOU DESCRIBE YOURSELF?
  – WHAT SORT OF A PERSON?
  – HOW DO YOU LIKE TO BE THOUGHT OF? REMEMBERED?
    • BY SPOUSE?
    • BY MOTHER? FATHER? SIBS? FRIENDS?
    • BY PEERS? EMPLOYEES?

EXAMINING PHILOSOPHY OF LIFE

• WHO ARE THE MOST IMPORTANT PERSONS IN YOUR LIFE?
• ANYONE WHOSE NEEDS YOU WOULD PUT AHEAD OF YOUR OWN?
• ANYONE YOU IDENTIFY WITH? ANY HEROES/HEROINES?
• HAVE ANY CAUSES?
• SENSE OF SERVING OTHERS? WORLD?
EXAMINING PHILOSOPHY OF LIFE

• HOW WOULD YOU DESCRIBE YOUR DISPOSITION?
• WHAT SORT OF PERSON DO YOU HOPE TO BE?
• AT YOUR BEST, WHAT ARE YOU LIKE? AT YOUR WORST?
  – ANYONE SEE YOU ONLY AT YOUR BEST? WORST?

EXAMINING PHILOSOPHY OF LIFE

• WHAT ARE YOUR GOALS? DREAMS?
• ANYTHING YOU WANT TO ACHIEVE, FINISH, IMPROVE?
• ANY CONFLICTS YOU WANT TO RESOLVE? IF SO, WHY NOT NOW?
EXAMINING PHILOSOPHY OF LIFE

• LOOKING BACK, WHAT HAVE BEEN THE BEST TIMES? WORST TIMES?
• WHAT HELPED YOU THROUGH THE ROUGH TIMES?
• ANYTHING YOU ARE ESPECIALLY PROUD OF?

EXAMINING PHILOSOPHY OF LIFE

• ANY PHILOSOPHY OR CODE YOU LIVE BY? SPECIAL VALUES?
• ANYTHING WORTH DYING FOR?
EXAMINING PHILOSOPHY OF LIFE

• WHAT IS THE PLACE OF FUN IN YOUR LIFE?

• LAUGHTER? EVER A TIME WHEN YOU LAUGHED SO HARD YOU BECAME NEARLY HELPLESS?

THE SEARCH FOR MEANING

• EXAMINATION OF PATIENT’S PHILOSOPHY OF LIFE
  – WHAT SORT OF PERSON ARE YOU? HOW DO YOU LIKE TO BE THOUGHT OF?
  – ANYONE WHOSE NEEDS YOU WOULD PLACE AHEAD OF YOUR OWN?
  – ANY GOALS? DREAMS?
  – ANY CODE? ANYTHING WORTH DYING FOR?
  – ROLE OF FUN, LAUGHTER?
POSITIVE GOALS & MAINTENANCE OF MORALE

• FOR THE PATIENT:
  – HOW LEARN TO LIVE ILL?
  – HOW DO I CONDUCT MYSELF?
  – UNFINISHED BUSINESS?
  – HOW BEST PREPARE MY LOVED ONES TO LIVE WITHOUT ME?
  – WHAT GIFTS CAN I GIVE?
  – CAN THIS BE MY FINEST HOUR?

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POSITIVE GOALS & MAINTENANCE OF MORALE

• FOR LOVED ONES:
  – WHAT IS MY UNFINISHED BUSINESS?
  – WORST OUTCOME AFTER DEATH WOULD BE: “IF ONLY I HAD TOLD HIM THIS . . .”
  – GIFTS? FAMILY HARMONY, SECURITY
  – HOW DO I WANT TO RECALL THIS TIME SO THAT I CAN BE PROUD OF MY ROLE?

POSITIVE GOALS & MAINTENANCE OF MORALE

• FOR LOVED ONES (CONT’D):
  – WHAT GIFTS CAN I LEAVE?
    • THAT WE SIBLINGS WILL WORK TO RECONCILE, HELP ONE ANOTHER
    • THAT WE WILL TAKE CARE OF (NED)
  – CAN I TEACH CHILDREN AND GRANDCHILDREN ABOUT DEATH, “IMMUNIZE” THEM?
POSITIVE GOALS & MAINTENANCE OF MORALE

• FOR THE CLINICIAN:
  – HOW DO I UNDERSTAND?
    • ABOVE ALL TO LISTEN
    • TO LEARN UNIQUE INDIVIDUAL WORTH
  – HOW DO I TOLERATE THE EMPATHIC INSIGHTS ABOUT MYSELF?
    • FACE TO FACE WITH THEIR NEEDS & MINE
    • MY HELPLESSNESS & DESPAIR CAN ENDANGER THEM

POSITIVE GOALS & MAINTENANCE OF MORALE

• FOR THE CLINICIAN (CONT’D):
  – MOST PATIENTS, GIVEN SPACE, WILL DRAW ON THEIR OWN STRENGTHS AND RESOURCES AND REACH A RESOLUTION OF THEIR INNER PAIN
    • --Cicely Saunders
POSITIVE GOALS & MAINTENANCE OF MORALE

• FOR THE CLINICIAN (CONT’D):
  – COMMITMENT TO NON-ABANDONMENT
  – BASIC RESPECT AND REVERENCE FOR THE SUFFERER IMPRINTED BY OATH
  – IF NECESSARY, NAKED PRESENCE (FAITH IN ONESELF AND ONE’ S CALL)

HOPE IN TRANSITION

• HOPE FOR MORE PLEASURE
  – SEX, MUSCLE/FORM/FIGURE,
  – CUISINES, WEALTH
  – LASTING PRODUCTIONS; WORKS
  – SUCCESS OF OFFSPRING, STUDENTS, MENTEES

• HOPE FOR MORE TIME INTACT
  – WITH BEST HEALTH POSSIBLE
  – IF LESS HEALTH, A LITTLE MORE TIME
HOPE IN TRANSITION

- HOPE THAT I CAN LEARN TO LIVE ILL
- HOPE MY SURVIVORS WILL BENEFIT
  - BECAUSE I LOVED THEM
  - BECAUSE I WAS LOYAL, FAITHFUL, HONEST
  - BECAUSE I REINFORCED THEIR GOOD QUALITIES AND, BECAUSE OF THIS,
  - BECAUSE THEY KNEW THEY SUSTAINED ME IN CRISIS AND GAVE ME SAFE PASSAGE

MAINTENANCE OF MORALE

- SELF WORLD OTHERS GOD
- BODY NATURE INDIVIDUALS HUMILITY
- PSYCHE STUDY GROUPS CONVERS.

- CONTACT RESPONSIVENESS, ENERGIZING
- EFFORT REWARD
  - SUSTAINING PRESENCE, UNION
MAINTENANCE OF MORALE

• SELF: BODY
  – HEALTH: PREVENTION
  – HEALTH: MAINTENANCE, EXERCISE
  – HEALTH: MEDICAL CARE

MAINTENANCE OF MORALE

• SELF: PSYCHE
  – ASSIMILATING LOSS: MOURNING
  – PERSPECTIVE: EMPHASIS ON LIVING
    • INDEPENDENCE AND OPTIONS
    • RELATIONSHIPS: LIVING AND DEAD
    • MAKING NEW FRIENDS
  – PROFESSIONAL HELP
MAINTENANCE OF MORALE

• SELF: FAITH
  – INTENSIFYING RELATIONSHIP WITH GOD
  – ENTERING MYSTERY OF THE CROSS AND RESURRECTION
  – EASTER PARADOX: CONQUEST OF SUFFERING IS IN AND THROUGH SUFFERING ITSELF
  – A FRIENDSHIP LIKE NO OTHER

  » William A. Barry SJ, PhD, 2008

• HABIT FORMATION

CURATIVE  PALLIATIVE

CURATIVE  PALLIATIVE
• LOOP

OrbitoFronto → Striato → ThalamoFrontal

• HABIT FORMATION

CORTEX

ORBITO-FRONTAL

BEHAVIOR

FLEXIBLE

LIMBIC STRUCTURES

STRIATUM

GPe

GPi

THALAMUS

VA, MD

STL