Introductory Essay for Module 1:

The Problem:

As the numbers of older Americans climb, our churches are filling with elderly believers. Too often these aging Christians struggle to know God’s presence and love, finding their faith practices to be inadequate for the distinctive challenges of old age.

## **Pre-Modern Perspectives on Aging and Mortality**

For most of human history, people have died at relatively young ages. A few blessed individuals escaped the perils of childbirth, war, accident, infection and disease to reach the seventy or eighty years mentioned in Psalm 90, but average lifespans were much shorter.[[1]](#footnote-0) Perhaps for that reason, people lived with a general sense of their mortality, accepting without angst that they would die. Death was unavoidable in the community. It was not hidden away. In fact, it was considered proper that people on their deathbeds be surrounded by not just family (including children) but a variety of members of the community.[[2]](#footnote-1)

As few lived to old age, we have relatively little to go on in terms of examination of the ways in which people thought of later years. We can, however, extrapolate from the way in which people faced and thought about death. Allan Kellehear’s *Social History of Dying* examines the practices and attitudes about death from early hunter gatherer societies through settled agrarian cultures and into city life. He writes that while hunter gatherer societies experienced mostly sudden death, as people became settled into an agricultural lifestyle, they experienced less frequent violent death and therefore had time to prepare for and expect death. As cities grew people began to utilize the services of a class of people who served the dying in preparing their affairs.[[3]](#footnote-2) Clearly, settling their worldly affairs in order was valued as people approached the end of life.

Physician Lydia Dugdale observes that Socrates taught that the principal goal of philosophers is to rehearse for dying and death and that Qoholet, the Teacher of Ecclesiastes enjoins the young to be aware that they have limited days.[[4]](#footnote-3) She further examines the effect of the plague of the Middle Ages on European culture and customs around death. The horror of the plague in which so many died after a short illness, without preparation or community care, led to the development of a body of literature on “the good death” known in Latin as *ars moriendi*. These treatises were meant for the whole community--- common and elite, religious and secular. They stressed that in order to die well one had to live well. “Living well meant anticipating and preparing for death within the context of our community over the course of a lifetime.”[[5]](#footnote-4)

A robust awareness of mortality was considered “a vital tool for orienting life’s priorities.”[[6]](#footnote-5) Art in the medieval period up into the nineteenth century had a prominent place for various *momento mori*, various emblems and figures that carried the message “remember you will die!”[[7]](#footnote-6) Skulls were commonly kept by monks to remind them to think of their mortality; figures like the Grim Reaper served a similar purpose.

Kellehear points out that until 150 years ago frequent epidemics could be counted on to bring waves of death. It was in the mid-nineteenth century that death rates began to fall probably because of improved public health measures.

In early 19th-century Britain, for example, the streets were littered with human and animal refuse and dead carcasses, and sewers were open trenches. Few people bathed. There was little running water in houses, certainly no hot water, no laundry or bathing facilities, and soap was difficult to buy or make. The wealthy visited Turkish baths or spas and the working class didn’t wash at all.[[8]](#footnote-7)

But as the twentieth century brought advances in medicine and the ability to defeat many causes of death like bacterial infection, diabetes, and cancer, Kellehear notes that “in the UK in 1900, 24 per cent of all deaths occurred to people over 65. In 1999, this figure rose to 83 per cent.”[[9]](#footnote-8) Within a hundred years the percentage of people dying before the age of sixty-five fell from seventy-six percent to only seventeen percent!

\*\*\*\*Now the statistics tell us…

Despite the variety of civilizations and religious perspectives of premodern people and the prevalence of early death, it seems there existed a common recognition of an element of soul or spirit at play in death. People understood that life and death were spiritual experiences not just material ones. They understood the soul to be on some journey in its lifetime.

**Three elements emerge as important and common features in the premodern approach to death. First, a settled acceptance of mortality. Second, integration of mortality into community life. And third, there was always a sense of meaning connected to death. Dying was a journey of the spirit.**

## **Modern Perspectives**

The Enlightenment brought a different understanding of nature including the body and catalyzed the scientific revolution. It inaugurated the materialistic perspective which developed over the years into the mechanistic view of bodies and aging that we see today. Science has been a great gift to us and has led to medical treatment for all sorts of bodily ills, but it has also deluded us into thinking that bodies are like machines that can be repaired. Theodore Roszak notes that Thomas Jefferson wrote to John Adams, both in their seventies in 1814, about their aging body parts as “‘pivot,’… ‘wheel,’…’pinion,’ …and ‘spring…giving way.’”[[10]](#footnote-9) Roszak traces this mechanistic view through the recent search for the root of all aging in genetic mechanisms and the natural limits on cell division.[[11]](#footnote-10)

Kellehear sees both the accelerating rate of change in recent years and the explosion in the amount of information that comes to us as contributing to the disorientation we feel as people, the disconnect between us and our grandparents who lived in a completely different world a hundred years ago.[[12]](#footnote-11) The rapid pace of technological change has gone hand in hand with a sudden drop in interest in spiritual matters.[[13]](#footnote-12) But it has also changed profoundly our sense of who we are:

…in the whole matter of the life cycle, new technologies, labour and investment policies or family structures, people are experiencing an altered sense of time in their understanding of their autobiography. ‘Old age’ draws in many who are not (early retirees) or complicates the definition itself (through differing types and levels of fitness, health or disability). Children may be born to posthumous parents, to infertile ones and to those past ‘childbearing years’. Families are increasingly being made without marriage, sex is increasingly being disassociated from procreation, and same-sex marriages are increasing around the world.[[14]](#footnote-13)

As Kellehear observes, our contemporary world is influenced by the rapid increase of the rate of technological change and the drop in religious observance to the point that most have only a vague sense of a religious or spiritual content of dying.[[15]](#footnote-14) Because of the advance of medical knowledge and treatment, most people experience “long dying,” a prolonged decline as aged bodies breakdown gradually.[[16]](#footnote-15)

According to one American study of elderly death, three-quarters of these dying people were non-ambulant, one-third incontinent, 88 per cent in poor health, and 40 per cent having difficulties recognising family one day before death. Two-thirds of the elderly in that study seemed to have no idea they were dying.[[17]](#footnote-16)

As many more people age, they are not equally healthy or happy. The best educated are the best off. But many, if not most, experience some decline in health, mobility or cognitive function. Various forms of dementia abound and many find themselves living in institutions away from their communities and families. Suicide is a common problem[[18]](#footnote-17) and medical assistance in dying is increasingly sought out.[[19]](#footnote-18) Clearly, the issues facing the elderly are unprecedented in important ways.

Because of the expectation that medicine has an answer to every illness, we have lost the knowledge of our mortality. As a result, we need an expert to tell us we are dying.[[20]](#footnote-19) Not knowing where we are in our own story leaves us unprepared for dying. But further, the chaos of medical intervention at the end of life makes it hard for goodbyes to be said and for proper arrangements to be made. Physical and cognitive deterioration leave the elderly ill equipped to do the work of preparing to die.[[21]](#footnote-20) People often die in chaos and experience violent medical intervention instead of in an orderly drama in which everyone knows their part.

We have experienced an “erosion of the awareness of dying.”[[22]](#footnote-21) People see disability and chronic cycles of health challenges and rebounding as normal for the elderly and so do not recognize the dying process. Likewise, the support of those who are dying has eroded because staff see themselves as doing practical and medical care, and are not focused on the preparation for dying.[[23]](#footnote-22) Dying has become a “*terrifying this-world journey*.”[[24]](#footnote-23)

Shame now accompanies dying in a new way.[[25]](#footnote-24) Families and friends avoid institutions. There is a stigma to the debility of age. Our culture values youth and not age. The elderly have internalized the cultural disdain for old age. They find themselves treated like children and their needs subordinated to those of the young. In care facilities they are stripped of agency and isolated. They feel useless.[[26]](#footnote-25)

American attitudes about death have changed. It has become impolite to discuss death. Reminding people of their mortality is rude. Death has been hidden from view in hospitals and retirement facilities, instead of near at hand in homes, and has taken on shame. The common acceptance of mortality and the communal involvement in death, as well as the sense of its spiritual meaning, have disappeared.

In the United States, as more people live into advanced age, more families have smaller households with members spread over long distances. As a result, families are less able to incorporate aged members into multi-generational homes. Elders are frequently moved from their own homes into “continuing care communities.” These communities vary greatly. Some are focused on skilled care for those who are medically fragile or recovering from a stay in a hospital. Some are complex environments incorporating independent living, memory care units, as well as assisted living and rehab facilities. But all function to separate the elders from their family and community. Grandparents become people one needs to visit in a setting where young people are rare.

The reasons for this situation are complex. Sometimes the choice when an elder is no longer safe in their own home is between a “continuing care community” and having paid assistance in their home. Fewer families are able to have an elderly loved one live with them. Privately hired assistance can be difficult to find and is expensive. An elder may be even more isolated in their home than in a care community, where they can make friends, have people to eat with and there are activities they may enjoy. Many elders would choose any arrangement over moving into a son or daughter’s home. They fear being a burden or being resented.

Our choices for care for our elders are more often determined by our financial situation than by what we truly desire. In the United States, much of the experience of old age is determined by the policies of the Medicare or Medicaid systems rather than by what is best for the elder in question.

Because our elders are so often living in the company of other elders and not in multigenerational communities, we do not see them cope with their aging bodies or work through their fear of death. We do not see them die. We have effectively removed the challenges of the end of life from our sight, placing them behind the gates of these communities.

The hospice movement began in England in the mid twentieth century through the work of Dame Ciceley Saunders. “Saunders’ vision of hospice care constitutes…a universe, in which the experience of terminal illness can be processed and rendered meaningful.”[[27]](#footnote-26) While Saunders’ approach found meaning in an individualized spiritual journey, as opposed to the earlier generations’ communally meaningful narratives, it has formed the basis for today’s hospice movement’s approach to meaning. Hospice work stands out in the contemporary climate as the venue in which the journey of the spirit is recognized.

The move to pursue immortality by scientific means is one way that people are currently navigating the question of aging. A 2010 article in The New Yorker profiled one of the founders of the cryonics movement. He planned to have his body frozen after his death to await the day when his body could be unfrozen and resuscitated and restored to youthful vigor. Other approaches to immortality involve freezing just one’s head in the confidence that in the future one will be given a new body.[[28]](#footnote-27) For the process to be successful, brain function would have to be properly preserved which proponents believe cryonics does. However, the whole enterprise depends on a materialist perspective in which “consciousness, identity and personhood can be reduced to brain states.”[[29]](#footnote-28)

Strangely, the movement to promote assisted suicide also results from a materialist perspective that divorces the material life of the body from the life of the spirit. In this perspective, while proponents are notably skeptical about the value of extending life, they nevertheless judge the value of life by the state of the body.

## **Key Contemporary Voices**

There are several differing strands of thought in contemporary American approaches to old age. These can be divided into three categories: the Death of Aging, Death with Dignity, and the Journey of the Soul.

## **Death of Aging: American Academy of Anti-Aging Medicine**

The progress in medical science has led to the vast increase in the number of people reaching old age in our community and to the expectation that aging is like a disease we will someday soon defeat. This perspective is embodied in the approach to aging taken by the American Academy of Anti-Aging Medicine, A4M, which investigates various hormonal and nutritional approaches to defeating aging. This perspective is focused on the body and the process of aging at the cellular level. As the A4M states on their website: “The American Academy of Anti-Aging Medicine is dedicated to the advancement of healthcare technologies and transformations that can combat chronic diseases associated with aging.”[[30]](#footnote-29) It looks for a day in which technology can turn off the aging switch so that bodies stay young. Completely unaddressed is the question of what one will do with a body that doesn’t age. How does that affect the meaning of what Loder calls “a lifetime”?[[31]](#footnote-30)

Theodore Roszak considers the various scientific theories about how and why aging happens in our bodies. He wrestles with the possible consequences of efforts to give humans a vastly extended age. His book published in 1998 cannot include the latest research in this area but presents the major thrust of the materialist view of life and death. If our bodies are living machines and old age is simply a time of mechanical breakdown, then fixing them whether part by part or cell by cell, is only logical.[[32]](#footnote-31) This view however, leaves aside any moral or spiritual value to old age. Roszak further questions the cost of the obsession with youth: “What a shame it would be if we became a society that spent more time combing through ‘how to live forever’ best-sellers than acquiring the wisdom that is appropriate to elders and our only true consolation in the face of death. Fleeing mortality is no way to make ready for it.”[[33]](#footnote-32)

**Death with Dignity/ Medical Assistance in Dying**

The current focus on biology and on extension of life without thought to its meaning may be one important factor in the right to die movement. Roszak counts himself as one who would rather take steps to end his life than to live on and on in a deteriorating state.

Recently instances of what is called medical assistance in dying (or MAID) have risen sharply in Canada, where a law took effect in March of 2021 that significantly reduced the barriers to lethal medications given by doctors specifically to end life. Before the ruling, Canada had required candidates for MAID to be facing “reasonably foreseeable” “natural death.” As of this date, those who are not facing such a “reasonably foreseeable” death are also eligible to seek assistance from a doctor to end their life. According to the Honourable David Lametti, “The revised law respects the autonomy and freedom of choice of all Canadians to decide for themselves when their suffering has become intolerable, while protecting the vulnerable.”[[34]](#footnote-33)

The clearly underlying assumption is that there can be no reason for life to go on when it is painful. And in Canada the law may soon allow those whose suffering is mental rather than physical pain to access MAID as well.[[35]](#footnote-34) This perspective rules out the role of the spirit and chooses to ignore whatever spiritual task the suffering person may have before them. In fact, it is built on the assumption that physiology is life.

In the United States, Derek Humphry founded the Hemlock Society to advocate for the legality of assisted suicide after helping his wife die in 1973 when she was suffering from terminal cancer. He wrote about her death and his role in his book, *Jean’s Way*, in 1978, then wrote a how-to manual for suicide, *Let Me Die Before I Wake*, in 1985. His motivation seems to be based on the desire to relieve suffering and a horror of the medicalization of death in the latter half of the 20th century.[[36]](#footnote-35) Humphry was followed by Dr. Jack Kevorkian, a controversial figure who dared to provide lethal drugs to those who wished to die in the 1990’s. He courted attention by his activities, “publicly assist[ing] in more than 100 suicides.”[[37]](#footnote-36) His name is still evoked as shorthand for the right to die movement. While Dr. Kevorkian and Derek Humphry were on the fringe of acceptability in the 70’s, 80’s and 90’s, social acceptance of “death with dignity” as a response to old age or disease has become mainstream. As of March 2023, nine states plus the District of Columbia have legal provisions for prescribing drugs to end life, two have amendments pending, and eleven have legislation under consideration this year.[[38]](#footnote-37)

## **The Journey of the Soul: Richard Rohr**

While Christians rightly side in favor of life and against suicide, they may have been led into an overly simplistic view. The moral stance in favor of life for infants, the disabled and the elderly is called for by biblical ethics which sees value in all created life. But the ability of scientific medicine to prolong suffering when healing is not possible calls for a careful balance of values. It requires us to wrestle with the meaning of life. There is a middle ground between preserving biological functions at all cost and causing death. At some point, the time comes to let the natural progression of death go forward without interference. Dr. Dugdale quotes a family member of an eighty-eight year old man dying of metastatic cancer who refused to forgo resuscitation for her father as saying, “’We are Christians, and we believe that Jesus can heal. We believe in miracles. You do whatever you can to keep him alive.’”[[39]](#footnote-38)

Richard Rohr and other writers present a view of aging that acknowledges its challenges but sees deep meaning in the struggles and great power in the presence of elders in our communities. They present a view of human life that is more complex and meaningful than the mechanistic functional perspective of those who see only physiology and ignore the soul. Further, because they promote the ancient idea of a soul journey from birth to death, they add depth to the often overly simplistic view of Christians who seek miraculous healing no matter the age or circumstances of the patient. As Kellehear points out, our understanding of where we are on our journey matters greatly.

Rohr draws on Jung, Homer, and Erikson to present a view of the soul on a journey to God-- a soul that is coming to know itself and its place in the universe. Erikson’s stages of human growth and Homer’s account of the journey of Ulysses seem in some ways to reach back over the millennia to the approach to mortality of our prehistoric ancestors. The weakening and ultimate death of the body is intimately connected to the meaning we make of our lives. Rohr challenges us not to turn away from the developmental tasks of old age. James Loder writes about the theological meaning in the psychological maturing of each soul. Not all the aged are willing to engage in the final journey of self-discovery. As Rohr says: “The movement to second-half-of-life wisdom has much to do with necessary shadow work and the emergence of healthy self-critical thinking, which alone allows you to see beyond your own shadow and disguise and to find who you are ‘hidden [with Christ] in God,’ as Paul puts it” (Col. 3:3).[[40]](#footnote-39) What Rohr calls “shadow work” involves the difficult coming to terms with one’s vulnerability and failures. Engaging in this taxing work, however, leads to the elders’ wisdom celebrated by traditional cultures.

# Section 3: Synthesis and Conclusion

It appears that there is a broad consensus that the quality of life for older adults in the United States is problematic. The depth of the crisis is apparent in the way that doctors find themselves up against family members unwilling to acknowledge the approaching death of their loved ones, the growing willingness to choose a lethal dose of drugs over a natural death, the great expense of limited medical funds in the last weeks of life, and the isolation of the elderly in facilities facing the loss of dignity and community. It is clearly time for a rethinking of the meaning of old age in light of the wisdom of the Psalms and the example set by Simeon, Anna, and Paul.

The pre-modern perspective is in alignment with the Biblical perspective in its simple acceptance of mortality as something to be reckoned with by every person. Its emphasis on community and a journey of the soul also sit well with Biblical values. It is easy to see that Simeon accepts his mortality with peace because he sees himself as part of a community that understands itself to be part of an eschatological narrative that God is writing. Paul, in particular, gives voice to the journey of his soul. He has persevered through many trials because of the meaning he finds in his story; his service as a *doulos* serving his master. Paul understands his journey from birth to death as having meaning beyond the physiological in its connection with God’s purposes. His sense of meaning has been developed over the years of service in his wrestling with hardship. As he wrote in Romans, we “boast in our afflictions, knowing that affliction produces endurance, and endurance produces character, and character produces hope, and hope does not put us to shame” (Rom. 5:3-5). Paul has the eschatological hope in God’s work in the world that Simeon and Anna had. He came to that hope through a process of spiritual growth that was fueled by trial.

The contemporary view of old age, both secular and religious, is badly in need of a reclamation of the ancient clarity about the inevitability of death, the importance of community connection at the end of life and a well developed understanding of the soul’s journey toward its end in God’s purposes. Despite the popularity of hospice care, it comes too late in the journey to help most of us. Because hospice is rarely entered into until shortly before death, it does not help us understand more than the very last chapter of life. What we need is a guide to the last twenty years.

American Christianity has not had a robust discussion of aging and has left believers to make what they can of their longer lives. Most have absorbed the culture’s contempt for age and many have found little sustenance for the journey in churches where the work of the aging soul is not understood.

Contemporary western culture has such an embedded disgust for aging that it is shameful to speak a person’s age aloud after twenty-nine. The popularity of Botox treatments and hair color are signs of the strong cultural stance against any sign of age. It is worth asking why we are ashamed to be older than thirty. Could it be because we have lost an understanding of our lifetime journey? Like a motorcyclist who revs his engine and races in a straight line at top speed until the machine runs out of gas, we see our lives as a simple race to the end. Ancient wisdom tells a different story. It says the end of life is different from the beginning or the middle. Each stage has its important tasks and its joys and sorrows. Each stage has its meaning. If we could rediscover the important tasks and reclaim the meaning of old age, we could embrace our later years without shame.

This journey of the soul is the focus of the work of Richard Rohr and others. There are various ways of describing it and characterizing it, but it always integrates our mortality into our self-understanding, making sense of our short stories in the light of God’s big story. Knowing ourselves to be finite and mortal creatures, beloved and secure in God’s eternity, allows us to avoid the despair that leads to suicide and the grasping at immortality that fuels the cryonics movement. Moreover, it allows us to put medical intervention and anti-aging science in its proper place; seeing it as a tool that can give us a better quality of life if used within the context of respect for our finitude. It is when we forget that our stories have a beginning, middle and end, that we become confused about the place of medical intervention. Like the Christian family member who desires that every measure be used to prolong her father’s life, we forget that death is a part of our story and can be avoided only so long.

It seems that evangelical literature is weak in confronting the challenge of old age. The strongest Christian responses to its challenges come from Roman Catholic writers. They are not afraid to cast the journey from birth to death in mythic terms, drawing on the psychological depths of mythology and the work of philosophers ancient and modern. Evangelical literature, when it addresses the issues of age, tends to see it as an opportunity to continue to live faithfully by the same virtues that were exercised in younger years. Rohr and other Catholic writers articulate the need for a spirituality of old age that is qualitatively different from the spirituality of youth or middle age. This is the robust approach that promises to equip us as Christians to live with the faithfulness of Anna, Simeon and Paul.

My Study

It is in this landscape that our sisters and brothers are making their way toward eternal life. My study has centered on the spiritual needs of aging Christians in the context of First Presbyterian Church in North Palm Beach. We have on our rolls about 200 who are 80 or older including more than 40 people who are 90 or older in a membership of about 800. The church is mostly white and Anglo with some Hispanic and some African American or African Caribbean members. First Presbyterian is an ECO Presbyterian church. ECO is a denomination with about 400 churches across the US, many of which have similar demographic percentages to ours. Our congregation, like many ECO churches, is in a suburban area. The surrounding population is primarily white and financially secure. Many of our older people worked as engineers for Prat Whitney, an aircraft engine developer. They are used to solving problems practically. There is a matter-of-fact unemotional cast to the way they approach life.

# Root Causes

The underlying causes of the spiritual difficulties of older Christians are multidimensional. They stem from an unbiblical philosophical perspective that values agency and autonomy and finds little use for dependency. When aging impacts the autonomy of older believers, they struggle emotionally and spiritually as they lack a framework for understanding their value in the community of faith.

The church community has failed to lead conversations about different stages of life and their requisite spiritual tasks. The focus on youth in both the culture and the church can lead to a lack of opportunities for elders to interact with younger members of the congregation or to share their gifts.

The ways in which older Christians expressed their faith in the past can be out of reach as they decline in energy. Yet they may not have learned the contemplative spiritual practices which could be more appropriate for their time of life.

## A Pastoral Approach to the Problem

Pastors are often ill equipped to help older Christians as they have not experienced the distinctive challenges which older people face and have not studied how to help them. Further protestant theology and practice are weak in their understanding and approach to both suffering and the body. Since older people are specifically encountering bodily suffering, this weakness hampers pastors’ ministry. Since living long enough to die of old age is a relatively new phenomenon, previous generations did not experience the same urgency to address the issues of aging. Perhaps as a result, few resources exist that address them.

My project consists of a curriculum for a Zoom cohort style class for pastors and other spiritual leaders to familiarize them with the challenges that older believers face and equip them to encourage those they encounter in ministry. The curriculum includes an exploration of: historical and current trends, the seasons of life, the problem of the Protestant work ethic, the call to follow Jesus into his passion, the seven movements of the soul in late life, the value of composing a life story, and suggestions for midlife preparation for aging.

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5. Dugdale, *The Lost Art of Dying,* 20–21. [↑](#footnote-ref-4)
6. Dugdale, *The Lost Art of Dying,* 31. [↑](#footnote-ref-5)
7. Dugdale, *The Lost Art of Dying,* 31. See also Aries, *Western Attitudes Toward Death,* 58-61. [↑](#footnote-ref-6)
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14. Kellehear, *A Social History of Dying,* 199. [↑](#footnote-ref-13)
15. Kellehear, *A Social History of Dying,*198–99. [↑](#footnote-ref-14)
16. Kellehear, *A Social History of Dying*, 207. [↑](#footnote-ref-15)
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23. Kellehear, *A Social History of Dying,* 211. [↑](#footnote-ref-22)
24. Kellehear, *A Social History of Dying,* 212. Italics original. [↑](#footnote-ref-23)
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