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Doctoral Thesis
**SUICIDE PHENOMENON IN MISSIONARY
CHRISTIAN AND PSYCHIATRIC CONTEXT**

- abstract -

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We hereby inform you that on 27th of November 2012, the PhD Candidate Speranța-Giulia Herea shall perform the public lecture presentation and defense of the PhD thesis „**Suicide Phenomenon in Missionary-Christian and Psychiatric Context**” to be awarded the degree of Doctor of Theology, in *Sala Profesorilor* of *Dimitru Stăniloae* Faculty of Orthodox Theology of Iasi, Strada Cloșca nr. 9, Iași, 700066, Romania.

We hereby submit the doctoral thesis abstract and invite you to participate in the public lecture presentation and defence of the PhD thesis.

Motto:

“But now that you have been set free from sin and have become slaves of God, the return you get is sanctification and its end, eternal life. For the wages of sin is death, but the free gift of God is eternal life in Christ Jesus our Lord.”

(Saint Paul’s Letter to the Romans 6:22-23)

The doctoral thesis, *Suicidal Phenomenon in Missionary Christian and Psychiatric Context*, is coordinated by Gheorghe PETRARU, Pr. Ph.D. Professor and seeks to analyze the autolytic act from multiple perspectives and to subsequently identify general valid solutions, applicable within our Church, regarding prevention and postvention of the autolytic act, considering that the topic is a very sensitive real fact, of major importance, representative for the religious, socio-economical and identity crisis of current society.

In every period taking it into consideration, the suicidal act has been considered to be of great interest.

In reference to the research and assessment of the suicidal phenomena, the reasons to write on this topic are based on personal observations within both medical and theological fields of activity, as senior nurse in psychiatric hospitals and wards and as teacher of Religion in pre-universitary educational system.

Furthermore, the discussions about an objective view on the suicidal phenomena with members of the two above mentioned fields of activity contributed to the identification of a certain weak tie of the highly complex connection between relations such as prevention, spiritual and religious support, psychological and

psychiatric services, and postvention assistance.

To this extent, taking into account the particular aspects of suicide with reference to Religion as well as to Medicine, the hereby paper addresses the phenomena within two contexts: from both the religious and missionary view and the psychiatric perspective.

The assessment has been performed as a need for complementarity between the two vocational branches of knowledge that according to the definition they both directly relate to human beings, particularly with those affected by the psycho and/ or somatic disorders. In truth, the necessity of a complementary study has been required by the complexity of the suicidal act, by the lack of efficiency of the unilateral methods applied by the decision and performance factors of the two disciplines, by the dual nature of human being in need of simultaneous healing of the body and soul, by the medical and religious needs of those in pain as well as, from an objective view, by the specialty studies on medicine, psychology, and sociology that have always proven the protective role of religion for the persons under suicidal risks.

Throughout time, as the historical records of the phenomenon can prove it, every domain, either medical or theological, has given the autolytic act a special consideration, but the actual studies focused on the assessment of suicide remained apart from

the area of medicine. Yet, even though from an ecumenical perspective, theology has also studied this subject of interest extensively, in an antinomic relation, analyzing and focusing on the phenomenon of *life*. In fact, to a certain extent the suicide can be considered to have an „ecumenical” condition as it is mutual for all religions and neither one can prevent it among its members.

Furthermore, the hereby paper also presents the efforts and performance of Saint Basil the Great who has connected the medical and religious activities and subsequently has founded the modern-day hospital. In this space called later *Basiliade*, together with physicians and priests, thousands of misfortunate victims of life, with their unhealthy body and soul, or maybe only with their bodies in suffering, have joined souls, praised the Lord who gave them a providential hierarch relieving, comforting and enlightening them with the light of his love and always revealing Christ, the Light, Man of sufferings and the One who has truly understood pain. Moreover, Saint Basil the Great himself was a remarkable mystic and one of the most important theologians but also a great sufferer. Thus, nobody but himself could understand better the necessity of connecting the medical knowledge with the theological one in order to complementarily apply the methods of each domain for the purpose of reducing and even preventing the people sufferings.

There is no doubt that, by an accelerated transformation, the

suffering can become the worm gnawing progressively and continuously the body, soul, mind and conscience of human being. When this degree of distress becomes unbearable, the suffering should be considered with wisdom and from a spiritual point of view; if not, the suffering can become the source of a dramatic succession of events and even tragedies. This feeling can become intense and permanent and can determine many of our fellows, either good or bad, pure or sinful to consider suicide the single solution to find “peace”, not knowing that by ending their own lives they sink themselves in greater restlessness, unease, and pain to which only Church can, possibly, offer release.

Unfortunately, some people committed suicide not because of suffering, but because of losing volitional control due to a manipulation of the so-called religious leaders, sect followers with mental disorders in truth, which persuaded the sect members to commit suicide after a longer or shorter period of indoctrination, complete submission and degradation until occurrence of dehumanization. In these exceptional cases one question should be asked: Who bears the fault? The one committing suicide, considering the fact this person practically has no will, the mentally disordered leader, everybody, or nobody? Personally I believe it is difficult to give an accurate answer. Only God knows. Perhaps in particular situations God has particular answers that do not comply with the rules, norms or laws we are aware of. Either

way, no matter the solutions God has, going beyond our comprehension, the Christian society and the secular society as well, the missionary Church and the State, also are required to be concentrating on and to implement measures in order to prevent from the above mentioned tragic situations.

Medical services, particularly the psychiatric services develop activities of intervention during suicidal crisis but the prevention and postvention assistance is hardly performed and, in best cases, within a very short period of time. Actually, because of the subtle and sensitive aspects, the autolytic act can hardly be prevented at community level because one simple allusion to suicide can turn both ways: it can stop or it can stimulate it.

From another angle, the present thesis illustrates the concerning phenomenon descriptively and analytically, including its progress status during the last years, by means of an analysis of the suicidal cases in the County of Iasi, within a 6-year period (2004-2009). I hereby acknowledge that the statistic assessment could have not been performed without the collaboration of the Institute of Legal Medicine „Mina Minovici” (I.M.L.) Iași branch, of the University Hospital of Psychiatry „Socola” Iași, and the collaboration of Iasi Register Office (O.S.C.).

Until now, no study has ever been performed in the county of Iasi in order to present the suicidal phenomenon in a balanced and statistical manner, from double perspective, missionary-religious

and medical respectively, providing a “map” of the suicide cases within the territory of Iasi.

Moreover, up until now, at either regional or national level, no official activities could have been identified regarding the design and development of a department of suicide attempt prevention and assistance services that would interconnect the activities of physicians, psychologists, theologians, and even of sociologists.

The individual study I have completed is focused on the suicide acts committed in county of Iasi, throughout the above mentioned period of time, and analyzes in detail a series of particular aspects of the autolytic phenomenon, on a population comprising almost 93% Orthodox Christians.

In the county of Iasi, during the analyzed 6-year period, 679 suicide cases were committed, representing 3,96% of the total number of cases registered at national level. The most frequent cases involve men; the men/ women ratio is about 4/1.

The study shows that the average age of suicides is age 45, the most frequent is age 49, and the most commonly affected segment is between 33 – 56 years of age.

Based on the investigated group of suicides, men commit suicide earlier than women.

Also, the study indicates the most frequent cases happen in the rural environment; an analysis of rural/ urban cases proves approximately 1.4/ 1 ratio.

The registered data show the socio-economical status of 358 persons: 23.46% employees, 32.4% were retired, 32.4% were unemployed or without profession, and 11.45% were pupils or students.

In the present study, the educational level is available for only 358 persons. Therefore, 9.04% indicate higher education, 66.57% secondary education and 0.55% without education.

The comparative analysis regarding the blood type distribution in Romania indicated a percentage close to unity. Though, a conclusion can still be asserted – the people with the blood type A(II) and AB(IV) commit suicide in a slightly higher percentage than the other two groups representatives.

Taking into account the season and the hour of suicides, the highest amount of suicidal acts is registered during summer (28.57 %), and the preferred time interval is 5.00–18.00.

Also, 288 of the 679 suicides were registered with alcohol consumption (42.42 %) at the moment of committing the lethal act; 267 were men and 21 were women.

In reference to the method chosen for suicide, the most frequent method was hanging (70.4 %), followed by self-poisoning (11.04 %), auto-defenestration (9.13 %), drowning (3.4%), self-immolation (2.06 %), and other methods representing 3.97% of total cases.

In relation to the cases under study, 189 medical records were

identified at the “Socola” Hospital of Psychiatry. The most involved mental disorder was depression (67 cases), followed by alcoholism (60 cases), schizophrenia (13 cases) and delirium (10 cases). Suicide notes were identified for a very low number of records (only 19).

In addition to the indicated results, the study presents a “map” of the suicidal acts at community level, as well as a “map” elaborated according to the districts of the city of Iasi.

These maps can be used by the executive factors of Church, respectively by the Orthodox clergy within Metropolis of Moldavia and Bucovina, for the purposes of improving the preventive actions and of stimulating the missionary activity of the priests in the areas with significant suicide history records.

Analyzing the map distribution of communes based on the number of suicides and suicidal rates, we can identify their concentration around the Iasi city while the North and North-West areas are almost unaffected. There is no doubt that the city itself cannot be responsible for the suicide rates in the communes of the neighbourhood areas; from an economical point of view, the city can be considered a stabilizing factor for the rural population. Probably other type of factors should be considered regarding this particular distribution.

The study has also underlined an intensification of the autolytic acts during the period between the two important Christian

Holidays: Easter and Christmas; the raise is 22% in comparison to other periods of the year. Moreover, due to a comparative inter-confessional assessment, the study shows that the rates of suicide of Orthodox Christians are slightly higher than those of Catholics.

The observations and analyses presented in the study are meant to argue also that, beyond cold figures and percentages required by a scientific paper, endless bitter tears, deep cries and weeping, terrifying sufferings, afflictions, unbearable feelings, forbidden loves, and so many others hide, secretly covered by the darkness of forgetting, remaining silent and inaccessible to the researcher for eternity. Actually, during the few months spent in the cold basements of the Institute of Legal Medicine and of Iasi Register Office, day by day I have felt the unspeakable heaviness of a space filled not with thousands of folders with records of the last details about some people's violent death, but, more likely, of a space filled with unfinished suffering, with weeping, pain, uneasiness, and crying for help coming from faraway, yet from a space closely related to the one who passed away. I have born within their restlessness and grief, even during my night dreams. Maybe it was just the impact of this strong experience, maybe it was something indefinite between dreams and truth, maybe it was reality itself. But, if dreams, good or bad, pleasant or not, are illusions and always go away, the reality of their tragedy is endless.

Experiencing all this made me wonder: What could be done?

Moreover, does anyone take responsibility for these tragedies? Maybe it is difficult to answer.

In reference to our missionary Church, to avoid this tragedy, the cause itself should be considered, and the fundamental cause of the suicide is the suffering because, no matter what is causing it, the suffering can lead to unfortunate actions, with major consequences on both levels of body and soul, such as it happens in the case of suicide. Therefore, second of all, the missionary Church should balance the suicidal tendencies by emphasizing the values of life, the beauty and uniqueness of life, irrespective of the human problems inevitable for every single man.

Furthermore, to decrease the suicidal phenomenon, the missionary Church can found a self-administrated centre for the prevention of suicidal acts, managed by an exclusive team of theologians, properly trained on suicidal matters providing counselling to those under suicide risks. In comparison to the exclusive psycho-medical staff, such a team would be greatly advantaged due to the act of Confession; the persons prone to suicide can be identified more easily and to a larger extent. The persons confessing would be directly nominated; in the same way, there would be persons indirectly identified due to the spiritual son spoken fears about close persons (relatives, friends, colleagues, etc.) with a problematic existence. In such cases, the confessor is required to analyse in detail the situation, or he might answer in

front of God for his lack of care. Therefore, when the priests taking the confession identify such tendencies, beside their own support (prayers, advice, and material or financial support if need be), they can also indicate to the persons under discussion the theological centre specialized on suicidal aspects and providing counselling and assistance.

I personally consider that the most efficient method for suicidal phenomenon management would be the founding of some centres on prevention, combining both medical and religious areas, prevailing prevention and postvention on long term, including assistance services on short and medium terms for the families affected by the suicide of one of their members. .

The spiritual preventive actions might include some general activities diminishing the suicidal act:

- building of a group of different specialists within medical-religious area, with the purpose to work in centres providing prevention and postvention of the autolytic acts.
- consolidation of the brotherhood relationships within the Orthodox Christian community;
- religious support (including the performance of special hierurgy) and psycho-affective support provided immediately and unconditionally to the corresponding families;
- use of a specific set of questions concerning the suicidal tendencies, asked by the confessor during confession in order to

identify the persons under risk (the questions can be elaborated at episcopate level);

- dissemination of brochures in Church, on the occasion of the Divine Liturgy, or to people's homes when the priest performs his pastoral visiting. The brochures should present, among other things, the beauty and value of life itself. Also, information on the centres providing help in case of critical situation should be included.
- regular prayers within Church (the Episcopate should set the prayers content and frequency) for those who committed suicide;
- encouragement of the people to spend their spare time in praying and spiritual meditation, in order to focus their mind activity towards spiritual thoughts providing sense of freedom and comfort;
- foundation and coordination of a society of those with suicidal tendencies or who have experienced a suicidal attempt and are willing to prevent themselves from suicide;
- collaboration with mass media specialists attempting to balance the ratio between the "public rating" about suicide on one hand, and the risk of developing the phenomenon because of an exaggerated dissemination of information on autolysis cases, on the other hand;
- last but not least, perseverance in maintaining the continuity of

all spiritual prevention programs because only the long term programs supported by the community can have an impact on actual decreasing of the suicidal ratio;

- Furthermore, it might be necessary to provide an interface as a bonding between the two traditional classes of therapists that, due to their profession, they are either in the exclusive medical area (physician and psychologists), or in the exclusive theological area (parish priests, missionary priests, social workers). This interface would include a new class of specialists, capable of comprehending and facilitating, correctly and coherently, the informational transfer towards the other two classes of therapists and capable of contributing, deeply dedicated, to the transformation and subsequent healing of those with suicidal tendencies.

All in all, the hereby thesis intends to clarify and to objectively emphasize the current status of the suicidal phenomenon and additional issues, within the county of Iasi, as well as the capacity and the missionary role of our Orthodox Church to contribute to the decrease of this phenomenon, both at community and social level and at the level of the psychiatry or/and oncology by the implementation of special programs within a medical and religious department on suicide prevention and religious-medical assistance to persons with suicidal attempts.

In the end, I would like to complete my abstract with a quote

from an old book of wisdom, the Egyptian Patristic Writing that can summarize this thesis in reference to the suicide prevention:

<<Abba Anthony said: “I saw all the traps of the enemy spread over the earth, and groaning, said What could get through these? And I heard a voice saying to me: *Humility, Anthony!* ” >> And I now ask myself: Has history ever recorded a suicidal act of a humble person? Not a person humiliated (by others), but humble within him/herself, in his/her actions, thoughts, self-conscious, in whole being, revelation and natural understanding of things and phenomena. Probably not. Therefore, this is the nature we all have to achieve so that we could be truly alive!