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The Collective Conversation

Weekly Torah Essays from the

Young Israel of Scarsdale Community

Sefer Vayikra **Parshat Behar** **Iyar 5782 / May 2022**

Grief and Consolation

By Alan Seplowitz z"l

Alan Seplowitz was a brilliant doctor whose understanding and love of Judaism was a constant guide, always on display in family, community, and professional endeavors. His ability to seamlessly merge Jewish thought into his professional life is evident in this lightly edited address he gave to the Chevra Kadisha at the Mount Sinai Jewish Center on March 5, 2006.

Does anyone want to go to a doctor who is the guest speaker for a burial society? Rabbi Schnaidman asked me to speak about "grief and consolation." So I will make some observations and remarks about bereavement and grief. The consolation will be that I will not speak for too long.

I appreciate that this is a traditional time of year for communities to honor their *Chevra Kadisha*, close to the seventh day of the month of Adar, the date held to be the yahrzeit of *Moshe Rabeinu*. But Adar also carries a strong tradition of rejoicing thanks to the holiday of Purim. The celebratory nature of Purim radiates to the rest of the month and confers upon Adar a generally joyous atmosphere. So it seemed somewhat ironic to be talking about grief and consolation only nine days before drinking and feasting.

But then I was reminded of a passage in a *megillah* that we do not read on Purim, the seventh *perek* of *Kohelet. Kohelet* states that he would rather visit a *beit avel* than a *beit mishteh*. He prefers a house of mourning to a house of feasting. Had he known about Purim, which of course, he did not, he surely would have welcomed an invitation to a Purim *seudah*. *Kohelet's* mention of a house of feasting refers to a place where partying reaches a point of excess and questions the moral integrity of participants.

And what of a house of mourning? In the ArtScroll edition of *Megillat Kohelet*, the commentators reflect that the visitor to a *beit avel* will be moved to self-examination, and seek to better his own ways. The visitor seems to need the *beit avel* to keep him from the temptations of the *beit mishteh*. He needs a visit to a *beit avel* to regenerate his own moral strength, to purify his own soul, to give himself the feeling that someday others will be moved to mourn for him. Now, this is all well and good! But there seems to be a piece missing from the puzzle. The emphasis isn't in the right place. The visit to a house of mourning is not primarily for the betterment of the visitor; rather it is to confer some comfort to the mourner, to the bereaved person who is struggling to overcome the grief that naturally follows the death of a close relative, *yenachaym etchem*. It is what the mourner gets out of the visit, not what the visitor gets, that really counts. And what of the mourner who is not readily comforted? What of the mourner who remains deeply depressed for a prolonged period of time? What of the mourner who just cannot seem to rejoin the mainstream of life when the time has come to do so? This is where the medical profession can be of help.

Psychiatrists and other physicians have long recognized that symptoms of grief occur in healthy, well-adjusted people who have lost a loved one. These symptoms may include a yearning for the deceased person, a sense of apathy or futility, difficulty sleeping, loss of appetite, irritability, and even self-blame. According to

a standard textbook of psychiatry that was in use when I attended medical school, these symptoms may occur in a healthy individual for one to six weeks after the death of a loved one. By six months, the symptoms should be minimal. This normal grief reaction should require no medical intervention. But a recent review from the University of New Mexico reported that 40% of bereaved adults met the criteria for major depression at one month, 15% were still seriously depressed at one year, and 7% remained seriously depressed at two years. The people with prolonged major depression were said to have been helped by antidepressant medication; psychotherapy proved no better than a placebo for these patients.

Psychiatrists have identified a subset of bereaved individuals who have more serious symptoms even than those with so-called major depression. These individuals, who require more aggressive intervention and support, have what has been termed complicated grief reaction. They generally are unable to accept the fact that their loved one has passed away. They are completely preoccupied with thoughts of the deceased. They cry frequently and yearn for and search for the return of their loved one. These individuals can not care for themselves and are not going to function well in society. They need professional help and the support of family and the community.

Which bereaved individuals do the best? A Dutch study tracked 326 adults for three years after the loss of a first-degree relative. It concluded that positive thinking was the most reliable sign of a healthy recovery from bereavement-related depression. In other words, mourners who missed their deceased loved ones but still believed that they themselves had a future did well. Mourners who were saddened by their loss but still saw that life could bring happy times did well. Mourners who were saddened by yesterday but who looked forward to tomorrow showed the healthiest rebound from normal bereavement-related depression.

Why is it that some bereaved individuals who need professional help do not seek it? A study conducted at Harvard University focused on bereaved older adults who were living in the community as opposed to an institution or assisted-living facility. What emerged as the key factor in keeping such individuals from seeking needed help was their perception of a stigma associated with a mental health diagnosis such as depression. This prolonged the depressive symptoms and delayed the resumption of a healthful lifestyle.

In essence, *Kohelet* and the modem medical profession are on the same wavelength. Both recognize that there is an appropriate time for crying but also a time for laughing and dancing. Both see that the mourning process is a normal mechanism with redemptive value. *Kohelet* sees how the process can even benefit others. Modern health professionals appreciate that the process helps intrinsically healthy people rebound from despair and move on with their lives. But when the time for crying has passed, and yet the crying has not ceased, professional intervention can help. When it is time to resume partaking of life's celebrations, but an overwhelming sense of loss squelches any enjoyment of life, it is time to seek help.

And there should be no shame in seeking help that is appropriate. The shame is in letting the death of a loved one perpetually deprive the survivor of the will to go on in a healthy and meaningful way. The shame is in letting the survivor think that he or she will never be able to laugh again. The shame is in not letting the survivor realize that he or she can still miss the deceased but yet find aspects of life about which to smile.

Thank you for listening. *Boker tov*.

Alan, z"l, and Betty joined the Young Israel community more than 40 years ago; their children, Jonathan, Jaimie and Rhoda grew up here. Alan's sister, Rena Seplowitz and brother-in-law, Steve Keller joined the community several years later.

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