

## When Choosing Life Is Hard

Sermon for Yom Kippur Morning 5779/2018

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Anthony Bourdain took us on grand adventures to exotic places with intriguing tastes and smells. His television show, “Parts Unknown,” brought us to far-flung lands like Bhutan and New Zealand, and to places closer to home with hidden culinary gems, like food trucks under the “L” in Queens and downhome cooking in the mountains of Appalachia.

Tony was a raconteur with a gift for connecting with people, mostly through the age-old custom of breaking bread together. He was a renowned chef, an acclaimed writer, a loving father, a friend, and a down-to-earth guy who wore his heart on his sleeve. Tony brought the world into our homes and made us feel like part of an extended human family.

He was vital, brilliant, passionate — as alive and as human as one could be — and then he was gone — dead, at age 61. He was in Alsace, France, taping a new episode of “Parts Unknown” with his best friend, chef Eric Ripert, when he didn’t show up for dinner...and then he missed breakfast. He was found dead in his hotel room, where he had hanged himself.

Tony’s suicide came as a shock to many, including his mother, Gladys, who told The New York Times she had no idea why he killed himself. “He had everything...” she said. “He is absolutely the last person in the world I would have ever dreamed would do... this.” Numerous friends expressed similar thoughts. “He was happy.” “He’s never been happier,” said one. Another said: “...his last words to me were: ‘Love abounds!’”

How could a person seem so happy, yet choose to end his life? The simple, tragic answer is: depression. Deep, dark, depression. Anthony Bourdain, like so many, suffered from clinical depression.

Every year 45,000 Americans take their own lives. For every death, there are about 25 attempts. And the number one root cause of suicide is depression.

I speak about this on the holiest day of the year because our tradition teaches that *pikuach nefesh* — to save a life, is the highest mitzvah. Tony Bourdain did not need to die. And thousands of others who suffer as he did can be saved. Unquestionably, loved ones of ours are to be counted among them.

We need to talk about depression, to better understand what it is — and what it is not — to dispel the myths and the taboos, so we can help those who suffer.

Clinical depression is a complex life challenge. It is accompanied by strong feelings, but it is more than a state of sadness. It is also a physical ailment, and the more extreme the case, the greater the physical symptoms. Depression is a brain disorder, a disease that afflicts an organ of the body like any physical illness. Sometimes people hear “depression” and think, “Oh, I’ve felt down or blue,” so they think they know how it “feels.” They don’t. People who’ve endured clinical depression speak of numbness, profound hopelessness, and the inability to feel emotion. We need to hear their voices to understand what those who suffer need from those of us who care.

It is also a mistake to label every sadness as depression. Sadness is an emotion — a valuable one at that. We feel sadness when harm comes to something we value. We feel sadness because we care. Something would be terribly wrong, for instance, if a loved one died and we didn't experience sadness. The pain of loss is a measure of love. It has value, meaning, and purpose.

Depression can't be wished away, and sadness shouldn't be.

According to our faith, suicide is a sin. If Judaism had such a thing as cardinal sins, this would be one of them, because life is sacred — each and every life. “Whoever destroys a single life has destroyed an entire world,” says the Talmud, and “whoever saves a single life, saves an entire world.”

Jewish law is clear. One who takes one's own life is not to be eulogized or buried in a Jewish cemetery and is not to be mourned. But that is not the last word. In typical Talmudic style the rabbis go on to ask: when is a death to be considered a suicide? What if the deceased had regrets or repented at the last minute? Since we cannot know, we give the benefit of the doubt and assume the person had a change of heart. And if this is not enough to exonerate the deceased, we conclude that the person was not in his right mind, since no one in their right mind would choose to end their own life. Functionally then, no death is considered a suicide. This is the bottom line of Jewish law.

The compassion shown here for the survivors is laudable, but it comes at a price. There is an inherent judgment of the deceased. He was crazy. She was out of her mind. One of the main reasons people don't seek treatment for depression is shame — the embarrassment associated with mental illness, the fear of being labeled “a crazy person.”

In today's Torah reading Moses calls heaven and earth to witness that God “has placed before us life and death, blessing and curse. Choose life!” we are told. The message is clear: life is a blessing and death is a curse.

But for many who suffer from clinical depression, life is not a blessing and death is not a curse. In the depths of depression, death is seen as a blessed release from unspeakable pain, and so to wish for it from that dark place is not crazy or irrational.

Parker Palmer is an acclaimed author and spiritual guide who has helped many people find direction in their lives. Yet, during his two bouts with depression, he nearly lost himself. “Hour by hour,” he writes, “day by day, I wrestled with the desire to die, sometimes so feeble in my resistance that I practiced ways of doing myself in. I could feel nothing except the burden of my own life and the exhaustion, the apparent futility, of trying to sustain it.”

The darkness that enveloped Parker was so intense that he would have done most anything to make it go away. Yet, he was hesitant to seek help, not because he was in denial, but because of the stigma attached to mental illness.

“In our culture,” he writes, “people who are perceived as doing worthwhile things, or who are perceived as being successful aren't supposed to be depressed. And so, when you find yourself depressed, one of the first thoughts is, “I can't let anybody know about this because it is so shameful, so profoundly contradicts the image I have so carefully built up over the years, that it has to be kept as a dark and dirty secret.”

Martha Manning is a Doctor of Psychology and a practicing therapist who experienced her own devastating, life-threatening depression. In her memoir, *Undercurrents*, she speaks poignantly of her struggle to survive and her desperate desire to escape her unremitting agony.

“I want to die,” she wrote, “I can’t believe I feel like this. But it’s the strongest feeling I know right now, stronger than hope, or faith, or even love. The aching relentlessness of this depression is becoming unbearable. The thoughts of suicide are becoming intrusive. It’s not that I want to die. It’s that I’m not sure I can live like this anymore. ... suicide is an end to the pain, the agony of despair, the slow slide into disaster... I don’t want to die because I hate myself. I want to die because... I love myself enough to have compassion... to want to see it end.”

When Manning realized she was spiraling downward toward oblivion she reached out for help, for medication and for therapy. She felt humiliated that she couldn’t deal with it herself. She felt like a hypocrite for claiming that she could help others when she was such a mess herself. She felt worthless. But she got the help she needed.

Depression comes in many forms. Some, as Parker Palmer notes, are believed to be “primarily genetic or biochemical and will respond [best to medication;] some are situational and will respond only to inner work that leads to self-knowledge, choices and change; some lie in between.”

But some cases, like Manning’s, respond to neither drugs nor therapy. She made a tough decision to try ECT, electroconvulsive therapy. I mention this because she credits it with saving her life and we need to understand that.

And I share this because some of the reactions she received expose the huge stigma still attached to mental illness and some of its treatments, especially ECT, which evokes outdated images of torture.

After a period of reluctance Manning began to talk about her treatment only to discover how uncomfortable it was for people to hear. One acquaintance responded with outrage, “How could you let them do that to you?” To which she bristled and responded, “I didn’t let them do it... I asked them to do it.” “But why would you ever do that?” she insisted. “Because I was trying to save my life,” answered Manning. “Aren’t you being just a bit dramatic?” she said. “Depression is hardly a life-and-death condition.” “You want to bet?” answered Manning. “I was as close to death as I ever want to get.”

“Nobody bats an eye when electricity is delivered to a stalled heart,” said Manning. “There is no outcry. In fact, it’s considered a miracle.” ECT is not without its downsides, but as a treatment that can save lives, it is a miracle.

After the suicide of Primo Levi in 1987 the Pulitzer Prize winning novelist William Styron published an article in *The New York Times* revealing his own struggle with depression. It was entitled, “Why Primo Levi Need Not Have Died.” Levi was an acclaimed chemist, writer, and a Holocaust survivor, whose death sparked a debate that lasted for years. Some attributed his suicide to the enduring and unbearable pain of his experience in Auschwitz. Others couldn’t accept that he had any death wish at all. The literary critic Alfred Kazin refused to believe that a man who was “so happy and full of new projects” could have wished to end his life. Another friend insisted that Levi must have had a “sudden uncontrollable impulse.”

Styron cut through the sophistry and declared that Levi took his life because he was in the throes of a deep clinical depression that could have and should have been treated. Primo Levi didn't have to die, and neither did Anthony Bourdain, Kate Spade, and so many others who have been lost to the scourge of depression and other treatable forms of mental illness.

In Bourdain's case, there were clear signs that he was struggling, and he knew it. In an episode of his show set in Argentina in 2016 there are scenes of Tony on a therapist's couch. When the therapist asks what brought him into the office, Bourdain says ... "I will find myself in an airport, for instance, and I'll order an airport hamburger. It's an insignificant thing, it's a small thing, it's a hamburger, but it's not a good one. Suddenly I look at the hamburger and I find myself in a spiral of depression that can last for days."

In real life Tony had recently sought help, but tragically, he didn't follow through with it. I share this not to blame the victim, God forbid, but to make an important point. According to the National Institute of Health, one out of every five Americans has some form of mental illness, and fewer than 50% receive treatment of any kind. Could you imagine if fewer than 50% of people with heart disease or cancer received medical treatment?

If one in five people has some form of mental illness it means that there are many among us here today who are suffering, most in silence. That is heartbreaking. If you think this might be you I implore you to seek help from a qualified mental health professional, or from your physician. There are effective treatments and therapies that can help. I am not a mental health professional, but I can refer you to one, and I am someone safe to talk to. So please do!

There is hope and the promise of renewal for those who suffer from depression. And there are things that all of us can do to help. This story offers great wisdom to guide us in the work of healing broken souls.

Once upon a time there was a prince who became delusional and thought that he was a turkey. He felt compelled to sit naked under the table, pecking at bones and pieces of bread. All the royal physicians gave up hope of curing him. The king grieved tremendously.

A sage arrived and said, "I will undertake to cure him." The sage undressed and sat naked under the table, next to the prince, pecking at crumbs and bones.

"Who are you?" asked the prince. "What are you doing here?"

"And you?" replied the sage. "What are you doing here?"

"I am a turkey," said the prince.

"I'm also a turkey," answered the sage.

They sat together like this for some time, until they became good friends. One day, the sage signaled the king's servants to throw him shirts. He said to the prince, "What makes you think that a turkey can't wear a shirt? You can wear a shirt and still be a turkey." With that, the two of them put on shirts.

After a while, the sage signaled again, and they threw him pants. As before, he asked, "What makes you think that you can't be a turkey if you wear pants?"

The sage continued in this manner until they were both completely dressed.

Then he signaled for regular food, from the table. The sage then asked the prince, “What makes you think that you will stop being a turkey if you eat good food? You can eat whatever you want and still be a turkey!” They both ate the food.

Finally, the sage said, “What makes you think a turkey must sit under the table? Even a turkey can sit at the table.” The sage continued in this manner until the prince was completely cured.

This story comes from Rebbe Nachman of Bratslav, a great Chassidic teacher who also struggled with depression. The power of the story lies in the wisdom and kindness of the sage who offers no judgment, and very few words. It is the patient presence of a caring person that matters more than what is said.

Parker Palmer speaks of his friend Bill who stopped by his home every afternoon and massaged his feet for a half hour. “He found the one place in my body where I could still experience feeling...” said Parker. Bill rarely spoke, but when he did he never gave advice, only gentle words of affirmation and encouragement. “I can sense your struggle today.” “It feels like you are getting stronger.” “I could not always respond,” writes Parker, “but his words were deeply helpful: they reassured me that I could still be seen by *someone* — life-giving knowledge in the midst of an experience that makes one feel annihilated and invisible.

Gandhi once said: “There are people in the world so hungry that God cannot appear to them except in the form of bread.” For many who are severely depressed God can appear to them only in the form of a loving, caring friend who says little, caresses gently, and affirms life with a soft and tender presence. When we act in this way our hands become God’s hands. We become conduits of God’s love. And we help to bring healing to the broken.

Many have spoken of depression as a mystery. It appears in many forms and there is still so much we don’t understand about it and its causes. It can be triggered by a life event or it can seem to come out of nowhere. Its passing, too, can be a mystery. Sometimes medication works best. Sometimes therapy. Sometimes a combination. When it does pass, feelings of joy can return. If depression is like a living death, the emergence from it can feel like being born anew.

Parker Palmer put it this way: “When people ask me how it felt to emerge from depression, I can give only one answer: I felt at home in my own skin, and at home on the face of the earth, for the first time.”

May it be our will, with God’s help, that every person will feel the warmth and security of home, at home in their bodies and at home on this earth. God has placed before us “life and death, blessing and curse.” May it be that we and all God’s children will “choose life” that we may live.

*V’chein yehi ratzon!* Amen.

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This sermon was followed by an anthem, “Ashira,” by Yonatan Razel, a setting of the last stanza of Psalm 13. A video of it may be accessed here: <https://www.youtube.com/watch?v=xUrdk2powzE>. It was introduced as follows: “In this song, ‘Ashira l’Adonai,’ the psalmist shares his journey from the depths of despair back to the light; from feeling abandoned by God to finding renewed hope and faith, and even joy.”

**Psalm 13**

How long, God, will you forget me?  
How long will you hide your face from me?  
How long will I search my soul in vain, sorrow in my heart by day?  
How long will my enemy triumph over me?

Look at me!  
Answer me!  
O God, my God, light my eyes lest I sleep the sleep of death.  
Lest my enemy say: I've prevailed!  
My enemies rejoice because I am trembling.

But, as for me,  
I trust in Your lovingkindness,  
My heart will rejoice in your redemption.  
I will sing to God, for God has dealt kindly with me.