Depression and the Soul

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ABSTRACT: Clergy are often confronted by challenges in dealing with the depressed congregant. This paper addresses the interface between psychology, psychiatry, and religion in a discussion of two cases. Models are suggested for dealing with the issues raised by the depressed congregant. The paper developed from a symposium on "The Depressed Congregant: Three Pastoral Responses to a Case Vignette" presented at a conference for clergy on Depression and The Soul, at Temple Sholom in Chicago.

Case Vignette I

A fifty-five-year-old, married man, the father of two grown daughters and three grandchildren, was active in his local church with his wife. He had worked for the same company all of his adult life. He was proud of his work and believed he was doing an excellent job. In a cost-reduction effort, the man was laid off from his job. He became withdrawn, and though he would respond to pastoral visits, he stopped attending church.

Within a couple of months, the man was displaying symptoms of a major depression. Attempts to refer him to a local mental-health center were rebuffed. Pastoral visits continued, but the man became more withdrawn, eventually staying in the room when the pastor visited. His wife and the pastor worried and strategized together to get him the help they believed that he needed, but the man continued to be uncooperative. One day his wife called the pastor to say that her husband was talking about suicide.

The pastor, who had previously talked to the married daughters, called them and asked them to meet him at their father's home. The pastor then went to the home and with the wife and the daughters convinced the man to admit himself to the inpatient unit of the mental-health center. He
agreed, and together they drove him there. He was diagnosed as suffering from major depression, treated with ECT, and discharged after a course of treatment. The pastor did the follow-up work with the man, helping him address the questions of “Why me?” and “Why does God let this happen to people?” He eventually returned to his church and, through the congregational network, was able to obtain a new job. There has been no recurrence of the depression since that time.

Case Vignette II

A call came from a local hospital seeking a rabbi to be with a family whose son was dying. The husband and wife were in their thirties. They had a daughter approximately four years old. The dying son was one of twins born just over two months earlier. They were not born prematurely, nor was there any discernible problem with either child at birth. Several days following delivery, one twin began to develop symptoms of a brain infection that was untreatable. There was no hope. The rabbi was called approximately two months later, when it appeared that the baby was about to die. During the initial meeting, the mother admitted that she had not yet visited the other twin, who had gone home from the hospital more than a month prior to the meeting. That child was being cared for by the maternal grandmother. Fighting back tears, she also wondered why she had wanted a rabbi present as she no longer could believe in God. The mother was referred to a psychologist, who made the diagnosis of depression.

The rabbi spent three days with the couple as the baby “died,” died more than a dozen times, and revived himself each time. The parents were always there, until the very end, which came late on the third day. The family turned to the planning of a funeral and to the issues of how to arrange a mourning period and how to reacquaint itself with the remaining new son. The family wondered aloud what role religion should play in all of this and whether or not there should be a formal funeral at all, and if so, should God be mentioned.

The couple had a Jewish funeral, complete with references to God, and continued to meet with the rabbi to discuss the issues that had arisen during this difficult time. The rabbi sought the support and consolation of colleagues during and after this series of events.

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The human need for meaning in life is profound. A cohesive web of stories about who one is, where one comes from, and where one is going is the glue