



## COLORADO LAWYERS HELPING LAWYERS

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# Depression Among Lawyers

by Joan E. Munteer

Everyone experiences the occasional “blue day” or a period of feeling “down.” It also is normal to feel sadness or grief after a loss. Sadness is a part of life. But chronic feelings of sadness are not a normal part of life. Depression, a serious medical disorder, differs vastly from the transitory state of feeling “down in the dumps.”

Depression produces a profound low mood and influences a person’s thoughts, feelings, health, and behavior. It is an illness, just like heart disease and cancer are illnesses. At one time or another, depression will afflict more than 25 percent of the population. It strikes all ages, all races, all economic groups, and both sexes. However, women are the victims of depression twice as often as men. It is a major cause of alcohol and drug abuse and other addictions. Fortunately, depression can be successfully treated in approximately 80 percent of cases.

Depression is *not* something to be ashamed of. It is not a character flaw or a sign of personality weakness. Moreover, it is not a “mood” that a person can “snap out of,” any more than a person can “snap out of” diabetes.<sup>1</sup> Depression strikes the legal profession more often than any other profession. This article explores the issue of depression, its signs and symptoms, the reasons for its prevalence in the profession, some specific problems depression poses, its impact on professionalism, and how to get help.

*Articles in this quarterly department are presented by Colorado Lawyers Helping Lawyers (formerly known as the Colorado Lawyers Health Program). Colorado Lawyers Helping Lawyers is a program approved by the Colorado Supreme Court. It is a volunteer-based, independent, non-profit lawyers’ assistance program providing statewide confidential peer support and resource/referral information to all Colorado attorneys, judges, and family members who are dealing with substance and alcohol abuse, mental health issues, and other destructive behaviors or impairments. For questions or comments, please call: (303) 832-2233 or (800) 432-0977. Those interested in contributing an article on lawyers and mental health/substance abuse problems should contact Frances Smylie Brown at (303) 620-4888 or frances.brown@state.co.us.*

## Symptoms of Depression and Contributing Factors

According to Dr. Amiram Elwork, a clinical psychologist and director of the Law & Psychology Training Program at Widener University in Minnesota, the symptoms of depression come in clusters and include the following:

- Persistent sad, anxious, “empty” mood
- Feelings of hopelessness, pessimism
- Feelings of guilt, worthlessness, helplessness
- Loss of interest or pleasure in ordinary activities, including sex
- Withdrawal from family and friends
- Sleep disturbances (insomnia, early morning waking, or oversleeping)
- Eating disturbances (either loss or gain of appetite and weight)
- Decreased energy, fatigue, being “slowed down”
- Thoughts of death or suicide, suicide attempts
- Restlessness or irritability
- Increased alcohol consumption (self-medication)
- Difficulty concentrating, remembering, making decisions
- Physical symptoms (such as headaches, digestive disorders, and chronic pain) that do not respond to treatment.<sup>2</sup>

Many factors can contribute to depression. For some people, a number of components seem to be involved; for others, a single factor can trigger the illness. Depression also strikes for no apparent reason. According to the National Mental Health Association, however, common factors contributing to depression are as follows:

1. *Biological:* People with depression typically have an imbalance of certain brain chemicals called “neurotransmitters,” which help brain cells communicate with each other. Any imbalance can disrupt the brain’s mood-regulating system.

2. *Cognitive:* People with negative thinking patterns and low self-esteem are more likely to develop depression. Optimism in adulthood seems to have its roots in the nurturing and care of parents during childhood.<sup>3</sup>

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*Joan Munteer, Denver, is Deputy State Public Defender, Colorado State Public Defender’s Office—(303) 620-4888; joan.munteer@state.co.us.*

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3. *Gender*: Women experience depression at nearly twice the rate of men. While the reasons for this are still unclear, they may include female lifespan hormonal changes. Another reason may be women's multiple responsibilities and consequent stress.

4. *Co-occurrence*: Depression is more likely to occur with certain illnesses, such as heart disease, cancer, Parkinson's disease, diabetes, Alzheimer's disease, and hormonal disorders.

5. *Medications*: The side effects of some medications can bring about depression.

6. *Genetic*: A family history of depression increases the risk of developing the illness. Studies of twins and adopted children seem to suggest that the risk has a genetic component.

7. *Situational*: Difficult life events, such as divorce, financial problems, or the death of a loved one can contribute to depression. It also is more likely to arise among those who have suffered stress over a long period of time.

## Depression in the Legal Profession

In a study of more than 100 occupations, lawyers had the highest rate of depression.<sup>4</sup> In fact, lawyers are almost four times more likely to experience depression than the general population.<sup>5</sup> Aside from depression, one in four lawyers also experience feelings of inadequacy and inferiority in personal relationships, as well as anxiety or social alienation, at much higher rates than the population at large.<sup>6</sup>

Especially among lawyers, depression can be life-threatening. Surveys of lawyers in Washington and Arizona reveal that most lawyers suffering from depression also have suicidal fantasies.<sup>7</sup> A disproportionate number of lawyers commit suicide, unfortunately during middle age, when they would be most productive.<sup>8</sup> Some attribute this to the depressed lawyer's typical retreat into isolation, which greatly enhances the risk of acting on suicidal thoughts.<sup>9</sup> As a result, one study concluded that lawyers are at a much greater risk of acting on their suicidal thoughts and succeeding in doing so.<sup>10</sup>

Why is depression such a problem in the profession? First, the increase in the number of lawyers likely has led to increased competition and diminishing personal relationships with other lawyers.<sup>11</sup> Second, new technology creates an unrelenting and faster work pace.<sup>12</sup> Also, the law is overwhelmingly complex today. Changing legal standards make it difficult to know how to advise clients, and courts render so many decisions that it is not easy to understand what the law actually is. The only certainty is that whatever the causes, lawyers suffer increased rates of burnout, disillusionment, and dissatisfaction, which can lead to attorney neglect of files, anxiety, depression, substance abuse, or suicide.<sup>13</sup>

Because depression impacts productivity in the workplace, lawyers toiling under its burdens can cause irreparable damage to clients, law firms or offices, and the legal profession, as well as to their own health.<sup>14</sup> A major hurdle for depressed lawyers is to realize they are, in fact, depressed. Depression is insidious. Often, those who suffer from depression do not recognize it as such. This may be because those who have lived with suffering for so long are used to feeling depressed or are out of touch with their feelings—being depressed can have a numbing effect.

### *Distinctive Lawyer Personality Traits*

Empirical research suggests that lawyers have personality characteristics that distinguish them from the general popula-

tion.<sup>15</sup> Some aspects of the lawyer personality can exacerbate depression and hinder acknowledgment that there may be a problem. For example, research on personality traits of lawyers reveals they have a low interest in emotional concerns and interpersonal matters; a disproportionate preference for "thinking" as opposed to "feeling";<sup>16</sup> a greater than normal incidence of psychological distress, including depression; and substance abuse problems.

Lawyers are trained to be rational and objective. This training, combined with the devaluation of emotional concerns and feelings, can become obstacles to seeking help. Due to their unique personality traits, lawyers may not recognize their own problem until the disciplinary committee comes knocking on the door. Lawyers also have more "masculine" traits, including being argumentative, competitive, aggressive, and dominant, any one of which can contribute to social isolation.<sup>17</sup> Socially isolated lawyers may not have the peer or family support to help them become aware that they may be suffering from depression. Moreover, due to these masculine traits, lawyers may perceive their need for help as a character weakness, deny the problem, and sink deeper into depression's depths.

### *Impacts on Professionalism*

Ethics violations resulting from depression are likely to stem from incompetence, lack of diligence, and communication lapses. For instance, Colorado Rule of Professional Conduct ("Colo. RPC") 1.1 requires lawyers to provide "competent representation" to their clients. That rule defines "competent representation" as the requisite "legal knowledge, skill thoroughness and preparation reasonably necessary for the representation." Likewise, Colo.RPC 1.3 mandates lawyers to "act with reasonable diligence and promptness" and to "not neglect a legal matter entrusted to" them. Similarly, Colo.RPC 1.4 dictates that lawyers keep clients "reasonably informed about the status of a matter." It further provides that lawyers "promptly comply with reasonable requests for information."

Obviously, lawyers suffering from the crushing burden of depression are likely to violate these basic tenets of professional conduct because the depression overwhelms every aspect of life. Hence, Colo.RPC 1.16(a)(2) specifically prohibits lawyers from accepting or continuing representation if their mental condition materially impairs the ability to represent the client. Additionally, if partners or direct supervisors are aware of that mental impairment, they must take steps reasonably to ensure that it will not lead to professional conduct violations.<sup>18</sup>

### **How to Help—Or to Get Help**

Because lawyers are so susceptible to depression, which can create problems of professionalism in the law firm and the courts, it is critical for colleagues to be watchful for warning signs. It also is important for lawyers who have symptoms of depression to seek help before their law practices and family life suffer.

### *Recognizing a Colleague's Problem*

Lawyers who work in a law firm or organization have an advantage. Depressed lawyers are not hard to recognize if other lawyers pay more attention to "interpersonal concerns." Even in the absence of such sensitivity, certain behaviors can signal depression. These include decreased productivity, absenteeism, morale problems, uncharacteristic lack of cooperation, com-

plaints about always being tired, disruptive behavior, and substance abuse.<sup>19</sup> Additionally, talk of suicide should be taken seriously.<sup>20</sup> Depression can kill and, tragically, suicide is its instrumentality.<sup>21</sup>

Early treatment equates with less time lost at work and increased productivity. It also is a way to circumvent poor judgment decisions that can lead to professional misconduct.<sup>22</sup> Encourage the colleague to get help. A family physician can adequately diagnose and treat the condition or refer a specialist, if needed.

### Getting Help for Yourself

Today's anti-depressant drugs are truly a godsend. There are a wide variety of such medications, the best known of which is probably Prozac. A family physician is well versed in the pros and cons of these medications. All can be effective at restoring the chemical balance in the brain. One drawback, however, is that these drugs take a long time to start working; in some cases, up to a month. This lag may discourage some from continuing the treatment. However, even if the particular drug first prescribed is ineffective, another may be prescribed with success. These drugs are *very* powerful and should be taken only by prescription and under the supervision of a medical doctor.

Psychotherapy also is helpful. A person will progress more quickly in therapy once the antidepressants sweep away depression's low mood and negative thinking. Additionally, psychotherapy is vital in addressing the underlying problems that triggered the depression. It also can be the forum for discovering adequate coping strategies for stressors that can lead to depression.

### Conclusion

Depression is all too pervasive in the legal profession. Although the individual attorney may be prone to developing depression, empirical research reveals that attorneys as a group have personality characteristics that distinguish them from the general population and make them more vulnerable. Depression among lawyers can have serious professional consequences and can impact not only the lawyer suffering from depression, but the firm or organization as well. Therefore, it is important to identify the suffering as depression and to get help quickly when its symptoms arise.

### NOTES

1. See Bakke, "My Experience with Depression: Brainstorm," 73 *Wisconsin Lawyer* (Dec. 2000), which is a first-hand account of one

lawyer's struggle with depression, at <http://www.wisbar.org/wislawmag/2000/12/qol.html>.

2. See Gehan, "President's Page: Depression Among Lawyers," *Bench & Bar of Minnesota* (July 1998) at [http://www2.mnbar.org/benchandbar/1998/jul98/prezpage\\_7-98.htm](http://www2.mnbar.org/benchandbar/1998/jul98/prezpage_7-98.htm).

3. *The Dennis Prager Show*, Interview with Dr. Stephen Marmar, M.D., Psychotherapist and Assistant Professor Psychiatry, UCLA School of Medicine (KRLA radio broadcast, June 6, 2003).

4. Sells, *The Soul of the Law: Understanding Lawyers and the Law* (1994) at 99, citing, Eaton, Mandel, and Garrison, "Occupations and the Prevalence of Major Depressive Disorder," 32 *J. Occupational Med.* 1083-1132 (1990).

5. *Id.*

6. Sells, *supra*, note 4, citing "Are Lawyers Distressed? . . . And How!" *Wash. State Bar News* (WSBA Lawyers' Assist. Program Staff) (Feb. 1988) at 13.

7. Sells, *supra*, note 4, citing Benjamin, Darling, and Sales, "The Prevalence of Depression, Alcohol Abuse and Cocaine Abuse Among United States Lawyers," *Int'l J.L. & Psychiatry* 13 (1990).

8. Sells, *supra*, note 4 at 99-100, quoting Blachly, Osterud, and Josslin, "Suicide in Professional Groups," *New England J. Med.* 268 (1963).

9. Blachly *et al.*, *supra*, note 8 at 241.

10. *Id.*

11. See "Alternative Careers," a download available on the LawCare: Health Support and Advice for Lawyers website: <http://www.lawcare.org.uk>. While the general population increased 15 percent from 1970 to 1985, the population of lawyers nearly doubled. See also Daicoff, "Lawyer, Know Thyself: A Review of Empirical Research on Attorney Attributes Bearing on Professionalism," 46 *Am. U.L.Rev.* 1337 (1997).

12. "Alternative Careers," *supra*, note 11.

13. *Id.*

14. See National Institute of Mental Health, Pub. No. 97-3919, *What to Do When an Employee is Depressed: A Guide for Supervisors: Depression Affects the Workplace* (1996).

15. Daicoff, *supra*, note 11.

16. *Id.* Based on the Myers-Briggs Type Indicator, a popular test administered by business and career counselors to classify and describe people's personalities. See Myers, *Exploring Psychology*, 4th ed. (New York: Worth Pubs., 1999) at 401.

17. Daicoff, *supra*, note 11.

18. ABA Comm. on Ethics and Professional Responsibility, Formal Op. 03-429 (2003), "Obligations with Respect to Mentally Impaired Lawyer in the Firm."

19. *Id.*

20. National Institute of Mental Health, *supra*, note 14.

21. *Id.*

22. See the LawCare: Health Support and Advice for Lawyers website at "Depression": <http://www.lawcare.org.uk/depression.htm>. ■

### Helpful Resources

#### Online:

- National Mental Health Association: <http://www.nmha.org/infoctr/factsheets/index.cfm>
- National Institute of Mental Health: <http://www.nimh.nih.gov/publicat/index.cfm#disinfo>
- American Psychological Association: <http://www.apa.org/psychnet/depression.html>
- All About Depression: <http://www.allaboutdepression.com>
- Depression and Bipolar Support Alliance: <http://www.dbsalliance.org>

- LawCare (resource for U.K. lawyers, but pertinent information and downloads for lawyers anywhere): <http://www.lawcare.org.uk>
- Despair Inc.: <http://www.despair.com>
- Prozac: <http://www.prozac.com>
- Zolof: <http://www.zolof.com>

#### Books:

- Styron, *Darkness Visible: A Memoir of Madness* (New York, NY: Random House, 1990)
- Kramer, *Listening to Prozac* (New York, NY: Penguin Group, 1997)