

**STRESS, ANXIETY, AND DEPRESSION IN THE LEGAL
PROFESSION**

By Daniel T. Lukasik, Esq.

www.lawyerswithdepression.com

OPENING STATEMENT

A 2016 landmark study by the American Bar Association's Commission of Lawyers Assistance Programs and the Hazelden Betty Ford Foundation ("ABA Hazelden Study") published their findings of nearly 13,000 practicing attorneys from 19 states and across all regions of the country. It found that 28 percent, 19 percent, and 23 percent are struggling with some form of depression, anxiety, and stress, respectively. While men had significantly higher levels of depression, women had higher levels of anxiety. Lawyers who had been in practice less than ten years had the highest rates of all.

Researchers found that between 21 and 36 percent qualify as problem drinkers compared to 8 to 10 percent of the general population. Attorneys were also questioned regarding their use of various classes of both licit and illicit substances. Of the participants who endorsed the use of a specific substance class in the last 12 months, those using stimulants had the highest rate of weekly usage (74.1%), followed by sedatives (51.3%), tobacco (46.8%), marijuana (31.0%), and opioids (21.6%).

As with the staggering rates of mental health problems, far too many lawyers are drinking and using both licit and illicit substances.

"This long-overdue study clearly validates the widely held but empirically undersupported view that our profession faces truly significant challenges related to attorney well-being," said Patrick Krill, a lawyer and former director of the program for legal professionals at the Hazelden Betty Ford Clinic. "Any way you look at it, this data is very alarming and paints the picture of an unsustainable professional culture that's harming too many people."

Following the ABA/Hazelden study, a national task force on lawyer well-being was assembled and its report, "The Path to Lawyer Well-Being: Practical Recommendations for Positive Change," was issued and stated that the study's findings were not limited to depression, anxiety, drinking, and drug abuse: "The parade of difficulties includes suicide, social alienation, work addiction, sleep deprivation, a 'diversity crisis,' work-life conflict, incivility, a narrowing of values so that profit predominates, and negative public perception."

Lawyers start facing very heavy workloads and conflicts with their value systems right when they enter law school where they encounter intense competition with like-minded perfectionists which leads to long hours of study and creates an enormous amount of stress. Additionally, the emphasis on analysis makes many students lose their connection to their original reason for joining law school – passion for the law or helping people. They often struggle with anxiety and depression and many turn to alcohol or drugs to relieve the tension and relax.

A 2016 survey of 3,300 law students found that 17 percent screened positive for depression, 23 percent for mild to moderate anxiety and 14 percent for severe anxiety. Forty-three percent reported binge drinking.

If you are not a lawyer who struggles with one or more of these issues, it is virtually certain that you have a lawyer colleague or friend who does.

In addition to external pressures, lawyers and law students tend to be overachieving individuals who value self-sufficiency, and the ability to "pull themselves up by their bootstraps," and the drive to achieve their goals.

In the daily grind of practicing law, lawyers often go it alone. Last spring, *The Washington Post* reported on a study on loneliness. The results of the study published in the *Harvard Business Review* were alarming: Sixty-one percent of lawyers ranked "above average" on researchers' loneliness scale followed by engineers (57%), research scientists (55%), workers in food preparation and serving (51 percent), and those in education and library services (45%).

Lawyers are unique in that they are not only required to work long hours to satisfy existing clients, but also generate new business, and they find themselves constantly working in order to survive in a competitive industry. This work schedule often disrupts relations at home, leaving them with no one to turn to and lonely.

Lawyers are expected and paid to solve everyone else's problems, to be strong and sturdy. They are not supposed to have mental health problems or, if they do, not to gripe about them. Not only do clients, courts, and opposing counsel have this expectation, but lawyers themselves set very high, and often self-defeating, standards for their professional and personal lives when it comes to mental and emotional toughness. It often deters them from getting help when they really need it.

Former lawyer turned therapist Alan Levin hits the nail on the head when he writes, "Lawyers are a help-rejecting population. They mistakenly believe that if you're vulnerable, you're weak. There's a notion of being the rock of Gibraltar for your clients."

Afflicted lawyers frequently try to go it alone and solve these problems by "flying solo." But many lack the self-motivation, direction, time, accountability, energy, and the commitment to make much progress. Not because they're lazy. Not for lack of self-discipline, but because their brain isn't functioning optimally, whatever the cause.

Many lawyers start to implement positive changes, but efforts wane. It's not surprising. Being unhappy, anxious or depressed is disempowering, isn't it? It sucks your energy. You're overwhelmed and don't know which way to turn. You procrastinate and maybe, eventually, give up. And you might even feel ashamed or hate yourself for it.

Lawyers not only dish out advice, but they're also given it by others who don't know what it's like to walk in a lawyer's shoes. Over the years, I cannot count how many times I've heard "Why don't you do this?" or "Why don't you do that?" to feel better. Many of these suggestions were well-intentioned, but sometimes left me feeling angry and misunderstood by others who didn't know what my daily life was like as a lawyer. "Why can't you just find the time to be healthier?" was a common refrain.

How many of you reading this have heard that?

Will Meyerhofer, a former BigLaw lawyer turned therapist who treats lawyers with mental health issues in New York City, writes:

The implication can become that you're struggling with anxiety or depression because you're not doing your yoga or not meditating or not eating right or somehow choosing to go without sleep, that it's your fault for not having mastered some 'effective strategy' that would make all these issues disappear. The fact remains that law can be brutal, and most young associates are not equipped for what they find when they enter the profession. You're not tossing and turning in bed, roiled by anxiety because you're choosing to eat poorly or to skip your yoga class. It has a lot more to do with being thrown into the deep end in an extremely competitive business too often not driven by compassion or collegiality or the desire to mentor, but by profit and money and competition for prestige.

Whatever the reason for their mental health problems, addictions, or everyday old unhappiness, *many lawyers feel stuck*.

Psychiatrist James Gordon writes:

Depression and anxiety are signs that our lives are out of balance, that we're stuck. They're a wake-up call and the start of a journey that can help us become whole and happy, a journey that can change and transform our lives. Healing depression, anxiety, and overcoming unhappiness mean dealing more effectively with stress; recovering physical and psychological balance; redoing parts of ourselves that we've ignored or suppressed and appreciating the wholeness that has somehow slipped away from us, or that we have never really known.

If you're stressed-out, burned out, or struggling with anxiety, depression or addiction, your life is clearly out of balance. The first part of your journey to change your life, involves understanding the problem: What do we mean by stress, burnout, anxiety, and depression? What are some of the causes? How does lawyering contribute to or make worse these afflictions? The second part of the journey is asking yourself what you can do to help yourself or another to get help, recover, and stay well.

STRESS

Much of the stress that people feel doesn't come from having too much to do. It comes from not finishing what they started. – David Allen, author of "Getting Things Done"

Lawyers must carry more stress than most people. Some of this stress is good because it can provide energy, focus, motivation. It only becomes a problem when it negatively impacts us physically and psychologically.

"The official number is that something like a gazillion lawyers are stressed-out, and that amounts to a bajillion percent of the profession," observes therapist Will Meyerhofer commenting about his distressed lawyer and law student clientele. "I see it like crazy," he laments. Another former lawyer turned therapist, Gayle Victor, who works outside Chicago, reports that stressed-out lawyers account for 75% of her practice.

Too much stress can lead to a host of chronic health problems like cardiovascular disease and musculoskeletal disorders, to name a few. Early warning signs for chronic stress are job dissatisfaction, sleep disturbances, headache, trouble concentrating, a short temper, an upset stomach, and poor morale. You should also be aware of a change in personal relationships, increased use of drugs or alcohol and teeth grinding.

We all know what stress feels like, but what's going on in the body when we're experiencing it?

Your Body on Stress

When the brain perceives a stimulus, the sympathetic nervous system kicks into gear. It tells the adrenal glands to release the first stress hormone, epinephrine (a.k.a. adrenaline). Epinephrine dilates the bronchial tubes in the lungs to make space for more oxygen and charges the heart, enabling more blood to push through. It dilates the blood vessels leading away from the heart, too, so that oxygenated blood can flow freely to where it's needed most: the brain and the muscles, which must be ready to flee or fight.

Next, the hormone norepinephrine spurts from the nerve endings of the sympathetic nervous system. Norepinephrine constricts the veins leading to the heart so returning blood can slam more powerfully into the chamber and exit with even more force. It constricts the arteries leading to the skin, too, to slow down.

Finally, the third—and major—stress hormone, cortisol, joins the party, also emanating from the adrenal glands, to mobilize cells' stored energy and to keep the rations coming for the duration of the stressor. In non-emergency situations, cortisol follows the body's circadian rhythms: It's highest in the early morning—time to wake up—and lowest at night.

Hormone levels return to normal after the threat - *whether real or perceived* - is gone.

You experience **good stress** when you feel a sense of control over the event in question. No matter how your body may respond at the moment, you know you're going to come out fine on the other side—and perhaps even better for the experience. A roller coaster ride may send your stress-hormone levels soaring, but you know the ride will be over in minutes.

"Duration is key, but so is your perception of the external event," says psychologist Wendy Berry Mendes, of the University of California, San Francisco. "Do you frame the stressor as a challenge or a threat?"

Imagine you're waiting in the wings before an oral argument in court. You know you can do this. Epinephrine shoots into your system; norepinephrine follows, but in lesser amounts. Your heart rate increases, your hands get warm, your eyes light up. Cortisol inches up. This is **challenge stress**. You're ready to prove your case.

But consider a scenario wherein you're so worried about your oral argument you can't sleep the night before. The lack of sleep leaves your amygdala (the part of the brain responsible for detecting fear and preparing for emergency events) on high alert. Moments before you enter the courthouse, you're still mentally flipping through case law, but you can't remember the distinctions. Norepinephrine has beaten out epinephrine, causing more constriction than dilation of your blood vessels. Your heart rate increases, but less blood is pushed to the brain and body. Cortisol gushes. Your hands go cold, and your mind goes blank. This is threat stress. And your presentation may be less than optimal – or toast.

The story worsens if the threat continues—that is if the stress becomes chronic. Then you experience what neuroendocrinologist Bruce McEwen, Ph.D. calls **toxic stress**—you're overwhelmed and feel out of control. "Things are coming at you left and right," he says. "You can't keep up with them. There is the danger of developing a sort of 'learned helplessness'—that is, not even trying to cope anymore because you feel there is no point. The more threatened you feel, the less capable you feel, and the worse your physiology is going to be as a result."

A lawyer who left a 9 to 5 government position for a lucrative job in private practice told me over the phone: "Suddenly I was dealing with some very significant money and very demanding clients and high-stakes. I enjoyed what I was doing, and I was good at it, but I was terrified almost all the time. Before I got help, I was drinking a pint of vodka a day and relying on junior lawyers to do most of my work."

Patrick Krill gave this summary of why high levels of stress abound in the law:

The rampant and multidimensional stress of the profession is certainly a factor. And not surprisingly, there are also some personality traits common among lawyers – self-reliance, ambition, perfectionism, and competitiveness – that aren't always consistent with healthy coping skills and the type of emotional elasticity necessary to endure the

unrelenting pressures and unexpected disappointments that a career in the law can bring.

"Lawyers 'intellectually know' that sleep, diet, meditation, and exercise are important," says Tyger Latham, Ph.D., a Washington, D.C. therapist who treats many attorneys. "We know we feel better when we get a good night's sleep. But attorneys sacrifice sleep and healthy habits to meet unrealistic expectations. They skip meals, eat out, skip exercising. It's a snowball effect. Lawyers may also start to pull away from friends and family, to withdraw. But it's important to feel connected to other people, or the problem compounds with isolation and shame."

Law Professor Brian Clarke offers these insights:

But whatever the problem, the client is counting on the lawyer to fix it. Every lawyer I know takes that expectation and responsibility very seriously. As much as you try not to get emotionally invested in your client's case or problem, you often do. When that happens, losing hurts. Letting your client down hurts. This pain leads to reliving the case and thinking about all of the things you could have done better. This then leads to increased vigilance in the next case. While this is not necessarily a bad thing, for some lawyers this leads to a constant fear of making mistakes, then a constant spike of stress hormones that, eventually, wear the lawyer down.

BURNOUT

Burnout is nature's way of telling you, you've been going through the motions, your soul has departed; you're a zombie, a member of the walking dead, a sleepwalker. False optimism is like administering stimulants to an exhausted nervous system. - Sam Keen, "Fire in the Belly"

Work-related stress that goes on too long can lead to lawyer burnout. We find we're depleted, "running on fumes" too often and end up dreading the next day. If this goes on for too long, it could turn into burnout. We become like bread that's been in the toaster too long. We end up psychologically dry, brittle and break easily. We've lost the joy of living life. And maybe the pleasure we used to feel in practicing law.

Burnout is not merely stress, although continuing, unrelieved stress can lead to burnout. It's not ennui, although people experiencing burnout become disenchanted about work that they once found fulfilling and engaging. And, while an intense workload may be linked to stress, an individual in the extreme stages of burnout stops being productive—they've been stopped in their tracks.

When adrenalin no longer gives you the burst of energy and focus you need to handle problems as is true with **challenge stress**, it's not only that you aren't motivated, but that you don't care that you're not motivated. You feel apathy and inertia oozing into every cell. Burnout is a state

of emotional, mental and physical exhaustion brought on by unrelenting stress frequently, but not exclusively, brought on by overwork.

Unfortunately, workaholicism as a lifestyle is often encouraged in the practice of law. For one thing, it ensures that billables are up, up, up! And everyone is happy as long as the workaholic remains functional. But a workaholic can't remain functional forever. It is difficult to maintain emotional bonds, adequate self-care, recreational pursuits or the spiritual practices that cultivate hope. And it is the hopelessness that sets in with the stress that seems to tank an attorney suffering burnout.

According to burnout expert Anthony J. Cedoline, Ph.D., burnout is "a consequence of the perceived disparity between the demands of the job and the resources (both material and emotional) that [a lawyer] has available to him or her. When demands in the workplace become unusually high, it becomes increasingly impossible to cope with the stress associated with these working conditions."

In their book, "Burn-Out: The High Cost of High Achievement," authors Dr. Herbert J. Freudenberger and Geraldine Richelson describe the condition as "a demon born of the society and times we live in," adding that burnout "... is not a condition that gets better by being ignored. Nor is it any disgrace. On the contrary, it's a problem born of good intentions."

Freudenberger described burnout's general progression as following 12 stages:

1. A Compulsion to Prove Oneself
2. Working Harder
3. Neglecting One's Needs
4. Displacement of Conflicts
5. Revision of Values
6. Denial of Emerging Problems
7. Withdrawal from Social Contacts
8. Obvious Behavioral Changes
9. Depersonalization
10. Inner Emptiness
11. Depression
12. Burnout Syndrome

Since these stages of burnout can appear abstract, let's describe the progression.

Nearly every lawyer can recall having just passed the bar exam, beginning their first job and being determined to not only do their very best but to outshine their peers. There's no fault in ambition, but when it becomes a grim determination to show everyone around you that you are superlative in every way, the road to burnout begins.

Soon, you may begin to sense that things aren't going the way they should, but you don't recognize that the real problem is your compulsive work habits and growing isolation. You may start to experience physical symptoms of distress, like headaches or sleep disturbance. If the process continues without interruption, neglect of your needs leads to a sense of inner emptiness. While work and achievement were once important goals, people in the extreme stages of burnout can experience depression, as well as physical and emotional collapse.

While everyone's symptoms may vary, a typical description one might hear is that it is "a feeling that I don't feel like I can do what needs doing. My creativity is gone, my energy is gone, and it is a burden to do anything."

In her article for *USA Today*, Mary Beth Marklien writes about some of the causes of lawyer burnout:

We are faced with a lackluster economy with fewer job opportunities for new graduates entering the legal profession, often saddled with significant debt. This creates an environment for burnout to flourish. Lawyers feel a lack of control over their careers, whether it's not working in the area they prefer, having to change geographical locations, or working long hours. On the job, they may experience a lack of communication or effective feedback about the work they do. Fewer opportunities for law firm employment lead more graduates to enter solo practice immediately after law school, and they either have too few clients or are overwhelmed by demanding and challenging clients.

ANXIETY

Anxiety's like a rocking chair. It gives you something to do, but it doesn't get you very far. – Jodi Picoult, novelist

By definition, anxiety and stress are categorized by separate feelings. The pressure we experience in our day-to-day lives is associated with frustration and nervousness, where anxiety often comes from a place of fear, unease, and worry. Still, despite the differences, many people use the terms interchangeably.

Psychologist Harriet Lerner explains why we tend to lump together each phrase pertaining to the emotional response:

In everyday conversation, we use the language of emotions that we're comfortable with and that fits our psychological complexion. I've worked with clients who don't report feeling anxious or afraid. 'I'm incredibly stressed out...' is their language of choice. 'Stressed' is the code word for 'totally freaked out' for people who are allergic to identifying and sharing their own vulnerability. Or, at the other linguistic extreme, a woman in therapy tells me that she feels 'sheer terror' at the thought that her daughter's wedding dress will not fit her properly. I know her well enough to translate

'sheer terror' into 'really, really, worried.' Whatever your emotional vocabulary, no one signs up for anxiety, fear, and shame, or for any problematic, uncomfortable emotion. But we can't avoid these feelings, either.

The critical difference between stress and anxiety is **the sense of helplessness**. "When it comes to stress, you can deal with things and master them. By rolling up your sleeves and tackling that stress, you can feel less helpless.

It's not uncommon for someone with an anxiety disorder to also suffer from depression or vice versa. Nearly one-half of those diagnosed with depression are also diagnosed with an anxiety disorder. Women are twice as likely to be affected as men, and one in four will suffer an anxiety disorder at some point in their lifetimes. Depression and anxiety disorders are different, but people with depression often experience symptoms similar to those of an anxiety disorder, such as nervousness, irritability, and problems sleeping and concentrating. But each disorder has its own causes and its own emotional and behavioral symptoms.

Anxiety and stress are often used interchangeably, even though they're two different experiences. Psychologist Margaret Wehrenberg, Ph.D. writes:

Because the natural response to anxiety is to try and figure out what to do, you may start to think over all the possible reasons you could feel worried, and you will inevitably find one. When you are depressed, your brain generates too many negative thoughts and cannot effectively shove them aside. You can get stuck in a loop of worrying one worry after another. However, because real problems are not the reason you have the sensation of anxiety, you either think and rethink in an effort to get relief, or you move on to yet another worry. Thus, rumination and 'serial worrying,' hallmarks of anxiety fuel depression.

When people suffer from depression they often also feel anxiety and spend too much time worrying, which increases their depression. The parts of their brain that are involved in that normal reaction to ambiguity are working overtime. And the thinking brain, low on energy due to depression, cannot stop that worry train. When they worry too much and can't exert enough control, then the feeling of anxiety persists beyond any situation that includes some uncertainty.

In fact, the anxious feeling can be present before any uncertainty. Then it creates the nagging sense in your gut that something is wrong, so your helpful brain, the one that wants an explanation for every feeling you have, goes on a search to figure out what might be the source of that anxiety.

Anxiety in Focus

According to the National Institute of Mental Health, anxiety disorders are the most common mental illness in the U.S., affecting 40 million adults or 18% of the of the population. Like

depression, there are many types of anxiety including generalized anxiety disorder, PTSD, panic disorders, and obsessive-compulsive disorder. The most common is generalized anxiety disorder which affects almost 7 million adults or 3% of the U.S. population. Anxiety disorders are highly treatable, but only 37 % of those suffering seek treatment.

"What can then happen is that looking for risk and problems moves beyond just being a job or a profession and becomes the way that lawyers approach life," says Alan Levin, who spent 34 years as a labor and employment lawyer before founding the "Care for Lawyers" therapy practice. "Lawyers tend to perceive far higher stakes when they encounter adversity, Levin says. "It's like coming home with four A's and a B and only focusing on the B. Mistakes are not tolerated well. Plus, the atmosphere of law offers minimal support amidst the high pressure," contributing to a profound sense of isolation for lawyers. As a result, without a doubt, every lawyer I see has anxiety greater than the average population."

The ABA Hazelden Study found that 19% demonstrated symptoms of anxiety. This equates to almost 250,000 of this country's 1.3 million lawyers. The study found that younger attorneys in the first ten years of practice exhibited the highest incidence. *To bring these numbers home, this means that more than 791 of Rhode Island's 4167 lawyers are currently struggling with some form of anxiety.*

Perpetual, unremitting stress is often a forerunner to the development of clinical anxiety. "If stress is chronic, repeated challenges may demand repeated bursts of vigilance," warns Dr. Robert Sapolsky, an expert on stress-related illnesses and author of the best-selling book, *Why Zebras Don't Get Ulcers: An Updated Guide to Stress, Stress-Related Diseases, and Coping*. "At some point, vigilance becomes over-generalized, leading us to conclude that we must always be on guard – even in the absence of stress. And thus, the realm of anxiety is entered," writes Sapolsky.

As previously indicated, several types of anxiety disorders exist. The most common is generalized anxiety disorder which includes persistent and excessive anxiety and worry about activities or events — even ordinary, routine issues. The worry is out of proportion to the actual circumstance, is difficult to control and affects how you feel physically. These feelings of anxiety and panic interfere with daily activities, are difficult to control, are out of proportion to the actual danger and can last a long time. You may avoid places or situations to prevent these feelings.

Factors that may increase your risk of developing an anxiety disorder include childhood trauma, stress buildup, personality, blood relations with an anxiety disorder, and drug and alcohol use.

Common anxiety signs and symptoms include:

- Feeling nervous, restless or tense
- Having a sense of impending danger, panic or doom
- Having an increased heart rate

- Breathing rapidly (hyperventilation)
- Sweating
- Trembling
- Feeling weak or tired
- Trouble concentrating or thinking about anything other than the present worry
- Having trouble sleeping
- Experiencing gastrointestinal (GI) problems
- Having difficulty controlling worry
- Having the urge to avoid things that trigger anxiety

To find out whether you have clinical anxiety, you must be diagnosed by a physician or a mental health expert.

Like all mood disorders, there is a continuum of severity from mild to severe.

Mild anxiety is the simple apprehension that we feel when we are borderline excited and worried about an upcoming event. You might be stressed, but you can think clearly and can focus on looking for a solution to a problem that you have at hand. It can motivate you, and when the perceived threat disappears, that mild anxiety also goes very quickly. Symptoms include fidgeting, sweaty palms, and heightened sensitivity.

Moderate and severe anxiety is a bit more intense and will most likely stress you out. This level will make you focus only on the situation that you are in. You will start getting more agitated and talk faster with a higher-pitched voice than usual. But why you are past that situation, your feelings of anxiety will subside gradually.

With severe anxiety, your focus will also be on the situation, but the stress levels you feel are higher than at the mild level. Symptoms of normal, regular anxiety become more intense. There is increased heart rate, possible chest pain, sense of dread, and even diarrhea. Although responsive, you will be at a loss as to what to do, and you may also be unable to take care of yourself.

Two character traits—perfectionism and pessimism—are prevalent among lawyers and may make them prone to anxiety. Perfectionism helps lawyers succeed in practice because the profession is excessively detail-oriented.

Taken to the extreme, perfectionism transforms into a feeling that nothing is good enough. Attorneys develop an overdeveloped sense of control, so if things don't go as planned, they blame themselves. They think they didn't work hard enough or they were careless. Paid worriers, lawyers are expected to predict the future, to anticipate threats and guard against anything that could arise. So, they learn to see problems everywhere, even when they don't exist. And they start to perceive threats as if they're life-or-death matters. That's the very definition of anxiety.

DEPRESSION

The opposite of depression is not happiness, but vitality – the ability to experience a full range of emotions, including happiness, excitement, sadness, and grief. Depression is not an emotion itself; it's the loss of feelings; a big heavy blanket that insulates you from the world yet hurts at the same time. It's not sadness or grief; it's an illness. Richard O'Connor, "Undoing Depression"

The ABA Hazelden Study found that 28% of the lawyers polled reported some problem with depression. That's a much higher rate than that found in the general population. That means if you surveyed every one of the 1.3 million attorneys in the U.S., almost 365,000 would report symptoms associated with clinical depression. *To bring these numbers home, of the 4167 practicing in Rhode Island, that means that over 1166 are struggling with some form of depression right now.*

Many lawyers who struggle with depression continue to work hoping that they'll get better, but fearing they might not. Many of those I've come to know over the years are the "walking wounded." They keep going until they fall down because of job loss, addiction, grievance, malpractice, or suspension or disbarment.

A psychologist who treats a high number of lawyers, Dr. O'Connor writes:

It's hard for attorneys to get help with their depression. They tend not to recognize it as such; they think it's stress, or burn-out, or life. They don't expect that anyone is going to be able to help. Most of my attorney-patients have contacted me because their relationships are falling apart, but they don't see that it's depression that makes them such a lousy partner – tense, irritable, critical, joyless, tired all of the time, relying on alcohol or other drugs. If they'd gotten help for the depression a couple of years previously, their spouse wouldn't be moving out now. The truth about depression is that it not only makes you feel horrible, but it also wrecks your life.

It's common to feel down from time to time, but depression is a separate condition that should be treated with care. Aside from causing a general feeling of sadness, depression is known for generating feelings of hopelessness that don't seem to go away.

Depression in Focus

The term "depression" has become common in mainstream society. But depression is a more nuanced subject than popular usage may suggest. For one, not all cases of depression are the same. According to the World Health Organization, major depression is a common illness worldwide, with more than 300 million people affected. In 2015, an estimated 16.1 million adults aged 18 or older in the United States had at least one major depressive episode in the past year. This number represented 6.7% of all U.S. adults. Depression is also the leading cause of disability in this country.

While major depressive disorder can develop at any age, the median age is 32.5 and most prevalent in people ages 45-64. The lifetime risk for depression is about 17%.

More than 30,000 suicides take place in the U.S. per year. Depression is thought to be involved in half of all suicides, and up to 15% of people with depression will die by suicide. Men commit suicide more often than women. It is thought this is due to the method men use for suicide, which often involves firearms.

According to the Center for Disease Control, lawyers rank 4th in deaths by profession compared to suicide in all other occupations. They come right behind dentists, pharmacist, and physicians.

There are varying classifications of depression, and each can affect your life.

Depression is a catch-all term that encompasses a variety of symptoms. The severity of depression is primarily dictated by the number of symptoms the person experiences and the effect these have on the person's ability to function.

To be formally diagnosed with depression at least one of a possible two core symptoms must be seen. The first of these is a persistent low mood and feelings of sadness, with or without weepiness. The second is motivational, specifically a marked lack of interest in previously pleasurable activities. Clustered around these two core symptoms are a further seven related symptoms relating to:

- Sleep pattern disturbances.
- Change in appetite.
- Tiredness.
- Sluggish movements or agitation.
- Difficulty in concentrating or solving simple everyday problems.
- Feelings of guilt and/or worthless.
- Clinical depression can be mild, moderate, severe.

In mild depression one of the core symptoms must be present and usually no more than four related symptoms. Although day to day functioning may feel a struggle, it is rarely affected in any significant fashion. People with mild depression can get by without medication and may well find their symptoms begin to subside without treatment over time. Symptoms must last four days a week for two years. This condition is also referred to as dysthymia.

Though mild depression is noticeable, it's the most difficult to diagnose. It's easy to dismiss the symptoms and avoid discussing them with your doctor.

Despite the challenges in diagnosis, mild depression is the easiest to treat. Specific lifestyle changes can go a long way in boosting serotonin levels in the brain, which can help fight depressive symptoms.

A diagnosis of moderate depression would suggest that both core symptoms are present as well as four or more related symptoms. With this level of depression, there is a far higher chance that daily work and social activities are affected. The ability to concentrate and solve problems becomes significantly impaired. People with moderate depression often exhibit behavior that shows the way they feel. For example, personal care may be neglected. The person often moves in a sluggish, heavy fashion, with shoulder bent and head down. Facial characteristics of the person are those associated with misery; frowning, downturned mouth, sad distance-gazing eyes, and drawn expression. Unfortunately, some people are adept at masking their feelings which acts to delay much-needed treatment. Symptoms of moderate depression point to the likelihood that antidepressant medication, with or without psychological treatment, will be advised. Regarding symptomatic severity, moderate depression is the next level up from mild cases. Moderate and mild depression share similar symptoms. The most significant difference is that the symptoms of moderate depression are severe enough to cause problems at home and work. You may also find substantial difficulties in your social life.

Severe depression is almost sure to include both core symptoms and most if not all the related symptoms. Daily functioning ceases beyond the most rudimentary activities. Sometimes the person may experience psychotic features in the form of delusions or hallucinations. Typically, these are consistent with themes of depression involving death, disease, guilt, or some sense of deserved punishment. Treatment is almost sure to include antidepressant medication and depending on the depth and severity may require hospital admission. Severe (major) depression is classified as having the symptoms of mild to moderate depression, but the symptoms are severe and noticeable, even to your loved ones. Episodes of major depression last an average of six months or longer. Sometimes severe depression can go away after a while, but it can also be recurrent for some people.

The severity, frequency, and duration of the symptoms will vary depending on the individual and his or her particular illness.

Although depression may occur only one time during your life, usually people have multiple episodes of depression. During these episodes, symptoms occur most of the day, nearly every day.

Major depression is not the only type of depression. There is also bipolar disorder, dysthymia ("mild depression"), seasonal affective disorder, and postpartum depression, to name a few.

Depression has many causes: A genetic history of depression in one's family, hormone imbalances, and biological differences, among others. Certain personality traits, such as low self-esteem, a pessimistic outlook, chronic stress at work or home, childhood trauma, drug or alcohol abuse and other risk factors increase the likelihood of developing or triggering depression.

Sadly, many people never get any help for their depression, even though 70% to 80% of sufferers' experience relief from their symptoms with treatment.

One trial lawyer wrote to me:

Over time, maintaining this secret identity while dealing with the common strains of trial practice gave rise to a growing depression. I still performed at a high level and got good results. Although I had a close friend at the firm, another partner, he would deflect when I tried to talk to him about my depression, so I stopped. I began to worry that others at the firm might know about me. Fear and the sense of isolation only fed upon themselves in a continuous cycle. I finally experienced a severe episode of depression that led to a period of disability. When I told my boss, what was going on, he expressed genuine surprise that I was suffering from depression at all.

When I returned to work, I felt better, but I remained wary. Instead of engaging in a conversation about what had happened, we all acted as though nothing had occurred. The computer was rebooted, and business continued as usual. I went back undercover, and no one seemed to mind.

Causes of High Depression Rates Amongst Lawyers

I am often asked whether going to law school and becoming a lawyer "causes" anxiety and depression.

As with all mental health conditions, it's more helpful to talk about risk factors than causes because we often don't know exactly what causes these afflictions. It is usually a combination of many things.

It's important to stress that lawyers bring into the law their own unique genetic makeup and family history. The national rate in the general population for depression is about 10%. That means that 10% coming into the law might reasonably be expected to have some level of depression. But then the rate jumps to 28% according to the ABA Hazelden Study. As such, what explains why the rate triples? I guess that some of the people who become lawyers had pre-existing non-law related risk factors and that something about the practice of law tipped the apple cart and led to depression.

In light the statistics on the poor state of mental health in the legal profession, I believe there can be little dispute that becoming a lawyer is a risk factor for anxiety and depression.

While there are many risks factors to explain the high rates of poor mental health in the law, I will focus on three here.

Factors in the legal profession increase the risk of depression are if a person has a pre-existing vulnerability for by way of, for example, genetics, personality, or troubled childhood before

entering the law. Following entering the law, other important factors include a pessimistic explanatory style, lawyer personality, and chronic stress. These may combine with a pre-existing vulnerability to create a "perfect storm" for depression to develop and overtake a person.

1. Pessimism

It's normal for all of us to get pessimistic sometimes. Maybe we have had some losses in our life that make us feel that an event in the future we care about isn't going to pan out. Most people tend to be both optimistic and pessimistic, depending on the situation. When talking about pessimism as it relates to depression, however, we're talking apples and oranges. In the mind of someone with depression, negative thinking takes up residence and doesn't leave.

Psychologist, Hara Estroff Marano describes it this way:

One of the features of depression is pessimistic thinking. The negative thinking is actually the depression speaking. It's what depression sounds like. Depression, in fact, manifests in negative thinking before it creates an adverse effect. Most depressed people are not aware that the despair and hopelessness they feel are flowing from their negative thoughts. Thoughts are mistakenly seen as privileged, occupying a rarefied territory, immune to being affected by mood and feelings, and therefore representing some immutable truth.

After practicing law for almost 30 years, I can look back and honestly say that some of the most wonderful people and friends of mine have been lawyers. But it's also true to say that many are grumpy because they have dealt with too many boiling pots on the kitchen stove for too long. But many weren't what I call "depressed." Many had acquired jagged pearls of wisdom and had a wicked sense of humor. And some were what I would describe as pessimists, but not struggling with a mental health problem.

But almost every lawyer I met, including myself, who struggled with depression had a pessimistic way of looking at themselves and the world. And many of them were successful at their craft.

According to Dr. Martin Seligman, who wrote a book with a chapter "Why Lawyers Are So Unhappy," pessimism in the law has to do with a particular type of negative thinking:

One factor is a pessimistic outlook defined not in the colloquial sense (seeing the glass as half empty) but rather as the pessimistic explanatory style. These pessimists tend to attribute the causes of negative events as stable and global factors ("It's going to last forever, and it's going to undermine everything.") **The pessimist** views bad events as pervasive, permanent, and uncontrollable while **the optimist** sees them as local, temporary and changeable. Pessimism is maladaptive in most endeavors.

But there is one glaring exception: Pessimists do better at law. Pessimism is seen as a plus among lawyers because seeing troubles as pervasive and permanent is a component of what the law profession deems prudent. A prudent perspective enables a good lawyer to see every conceivable snare and catastrophe that might occur in any transaction. The ability to anticipate the whole range of problems and betrayals that non-lawyers are blind to is highly adaptive for the practicing lawyer who can, by so doing, help his clients defend against these far-fetched eventualities. If you don't have this prudence to begin with, then law school will seek to teach it to you. Unfortunately, though, a trait that makes you good at your profession does not always make you a happy human being.

My own experience with pessimism as a lawyer was that I was often suspicious of other people's motives. Before entering the law, I was not this way. I was pretty trusting. One could almost say naïve. But all that changed after I had a few years of practicing law under my belt.

I was always waiting for the next shoe to drop: a client calling me to tell me of some facts that completely changed the course of a case for the worse, an opposing counsel that I discovered had been hiding discovery documents from me, walking in a courtroom for trial and seeing the look of unfriendly jurors' faces as I walked to my table. Walking into a deposition or trial courtroom, my brain was always scanning the room for trouble so that I could defend myself and my client.

2. Lawyer Personality

I was ambitious in most areas of my life before the law. My WWII generation parents taught me to work hard at whatever I did. In high school and college, I strived to be my best. I was self-motivated and aimed to be a "winner." I wouldn't say I was a classic "Type A" personality in every area of my life, but I apparently had some of that in me that led to law school.

Dr. Tyger Latham, a psychologist in Washington, D.C. who treats many lawyers with depression, writes:

I've come to recognize some common characteristics amongst those in the profession. Most, from my experience, tend to be "Type A's" (i.e., highly ambitious and overachieving individuals). They also tend toward perfectionism, not just in their professional pursuits but nearly every aspect of their lives. While this characteristic is not unique to the legal profession – nor is it necessarily a bad thing – when rigidly applied, it can be problematic. The propensity of many law students and attorneys to be perfectionistic can sometimes impede their ability to be flexible and accommodating, qualities that are important in so many non-legal domains.

According to former lawyer turned therapist, Gayle Victor, two character traits - perfectionism and pessimism - are prevalent among lawyers prone to anxiety. "Perfectionism helps lawyers succeed in practice because the profession is so excessively detail-oriented," she says.

"Research suggests that people who are perfectionists, creating unrealistic goals for themselves, may be vulnerable to depression."

3. Chronic Stress

Lawyers lives are stressful for so many reasons. Some of it has to do with the fact that law often involves "winners" and "losers": a zero-sum game. The other component is that lawyers frequently that they have little control over their lives. This can drive a Type A personality who craves control crazy.

Another reason for lawyer stress has to do with the fact that the battles they engage in are ongoing. They are never really finished with conflict. As one tough case settles, around round of contentious depositions is soon to begin. As such, they carry the "war" in their heads with them at all times.

Lawyer turned professor Stephen Feldman summed up his experience like this:

Law was a tough thing to get up in the morning to do. I used to wake up and think, 'Maybe it's World War III, and I won't have to go to the office. Maybe everything will be called off today. Practicing law is the only profession whose job it is to prove that you are wrong. A doctor does not ordinarily face a second doctor objecting to what he or she does. No opposing preacher is there to argue for the devil. The adversary system means there is little margin for error, as opposing counsel lurks, waiting to pounce on any mistake. Along with the winning and losing comes conflict. The lawyer's professional life is filled with dispute, confrontation, and occasionally real hatred. It is rare that a case will be pleasant; even adoptions can have snags.

After spending twenty-five years trying high-end personal injury cases, lawyer Harvey Hyman fell into a deep depression. Following his recovery and departure from the law, he wrote:

Lawyers don't want to appear ignorant or equivocal for fear of scaring off clients or signaling weakness to their opponents in litigation. They want to be perceived as knowledgeable, decisive and in control at all times. This mask of uncertainty hides doubt, worry, and fear. None of us knows the answer to the myriad of questions that keep popping up. None of us can be sure our choices of strategy and tactics will work. All of us fear losing cases and losing face. Sometimes displays of anger are nothing but an effort to save face after someone has made us feel foolish.

All too often, lawyers don't have anyone to share these fears with. So, they stuff them down deep within themselves. "Who listens to their fears?" writes Hyman. "Who encourages them to let their anger out privately? Who holds them together? For the most part, nobody does. They tend to be all alone. This is a substantial part of the problem."

SOME SOLUTIONS

Just as there are many different types and risk factors for toxic stress, anxiety, burnout, addiction and depression in the law, there are many solutions. What I have discovered over the years, is that there is rarely ONE solution, but many.

To recover and be healthy, lawyers need to figure out practical and realistic ways to get help and help themselves. For each, the emphasis on what works will be different. For those with too much stress and milder forms of anxiety and depression, lifestyle changes and therapy might work best. For those with burnout, which is often specific to a particular workplace or practice area, they may need to leave their firm or go into another type of law. For those with more severe depression, it will likely include some form of medication and intensive therapy.

That being said, here are just a few ideas you can incorporate into your life to help you recover and make you happier and healthier lawyer.

1. Exercise

We all know that exercise is good for our bodies and brains. We all should exercise. However, I believe, this a critical part of recovery and staying well for lawyers who struggle with toxic stress levels, burnout, anxiety, or depression.

Our bodies are built for movement and lawyers often spend little time doing that when stuck behind their desk tapping on a computer keyboard. Over the years of coping with the emotional pitfalls of being a lawyer, I have benefited from yoga, walking, and acupuncture.

Sometimes, however, the only thing that will break the stranglehold of stress, anxiety, or depression for me is very strenuous exercise: jacking up my heart rate, sweating, and breathing heaving.

When you have depression or anxiety, exercise often seems like the last thing you want to do. But once you get motivated, exercise can make a big difference.

Exercise helps prevent and improve many health problems, including high blood pressure, diabetes, and arthritis. Research on depression, anxiety, and exercise shows that the psychological and physical benefits of exercise can also help improve mood and reduce anxiety.

Regular exercise may help ease depression and anxiety by:

- Releasing feel-good endorphins, natural cannabis-like brain chemicals and other natural brain chemicals that can enhance your sense of well-being.
- Taking your mind off your worries so you can get away from the cycle of negative thoughts that feed depression and anxiety.

Regular exercise has many psychological and emotional benefits, too. It can help you:

- Gain confidence. Meeting exercise goals or challenges, even small ones, can boost your self-confidence. Getting in shape can also make you feel better about your appearance.
- Get more social interaction. Exercise and physical activity may give you the chance to meet or socialize with others. Just changing a friendly smile or greeting as you walk around your neighborhood can help improve your mood.
- Cope in a healthy way. Doing something positive to manage depression and anxiety is a healthy coping strategy. Trying to feel better by drinking alcohol, taking drugs, or overeating, dwelling on how you feel, or hoping depression or anxiety will go away on their own can lead to worsening symptoms.

Dr. John Ratey, a professor of psychiatry at Harvard Medical School, writes research suggests that burning off 350 calories three times a week (30 minutes on the Stairmaster for me) through sustained, sweat-inducing activity can reduce symptoms of depression about as effectively as antidepressants. That may be because exercise appears to stimulate the growth of neurons in specific brain regions damaged by depression.

"When you're exercising, your brain is usually not what's on your mind," writes Ratey. "But that activity is building your gray matter in myriad ways, making you more alert, creative, motivated and perceptive. It's helping you learn better, remember more, and combat stress. It's boosting your mood while helping you overcome anxiety and depression."

Some theorize that depression is caused at least in part by depleted levels of a category of neurotransmitters called monoamines, which include serotonin, norepinephrine, and dopamine — all of which are magnified by exercise. "Going for a run is like taking a little bit of Prozac and a little bit of Ritalin because, like the drugs, exercise elevates these neurotransmitters," says Ratey. In the process, exercise helps our brains balance hormones. Ratey believes that, along with alleviating depression, this harmonizing of our hormones also inoculates us against toxic stress and eases anxiety. "Keeping your brain in balance can change your life," he says.

According to research conducted through Princeton University, getting your body moving helps reorganize the brain so it has a reduced response to stress and is better able to regulate feelings of anxiety. Those who are regularly active are better able to control feelings of distress and panic when put into stressful situations. The study also found that the brains of those who are sedentary behave differently under stress and aren't able to function as well. Exercise has other effects on mood, as well. Just as our muscles demand more energy during exercise, our brains gobble up glucose.

In a 2016 study published in the Journal of Neuroscience, University of California, Davis, researchers discovered what the brain was doing with all that fuel: making more neurotransmitters. MRI scans found that levels of glutamate and gamma-aminobutyric acid (GABA) swelled in participants after a stationary-bike session. This may aid in tempering

depression, according to lead researcher Richard Maddock, MD, MS, because the stores of glutamate were centered in regions of the brain where the neurotransmitter had been depleted in depressed individuals.

Doing 30 minutes or more of exercise a day for three to five days a week may significantly improve depression or anxiety symptoms. But smaller amounts of physical activity — as little as 10 to 15 minutes at a time — may make a difference. It may take less time exercising to improve your mood when you do more-vigorous activities, such as running or bicycling.

Starting and sticking with an exercise routine or regular physical activity can be a challenge. These steps can help:

- ✓ Keep your gym bag in your car at all times. This simple habit helped me enormously.
- ✓ Join a gym. When I tried to work out at home, I found too many distractions including food in the fridge, TV, hopping around on social media, or texting and returning emails on my cell phone. For me, I had to go to a gym where I had fewer excuses not to workout.
- ✓ Hire a trainer. To kick start my exercise habit if I had fallen off the wagon, I have sometimes hired a personal trainer for a few months. I found this helped with accountability and motivation. I particularly liked that the trainers showed me the correct techniques for lifting weights.
- ✓ Where a smartwatch and track your exercise. I wear a Fitbit, and it encourages me to meet a 10,000 steps goal. I also feel better at the end of the day if I exercise and realize that I've burned up more calories than usual.
- ✓ Have an exercise buddy. This is a cheaper way to build in accountability to your workout routine than hiring a trainer.
- ✓ Identify what you enjoy doing. Figure out what type of physical activities you're most likely to do, and think about when and how you'd be most likely to follow through. For instance, would you be more likely to do some gardening in the evening, start your day with a jog, or go for a bike ride or play basketball with your children after school? Do what you enjoy to help you stick with it.
- ✓ Set reasonable goals. Your mission doesn't have to be walking for an hour five days a week. Think realistically about what you may be able to do and begin gradually. Tailor your plan to your own needs and abilities rather than setting unrealistic guidelines that you're unlikely to meet.
- ✓ Don't think of exercise or physical activity as a chore. If exercise is just another "should" in your life that you don't believe you are living up to, you'll associate it with failure. Instead, look at your exercise or physical activity schedule the same way you look at your therapy sessions or medication — as one of the tools to help you get better.
- ✓ Analyze your barriers. Figure out what's stopping you from being physically active or exercising. For me, one hurdle I struggled with was figuring out a time to work out. I discovered that I wasn't able to sustain a before work routine, no matter how hard I tried and how many times I heard that it was "good for me." The best time for me was either lunchtime. I would throw down a high protein meal replacement shake and to the

gym. If I couldn't, the next best time was on the way home from work before I had dinner. I would eat a protein bar before the workout to make sure I had something in my stomach. If you think about what's stopping you from being physically active or exercising, you can probably find an alternative solution.

- ✓ Prepare for setbacks and obstacles. Give yourself credit for every step in the right direction, no matter how small. If you skip exercise one day, that doesn't mean you can't maintain an exercise routine and might as well quit. Just try the next day again. Stick with it.

2. Challenge Your Negative Thinking

Much of our thoughts occur automatically, which is a good thing, as we don't generally have to work too hard to do daily or routine tasks like getting up, getting dressed, eating breakfast, getting to work, etc. And, it can be a bad thing, because they are so habitual and automatic that we don't usually pay much attention to them.

If you think back to the last time you got annoyed or anxious, can you remember what it was that you were thinking? It takes practice to try and focus on what thoughts were going through your mind?

However, like most things, if you know what you are looking for, then it is easier to spot, and you can recognize your thought patterns more easily.

For example, you might have been responding to someone who had done something that you perceived of as unfair. A common enough example occurs while driving, and someone cuts in front of you. It might have triggered a response along the lines of; "Why does this always happen to me?" "How dare they, they should not have done that, people that drive red cars are useless drivers." "This tops my day, it's been awful and now this, I can't even drive home in peace, what a waste of space I am..."

Now, if you can recognize these thoughts and challenge them, then you might laugh at yourself and say, Oh, get a grip, it was him being an idiot. It has nothing to do with me, and it's forgotten. However, if you don't recognize, or challenge, you might be left feeling angry and annoyed, and the next person who comes along and does something to annoy you. Well, heaven help them!

Negative automatic thoughts (NATs), *are a stream of ideas* that we can notice if we pay attention to them. They are negatively framed interpretations of what we think is happening to us. And they usually have an impact on our mood and our feelings, that isn't positive. NATs can lead to self-doubt, depression, anxiety, anger, irritability and low mood. They are not that helpful, or useful and yet we all have them. The difference between whether we accept them and believe them, or ignore or challenge them or accept them, will influence how mentally healthy and happy our lives will be.

So how can you identify your negative automatic thoughts?

- ✓ **They are always negative.** "I just missed that turn on the motorway. Therefore, I am useless; I will never get there on time, I am always messing up, I never do anything right, they will think I am an idiot. She didn't call me back. I'm not worth bothering about. No-one likes me anyway. And so on.
- ✓ **They make you feel bad about yourself.** "I'm such a failure; I am useless, I never do anything right, no-one likes me, I'm too fat, too old, too unfit, etc.". And they make you feel bad about your life in general. "My life is useless, hopeless."
- ✓ **They are self-sabotaging and tend to stop you helping yourself.** If I do that, I am bound to fail, so what's the point? They invite apathy and create their own self-fulfilling beliefs. If I believe I am going to fail, the chances are I probably will.
- ✓ **They are uninvited.** Like a rude gatecrasher who thinks you need to be told what a loser you are, and they can be harshly critical "You'll never amount to anything" "You are so selfish" "You are a show off." You are constantly moaning, "no wonder you have no friends."
- ✓ **They are believable.** It seems to be more plausible to think negatively of yourself than positively. To tell yourself that 'You are not that great, you're just not that clever,' 'You are gullible, people see you coming, they always take advantage of you, you are a poor judge of character' or 'You are always making mistakes. Therefore, you are the clumsiest most useless impractical person' – seems acceptable and fair enough to accept these admonishments as truths. Believing that you are not good enough seems to be easier to think that you are good enough.
- ✓ **They are biased.** And, although they seem to be acceptable, they are likely to be distorted or wrong. Just because you didn't do well at one thing, doesn't mean that you never do well at anything. They may be reinforced by how you feel, or what has happened to you, i.e., after a specific event, say just being made redundant and thinking you will never get another job; but ignore many other facts, for example, that you have managed to get jobs in the past, and you now have 15 years' experience in a particular field.

Styles of Negative Thinking

The following styles of negative thinking, or cognitive distortions, have been recognized as the commonest of the NATs – Do you recognize any of them?

All or nothing/ black or white thinking

- If I don't do it perfectly, then I'm rubbish

- If I am not a perfect mother/father/daughter/son – then I'm useless
- If I don't do well in every area of my job, I am hopeless
- If I don't get on with everyone, no one likes me
- If my partner is annoyed with me, they must hate me
- If I don't win the case, I must be a loser

Overcontrol and perfectionism

- Unless I do everything perfectly life is intolerable
- If my office is not perfectly clean, it is a pigsty
- If I don't take care over my appearance, then I am a mess, and I can't go out
- If I allow paperwork to pile up, I will be out of control

Magical thinking or fortune telling.

- My thoughts are so powerful, just by thinking about it, something terrible will happen
- I know exactly what she is thinking....
- I predict that if I say something about this to her, she will find me unacceptable
- If I don't please everyone, they will hate me/ be disappointed in me

Catastrophizing.

- If I don't do well in my next exam, I am going to fail everything, get kicked out of university and be a failure for the rest of my life
- If I don't get my act together soon, I never will
- If I don't get this job, I will never get another one and will be on the scrapheap
- If I get sick, I will never recover, and never be able to be happy again
- If I split up with my partner, I will never meet anyone again and will be alone

Pessimistic or negative bias.

- If something terrible is going to happen, it is much more likely to happen to me
- This proves what I suspected all along
- You can't trust anyone these days
- Everyone is out to rip you off
- I will never get out of this mess
- Bad things are always happening to me, or someone I care about

Personalization, over responsibility.

- You assume responsibility for bad things, even though you probably were not responsible

- A mother feels responsible for her daughters' poor grades at school and concludes 'I am a lousy mother.'
- You complete a tender at work, and your company is not awarded the job – 'I failed, I don't deserve the trust and respect people give me.'

So, how do you catch your own NATs?

Most of the time, they come into your head and leave quickly, as if there has been a "break and enter," you are left with the mess of the feelings, but didn't catch the thoughts as they occurred.

So, use your feelings as a cue, and whenever you are feeling upset, try and notice what exactly you are feeling, put it into words, 'I am anxious' 'I am sad' and ask yourself the question, 'What did I just think then?'

It might also take the form of a picture, or a visual image of a face, or a scene. Ask yourself what did you see? If you seem upset by something that has just happened, an event, try and look for what it was you were telling yourself about the situation? How did I view this? What did it mean to me?

Writing down your NATs

The best way to become more aware is by writing them down and look out for the ones that are more unique to you. By being your own NAT scientist, it can help take the sting out of them, and even this process can help you to look at them differently.

3. Mindfulness Meditation

Mindfulness, or paying attention to the present moment, can be very helpful in improving the cognitive symptoms of anxiety and depression for lawyers. These debilitating symptoms include distorted thinking, difficulty concentrating and forgetfulness, all significant problems for practicing attorneys.

Negative thoughts can lead to negative emotions, deepening depression. Focusing on the here and now helps lawyers become aware of their negative thoughts, acknowledge them without judgment and realize they're not accurate reflections of reality.

Through mindfulness, individuals start to see their thoughts as less powerful. These distorted thoughts – such as "I always make mistakes" or "I'm a horrible person" – start to hold less weight. When we meditate, we are, essentially, watching ourselves.

These distorted thoughts – such as "I always make mistakes" or "I'm a horrible person" – start to hold less weight. When we meditate, we are, essentially, watching ourselves think. We experience thoughts and other sensations, but we aren't carried away by them. We watch them come and go like clouds in the sky.

Mindfulness is particularly useful for lawyers because we spend so much time in our heads analyzing, planning, and organizing. Too often, we forget about our bodies and become trapped in our minds. To be healthy, it's helpful to "drop out of your thinking brain" and into your body by just following your breath. In doing so, we find we get a break from the constant chatter of our mind and drop into the peace and simplicity of just being.

There are many ways to practice mindfulness meditation. But they all have in common resting in your breath and body and letting go of your thoughts and emotions. Try even 10 minutes a day and see how you feel. Use an app on your smartphone. You can do it anywhere.

4. Support Groups

I started a depression support group ten years ago. It's one of the most meaningful things I've ever done. We started out with ten people. It met once a month. Over time, it evolved into every other week. We now gather once a week.

One of the worst aspects of depression and anxiety is the loneliness that sufferers endure. There are several reasons why this is so: they don't feel up to being with other people, others just don't understand, or they feel a sense of shame and hide. While it may be a good idea to take "timeout" from others to enjoy some peace or not share with others that we have strong reason to believe won't understand, these strategies are often maladaptive and only serve to maintain and/or fuel one's depression.

Here is a bit of hard-won wisdom I've learned: when I feel the worst is when I most need to be with other people and share. Being with others is even more critical when you're in pain. You need to communicate your distress and know that your "tribe" will listen and care. When this doesn't happen, you feel alone, distressed and even abandoned. You wander in the wilderness of pain by yourself and endure it as best you can. But don't you deserve better than that?

Andrew Solomon, the author of the best-selling book "The Noonday Demon: An Atlas of Depression," writes:

Depression is a disease of loneliness. Many untreated depressives lack friends because it saps the vitality that friendship requires and immures its victims in an impenetrable sheath, making it hard for them to speak or hear words of comfort. Worldly success does little to assuage that agony, as Robin Williams' suicide makes clear. Love, both expressed and received, is helpful, not because it ameliorates the symptoms of depression (it does not), but because it gives people evidence that life may be worth living if they can only get better. It gives them a place to admit to their illness and admitting it is the first step toward resolving it.

Besides the psychological salve that support can bring to the wounds of your loneliness, there are critical physiological reasons for being part of a support group. Positive experiences can also be used to soothe, balance, and even replace negative ones. When two things are held in the

mind at the same time, they start to connect with each other. That's one reason why talking about hard feelings with someone who's supportive can be so healing: painful feelings and memories get infused with the comfort, encouragement, and closeness you experience with the other person.

I've been asked many times about how to start a depression support group by lawyers and non-lawyers. Here are a few pointers to help you get going. They're in no particular order of importance.

Be clear about what a support group is.

A support group is a regular gathering of folks suffering from depression who share their struggles with fellow sufferers to gain insight, strength, and hope. These meetings are less structured and more open-ended, and the content doesn't come from a mental health professional. In contrast, group therapy is more structured, focused on teaching, and has a clear outcome that the group is trying to reach. A therapist leads them.

Picking a place.

I suggest you seek out a place to meet at a school, college, church, community center, library or other free space in your community. I guess you could have it in your home. I have never done that. I don't know anyone else who has. In my view, the problem with this spot is that you must be prepared to have it there every single time. It may put a lot of responsibility on you. What happens if you're sick or on vacation and can't host the gathering? I also don't suggest rotating the location of the meetings to different members' homes. This doesn't work because it becomes just too complicated for people to remember where the meeting is being held. Pick one place and stick with it.

Determine a schedule.

With the help of initial support-group members, decide how often to meet and for how long. For example, every two weeks for 60 to 90 minutes. My experience has been not to fiddle with the day and time you ultimately pick. Members of my group know, come hell or high water, meetings start at 12:30 sharp and end at 1:30 every single Friday. They need not think about it. If they miss some meetings, they're not left hanging about when the next meeting is. If others tend to come late to the meeting, always start it on time anyway. My experience is that people appreciate this. Everyone has busy schedules and other things to do. Meetings should be no less than once every two weeks because interest can wane if the group doesn't meet often. If the meetings are too far apart, people forget each other's stories.

Talk to your therapist.

If you're in therapy, talk with him or her about what you plan on doing and why. They know you well and can offer some suggestions. They've either run groups and/or been trained in how to do so. Get some ideas.

You don't have to rebuild the wheel.

Depression support groups happen every day around the country. They're run by various organizations such as the Depression and Bipolar Support Alliance. Check out their website to see where these groups meet in your community and go to a few to see how they function. Ask your local or state Lawyer Assistance Program if they have such a group. If not, inquire about starting one.

How Do I Find Support Group Members?

You need to get the word out. Develop a flyer that briefly describes your group, where and when it meets, and contact information. You may also want to contact other support groups and ask if they can refer people to you or market your group on Facebook and other social networking sites. One thing I did was to write columns in my local paper about my own experiences with depression and the support group. This helped enormously. People connect with personal stories. It also helps people overcome the stigma of attending a meeting. If you're comfortable with it, ask to speak at your local church or other social organizations you might be a part of. Another way to find members is to search for therapists who have offices within a 10-mile radius of where the meetings are going to be held. I'd send them flyers so that could refer people in need of support. Most therapists aren't even aware of such groups. So, educate them!

Have an opening and closing ritual.

Early on, our group crafted an opening that we read before every meeting. I have typed out the opening we use at my group at the end of this blog. Towards the end of the meeting, I will say, "We've got about ten minutes left, is there anyone who hasn't shared that would like to speak?" I'll then conclude, "See you all next Friday at 1:30." A consistent structure to the meetings helps a lot.

Arrange for refreshments.

Ask support-group members to take turns providing snacks and drinks if desired.

Create a private list-serve.

It's a good idea to get everyone's email address to communicate with the group in the event of a meeting cancellation due to the weather or other problems. Sometimes, your usual location needs to be changed on a particular date because the building is closed for the holidays, etcetera. Send out an e-mail the day before the group meets to remind them there's a gather the next day. People get busy and like these little pokes. I also forward onto members of group activities – sometimes we meet for dinner or breakfast. I also pass along depression blogs or news I've come across that might be interest. A confidential list-serve is easy to create. Check out this webpage about how to create a list-serve through Google. This is what I use. To make it confidential, I e-mail myself notices and blind copy the rest of the group. It works.

Leaders.

A support group leader(s) is responsible for maintaining the structure of the group and keeping the group on topic. Leaders also set up meetings and clean up afterward. They must be a bit assertive; if you are not comfortable being assertive, look for this quality in a co-leader.

Asking others to join the group – be sensitive to their concerns.

Because of the stigma associated with depression, people are sometimes resistant to join a support group. They don't know what to expect. "Will other people attending the group know me? Will this be embarrassing? Would this help?" Then there are others who have attended other depression support group meetings and found them lacking. One of the most common things I hear is that many of the folks who attend these meeting isn't working, are on disability and aren't planning to go back into the workforce. Let me be clear on this point: in no way am I criticizing people who are in this situation. In fact, I feel deep compassion for them. But for people who are in the workforce or those temporarily out of it who want to get back in, it isn't always a good fit. Be aware and sensitive to this issue. If I sense that people would like to come to the group, but are apprehensive, I meet them for coffee. It helps to reassure them. Maybe a prospective member might not be a good fit for your group. If so, be honest with them and refer them to another.

Remember that it takes time to start and keep a group going.

I have known other people who have felt the passion and courage to start groups only to see them fizzle out because of a lack of members or organization. That can be discouraging, no doubt. When I first started the group, I'd worry about how many people would come. For example, I'd be disappointed if four people came. I somehow felt like a failure (why can't I get more people to come?) or a big success if 15 came ("Wow, this is great. People think this is important!") But in the past seven years of running my group, I learned that numbers don't count for much. It's the quality and depth of sharing that counts. Some of the best meetings I've attended have been with small numbers of people. It allows more time for each person to share more details of their struggles that they otherwise may not be able to do in with a larger group setting because of time constraints. Commit to keeping the group going for at least one year. It will have its ups and downs. You need to be persistent.

Remember to stay on topic.

You'll notice some participants drift into other topics like buying a new car, gossip or recent things in the news. Help keep the group focused and on task. It's a depression support group, plain and simple. The majority of people are there for that reason. It's simply not fair to others who need the support to listen to others who want to talk about things other than their depression-related issues. If people want to talk about these issues, they can do so before or after the group.

Be careful not to let someone dominate the talk. This is a common and tricky problem I've had to deal with over the years. We address this in the opening ritual, but people need to be reminded of this for the benefit of the group. An individual member may sometimes need a bit more time to talk than usual. That's okay. But if it becomes a chronic issue, take the person aside after the group and gently address it with them.

Share resources.

Many people who come to groups have read books about depression that have "spoken" to them in a meaningful way. I've shared my favorites in a blog, Dan's. Group members can also

create such a list and distribute it. From time to time, my group has also come up with a list of recommended therapists and psychiatrists in our area. Again, a beneficial thing for people who don't have one or are thinking of switching (a widespread issue).

Hire a therapist to attend the group.

Our group has hired a therapist to facilitate our meetings during different times in our history. It's not necessary to have a successful group, but may be helpful. How to find one? Send out a letter to local counselors that you're the group is looking for one. How do you pay for it? Take up a collection from the group. For example, if you have ten people (an ideal number of members for a support group, by the way, is 8 to 10 folks), ask that they each kick in \$10 per group meeting to pay for the therapist. The psychologist in our group didn't talk much during the meeting, except in the end. He would sum up some of the themes he heard and offer a few helpful tips and observations. I thought this worked well and was a real benefit to the group. You can also ask a local therapist to volunteer their time to this worthy effort.

Commit to confidentiality.

Make sure everyone in your group understands that what's shared in the support group stays within the group. I can't stress this issue strongly enough. People need to feel safe. Without that, the group won't succeed.

Ritual Opening.

I have found that it is essential to have a ritual opening to begin meetings. As such, we have different members of the group read this opening each week:

Welcome to the {insert group name} support group for lawyers coping with depression. Depression is a bio-psychosocial phenomenon meaning that it affects people in their biological, psychological, and social areas of daily function. Depression is a health problem that does not discriminate by gender, race, religion, occupation, or intellectual ability. It is not a moral weakness any more than asthma, diabetes, or hypertension are. But, similar to these other illnesses, depression is highly treatable and can be managed effectively. Interpersonal support is an integral part of depression management. This group is anonymous and confidential. Here is a forum to share your stresses and your experiences in coping with depression. We ask that group members suspend judgment of others, refrain from direct advice giving, and allow adequate time for all participants to share their respective stories. We seek the serenity to accept the things we cannot change, the courage to change the things we can, and the wisdom to know the difference.

5. Rethinking Perfectionism

Lawyers often mix-up a drive to excel and perfectionism; they're not the same thing. A drive to be your very best can lead to a sense of self-satisfaction and self-esteem. It feels good to give it all we got. Perfectionism? It's a horse of a different color. Attorneys who feel driven in this direction tend to be more motivated by external forces – such as the desire to please others rather than themselves. Frequent and recurring thoughts of perfectionists include:

- Anything short of excellent is terrible
- I should be able to do/solve this quickly/easily
- I am best handling this myself
- I must find the one right answer
- Errors, failure, and mistakes are unacceptable
- I have to do it all at once

Psychologist Dr. Gordon Flett has studied perfectionists and found that they set excessively high personal standards for themselves and others then harshly evaluate their performance on these benchmarks. Often, perfectionists believe it's their parents, bosses, clients, or spouses who expect them to be perfect. They think that such people will value them only if they're perfect. The constant demand to appear as if they have it all tougher is draining. Others tend to see them as harsh and unforgiving – rigid and unkind – though the truth on the inside is they are vulnerable people who lack resilience. Flett found that physicians, lawyers, and architects, whose occupations demand precision, are at higher risk for perfectionism, depression, and suicide.

Causes of perfectionism run from parenting to a genetic link, but whatever its origins, try these fixes:

- ✓ **Separate self-worth from the requirement to do things correctly.** Dr. Nicholas Jenner writes: Perfectionism is addressable by using and applying cognitive tools. Positive change can be had when thinking is changed, and self-worth is separated from the requirement to do things perfectly. If you constantly hear your inner critic berating you for not getting or doing that extra 20%, you have noticed your perfectionist beliefs. Discrediting and disputing these values and finding realistic evidence to prove them wrong is a vital part of recovery. As humans, we are inherently imperfect. We can fail without ever being a failure. We sometimes need to think about it and believe it.
- ✓ **Put people first.** Before tasks and "stuff, " put your heart into connecting with the people you love.
- ✓ **Come out as a human being.** Authenticity, although messy, is required for the pleasure of love, joy, fun and overall happiness.
- ✓ **Pay attention to your own signs of trouble.** Perfectionists get more anxious and rigid when they are hungry, angry, lonely or tired. Use prevention strategies to manage this tendency.
- ✓ **Let go of high expectations.** Try to accept people as they are. We are all unique and flawed as human beings.

6. Therapy: Talking It Through

If you have ever suffered from clinical depression, the chances are that you have undergone psychotherapy. Today, my musings will focus on the mysterious, intimate relationship between therapists and their clients in dealing with depression.

I guess you could say that I'm a veteran of therapy. I first started going during my last year of law school. This fledging attempt at "getting better" didn't go so well. At the time, my therapist was focused on helping me to recover from being raised by an alcoholic father. Depression wasn't even part of the conversation. I was high achieving but broken in some fundamental sense. I didn't know who I was or how to be myself in the real world. So, I pretended a lot.

I pretended by learning how to please others. Undoubtedly, getting good grades was part of this basic formula. My mother and professors were certainly pleased. I loved learning, but getting good grades was more than that. I began to envision myself as a "success" and needed high grades to build on that identity. Good grades would take me places, I thought. They eventually took me to law school and my new identity, after passing the Bar Exam, as a member of the legal profession. I wasn't just Dan; I was a "LAWYER"; an Esq. Par excellence.

After becoming an attorney, I saw a therapist off and on. They helped, but not in any enduring way. Years went by, and I still felt that same sense of brokenness that I had when I first began therapy over twenty years ago. I would bash myself with these critical questions: "Why can't I get myself together after all these years of therapy? Why can't I figure all this out?" These questions would haunt me for a long time. Little did I know that most people with depression struggled with the same misguided ruminations.

Psychologist James Hollis once said that the quality of our lives is driven by the quality of questions we ask ourselves. Depression warps this questioning process. The questions our melancholy ask of us are dead ends even though we don't see them as such while we are engaged in such self-assessment. A common lament: "What's wrong with me?" What good comes of this question for someone with depression? Its focus is part of the illness and not a legitimate route out of it. It often compels us to make up a list of "Things to Do to Fix Me" never realizing that we don't need to fix ourselves so much as compassionately face ourselves. I've had the same psychologist for the past three years. His name is Jerry, and he bears some resemblance to Freud. He's an Italian guy from the Bronx and a professor of psychology at one of our local universities. I often waffle about how much can be accomplished by seeing a psychologist once every week or two. But I am often surprised by the sustenance that I draw from Jerry, often in unexpected ways.

The famous psychoanalyst Carl Jung once wrote: " The principal aim of psychotherapy is not to transport one to an impossible state of happiness, but to help the client acquire steadfastness and patience in the face of suffering. "

We need to face our depression and perhaps learn that it won't destroy us; we need to learn (yes, it is a skill you can learn) not to run from it or keep feeding it. Another renowned analyst, Helen Luke echoed Jung's wisdom: "The only ultimate cure for depression is the acceptance of real suffering. To climb out of it any other way is simply laying the foundation for the next depression."

Recently, I went through a painful episode in my life. I was telling Jerry about my best friend, Steve, and said, "He told me that he will always be by my side 24-7." Jerry sat across from me with his wise eyes and paused. He then said, with a sense of weighted authenticity, "Dan, I too will stand beside you and be with you at all times." The intimacy between us during that 10-second exchange was profound and stayed with me for a long time. Can someone you see for 1 hour genuinely care about you in such an intimate way? Yes.

It can't be faked, however. Maybe that's part of the chemistry of having the right therapist, and it's a different equation for everyone. I believe that it's critical to have a therapist as our ally in our recovery from and management of depression on a consistent basis. I think consistency is important because people with depression often come from families where consistency was sorely lacking; they may not even have much it in their present lives. Even if they do, it most likely needs shoring up.

In a loving way, let go of the questions that only lead you down depression's dead ends. Therapy is not just a questioning of harmful habits that fuel depression, but a replacement with questions worthy of you. In short, they are nothing short of the Great Questions: "How can I bring more meaning to my life? What are my greatest passions in life?" It is only by facing and being present to the pain of our depression that we can learn to let it go and live out the great questions of our lives.

CLOSING ARGUMENT

A hero is an ordinary person who finds the strength to persevere and endure in spite of overwhelming obstacles. –Christopher Reeve

Lawyers with mental health or addiction problems often think of themselves as "less than" – less than competent, less than successful and even less than a good person. They often live successful professional and personal lives – at least from outward appearances. Looking out their office windows, they privately fear that others will find out just how incompetent they feel; or, worse yet, that they have a mental health or addiction problem. "What will they think then?" they worry.

When toxic stress, anxiety, depression, or addiction get bad, lawyers, in some fundamental sense, feel broken. This is attributable to both physiological (poor sleep, appetite, energy levels) and psychological (distorted pessimistic thinking: e.g., "Nobody cares about me," "I stink at my job" or "My depression will never end.") factors.

But this burden of brokenness isn't just an "inside job" – the crummy stuff they tell themselves about themselves. Other people, whether intentionally or not, can inflict damaging judgments and innuendos about a suffering person's behavior or personhood: "You're lazy," "If you tried harder, you'd feel better," or "You're just feeling sorry for yourself," are just a few of the comments struggling lawyers often endure.

Others may tell a depressed lawyer they're letting everybody down at the office (e.g., not billing enough hours, not producing what they used to produce before they were depressed, etc.). Or, maybe a spouse tells them they aren't contributing enough to family responsibilities. The problem is not that these aren't essential and legitimate concerns. The problem is that others, in an attempt to snap a lawyer back into his or her prior higher functioning state, employ these misguided strategies.

Even if others don't say these things, we know on some deep level that they're thinking it.

Then there is the cultural stigma – a cloud of ignorance, fear, and misunderstanding – surrounding mental illness.

When I disclosed to one of my law partner's years ago that I was suffering from major depression, he was stunned... and angry. He snapped, "You know; you've got a hell of a lot to feel grateful about. You've got a beautiful family and a great job. For God sake, go on a damn vacation!" Little did he know that I was severely depressed, even on vacation. At the time he said that, it hurt – badly. I was also angry. But what I didn't understand then was that he, like many, didn't have a reference point for what depression really was – an illness.

American culture tends to see depression as a moral or personal weakness; the "just-get-over-it" rants of a society that likes simplistic answers to complicated problems.

Dr. O'Connor captures some the irony of how our society sees depression as different from – or maybe not as real as – other forms of illness:

Where's the big national foundation leading the battle against depression? Where is the Jerry Lewis Telethon and the Annual Run for Depression? Little black ribbons for everyone to wear? The obvious answer is the stigma associated with the disease. Too much of the public still view depression as a weakness or character flaw and thinks we should pull ourselves up by our bootstraps. And all the hype about new antidepressant medications has only made things worse by suggesting that recovery is merely a matter of taking a pill.

He continues,

This is the cruelest part of the disease: we blame ourselves for being weak or lacking character instead of accepting that we have an illness, instead of realizing that our self-blame is a symptom of the disease. And feeling that way, we don't step forward and challenge unthinking people who reinforce those negative stereotypes. So, we stay hidden away, feeling miserable and blaming ourselves for our misery.

In my view, lawyers who struggle with mental health or addiction problems are my heroes.

If you're one of those people struggling right now, YOU are a hero.

You're the person who has to get up every day and cope with these problems that seem, and sometimes are, daunting. Others can help and support you, but it's ultimately your walk to walk. And what a courageous walk it is; every single step of it.

Some of the best people that I've been privileged to know have had these struggles. While they don't have shiny medals pinned to their lapels, there is an unmistakable strength in them – even if they don't see it.

So, here is some food for thought for you heroes:

Remember that most of these problems don't last forever. You will come out of it, even if you go back into the muck sometimes. Or maybe even a lot of the time. Perhaps you fall 30 times a day, or maybe it's just a stumble. But regain your balance and stand up. As the old Zen saying goes, "Fall down seven times — get up eight." That, my friends, is heroic.

Remember not to condemn yourself when you are down, but pick yourself up and remember that you are, honestly, a remarkable person.

As writer Andrew Bernstein once wrote: "A hero has faced it all: he need not be undefeated, but he must be undaunted."

Start your journey out of the dark woods of toxic stress, burnout, anxiety, depression, or addiction.

Be undaunted.

RECOMMENDED BOOKS & ONLINE RESOURCES

Depression

"Undoing Depression: What Therapy Doesn't Teach You and Medication Can't Give You,"
Richard O'Connor, Ph.D.

"Get it Done When You're Depressed," Julie A. Fast and John Preston, Richard O'Connor, Ph.D.

"The Mindful Way through Depression: Freeing Yourself from Chronic Unhappiness,"
J. Mark Williams, Ph.D.

"Unstuck: Your Guide to the Seven-Stage Journey Out of Depression," James S. Gordon, M.D.

"The 10 Best-Ever Depression Management Techniques, Margaret Wehrenberg, Ph.D.

"Lincoln's Melancholy: How Depression Challenged a President and Fueled His Greatness,"
Joshua Wolf Shenk

Stress & Anxiety

"The Mindful Way through Anxiety: Break Free from Chronic Worry and Reclaim Your Life,"
Susan M. Orsillo, Ph.D.

"Undoing Perpetual Stress: The Missing Connection Between Depression, Anxiety
and 21st Century Illness," Richard O'Connor, Ph.D.

"The 10 Best-Ever Anxiety Management Techniques," Margaret Wehrenberg, Ph.D.

"Things Might Go Terribly, Horribly Wrong: A Guide to Life Liberated from Anxiety,"
Troy DuFrene

"Get Out of Your Mind and Into Your Life," Steven C. Hayes

"The Worry Cure: Seven Steps to Stop Worry from Stopping You," Robert L. Leahy, Ph.D.

"The Anxiety and Worry Workbook," David A. Clark, Ph.D.

"Self-Coaching: The Powerful Guide to Beat Anxiety," Joseph J. Luciani, Ph.D.

Books on Lawyer Mental Health & Wellbeing

"The Happy Lawyer: Making a Good Life in the Law," Nancy Levit and Douglas O. Linder

"The Reflective Counselor: Daily Meditations for Lawyers," F. Gregory Coffee and Maureen Kessler

"The Anxious Lawyer: An 8-Week Guide to a Joyful and Satisfying Law Practice Through Mindfulness Meditation," Jenna Cho & Karen Gifford.

"Stress Management for Lawyers: How to Increase Personal & Professional Satisfaction in the Law," Amiram Elwork, Ph.D.

"The Upward Spiral: Getting Lawyers from Daily Misery to Lifetime Wellbeing," Harvey Hyman, J.D.

Online Resources

- Lawyers with Depression
- American Bar Association's Commission on Lawyers' Assistance Programs
- Depression and Bipolar Support Alliance
- University of Michigan Depression Center
- Hope to Cope
- Mental Health Association of America
- Rhode Island Lawyer Assistance Program



Dan Lukasik is the Director of the Workplace Well-Being for the Mental Health Association in Buffalo, New York.

Ten years ago, Dan created a weekly lawyer support group in his community for those who struggle with depression and a website lawyerwithdepression.com, the first website and blog of its kind in the nation, to help law students, lawyers, and judges cope with and heal from depression. Since its launch, the website has grown to serve not only those in the legal profession but anyone who struggles with stress, anxiety, and depression. The site has had over 2 million page views and been voted one of the top depression blogs in the country five years running by Medical News Today and Healthline.com.

Dan's work on mental health has been featured in The New York Times, The Wall Street Journal, The National Law Journal, The Washington Post, on CNN, and many other national and international publications. He has lectured around the country on the topics of stress, anxiety, and depression before corporations, mental health organizations, bar associations, CLE programs, and colleges including Harvard Law School, Yale Law School, Syracuse University, the American Bar Association, The American Psychiatric Association's annual convention, the American Association of Justice's annual conference, and the Mental Health America's annual convention in Washington, D.C

Dan is the Executive Producer for of the original documentary, "A Terrible Melancholy: Depression in the Legal Profession," which has been viewed by thousands of views around the country. He was the recipient of "Roger Stone Public Advocacy Award from the Mental Health Association of Erie County," the "Spirit Award from Compeer, an organization dedicated to pairing mentors with people struggling with mental illness, the Public Service Merit Award from the New York State Bar Association, and The Distinguished Alumni Award for Public Service

from his law school alma mater for his work in assisting those with depression in his community.

A 1988 graduate of the University at Buffalo School of Law, Dan was voted by the over 4,000 members of his Bar Association to the "Legal Elite's Top 10: Best of the Best" as one of the most respected lawyers in his community and listed in the publication, "The Best Lawyers in America."